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June 15, 2021

The Honorable Richard Blumenthal
Chair

Subcommittee on the Constitution
Committee on the Judiciary

U.S. Senate
Washington, DC 20510

The Honorable Ted Cruz
Ranking Member

Subcommittee on the Constitution
Committee on the Judiciary

U.S. Senate
Washington, DC 20510

RE: Support the Women's Health Protection Act of 2021

Dear Chair Blumenthal and Ranking Member Cruz:

On behalf of The Leadership Conference on Civil and Human Rights, a coalition charged by its diverse membership of more than 220 national organizations to promote and protect the rights of all persons in the United States, **we write in support of the Women's Health Protection Act of 2021 (S. 1975)**. We ask that this statement be entered into the record of the subcommittee hearing, entitled "Protecting Roe: Why We Need the Women's Health Protection Act," scheduled for Wednesday, June 16, 2021.

Ensuring the protection and advancement of the rights, economic security, and dignity of all persons in this country is a priority of The Leadership Conference. In too many places across America, people are denied the opportunity to participate equally in economic and social life because of who they are or where they live. 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 restrictions that cause significant and sometimes insurmountable challenges to receiving abortion care. These challenges disproportionately impact the ability of low-income women and women of color to access health care, robs individuals of bodily autonomy, and threatens the economic security of families and individuals, many of whom are already struggling to get by.

Abortion rights and access have been steadily under attack. Despite large public support for access to abortion,¹ so far this year, lawmakers across 16 states have enacted more than 80 restrictions on abortion, including 10 bans — one of which bans abortion outright.² 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.³ Today, nearly 90 percent of American counties have no abortion provider,⁴ forcing people to incur onerous costs to travel long distances for care, or pushing care entirely out of reach.

These laws are not only a threat to the constitutional right to abortion recognized in *Roe v. Wade*, but 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 accessing reproductive healthcare services.⁵ Restrictions that force patients to undergo unnecessary tests or procedures, force providers to communicate confusing and medically inaccurate information, or force individuals to make multiple clinic visits drive up individual costs, which can delay abortion access and aggravate economic and health disparities felt by women of color, low-income people, immigrants, LGBTQ individuals, and other marginalized or multi-marginalized groups.

Restrictive abortion laws that contribute to clinic closures and abortion deserts also increase the cost of obtaining abortion,⁶ and Black women are impacted by clinic closures to a greater degree than other groups. Systemic inequality brought on by past and present policies that target and oppress Black people — including the legacy of slavery, mass incarceration, segregation, voter suppression, and exploitative financial practices, such as redlining — have led to concentrated and intergenerational poverty within the Black community. As a result, Black women have diminished access to networks and resources to overcome financial obstacles to accessing care. In the context of clinic closures or abortion deserts, this can mean a de facto ban on abortion. 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.⁷

¹ Hart Research Associates, *New Poll: A Solid Majority of Voters Support the Women’s Health Protection Act* (2021), available at <https://actforwomen.org/wp-content/uploads/2021/06/WHPA-2021-Survey.pdf>.

² Elizabeth Nash and Lauren Cross, Guttmacher Institute, “2021 Is on Track to Become the Most Devastating Antiabortion State Legislative Session in Decades,” June 7, 2021, <https://www.guttmacher.org/article/2021/04/2021-track-become-most-devastating-antiabortion-state-legislative-session-decades>.

³ *Id.*

⁴ Guttmacher Institute, Data Center, <https://data.guttmacher.org/states> (last visited June 14, 2021).

⁵ 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).

⁶ Guttmacher Institute, *Targeted Regulation of Abortion Providers* (Jan. 2020), <https://www.guttmacher.org/evidence-you-can-use/targeted-regulation-abortion-providers-trap-laws#trap>

⁷ 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 <https://pubmed.ncbi.nlm.nih.gov/31282804/>.

Restricting access to abortion also threatens to undermine the ability of poorer people and people of color to achieve economic security. People of color and women are disproportionately represented in low-wage jobs,⁸ and women of color continue to endure discriminatory wage gaps. Black women, for example, are typically paid just 63 cents for every dollar paid to a White man. American Indian and Native Alaskan women are paid only 60 cents, Latina women are paid only 55 cents, and some Asian American and Pacific Islander women are paid as low as 50 cents for every dollar paid to a White man.⁹ Restrictions on accessing abortion, in addition to public funding bans, mean that low-income people and many women of color have to choose between paying their rent, purchasing food, or paying for other basic necessities, and receiving abortion care.

Studies also show that women who are denied wanted abortions face more economic hardship and risks to their health and safety than women who wanted and received abortions. Women denied abortions are more likely to experience poor health outcomes, including maternal death, as compared to women who received abortions,¹⁰ a trend that is particularly concerning for Black women who are up to four times more likely to experience pregnancy-related death than White women.¹¹ Women who are denied an abortion and forced to bear a child are also four times more likely to fall into poverty.¹² 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.¹³

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. Laws that restrict access to abortion cause the most harm to those who, because of structural racism and existing inequities, already have limited access to resources, are already struggling to achieve economic security, and who already face sometimes life-threatening health disparities. At the most basic level, restrictive abortion laws are aimed at controlling who can exercise

⁸ David Cooper, Economic Policy Institute, "Workers of Color are Far More Likely to Be Paid Poverty-Level Wages than White Workers," June 21, 2019, <https://www.epi.org/blog/workers-of-color-are-far-more-likely-to-be-paid-poverty-level-wages-than-white-workers/>; Laura Huizar and Tsedeye Gebreselassie, National Employment Law Project, Policy Brief, "What a \$15 Minimum Wage Means for Women and Workers of Color," Dec. 2016, <https://www.nelp.org/wp-content/uploads/Policy-Brief-15-Minimum-Wage-Women-Workers-of-Color.pdf>.

⁹ AAUW, *The Simple Truth About the Gender Pay Gap: 2020 Update*, available at <https://www.aauw.org/resources/research/simple-truth/>; National Partnership for Women & Families, Fact Sheet, *Asian American and Pacific Islander Women and the Wage Gap* (Mar. 2021), <https://www.nationalpartnership.org/our-work/resources/economic-justice/fair-pay/asian-women-and-the-wage-gap.pdf>.

¹⁰ 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, <https://www.nationalpartnership.org/our-work/resources/repro/maternal-health-and-abortion.pdf>.

¹¹ *Id.*

¹² 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 <https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304247>.

¹³ 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, <https://iwpr.org/publications/economic-effects-abortion-access-fact-sheet/>.

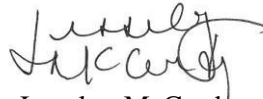
their constitutional rights and who can claim agency over their bodies. As such, these laws are an affront to human dignity that perpetuate systems of oppression that prevent the full enjoyment of civil and human rights. The Women's Health Protection Act is an important step in ending these harmful laws and promoting the health, economic security, and well-being of those whom we have forced through law and policy to live at the margins.

We strongly urge you to support the Women's Health Protection Act. We appreciate the opportunity to share our views and commend the Senate Judiciary Committee's Subcommittee on the Constitution for holding this important hearing. Please contact Gaylynn Burroughs, senior policy counsel, at burroughs@civilrights.org with any questions.

Sincerely,



Wade Henderson
Interim President and CEO



Jesselyn McCurdy
Managing Director and Interim Executive Vice President
for Government Affairs