The Leadership Conference on Civil and Human Rights

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SUPPORT S. 4132, THE WOMEN'S HEALTH PROTECTION ACT OF 2022

Dear Senator:

May XX, 2022

On behalf of The Leadership Conference on Civil and Human Rights, a coalition charged by its diverse membership of more than 230 national organizations to promote and protect the civil and human rights of all persons in the United States, and the XX undersigned organizations, we write in support of S. 4132, the Women's Health Protection Act of 2022. We urge all senators to vote in favor of the bill. The Leadership Conference will include this vote in its Voting Record for the 117th Congress.

This issue is one of grave urgency for the civil and human rights community and for people across the United States. A draft Supreme Court opinion in *Dobbs v. Jackson Women's Health Organization*, which became public last week, indicates that a majority of justices are prepared to overturn the constitutional right to abortion established in *Roe v. Wade* and reaffirmed in *Planned Parenthood v. Casey*.¹ If the draft decision prevails, as many as 28 states could ban or further limit abortion in the near future, which would block more than half the people in the United States who could become pregnant from their right to an abortion.² We have arrived at this perilous moment after a decades-long campaign by wealthy and powerful interests to rig the judiciary and stack our courts with extremists,³ including Supreme Court justices selected with the express purpose of overturning decades of legal precedent and ending legal abortion.⁴ While this decision has not yet been issued and abortion remains legal in the United States, immediate congressional action is imperative for the ability of people who can become pregnant to control their own bodies, lives, and futures.

By protecting abortion access from medically unnecessary restrictions that obstruct the right of all persons to obtain safe, legal abortion services, the Women's Health Protection Act (WHPA) seeks to remedy and prevent the onslaught of state-level abortion bans and

https://www.nytimes.com/interactive/2022/05/07/us/abortion-access-roe-v-wade.html. ³ Michael Scherer, Josh Dawsey, Caroline Kitchener, and Rachel Roubein, The Washington Post, "A 49-year

crusade: Inside the movement to overturn Roe v. Wade," May 7, 2022, https://www.washingtonpost.com/politics/2022/05/07/abortion-movement-roe-wade/.

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¹ Josh Gerstein and Alexander Ward, POLITICO, "Supreme Court has voted to overturn abortion rights, draft opinion shows," May 2, 2022, <u>https://www.politico.com/news/2022/05/02/supreme-court-abortion-draft-opinion-00029473</u>.

² Weiyi Cai, Taylor Johnston, Allison McCann, and Amy Schoenfeld Walker, The New York Times, "Half of U.S. Women Risk Losing Abortion Access Without Roe, May 7, 2022,

⁴ Mark Berman, The Washington Post, "Trump promised judges who would overturn Roe v. Wade," March 21, 2017, <u>https://www.washingtonpost.com/politics/2017/live-updates/trump-white-house/neil-gorsuch-confirmation-hearings-updates-and-analysis-on-the-supreme-court-nominee/trump-promised-judges-who-would-overturn-roe-v-wade/.</u>

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restrictions that cause significant and sometimes insurmountable challenges to receiving abortion care. These restrictions disproportionately impact the ability of low-income women and women of color to access health care, robs pregnant people of bodily autonomy, and threatens the economic security of families and individuals, many of whom are already struggling to get by.

We are disappointed that S. 4132 removes the findings and purpose section of the version of WHPA that the Senate considered earlier this year.⁵ That section grounded the bill in a vision of reproductive justice - the human right to maintain bodily autonomy, to have children, to not have children, and to parent the children we have in safe and sustainable communities. The findings highlighted the white supremacist and misogynistic roots of abortion restrictions and bans. Equal access to abortion care — everywhere is essential to social and economic participation, reproductive autonomy, and the right to determine our own lives. Every person deserves to have the ability to make the healthcare decisions that are right for them, and every person must be able to make their own decisions about having children, free from government interference and discrimination. We know that laws that restrict access to abortion cause the most harm to those people who, because of structural racism and existing inequities, already have limited access to resources, already struggle to achieve economic security, and already face sometimes lifethreatening health disparities. At the most basic level, restrictive abortion laws are aimed at controlling who can exercise their rights and who can claim agency over their bodies. As such, these laws are an affront to human dignity that perpetuate systems of oppression and prevent the full enjoyment of civil and human rights, and Congress ought to recognize them as such. Nonetheless, at this critical moment for our nation, we urge you to support this version of WHPA with identical operative language.

Even with *Roe* and *Casey* in place, abortion rights and access have been steadily under attack. Despite large public support for access to abortion,⁶ lawmakers across 19 states enacted 108 restrictions on abortion in 2021 — including the Mississippi law at issue in *Dobbs* — and 37 more have been enacted so far this year in 10 states.⁷ States have also continued to enact or introduce legislation that restricts access to medication abortion, imposes medically unnecessary restrictions on abortion clinics, or singles out abortion providers for burdensome restrictions not applied to other healthcare providers.⁸ Today, nearly 90 percent of U.S. counties have no abortion provider,⁹ forcing people to incur onerous costs to travel long distances for care, or pushing care entirely out of reach.

The potential decision in *Dobbs* would overrule almost 50 years of legal abortion and open the floodgates for further enactment and implementation of these laws. They are a threat to the economic security, health, and dignity of low-income people, women of color, immigrants, LGBTQ individuals, and others who — because of a history of structural inequality and discrimination — already have difficulty

⁵ H.R. 3755, Women's Health Protection Act of 2021, <u>https://www.congress.gov/bill/117th-congress/house-bill/3755</u>

⁶ Hart Research Associates, New Poll: A Solid Majority of Voters Support the Women's Health Protection Act (2021), available at <u>https://actforwomen.org/wp-content/uploads/2021/06/WHPA-2021-Survey.pdf</u>.

 ⁷ Elizabeth Nash, Lauren Cross, and Joerg Dreweke, Guttmacher Institute, "2022 State Legislative Sessions: Abortion Bans and Restrictions on Medication Abortion Dominate," May 6, 2022, <u>https://www.guttmacher.org/article/2022/03/2022-state-legislative-sessions-abortion-bans-and-restrictions-medication-abortion</u>.
⁸ Id.

⁹ Guttmacher Institute, Data Center, <u>https://data.guttmacher.org/states</u> (last visited June 14, 2021).

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accessing reproductive healthcare services.¹⁰ These laws contribute to clinic closures and abortion deserts, which increase the costs of obtaining an abortion¹¹ and build on the systemic inequality already faced by Black people who have diminished access to networks and resources to overcome financial obstacles to accessing care. Black women are half as likely to be able to travel 25 to 50 miles for abortion care than White women, who tend to have more financial resources, information, and social networks that allow them to travel.¹² Further, restrictions on accessing abortion, in addition to public funding bans, mean that low-income people and many women of color have to choose between receiving abortion care and paying their rent, purchasing food, or paying for other basic necessities. Women who are denied abortions are more likely to experience poor health outcomes, including maternal death, as compared to women who receive abortions,¹³ a trend that is particularly concerning for Black women who are denied an abortion and forced to bear a child are also four times more likely to fall into poverty.¹⁵ Conversely, abortion access has been shown to increase women's participation in the workforce, particularly for Black women, and has led to gains in educational attainment.¹⁶

The Women's Health Protection Act would work toward a future where all of us are free to make the personal decisions that shape our lives, our futures, and our families. It is an important step in ending these harmful laws and promoting the health, economic security, and well-being of those whom we have forced through law and policy to live at the margins. With so much on the line, Congress must act decisively to protect our rights.

Thank you for your consideration of our views. Please contact Kanya Bennett, managing director of government affairs (<u>bennett@civilrights.org</u>), or Josh Boxerman, policy analyst (<u>boxerman@civilrights.org</u>), with any questions.

Sincerely,

The Leadership Conference on Civil and Human Rights [additional signers]

¹¹ Guttmacher Institute, *Targeted Regulation of Abortion Providers* (Jan. 2020), <u>https://www.guttmacher.org/evidence-you-can-use/targeted-regulation-abortion-providers-trap-laws#trap</u>

¹⁰ See Kaiser Family Foundation and Health Management Associates, *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities* (Nov. 14, 2019).

¹² Liza Fuentes and Jenna Jerman, "Distance Traveled to Obtain Clinical Abortion Care in the United States and Reasons for Clinic Choice," Journal of Women's Health (Dec. 28, 2019), *available at* <u>https://pubmed.ncbi.nlm.nih.gov/31282804/</u>.

 ¹³ National Partnership for Women & Families and In Our Own Voice: National Black Women's Reproductive Justice Agenda, Issue Brief, "Maternal Health and Abortion Restrictions: How Lack of Access to Quality Care is Harming Black Women," Oct. 2019, <u>https://www.nationalpartnership.org/our-work/resources/repro/maternal-health-and-abortion.pdf</u>.
¹⁴ Id.

¹⁵ Diana Greene Foster et al., "Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States," American Journal of Public Health, Feb. 7, 2018, *available at* <u>https://aiph.aphapublications.org/doi/10.2105/AJPH.2017.304247</u>.

¹⁶ Kelly Jones and Anna Bernstein, Institute for Women's Policy Research, Fact Sheet, "The Economic Effects of Abortion Access: A Review of the Evidence," July 2019, <u>https://iwpr.org/publications/economic-effects-abortion-access-fact-sheet/</u>.



