

THE IMPACT OF THE SUPREME COURT'S
DOBBS DECISION ON ABORTION RIGHTS
AND ACCESS ACROSS THE UNITED STATES

HEARING
BEFORE THE
COMMITTEE ON
OVERSIGHT AND REFORM
HOUSE OF REPRESENTATIVES
ONE HUNDRED SEVENTEENTH CONGRESS
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THE IMPACT OF THE SUPREME COURT'S DOBBS DECISION ON ABORTION RIGHTS AND ACCESS ACROSS THE UNITED STATES

Wednesday, July 13, 2022

HOUSE OF REPRESENTATIVES,
COMMITTEE ON OVERSIGHT AND REFORM,
Washington, D.C.

The committee met, pursuant to notice, at 10:09 a.m., in room 2154 of the Rayburn House Office Building and over Zoom, Hon. Carolyn Maloney [chairwoman of the committee] presiding.

Present: Representatives Maloney, Norton, Lynch, Connolly, Krishnamoorthi, Raskin, Khanna, Mfume, Tlaib, Porter, Bush, Brown, Davis, Wasserman Schultz, Welch, Johnson, Sarbanes, Speier, Kelly, Lawrence, DeSaulnier, Gomez, Pressley, Comer, Jordan, Foxx, Hice, Grothman, Cloud, Higgins, Norman, Keller, Biggs, Donalds, Mace, LaTurner, Clyde, and Franklin.

Chairwoman MALONEY. The committee will come to order.

Without objection, the chair is authorized to declare a recess of the committee at any time.

I now recognize myself for an opening statement.

We are holding today's hearing at a moment when women across America are feeling sorrow, anger, and disbelief. Nineteen days ago, a right-wing majority on the Supreme Court fulfilled the Republican Party's decades-long goal of overturning *Roe v. Wade*, and stripped away a constitutional right relied on by generations of American women. The goal of these right-wing extremists is clear: to control the bodies of women, girls, and any person who can become pregnant. To be even more clear, the *Dobbs* decision means the government can now order people to stay pregnant on pain of criminal punishment. Many of us have been warning about this day for years as states have steadily chipped away at the right to abortion.

In 2019, my first hearing as chair of this committee, we examined how draconian restrictions in states like Missouri, were closing down abortion providers. Last year, we held a hearing on the six-week abortion ban in Texas, which turns private citizens into bounty hunters, encouraging them to sue anyone they suspect of helping someone in need of an abortion. Now the Supreme Court has bulldozed straight through our rights with this extreme, dangerous, and undemocratic decision. We are already seeing the disastrous effects of this decision as states begin criminalizing abortion. Abortion is now illegal in 16 states and anti-abortion legislators in other states are rushing to follow suit, threatening to make

abortion inaccessible for an estimated 33 million women across the country. Doctors and patients in these states are afraid and confused about what this radical decision means for providing and receiving critical healthcare. Women are worried about having miscarriages or pregnancy complications for fear they may be investigated or prosecuted for getting the care they desperately need.

Of course, abortion is still legal in many states, including my home state of New York, thanks to Democrats fighting for women's rights. But for people who can't afford to take time off of work and pay for childcare and travel expenses, going to another state to receive abortion care is simply not an option. We know that abortion bans and restrictions will disproportionately harm people of color, people with low incomes, young people, LGBTQI+ individuals, and undocumented people and so many mores.

Today, we are going to hear about the terrible consequences of restricting and criminalizing abortion. We will hear from those who are personally impacted and from state legislators who are on the front lines of defending access to abortion. Today's hearing is especially important because Republicans are not going to stop with *Dobbs*. They are openly planning to impose a national ban on abortion. The damage that would cause is inconceivable. As we hear about the impact of the loss of abortion rights today, I would like to ask those watching our hearing, a simple question. Is this the country we want for our children? Do we want a country where our children have fewer rights than we did, or do we want to live in a country that respects and trusts women to make the best choices for themselves and their families?

The answer is clear. Americans overwhelmingly support the right to an abortion. Democrats in Congress, we hear you. We stand with you and we are fighting for you. The House has already passed the Women's Health Protection Act, which would establish a statutory right to abortion, and this week, we will pass an updated version that directly responds to *Dobbs*. Next, the Senate must act, and we should not let filibuster rules stand in the way. We also need to expand access to medication abortion. Congresswoman Pressley and I have worked with the Biden administration to eliminate barriers to the safe, FDA-approved method of ending an early pregnancy. I have also introduced legislation to crack down on anti-abortion disinformation and to protect access to contraception at the pharmacy counter. President Biden signed an executive order last week to protect and expand access to abortion and all reproductive healthcare, and we stand ready to support his efforts.

Democrats are committed to restoring abortion rights and access that the right-wing Supreme Court has taken away, and we will never stop fighting until it is restored.

I now yield to Ranking Member Comer.

Mr. COMER. Thank you, Madam Chair. We are having a hearing today on a Supreme Court decision, a decision that came at the end of a legal process. To be clear, the *Dobbs* decision did not outlaw abortion. Instead, it returned the issue to the states for the people to decide. Yet Democrats charge the Supreme Court as somehow destroying our democracy by strengthening our democratic process. They have spent the last two months attacking the legitimacy of

the Court, even seeking to intimidate through thinly veiled threats of violence, all because the left did not get what they want.

We have a video and I would ask that we play the video now, please.

[Video shown.]

Mr. COMER. In today's hearing, Democrats will fearmonger, following the advice of their allies in the media and jumping on the bandwagon. The *New York Times* posts a piece saying that Democrats, "need to learn lean into the air and the politics of fear," when it comes to abortion. To the mainstream media, the politics of fear includes ignoring violence against those who oppose their preferred policies. Just a few weeks ago, a man traveled across the country to try to assassinate a sitting Supreme Court Justice. The mainstream media buried the news because doing so would somehow show their support for Justice Kavanaugh or even the Supreme Court.

Today's hearing continues the pattern set by Democrats throughout this entire Congress. In hearing after hearing, they have sought to draw attention away from the failures of the Biden administration, failures that have led to skyrocketing inflation, record high gas prices, a frightening shortage of baby formula, and the worst border crisis in the history of America. While Democrats refuse to conduct any meaningful oversight, President Biden has put us on a path to destroy America. Unfortunately, Democrats are following suit by seeking to destroy our democratic institutions. They are beholden to the radical left, who even the Biden administration admits is out of touch. They have no respect for process even though our republic relies on process to survive.

When process is respected, it strengthens our institutions and encourages responsible civic action through the legislative process. When the process is respected, the rule of law is upheld. And thankfully, the Supreme Court respected process. The Constitution begins with, "We the People of the United States," not "We the government" or "We the nine Justices of the Supreme Court." And to see the Supreme Court restrain its own powers and return authority to the states and the people should be inspiring. Meanwhile, the American people entrusted Congress to restrain the powers of the executive branch, and toward that end, the Congress and our committee has failed. As our country struggles under the weight of inflation, skyrocketing energy crisis, and a broken southern border, we have sat idly by holding hearings that offer the American people zero solutions. This committee needs to do better. We must do better. Madam Chair, I yield back.

Chairwoman MALONEY. Before I introduce our witnesses, I would like to briefly respond to the ranking member. Democrats strongly reject any use of harassment, threats, or violence. That's why Congress has taken action to protect members of the Supreme Court. That's why we have urged Republicans to join us in condemning the violent attack on the Capitol last year. What we do support is Americans' ability to peacefully stand up for their rights. I believe there is no democracy if women cannot make decisions about their own healthcare, including reproductive rights. And we will continue to fight for Americans and their rights, and we will never give up.

I would now like to introduce our witnesses that we have today. First, we will hear from Fatima Goss Graves, President and Chief Executive Officer of the National Women's Law Center. I now recognize Representative Lawrence to briefly introduce our next witness.

Mrs. LAWRENCE. Good morning, and thank you, Madam Chair. I have the pleasure of introducing our own Michigan-owned State Senator Mallory McMorrow. She represents Metro Detroit. She is serving her first term in the Michigan Senate for the 13th State Senate District. She is an impassioned fighter for the people of Michigan, for families, and for reproductive health. Her voice speaks volumes, and I look forward to hearing from her today.

Chairwoman MALONEY. I now recognize Representative Johnson briefly to introduce our next witness. Representative Johnson?

Mr. JOHNSON. Thank you, Madam Chair. This morning, I am pleased to introduce state Representative Renitta Shannon, who is a representative in the Georgia House of Representatives since 2017, where she has represented the 84th District, which includes part of the 4th congressional District, which I represent. Representative Shannon is the former Executive Vice President of the Georgia State Chapter of the National Organization for Women, and has long been a champion in the fight for economic justice, racial and gender equality, and reproductive freedom. She has sponsored legislation aiming to defend anti-abortion crisis pregnancy centers. She has successfully led the effort to expand postpartum Medicaid coverage from 6 to 12 months, and has fought repeatedly against restrictions to abortions in Georgia, sharing her own abortion story in the process.

In light of the recent Supreme Court decision, we need people to speak out about what we all know is right. And, State Representative Shannon, we welcome you to Congress to use your voice once again and hold those who strive to take away bodily autonomy accountable. Thank you for your testimony today, and I yield back.

Chairwoman MALONEY. Then we will hear from Professor Michele Goodwin, the Chancellor's Professor of Law at the University of California, Irvine. Please note that Professor Goodwin has a hard stop at 11, at which time she will be excused. Then we will hear from Erin Morrow Hawley, Senior Counsel for the Alliance Defending Freedom. Finally, we will hear from Sarah Lopez, abortion storyteller at We Testify and Youth Program Manager at Jane's Due Process.

The witnesses will be unmuted so we can swear them in. Please raise your right hand.

Do you swear or affirm that the testimony you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

[A chorus of ayes.]

Chairwoman MALONEY. Let the record show that the witnesses answered in the affirmative. Thank you.

Without objection your written statements will be made part of this record.

With that, Ms. Graves, you are now recognized for your testimony.

**STATEMENT OF FATIMA GOSS GRAVES, PRESIDENT AND CEO,
NATIONAL WOMEN'S LAW CENTER**

Ms. GOSS GRAVES. Chairman Maloney, Ranking Member Comer, and members of the committee, thank you for the invitation to testify today. My name is Fatima Goss Graves, and I am President and CEO at the National Women's Law Center, and I am here today because in a single day, millions lost a right and a right they had for nearly 50 years that had been fundamental to our health, and our life, and our future, and to this society.

The decision in *Dobbs v. Jackson Women's Health Organization* has already proven to be catastrophic. Within two weeks, 14 states were already without abortion care, now more. And people are now told they will be forced to stay pregnant, they will be forced to give birth, and they even are now being told they cannot leave their state. And we got here in a dizzying fashion. A mix of extreme lawmakers raced to pass more and more outrageous laws banning abortion, sowing fear and division in their communities along the way. And then they escalated those tactics after they saw President Trump's promise that he would appoint justices to the Supreme Court who would automatically ban abortion and overturn *Roe*.

And so more than two weeks ago, we watched with horror as the court's majority put their personal opinions above longstanding rule of law, science, and people's basic needs. I cannot overstate how much legal uncertainty and chaos that this Supreme Court has unleashed with this unsound opinion. Our laws, and our systems, and our expectations in this country have been built around the idea that abortion is legal. And now without that bedrock, we face a mine full of vague, and evolving, and even sometimes conflicting state laws.

Employers, and schools, and city governments, they are all buried under the weight of this explosion. Clinics and healthcare professionals, they are trying to make sense of this shifting landscape. Patients are confused, and they are scared about the rights and they as individuals are forced to navigate in an uncertain legal landscape. Many cannot travel, including those who can't afford it, or are incarcerated, or may be undocumented. And those who are able to travel out of state, they are terrified. State lawmakers in Missouri are already considering a bounty-hunter-style law to target those who travel out of state for abortion care and those who help them. And all of these groups are facing fear of prosecution, and harassment, and intimidation.

And so, to the committee members and to anyone who is watching today, I am going to say this is not a drill. Our very democracy and what it means to be an equal participant in our society, in our economy, in our political system, it is on the brink of demise. And alongside it, things like free and fair elections, interstate travel, freedom to express oneself, safety in public places, the right to protest and indeed, yes, that fundamental right to privacy, these are principles of our democracy, and they are significantly under threat.

So before closing, I just want to focus not on those who unleashed this chaos, but on those who will be most harmed by it. Those who are suffering now are more likely to be low income. They are more likely to be women of color. They are already facing

challenges accessing healthcare in their community, including other basic forms of healthcare, like contraception. They often lack things like job security and paid leave, and they may just be going to college or starting a new career, or maybe they are trying to leave an abusive relationship, or they could have been assaulted. Whatever their situation, they understand why they need abortion care, and they know what is right for them, and I trust them to make that decision.

Thank you.

Chairwoman MALONEY. Thank you. Senator McMorro, you are now recognized for your testimony.

**STATEMENT OF THE HONORABLE MALLORY MCMORROW,
MICHIGAN STATE SENATOR**

Ms. MCMORROW. Thank you, Madam Chair, Ranking Member, and members of the committee, and Congresswoman Lawrence for the very kind introduction.

I would like to start with a story. In 2014, Michal and Jordan Nodel were a year into their marriage and elated to be expecting their first child. Throughout their pregnancy, Michal felt wonderful, as healthy as could be. All of their regular checkups showed that everything was on track, but at their 20-week appointment, everything changed. The doctor came back into the room, and the room grew quiet. The diagnosis was severe osteogenesis imperfecta, a form of skeletal dysplasia preventing the fetus from developing collagen. Simply put, the bones were not developing. Michal and Jordan learned that if their future child survived, being carried to term, they would likely live a very short life, suffering every moment in great pain. The diagnosis was so severe that a sneeze could break a rib.

Her husband, Jordan, told me that he didn't think they were in the category of needing an abortion and all of the stigma that went along with it. "We needed emergency medical care." He said that given their situation, he had no doubt that the system would recognize the urgency and get them the care that they needed, but he was wrong. The hospital made it difficult to schedule appointments. No one seemed to want to call back, despite making the heartbreaking and selfless decision to terminate their pregnancy, a pregnancy they wanted so badly. In the moment when they needed help the most, it felt like nobody would help them. Through tireless effort, calling every family friend they could think of, they finally found their way to the University of Michigan Women's Hospital where a team of experts would perform the procedure.

Michal and Jordan recognized that most don't have the time and resources that they do and how lucky they were to know people in medicine throughout the state and be able to take time off of work. Michal's abortion took place in November. The following August she was pregnant. Zoe is now five, and Lior, their second daughter, was born 18 months later. Michal and Jordan shared their story with me, a story not dissimilar to many other women and families facing this decision, because without access to the care that they needed, she would not have the wonderful family and two healthy daughters she has now. Without that abortion, Michal may never have been able to conceive again.

I previously spoke one-on-one with one of my colleagues who was in favor of legislation further restricting abortion in our state. She listened to their story and asked me how frequently a situation like theirs happens. She said to me, "This feels so difficult to legislate because every situation is different." Honorable Members of Congress, that response is exactly right. Every situation is different. Every individual and family seeking abortion care does so for different reasons. Sometimes birth control fails. Sometimes a family already has children and knows that they cannot support anymore. For so many others, getting pregnant is hard and staying pregnant, safely and healthily, is even harder.

And with the *Dobbs* ruling overturning the protections previously enshrined in *Roe v. Wade*, Michigan now has a long dormant 1931 law on our books that makes providing abortion a felony, with no exception for age, rape, or incest. The way the language is written, our attorney general has warned that the law could be interpreted to include a self-managed medication abortion, meaning that not only would doctors and medical professionals be sent to jail, but so, too, would countless women and girls.

I had women reach out to me afraid of even trying to get pregnant, knowing they are at higher risk of a complicated pregnancy, and devastated to think of what might happen if it doesn't go exactly right. I have constituents who tried one round of IVF, so deeply wanting to start a family, but not knowing if IVF will still be legal in a post-*Roe* reality, terrified that they will never be able to. I have a constituent who shared with me that she has already survived an ectopic pregnancy because she had access to an abortion, and she asked me what if it happens again.

At this moment, abortion is still legal in Michigan because of a preliminary injunction blocking the enforcement of the 1931 law. But some of our own colleagues are seeking to intervene and overturn the injunction, forcing the 1931 law into effect. Every situation is different and make no mistake: the impacts on the ground in Michigan are already and will continue to be devastating.

I thank you, Madam Chair, and members of the committee for allowing me to testify here today, and I implore you to consider the great harm that this Supreme Court ruling will have throughout more than half of states nationwide, and to do the necessary work to ensure that every individual has access to safe, necessary medical care that they and their doctors determine that they need.

Chairwoman MALONEY. Thank you. Now, Representative Shannon, you are now recognized for your testimony.

**STATEMENT OF THE HONORABLE RENITTA SHANNON,
MEMBER, GEORGIA STATE HOUSE OF REPRESENTATIVES**

Ms. SHANNON. 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, and 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 birth during enslavement, and involuntary sterilization into the late 1970's. 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, and is 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 healthcare with dignity and free from government interference or judgment.

As a lawmaker in Georgia, I have 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 OBGYN. Georgia continues to rank highest in maternal mortality, with Black women being 3 to 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, increases future infertility, and leads to poor health outcomes unnecessarily. To put it bluntly, abortion is healthcare as it is commonly necessary used 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 infrastructure, in terms of transportation and broadband internet, is sorely lacking for today's needs.

Georgia does not have a robust transit system. It is still the case in most of Georgia that 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 make 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 carveout, 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, but 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 who are already struggling the most. All of these factors have made accessing abortion and reproductive healthcare challenging to obtain for many.

Georgia has less than 10 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 are struggling to accommodate the surge of 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 now 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 state by state 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 the patients are terminating earlier and earlier in pregnancy, feeling pressure to be decisive before losing access to abortion altogether.

The latest decision in *Dobbs* has only exasperated a dire lack of access to care. Abortion rights should have never been left up to the courts. We must immediately codify complete reproductive freedom in law and ensure that everyone can thrive with dignity. Thank you, Madam Chair.

Chairwoman MALONEY. The gentlelady yields back. Thank you. Professor Goodwin, you are now recognized. Professor Goodwin?

**STATEMENT OF MICHELE BRATCHER GOODWIN,
CHANCELLOR'S PROFESSOR OF LAW, UNIVERSITY OF CALIFORNIA, IRVINE**

Ms. GOODWIN. Committee Chairwoman Maloney, Ranking Member Comer, and distinguished members of the House Committee on Oversight and Reform, thank you for inviting me to participate in today's hearing on "The Impact of the Supreme Court's *Dobbs* Decision on Abortion Rights and Access Across the United States."

I join you and fellow witnesses today to explain the dire consequences of the current reproductive landscape in the United States in light of the Supreme Court's decision in *Dobbs*. And that includes the horrifically high rates of maternal mortality and morbidity, chilling racial disparities and rates of death associated with pregnancy, the grave incidence of punishment against girls and women in anti-abortion states, and the importance of centering the Thirteenth and Fourteenth Amendment as pathways forward.

My name is Michele Goodwin. I am a Chancellor's Professor at the University of California, Irvine, and a Senior Lecturer at Harvard Medical School. My comments today will focus on the Thir-

teenth and Fourteenth Amendment, and my written comments, which have been shared, go into greater details across all of these areas.

Ending the forced sexual and reproductive servitude of Black girls and women was a critical part of the passage of the Thirteenth and Fourteenth Amendments. If cotton was euphemistically king, then Black women's wealth maximizing forced reproduction was Queen. The overturning of *Roe v. Wade* reveals the Supreme Court's neglectful reading of the amendments that abolished slavery and guaranteed all people equal protection under the law. It means the erasure of Black women from the Constitution.

Mandated, forced, or compulsory pregnancy actually contravene enumerated rights in the Constitution, namely the Thirteenth Amendment's prohibition against involuntary servitude and protection of bodily autonomy, as well as the Fourteenth Amendment's defense of privacy and freedom. This Supreme Court demonstrates selective and opportunistic interpretation of the Constitution and legal history, which ignores the intent of the Thirteenth and Fourteenth Amendments, especially as related to Black women's bodily autonomy, liberty, and privacy, which extended beyond freeing them from labor in cotton fields, to shielding them from rape and forced reproduction. The horrors inflicted on Black women during slavery, especially sexual violations and forced pregnancies, have been all but wiped from cultural and legal memory. But they do matter, especially as Justice Alito and those in the majority made specific overtures to originalism and textualism.

Overturning the right to an abortion reveals the Court's indefensible disregard for the lives of pregnant patients, given the possible side effects and consequences of pregnancy, from gestational diabetes to ectopic pregnancies and death. State-mandated pregnancy will exacerbate what are already alarming health and dignity harms, especially in states with horrific records of maternal mortality and morbidity. In many of these states, there have been uninterrupted patterns of invidious lawmaking and discrimination that harm the interests of Black women and children, only countered by necessary Federal enactments, review, and protection.

To understand the gravity of what is at stake, one needs only to look at the Supreme Court's own recent history. In 2016, the Supreme Court noted in *Whole Woman's Health v. Hellerstedt* that women are 14 times more likely to die by carrying a pregnancy to term than by having an abortion. The United States bears the chilling distinction of being the most dangerous place in the industrialized world to give birth, ranking 56th overall in the world. Disproportionately, those who will suffer most are poor women, especially Black and brown women. Black women are over three times as likely to die by carrying a pregnancy to term than their white counterparts, and in Mississippi, a Black woman is 118 times more likely to die by carrying a pregnancy to term than by having an abortion. And I will repeat that: a Black woman in Mississippi is 118 times more likely to die by carrying a pregnancy to term than by having an abortion in that state. According to the Mississippi maternal mortality report, Black women accounted for nearly 80 percent of pregnancy-related cardiac deaths in that state.

When we consider the risks that are at hand, and many of them have been talked about—criminal punishment, civil punishment, the erosion of privacy protections, which Justice Thomas calls for in his concurring opinion—one cannot trust that when the Supreme Court says that there are guardrails that will protect individual’s right to contraception, marriage, and more, that that will be respected or protected.

I appreciate the opportunity to testify before you today. Thank you so very much.

Chairwoman MALONEY. Thank you. And, Ms. Hawley, you are now recognized for your testimony.

**STATEMENT OF ERIN MORROW HAWLEY, ALLIANCE
DEFENDING FREEDOM, THE FEDERALIST SOCIETY**

Ms. HAWLEY. Good morning, Chairwoman Maloney, Ranking Member Comer, and members of the committee. I am Erin Hawley, senior counsel for Alliance Defending Freedom.

The Supreme Court’s decision in *Dobbs* corrects a 50-year wrong, one that resulted in the death of over 60 million unborn children. *Roe v. Wade* was premised on egregious legal errors, and its reversal is a tremendous victory for life and for the American people. *Roe* cheated us of our ability to promote good policy, but *Dobbs* restores our opportunity to reaffirm motherhood, and, in so doing, to empower women.

Roe was terrible constitutional law. It invented, fabricated really, a constitutional right from thin air, and scholars across the political spectrum believed the case was wrongly decided. *Roe* took from the American people the ability to protect unborn life in an exercise of raw judicial power. As a result of *Roe*, the United States has been an extreme outlier in abortion law, being one of only a few countries, countries like China and North Korea, to allow elective abortion for any reason up until the moment before birth. Tragically, *Roe* was as wrong about women as it was about the Constitution. Its seven male authors lamented that motherhood “forced upon women a bleak and distressful future,” but moms across the country know that’s an inadequate description of what we do and who we are. With *Dobbs*, Americans can begin to undo the damage of that devastating lie.

On behalf of Alliance Defending Freedom, I had the privilege of serving as counsel to Mississippi and *Dobbs*. My daughter was about six months old when I was asked to help, and it’s not easy traveling with a baby, but my job allowed me to take her along, encouraged it really, something we should see far more of today. Abigail was a tiny, but tangible reminder of why *Dobbs* matters, because every life is unique and valuable. While being a parent is hard and immensely more difficult for single parents without community support. Moms across the country attest that it is worth it, and for women who are reluctant to parent, there is also hope. At any given time, 1 million families are enthusiastically waiting to adopt. There is no such thing as an unwanted child.

In another lie to the American people, *Roe* told women that their baby is merely potential life. The scientific evidence establishes that life begins at conception. At just six weeks, unborn babies’ hearts begin to beat. At eight weeks, they have fingers and toes,

and at 10 weeks, their unique fingerprints form. Yet without a hint of irony, pro-abortion activists posit that the reversal of *Roe* treats women as objects as less than full human beings. However, it is abortion that treats babies, including female babies, as mere objects, even while science establishes that they are fully alive and fully human, no matter how tiny they are.

The truth is that *Roe* was not the pro-woman opinion that some imagine. In a patriarchal passage that the pro-abortion left would rather forget, *Roe* gave to a woman's doctor the ability to choose an abortion. As the late Justice Ruth Bader Ginsburg explained, *Roe* was "physician-centered, focused on a doctor's freedom to practice his profession as he thinks best." She said the picture that I got from *Roe* was "tall doctor and little woman needing his advice and care."

Abortion is a horribly inadequate solution to the very real problems that many women face. It often results in greater risk of death and illness. Many women are unsure of their decision, and a majority go on to suffer emotional and mental harm. Additionally, surveys show that women who choose abortion report that they would have chosen life if they had more support. Many companies today are eager to offer to pay for women to end their pregnancies, but how many of them are offering to pay for diapers, or childcare, or for flexible work options?

Dobbs give women a voice and a vote. It returns the profoundly moral question to the people. It presents an opportunity for America to restore a culture that values families, mothers, and women. Thankfully, we are already seeing state and private entities, like the embattled pregnancy care centers, step up to surround expecting moms with a caring community and provide families with those diapers, car seats, clothing, housing, educational opportunities, job training, any medical, emotional, and post-abortive care.

It has been three weeks since *Dobbs*. We still have questions. But one thing we know, a post-*Roe* America is a hopeful one. It's an America where we can recognize the inherent dignity and worth of every life and empower women by providing them with the resources they need to flourish through pregnancy and beyond. Thank you.

Chairwoman MALONEY. Thank you. Ms. Lopez, you are now recognized for your testimony.

STATEMENT OF SARAH LOPEZ, ABORTION STORYTELLER, WE TESTIFY, AND YOUTH PROGRAM MANAGER, JANE'S DUE PROCESS

Ms. LOPEZ. Good morning, members of the committee. My name is Sarah Lopez. I am a Texan, a We Testify abortion storyteller, and the Youth Program Manager at Jane's Due Process where we help young people in Texas navigate parental consent laws and confidentially access abortion and birth control.

When the Supreme Court overturned *Roe v. Wade*, removing the constitutional right to abortion, clinics, abortion funds, and advocates weren't surprised, but it didn't make the news any less heart-wrenching. Countless clinics had to tell patients in the waiting room that they could no longer help them. Abortion funds, like Jane's Due Process, have paused services and are unsure of what,

if any, support we can offer, but we are still doing everything we can in accordance with the law to help young people. This didn't happen overnight. Texas lawmakers chipped away at our rights against the outcry and will of the people at each legislative session. Even before the *Dobbs* ruling, in Texas, Senate Bill 8 banned abortion past six weeks, forcing Texans either to leave the state to get an abortion or remain pregnant against their will.

Texas and other states that have banned abortion are ill-equipped to care for families. Crisis pregnancy centers, which are unlicensed, fake clinics, designed to trick people out of having abortions, outnumber abortion clinics 3 to 1. In Texas, they receive \$50 million a year, diverting money from the Temporary Assistance for Needy Families Program meant to help vulnerable families afford food, rent, and childcare. This funding is badly needed for Texas families but gets wasted on misinformation and lies. I know because I have seen it in action in many of the people that I have supported.

I had an abortion almost six years ago as I graduated college. I was working in a restaurant, scraping by on \$2.15 an hour plus tips. It was so little that I could barely afford my \$250 a month rent. When I found out I was pregnant, I knew immediately that I wanted an abortion, but the stigma around abortion made me feel like what was happening to me was beyond my control and yet also somehow my fault. As long as I can remember, Texas has had dozens of restrictions making accessing abortion care much more complex and difficult than it should be. The government mandated 24-hour delay turned into a two-week delay when combined with holiday office closures. As a sexual assault survivor, the transvaginal ultrasound that I had to receive was torture.

All of this was medically unnecessary and enacted in hopes that I would give up my efforts to receive an abortion. However, after my abortion, I felt immediate relief. I also know how lucky I was. The independent clinic I went to, Austin Women's Health Center, was nearby, and the nurse held my hand during my procedure to make sure that I was comfortable. My boyfriend, who I am still with, drove me to my appointments and paid for my abortion. My best friend, Grace, held me in her arms and reassured me that I didn't do anything wrong.

Later, I learned that there is an ecosystem of fierce advocates at abortion funds who do everything they can to make sure that people are still able to have a dignified and supportive experience despite the many obstacles they face. We have helped countless people who didn't have a support system, reliable childcare, or any method of transportation. Being forced to leave the state or city or state you live in takes an emotional toll on people. Without basic necessities, like reliable phone, or internet access, a photo ID, or a bank account, it can feel impossible. But clinics, abortion funds, and practical support organizations are the networks of support which move mountains to ensure that people can still get the care that they need.

I never would have dreamed that I would be able to tell people about my abortion, let alone sit before you here today and talk about it. To some extent, I wish I didn't have to talk about something so personal in this setting. But I hope that by being here

today, people who currently need abortions know that they are not alone. We deserve better. This is about our right to self-determination. It is about centering pleasure and our struggle for collective liberation and reproductive justice. It is about not leaving people behind. It is about fighting back against the surveillance and subsequent criminalization of pregnancy outcomes. Everyone should have access to the full range of reproductive healthcare, and that includes abortion.

As I close, I want to be clear. This ruling is yet another attempt by lawmakers to eradicate our autonomy and sense of self. But what these same lawmakers don't understand is that no one, no matter how much power you hold, will ever be able to dissolve our community bonds, our capacity to maintain hope amidst so much despair, and our unrelenting love for our people. As we say at We Testify, everyone loves someone who has had abortions, and as you reflect on my testimony, I hope you think about those whom you love.

Thank you for the opportunity to share my story with you here today.

Chairwoman MALONEY. Well, I thank you. I thank all of the panelists. We tried to get abortion providers to come in and tell their stories, some of whom have experienced violence, but they were afraid to come in.

I now recognize myself for five minutes for questions.

For years, right-wing lawmakers across the country have been pushing so-called trigger bans that are designed to ban abortion immediately if *Roe* fell. Now that the Supreme Court has thrown out the constitutional right to abortion, 16 states have banned or nearly banned abortions, and many more will follow. And we have a map here that shows where abortion is banned, will soon be banned, or is being seriously considered, almost half of the states. These bans are stripping away the rights for millions of Americans across our country.

Representative Shannon, I understand that any day now, Georgia may implement a six-week ban on abortion. What would the impact be on the people you represent?

Ms. SHANNON. Thank you, Madam Chair for the question. As I mentioned in my testimony, yes, most of Georgia does not have the resources that the Atlanta Metro area has, and Georgia ranks high consistently for maternal mortality deaths. And so, if abortion were outlawed, simply put, we will be outlawing access to care, which is something that would only exacerbate maternal mortality, so this would be a tremendous issue for the majority of the state. I have mentioned before how low our wages are in the state and in many places have really become unaffordable. And so, this would be a tremendous burden and would amount to structural violence for many communities around the state.

Chairwoman MALONEY. Thank you. Michigan has a law on the books from nearly a century ago that would ban abortion immediately. This law has been put on hold by a Michigan court while it is litigated. Senator McMorrow, what does this uncertainty mean to the people in Michigan who need abortions and reproductive healthcare right now, and what are you worried about for the future?

Ms. MCMORROW. Madam Chair, the implications are devastating. So, as you mentioned, this law was written nearly a century ago, but the original version was written in 1847, and it provides no exception for rape or incest or age. It is vague enough to potentially include medication abortion and even contraception. It is dire. Right now, there is a preliminary injunction, meaning that abortion is still legal, but our Republican colleagues are spending almost a million dollars of taxpayer dollars to challenge that injunction, to force the 1931 law into effect immediately, arguing that such legislation should be decided in the legislature when, in fact, my Democratic colleagues and I had not only introduced bills to repeal the 1931 law, but to replace it with the Reproductive Health Act, which would codify abortion access and reproductive rights, and the legislature refuses to take those bills up.

Michigan is currently one of the most gerrymandered states in the country. It is quite literally minority rule at the moment. And you need to look no further than an effort led by citizens here to forward a petition initiative to amend our state constitution, an initiative that requires 425,000 signatures to get on the November ballot. The organization, led by Planned Parenthood, the ACLU, and Michigan Voices, which is a coalition of women of color, collected more than 800,000 signatures. That is about 1 in 10 registered voters in the state of Michigan physically found a petition, signed it to get it on the ballot. They have turned in the highest number of petition signatures of any petition initiative in state history. The people are speaking. They are speaking very loudly because they know how devastating this 1931 law will be if and when it goes into effect.

Chairwoman MALONEY. Thank you. Professor Goodwin, we know that Black women face dramatically higher rates of maternal mortality than white women. In my own city, it is even higher than the national average, unfortunately, and it is unacceptable that despite having the highest maternal mortality rate among our peer countries, we are now forcing people to remain pregnant against their will. What does the *Dobbs* decision mean for those who will be forced to remain pregnant, and particularly for Black women to be forced against their will to remain pregnant?

Ms. GOODWIN. Well, thank you, Madam Chairwoman, for that question. This is no hyperbole but to say that it is essentially a death sentence, given the data that we already know, given what the Supreme Court already knows and has expressed in 2016 that a woman is 14 times more likely to die by carrying a pregnancy to term than having an abortion. That statistic only magnifies in the states like Mississippi, Texas, Louisiana, the deadliest places in all of the industrialized world to be pregnant.

This is also data that comes from those very states, their departments of health. So, it is not information that is made up from some left-wing radical organization. This is data that is produced in those very red states that show these alarming rates of death. And essentially, it is a death sentence for those women and also the girls affected. It means we have free states and non-free states like we did during the American period of slavery.

Chairwoman MALONEY. Thank you. The Supreme Court's decision to overturn *Roe v. Wade* takes us backward. It is dangerous,

as we just heard, and flat wrong. Democrats are dedicated and determined to do everything we can to reverse this, and I now yield back.

As previously stated at the beginning of the hearing, Professor Goodwin has a hard stop at 11. Professor Goodwin, thank you very much for joining us today for your testimony, and you are excused. Thank you.

Ms. GOODWIN. Thank you.

Chairwoman MALONEY. The gentlewoman from North Carolina, Ms. Foxx is recognized.

Ms. FOXX. Thank you, Madam Chairman. My question will be for Ms. Hawley. Ms. Hawley, I just heard them talk about that it would be a death sentence for the mother taking the life of the baby. And I find that really interesting that we are talking about a hypothetical situation of taking the life of the mother when they are actually taking the life of a baby. We are living in a brave new world right now. It is unbelievable.

Ms. Hawley, following the Supreme Court's historic decision on the *Dobbs v. Jackson Women's Health Organization* case, Democrat strategists and so-called pundits within the mainstream media went into a manic frenzy. Every negative characterization in the book was thrown at the Supreme Court, its conservative justices, Republicans, and the entire pro-life movement. Headlines foretold of the apocalypse and how our democracy was hanging on by a mere thread, though we live, in fact, in a constitutional republic.

The entire country was swept up by the media's maelstrom of political skullduggery. It was intended to deceive the American people, and, more importantly, distract them from the truth. The truth is that the decision in *Dobbs* simply rights a wrong that has lasted for almost half a century. Decision-making is returned to the states where it belongs and where it should have been the entire time. federalism is finally receiving the due deference that it deserves.

Ms. Hawley, in recent years, pro-choice advocates have shifted their agenda by stating that abortion is a necessary component of healthcare, which is what we just heard. Would you consider taking the life of an unborn baby healthcare?

Ms. HAWLEY. Absolutely not. Abortion is not healthcare. And, in fact, if we look at the statistics from women who have had abortions themselves, 75 percent of those women say they would have chosen life if circumstances would have been different. Abortion is not healthcare.

Ms. FOXX. So, in your opinion, is the *Dobbs* ruling an attack on women's rights, and did women ever have a constitutional right to take the life of their unborn baby?

Ms. HAWLEY. The Supreme Court opinion, *Dobbs*, cogently explained that there is nothing in the Constitution's text, or structure, or in our Nation's history that would in any sense support a right to an abortion. If you look at our Nation's history, abortion had been unlawful since the common law. In 1973, when *Roe vs. Wade* was decided, that case overturned the pro-life laws of nearly every single state.

Ms. FOXX. Would you talk a little bit about the pro-life movement being a pro-woman movement?

Ms. HAWLEY. Absolutely. As we mentioned, of course, babies can be female as well, so it is definitely pro-woman in that sense. As well, the pro-life movement and ADF believes in the inherent dignity and value of every single person. We believe that every person has the right to life and that the pro-life community has and will continue to come alongside and empower women. If we talk about pregnancy care centers, they are not fake centers. In 2019, they served 1.85 million families, provided \$266 million worth of goods of car seats, of baby formula, which is surprisingly hard to get, diapers, of the things that women really need. They also provide emotional counseling. They provide fatherhood training, housing, educational training, things that can enable women to survive and thrive.

Ms. FOXX. Thank you. As I said before this committee last September, we must pay attention to the languages being used to justify the destruction of human life. Abortion is the deliberate termination of human pregnancy and the destruction of an unborn baby. The term has been tossed around the public square so much over the course of decades, that the magnitude of this horrendous act itself has become lost. It is a euphemism designed to deceive with the goal of dehumanizing the unborn before its life is extinguished.

Allow me to deconstruct and accurately define the euphemism, the life, the left has switched to using as of late: “women’s health:” the destruction of innocent unborn babies; “reproductive freedom:” the ability to murder a child out of convenience; “abortion rights:” the agency to rob another of life; “pro-choice:” anti-life.

Day by day the pro-life movement in America continues to grow, but our fight is not over. If we are to close this shameful chapter of murdering the unborn and consign it to the ash heap of history, we need to clear the left’s linguistic smokescreen from the equation entirely. The facts are on our side, and it is up to us to correct the record once and for all. We are the ones who will ensure that life always wins.

Thank you, Madam Chairman. I yield back.

Chairwoman MALONEY. The gentlelady yields back.

The gentlewoman from the District of Columbia, Ms. Norton, is now recognized.

Ms. NORTON. Thank you, Madam Chair, for this important hearing. Without the protections of statehood, the people who I represent, D.C. residents, are uniquely threatened by the Supreme Court’s decision to overturn *Roe vs. Wade* because of the Congress’s undemocratic control over the nearly 700,000 D.C. residents. Since 1988, with few exceptions, Congress has used its control of D.C.’s budget to prevent D.C. from using its local funds to cover abortion care for D.C. residents enrolled in Medicaid. When combined with the Hyde Amendment, which prohibits Federal Medicaid funds from being used for abortion care, there is no possibility for D.C. residents enrolled in Medicaid to use that coverage for abortion care. In 2019, more than 20 percent of adults in the District were enrolled in Medicaid. Ms. Goss Graves, what impact does it have on people with less income when abortion care is not covered by Medicaid?

Ms. GOSS GRAVES. You know, *Roe v. Wade* was always the floor. And for people who have low income who have Medicaid or other

Federal health insurance, what it has meant is that access to abortion is not meaningful. And what we are seeing around the country right now, as additional hurdles are in place and people have to travel or seek care out of their community, we are now seeing that terrible situation where people couldn't access care, who have low incomes, dramatically extended. And the additional difference now are the painful criminal penalties that are falling on top of it. So, D.C. residents already know some of this, and we also know it is going to get worse.

Ms. NORTON. Thank you. Republicans have long expressed an interest in overturning the will of D.C. residents to ban access to abortion in D.C.. They previously tried to ban access to abortion after 20 weeks, and I was able to nullify or to overcome that. And they could try to ban access to all abortion were they to take control of Congress. Governor Youngkin in Virginia has also pledged to try and restrict abortion access in Virginia, so what we have is providers in D.C., Maryland, and Virginia. These are the states that are aligned together to serve patients from as far away as Texas, Florida, and Georgia.

Representative Shannon, what would it mean for patients from Southern states if abortion becomes illegal in both D.C. and Virginia?

Ms. SHANNON. Well, as I mentioned before, and I want to correct the record on a few things, abortion absolutely is healthcare. When you have a miscarriage or an ectopic pregnancy, a lot of times abortion is the way that these things are resolved. And so, this is the reason that you see across the world, countries that have more restrictions on reproductive freedom and countries that outlaw abortion, they have higher maternal mortality rates. And statistically, you also see that when folks are allowed to exercise their reproductive freedom, they are able to bring down maternal mortality rates in areas. And so, that completely makes the case about whether or not abortion is healthcare.

So again, any attempts to outlaw abortion, no matter if you are talking about D.C., Georgia, Texas, or any place, is going to create an issue like what we currently have going on in Georgia, where Georgia is serving as almost like an abortion hub, where folks are coming from other areas getting abortions in Georgia. And that creates a lot of issues for clinics who cannot accommodate the demand, and it really just puts care out of reach for many. And it boils down to then the only people who can actually get the healthcare that they seek are people who have resources. What is important to realize in all of this is that when a person has made a decision about whether or not to keep a pregnancy, they should be able to get access to care with dignity and without judgment or government interference.

Ms. NORTON. Thank you, Madam Chair.

Chairwoman MALONEY. OK. The gentleman from Georgia, Mr. Hice, is now recognized.

Mr. HICE. Thank you, Madam Chair. I am an ardent supporter of our Constitution and the inalienable rights that are guaranteed therein, and specifically, first and foremost among those are the right to life, without which none of the others matter, quite frankly. And for that reason, I have been in this battle for a long, long

time. I am extremely pleased with the decision of the Supreme Court and applaud the justices for undoing the irreparable harm done both to women and over 60 million unborn babies over the past 50 years.

Let's get to the question of personhood. I believe a lot of the battle, the issue comes down to this question here. Am I correct in assuming that our witnesses, with the exception of Ms. Hawley, would more or less say that it is your belief that unborn babies do not have certain rights, such as the right to life? Is that generally accepted? You believe unborn babies do have the right to life?

Ms. SHANNON. What I believe is that viability is different for every pregnancy. No two pregnancies are the same. And so, you can't just say across the board at what point any pregnancy would be viable.

Mr. HICE. OK. Well, the question is, I didn't ask about viability. It is about personhood. Let me ask Ms. Hawley, at what point does a baby become a person? That is the question here.

Ms. HAWLEY. Sorry about that. I believe that life begins at conception, and scientific fact establishes that. We are no longer living in 1973. If you look at an ultrasound from that time period, you really can't see a whole lot. If you look at an ultrasound today, take 15 weeks, which is well before viability, the point in time when the Mississippi's Gestational Age Act applied, you can clearly see your baby move and stretch. She can hiccup. She can quite likely feel pain. There is no question that that baby is both fully alive and fully human.

Mr. HICE. Is there any instance of a woman giving birth to something that is not a human being, a baby, like I don't know a turtle, or, as our First Lady suggested, a breakfast taco? I mean, is there any instance where anything other than a human being has been born?

Ms. GOSS GRAVES. Well, there definitely are instances where people have stillborn.

Mr. HICE. It is still a baby?

Ms. GOSS GRAVES. I guess the point is—

Mr. HICE. It is still a person, is it not?

Ms. GOSS GRAVES. If I can finish? I actually think that Representative Shannon's point about viability goes to exactly what you are naming. When the Court—

Mr. HICE. I am talking about personhood, not viability.

Ms. GOSS GRAVES.—viability line, it did so because the consideration was whether or not the fetus can live outside of the body.

Mr. HICE. There are many people who cannot live without insulin. Does that mean we should kill those people who cannot live without insulin?

Ms. GOSS GRAVES. But there is no way for them to live.

Mr. HICE. Listen, this is my time.

Ms. GOSS GRAVES. Oh, I thought you were asking us, so I was wanting to have an opportunity to explain. So, it is not a question of turtles, or I am not really sure. What it is is a question of—

Mr. HICE. It is a question of personhood. That is what I am getting to. And there is not an instance that I am aware of of anyone giving birth to something other than a person. So, if it is a person after birth, it, by extension, is a person before birth.

Ms. GOSS GRAVES. I really hope people are watching today because the question on the table is about abortion for sure. But actually, the conversation you are having is about contraception. It is about in vitro fertilization. It is about a whole larger set of questions—

Mr. HICE. No, you mischaracterize. I am having a clear discussion about abortion and the fact that it is a person. It is a person that we are dealing with, and that person after birth clearly is a person and, therefore, by extension, before birth is also a person. And the question comes down to when does a person have the right to life, and when does a person have the right to healthcare. And we can argue all day that abortion is healthcare. It certainly is not healthcare to the baby. Healthcare protects life, and abortion, by definition, destroys life. It is not healthcare. But if we are talking about a person, which we are, we are not talking a taco, we are talking a person in the womb.

Ms. GOSS GRAVES. We are talking a fetus, which is a medical term.

Mr. HICE. Let me ask you. Let me go back, Ms. Hawley. You brought up this issue of healthcare. Let's talk about healthcare and the baby. What is the issue involving abortion, and healthcare, and the baby?

Chairwoman MALONEY. The time has expired. The witness may answer.

Ms. HAWLEY. So, I think there are a few things on which we need to set the record straight. One, that in ectopic pregnancy, treatment for that condition never involves an abortion. If you go to Planned Parenthood's website, they make clear that treatment for an ectopic pregnancy is not an abortion, or at least they used to. I know there has been some scare mongering going on. The same is true of a miscarriage. And abortion is a situation in which a child, as the Supreme Court explained in *Dobbs*, is purposely put to death. It is the intentional destruction of the human being. Neither miscarriages, nor medical emergencies, nor ectopic pregnancies involve that situation.

Chairwoman MALONEY. The gentlelady's time has expired. The gentleman from Illinois, Krishnamoorthi, is recognized for five minutes.

Mr. KRISHNAMOORTHI. Thank you, Madam Chair. Thank you for having this important hearing. Ms. Lopez, I would like to direct your attention to this graphic that I brought here. Basically, it talks about the number of arrests of women for abortion, miscarriage, and pregnancy specific crimes in the United States.

[Chart]

Mr. KRISHNAMOORTHI. In the 32 years, between 1973 and 2005, there were 413 such arrests of the women who had these different procedures. Between 2006 and 2020, so in 14 years, there were 1,331 arrests of women for these procedures. So, in 32 years, we had about 400, and in the succeeding 14 years, there were triple that number, namely 1,331 such arrests. Now, are you concerned that in this post-*Roe* world that we are living in, in all those states where abortions are being banned, that we are going to have an increase in the number of arrests of women for such procedures?

Ms. LOPEZ. Thank you for your question. I am absolutely concerned. I don't think it is hyperbole to say that, especially in Texas. It has essentially been a case study for what a post-*Roe* world has been, even before S.B. 8, based on the restrictions. But since S.B. 8, we have seen immense fear, and grief, and isolation from pregnant people who desperately need help and do not have the means of leaving the state or the city they live in to access care. I also think that bans and restrictions on abortion do not actually stop abortions. They just, as we see there, make it more difficult to access care and make the idea of criminalization far more of a reality.

Mr. KRISHNAMOORTHI. Representative Shannon, if abortion is made illegal in Georgia, are you afraid that women in Georgia will be prosecuted and imprisoned for seeking these types of procedures?

Ms. SHANNON. I am worried about that, and we do know that from 1973 to 2005, the instance of low-income and, particularly, Black women were disproportionately criminalized for having miscarriages. What a lot of people don't realize is that a lot of the same medications that are used for miscarriage are also used for medication abortion, which is typically performed at home. And there is really not a way to determine if someone had a miscarriage or if someone had an abortion. And so, what we do know is that our criminal legal system is really good at locking up Black and brown folks. And so, I am very worried that when a person has a miscarriage, and they are interrogated by law enforcement, or they are prosecuted, I am very worried that our criminal legal system will likely believe Karen, but not believe Keisha when she says she had a miscarriage.

Mr. KRISHNAMOORTHI. Well, Ms. Goss Graves, let me just ask you a question. Earlier you were asked the question, what does abortion have to do with healthcare. My understanding of this situation is that we are talking about the healthcare of the mother. And in so many instances, to protect the life of the mother, an abortion, unfortunately, is sometimes required. Can you speak about that and how, in that situation, where protecting the life of the mother might lead to the mother in jail?

Ms. GOSS GRAVES. You know, when Professor Goodwin was here, she said twice a statistic that I am still startled by, which is that Black woman were 118 times more likely to die from giving birth in Mississippi than from abortion, and there are a lot of health instances that come up. Pregnancy is an inherently risky endeavor. And you know, it isn't the public story—

Mr. KRISHNAMOORTHI. Not for the male, for the female?

Ms. GOSS GRAVES. For the pregnant person, right. For the person who is carrying a pregnancy, it is inherently risky. And the idea that there is no mention of the life, or the health, or the mental wellbeing, either in the Supreme Court majority opinion or in the remarks earlier—

Mr. KRISHNAMOORTHI. And that is why the majority of Americans think it is radical and extreme. And so let me just ask you this question. These prosecutors who are going to go after all these women, we know the number of arrests are going to skyrocket very shortly. All those overzealous prosecutors and law enforcement are going to go after women. They are going to want to get their data.

They are going to try to go after their data, which has often been entrusted to big tech app companies that keep their sexual health information and reproductive health information. Chairwoman Maloney and I have launched an investigation with regard to protecting the privacy of that information. Could you please comment to me, Representative Shannon, on the importance of protecting the privacy of that reproductive health information?

Ms. SHANNON. Well, protecting the privacy of reproductive health information is not only important, but it is also important to protect privacy for all healthcare decisions. And that is why we keep reinforcing that the choice of whether or not to carry a pregnancy is a healthcare decision. And it is important that every person in this country experience the freedom of privacy to be able to make their own healthcare decisions with their own processes without government getting involved.

Mr. KRISHNAMOORTHY. Thank you. I yield.

Chairwoman MALONEY. Thank you. The gentleman yields back. The gentleman from Wisconsin, Mr. Grothman, is recognized.

Mr. GROTHMAN. Great. First of all, I would like to refer to a letter here that I am going to submit to the committee from a group called Family Action or Wisconsin Family Action, Wisconsin Family Council, which I dealt with a lot when I was a state legislator. They were attacked with Molotov cocktails in Madison, Wisconsin. The reason I bring it up is not just that they were attacked, but the apparent lax or uncaringness of the law enforcement in Madison, Wisconsin.

This is a disturbing trend we have seen around the country. We know there were variety of cities in which riots broke out a couple of years ago, including both in Madison and Kenosha, Wisconsin. Both times, it didn't seem like law enforcement would engage the rioters. And I think the reason they didn't is that the political leaders felt that if you were doing something—that was, the far left, which sadly runs your Party today—we will allow people to physically attack you, almost kill you in this case, and we won't do anything about it, but I think it is something that should be in the record. I think it is something that perhaps other Congressmen on this committee would like to read to see where we are headed as a country. So, I would like to ask this letter to be submitted.

Chairwoman MALONEY. Without objection.

Mr. GROTHMAN. Thank you. Now, I have a few questions here. I know in Wisconsin, abortion was legal at the time, or abortion was illegal at the time *Roe v. Wade* went into effect. And, in fact, the statute that was in effect was put in place in, I believe, 1849, either 1848 or 1849. Could you comment on, in our country, the state of laws regarding abortions, the time *Roe v. Wade* went into effect, Ms. Hawley?

Ms. HAWLEY. So, absolutely. At the time *Roe v. Wade* went into effect in 1973, as I mentioned in my opening testimony, that decision, that judicial decision, again decided by seven male authors, overturned the pro-life laws of nearly every single state. If we look back in time to 1868, when the Fourteen Amendment was passed, nearly three-quarters of the states criminalized abortion. So, you just can't look at any point in our Nation's history and derive some

sort of right to an abortion. And, in fact, the opposite is true in our country and the states have long protected life.

Mr. GROTHMAN. OK. And I believe there were, what, either two or three states in which abortion was legal in 1973. Is that right?

Ms. HAWLEY. That is correct, with significant restrictions.

Mr. GROTHMAN. OK. Next question. At the time, and you said this before, but I think it is something that merits people pondering on as to where we are in morality in this country. The state of ultrasound today compared to 1973, when almost every state realized that having an abortion, killing that little baby, we have all seen the ultrasounds today, was a horrific thing. But could you comment on the change in the status of ultrasounds between then and now?

Ms. HAWLEY. Absolutely. So, we have had 50 years of scientific advances, and everyone that has attended a pregnancy ultrasound at various points, you know, at six weeks, you have the heartbeat. At 8 to 10 weeks most of your internal organs for the baby are forming. And now we even have 3D and 4D ultrasounds that allow you to see the baby's face. You can even sort of determine what it is they are going to look like.

Mr. GROTHMAN. So much more obvious today that abortion is horrific than it was in 1973?

Ms. HAWLEY. Absolutely. And, in fact, if you look at page two, I believe, of my written testimony, we have an example of an ultrasound in 1973 and one today at 15 weeks, and the differences could not be more stark.

Mr. GROTHMAN. OK. This idea of abortion, and particularly even late-term abortion, in places like North Korea, China, Vietnam, some of the most repressive countries in the world, we know what is going on with the Uyghurs there in China. Do you want to comment in general on the type of countries that would consider it important to legalize abortion?

Ms. HAWLEY. Absolutely. So, we see totalitarian regimes, such as North Korea, such as China.

Mr. GROTHMAN. Not just totalitarian. I want you to comment on the belief in God.

Ms. HAWLEY. So, I think we see in these countries the idea that life is not precious, that life is not valuable. Again, if you—

Mr. GROTHMAN. What did they do to churches in North Korea or China?

Ms. HAWLEY. Neither are churches valuable in North Korea or China.

Mr. GROTHMAN. Right. People there, do the people who run the country believe in God?

Ms. HAWLEY. So, I think they prosecute the church there, sir.

Mr. GROTHMAN. Right. Is there a correlation then between countries that allow abortions, late-term abortions in particular, and countries that almost the state religion would be atheism?

Chairwoman MALONEY. The gentleman's time has expired. Briefly answer.

Ms. HAWLEY. The one interesting thing is that when Christianity was born, one of the Roman culture that Christianity emerged from was one in which was devastating to young children. Parents had superintending rights. A child had no right to life.

Chairwoman MALONEY. The gentlelady's time has expired. We have to keep into our timeframe.

Mr. RASKIN, you are now recognized for five minutes.

Mr. RASKIN. Thank you, Madam Chair. Nearly 8 in 10 Americans say that the decision about whether or not to have an abortion should be left to women and their families and their healthcare providers. 62 percent of Americans say that they support a nationwide law protecting a woman's right to choose consistent with *Roe v. Wade*, including not just the vast majority of Democrats, but 57 percent of Independents and 40 percent of Republicans, although they don't appear to have much voice in the Republican Caucus today. But there are lots of Republicans who agree with us that this is a choice that belongs to women, girls, and their families. That is the vast majority of the American people.

Now we want a nationwide law which codifies *Roe v. Wade* as a woman's right to choose because we believe this is fundamentally a question of personal freedom and autonomy. They want a nationwide law which makes it a crime to have an abortion anywhere in any case, including where women and girls who have been raped or victims of incest. And that follows logically, and naturally, and honestly from their position, which we have heard represented several times today, that life begins at conception in every case. So how could you allow a woman to have an abortion in the case of rape or incest? That would be murder, is what they say.

Now, Ms. Goss Graves, I am worried about this. As the founder of the Republican Party, President Lincoln said, "A house divided against itself cannot stand. I believe this government cannot endure permanently half slave and half free." Can we endure half free choice states and half theocratic-compelled pregnancy states? Is that going to work for America? What do you see as the future of this?

Ms. GOSS GRAVES. I am deeply worried. This is the first time in our Nation's history where the Supreme Court has taken away an individual right in the Constitution, a right that two generations of people have come up with. So now you have grandmothers looking at their grandchildren and understanding that they are going to have fewer rights. It cannot stand, and it is opening up a range of unprecedented legal issues that I never thought we would be dealing with: whether or not you can travel and leave your state, whether or not you can be surveilled, whether or not you as an individual are truly free in this country. That is the debate we are having.

Mr. RASKIN. All right. Senator McMorrow, I want to come to you because in a number of the compelled pregnancies states, they are already talking about passing laws to make it a crime for a woman to leave a state for the purpose of obtaining healthcare in a state where abortion is still lawful. And they want to make it a crime for people who enabled them to leave the state, whether they are in another state or they are in that state. I have introduced legislation with a couple of colleagues, which I hope we will be hearing this week or next week, to allow for the free travel of American citizens among the states for the purposes of obtaining healthcare that is lawful in the destination state. Is that something that you would think is important in Michigan?

Ms. MCMORROW. I do think that it is important, but I want to take a step back, too, and remind everybody how devastating that is going to be for those who are low income, particularly women of color, younger girls who do not have the means to travel. And just to bring it back to an example here in Michigan, our attorney general, Dana Nessel, has said that she herself in her capacity will not enforce the 1931 law, but she has also said that she cannot compel county-level prosecutors to do the same. So not only is there going to be a difference, depending on what state you live in, what state you are able to travel to, but down to your zip code, whether or not you can get direct access to care, whether or not you have access to physicians who are trained, who don't feel fear.

And I want to go back to the story that I shared in my testimony, Michal and Jordan shared with me that they learned that there were only four physicians in all of Metro Detroit who had been trained to carry out the procedure that they needed. More than almost half of the state's population live in Metro Detroit. That is only four physicians for more than 4 million people. So, we have already seen this, so I agree with you, but it is even much more local than that.

Mr. RASKIN. Well, I appreciate that, Ms. Shannon. Finally, the Supreme Court has targeted the constitutional right to privacy, more than a half century of precedent. That constitutional right to privacy guarantees women the right not to be sterilized against their will, which is what happened to thousands of women in the last century, including in Virginia. Do you fear that there are governments which are going to, on the one hand, stop women from making their own decisions about abortion, but go back to—

Chairwoman MALONEY. The gentleman's time has expired. We are going to be enforcing the five-minute rule.

Ms. SHANNON. Can I briefly answer?

Mr. RASKIN. Can she answer the question?

Chairwoman MALONEY. Very briefly.

Ms. SHANNON. Sure. So, we don't even have to go back years ago to force sterilization. We actually had this happen in Georgia, in an immigrant detention center in Georgia, where folks were forcibly sterilized. So that is a real threat.

Chairwoman MALONEY. OK. Thank you. Mr. Jordan from Ohio is now recognized.

Mr. JORDAN. Thank you, Madam Chair. Ms. Hawley, is the left trying to intimidate the U.S. Supreme Court?

Ms. HAWLEY. I think if we look at the evidence from the last few months after the leak of the Supreme Court opinion and *Dobbs*, absolutely.

Mr. JORDAN. I agree with you. I would argue it actually started before the leak. Was it intimidation when the Minority Leader, then Minority Leader, currently the Majority Leader of the Senate, went on the Supreme Court steps and said, "Gorsuch and Kavanaugh, you will face the whirlwind. You are not going to know what hit you." Was that an intimidation tactic?

Ms. HAWLEY. So, it seems like when a Senate minority leader stands on the steps at the Supreme Court and calls out two sitting justices by name, I believe that would be interpreted as a threat.

Mr. JORDAN. When the Democratic chair of the Judiciary Committee introduced legislation 15 months ago to add four associate justices to the U.S. Supreme Court, was that an effort to intimidate the Court?

Ms. HAWLEY. Absolutely.

Mr. JORDAN. When the Judiciary Committee, and I just came from there, just next door—we are having a markup as we speak—did a concerted effort, had a hearing on Justice Thomas and talked about his wife, was that an effort to intimidate the court?

Ms. HAWLEY. Yes, sir.

Mr. JORDAN. And then you mentioned the leaked opinion, and you clerked on the Supreme Court. You have a distinguished legal background. Was that an effort to intimidate the Court, the first time that I know of we had a draft opinion that was leaked?

Ms. HAWLEY. That is absolutely correct. It was the first time an opinion had ever been leaked. There were a few news reports trying to normalize that practice. That is untrue, a Supreme Court opinion has never leaked prior to it being ready to be issued. And as we saw, subsequent to that, 40 pregnancy care centers have been vandalized and targeted. In addition, Justice Kavanaugh had a murder attempt at his own home.

Mr. JORDAN. Yes, you are ahead of me there, and I was just going to point out. I only had 32 on my list. This is frightening, 32 crisis pregnancy centers and churches since May 3, two months and one week that has all happened. That is a concerted effort to go after pro-life people and intimidate a separate and equal branch of government with the support of these guys. That is how wrong this is.

So, the protests and the attacks that my colleague from Wisconsin talked about in Madison but have happened 39 other places around the country in two months and one week, not to mention an assassination attempt. I think probably the first time in American history where we have had an assassination attempt on a sitting justice of the U.S. Supreme Court. Their whole focus is on intimidating the Court, and they are the ones with the radical position. Mr. Raskin just said we are radical. They are the ones who think you should take the life of an unborn child. You could take the life of unborn child right up until their birthday.

Voice. Would the gentleman yield?

Mr. JORDAN. Is that accurate, Ms. Hawley?

Voice. Would the gentleman yield?

Mr. JORDAN. No. My question is for Ms. Hawley.

Ms. HAWLEY. Absolutely, and I would love to set the record straight on something Congressman Raskin said. He said that the American people support the Women's Health Protection Act. They do not. Less than 10 percent of the American public would support abortion up until birth for any reason. That law Federalizes a right to sex-and race-selective abortion.

Mr. JORDAN. But it is even worse, Ms. Hawley. It is even worse, because we know the former Democratic Governor of Virginia didn't want it to go right up until their birthday. This is sickening. He wanted to go after that. That is their position. We are the party that is pro-life. We actually think you should protect unborn children, not do what they want to do. And it is even worse though

this intimidation effort because we had the Speaker of the House wait four weeks—four weeks—after the Senate unanimously passed legislation to protect justices’ families after the left had posted online, here is where Justice Barrett’s children go to school, here is where her family worships on Sunday morning. After posting that, Speaker Pelosi says nothing to worry about. We are going to wait four weeks until we protect the justice’s family.

And I would just finally add this in the last minute, and I will let you respond. I think it has gotten even worse. We now have the key agency in the executive branch, the Justice Department—the Justice Department—failing to enforce a statute, which is directly on point which says when there are protests at Justices’ home with the intention of intimidating them and influencing a decision pending in front of the Court, you are supposed to deal with that. And we have a Justice Department that refuses to do so, a Justice Department that is now working with the left to intimidate a separate and equal branch of government. Would you agree?

Ms. HAWLEY. Absolutely. And we see in sort of this, this reign of intimidation, it is not only Supreme Court justices and their families, as you mentioned, publishing online, where they go to church, where their families, including justices with young families, reside. Protesters at night is never something you want your children to see. In addition, we have got this just outrageous attack on pregnancy care centers. How we think this helps women in need is just beyond me.

Mr. JORDAN. Thank you so much. Thank you for your work in the pro-life committee and the work you do representing freedoms around the country. Madam Chair, I yield back.

Chairwoman MALONEY. Thank you. The gentlewoman from Michigan, Ms. Tlaib, is recognized for five minutes.

Ms. TALIB. Thank you, Madam Chair. If I may, I would like to submit for the record, I will submit an article about the Secretary of State of Michigan being targeted for obviously allowing the votes to be counted in Michigan, literally in front of her home in the dark, as well as recently uplifting what has happened to a colleague, Representative Jayapal, a man who basically wanted to commit a hate crime, showed up at her home shouting and with weapon, I believe, to kill our colleague.

I want to reiterate the importance of—

Chairwoman MALONEY. Without objection.

Ms. TALIB. Yes. Thank you so much, Madam Chair. It is important to understand this has been happening a long time for many of us, especially women of color, in this chamber. Republicans are claiming this is about returning power to the states, but they have said themselves that they want to ban abortion nationwide. Kevin McCarthy himself, and Steve Scalise, as well as Mike Pence has said it. In fact, every Republican in this committee, though, supports legislation that would lead to nationwide restrictions on abortion, and many of them support a bill to impose prison time on doctors who perform abortions after six weeks. So, we need to set the record straight and don’t let the rhetoric fool you.

With that, I do want to go to our Michigan Senator McMorrow. You know, one of the things that has been impactful, Senator, is the fact that historically, we have never seen anything like this in

the state of Michigan. We have collected over 800,000 signatures to allow to repeal the ban of the 1931 ban on abortion. Is that correct?

Ms. MCMORROW. That is correct. This is a constitutional amendment, the highest number of signatures collected for any initiative in state history.

Ms. TALIB. We will get the opportunity to allow our state to choose whether or not a woman gets the right to control her body. Is that correct?

Ms. MCMORROW. That is correct.

Ms. TALIB. And do you believe, though, that this chamber would try to attempt to overturn that state's right?

Ms. MCMORROW. I do, in both the state level and the Federal level. So, to paint a picture, Michigan in 2014, Democrats got about 51 percent of the vote statewide. The state senate in the chamber that I serve, Republicans held 72 percent of Senate seats. So, this has led to an extremist view that is not in line with the majority of Michiganders. Consistently when polled, 60 to 70 percent of Michiganders support *Roe*, support keeping protections in place, and we have seen that Herculean effort come out in this ballot initiative.

Ms. TALIB. Yes, I have never seen anything like it, and I have worked on minimum wage, a number of other ballot initiatives, and I have never seen this kind of support. I would like to take the rest of the time to do something that might be a little scary for my Republican colleagues, which is to ask a woman's opinion.

Ms. LOPEZ, thank you so much for being here with us today. What strikes me listening to your stories just how many state-imposed hoops, loophole, you know, all these obstacles that you had to jump through in order to carry out a personal decision about your own body and access to medical procedure. Can you describe—I want you to take some time because I think people need to understand this is about human dignity and so much more. And so can you talk about, you know, really how it made you feel, but also just, you know, the experiences. I think many folks that might not have the courage to be here because they are so scared of the attacks.

Ms. LOPEZ. Thank you so much. I guess I can start by saying that Texas has dozens of restrictions, had dozens of restrictions already in place prior to *Dobbs*, prior to SB 8. And when I had my abortion six years ago, I had no context or, you know, knowledge of what a restriction was. I didn't know that there was a forced waiting period that ended up pushing, you know, me further into pregnancy, another two weeks, because I couldn't access care when I needed to.

As I mentioned in my testimony, the forced ultrasound felt horrible. I didn't understand why I was, you know, being asked to listen to, you know, embryonic cardiac activity when I knew I didn't want to be pregnant. And perhaps one of the most confusing parts of my experience was my provider telling me that the state requires that he tell patients that abortion causes depression, infertility, and breast cancer, and then by following that up by saying, the state requires me to say that, abortion is 100 percent safe, and many times it is safer than carrying a pregnancy to term.

I didn't understand why a state was providing a doctor to spread misinformation to his patients, but I went through with it anyways. And despite the many restrictions that I faced, and, again, as I mentioned in my testimony, I do feel lucky that I lived in a city that had a clinic, that I was able to access care relatively smoothly. But what these restrictions are intended to do is try and stop people from having abortions, but abortion is healthcare.

My abortion was the best decision I ever made. It was an act of self-love. And I am here today to make sure that everybody who currently needs an abortion, who has had an abortion, or will need an abortion is not alone, no matter what the state tries to force upon us. Thank you, so much for—

Chairwoman MALONEY. The gentlelady's time has expired. Thank you.

The gentleman from Pennsylvania, Mr. Keller.

Mr. KELLER. Thank you, Madam Chair. Just a couple of things. Mrs. Hawley, you clerked before Justice Roberts and argued cases before the Supreme Court, correct?

Ms. HAWLEY. Yes, sir. I clerked for Chief Justice Roberts, and I have litigated before the Court, but not argued.

Mr. KELLER. Yes, thank you, and our government is a constitutional republic. In the Tenth amendment to our Constitution, as it says here, "The powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states respectively or to the people." The *Dobbs* decision simply took abortion and said the states will determine the laws that cover that within those state borders, correct?

Ms. HAWLEY. That is correct. The *Dobbs* decision was actually one of judicial modesty. It corrected a 50-year error and returned to the people and the peoples' elected representatives the intensely moral issue of abortion.

Mr. KELLER. Where it should be, and that is asking a woman's opinion. Thank you for that. I appreciate it. Following the *Dobbs* ruling, pro-life organizations, especially churches, have become scenes of vandalism and violence. On June 7, the Department of Homeland Security issued a National Terrorism Advisory System bulletin warning faith-based institutions of expected threats of violence in the coming months. The FBI issued a safety report regarding Jane's Revenge, the same domestic terrorist organization responsible for posting flyers around D.C. that read, "The night SCOTUS overturns *Roe v. Wade*, hit the streets. You said you would riot. To our oppressors, if abortions aren't safe, you are not either." So, we have had that happen. And since *Dobbs* decision leaked on May 2, over 100 pro-life institutions have been recipients of threats, desecration, vandalism, and arson.

I ask unanimous consent to submit a list for the record from Susan B. Anthony Pro-Life America, outlining the recent violence.

Chairwoman MALONEY. Without objection.

Mr. KELLER. So, when we look at all the things that have happened, and I am thinking, where is the outrage at the intimidation and coercion and violence for these? So, I guess, Ms. Hawley, what would leaders or what should leaders like President Biden, and Speaker Pelosi, and Leader Schumer be doing to hold these per-

petrators accountable for the violence they are either threatening or causing around our Nation?

Ms. HAWLEY. Well, violence against anyone, especially against pregnancy care centers, especially against sitting justices of the U.S. Supreme Court, should be appropriately punished. It should be deterred. It is illegal to protest with the intent of changing a judicial decision before Supreme Court justice's home. That legislation should be passed to protect those judges and justices.

In addition, I just think we should see real moral outrage at the idea that we are targeting pregnancy care centers. These are the centers that come alongside women to support them, to provide them with tangible resources, and counseling, and medical care, all of it free. And to think we would want to take this away from women who need it, it is insane to me.

Mr. KELLER. When we are talking about helping women and the most vulnerable, which are the unborn lives in our society, I think that when we don't stand up for that, what are the things will you not stand up for if you don't stand up for life? If a person isn't going to protect your life, do you think they are going to protect any of your other rights?

Ms. HAWLEY. No, and as we think about unborn babies, these are the tiniest and most vulnerable humans among us. They are most deserving of our protection, and it doesn't matter whether they are viable or need a little bit more help. They are fully human, they are fully alive, and they deserve life.

Mr. KELLER. Being a father and a grandfather—I have three lovely granddaughters—and I will tell you right now that holding them for the first time, there wasn't anybody that can convince me that wasn't a child or a life prior to birth.

Ms. HAWLEY. Absolutely. I also have three children and agree completely.

Mr. KELLER. So, I thank you for being here today. I thank you for that opinion, of a great woman who has served so well for our Nation. Thank you so much.

Chairwoman MALONEY. Thank you. The gentleman yields back.

The gentleman from California, Mr. Ro Khanna, is recognized for five minutes, and then we will recess for votes. Mr. Ro Khanna.

Mr. KHANNA. Thank you, Madam Chair. Thank you for your leadership. The overturning of *Roe v. Wade* means that the state is literally requiring women to have forced pregnancies, and this is a matter of equality. It impacts a women's education, economic opportunities, and securities. Ms. Goss Graves, how does legal abortion help ensure work force participation for women and reduce the gender pay gap?

Ms. GOSS GRAVES. So, what we know is that if you look over time in the last five decades, there has been tremendous progress for women, in particular, their ability to control when and whether in the pacing of their pregnancies has meant that they could enter careers, that they can enter fields that they weren't present in before. And when we think about the other side and where we are now, what this is likely to mean for people is that not that they would have more children than they did before. It is just that they would have children when they didn't want them and at a time that didn't work for themselves and their families. It is likely to put

more people into deep poverty. And the vast majority, more than 60 percent of people who have abortion care, they are already parents, so it will affect them and their families deeply.

Mr. KHANNA. Thank you, Ms. Goss Graves. It is so important that you emphasize that this is going to make the gender inequality worse. And this is fundamentally an issue not just of the right to make decisions, but also fundamental equality. That's why I think it is an issue under the 14th Amendment.

Let me turn to you Ms. Lopez. Why is access to abortion so important for young people who still are in school or just about to enter the work force?

Ms. LOPEZ. Thank you. I would first like to state that young people have just as much of a right as anyone else to exercise bodily autonomy. But it is especially important that young people have that autonomy in order to create the lives for themselves to thrive, and do, and create the families they want on their own terms, and that they are not being forced into pregnancy by any government or by any, you know, other entity, that they are able to make these decisions themselves. And that decision also includes if they decide to continue a pregnancy. All pregnancy outcomes should be decided by the pregnant person, and the laws should reflect the health and safety of pregnant people.

And I would also just like to state on the record that young people, you know, patients also face harassment, providers face harassment every single day for providing healthcare. And so young people deserve to, you know, access abortion care and all of sexual and reproductive healthcare free from state intervention or stigma.

Mr. KHANNA. Thank you, Ms. Lopez. Senator McMorrow, thank you. I recommend your four-minute speech to everyone. I am sure millions of people have already seen it, but I was very moved by that. If you could take just 30 seconds, because I have got two questions left. But could you speak to the legal abortion benefits for mothers in the United States?

Ms. MCMORROW. Absolutely. As I said in my opening testimony, Congressman, getting and staying pregnant is incredibly difficult. So, I can tell you just some of the reaction immediately once the *Dobbs* decision came down, there was a group of local residents on Facebook who created a Google document of OBGYNs who will tie your tubes, no questions asked. The ability to ensure that abortion access is safe and secure means that women and families can pursue pregnancy knowing that if it doesn't go perfectly, that they will be OK.

Mr. KHANNA. Thank you so much, Senator McMorrow, and I appreciate all your advocacy. My final question. Ms. Hawley, I read your piece actually on Edmund Burke and stare decisis. I disagreed with it, but it was well argued in terms of Burke's position. I wonder if there is any possible common ground? Surely you would agree with me that in this country, we should never prosecute criminally women if they choose to get an abortion. Would you agree with that?

Ms. HAWLEY. Absolutely. Women should never be prosecuted.

Mr. KHANNA. Thank you. I yield back my time.

Chairwoman MALONEY. The gentleman yields back.

Votes have been called. To accommodate members' voting, the committee is going to take a short recess, and we will reconvene 10 minutes following the beginning of the last vote in the series. The committee stands in recess.

[Recess.]

Chairwoman MALONEY. The committee will come to order.

The gentleman from Texas, Mr. Cloud, is recognized.

Mr. CLOUD. Thank you, Madam Chair, and thank you for staying around and working with us on our vote schedule today.

Our Declaration of Independence was unique in that it introduced into the world a profound set of ideals to be perfected in subsequent generations. And that was that there were certain inalienable rights that were given to mankind, and they weren't a grant from government, but they were a gift from God. And the Declaration of Independence went on to state that among these were life, liberty, and the pursuit of happiness. And it is notable that those ideals upon which the rest of the rule of law under which we live is all based on, that first essential right, and that is the right to life.

With the *Dobbs* decision, in a single day, millions gained that right that had been taken away previously. And if we look at the development of science over the last 50 years, and I was born in 1975, just a couple of years after *Roe* and ultrasounds were very rare. I asked my mom for my ultrasound, and there was not one to be found there. There isn't one because of that. And when *Roe* was being argued, even the dialog at the time was that it was a blob of tissue that was in development, and we know so much more now than we did before. And we know that a child at six weeks, we can even detect the heartbeat. We know that science is even showing us that a child can feel the pain of an abortion.

And so, there is a lot of misinformation that has happened since the *Dobbs* information that I thought we would need to address this. As a matter of fact, the chair said that the *Dobbs* decision was, "undemocratic." Could you speak to, Ms. Hawley, the *Dobbs* decision and if it is undemocratic or not?

Ms. HAWLEY. Certainly, Congressman Cloud. The *Dobbs* decision is not anti-democratic. It is an act of judicial modesty. It is a decision in which the majority clearly explains that the Constitution's text, structure, and history are absolutely silent on a right to an abortion. And as Justice Alito explained, that means that we, the people, get to debate this issue to decide this issue, and the Supreme Court got out of the business of legislating abortion.

Mr. CLOUD. So, if anything, it restored a democratic process to the discussion of abortion, is it?

Ms. HAWLEY. Absolutely. Justice Alito's opinion leaves it to the people.

Mr. CLOUD. That is my understanding as well. It was also said that pro-life people who embrace this are extremist, draconian is how this decision was. We have heard about its threat to democracy and all those sorts of things. When we talked about extremism and draconian, can you compare where the United States stands in relation to other countries when it comes to abortion?

Ms. HAWLEY. Absolutely. So, under *Roe v. Wade*, the United States was one of the most extreme and most permissive nations

on abortion in the entire world. We were 1 of only 7 countries in the world, including countries like China and North Korea, who have horrible human rights records, to allow abortion up until the moment of birth for any reason at all.

Mr. CLOUD. So that is a very rare. We are not on the right side of that. So, are there any state laws that would prosecute women for an abortion?

Ms. HAWLEY. There are not, no. There are no state abortion laws, no, that would prosecute women for abortion.

Mr. CLOUD. Any Federal?

Ms. HAWLEY. No.

Mr. CLOUD. Because we have heard a lot about that. Could you speak to ectopic pregnancies and abortion because we keep hearing that that is an issue as well?

Ms. HAWLEY. Thank you so much for that question. I think ectopic pregnancies are an issue of, as you said, misinformation. There have been social media posts suggesting that women won't get treated for an ectopic pregnancy because doctors might be afraid of performing the procedure, but that is absolutely false. Treatment for an ectopic pregnancy is not, in fact, an abortion. An abortion is the intentional taking of a human life. An ectopic pregnancy is a tragic situation in which the baby is developing outside of the womb, and treatment for that, as Planned Parenthood has recognized, is simply not an abortion.

Mr. CLOUD. Now, you spoke to what is the norms in the world. Both you and I, I think, believe that life begins at conception, and this is a question of life, you know, ultimately, and that is what makes it so difficult and why the views are so deep seated when it comes to this.

But when it comes to what is normal, the Democrats have proposed two bills that we will be voting on Friday: H.R. 8296 and H.R. 8297. And these bills would, among other things, allow for abortion because of disability, what sex the child is, what race the child is, potentially. There are provisions in it to serve as an end around parents being involved in their child's life. There is ambiguous language that can potentially force pro-life doctors, many whom their faith would dictate to them that this is not a proper thing to do, to perform an abortion. And what is troubling to me is, also, we have gone from the left from wanting it to be rare, supposedly to now we want taxpayers to fund it, not only in our country to pay for other people's abortions, but also for abortions overseas.

Chairwoman MALONEY. The gentleman's time has expired.

Mr. CLOUD. Thank you for your statements today. Thank you for being here.

Chairwoman MALONEY. The gentlewoman from California, Ms. Porter, is recognized for five minutes.

Ms. PORTER. Madam Chair, I seek unanimous consent to enter into the record findings from the Turnaway Study of women who sought abortions.

Chairwoman MALONEY. Without objection.

Ms. PORTER. Before *Dobbs*, even under *Roe*, Americans who wanted an abortion were denied. The Turnaway Study examined the lives of hundreds of people who were denied abortion and com-

pare their experiences to people who got abortions. Ms. Goss Graves, are you familiar with the Turnaway Study?

Ms. GOSS GRAVES. Yes, I am.

Ms. PORTER. I want to use my whiteboard to help Americans understand what this study found. Let's start with health. Which women were more likely to suffer from physical health problems: women who had an abortion or women who were denied an abortion?

Ms. GOSS GRAVES. Women who were denied an abortion.

Ms. PORTER. Women who were denied an abortion. Denying abortion does not just correlate with worse physical health but also leads to financial problems. Which group of women, those who received an abortion or were denied an abortion, were more likely to be unemployed?

Ms. GOSS GRAVES. For sure those who were denied an abortion.

Ms. PORTER. Denied an abortion. Which group of women was more likely to live in poverty?

Ms. GOSS GRAVES. Definitely those who were denied abortion.

Ms. PORTER. And which group of women was more likely to have low credit scores, to have their applications for housing or car loans denied?

Ms. GOSS GRAVES. Those who were denied an abortion.

Ms. PORTER. So, to summarize, women, when the decision to have an abortion was taken out of their hand, and they were not able to have an abortion, to make their own decision, they had worse health outcomes, were more likely to be unemployed, were more likely to face financial problems, like living in poverty or having low credit scores. Women who were denied abortions are four times more likely to live below the poverty line. They are less likely to be able to afford food and housing for themselves and their children. Ms. Goss Graves, can you explain why people who are denied abortion are more likely to have these forced outcomes than someone who obtains an abortion?

Ms. GOSS GRAVES. If you are denied an abortion, you are not having a child based on when you actually want to, and what we know is that there is a wide range of reasons people determine that it is not the right time to have a child. It could be that their health is not the reason that they want to have a child at that time, but it also could be because they are not financially secure, if they are in a relationship where it does not make sense. There are a range of reasons. That is why it is so important that that decision be the decision of the person who is actually pregnant, the person who is actually going to have that child, about whether or not they do that.

Ms. PORTER. Ms. Goss Graves, I completely agree. We should let people who are pregnant make the decision whether or not to carry that child, to deliver that child, and to raise that child.

I am a mom. I love my three children. I know firsthand the joys and hardships carrying, birthing, raising, and providing for children, including doing it alone as millions of women do. That is why I believe so strongly that extremist politicians shouldn't have the power to force anyone to become a parent. The choice to give birth is not just a major health decision. It is an economic decision for an entire family, including other children that that person, that

mother or parent may have. Many women experienced a significant decrease in their incomes after having a child, and income declines even further after the birth of additional children. Many parents are forced to leave the work force altogether to care for their kids.

When extremist politicians prevent Americans from making their own decisions, they force patients to give birth to children that they may not be able to care for, that they may not be able to protect and raise safely, and that they may force to grow up in poverty. We should live in a free society. Americans should have the freedom, the liberty to grow their families when they are ready to do so, not birth babies because of government mandates. I am here at home, sick with COVID, and caring for my two children alone. I do not need, and an American women do not need, any politicians telling them when and if they should make the decisions to raise children.

I thank you, Ms. Goss Graves, for your testimony and everybody on this panel, and I yield back.

Chairwoman MALONEY. The gentlelady yields back.

The gentleman from Arizona, Mr. Biggs, is now recognized for five minutes.

Mr. BIGGS. I thank the Chairwoman. I appreciate the opportunity to be here today in this incredibly politically charged hearing, and then we get to have another one tomorrow. In fact, the Democrats are calling for five hearings in five days effectively on this topic. Democrats really are the abortion extremists relying on a strategy of fear. That is really what it is.

I associate myself with a video that was put in there, and I will say one thing. When Mr. Jordan was asking questions, he forgot to ask the questions about bounties put up by ShutDownDC on Supreme Court justices. That is absolutely outrageous, and I haven't heard any of my colleagues across the aisle, not one say, hey, maybe we shouldn't do that, stop doing that. It is an incredible, incredible strategy of fear that they are perpetuating, and they are extremist.

Governor Northam said that third trimester abortions are done in cases where there may be severe deformities, there may be a fetus that is non-viable. So, in this particular example, if a mother is in labor, I can tell you exactly what would happen. The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that is what the mother and the family desired, and then a discussion would ensue between the physicians and the mother about the outcome for that baby.

I associate myself with the comments of Senator Rubio who said that he never thought he would see the day in America where America had government officials who openly support legal infanticide. Elizabeth Warren, what did she say? She said, "In Massachusetts right now, crisis pregnancy centers, they are fooling people who are looking for pregnancy termination. They outnumber true abortion clinics by 3 to 1. We need to shut them down to Massachusetts. We need to shut them down all around the country." Wow. That is from the liberal left.

I will ask a question now of Ms. Hawley. Ms. Hawley, did the *Dobbs* decision shut down abortions completely nationwide?

Ms. HAWLEY. The *Dobbs* decision returned to the state the authority finally to be able to protect life. In 1973, a majority of men on the Supreme Court declared that no matter how compelling a state's interest was in protecting life, no matter what we learned about a baby's development, states could not protect that life until 22 weeks. With the *Dobbs* decision, a decision of judicial modesty, the people and their elected representatives get to make that choice.

Mr. BIGGS. And I am looking now about a recent article in *The New York Times*, "When it comes to abortion rights, Democrats need to lean into the politics of fear. The Party needs to scare voters and show that they, too, are scared of the voters themselves." That is the politics of fear that happens here.

And let's just think for a second, gestational limits on abortion in the United States compared to international norms. I have got a series of articles on that, and I am going to go through this really quickly because time goes by fast. I want to give you some European countries. Austria limits to the first three months and the rest of these are in weeks: Belgium, 12; Bulgaria, 12; Croatia, 10; Cyprus, 12; Czech Republic, 12; Denmark, 12; Estonia, 11; Latvia, 12; Italy, 12; Hungary, 12; Greece, 12; France, 14.

You know what? America's laws pre-*Dobbs* were some of the most radical on this planet, right up until exit of the birth canal. And what has happened since then? The left is okey dokey with this strategy of fear and violence. Ohio Right to Life says offices targeted twice by pro-abortion activist. Democrats have launched ads in lifestyle mags. Summer of Rage. I appreciate that someone said 32 or some 40. I have one data, June 9, 56 attacks, including one in Bethesda over the weekend. Attacks on churches, pro-life pregnancy centers continue. This one is in Hutchinson, Kansas. The next one I will submit is from Bullhead City in my state.

The Justice Department has announced that it has a reproductive rights task force, and the threat from the left is that abortion bans could lose economic edge. That is what *The New York Times* reports. Nothing is further from the truth. This is a strategy of fear. It is a strategy of threats and intimidation against members of the Supreme Court. It is a clinic on disinformation by asserting that this law prevents abortion throughout the country.

Mr. BIGGS. Last question for you, Ms. Hawley. Can men become pregnant?

Ms. HAWLEY. Biological women may become pregnant.

Mr. BIGGS. Thank you. I yield back.

Chairwoman MALONEY. The gentleman yields back.

The gentlewoman from Missouri, Ms. Bush, is now recognized.

Ms. BUSH. St. Louis and I thank you, Chairwoman Maloney for convening this urgent, urgent hearing. Within minutes of the far-right Supreme Court's decision to overturn *Roe* and *Casey*, my home state of Missouri was the first state to enact its trigger law and ban abortion care. And despite the wrong information provided by my colleagues on the other side, there are state laws that prosecute people for performing their own abortions, which includes trans men. So trans men, more than women, trans men and non-binary people do become pregnant.

The criminalization of abortion care has a ripple effect across the healthcare and criminal legal systems. The majority of states where abortion care is now banned have threatened to enforce criminal laws that target healthcare providers for administering medication and providing abortion care to those who need it. In Missouri, any provider suspected of inducing an abortion could face felony charges and, if convicted, a sentence of up to 15 years. In other states like Texas, the penalty includes the possibility of a life sentence.

I have heard from people in St. Louis who tell me that they are afraid to cross the state lines to access abortion care which they need because they fear being investigated and prosecuted at home, but many of these laws exempt pregnant people. We know that pregnant outcomes have long been politicized, which is happening in this moment and criminalized. People have been investigated and punished for experiencing pregnancy loss, for struggling with substance use during pregnancy, or self-managing abortion care in states where abortion care is banned and in states where abortion care is legal and protected.

A local prosecutor in California charged two women with murder because of their pregnancy laws. I am concerned that far right extremist anti-abortion lawmakers in my own state, like our State Attorney General, may move to further politicize our rights and criminalize abortion care and pregnancy outcomes unless we speak up more, unless we act and act and push harder, and until we organize to block extremist anti-human rights laws and fully protect reproductive freedom.

So, Representative Shannon, can you please describe what measures are being taken to protect people from being criminalized for seeking abortion care in Georgia, it's a red state like mine?

Ms. SHANNON. Thank you for the question and thank you for your work on this issue. Yes, we have had DAs in Georgia as well as local municipalities come out and say that they will not use government funds to prosecute folks or to investigate folks for having had an abortion should Georgia's 481 law go into effect, which would effectively outlaw abortion. And so, I am glad that you mentioned about what is going on with criminalization because we also, at the same time, have DAs across the country who are hyperaggressive about finding ways, bending and twisting the law, using other laws to actually criminalize folks. And we do know that there has been an uptick of criminalization of miscarriages across the country.

Ms. BUSH. Thank you. Thank you so much for those insights and thank you for what you do. Ms. Goss Graves, can you please explain how the criminalization of abortion creates a public health emergency?

Ms. GOSS GRAVES. So, abortion care is both effective and safe. What is really, really deeply concerning is if people are either afraid to seek medical care if they need it, or if providers are chilled, if they are afraid to provide medical care, not knowing the state of the law. So, it is those things that stand to worsen the health of someone who is seeking abortion care. And the other thing that we know is that carrying a pregnancy to term and child-birth is inherently risky, especially for Black woman. The maternal

mortality rates are extremely high, so none of these laws will do anything to aid that and will only worsen those outcomes.

Ms. BUSH. Thank you for the clarity. I appreciate that. As our witnesses have extensively described, the impact of this devastating Supreme Court ruling will fall hardest on Black, brown, and indigenous communities, people with disabilities, undocumented people, queer, and trans folks, youth and the most marginalized members of our society. Federal legislators have an obligation, all of us who chose, who signed up to take care of the full, to serve, to represent, the full— regardless of what you look like, where you come from, how much money you have, we signed up to work for everyone. We need to work in lockstep with our state and local counterparts to protect access to reproductive healthcare for everyone regardless of where they live. Thank you.

Chairwoman MALONEY. The gentlelady's time has expired. Thank you.

The gentleman from Kansas, Mr. LaTurner.

Mr. LATURNER. Thank you, Madam Chairwoman. The Supreme Court decision in *Dobbs v. Jackson Women's Health* was a monumental one. It signifies a victory for pro-life Americans across this country, but, most importantly, the innocent unborn. But make no mistake, the *Dobbs* ruling is not just a victory for the pro-life movement, but it is a victory for our Constitution and for the principle of federalism. If you want to have abortion laws in this country to your liking, elect officials that agree with you and pass it in the legislative body and states throughout this country. That is the way to achieve it.

But let's not pretend that the right to abortion existed in our Constitution in this country, and contrary to what some of my colleagues on the other side of the aisle say, this decision in no way endangers lifesaving medical care for pregnant mothers. In fact, the Mississippi statute in question explicitly excludes procedures to treat ectopic pregnancies and miscarriages from the definition of abortion, and there are nearly identical exceptions in every state that has enacted pro-life laws. This protection of both unborn children and their mothers is what a consistent and compassionate ethic of life looks like.

In my home state of Kansas, citizens will have the opportunity this August to vote for the value of them both, a constitutional amendment, which rightly reserves the right to pass laws regulating abortion to the people through their elected representatives. I am a firm supporter of this change and hope that the momentum from the historic *Dobbs* decision compels Kansans to restore authority to citizens to decide abortion laws. I celebrate the impact of the Supreme Court's decision and its implication for the sanctity of human life, both for mothers and their unborn children.

Ms. Hawley, thank you for being here today. In your opinion, why is the regulation of abortion better suited for state legislatures than the unelected Supreme Court or even us here in Congress?

Ms. HAWLEY. Well, the state legislatures are very close to the people. I think Justice Alito's opinion laid out that 55 percent of the voters in Mississippi are women, and so those voters in Mississippi now have a voice and a vote. They are able to tackle these

really difficult issues, and we can allow women to express their opinions on this issue.

Mr. LATURNER. There has been a lot of conversation among my colleagues on social media and by pro-abortion organizations that warn women that their government is tracking their activity across health apps and their search history on web browsers, and will use that information to seek criminal penalties related to abortion. Do any of the *Roe* trigger laws include criminal enforcement mechanisms against women who seek abortions?

Ms. HAWLEY. No, they do not.

Mr. LATURNER. What would you say to women who are scared they will face criminal penalties for miscarriages, pregnancy loss, or ectopic pregnancies, because, as you know, this is a real issue and real anxiety, even among those that consider themselves pro-life but want exceptions? There is a lot of fear mongering going on out there, and I would like you to address it.

Ms. HAWLEY. Absolutely. Well, as you mentioned Congressman, every state's law has an exception for life of the mother, and this means that doctors and physicians will be able to treat the mother when her life is in danger. Similarly, the idea that treatment for an ectopic pregnancy is an abortion is simply false. That is scare-mongering. It is untrue. It is a tragedy that actually 1 in 50 pregnancies are ectopic pregnancies. Women usually find out about this between 6 and 8 weeks, and it is a horrible circumstance, but treatment for that is not an abortion. There is no intent to take the child's life. There is no reason to be worried either as a doctor and physician, or especially as a woman.

Mr. LATURNER. And what do you think damage is caused by this fear mongering?

Ms. HAWLEY. So, I think, you know, discovering you are pregnant, whether it is something you have longed and hoped for, or something that is unexpected, can be overwhelming. And to have this additional fear mongering on top of that, I think, just adds to that uncertainty of women. We need to come alongside women and support them. We need to provide them with the resources that are necessary for them and their children to survive. The *Dobbs* decision is not only a legal victory, but it is a rallying cry. We must become a culture that values life, that values women's lives, and provides them with the resources they need throughout their pregnancy and beyond.

Mr. LATURNER. And if I could get you to comment on this—it was referenced earlier—the vandalism that has been done throughout this country and the intimidation that is being attempted. In my home state of Kansas, as I mentioned, we are trying to pass them both because our State Supreme Court wrongly decided that our 1859 constitution had a right to abortion in it, which is absolutely absurd. But we are trying to right that, and we have instances in Kansas right now where churches are being vandalized. Would you comment on that briefly?

Ms. HAWLEY. Absolutely. Well, I think you are right that the *Roe v. Wade* decision not only misled the American people by imposing a constitutional right to abortion, but also State Supreme Court, so hopefully Kansas can rectify that. As far as the vandalism—

Chairwoman MALONEY. The gentlelady's time has expired.

Mr. LATURNER. Thank you, Madam Chair. I yield back.

Chairwoman MALONEY. The gentlewoman from California, Ms. Jackie Speier, is recognized for five minutes.

Ms. SPEIER. Madam Chair, thank you so much for holding this hearing.

Let me say at the outset to my good friend, Mr. Jordan, to others on the Republican side, yes, we deplore violence against crisis pregnancy centers. We deplore violence against justices and judges. We deplore violence against the institution we call the U.S. Capitol. We also deplore violence against abortion clinics. And you have said nothing about the fact that 11 people have been murdered at those clinics: four doctors, two clinic employees, one security guard, one police officer, and one clinic escort. Last year, there were 186 arsons targeted at abortion centers. There were 123 acts of vandalism, 123 incidents of assault and battery. Stalking increased by 600 percent last year over 2020. Invasions of abortion facilities increased by 129 percent. Assault and batteries increased by 128 percent and suspicious packages by 163 percent. I did not hear one word from any of you deploring and denouncing those acts of violence, so you have very selective memories.

Let me start, Madam Chair by speaking about mothers. I am a mother. I am a mother who had an abortion. Fifty-nine percent of women in this country who have abortions are mothers. They love their children. They want to provide for their children. Across this country, women are asking themselves is it even safe to get pregnant. This is not hyperbolic. As states criminalize abortion, they are also making it illegal to treat many pregnancy-related complications. I have had two miscarriages. Miscarriages happen a lot, 1 in 5 pregnancies. It is often indistinguishable from an induced abortion. It is the same procedure, a D&C or a D&E. And the treatment for miscarriage is the same as the treatment to induce medical abortion. If a miscarriage doesn't progress naturally, which could take up to 3 or 4 weeks, a woman may need medication abortion, or a D&C, especially if there's signs of infection.

When I had my first miscarriage, I was told I was going to have to wait a period of days before they could give me a D&C. I can't begin to tell you what it is like having wanted that fetus to become a baby and know that it was dead in my body, and I had to walk around with that. I had a mother at a church once say to me, "I had to carry a dead fetus to term for nine months." We are now living in a country where women will be denied miscarriage treatment because doctors will rightly worry about whether or not they are going to be thrown in jail for 99 years. The same goes for providers treating women who are seriously ill. If a woman has a 50 percent chance of dying, is that sufficient to provide an abortion? How about 20 percent, or 10 percent? At what point do we value the life of the woman?

Ms. GOSS GRAVES, how will criminalizing abortion impact patients who are experiencing miscarriage or other pregnancy-related complications?

Ms. GOSS GRAVES. You know, we are already hearing reports on the ground for providers being uncertain about the care that they can actually provide when faced with someone who has an ectopic pregnancy. And to go back to the point that you raised around mis-

carriage, what is likely to happen is an acceleration in miscarriages being investigated. And that might not be everyone's experience, but I am telling you it will be the experience of people who are more likely to be low income, and Black, and brown people. You know, this is a population that already has too much unfair contact with the criminal justice system. And so, what we will see is going through a miscarriage loss turning into a criminal event. Nothing about that helps the life or health of a person who is pregnant, and all of it chills the actual safe and effective care people need.

Ms. SPEIER. Thank you. We are not talking just about miscarriages. Senator McMorrow, you have spoken about needing a D&C after your IUD punctured your uterus. Can you tell us about your experience and what it would have meant for you if abortion had been illegal?

Ms. MCMORROW. Yes. After having my daughter, I had an IUD placed, and that IUD ruptured through my uterus. It is a very rare instance that required me to be scheduled for a laparoscopy and a D&C to have it removed. The impact is that I could have died if I had not been able to have the procedure to have that removed. And we are already hearing from the University of Michigan medicine saying that they fear training—

Chairwoman MALONEY. The gentlelady's time has expired. Very moving though.

The gentleman from Georgia, Mr. Clyde, you are now recognized for five minutes.

Mr. CLYDE. Thank you, Madam Chair. As we all know, we are here today because of the lifesaving decision that the Supreme Court made on June 22 in the *Dobbs v. Jackson Women's Healthcare Organization* case. This historic decision simply restored the rights of voters in each state to allow voting citizens to have a say in protecting life.

I would like to ask unanimous consent to submit for the record this article that states that 71 percent of Americans support limits on abortion. It is a Fox News article dated January 20, 2022.

Chairwoman MALONEY. Without objection.

Mr. CLYDE. Thank you. The impact of the Supreme Court decision in *Dobbs* will now let the American people decide on the issue of abortion. American voters are able to elect representatives that they believe best represent their beliefs, and I believe they will do exactly that. But Democrats have brought us here today to talk about the impact of the *Dobbs* decision, but the impact is exactly what I just said. So, we should do away with this hearing and change the focus to things that citizens really care about, like rising inflation, rising crime, and open borders that are putting the safety and security of our families at risk all across the country in every state.

Let me remind you again of the impact of *Dobbs*. It allows American voters to have a say on abortion. That is all it does, and that is why Democrats are terrified, and that is why we are here today. Which leads me to my first question. Ms. Hawley, Democrats seem to think it is a bad thing to let American voters have a say on abortion as opposed to having the courts say it. If Americans wanted to legalize abortion, wouldn't they simply vote for a majority of can-

didates into office that would do that? I mean, is it a bad thing to return it to the states? It is not a Federal issue, right?

Ms. HAWLEY. Well, I think we can see the extremeness of the Democratic pro-abortion position when we look at the Women's Health Protection Act. So, if we look at that Act, it permits abortion up until the moment of birth for any reason. This is a more extreme policy of all but seven countries in the world, including China and North Korea, countries that have horrendous human rights records. In addition, it allows abortions for any reason, including sex, including race. It supersedes every single state law. So commonsense provisions that might require parental notification, or that might say there are some safety and health regulations that apply to abortions, those two are gone under this nationally mandated abortion-on-demand-through-all-9-months-of-pregnancy bill.

Mr. CLYDE. Thank you. So, I think it is much better that it goes back to the states for the people to decide. Ms. Graves, you are the president and CEO of the National Women's Law Center. I mean, so you are a lawyer, obviously, probably a very good one.

Ms. GOSS GRAVES. I hope so.

Mr. CLYDE. I would hope so, too. Is the word "abortion" anywhere in the Constitution?

Ms. GOSS GRAVES. Well, there are lots of words that aren't actually in the Constitution—

Mr. CLYDE. I just asked a question, and I just need a "yes" or "no" answer, please. Is the word "abortion" anywhere in the Constitution?

Ms. GOSS GRAVES. The word "abortion" is not in the Constitution.

Mr. CLYDE. It is not. Thank you very much. OK. Earlier this year, our new Supreme Court Justice, Ketanji Brown Jackson, was asked what a woman is, and she had a difficult time defining that. Since you are the president of the National Women's Law Center, I was hoping that you could define what a woman is for us in this committee hearing.

Ms. GOSS GRAVES. Well, as the President of the National Women's Law Center, you can imagine I say women a lot in my day job.

Mr. CLYDE. OK. So, I am just asking for the definition.

Ms. GOSS GRAVES. All right. And so, what I will tell you is I am a woman. That is how I identify.

Mr. CLYDE. OK.

Ms. GOSS GRAVES. But I wonder, however, if, in part, the reason that you are asking a question is that you are trying to suggest that people—

Mr. CLYDE. I am simply asking a question, and I simply want an answer.

Ms. GOSS GRAVES. And so, I think it is actually really important to be very clear here, that there are people who identify as non-binary. I think about 5 percent of young people—

Mr. CLYDE. OK. All right. We are not going to go there. I was hoping that maybe you would say something that maybe we learned in high school biology that has to do with X and Y chromosomes, which define male and female, but I guess we are not going to get there.

Ms. GOSS GRAVES. Well, I don't think that is the legal question. I am definitely a lawyer and I think—

Mr. CLYDE. I have another question for you. I saw that in your annual report, you previously received money from groups like Planned Parenthood Action Fund. Are you still receiving funding from Planned Parent Action Fund or any other Planned Parenthood Affiliate?

Ms. GOSS GRAVES. Well, I certainly support the leadership and work of Planned Parenthood. The work they are doing right now is hero work. We don't have any—

Mr. CLYDE. Are you receiving money from them or not?

Ms. GOSS GRAVES. We don't have grants from Planned Parenthood, but I support the work they do, the work they do around the country—

Mr. CLYDE. Madam Chair, I would ask for unanimous consent to submit to the record the annual report of the NWLC, which dates a contribution from Planned Parenthood Action Fund.

Chairwoman MALONEY. Without objection, and the gentleman's time has expired.

Mr. CLYDE. Thank you. I thought I had 16 seconds.

Chairwoman MALONEY. The gentlewoman from Illinois, Ms. Kelly, is now recognized.

Ms. KELLY. Thank you, Madam Chair. Even before the *Dobbs* ruling, the United States was facing [inaudible] crisis with the highest maternal mortality rate [inaudible] was equally felt. More than [inaudible] died from [inaudible].

Chairwoman MALONEY. We are having trouble with the connection, Representative.

Ms. KELLY. Hmm. Can you not hear?

Chairwoman MALONEY. Now we can hear you better. OK.

Ms. KELLY. OK. As we know, Black women are 3 to 4 times more likely than white women to experience fatal pregnancy complications. Ms. Goss Graves, can you speak to why Black women are more likely to die during pregnancy, and how will *Dobbs* make this even worse?

Ms. GOSS GRAVES. Well, so one of the reasons why the maternal mortality rate is higher for Black women is that they have less access to healthcare more broadly. They are less likely to have access to insurance. But one of the other things that we know is that the discrimination and bias that they receive in healthcare makes the pregnancies that Black women have even more serious. So, when they raise concerns about their health, they are not always taken as seriously. And I commend the work that this Congress has done to try to deal with the maternal mortality crisis in this country. I have such deep, deep worries that we will be accelerating on the wrong track, especially in states that have ran to ban abortion, leaving people without options to decide whether they want to have children themselves.

Ms. KELLY. And we should be especially alarmed and concerned that the states with the highest rates of maternal mortality, as you have alluded to, have also banned or are about to ban abortion, and more women will die as a result. Representative Shannon, Georgia has one of the worst mortality

[inaudible] mortality crises in the country. The anti-choice politicians who advocate for forced pregnancy, are taking any steps to address the maternal mortality crisis in your state?

Ms. GOSS GRAVES. Could you repeat the question? It cut out.

Ms. KELLY. I am sorry. The anti-choice politicians who advocate for forced pregnancy, are they taking any steps to address the maternal mortality crisis in your state?

Ms. GOSS GRAVES. You know, some of these folks, once pressured and being told that they were not living their values of wanting to make sure that everyone has access to healthcare, which is what they claimed, they did support the effort that I led to expand postpartum Medicaid. But one thing I would like to correct on the record, because I have heard this many times, the disinformation of how the United States is radical compared to other countries. Most countries don't legislate abortion. They don't. You know why? Because they know that abortion is healthcare, so this is not even something that is even legislated in most countries. So that is why you don't see that, you know, this is something that is regularly talked about because they know that this is not a political issue, and it was not a political issue until the 1980's when Republicans used it to coalesce their base. So, all the talk about how radical the U.S. was in protecting abortion rights is just completely false.

Ms. KELLY. Thank you for clearing that up. Maternal mortality rates of Black women increased during the pandemic, and I am alarmed and enraged that [inaudible] made that disparity worse. Current mortality is a public health threat, and we need to address it [inaudible] and not forcing women to carry pregnancy [inaudible]. I just want to say on the record that my constituents and other [inaudible] in Illinois care about this issue. They care about inflation, but they care very [inaudible] and their rights, and their privacy. I yield back.

Chairwoman MALONEY. The lady yields back, and the gentleman from South Carolina, Mr. Norman, is recognized for five minutes.

Mr. NORMAN. Thank you, Madam Chairwoman, and I find it amazing the statement "abortion is healthcare." That is totally unbelievable that you are uttering abortion is healthcare. Is it healthcare for the child? Is it healthcare for that person? To make that statement, it baffles me. Let me ask the three of you, and I think I know Ms. Hawley's position, but starting with Ms. Lopez. I assume you agree with infanticide, the killing of a child, a perfectly healthy child at birth?

Ms. LOPEZ. I don't accept the basis of that question, but I do believe abortion is healthcare.

Mr. NORMAN. I know. I get that. But, I mean, do you support infanticide, killing the child after he is born?

Ms. LOPEZ. I do not agree with the basis of that question, but I believe that abortion is healthcare.

Mr. NORMAN. What's the basis? OK. So, I will take that as a yes, you do agree with infanticide. Ms. Shannon, do you agree with infanticide?

Ms. SHANNON. Well, I think you are using inflammatory language to basically describe a situation that does not happen. We don't have infanticide happening. Doctors would not do that, and neither would folks who have carried pregnancy—

Mr. NORMAN. OK. Do you agree if a healthy child was born that it is that woman's right to decide if it lives or dies?

Ms. SHANNON. What I think is, based on your question, you have a very low opinion of pregnant people because if you think that anybody would carry—

Mr. NORMAN. No, no, answer the question.

Ms. SHANNON. Excuse me. Excuse me.

Mr. NORMAN. Answer the question.

Ms. SHANNON. I am answering it.

Mr. NORMAN. No, you are not. I would take it that you agree—

Ms. SHANNON. Do you want an answer or you want to keep talking over witnesses?

Mr. NORMAN. No, no.

Ms. SHANNON. What I am telling you is nobody would carry a pregnancy and then decide on a Monday because they are bored that they want to have an abortion. That is ridiculous, and it is inflammatory what you are saying. You are talking about families who are in tough situations where folks have been excited about carrying a pregnancy. Most of the abortions that happen later in pregnancy are really tragedies where it is really a disappointment for everyone involved.

Mr. NORMAN. I take it with all those words, you do agree with basically murdering a child after they are born. Ms. Graves, could you answer that? "Yes" or "no?"

Ms. GOSS GRAVES. I have to say, Congressman, how you just characterize the Representative's statement is extremely inflammatory and the type of thing that it is dangerous.

Mr. NORMAN. And what she is saying—

Ms. GOSS GRAVES. You guys have been talking today about the threats against crisis pregnancy centers, which I assume are serious and are terrible.

Mr. NORMAN. I have got a limited amount of time. I am not letting you—

Ms. GOSS GRAVES. The threats that people who work on abortion access every single day—

Mr. NORMAN. Reclaiming my time. I am assuming that you are for infanticide.

Ms. GOSS GRAVES.—and a part of it is because of this sort of inflammatory and outrageous language. It is not OK.

Mr. NORMAN. I would also say that her language—

Mr. COMER. Madam Chair, let the Congressman ask his question.

Chairwoman MALONEY. He is reclaiming his time.

Mr. NORMAN. I will say this, it is inflammatory when she says abortion is health—

Ms. GOSS GRAVES. The medical procedure is actually abortion.

Mr. NORMAN. Hold on. I am reclaiming my time. Now, this being said, do the three of you all favor doing away with the laws on the books? If a mother is carrying a child and his kid is shot, is that murder? Is that homicide, or should that be abolished, too?

Ms. SHANNON. I don't even—

Ms. GOSS GRAVES. Homicide for who?

Ms. SHANNON. What law—

Mr. NORMAN. If a mother is carrying a child and gets murdered, they are charged now, in most every state that I know of, double homicide. They killed the mother, and they killed the child. Is that right? Do you favor that, or do you want to abolish that?

Ms. SHANNON. Well, I will go first. I am glad you brought that up.

Mr. NORMAN. No, I am asking Ms. Graves first. She is a lawyer.

Ms. GOSS GRAVES. I have no idea. I am and I used to think I was a good one, but I have no idea what law you are talking about but what I do know—

Mr. NORMAN. Do you understand that if a mother is carrying a child and gets shot, it happened in Charlotte, North Carolina, where a mother was carrying a child.

Ms. GOSS GRAVES. So that's where—

Mr. NORMAN. Hold on. Hold on. A mother was carrying a child when she was killed. She was charged with double homicide, killing two people. Should that be abolished or not?

Ms. GOSS GRAVES. One of the most dangerous times is being pregnant, and that is—

Mr. NORMAN. You are not going to answer the question.

Ms. GOSS GRAVES.—in part because there is sort of violence at pregnant people sometimes.

Mr. NORMAN. Look, I have got 53 seconds. Let me just say the *Dobbs* decision was the greatest decision this Supreme Court has made. It is federalism versus states' rights. The untruths that you all are putting out there, the left is putting out about doing away with abortion, the states decide it. And all these other things that you are putting out, state abortion restrictions would not allow a physician to care for a woman if it poses a serious threat to her life, totally false. state abortion restrictions mean a woman with an ectopic pregnancy must choose between jail or death. It is totally absurd. And, I just, the Supreme Court got it right. I hope each state will ban abortions, infanticide, which the three of you are in agreement with.

Ms. GOSS GRAVES. I object to that. I am not in agreement with infanticide and I want to—

Mr. NORMAN. And I object to the fact that you didn't answer

Ms. GOSS GRAVES.—I am sorry—

Mr. NORMAN. None of you answered the question.

Chairwoman MALONEY. The gentleman's time has expired.

The gentlelady from Michigan, Ms. Lawrence, is recognized for five minutes.

Ms. LAWRENCE. Thank you, Madam Chair, and I find it ironic that my colleagues on the other side keep talking about giving the states the right to choose about abortion, but you want to take their right to choose away from a woman who is carrying that child who has all of the responsibilities, healthcare, and all of that. I find that ironic that choice only works for you in certain scenarios.

I will continue my comments that when you talk about the fact of healthcare, obviously you are a man. You are totally clueless, or you don't give a darn that when a woman is pregnant. That is a health unique situation that requires interventions. It requires special treatment. That is why doctors obviously specialize and care for pregnant women. It is a healthcare issue.

My question goes to Senator McMorrow. We know that state officials, as we keep hearing about the choice, the choice going to the states, like yourself, a majority of people in the states like Michigan push back against the effort to take our constituents back in time. My question is, what are we doing and what can states do, because this conversation about just the mere fact that having the ability to have healthcare during a pregnancy to make a choice is not healthcare shows that we are dealing with a population that we cannot educate. Please comment on that.

Ms. MCMORROW. Thanks, Senator. And first of all, I am so grateful to hear from our Republican Federal colleagues that they plan to pass legislation prohibiting partisan gerrymandering, because if we are returning this issue to the states and state legislatures, we must ensure that people have a fair right to elect their choice of elected officials that represent their values, because right now in Michigan, and courts have ruled as such, that is not the case.

We are one of the most badly gerrymandered states in the country. And all you have to look at is the effort behind the ballot initiative, the number of people, volunteers who have stood up with collected signatures to challenge the vocal extreme minority that are passing legislation against the will of the majority. So, we need the Federal Government, our colleagues in Congress to ensure that on the local level, every single voter is able to elect their candidate of choice that aligns with their values.

Ms. LAWRENCE. Thank you. I want to ask a similar question to Representative Shannon. I understand that Georgia previously passed a six-week abortion ban. Now, what steps are officials in your state taking to help ensure that Georgian residents are able to access abortion care if the six-week ban goes in effect?

Ms. SHANNON. So, DAs across the state are saying that they will not use funds nor prosecute folks for getting access to healthcare, which is abortion, and local municipalities are also saying that they will not allow funds to be used to track folks or stop anybody from getting access to care.

Ms. LAWRENCE. Thank you. I want to use the remainder of my time. As a woman, when I gave birth to my second child, for my second pregnancy, I began hemorrhaging, and I remember all the doctors and nurses running in because my life was in danger. And you know, my doctor, who is trained in pregnancy and care for pregnant women, he told me that I should not have another child because my risk level of a pregnancy would be very, very destructive on my body. And I was a married woman, and to say, you know, I should not have another child, God blessed me with two healthy beautiful children from two pregnancies. But I am being told by a medical professional do not have any more children, Brenda, we almost lost you today.

So, for the ignorance and the lack of compassion for women who have the amazing opportunity to give birth, to say that abortion is not a part of healthcare, because as a married woman, if for some chance I had become pregnant, again, what will be my options? My husband would have to say let's start planning your funeral. I yield back. And I wish to God that when we get in our arrogant position of dictating through government, that we have respect for women

and the respect for our ability to make choices on our lives. Thank you.

Chairwoman MALONEY. The gentlelady's time has expired.

The gentlewoman from South Carolina, Ms. Mace, is recognized.

Ms. MACE. Thank you, Madam Chair, and I want to thank everyone for their time being here today. I am from South Carolina that recently implemented a fetal heartbeat bill that had exceptions for rape, incest, and life of the mother because I put them in there. It is one of the few states in the Nation that has a fetal heartbeat bill, with those exceptions, because I told my story of being raped when we were first debating the issue just a few years ago. And I hope that the state of South Carolina, the legislature, and the Governor keep those provisions in there and also do not legislate whether women can go to other states or other locations if they so choose from the state of South Carolina.

But in all honesty, I am a constitutional conservative. I take the Constitution and my oath of office very, very seriously. And even Justice Ruth Bader Ginsburg talked about and discussed the concerns that she had from a constitutional perspective on *Roe v. Wade* for decades. Even Joe Biden, 40-plus years ago, was talking about overturning *Roe v. Wade*. There are a number of folks, and it was under President Obama when he had a super majority in the House, the Senate, and had the White House and said that they would codify *Roe v. Wade*, and then chose not to because the left has used it as a fundraising juggernaut for decades rather than take the issue seriously.

And now we have Supreme Court justices, we have protests, and riots, and folks that are showing up armed on the lawns of our Supreme Court justices. And whether you are left or right, it is the third branch of government, and we should not be encouraging these kinds of activities. The United States, and I don't want to forget, it is the states, not the courts, that are the true laboratories of democracy, and leaders at the Federal, state, and local level are elected to represent the people in their states. And what *Roe* does isn't necessarily what the media has said or even some of my colleagues have said on the overturning of *Roe v. Wade*. It is not going to eliminate women's care for ectopic pregnancies as I have heard. I had a miscarriage when I was first having my children. It is not going to eliminate healthcare for women who have ectopic pregnancies or who have miscarriages.

And I don't know, you know, if you can mention one state that is going to eliminate healthcare for women whose lives are in danger. One state. Does anybody have one state that is trying to say that we are not going to allow any healthcare for a woman whose life is in danger? Is there one state that is making that a law? Go for it, Ms. Shannon.

Ms. SHANNON. Yes, I would like to weigh in on that, and I am just going to tell you what providers told me. When this issue came up in Georgia, providers told me that they were worried even when you make an exception for the life of the pregnant person, that they would be——

Ms. MACE. Pregnant mother.

Ms. SHANNON. For the pregnant person——

Ms. MACE. Female, woman, mother?

Ms. SHANNON [continuing]. That they would be challenged as to when it is appropriate to make the decision to perform an abortion, and so this put fear in doctors. And I will tell you this, you live in South Carolina. I don't know what your provider situation looks like, but we already have a shortage of specialists in Georgia. Over half of George's counties do not have access to a OBGYN. We can't afford to lose doctors because they feel like they are going to be criminalized or sued civilly because they—

Ms. MACE. But therein lies the debate. You bring up a good point. Therein lies the debate today is why so many women either don't have access to birth control, don't have access to medical care or healthcare, don't have access to understand if they want to keep their child, how to give it up for adoption. Why are so many women having abortions, why they don't have access to care, and that is really what the debate I feel should be like.

I would be remiss today if I didn't mention that some of our most important constitutional decisions have overruled other prior precedents because there has been some mention by folks across the aisle that the Supreme Court is not legitimate, but I want to mention a few here. In *Brown v. Board of Education*, 347 U.S. 483, in 1954, the Court repudiated the separate but equal doctrine, which allows states to maintain racially segregated schools and other facilities. By happenstance earlier this week, I visited the Federal courthouse in downtown Charleston, where in 1950 was Thurgood Marshall, who brought *Briggs v. Elliot*, arguing that school segregation in South Carolina was unconstitutional. This was the first case nationwide to challenge school segregation as a violation of the U.S. Constitution. That case would eventually become *Brown v. Board*. And the Court has found then, as it has found now under *Roe v. Wade*, it was right and constitutional to overturn that particular precedent.

I appreciate, Madam Chair, for the time today, and I yield back.

Mr. LYNCH. [Presiding.] The gentlelady yields.

The chair now recognizes the distinguished gentleman from Vermont, Mr. Welch, for five minutes.

Mr. WELCH. I thank the witnesses, and I thank the chair and my colleagues. In Vermont, we have a constitutional amendment that we will be voting on that would enshrine the right of a woman to make her decision about reproductive choice. We have passed a law signed by a Republican Governor that would protect a woman's right to make that decision.

Now, I want to say two things. No. 1, I am not aware of our U.S. Supreme Court ever passing a law or making a decision that took away a right that had existed, in this case reproductive freedom under *Roe*, for 50 years. I am aware of the Court making decisions, as they did in *Brown v. Board of Education*, to expand rights that are in the spirit of the Constitution and equality under the law, which has been the aspirational goal of our Constitution and our Declaration. But it has always been about reaching beyond where we were as opposed to taking back what had been acknowledged.

Second, when I returned to Burlington, Vermont, on the day of the Court decision, there were demonstrations across Vermont, and there have been other times when I have appeared at demonstrations when an action taken by a branch of government was very

upsetting to people in Vermont. And oftentimes, I have experienced people's anger at the actions that were taken. This one was different. It was fear. It was fear. And it was fear about what this meant for a woman's right to make her decision about her own reproductive choices. It was also fear about the erosion of privacy and what the implications were for contraception, same-sex marriage, and a whole range of cases that have essentially respected the individual's right in the sanctity of his or her privacy protection, and that awaits us.

The second point is that we know that abortion is a very, very important topic for everyone. With our witnesses there is some disagreement here, and it is a passionately held position. But what we had since *Roe* was an opportunity for people to make their own decisions and not impose their decision on someone whose decision was different. And what I have seen since the *Dobbs* decision is in our divided society, an escalation in the division that is really very dangerous for our country because we are seeing legislatures now pass laws that take away a right. It is animated by people who not only have made a decision that they never want to have an abortion, but who then want, through politics, to impose that decision that is theirs onto others, and I think we should all be concerned about that division. And I am hearing from medical practitioners an immense amount of apprehension that they will be second guessed.

Ms. Hawley, I will ask you. Mr. Khanna had asked you about whether a woman should ever be prosecuted, and of course you answered no, and I really appreciate that. Do you think a doctor who performed an abortion based on her medical judgment that that was necessary to protect the health of the woman should ever be prosecuted?

Ms. HAWLEY. Absolutely not. So, I think there are two issues here. Women should never be prosecuted for having an abortion. Women are so often harmed by abortion. They suffer emotional, physical consequences. Every state allows for emergency exception to save life of the mother. Mississippi allows that in the physician's best judgment.

Mr. WELCH. Thank you. Thank you. Ms. Graves, or Professor Graves, I think you had mentioned that the Court had never taken away a right. Could you just elaborate a little bit on that in my remaining time?

Ms. GOSS GRAVES. This is the first time in our history where we have had a court take away an individual right, and I think that is exactly why we are seeing this level of legal chaos. We have shaped our other laws and systems around the idea that abortion was legal in this country. And so, what that means is sort of the individual and personal freedom that people had to make those decisions, to plan and determine whether they have a child are no longer guaranteed to be theirs, and the fundamental floors are not state-by-state ideas. We are one Nation with one Constitution with a fundamental floor.

Chairwoman MALONEY. [Presiding.] The gentleman's time has expired.

Mr. WELCH. Thank you very much. I yield back.

Chairwoman MALONEY. The gentleman from Kentucky, Mr. Comer, is recognized.

Mr. COMER. Thank you, Madam Chair. Ms. Hawley, there were no women on the Supreme Court when *Roe* was decided, one woman when *Casey* was decided, and three women when *Dobbs* was decided. Additionally, there are 2,295 women in state legislatures today across the country. Women are more represented in government today than any time in our history. Members of state legislatures are voted into office by their constituents to represent their constituents, is that correct?

Ms. HAWLEY. That is correct.

Mr. COMER. The Supreme Court justices are expected to judge the law, not public opinion, correct?

Ms. HAWLEY. Absolutely.

Mr. COMER. So, would you agree that state legislatures are the best equipped to regulate abortion based on the beliefs and opinions of their constituents?

Ms. HAWLEY. So, the *Dobbs* decision says that because abortion is nowhere within the constitutional structure or our Nation's history, then the people and their elected representatives are allowed to make that choice.

Mr. COMER. Some websites, such as *needabortion.org*, are cautioning women to avoid crisis pregnancy centers, telling them that they are unregulated and unlicensed. Ms. Hawley, are pregnancy centers unregulated and unlicensed?

Ms. HAWLEY. Absolutely not, and that makes me sad. We are steering people away from organizations that want to help them.

Mr. COMER. Do they give subpar services to women?

Ms. HAWLEY. Absolutely not. We heard testimony yesterday at the Senate hearing that San Francisco's Planned Parenthood refers to the pregnancy care center for other services aside from abortion.

Mr. COMER. I agree with that, with your assessment on the pregnancy centers. And could you elaborate what services do pregnancy crisis centers offer to women and babies after the birth of the child?

Ms. HAWLEY. Absolutely. So, pregnancy care centers strive to come alongside a woman as she is pregnant and beyond. They provide, you know, diapers and formula, those sorts of things, after birth. They provide educational training. Sometimes they will have great fatherhood initiatives. We haven't talked much about that. But abortion has made pregnancy and childhood a woman's issue. We need the fathers to step up as well. They continue with job training services, sometimes they help with housing and those sorts of things, and often these workers become lifelong friends and mentors. They have the pictures of these children up on the refrigerator. It can be a great relationship.

Mr. COMER. That has been what I have gathered. We have several really impressive crisis pregnancy centers in Kentucky, and in my congressional district, especially the one in Henderson, Kentucky, just do magnificent work and appreciate everything they do. Let me ask you my last question, Ms. Hawley. Radical groups, like Jane's Revenge and Ruth Sent Us, have taken credit for vandalizing church and crisis pregnancy centers across the Nation. The group has also tweeted locations of where Supreme Court justices reside, where they are having dinner. They protested outside jus-

tics' homes and even disrupted church services. Can you, in closing, tell us what impact does political violence have on the function of our Nation's institutions and on our rule of law?

Ms. HAWLEY. Well, I think intimidation and political violence is intended to disrupt the rule of law, and we see this with the attacks on pregnancy care centers, with the threats on justices' lives, on their families. And the name, you know, "Ruth Sent Us" is so ironic because Justice Ruth Bader Ginsburg was herself a critic of *Roe v. Wade* for the reason she said it was a heavy-handed judicial intervention that was unnecessary and short-circuited the democratic process. In addition, she and Justice Scalia were famously good friends. There is a great picture of them riding an elephant together, and they demonstrate for us that it is possible to disagree and yet be civil.

Mr. COMER. I think that is a great example. I think I have seen pictures of them playing cards together many times, so. Well, I appreciate you being here. I appreciate all our witnesses being here. Madam Chair, I yield back.

Chairwoman MALONEY. The gentleman yields back.

The gentleman from Massachusetts, Mr. Lynch, is recognized.

Mr. LYNCH. Thank you, Madam Chair. I want to thank you and Ranking Member Comer for holding this very important hearing. I also want to thank our distinguished panel of witnesses for your willingness to appear here in person and also to testify remotely and to help the committee with its work.

As a lawmaker, I would like to turn to explore the wider legal framework ramifications that this decision in *Dobbs v. Jacksons Women's Health* and the broader impact on the right to privacy which the Court had previously held was supported by the U.S. Constitution in *Roe v. Wade*. You know, since it was decided in 1973, *Roe v. Wade* has been cited in more than 4,500 cases, including more than 140 Supreme Court cases, more than 2,600 lower Federal court cases, and nearly 2,000 state court cases. For nearly 50 years, *Roe* and its progeny have stood as the law of the land, reflecting a delicately determined legal balance between the fundamental right of a woman to make a decision about her reproductive health, free from unnecessary governmental interference and the legitimate interest of the state.

But importantly, *Roe* also affirmed, and underpinned, and solidified the individual right to privacy of every American that is derived from the due process clause of the 14th amendment. According to the Court, this constitutional guarantee to personal privacy includes, "only personal rights that can be deemed fundamental or implicit in the concept of ordered liberty." And it also extends to activities related to marriage, procreation, contraception, family relationships and child rearing, and education. In overruling *Roe* and disregarding five decades of carefully deliberated precedent, Justice Alito's majority opinion assures, nonetheless, that nothing in this opinion should be understood to cast doubt on other precedents that do not concern abortion. But given the indispensable role of *Roe*, and its line of cases, and our rights to privacy framework, I am not so sure about that.

Ms. Goss Graves, Justice Alito's majority opinion takes great pains to distinguish the right to abortion from other privacy-related

rights. In stark contrast, the National Women's Law Center, your institution, has warned that *Dobbs* "lays out a roadmap for eviscerating other important rights." I would like you to talk about that, about the wider impacts, that this decision impacts those wider rights, those privacy rights.

Ms. GOSS GRAVES. Well, our first major concern is that it upends the idea of the right to privacy. As you named, the right to privacy had been articulated before *Roe* and has been built upon following *Roe*, whether you are talking about contraception, or intimate relationships, or same sex-marriage more recently. But the other thing that was deeply concerning about Justice Alito's opinion is he basically says that if it was not a right that was well-grounded in our Nation's history at the time of the 14th Amendment, it is not one that should be afforded respect. Well, women, at the time of the 14th Amendment could not practice law, could not have lines of credit, couldn't own property separate from their husband's, you know. So, if we have to go back to the rights that women had in terms of controlling our lives and future and destiny, we are all in trouble at that time.

And then the last thing that I will just say is that totally missing from a lot of the conversation today, but certainly Justice Alito's opinion, is the right to control your own body and make decisions about your own body. That is not a small idea. It is a giant idea and is not a small idea to just stay pregnant or be forced to give birth. That is a traumatic idea for people in this country.

Mr. LYNCH. Yes, one would think that if there is a right to privacy. And also, Justice Alito in his opinion at page nine says that abortion was not recognized in the Constitution, but he adds neither was privacy. And it just causes me to wonder that if the relationship between a woman and her doctor about her health, if that is not within the right to privacy, I am not sure I can imagine anything that is, and that causes me great concern as well.

Well, my time has expired. I want to thank you all for your attendance here and your willingness to help the committee with its work. Thank you. I yield back.

Chairwoman MALONEY.—back.

And the gentlewoman from Ohio, Ms. Brown, is now recognized for questions.

Ms. BROWN. Thank you, Chairwoman Maloney and Ranking Member Comer, for holding this hearing. It is important to acknowledge that abortion bans and restriction do not affect all people equally. Ms. Graves, can you explain how abortion bans and restrictions impact women of color in particular?

Ms. GOSS GRAVES. So, women of color are disproportionately residing in the states that are banning abortion, so that is the first thing to think about. But even if you go beyond there, right now you are going to have sort of two different situations. It is either that people are going to be able to get access to medication, abortion, or they are going to be able to travel. Each of those things put additional hurdles that are going to come down on people very, very differently. It is not a small idea to just pick up and travel to get your own healthcare. It requires you to take time off, which women of color are less likely to have. It might require you to arrange childcare for the children you already have.

But the last point is that we should not be confused about the criminal penalties that are going to come to not just providers, but to people who are seeking care and anyone who helps them. The states around the country are not saying the things that I have heard today in this hearing room about how there won't be any criminal punishment. They are saying the exact opposite and passing laws with many, many years of criminal punishment attachment.

Ms. BROWN. Thank you. As you explained, when we discussed the health impacts of abortion restrictions, we must also address the structural racism faced by people of color in our medical system. Across the United States, communities of color experience systemic health disparities, including higher rates of uninsurance and stigma. Maternal health outcomes are also directly correlated with race. As we have heard a number of times in this hearing, Black women are 3 to 4 times more likely to die in childbirth, and if you are in Mississippi, that is exponentially higher. Ms. Goss Graves, how do laws that force people to continue their pregnancies present unique health threats to people of color?

Ms. GOSS GRAVES. Well, you have to start with the fact that, as you name, the access that people of color have to healthcare just full stop. Right now, healthcare isn't readily available in every community. People aren't always covered in terms of insurance. Not every state has expanded Medicaid to meet the needs of the lowest-income folks. So, we already are in a situation where healthcare access is worse. And so, if you don't have an ability to decide whether or not you terminate a pregnancy on your own terms, what we know from the studies is that it is likely to have worse health and potentially life outcomes for that person. That is going to disproportionately affect people of color who already have less access to healthcare.

Ms. BROWN. And I think it is also important to note that many minimum wage workers are women, and especially, specifically women of color, a disparity this committee has taken on as it is working to address. But for people with less income, the costs associated with abortion care, which you touched on, includes the cost of the procedure itself, transportation costs, childcare, and taking days off from work, already pose barriers to receiving it. State restrictions that force pregnant people to travel long distances to see a provider, make abortion care even more unaffordable.

Representative Shannon, how will the ripple effect of abortion's ban on access to other reproductive health services particularly impact people of color?

Ms. SHANNON. Well, as I mentioned before in my initial testimony, outlawing abortion would basically amount to folks who have resources would be able to get access to care, which we know that Black and brown folks are disproportionately represented in the number of folks who make minimum wage throughout the country. So, it is going to boil down to do you have the financial resources, do you have childcare, do you have the wherewithal to be able to travel to another state to get care, potentially have to stay, you know, for a period of time. And so, all of these things are things that folks of color will be less likely to be able to access.

Ms. BROWN. Thank you. So, I think it is pretty clear, people of color already face racial and ethnic disparities related to other health outcomes from diabetes to cardiovascular disease and breast cancer. Draconian abortion bans and restrictions that force people to remain pregnant further entrench the health disparities faced by communities of color. So, it is my feeling, it is our moral obligation to do whatever we can to lift up historically marginalized communities that look like me, and this includes protecting and expanding abortion access.

So, with that, every person deserves the opportunity to make their own decisions about their body and their future. And with that I yield back.

Chairwoman MALONEY. The gentlelady yields back.

The gentleman from Virginia, Mr. Connolly, is recognized.

Mr. CONNOLLY. I thank the chair, and I thank you so much for holding this hearing, and welcome to our panel. Professor Goodwin, you there? All right. Ms. Goss Graves, do you remember your constitutional history? So, Ms. Hawley tells us, citing Justice Alito, there is no provision in the Constitution that says there is a right to an abortion. Show me in the Constitution where the founders in writing the Constitution granted the right to the Supreme Court to review and nullify legislation passed by the Congress or any other legislative body in America. Does that language exist in the Constitution?

Ms. GOSS GRAVES. It is not how our Constitution is—

Mr. CONNOLLY. No, it does not exist at all. So, by Mr. Alito and Ms. Hawley's own logic, this opinion is questionable based on the Constitution. In fact, do you remember when the first time the right to review legislation or the legislative actions of a legislative body was ever asserted by the Supreme Court? 1804, *Marbury v. Madison*, and it was made up by John Marshall, made up out of whole cloth. He said it was an implied power.

Ms. HAWLEY. If I may.

Mr. CONNOLLY. No, ma'am. Do you remember the first time, in fact, they used that power they asserted in 1804, because I think it is relevant. *Dred Scott*, 1857. That is the first time in American history a Supreme Court overruled, nullified legislation passed by the Congress of the United States. How did that work out for us? It led directly to the Civil War, directly, because it overturned the Compromise of 1850, and it asserted that no Black man or woman, freed or otherwise, had the same rights as a white person. They could never be a full citizen of the United States, a wretched and reprehensible decision. And the Court sadly, along with *Brown v. Board of Education*, which was a good decision, has a long history, *Plessy v. Ferguson*, *Korematsu*, lots of other decisions that tragically discriminated, in some cases, almost violently against groups of Americans.

Now, in this case, it is half the population, and despite what Ms. Hawley said, Ruth Bader Ginsburg, Ms. Hawley said she questioned *Roe v. Wade*. She did, but she questioned the basis of it. She thought viability was an inferior argument compared to equality—equality—that men and women had the same controls of their own body and should. And oh, by the way, for the record, it may be true that Ruth Bader Ginsburg played cards with, dined with, and went

to the opera with Antonin Scalia, but she got up in the morning and voted against him in every single case involving the rights of women to have choice. She upheld *Roe v. Wade* during the entirety of her time in the Supreme Court. Is that not correct, Ms. Graves?

Ms. GOSS GRAVES. That is absolutely correct.

Mr. CONNOLLY. So, what about this equality thing? So, do men have restrictions? Has the Supreme Court said, men, here are some limitations on what control you have over your own body? Any of them? I can't recall.

Ms. GOSS GRAVES. I don't know of any.

Mr. CONNOLLY. You don't know of any. So let us just for the sake of argument say, in fact there are none. With respect to women with this decision, it is a pretty fundamental restriction on their bodies and what they can do with them. Is that correct?

Ms. GOSS GRAVES. For sure.

Mr. CONNOLLY. Now, we have heard a lot of interesting talk about states' rights and when life begins and so forth and so on. Is it possible, now that we are going to revert to pre-*Roe* and the chaos that reigned that, by the way, led to Justice Blackmun, a Republican-appointed conservative justice, deciding we had to have a universal standard and a basic standard that was a right in 1973, is it now possible that women could be criminalized and/or medical providers criminalized by some states, maybe even Ms. Hawley's own state of Missouri?

Ms. GOSS GRAVES. We have already had women who have been investigated and charge for their own miscarriages, and so I—

Mr. CONNOLLY. I am sorry, did you say miscarriage? Somebody could be charged with a crime for a miscarriage?

Ms. GOSS GRAVES. Well, that has already happened, right. So, we have already had that happen. The way that these laws are written in the states that have rapidly passed them, they would open up individuals, providers, and others who help them seek abortion care to criminal and civil penalties.

Mr. CONNOLLY. Astounding. I yield back.

Chairwoman MALONEY. Well, the gentleman from Florida, Mr. Donalds, is recognized for five minutes. Is he here? On screen. OK. Mr. Donalds.

Mr. DONALDS. [Inaudible.]

Chairwoman MALONEY. We can't hear you. You have got to unmute. We can't hear you. We can't hear you. Well, we—

Mr. DONALDS. You got me now—

Chairwoman MALONEY. Got it. OK.

Mr. DONALDS. All right. Thank you, Madam Chair. My apologies for the technical difficulties.

My question is actually quite simple. It actually is not really a question. Ms. Hawley, obviously considering the last round of questioning, I wanted to actually yield you as much time as you need, four minutes and 46 seconds, or whatever you choose to use to actually respond to some of the previous testimony in this hearing.

Ms. HAWLEY. Thank you, Congressman, a few points. The *Dobbs* decision was a decision of judicial humility. It is a humble decision to realize that the Supreme Court erred in 1973 when it invented out of whole cloth a right to an abortion. Justice Alito's opinion is meticulous. It explores every right that has been suggested, includ-

ing the equal protection right suggested by Justice Ginsburg. There are literally law review articles, law review books devoted to what *Roe* should have said, and no one has been able to come up with an answer that is satisfactory because there simply is no right to an abortion in the United States Constitution. And when the Constitution says nothing about abortion, as Justice Alito said, then that is an issue for the democratic process. It is an issue for the states and for the people. And in addition, this is something that protects us as American people. We don't want a system of government in which five justices who are unelected, however well-meaning they may be, are able to make up things out of whole cloth out of the Constitution.

And then the last thing I would like to say is that there is no state law in the country, none, zero, that criminalizes women for having an abortion. We realize that this is a tough spot that a lot of women may be in. We want to come alongside them and support them, and zero states criminalize the woman for that decision. In addition, zero states criminalize a physician, who, in his or her determination, believes that a woman needs an abortion in order to have life.

Mr. DONALDS. Thank you for that response. A quick question, Ms. Graves. You mentioned briefly that there was an example of somebody who was charged or potentially was charged over a miscarriage. What are the specifics around that example that you cited?

Ms. GOSS GRAVES. Well, you may have seen recently in California, local prosecutors had filed charges against women who were investigated for their miscarriages, that, you know, this is even before the fall of *Roe* and the *Dobbs* decision. The thing is, you know, in this hearing room there have been a playing fast and loose with medical terms—

Mr. DONALDS. Ms. Graves, one quick point. One quick point, Ms. Graves. This is a point of clarity. Just as a point of clarity. So, the example of—

Ms. GOSS GRAVES. So, there have been over a thousand people who have been charged.

Mr. DONALDS [continuing]. In the state of California before the *Dobbs* decision?

Ms. GOSS GRAVES. Even before the *Dobbs* decision, the question of miscarriage and the investigation into miscarriage is a thing that women and anyone who is pregnant would have to deal with. There have been over a thousand people who have been criminally investigated for their pregnancy outcomes. The thing that I think is important for people to understand here is that the medical procedure of abortion applies to multiple types of situations. I am not sure why in this room people are suggesting that abortion isn't healthcare. It is. Abortion is healthcare. It is on the range of reproductive healthcare that people receive in this country. The only question is, will it continue to be safe and effective, and will we be investigated and criminalized for it, either patients or the providers who provide that care. And the laws that states are—

Mr. DONALDS. Ms. Graves, is there a state in the country right now that is seeking to criminalize or having legislation made to

criminalize people who seek an abortion, women who seek an abortion?

Ms. GOSS GRAVES. So, people will also be self-managing their own abortions, and they will fall under the statutes which do provide fundamental penalties.

Mr. DONALDS. Ms. Graves, is there a state in the union that is drafting legislation to criminalize who seek abortion?

Ms. GOSS GRAVES. There are states in the union that already have this legislation, that have already been triggered into effect right now.

Mr. DONALDS. Ms. Hawley, do you have any comment on that?

Ms. GOSS GRAVES. And maybe you are misunderstanding the point that some people will travel to other providers and some people will self-manage their own care. Each of those people and the people who help them will find themselves in a web of criminal and civil penalties for doing what was perfectly legal over the last five decades.

Ms. HAWLEY. If I may, I think you asked me a question.

Mr. DONALDS. Well, yes. With the essence of time, I am going to yield the time, I am a little over—

Chairwoman MALONEY. The gentleman's time has expired.

OK. The gentleman from Georgia, Mr. Johnson, is now recognized.

Mr. JOHNSON. Thank you, Madam Chair. Make no mistake about it, this is not about states' rights. The *Dobbs* decision is not about states' rights. It is about taking away the people's reproductive freedom while at the same time denying poor women access to healthcare. Representative Shannon, what have you seen on the ground across Georgia with respect to the availability of and accessibility to providers who can prescribe family planning services, such as birth control and long-acting contraceptives, and how will an abortion ban on Georgia affect the availability of these services?

Ms. SHANNON. Thank you for the question. As I mentioned before in the testimony, and I know you know this because you represent Georgia, that most of the resources are located in the Metro area, which is the Atlanta area, which gets most of the attention, you know, in the country. People think that that is what Georgia is all about, and it is not. Most of the state does not have access to healthcare, and so, that is an issue when you are thinking about having access to family planning, family planning tools.

But also let me just state this. Contraception is not the same as abortion contraception. Contraception is used to prevent a pregnancy, and abortion is used to terminate a pregnancy. So, we can't pretend that if we just make sure that birth control is over the counter and free, we will not have a need for an abortion. The two are totally different things. But thank you for the question.

Mr. JOHNSON. But isn't it a fact that dispensers of contraceptives also provide abortion services, and so without the availability of abortion services, you are going to be even more constrained in the ability to get access to contraceptives?

Ms. SHANNON. For some clinics, that is absolutely true, and thank you for bringing that up.

Mr. JOHNSON. Thank you. Senator McMorrow, what would be the impact of a ban on abortion in Michigan? What would a ban on

abortion in Michigan have? What impact would it have on the ability of Michigan's rural and poor women, in particular, to have access to nearby reproductive health services?

Ms. MCMORROW. That is a great question. I mean, right now, it is already a challenge. I mentioned in my opening testimony there are only four providers in Metro Detroit. That is where a majority of the population lives that could provide the care that my constituents needed. It is nearly impossible already to be able to find that emergency medical care in rural [inaudible] State Michigan. That will only become worse if our 1931 law goes into effect and will be impossible for women and families and anybody who needs to access the care to be able to find that near them.

Mr. JOHNSON. Thank you. Mrs. Graves, in 2019, Georgia's Republican Governor, Brian Kemp, signed a bill effectively outlawing abortion after six weeks of pregnancy. A Federal judge struck down the law last summer, but after the Supreme Court overturned *Roe*, Georgia's Republican attorney general, Chris Carr, has asked a Federal appeals court to let the Georgia law take effect. How will ending access to abortion in Georgia impact the entire Southeast, not just Georgia?

Ms. GOSS GRAVES. Yes. You know, one of the challenges that we have is that we are already in a situation where most of the South has banned abortion. And so, people who are traveling are already having to travel hundreds if not thousands of miles to access care, and that is mostly and disproportionately people of color because people of color are more likely to live in the South. So, what is happening in Georgia is not just a problem for Georgia. It is a problem throughout that region. And it also puts an additional strain on the places that have continued to provide the freedom to decide whether or not you are going to parent. So places, you know, like Maryland, places like D.C. that are now having a disproportionate amount of people who are coming to seek care here.

Mr. JOHNSON. Thank you. And Ms. Graves between 1990 and 2013, restrictions on abortion caused the national maternal mortality rate to increase by 136 percent. Should we expect to see high increases like this in maternal mortality once again now that *Roe v. Wade* has been overruled?

Ms. GOSS GRAVES. I think that is where we are heading, and we should all be worried about it.

Mr. JOHNSON. Thank you, and I yield back.

Chairwoman MALONEY. The gentleman yields back.

The gentleman from Illinois, Mr. Davis, is now recognized.

Mr. DAVIS. Thank you, Madam Chairman, and I also want to thank all of the witnesses who have been here for much of the day.

For more than 40 years, the Hyde Amendment has restricted Federal funds from being used to pay for abortion services. States can choose to allow their own Medicaid funds to be used for abortion, but only 16 states currently do so, meaning that in 34 states and the District of Columbia, people with Medicaid coverage have to pay for their own abortion care. Mr. Goss Graves, how does having to pay for your own abortion care actually affect these women?

Ms. GOSS GRAVES. Well, for some people it means that they are not going to get care at all, because they can't afford it. And now we are in a situation where on top of the actual medical services,

we have to take into account the cost of travel, the cost of taking time off of work, the cost for supporting families who were involved with making this all possible.

Mr. DAVIS. And so, these states realize the difficulty, the lack of funds, the lack of resources, and lack of services have denied or are, in fact, denying their residents and their citizens of a basic health service.

Ms. GOSS GRAVES. I mean, if you match up the states that raced to ban abortion first, you find that they are also the states, many of which have not expanded Medicaid. They are also the states that do not have paid leave programs. This is not an agenda that is supporting women or supporting families at all.

Mr. DAVIS. Representative Shannon, what would it mean for the people in Georgia to be able to use Federal Medicaid funds to pay for abortion service?

Ms. SHANNON. Did you ask me what would be the effect if they were able to use Federal funds to pay for abortion?

Mr. DAVIS. Yes. I mean, how—

Ms. SHANNON. Well, simply put, it would allow folks to have access to healthcare. So as Ms. Graves just mentioned, right now, depending on the state you live in, if you cannot cash pay for an abortion, you will not be receiving access to healthcare, which I would add, you know, because we know abortion is healthcare, you are not able to get that initial abortion. Forcing people to carry an unwanted pregnancy, regardless of the reasons that they are having to, contributes to morbidity and also poor health outcomes. So, you are actually creating larger medical bills down the road potentially.

Mr. DAVIS. Yes. I would think it would be like bringing light to darkness. I can recall living in rural America before the REA, and when things lit up, it was just totally different. Well, as we have heard, the Hyde Amendment is an unnecessary barrier to abortion care for people across the country, and repealing Hyde is a critical step in achieving economic and reproductive justice.

I am a proud original sponsor of Representative Barbara Lee's EACH Act, which would repeal this discriminatory policy. And last year, the House passed the first spending package in more than 40 years that did not include the Hyde Amendment. Of course, we have complimented ourselves for that, and I would urge the Senate to follow our example and repeal this outdated amendment once and for all. I thank you for your presence and your answers. I yield back, Madam Chairman.

Chairwoman MALONEY. The gentleman yields back.

The gentlelady from Florida, Ms. Wasserman Schultz, is recognized for five minutes.

Ms. WASSERMAN SCHULTZ. Thank you, Madam Chair. I want to thank all of you again for your testimony. And I want to focus my line of questioning on so-called crisis pregnancy centers and the outside role that they may play as the *Dobbs* decision pushes abortion care further out of reach for millions of people. For anyone unfamiliar with crisis pregnancy centers, or CPCs, they are systems of fake health clinics that are heavily clustered in Southern states. My question, Ms. Goss Graves, is, can you just explain what these fake health clinics are and how they promote an anti-abortion agenda?

Ms. GOSS GRAVES. So, someone may show up at a crisis pregnancy center believing that they are going to a place that can help facilitate access to abortion and be totally fooled. And one of the reasons why they have gotten the moniker of sort of fake clinics is that some of them have purported to actually provide health services that they do not provide. So, if you are someone who is trying to access abortion, you are on a clock, more so in states that have restricted abortion care earlier and earlier. So, one of the ways is by convincing people to sort of be with them and stay in their system, and what ends up happening is people miss out on the care that they actually are seeking.

So, you know, I have to say though, about these clinics, there is nothing that prevented them from providing the services that they provide consistent with *Roe* being around. They didn't have to wait until *Dobbs* struck down *Roe v. Wade* to provide access to diapers or whatever other small support they were providing for someone upon a transition into parenthood, and that is true more broadly. We will be now facing a much more giant crisis where accurate information is going to be so very critical. And so, I am hoping that this body and others will look really clearly at what sort of information people are providing in the name of healthcare at this time where there is so much deep confusion.

Ms. WASSERMAN SCHULTZ. Thank you. I want to discuss proportion because there are an estimated 2,500 crisis pregnancy centers in the United States, and they outnumber abortion providers by a ratio of 3 to 1. My home state of Florida has the second highest number in the country, just trailing Texas, at 150 CPCs compared to just 65 abortion clinics. Now, Ms. Goss Graves, Florida remains for now one of the last safe havens for abortion access in the South. How do all these CPCs in Florida make it even harder to travel for abortion care? I know during in last year's committee hearing on Texas's six-week abortion ban, we heard a first-hand account from a woman who unknowingly walked into a crisis pregnancy center when she was seeking abortion care.

Ms. GOSS GRAVES. Well, what it means is that there will be people traveling to Florida to seek care who don't know Florida as well. And so, they might find themselves stumbling into a crisis pregnancy center when they meant to stumble into someone who could provide them with abortion services, and that would be unfortunate. Again, we are on a clock here for someone to be forced to remain pregnant, given bad information about their own health, the state of their pregnancy or about abortion services. What we need in this time of chaos is accurate, medically accurate, and legally accurate information. That is what people need the most.

Ms. WASSERMAN SCHULTZ. Right, and that is exactly what I want to hit on. CPCs advertise themselves as legitimate health clinics, but staff often had no medical training, and they make scientifically baseless claims to pregnant people to scare them out of getting an abortion. Is Representative Shannon still with us?

Ms. SHANNON. I am here.

Ms. WASSERMAN SCHULTZ. OK. I mean, I want to ask you, is it possible that residents in states like yours, in Florida or Texas, who have to travel longer distances for abortion care, are more likely to end up at a CPC closer to their home?

Ms. SHANNON. Absolutely, and this is one of the reasons that I sponsored legislation my second year in office to get rid of our CPC program because, to your point, these are misleading centers. We are not using hyperbole here. In our enabling legislation in Georgia, it literally said that the CPC program, which gives \$2 million annually to CPCs, would only go to places that their stated purpose was to dissuade people from having abortions. So, yes, CPC centers have gotten better over time as far as providing some services, but it is still the case that they literally only exist just to talk people out of having abortions that they know they want to have, that they want to have.

I had an abortion 20 years ago, actually lived in Florida when that happened. It is a decision I don't regret. And I think it is really important that when people know that they want to have an abortion, that they be able to get that care without being distracted, and, as Ms. Graves mentioned before, basically running out the clock, which will make it difficult for them to get the care that they know that they already want.

Chairwoman MALONEY. The gentlelady's times has expired.

Ms. WASSERMAN SCHULTZ. Madam Chair, that is why I am an original cosponsor of your bill, the Stop Anti-Abortion Disinformation Act, that crackdown on false advertising related to abortion services. And the last thing that pregnant people need now are additional forces actively trying to suppress their right to care. I yield back the balance of my time and thank you for this important hearing.

Chairwoman MALONEY. Thank you, and the gentleman from California, Vice Chair Gomez, is recognized for five minutes.

Mr. GOMEZ. Thank you, Madam Chair. First, before I start on my more formal remarks, I want to kind of address, I was here for the opening statements by the ranking member, and he made some comments that the Democrats are trying to destroy democratic institutions, and that we don't respect process. And this is coming from the same side of the aisle when it came to January 6th, that they didn't speak up. They didn't vote to impeach the former President. They haven't held him accountable. They didn't even want to put anybody on the January 6 commission. This is the same group of folks, right, that don't believe in the institution. They didn't believe in the peaceful transfer of power. Even one person on the other side of the aisle on this committee said it was a normal tourist visit.

As my colleagues and I were laying on the floor on the gallery, with cops above us with guns drawn, we were still sitting there. But, no, they don't want to call out that violence that almost overthrew our democracy in our country. They are OK with that, and they wanted to provide a different set of electors, but they are OK with that. So, I think it is very disingenuous when they say that we are the ones that don't respect our institutions. We respect our institutions, but we also recognize that our institutions and the individuals that are placed there have a responsibility to live up to the Constitution, not to their political party.

They also make a claim that it is about life and freedom. Well, these are the same folks that if you really kind of dig down, it is not about life or freedom. It is about control, right, because if it

was about life, they would take a look at a lot of their own states, right? What about their states? Well, if you really look at it, the maternal mortality rate is highest in top 10 states: Louisiana, Georgia, Indiana, New Jersey, Arkansas, Alabama, Missouri, Texas, South Carolina, and Arizona. We have 1 blue state out of 10. But then when they get a chance to support life of mothers, they always vote no. When they had a chance to increase the child tax credit that reduced poverty from 40 to 60 percent in this country that brought kids out of poverty, they voted no. When it comes to paid family leave, they vote no. When it comes to expanding the ACA, they vote no.

And if you look at the same states that are pulling back on abortion rights and the right to privacy—that is what it is really about, the right to control your own body—are the same 12 states, roughly, that also refused to expand the Affordable Care Act, Medicaid. So, for them, they are claiming it is about life. No, it is not about life. It is about controlling women, LGBTQ individuals. It is about controlling individuals that don't look like them, don't agree with them, and don't have the same values as them. That is what it is about. And when they say, well, you are using fear to mobilize the public, it is not fear, it is a fact. Thomas said in future cases the Court should reconsider *Griswold*, *Lawrence*, and *Obergefell*, basically dealing with contraception, same-sex relationship, and same-sex marriage.

If they kept the majority in the House and the Senate, they will pass laws that will outlaw abortion rights throughout this country. No doubt about it. It is not fear. It is fact, and this is what we are dealing with. And the people that are most likely to suffer are Black, brown, indigenous, LGBTQ individuals, and undocumented individuals throughout the country.

So, for the panel, what do you say when these, my colleagues on the other side of the aisle, claim that they are pro-life, to Ms. Goss?

Ms. GOSS GRAVES. You know, I think there are a lot of things you could do in support of life: the gun reforms that would actually make it safe for my children to be in school, that is in support of life, paid leave, doing things to increase the maternal outcomes. There is a long agenda. Many of it was in Build Back Better, which not many of the folks in this room I don't think supported. So, there are a lot of things that would be in support of the well-being and security of all people in this country that don't seem to be their agenda.

Chairwoman MALONEY. The gentleman's time has expired.

Mr. COMER. Madam Chair, may I respond to what the gentleman just said about my opening remarks?

Chairwoman MALONEY. We will give you time at the end. We are almost at the end. Let us get through the panelists. There are members that are still waiting all day to ask their questions.

The gentleman from California, Mr. DeSaulnier, is recognized for five minutes.

Mr. DESAULNIER. Thank you, Madam Chairwoman, and thank you to the panel and everybody who is stuck with it. So, I will get right to the questions because I know we are anxious to wrap up this hearing.

I want to talk about the disability community and how disproportionately they are affected. Those impacted include a lot of people like Robin Wilson-Beattie, who now lives in the Bay Area, not far from my district, and made the difficult decision to terminate a pregnancy in 2007. Had she not terminated a pregnancy, complications would have endangered her ability to care for her young son. The stigma and draconian laws that Robin faced in Georgia were traumatizing. And efforts for anti-abortion extremists will further harm people like Robin who face the tough and deeply personal decisions about their reproductive healthcare. Further, because many people who live with disabilities rely on Medicaid for their essential healthcare needs, state and Federal restrictions of Medicaid coverage of abortion are particularly harmful to this community.

Ms. McMorrow, how can those of us working to expand healthcare access ensure that people living with disabilities are not overlooked as they currently fear they will be?

Ms. MCMORROW. Thank you Congressman. I really appreciate the question because, as I said in my opening remarks, it is really challenging for many people to get pregnant and to stay pregnant safely, and that is especially true for those in the disability community. And it ultimately comes down to this is a healthcare decision between an individual, and a family, and their medical provider. Every single situation is different. Right now, the way that Michigan's 1931 law is written, and our attorney general has mentioned this, there is an exception for imminent danger of death to a mother, but that is not defined. So, it goes back to that issue. Is it 50 percent? Is it 80 percent? Is it 20 percent?

It doesn't factor in mental health. It doesn't factor in the issue you brought up of putting at risk either the ability to conceive again or to care for existing family. So ultimately, I think all of us, in the most compassionate way, need to work as hard as possible to ensure that this care is safe and accessible and is a decision that medical providers can make without arbitrary hurdles with their patients.

Mr. DESAULNIER. Let me followup with that. This population, having been involved with them for many years, they have so many challenges. California, where I live, since Pat Brown was Governor, really has been at the forefront of mainstreaming people with disabilities. They are very sophisticated about dealing with the healthcare system, both medical and behavioral health and their families and support groups, but this is just one more thing. Could you respond to that?

Ms. MCMORROW. It is. And it just comes down to we have talked a lot about the Constitution and everybody's constitutional right to life, liberty, and the pursuit of happiness. We have to consider the additional hurdles and challenges for those in the disability community and respond in kind by ensuring that our laws do not add additional hurdles to ensure that everybody has that right to life, liberty, and pursuit of happiness.

Mr. DESAULNIER. Just to followup with it, both you and Ms. Lopez, on the behavioral health implications. For communities that are unique, like the disabled community, people who are disproportionately lower income, people of color living in stress and trauma, again, one more thing, but a significant life-transforming event for

multiple people in this decision process so they can get the behavioral health they need, while they are being tugged by the rest of society in this political atmosphere.

Ms. MCMORROW. Absolutely. I am concerned. You know, it brings up a broad conversation of how do we expand access to healthcare, and mental healthcare, and wraparound supports so that everybody has the fundamental right to decide if and when to become pregnant, knowing that that impacts the family as well, and that families take many different forms.

Mr. DESAULNIER. Ms. Lopez, do you have any observations, comments?

Ms. LOPEZ. I am just grateful to lift up the disability community, especially rural folks, LGBTQ folks, and Black and indigenous people of color. These are all the communities that are already disproportionately impacted by abortion bans and restrictions. And what I have seen in helping people is that over the last few years as I have been working in abortion funds, is that people are so desperate, they will do anything they can to get this care, whether that is, you know, give up their rent money or, like, shuffle around to make sure they have child care. These are things that are dire, and they all play into if and when abortion is accessible.

Mr. DESAULNIER. Thank you so much. I yield back.

Chairwoman MALONEY. The gentleman's time has expired.

The gentlewoman from Massachusetts, Ms. Pressley, is recognized for five minutes.

Ms. PRESSLEY. Thank you, Madam Chair. Ms. Hawley, please state for the record, when an ectopic pregnancy ruptures, what are the chances that it can be carried to term?

Ms. HAWLEY. My understanding is that when an ectopic pregnancy ruptures, it is a life-threatening condition. That is why the treatment for an ectopic pregnancy is not an abortion.

Ms. PRESSLEY. I am sorry, reclaiming my time here. Again, could you just answer the question? When an ectopic pregnancy ruptures, what are the chances that it can be safely carried to term? And you know what, just to make this even clearer, I am looking for a number between zero to 100. Can you give me a percentage?

Ms. HAWLEY. Sure. I believe zero ectopic pregnancies, even those that do not rupture, have a chance of successfully being carried to term. That is why the treatment for them is not an abortion.

Ms. PRESSLEY. Reclaiming my time. It seems that there is a deficit in your understanding of reproductive health. In fact, I want the record to reflect that according to the American College of Obstetricians and Gynecologists, treatment for ectopic pregnancy requires ending a non-viable pregnancy. Now, let us turn—

Ms. HAWLEY. With respect, ma'am, that is not an abortion.

Ms. PRESSLEY. This is my time. I asked you the question, you answered, and I am now providing you with the accurate information from medical experts. My question was, when an ectopic pregnancy ruptures, what are the chances it can be safely carried to term. The answer is zero percent.

Ms. HAWLEY. I answered that correct, ma'am.

Ms. PRESSLEY. Further, when it comes to one's accurate understanding of reproductive health and abortion care with an ectopic pregnancy, the American College of Obstetricians and Gyne-

cologists says, “Treatment for ectopic pregnancy requires ending a non-viable pregnancy.” This is my time.

Ms. HAWLEY. That is not—

Ms. PRESSLEY. So now I am going to turn to the real experts—

Ms. HAWLEY. That is not an abortion because it does not have the intent to end the life of a child.

Ms. PRESSLEY. Reclaiming my time, reclaiming my time, I am now going to turn over to the real experts. So, despite the active misinformation campaign that is endangering the lives of pregnant people, including much of the testimony heard here today, endangering the lives of pregnant people, their families, and entire communities, this hearing is an opportunity for quality public health education that prioritizes equity and justice in reproductive healthcare.

Representative Shannon, I would like to ask you about medication abortion. Now, this is a topic that many are hearing about for the first time in the news. Since first being approved by the FDA more than 20 years ago, medication abortion is now the most common form of abortion healthcare. It is discreet, incredibly safe, and highly effective. In my home state, the Commonwealth of Massachusetts, nearly half of pregnancies are terminated by medication abortion. Last year, Chair Maloney and I led calls to improve access to the medication abortion drugs, mifepristone, and end arbitrary and burdensome restrictions that experts agreed were medically unnecessary. And thankfully, the FDA revised its regulations so that patients can receive what many of us refer to as “mife” by mail.

Representative Shannon, what does having access to medication abortion by mail mean for people in your state, particularly people of color?

Ms. SHANNON. Yes, thank you. So, as I mentioned before, most of our state, the resources are located in Atlanta, and so around the state, a lot of folks don’t have access to providers. So being able to have access to medication abortion means that people can get access to care after they have made their decision, regardless of what zip code they live in. And we all know that forcing someone to carry a pregnancy, an unwanted pregnancy, leads to poor health outcomes, so having access to medication abortion is the right thing to do.

Ms. PRESSLEY. Thank you. Ms. Lopez, based on your experience working to connect pregnant people in Texas with abortion care, would increased government support to expand abortion access, including medication abortion, benefit the clients that you work with?

Ms. LOPEZ. Absolutely, especially now that we have seen most clinics in Texas shutter, and especially because of H.B. 2, which was passed in 2013.

Ms. PRESSLEY. Thank you.

Ms. LOPEZ. That shuttered the rest, over half the clinics in Texas.

Ms. PRESSLEY. Thank you very much. And I think the point here is that pregnant people in multiple states have had emergency surgery delayed and their lives put at risk, while lawyers and doctors debate care due to confusion caused by the Republicans and this

far-right Supreme Court. This is a matter of life and death. Thank you.

Mr. COMER. Madam Chair, I would request on behalf of our side of the aisle that in the future, our membership treat our witnesses with a little more respect and not be as hostile and confrontational. I believe that we have got a witness here today that has been very honest and very polite in trying to answer the questions, and I just feel like the last questions were a little over the line by Ms. Pressley. I wanted to say that for the record, very disappointing.

Ms. PRESSLEY. Well—

Chairwoman MALONEY. Mr. Sarbanes, you are now recognized. Mr. Sarbanes?

Mr. SARBANES. Thank you very much, Madam Chair. Thank you to the panelists. You have been here for a long time, but your testimony has been of great consequence. So, we thank you for taking the time, and those joining remotely as well.

In the wake of the *Dobbs* decision, as we know, many states already have bans on abortion in place. And we know that conservatives around the country are pushing policies to further limit women's fundamental rights in many, many states. Given this reality, it is all the more essential for individuals in other states to redouble their efforts to protect and expand abortion access, in a sense, to be an anchor in the midst of this storm.

In my home state of Maryland, which, thankfully, is one where access to abortion is still protected, a new law allows certain non-physician practitioners with qualified training to provide abortions. Other states such as Delaware, Washington, Connecticut, have also recently taken steps to strengthen access to abortion care. But even when state legislatures pass laws protecting abortion care, we must continue to be vigilant. In Maryland, we have seen, for example, where the Governor recently refused to release funds that were appropriated to support portions of the state's new abortion access law.

Ms. GOSS GRAVES, I wanted to ask you to kind of speak to the emerging two Americas that we are seeing now, and in this case, to why it is critical that there be actions to expand abortion access in places like Maryland and other states where the right is protected. And just speak a little bit to what you see as that dynamic because we are headed in the near term toward that reality and understanding how we manage it I think is going to be extremely important.

Ms. GOSS GRAVES. You know, a little over two weeks ago, we woke up to a reality that had about half the country would be hurling into a place where you weren't free to decide whether you were going to be pregnant. And what that means is that the 1 in 4 people, the 1 in 4 women in this country who get abortion care are going to have to figure out how to do that safely and without criminal penalties. Some will be traveling to other parts of the country. Some will be seeking medication abortion and seeking to self-manage. All of them are going to be doing it at a time of legal and health chaos.

So, for states that have an opportunity to expand access, that is exactly what they should be doing: protecting providers, patients, and anyone who is trying to help them. And in those states where

they are finding that they are suddenly waking up in a place that is hostile, I just want to say that I see you, and there are people who are fighting for you. The idea that we can stand as a Nation with half more free than the other is not one that we will be able to stand very long. I believe we are hurling toward a time that feels very unsafe.

Mr. SARBANES. And I think you are right to describe a kind of situation of chaos across the country. We are seeing that with each passing day, and I think it is contributing to a heightened sense of kind of instability generally in the country. This is the consequence of a decision like *Dobbs*. You know, Maryland is one of the states that has an opportunity to be a safe haven for women who live in other states where these restrictions and bans are in place. But we have got to do what we can to expand and model what the kind of support and capacity can look like.

I also think there is an opportunity in states like Maryland to gather data in a responsible way that can inform the more broader conversation across the country because we have had some debates here today over myths and disinformation around this topic. And being able to gather data in a way that has integrity to it and diligence to it, I think, will be important, and states like Maryland, I think, can play a role in that effort.

So, thank you all again for your testimony today. The reality is that the Democrats on this committee believe that a woman should make her own healthcare decisions, and, unfortunately, it seems that the Republicans that we serve with here have a different view. They want to take that agency away. We must, we will continue to do all we can to protect abortion access and ensure that all Americans, no matter where they live, can exercise their reproductive freedom. Every American, and we know that it is the great majority of Americans, must raise their voices in this critical moment. With that, I yield back my time.

Chairwoman MALONEY. The gentleman yields back.

Before we close, I want to offer the ranking member an opportunity to offer any closing remarks that he may have, and Ranking Member COMER, you are now recognized.

Mr. COMER. Thank you, Madam Chair. And again, I want to thank our witnesses for being here today. Ms. Hawley, I want to publicly apologize for Ms. Pressley. I feel like that was unnecessary, her tone. I appreciate your honesty and all the witnesses' willingness to voluntarily testify today.

A couple of things, Madam Chair, that I wanted to point out that I disagreed with statements. Ms. Wasserman Schultz continue to disparage crisis pregnancy centers. I mean, they are providing a valuable service all over America, and she mentioned the word "fake pregnancy centers." If there are any fake pregnancy centers that are unlicensed, then she should report them to the authorities because it is not allowed to have in any state a pregnancy center that is not properly licensed. Mr. Gomez referred to my opening statement, and I would like to remind Mr. Gomez that unlike Nancy Pelosi, I never voted to object an Electoral College confirmation vote. I was also on the floor on January 6, and I have always condemned the violence that occurred on that day, so I don't know where he was referencing that with respect to me.

I am going to conclude by reminding everyone on this committee what is the purpose of this committee is. The purpose of the House Oversight Committee is to identify waste, fraud, abuse, and mismanagement in the Federal Government. We are talking about a Supreme Court case here, something that we honestly have zero jurisdiction over.

This hearing, Madam Chair, with all due respect, was a political hearing, in my opinion, to try to fire up the demoralized far left-wing of the Democrat Party because of disparaging poll numbers with the President and the party. I hope that in the future, we can focus on hearings that actually identify the core mission of this committee, and that is to try to provide oversight for this Biden administration and their many policies, like their energy policy, their border control policy that are failing, and try to identify wasteful spending that we can hopefully reverse and try to tame inflation.

So again, Madam Chair, thank you for allowing me to a closing statement, and I yield back.

Chairwoman MALONEY. I thank all the witnesses for an incredible testimony. And I first of all want to say that Ms. Pressley was perfectly within her right to reclaim her time. That is the way the body works. You have your time, the time belongs to the member, and the member can reclaim their time, and behaved fully within her rights as a member of this committee. I want to compliment her also for her foresight of beginning an investigation with me on mifepristone well over a year and a half ago, trying to remove the restrictions that the FDA had placed on it, to have access to it, which resulted in the ability now to mail it into areas of the country. That was extraordinary work, and I want to publicly thank her for this.

And it is absolutely within the realm of the Oversight Committee to look at the rights of half the population of our country. And this devastating decision is taking away a fundamental right that we felt was settled law with 50 years of precedent, where Supreme Court justices, they testified before the Senate saying they would respect precedent. So, this is a shocking devastating opinion, and I would say that we heard testimony today from many of our panelists of the dire threat to the health of people.

I think we heard that they said that abortions are going to occur. The question is, are they going to be legal and safe? Are they going to be illegal and increase the deaths of women? This is literally life and death to many women. We have heard that over and over again, and we all know that. We have had hearings on the high incidence of death for particularly African American women with the birth of their children, eight times more likely in my great city of New York than the national average. That is a huge problem, so it is not unusual to look at the health challenges that Americans face.

And I would say that most women and likeminded men in this country would be grateful for the testimony, the knowledge, and the experience that they had of listening to our panelists. And I would say that today, we heard testimony about the chaos and confusion, very beautifully explained by Ms. Graves, caused by the Supreme Court's extreme decision to eliminate Americans' constitutional right to an abortion.

To all of our witnesses who shared their expertise and personal stories of abortion, I want to thank you. And many did not share their stories, but I know their stories, and it is very brave to come forward and tell them. Today's hearing makes clear that the loss of abortion rights is devastating, absolutely devastating for women across the country, for particularly people of color, people with low incomes, and others who already face barriers to their healthcare.

Anyone trying to downplay the damage from the Supreme Court's decision is flat out lying, and here are the facts. We heard them today. Abortion is now illegal in 16 states, with more on the way. More than 33 million women are at risk of losing abortion rights in these states. That is half of the women that are of a reproductive age. Providers are scared to offer essential reproductive healthcare. We could not even get a provider to come in. They were afraid to come in. They felt they would be hurt in some way if they publicly talked about their work. And this is in America, and people are being denied care for miscarriages and other emergencies because of these extreme state laws. Many miscarriages that we heard today are very health threatening, and sometimes you can't reach your doctor, sometimes you can't even get in the hospital, and it is going to cause the death of more women in this country.

And Republicans are not done. They are simply not done with taking away our rights. Next, they want to pass a national abortion ban. Major leaders of the party have said that. Just ask the Republican members of this committee who are co-sponsoring a bill to make performing an abortion a crime punishable by five years in Federal prison.

I asked at the beginning of this hearing if this is the America we want to live in. We heard today a resounding "no." The vast majority of Americans support abortion rights and want to make their own decisions about their own bodies. This is why Democrats are fighting to protect abortion rights. We feel we are fighting for democracy itself. If you can't make decisions about your own body, and including your reproductive health, it is not a democracy. It is not a free society. Here in the House, we are taking up legislation to enshrine abortion rights in Federal law, and I urge the Senate to act as well.

President Biden has also taken decisive action. He issued an executive order to protect reproductive care, including access to medication abortion and to protect the privacy and security of patients and providers. The administration is also acting to ensure access to contraception. And I have introduced a bill with many members of this committee that would prevent pharmacies from refusing to dispense contraception based on their personal beliefs.

As we have heard today, the fight for reproductive rights is also taking place in cities and states all over our country, and I am proud to stand with my Democratic colleagues in that fight. And I am especially proud that this committee has led the way in expanding access to medication abortion and contraception. This is a fight we will never, ever, ever give up.

Before I close, I want to enter into the record letters, statements from NARAL, Pro-Choice America, Physicians for Reproductive Health, the American Academy of Family Physicians, and Professor

Carrie Baker of Smith College, regarding the urgent need to protect abortion access.

Chairwoman MALONEY. I would like to just say in closing, I want to thank all of our panelists for their remarks. I apologize that we had a five-minute time limit. Many of you had much more you wanted to say. You can put that into the official record. And I want to commend my colleagues, all of them, for participating in this very, very important conversation.

With that, and without objection, all members will have five legislative days within which to submit extraneous materials and to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for their response. I ask our witnesses to please respond as promptly as you are able.

This hearing is adjourned.

[Whereupon, at 3:19 p.m., the committee was adjourned.]

