

May 17, 2017

President Donald Trump  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Cc:

Ivanka Trump, Assistant to the President  
Secretary Tom Price, U.S. Department of Health and Human Services

President Trump:

As organizations committed to improving the overall health and wellbeing of women and their families, we are compelled to respond to your statement regarding [Women's Health Week](#), where you emphasized the importance of affordable, accessible, quality health care and the need for paid family leave.

For decades, we have fought for policies and programs that improve women's access to health care, support women's ability to pursue their careers and take care of their families, and dismantle unfair barriers that impede progress for women – especially those barriers that disproportionately impact low-income women, immigrant women, and women of color. As you noted, real gains have been made as a result of our efforts: the uninsured rate for women is at an all-time low; women have better access to preventive and prenatal care; and because of improved access to birth control, the unintended pregnancy rate is at a 30 year low. We are proud of the progress we have made, but more so, we are eager to build on it – using all of the knowledge we have generated through research, experience, and conversations with women across the country.

Unfortunately, rather than having a thoughtful and informed dialogue about how to actually improve women's health, you have simply co-opted "women's health" to use as a sales pitch for harmful policy.

In fact, we are in the throes of a battle with your administration and this Congress that is literally a matter of life and death for women in the United States and around the world. Indeed, while your statement on Women's Health Week notes that "women should have access to quality prenatal, maternal, and newborn care" including a "choice in health insurance and in health care providers," the policies of your administration do exactly the opposite. And women in America will not be fooled.

The American Health Care Act, which you have championed, blocks millions of women from accessing preventive care at Planned Parenthood health centers, threatens coverage for maternity and newborn care, prescription drugs, and mental health services, and allows insurance companies to charge women more because of pre-existing conditions, including pregnancy, and treatment related to sexual assault and domestic violence. The bill fundamentally dismantles the Medicaid program, which women

disproportionately rely on for coverage. In fact, Medicaid is the largest source of coverage for family planning in the United States and covers 50 percent of births. That is not investing in women's health.

You go on to suggest that you will support women's health by investing in community health centers, but community health centers are not equipped to fully meet women's health needs. Research has consistently shown that providers who specialize in women's health, including Planned Parenthood health centers, better serve the needs of women.<sup>1</sup> Medical experts, including the American Congress of Obstetricians and Gynecologists and the American Public Health Association, have clearly stated that community health centers are incapable of filling the gap if women with Medicaid coverage are prohibited from accessing care at Planned Parenthood health centers. Regardless, politicians in Washington, DC, have no place telling women where they can and cannot go for women's health care – a notion your statement seems to support.

It is both impossible and disingenuous to claim a commitment to women's health and women's empowerment while aggressively pursuing such devastating policies. Look no further than the state of Texas to understand the impact. After passing a myriad of similar policies, dozens of women's health centers closed, nearly 30,000 women lost access to basic preventive health care, and the maternal mortality rate doubled – in large part driven by a dramatic increase in maternal mortality for Black women. That is not just a health care crisis. It is a moral crisis, and it is one that will be exported across the country if these policies come to pass via this Congress and administration.

In the global context, your administration not only reinstated the "global gag rule," restricting foreign assistance to some of the most capable providers of family planning around the world, but also greatly expanded it. A study of nearly two-dozen countries in sub-Saharan Africa found that the abortion rate actually rose<sup>2</sup> during the George W. Bush administration in countries most affected by the ban. Since 2008, the last year the global gag rule was in place, the U.S. Agency for International Development's (USAID) maternal and child health programs, including family planning and reproductive health, in 24 priority countries have saved the lives of 4.6 million children and 200,000 women.

A real investment in women's health means continuing to increase public and private insurance coverage for all women, expanding access to important women's health services like birth control and maternity care, ensuring women's ability to seek care at the health provider of their choice, supporting policies that provide paid family and medical leave and high-quality, affordable childcare for **all** families, and working to eliminate persistent disparities and discrimination in health care, particularly for immigrant women, women of color, and the LGBTQ community.

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<sup>1</sup> See Frost JJ, et al., *Publicly Funded Contraceptive Services at U.S. Clinics, 2015*, Guttmacher Institute, (2017), available at <https://www.guttmacher.org/report/publicly-funded-contraceptive-services-us-clinics-2015> (women's health providers serve a disproportionate number of family planning patients); Frost, J. J., & Zolna, M. R., *Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocols*, Guttmacher Institute, (2016), available at <https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015> (women's health providers are more likely to provide a broad range of family planning services in an accessible manner).

<sup>2</sup> Zavis, Alexandra, & Dixon, Robyn, "Abortion rates went up in some countries the last time 'global gag rule' was in effect," L.A. Times, (2017), available at <http://www.latimes.com/world/africa/la-fg-abortion-funding-ban-2017-story.html>.

We call upon this administration to reverse course and work with Congress to pursue an agenda that reflects a true and informed commitment to women's health, rights, and progress.

Sincerely,

30 for 30 Campaign  
AIDS Foundation of Chicago  
American Association of University Women (AAUW)  
American Civil Liberties Union  
Association of Reproductive Health Professionals  
Black Women's Health Imperative  
Catholics for Choice  
Center for Health and Gender Equity (CHANGE)  
Feminist Majority  
Ibis Reproductive Health  
International Women's Health Coalition  
Jewish Women International (JWI)  
NARAL Pro-Choice America  
National Abortion Federation  
National Advocates for Pregnant Women  
National Asian Pacific American Women's Forum (NAPAWF)  
National Center For Lesbian Rights  
National Council of Jewish Women  
National Health Law Program  
National Latina Institute for Reproductive Health  
National Organization for Women  
National Partnership for Women & Families  
National Women's Health Network  
National Women's Law Center  
PAI  
People For the American Way  
Physicians for Reproductive Health  
Planned Parenthood Federation of America  
Population Connection Action Fund  
Population Institute  
Positive Women's Network - USA  
Raising Women's Voices for the Health Care We Need  
Sexuality Information and Education Council of the U.S. (SIECUS)  
Sierra Club  
SisterLove, Inc.  
Social Workers for Reproductive Justice  
Women's Information Network, New York City (WIN.NYC)