



September 23, 2021

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SUPPORT THE WOMEN'S HEALTH PROTECTION ACT OF 2021

Dear Representative:

The Leadership Conference on Civil and Human Rights, and the 60 undersigned organizations dedicated to protecting and advancing the civil rights, health, and economic security of all persons in the United States write in support of the Women's Health Protection Act of 2021 (H.R. 3755). We urge all members to vote yes on the bill when it reaches the floor.

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.

This issue is one of grave urgency. Just this month, five Supreme Court justices denied an emergency request to block Texas S.B. 8, a radical six-week abortion ban. Immediate Congressional action is imperative for the future of abortion rights in the United States. We are deeply concerned about the threat of copycat bills appearing in states across the country.

Indeed, abortion rights and access have been steadily under attack. Despite large public support for access to abortion,¹ state lawmakers enacted more than 90 restrictions on abortion this year, including 11 bans — two of which are near-total abortion bans.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.

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 Sophia Naide, Guttmacher Institute, "State Policy Trends at Midyear 2021: Already the Worst Legislative Year Ever for U.S. Abortion Rights," July 2021,

<https://www.guttmacher.org/article/2021/07/state-policy-trends-midyear-2021-already-worst-legislative-year-ever-us-abortion>.

³ *Id.*

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

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 people, 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 people, 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

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.

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/>.

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>.

Studies also show that women who are denied abortion care face more economic hardship and risks to their health and safety than women who sought and received abortions. Women denied abortion care 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 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.

Thank you for your consideration of our views. Please contact Gaylynn Burroughs, senior policy counsel at The Leadership Conference on Civil and Human Rights, at burroughs@civilrights.org with any questions.

Sincerely,

The Leadership Conference on Civil and Human Rights
ADL (Anti-Defamation League)
American Association of University Women (AAUW)
American Atheists
American Federation of Teachers
American Humanist Association
Americans for Democratic Action (ADA)
Americans United for Separation of Church and State
Asian American Legal Defense and Education Fund (AALDEF)

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/>.

Autistic Self Advocacy Network
Black Women's Health Imperative
Center for Law and Social Policy (CLASP)
Christian Methodist Episcopal Church
Clearinghouse on Women's Issues
Demand Justice
Equal Rights Advocates
Equality California
Feminist Majority Foundation
Fix Our Senate
Freedom From Religion Foundation
Girls Inc.
Global Project Against Hate and Extremism
Hispanic Federation
Human Rights Campaign
Impact Fund
Indivisible
Jacobs Institute of Women's Health
Jewish Council for Public Affairs
Justice for Migrant Women
Lake Research Partners
Lambda Legal
LatinoJustice PRLDEF
Lawyers' Committee for Civil Rights Under Law
Matthew Shepard Foundation
NAACP Legal Defense and Educational Fund, Inc. (LDF)
NARAL Pro-Choice America
National Action Network
National Association of Social Workers
NASW Virginia/Metro DC Chapters
National Center for Transgender Equality
National Council of Jewish Women
National Health Law Program
National LGBTQ Task Force Action Fund
National Organization for Women
National Partnership for Women & Families
National Urban League
National Women's Law Center
People For the American Way
Planned Parenthood Federation of America
Population Connection Action Fund
Public Citizen
Restaurant Opportunities Centers United



Rise Up America
SEIU
The Workers Circle
Union for Reform Judaism
Voices for Progress
Voto Latino
Women Lawyers On Guard Action Network, Inc.
YWCA Berkeley/Oakland
YWCA USA