



## Policy Pack II.IV

# Reproductive Rights, Health, and Justice

January, 2019

Thank you, [In Our Own Voice: National Black Women's Reproductive Justice Agenda](#) for your partnership on this policy pack and [Center for Reproductive Rights](#) for providing critical resources and information.



---

[blackrj.org](http://blackrj.org)  
[@BlackWomensRJ](https://twitter.com/BlackWomensRJ)

---

[platformwomen.org](http://platformwomen.org)  
[@platformwomen](https://twitter.com/platformwomen)

# Reproductive Rights, Health, and Justice

## Table of Contents

Letter from Platform	1
Letter from In Our Own Voice: National Black Women’s Reproductive Justice Agenda	3
Statement from Center for Reproductive Rights	4
Lingo- Definitions of key acronyms, phrases, and words	5
All that Governs- An overview of existing court precedents and laws	8
The Rundown- A breakdown of the issue at hand	12
Numbers You Need to Know- Pressing statistics	15
Who’s Saying What?- Excerpts from the national conversation	20
The Stories- A peak into the lives of people impacted	22
The Change We Need- Policy recommendations from experts in the movement	24
Highlights from the 1-1-5- Old legislation worth seeing again	27
Think On It- Guide to continue your own research and understanding	28
On the Table- Discussion questions to aid your dialogue	30
Do Something- Steps to turn the conversations into action	31

# Reproductive Rights, Health, and Justice

## Letter from Platform

Platform strives for a government that serves all people, protects all people, respects all people. In this government, lawmakers do not question whether advancing the rights of young women-identified, non-binary, gender nonconforming, and femme folks is too radical. In this government, lawmakers do not advance solutions that only benefit some while shouting down others claiming, “your turn will come, your rights will come.” In this government, the promise of rights is matched by a guarantee of access to exercise those rights. In this government, the right to choose for our bodies, our lives, and our futures is matched with the opportunity to choose in our homes, in our doctors offices, in our schools, in our workplaces, and in our polling places.

We are not lost in the idealism of this vision, but rather fueled by it. To accept anything less than this vision of government is to betray our values as feminists, for equality for some is not equality at all. To accept anything less than this vision of government is to betray the legacy and lessons of the women-identified folks on whose shoulders we stand.

That legacy is the fight for reproductive justice, which In Our Own Voice: National Black Women’s Reproductive Justice Agenda defines as:

“The human right to control our bodies, our sexuality, our gender, our work, and our reproduction. This right can only be achieved when all women and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.”<sup>1</sup>

In 1994, centuries of Indigenous women, women of color, and transgender women’s labor was given a name. That year, Black women gathered in Chicago following the International Conference on Population and Development in Cairo recognized family planning as a right critical to global development. The women knew that a movement led for and by middle-class, cis-white women would never center the needs of Indigenous women, women of color, and transgender women nor enable Indigenous women, women of color, and transgender women to claim full autonomy over their lives. They, therefore, mobilized and became the Women of African Descent for Reproductive Justice.<sup>2</sup>

The leaders built this movement for reproductive justice around the principles of access, of undoing white supremacist patriarchy, of understanding that there is no single narrative to womanhood. They also made clear that while the fight for abortion access is a key tenet of reproductive justice, so too is the fight for contraception, sexual health care, prenatal and maternal health care, and sex education. They wove together the fight for access in our reproductive lives to the fight to end voter suppression, in securing the autonomy to decide who represents us. They connected it to the fight for equal wages, a living wage, and opportunities at work. They made clear the fight for reproductive justice is the fight to live free from fear and violence, is the right to live free from having our bodies policed and criminalized, is the right to live free from discrimination.

# Reproductive Rights, Health, and Justice

## Letter from Platform (cont'd)

Over the last year, our policy packs have engaged in access to education, opportunities in our workplaces, democracy at our voting booths, freedom from racial profiling and criminalization, prevention of sexual violence, justice for immigrants and more. In all of these policy packs, we engaged with the fundamental notion that we have a right to choose the direction of our lives, but that we must all have the rights and opportunities to exercise those choices. Therefore, in all of those policy packs, we worked to contribute to the movement for reproductive justice even if it was not explicitly named. That is why, this policy pack, which focuses on reproductive health, rights, and access, is part of but not the entirety of the framework we intend to provide,

We want to thank two incredible leaders in this space, without whom the movement would not be possible and who dedicated time and talent to this pack. *In Our Own Voice: National Black Women's Reproductive Justice Agenda* is leading the work to center the voices, needs, and leadership of people our country's and communities' systems have marginalized and disenfranchised. The coalition of incredible organizations—Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc., SisterReach, SPARK Reproductive Justice Now, The Afiya Center, and Women With A Vision—proves that fighting for reproductive rights cannot exist in a vacuum; but rather, must intersect with justice and freedom, equity and equality in all facets of life. We are truly honored and grateful to partner with In Our Own Voice and learn from their power and vision.

Center for Reproductive Rights has been a critical leader in the legal battle for progress. The Center has been a cornerstone of court cases and policy decisions on a local, national, and international scale. Time and time again, this organization has successfully proven and defended the reality that reproductive rights are protected by the U.S. Constitution and are, unquestioningly, human rights. We extend our deepest thanks to the Center for Reproductive Rights for sharing their knowledge and leadership with us.

We are with you in sisterhood and progress,  
The Platform Team

# Reproductive Rights, Health, and Justice

## Letter from In Our Own Voice

*In Our Own Voice: National Black Women's Reproductive Justice Agenda* is a national/state partnership with eight Black women's Reproductive Justice organizations: Black Women for Wellness (CA), Black Women's Health Imperative (DC), New Voices for Reproductive Justice (PA,OH), SisterLove, Inc (GA), SisterReach (TN), SPARK Reproductive Justice NOW (GA), The Afiya Center (TX), and Women With A Vision (LA). Our goal is to lift up the voices of Black women leaders on national, regional, and state policies that impact the lives of Black women and girls. Our core strategies include leadership development, advocacy and policy change, and movement building.

Reproductive Justice is at the core of In Our Own Voice's work. Reproductive Justice is the human right to control our bodies, our sexuality, our gender, our work and our reproduction. That right can only be achieved when all women\* and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families and our communities in all areas of our lives. Because the Reproductive Justice framework encompasses bodily integrity and autonomy, our use of the term "Black Women" is intended to include cis, femmes, trans\*, agender, gender non-binary, and gender non-conforming individuals.

Too many reproductive health and rights advocates see Reproductive Justice as a womb-centric worldview that focuses only on a woman's right to have or not have a child. That interpretation has consistently placed the lives of Black women and other women of color into silos that may fit well into the framework for policy wonks, but has little to do with the everyday intersectionality of our lived experiences. But those of us who work within a Reproductive Justice vision know that the lives of Black women are complex, encompassing educational opportunities, economic stability, housing access, safety from violence, including state-sponsored violence, clean water, fresh food, and the ability to live the life we want for ourselves and our families.

Lastly, we know that we all must stand up, resist attempts to turn the clock backward, and write our own narrative that will protect and enhance the lives of Black women and girls in the U.S. We appreciate the opportunity to bring the Reproductive Justice vision and framework, as well as the lived experiences of Black Women to this policy pack and we hope it helps provide even a snapshot of how local, state and national policies impact our lives, as well as show what steps individuals, organizations and movements can take to shift such policies.

— Jessica Pinckney, Vice President of Government Affairs, *In Our Own Voice: National Black Women's Reproductive Justice Agenda*

# Reproductive Rights, Health, and Justice

## Statement from Center for Reproductive Rights

Reproductive freedom lies at the heart of the promise of human dignity, self-determination and equality embodied in both the U.S. Constitution and the Universal Declaration of Human Rights. At the Center for Reproductive Rights, we envision a world where every person participates with dignity as an equal member of society, regardless of gender; where every woman is free to decide whether or when to have children and whether to get married; where access to quality reproductive healthcare is guaranteed; and where every woman can make these decisions free from coercion or discrimination. The Center works toward the time when that vision is enshrined in law in the United States and throughout the world.

Now, perhaps more than ever, reproductive rights are under attack in the United States. At the federal level, the Trump administration has attempted to roll back the Affordable Care Act, which guarantees maternity coverage and co-pay free birth control, among other provisions that expanded health care coverage; to undermine Title X, the nation's family planning program that provides free or low-cost services such as STI testing, cancer screenings, and contraception; to attack Medicaid, which covers half of all births in the United States; and to enact further restrictions on abortion—all within just two years.

Attacks are just as prevalent at the state level. In 2018, state legislators quietly introduced almost 200 bills restricting women's access to reproductive health care—28 of which became law. This year marks the eighth consecutive year of a continued assault on reproductive rights at the state level. In fact, since 2011, we have tracked over 2,700 bills restricting women's access to reproductive health care services, nearly 400 of which have been signed into law. These include laws that aim to shut down abortion clinics, interfere with the patient-provider relationship, shame women for their decisions, and put reproductive health care out of reach for those most in need.

But we never stop fighting back. Since 1992, our attorneys have boldly used legal and human rights tools to advance our vision. We are the only global legal advocacy organization dedicated to reproductive rights, with expertise in both U.S. constitutional and international human rights law. Our groundbreaking cases before national courts, United Nations committees, and regional human rights bodies have expanded access to reproductive healthcare, including birth control, safe abortion, prenatal and obstetric care, and unbiased information. The Supreme Court's 2016 decision in our case, *Whole Woman's Health v. Hellerstedt*, reinforced the right to abortion and struck down unconstitutional restrictions on access to care. We influence the law outside the courtroom as well, documenting abuses, working with policymakers to promote progressive measures, and fostering legal scholarship and teaching on reproductive health and human rights.

# Reproductive Rights, Health, and Justice

## Lingo

**Reproductive Justice-** “The human right to control our bodies, our sexuality, our gender, our work, and our reproduction. This right can only be achieved when all women and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.”<sup>3</sup> Reproductive justice is not just for white, cisgender, straight women and we must work to affirm, protect, and advance the autonomy and power of all.

**Reproductive Health-** Pertains to the expansion and accessibility of care and services, including family planning resources, abortion care, and prenatal care.

**Reproductive Rights-** Addresses the legal protections and focuses on changing the laws, regulations, and policies impacting care, services, and autonomy.

**Reproductive Oppression-** The systemic barriers, means of controlling, and practices of criminalizing marginalized individuals’ fertility, sexuality, and autonomy.<sup>4</sup>

**Amicus Curiae Brief-** Meaning “Friend of the Court,” these briefs are submitted to the Court in an attempt to inform and influence the final decision of the case. They are traditionally filed by individuals or organizations with a stake in the decision.<sup>5</sup>

**Common Law-** Though the Courts do not write legislation, the holdings of a case set precedents that function as law.

**Right to Privacy-** While the U.S. Constitution does not specifically enumerate the right to privacy, the Supreme Court has held that there is a constitutional right to privacy. *Roe v. Wade* affirmed that an individual’s right to reproductive autonomy—that is, the right to make personal decisions about family and childbearing—is included in the right to privacy.

**Protected Class-** Groups of people qualified for special protection by a law or policy based on a shared characteristic, i.e. race, religion, disability or gender, that is often subject to discrimination.

**Hyde Amendment-** Congress first passed the Hyde Amendment in 1976, which prohibits abortion coverage in federal insurance programs like Medicaid, except in limited circumstances .

**Gender Rating-** Before the Affordable Care Act, it was legal for insurance companies to charge women a premium for using their services just because she’s a woman.

**Indian Health Service-** An agency in the Department of Health and Human services that oversees federal health services for Indigenous people.

**Dysmenorrhea-** Acute menstrual cramp pain. This pain can be treated with oral contraceptives.

# Reproductive Rights, Health, and Justice

## Lingo (cont'd)

**“Sexual Risk Avoidance”**- A rebranding strategy to change the name of abstinence-only education.

**Intrauterine Device**- A small device, either copper or hormonal, placed in the uterus as a form of long-lasting, yet reversible, birth control. <sup>6</sup>

**Emergency Contraception**- A means of reducing the risk of pregnancy immediately after having unprotected sex. While “emergency contraception” is often used synonymously with the Morning After Pill, or Plan B, it can also include intrauterine devices. <sup>7</sup>

**Crisis Pregnancy Center**- Fake women’s health centers that intentionally masquerade themselves as abortion clinics to mislead individuals away from having an abortion. Their services are often limited to providing ultrasounds, pregnancy tests, and free diapers. <sup>8</sup>

**Viability**- The point in the development of the fetus that it would be able to survive outside of the womb.

**Waiting Period**- The state-mandated time period between consulting with a physician and having an abortion procedure. In five states, the period is 72 hours. <sup>9</sup>

**Partial-Birth Abortion**- A misleading term coined by the National Right to Life Council to describe a safe medical procedure performed later in pregnancy known as “dilation and extraction.” In this procedure, the cervix will be dilated and the entire body of the fetus will be pulled out intact. <sup>10</sup>

**Gag Rule**- Generally speaking, a Gag Rule places restrictions on individuals’ ability to speak freely about an issue. With respect to abortion, the “Global Gag Rule” prohibits U.S. funds from going to nongovernmental organizations that counsel individuals on abortion, refer for or provide abortion services.

**Targeted Regulation of Abortion Providers Laws (TRAP Laws)**- Place medically unnecessary requirements on abortion providers and clinics that doctors in other fields are not subject to. Also known as “clinic shutdown laws.” For example, some TRAP laws require facilities to have certain features (from equipment to infrastructure) that are irrelevant to the services provided or building code, but do require costly renovations. The purpose here is force closure when the clinics are unable to comply. <sup>11</sup>

**Title X Family Planning Program**- The only dedicated source of federal funding for family planning which supports high-quality, culturally sensitive family planning services and other preventive care for low-income, under-insured and uninsured individuals who otherwise may not be able to access healthcare. <sup>12</sup>



# Reproductive Rights, Health, and Justice

## Lingo (cont'd)

**Infertility-** Inability to get pregnant after trying for a year, or, pregnancies repeatedly end in stillborn or miscarriage. <sup>13</sup>

**Intersectionality-** The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination and disadvantage. A model coined by Kimberle Crenshaw to address how systemic oppression based on race, class, and gender affect women of color in distinct ways.

**In Vitro Fertilization-** A procedure that assists in getting pregnant. The eggs are extracted and manually combined with a sperm sample before being re-inserted into the uterus. <sup>14</sup>

**Hysterectomy-** A surgical procedure that removes the uterus and, in certain instances, the fallopian tubes and ovaries. After a hysterectomy, the individual will no longer menstruate or be able to get pregnant. <sup>15</sup>

**Forced Sterilization-** A widespread practice, throughout the 20th century in the United States, meant to control certain populations: immigrants, people of color, poor people, unmarried mothers, people with disabilities, people with mental illnesses. <sup>15</sup> Some doctors would perform hysterectomies after childbirth or while the woman was under duress when she was unable to give consent. In other cases, such as in South Carolina during the 1990s, women with two or more children were only eligible for welfare benefits if they were sterilized or implanted long-lasting birth controls. <sup>17</sup>

# Reproductive Rights, Health, and Justice

## All that Governs

### Supreme Court Cases

#### *Griswold v. Connecticut*

The Constitution guarantees the right to contraceptive use is a matter of marital privacy.

#### *Eisenstadt v. Baird*

The Constitution guarantees the right to privacy for contraceptive use extends to all individuals, not just married couples.

#### *Roe v. Wade*

The Constitution's right to privacy covers the right to an abortion. However, there were some conditions. The case ruled that while it was up to the mother during the first trimester, states retained the power to regulate abortion during the second trimester and the power to regulate or outlaw during the third trimester.

#### *Bellotti v. Baird*

If states require parental consent, they must also establish an alternative means for the minor to try to obtain an abortion without such consent. The alternative route would consider whether the minor is mature enough to make the decision or if the abortion is in the best interest of the minor.

#### *Ferguson v. City of Charleston*

Policies mandating drug testing of pregnant women seeking prenatal care are a violation of the protection from unreasonable search and seizure.

#### *Planned Parenthood v. Casey*

This case questioned whether it was an "undue burden" on someone's right to an abortion to require informed consent, institute a 24-hour waiting period, mandate married women inform their husbands, and require minors receive parental consent. The Court ruled that only the provision about notifying a husband would be considered an undue burden.

#### *Burwell v. Hobby Lobby Stores*

The Religious Freedom Restoration Act of 1993 requires that closely-held, religious for-profit companies be permitted to opt out from providing health coverage for contraception if it violates the owners' religious beliefs. However, their employees must still receive coverage through a third-party administrator.

#### *Zubik v. Burwell*

This case raised the question of whether the Affordable Care Act's contraceptive coverage provision violates the Religious Freedom Restoration Act of 1993. The Supreme Court remanded the case to lower courts (sent the case back) to decide how to satisfy both the employees' needs and religious organizations' objections.

# Reproductive Rights, Health, and Justice

## All that Governs (cont'd)

### Supreme Court Cases (cont'd)

#### *Whole Woman's Health v. Hellerstedt*

The undue burden test, which protects against unnecessary infringements on abortion rights, requires courts to determine whether the real benefits of a restriction on abortion outweighs the burden on women, and to strike down the restriction if it fails that test. The Court also issued a strong rebuke against abortion restrictions justified by junk science and requires courts to carefully scrutinize the facts presented by the state in support of the restriction.

### Trump's Executive Orders

#### *'Promoting Free Speech and Religious Liberty'*

Protects individuals' and organizations' objections to providing preventative health care services.

#### *Global Gag Rule*

Prohibits use of federal funds for international nongovernmental organizations that offer family planning guidance and/or services that include abortion.

### The Patient Protection and Affordable Care Act (ACA)

Prohibits insurance companies from charging a premium for being a woman and from denying coverage to someone due to a pre-existing condition. Pre-existing conditions can include cancer, HIV/AIDS, sex reassignment surgery, and hormone replacement.

Requires coverage of preventive reproductive health care (i.e. HPV tests), which includes co-pay free coverage of all FDA-approved contraception.

Guarantees coverage of maternal health care.

Includes funding for evidence-based programs designed to curb teenage pregnancy.

Though the ACA made essential and fundamental changes to health care access, problems still persist. Even under the ACA, individuals can be denied coverage for care including pap smears and prostate exams if the gender on their birth certificate does not match their identity.<sup>18</sup> However, it is difficult to navigate or complete the process to change the gender marker on birth certificates; in fact, some states still require gender reassignment surgery before the document can be changed. Even when the gender marker and identity match, individuals may still not get the care they need. Health care companies have codes that mean someone entered into the system as a woman will only be covered for certain care and services whereas a man is covered for other treatments. This does not take into account that many transgender individuals require both sets of care and services.<sup>19</sup>

# Reproductive Rights, Health, and Justice

## All that Governs (cont'd)

### Health Care Safety Programs

#### *Title X*

Title X is the only nationwide family planning grant program that ensures under- and uninsured individuals have access to contraception and preventative health care. Title X plays an important role in the lives of low-income individuals and their access to reproductive health care; however, new Department of Health and Human Services guidelines threaten the efficacy of Title X. The new guidelines require programs seeking grants to offer guidance on abstinence and fertility planning, meaning avoiding sex during fertile times during the menstrual cycle.

#### *Medicaid*

Medicaid is a health coverage program for tens of millions of eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. It is funded by the federal and state governments as well as administered by state governments per federal requirements.<sup>20</sup> All Medicaid plans are required to provide family planning benefits without cost sharing. However, it is up to the states' discretion to determine what those benefits entail. The Hyde Amendment, passed in 1976, prohibits Medicaid funding from going to abortion care.

### Hyde Amendment

Introduced in 1976 and passed by Congress in 1977 with the Medicaid Appropriation, the Hyde Amendment prohibits use of federal funds for abortion services. There are a few exceptions, which were first added in 1978 and have been debated every year since, including to save the life of the childbearing individual or if the pregnancy is a result of rape or incest. There are 35 states that do not, either voluntarily or by court-order, offer coverage for abortion services. While federal law requires coverage in cases of rape and incest, most states do not meet the abortion service needs of low-income women.<sup>21</sup>

### In the Workplace

#### *Fair Labor Standards Act (FLSA)*

This Act, which became law in 1937, established minimum wage, overtime, recordkeeping, and child labor laws. However, it originally exempt farm workers, domestic workers, executives, administrative employees, professional employees, and independent contractors. It also created a subminimum wage for certain employees, most notably for workers with disabilities. The subminimum wage allows employers to pay individuals with disabilities less than that outlined by the relevant labor laws. In addition, FLSA provided for a tipped minimum wage, meaning employers can pay workers who receive tips \$2.13, so long as their tips are enough to ensure they will meet minimum wage in the end. This law was amended nearly 30 years later to include certain farmworkers, then 20 years after that to protect migrant farmworkers. Soon after, it was again amended to include domestic workers, but only in 2013 did the workplace protections include home care workers.<sup>22</sup>

# Reproductive Rights, Health, and Justice

## All that Governs (cont'd)

### In the Workplace (cont'd)

#### *Family and Medical Leave Act (FMLA)*

This Act requires employers to provide covered employees with 12 weeks of unpaid, though job-protected leave. The leave may be used after the birth or adoption of a child, to care for an ill family member, to recover from an illness. Eligible employees who are caring for an immediate family member, or next of kin, with a serious illness or injury resulting from military service have 26 weeks of unpaid leave.

#### *Equal Pay Act of 1963*

This Act requires men and women to be paid equally for equal work. "Equal work" is determined not by the job title, but by the substance of the job. "Pay" includes "salary, overtime pay, bonuses, stock options, profit sharing and bonus plans, life insurance, vacation and holiday pay, cleaning or gasoline allowances, hotel accommodations, reimbursement for travel expenses, and benefits." It is also worth noting that if a pay gap is found to exist, the employer may not reduce the wages of one party to meet the wages of the other.<sup>23</sup>

#### *Lilly Ledbetter Fair Pay Act*

Lilly Ledbetter was one of a few women supervisors at a Goodyear Plant, where employees were prohibited from discussing pay. It was not until she received an anonymous tip that she learned the male managers were making more than her. After filing with the EEOC, Ledbetter won her case and received back-pay and money for damages. That is, until the Court of Appeals reversed her case citing her filing date as too late as Goodyear determined her compensation many years prior. The Lilly Ledbetter Fair Pay Act was written and passed to address the barriers that prevented Ledbetter from earning justice.<sup>24</sup> The law establishes an 180-day period for the victim of discrimination to file suit; however, that period resets each time the employee receives a discriminatory paycheck, not just when the company originally established the compensation.

# Reproductive Rights, Health, and Justice

## The Rundown

“Trump Meets With 30 White Men To Discuss Women’s Health Care.” For too long, women-identified, non-binary, gender nonconforming, and femme folks have been told we are unqualified to make decisions about our bodies, our lives, and our futures. We have been repeatedly silenced, with disenfranchisement of all forms impacting women of color, immigrant women, Indigenous women, and transgender women, most severely. However, while those who choose to police and restrict our autonomy have risen in power, so too has our demand to be heard, our demand to choose what is best for our bodies, and our demand to have the opportunity to live those choices.

Last year we voiced those demands in protest again and again against lawmakers who continue to add fire to their war on reproductive rights, health, and justice: the Department of Health and Human Services gave discrimination office space in its Conscience and Religious Freedom Division; state legislators introduced severe anti-reproductive rights measures, including a Ohio bill that would make those who receive an abortion eligible for the death penalty; the Trump Administration announced rollbacks to the birth control coverage mandate; the power of the Department of Health and Human Services’ Office of Refugee Resettlement (ORR) was used to prevent undocumented immigrants, including a 17 year-old, from receiving an abortion; and, now we have a Supreme Court Justice who has argued in favor of forced abortions for women with disabilities, school vouchers, rollbacks of voting rights, weakening protections against workplace discrimination, and more.

As we grapple with what’s at stake these days, we are forced to confront our history and the continuation of past struggles. *Roe v. Wade* was never an end to the centuries’ old fight for autonomy, nor was it a beginning of a new freedom. The rights *Roe v. Wade* affirmed were proven unstable when Congress first passed the Hyde Amendment in 1976, which prohibits abortion coverage except in limited circumstances in federal insurance programs like Medicaid. The dangers of the Hyde Amendment were personified in the death of Rosaura Jiménez, the first woman to die because of the policy. Her death was a critical reminder that the mere legality of abortion care and birth control have never been enough. These rights and protections have only ever been meaningful rights and protections for those with the means and privilege to take advantage of them. Legality does not mean access. Rosaura Jiménez died because she was unable to pay for the care out-of-pocket and her Medicaid insurance would not cover the service. She was forced to turn to an illegal provider and gamble her life.

This is why the efforts to protect and advance reproductive health must exist in a justice framework. For Rosaura and countless others the right to reproductive health has always been limited by barriers to access. The overarching barrier is cost—cost of contraception, cost of tampons, cost of travel to a health care provider, cost of abortion care, cost of surgery, cost of prenatal care, cost of in vitro fertilization, cost of sexually transmitted disease testing, cost of insurance. The burden of these costs are somewhat alleviated for those who live in proximity to a Planned Parenthood clinic, 54 percent of which are located in underserved communities.<sup>25</sup>

# Reproductive Rights, Health, and Justice

## The Rundown (cont'd)

Planned Parenthood and other family planning clinics offer services on a discount scale for those without insurance, making H.R.354: Defund Planned Parenthood Act and S.241:Protect Funding for Women's Health Care Act all the more dangerous.

The burden of ever-increasing costs are met with an economy that does not work for women. In this economy, the wage gap persists as white non-Hispanic women make 79 cents,<sup>26</sup> Black women make 63 cents,<sup>27</sup> Native women make 57 cents,<sup>28</sup> and Latinas make 54 cents for every dollar a white, non-Hispanic man makes.<sup>29</sup> And while it is reported on average Asian American women make 87 cents on the dollar only some communities in the AAPI community make close to that rate. For example, Burmese women make 51 cents, Cambodian women make 62 cents, and Hawaiian women make 63 cents on the dollar.<sup>30</sup>

In this economy, women compose two-thirds of the low-wage workforce, where the federal minimum wage of \$7.25 is not sufficient to keep up with the cost of living. In this economy, there is no federal maternal care or paid sick leave, there is no certainty to an hourly workers schedule, and few are able to afford childcare costs that rival those of college tuition. As a result, in this economy, women lack the full economic autonomy to live the quality of life they need and deserve, whether or not they choose to parent. Additionally, this adds an additional layer to the inability to access care, as women often cannot take the needed time off, access quality, affordable childcare, or overcome transportation and other hurdles to obtain abortion care or other reproductive healthcare services.

Beyond cost, systemic racism and discrimination have forced different communities to reckon with additional barriers. The U.S. has a history of forcing women of color to undergo sterilization procedures,<sup>31</sup> have used women of color's bodies as testing grounds for new procedures,<sup>32</sup> and many medical professionals continue to treat women of color as incapable of making critical health decisions.<sup>33</sup> Women of color are also often dismissed or ignored by medical care providers which drastically impacts the quality of care they receive. Research has shown that implicit racial bias can cause providers to spend less time with Black patients, ignore symptoms and disregard complaints.<sup>34</sup>

Often, individuals with disabilities are stripped of their right to their sexuality and when it comes to making reproductive health decisions, "states tend to equate mental disability with lack of legal capacity, mental disability requires separate examination."<sup>35</sup> Furthermore, individuals with disabilities may find abortion services to be inaccessible due to lack of physical accommodations at health facilities and in transportation; discrimination by providers; inadequate information because individuals with disabilities often do not receive proper sexual health education; communication barriers; or financially because people with disabilities are underpaid and have higher levels of unemployment (a result of discrimination, lack of reasonable accommodations, and sub-minimum wage laws).<sup>36</sup>

Limits to reproductive rights also go hand in hand with discrimination against LGBTQIA+ individuals.

# Reproductive Rights, Health, and Justice

## The Rundown (cont'd)

After the Supreme Court allowed religious exemptions for contraception coverage under the federal Religious Freedom Restoration Act (RFRA), a group of pastors worked to expand the religious exemption to allowing discrimination against LGBTQIA+ individuals.<sup>37</sup> Intersex people's reproductive rights are also violated as children when they are forced to undergo, without giving consent, surgery to choose and 'correct' their reproductive organs. For transgender individuals, access to reproductive health care can be denied if the gender marker on their birth certificate and identity do not match; however, some states require sex reassignment surgery in order to change the marker.<sup>38</sup> Not all transgender individuals want or can afford such surgery.

While reproductive health has held different meanings for different people, reproductive justice has always been about securing the full right of individuals to preside over their own bodies, both in choice and in access to the resources to live those choices.



# Reproductive Rights, Health, and Justice

## Numbers You Need to Know

*As you read these numbers, please note that statistics are not facts. Statistics are evidence of problems, trends, etc. Furthermore, the identity and demographic language in each point below mirrors the language used in the reports, but do not necessarily reflect the language used by Platform. For example, a study may have only allowed respondents to identify as “man” or “woman,” “male” or “female,” rather than cisgender, transgender, genderqueer, nonbinary, or woman-identified. Other studies may have only provided racial identifiers such as Hispanic rather than Latinx, African American rather than Black, American Indian rather than Indigenous, and have homogenized Asian and Pacific Islander communities into one identity. In each instance, the language used in the study could have inhibited respondents from being able to accurately identify as well as perpetuated harmful categorization that misrepresents reality. It is also important to understand that while marginalized communities experience higher rates of abortion, sexually transmitted diseases and infections, and use of federally funded programs such as Title X, the inequities in these rates are due to systemic barriers that under-serve, under-resource, and disenfranchise marginalized communities.*

### Health Care

Historically and currently underserved communities have long faced barriers and restrictions on their access to healthcare. Title X has been an important step at correcting for institutional barriers.

- Among Title X recipients, 21 percent are Black and 30 percent are Latinx. Among the United States’ populations, 13 percent are Black and 15 percent are Latinx.<sup>39</sup>
- Among ‘women of reproductive age,’ 40 percent of noncitizen immigrants, 18 percent of naturalized citizen immigrants, and 15 percent of U.S.-born women are uninsured.<sup>40</sup>
- Before the Affordable Care Act, 92 percent of best-selling insurance plans gender rated and only 3 percent covered maternity care.<sup>41</sup>
- Before the Affordable Care Act, 52 percent of women delayed health care and 32 percent sacrificed due to health care costs.<sup>42</sup>
- After the passage of the Affordable Care Act, more than 80 percent of women of color in most states now have health insurance and uninsured rates for Black people declined by more than 50 percent.<sup>43</sup>
- Thanks to the Affordable Care Act’s mandate on contraception coverage, 62 million women are eligible for birth control without co-pay.<sup>44</sup>

### Contraception

- Nearly all, 99 percent, of sexually active women use birth control at some point in their lives.<sup>45</sup>
- 83 percent of Black women, 90 percent of Asian, and 91 percent of Latina and white women use contraception.<sup>46</sup>
- Only 28 percent of Indian Health Services (IHS) pharmacies properly administer emergency contraception to all, regardless of age. IHS is a federally-run health service that is supposed to make healthcare accessible to indigenous folks. However, the federal government’s policy agenda can impede the services it provides.<sup>47</sup>
- Physicians are more likely to recommend IUDs to low-income women of color than to low-income white women.<sup>48</sup> This is the result of both implicit and explicit provider bias, which leads to physicians being less likely to honor the wishes of the patients of color and more likely to recommend longer lasting forms of contraception.<sup>49</sup>
- As a result of lack of access to contraception and healthcare, low-income women (living below the federal poverty line) in the U.S. are five times more likely to have an unintended pregnancy than women with more resources (living at 200% the federal poverty line).<sup>50</sup>

# Reproductive Rights, Health, and Justice

## Numbers You Need to Know (cont'd)

### Abortion

- A national survey found about 7 in 10 respondents are pro-choice.<sup>51</sup>
- Approximately 926,200 women had an abortion in 2014, down 12% from 1.06 million in 2011.<sup>52</sup>
- Among abortion patients: 75 percent are poor or low-income, 62 percent are religiously affiliated, 60 percent are in their early 20s, and 59 percent already have a child.<sup>53</sup>
- 89 percent of counties in the United States do not have a single abortion clinic, and some counties that have a clinic may only provide abortion services on certain days. Several states have only one clinic that provides abortion care.<sup>54</sup>
- Because of the abortion provider shortage, many women must travel long distances to access care. In addition, in some areas, the shortage results in significantly increased wait times and, in some cases, patients may be turned away altogether.<sup>55</sup>
- About 4.6 percent of women in the U.S. will have an abortion by the age of 20, 19 percent by the age of 30, and 23.7 percent by the age of 45.<sup>56</sup>
- Between 2008 and 2014, abortion rates fell 32-39 percent among Hispanic, Black, and non-white women and fell 14 percent among white women.<sup>57</sup>
- A first-trimester abortion is one of the safest medical procedures and carries minimal risk: Major complications (those requiring hospital care, surgery or transfusion) occur at a rate of less than 0.5%.<sup>58</sup>
- There is a patchwork of laws across the country that regulate and restrict access to abortion in a way that is different than all other medical care. For example, 27 states require women to undergo mandatory delays; 26 states regulate ultrasound requirements for all seeking abortions; specific medical procedures such as ultrasounds; 35 states have biased counseling.<sup>59</sup>

### HIV

- In one study, 75 percent of respondents indicated that people living with HIV experience stigma and discrimination.<sup>60</sup>
- As a result of that stigma and the related institutional bigotry,<sup>61</sup> half of Black gay and bisexual men and just over half of Black transgender women will contract HIV.<sup>62</sup>
- In 2012, 20 percent of people living with HIV were Latinx.<sup>63</sup>
- In 2014, young people ages 13-24 were 22 percent of new HIV infections, the same age group least likely to receive HIV treatment. Within the “young people” category, 81 percent were 20 to 24 years old.<sup>64</sup>
- 33 states and the District of Columbia require HIV/AIDS education in schools.<sup>65</sup>
- Among sexually active high school students in 2015, only 1 in 10 were tested for HIV and 43 percent did not use a condom during their last experience.<sup>66</sup>

# Reproductive Rights, Health, and Justice

## Numbers You Need to Know (cont'd)

### Sterilization

- Among 62 percent of contraception-users, 17 percent use 'female sterilization.'<sup>67</sup>
- In 1995, 31 percent of women without insurance relied on female sterilization. This jumped to 39 percent between 2006-2010. In 1995, 27 percent of women with insurance relied on female sterilization. This fell to 23 percent between 2006-2010.<sup>68</sup>
- About 40 percent of women with public insurance or no insurance used female sterilization, whereas 23 percent of women with private insurance relied on this method between 2006-2010.<sup>69</sup>
- Between 2006 and 2010, about 150 women in California prisons underwent forced sterilizations.<sup>70</sup>

### Infertility

- Fifteen states have either an insurance mandate to offer or cover some level of infertility treatment. Of those, eight require employers to cover in vitro fertilization.<sup>71</sup>
- Among women with infertility, 44 percent have sought medical assistance and 65 percent of those women gave birth.<sup>72</sup>

### Education

- "Teenagers who received some type of comprehensive sex education were 60 percent less likely to get pregnant or get someone else pregnant."<sup>73</sup>
- In one poll, 85 percent of respondents indicated they believe teens should be taught about birth control and pregnancy prevention.<sup>74</sup>
- 24 states and the District of Columbia require sex education in public schools, 20 states require that "if provided, sex and/or HIV education must be medically, factually or technically accurate," 38 states and the District of Columbia allow parental involvement in sexual education, 35 states and the District of Columbia permit parents to opt-out, and 4 states require parental consent in advance.<sup>75</sup>
- One study found that among women with physical disabilities, only 19 percent received sexuality counseling.<sup>76</sup>

### Maternal Care and Mortality

- Without prenatal care, women are three to four times more likely to die of pregnancy-related complications. This is particularly concerning considering 25 percent of women do not receive "adequate prenatal care," and because 32 percent of African American and 41 percent of American Indian and Alaska Native women lack "adequate prenatal care."<sup>77</sup>
- Maternal mortality is one of the largest racial disparities in women's health, with Black women 243 percent more likely to die from pregnancy, or childbirth-related causes, than white women are.<sup>78</sup> This again, links back to the institutional racism that makes healthcare less accessible to women of color as well as provider bias that means physicians are less likely to listen to the concerns of Black women.

# Reproductive Rights, Health, and Justice

## Numbers You Need to Know (cont'd)

### Costs

- Tampons can cost individuals a total of \$1,773.33 over the course of their lifetime.<sup>79</sup>
- The Affordable Care Act saves individuals who take birth control nearly \$255 every year.<sup>80</sup>
- Abortions can cost about \$350 at an abortion clinic and \$500 at a physician's office between 6 and 10 weeks, about \$650 at an abortion clinic and \$700 at a physician's office between 16-19 weeks, and over \$1,000 after 20 weeks.<sup>81</sup>
- On average pregnancy and newborn care costs about \$30,000 (insurance covers about \$18,329) for a vaginal delivery and \$50,000 and for a C-section (insurance covers about \$27,866).<sup>82</sup>
- To enroll an infant in a child-care center, it costs an average of \$17,082 per year, which is similar to tuition rates for a year at public universities.<sup>83</sup>

### Economic Opportunity

- Compared to every dollar white, non-Hispanic men make, women make 80.5 cents on the dollar.<sup>84</sup>
- Breaking the wage gap down by race: Compared to every dollar white, non-Hispanic men make, Asian American and Pacific Islander women make 87 cents,<sup>85</sup> white non-Hispanic women make 79 cents,<sup>86</sup> Black women make 63 cents,<sup>87</sup> Native women make 57 cents,<sup>88</sup> and Latinas make 54 cents.<sup>89</sup>
- After transitioning, transgender women make 12 percent less than they did previously. Transgender men make 14.8 percent less than their cisgender men counterparts. Transgender women make 5 percent less than their cisgender women counterparts.<sup>90</sup>
- People with disabilities make 37 cents less than their temporarily able-bodied counterparts.<sup>91</sup>
- Women make up  $\frac{2}{3}$  of the low-wage workforce. Among these workers, about 50 percent are women of color, 80 percent have high school degrees, 50 percent work full time, 33 percent are mothers (40 percent of whom have household incomes below \$25,000), 25 percent are ages 16 to 24 years old, and 25 percent are 50 years or older.<sup>92</sup>
- About 42 percent of all U.S workers are denied paid sick leave and 80 percent of the lowest paid workers are denied paid sick leave.<sup>93</sup>
- Over 8 million homes in the U.S. with minor children rely on unmarried women. Of these homes, about 40 percent have household incomes below the poverty line.<sup>94</sup> This can be connected to the overrepresentation of women in the low-wage workforce, despite having better educational credentials than men.<sup>95</sup>
- The percentage of households with women as the breadwinner or co-breadwinner is increasing: 42 percent of mothers are sole-breadwinners (responsible for at least 50 percent of household income) and about 25 percent are co-breadwinners (responsible for at least 25-29 percent of household income).<sup>96</sup>

# Reproductive Rights, Health, and Justice

## Numbers You Need to Know (cont'd)

### Providers

- Less than half (46 percent) of OB-GYN residency programs offer routine training on first semester abortion care, about one-third (34 percent) only offer such training as an elective, and 7 percent do not offer it at all.<sup>97</sup>
- There are twice as many fake women's health centers (4,000) as there are clinics that provide abortion care (2,000) in the United States.<sup>98</sup>
- "More than half (54 percent) of Planned Parenthood centers are located in under-served communities... In 21 percent of counties with a Planned Parenthood health center, Planned Parenthood is the only safety-net family planning provider."<sup>99</sup>
- There has been an increase in violence against abortion providers. In the first six months of 2016, 34.2 percent of U.S. abortion providers reported "severe violence or threats of violence," whereas 19.7 percent reported such violence in 2014.<sup>100</sup>

# Reproductive Rights, Health, and Justice

## Who's Saying What

“My legislation would ensure that every woman can make the decision that is right for herself and her family, regardless of her income or where she lives... Politicians don’t belong in the exam room, plain and simple. I want to thank our vibrant reproductive rights coalition for leading this fight across the country.”

- **Congresswoman Barbara Lee upon the introduction of EACH Women Act of 2017** 101

Access to comprehensive health coverage means that women and their families are not at risk of losing their hard-earned economic stability if loved ones need medical treatment. Additionally, the ACA enables women to explore new employment or educational opportunities without fear of losing health coverage because they are no longer tied to employer-sponsored insurance for coverage. Repealing the ACA not only endangers advances in women’s health care access, it also puts many women’s economic security at risk.

- **National Partnership for Women and Families** 102

“I work 36 hours a week, four days a week, and typically get off at 12:30 or 1 in the morning. They consider me full-time and I make \$7.50 an hour, but by the time I get my check on a Friday, I’m only able to pay one bill, put gas in my truck, and put some food in the house. I try to put \$20 aside for savings in each paycheck, but I’m not usually able to do that. I have three kids, and they’re 7, 6, and 4. I do like my job, but I don’t even have enough money to buy my babies’ shoes. I still don’t qualify for health insurance or other benefits through work. I’m not sure why. I just reapplied for Medicaid, but benefits at [work]? No. Even though they consider me a full-time employee, you have to be working there for a certain amount of time to get benefits.”

- **Margaret,\* a 28-year-old mother of three** 103

“Regardless of the insurance industry’s rationale for doing so, denying fertility coverage to same-sex couples is discriminatory. Our new policy recognizes that disparities exist in some health insurers’ policies that are unfair for same-sex households and supports measures to ensure all households are afforded the same access to insurance coverage for fertility services.”

-**AMA Board Member Maya A. Babu, M.D., M.B.A.** 104

# Reproductive Rights, Health, and Justice

## Who's Saying What (cont'd)

"Both the admitting-privileges and the surgical-center requirements place a substantial obstacle in the path of women seeking a previability abortion, constitute an undue burden on abortion access, and thus violate the Constitution."

- Justice Stephen Breyer in Majority Opinion of *Whole Woman's Health v. Hellerstedt* 105

"Men don't get it and it hasn't been given the centrality it should have. I do believe it's something that should be taken care of, like anything else in medicine... [Some patients with dysmenorrhea have pain] almost as bad as having a heart attack."

- University College London's John Guillebaud Professor of Reproductive Health 106

"When you don't know when you'll have to go to work or for how long, it's virtually impossible to arrange child care, hold down a second job to make ends meet, or attend school to improve your chance for success. Women, who are the majority of those in low-wage jobs and who shoulder the lion's share of family caregiving obligations, disproportionately bear the brunt of unstable, unpredictable work schedules. And the stress of these schedules harms entire families, including the children for whom working parents must scramble to find last-minute care."

- Emily Martin, Vice-President for Workplace Justice at the National Women's Law Center 107

# Reproductive Rights, Health, and Justice

## The Stories

**“When I was detained, I was placed in a shelter for children. It was there that I was told I was pregnant. I knew immediately what was best for me then, as I do now – that I’m not ready to be a parent.”**<sup>108</sup>

“Jane Doe” made her way to the United States without documentation in pursuit of a ‘better life.’ At 17 years old, she was detained at the U.S.- Mexican border and it was in the detention center that she found out she was pregnant. She made the decision to have an abortion but the Trump Administration attempted to block her access. After an appeals court ruled in her favor, “Jane” was able to get an abortion, but the retaliation against her did not stop there. The Department of Justice filed a petition with the Supreme Court arguing that her lawyers need to be disciplined for ‘material misrepresentations and omissions to government counsel.’<sup>109</sup>

**“Are you not listening to me?”**<sup>110</sup>

When Cynthia exercised, she experienced heavy bleeding and intense pain. She knew something was wrong (her uterine walls were contracting) but doctors dismissed her concerns. When Cynthia told her story at an *In Our Own Voice* listening session, she found herself in good company. Many of the women shared stories of how racism and sexism prevented them from getting the care they needed.

**“It's up to you — if it's a man, arrest him, if it's a girl, let her go.”**<sup>111</sup>

After Sheri Proctor, a transgender woman, went into the women’s restroom at a rest stop, six armed men and a sheriff’s deputy confronted her. Her driver’s license still read “Donald” and “male.” In some states, genital reconstructive surgery is required to obtain a change of gender marker on a birth certificate, but not all transgender individuals want or can afford such surgery.

**“If I had gone through some underground network to get some back alley abortion not only would my son not be here, I might not either.”**<sup>112</sup>

When Adeline found out she was unexpectedly pregnant, she went to Planned Parenthood. While her first instinct was to have an abortion, she was completely torn walking into the physician's office. With the support and advice of her physician at Planned Parenthood, Adeline decided to keep the baby, and she did so knowing that it truly was her choice.



# Reproductive Rights, Health, and Justice

## The Stories

**“It makes her a slut, right? It makes her a prostitute. She wants to be paid to have sex. She’s having so much sex she can’t afford the contraception.”<sup>113</sup>**

During an unofficial House hearing, Sandra Fluke testified that health insurance should cover contraception. In one fell swoop, Rush Limbaugh’s remarks shamed sex workers, disparaged sexual freedom, negated the health benefits of birth control, and denied the importance of bodily autonomy. While Rush Limbaugh is notoriously misogynistic and racist, his words represent a perspective that continues to grow stronger in government.

**“What happens to women in my situation who don’t have the ability to do what I just did?”<sup>114</sup>**

When Valerie found out that her pregnancy would either end in miscarriage or stillborn, she made the decision to get an abortion. However, she lived in Texas where over half of the abortion clinics were forced to close. As a result, she would have to wait three or four weeks to get an appointment, by which time abortions in Texas were illegal (she would have been 20 weeks pregnant) and the emotional pain would have been too much to bare. Even if she got an earlier appointment, she would have had to endure mandatory sonograms, counseling, and waiting periods. She was able to purchase a plane ticket to Florida where she could have the procedure done, but the total cost of the trip was \$5,000, a price that not everyone can afford.

# Reproductive Rights, Health, and Justice

## The Change We Need

### In Our Own Voices Recommends:

Passage of the following pieces of federal legislation:

- EACH Woman Act
- The Women's Health Protection Act
- Real Education for Healthy Youth Act
- The Youth Access to Sexual Health Services Act
- Health Equity and Accountability Act
- HEAL for Immigrant Women and Families Act

Strategies, through public policy, litigation, and movement building to ensure that people who wish to end a pregnancy can do so safely and with dignity, without fear of arrest, jail, or investigation.

Improvements to access of over-the-counter contraception, including coverage of contraceptives on all insurance plans.

Protection and expansion of the Affordable Care Act, ensuring healthcare coverage, particularly preventive care and sexual and reproductive healthcare, remains affordable and accessible.

Efforts to improve disparate outcomes in quality, access and culturally competent maternal health care, particularly for individuals of color.

A permanent solution for DREAMers and Temporary Protected Status Holders that creates a path to citizenship, exclusive of support for border wall funding or increased immigration enforcement and detention.

Substantial Changes to the Criminal Justice System including:

- Demilitarization of the educational system by removing police officers from schools and abolishing zero tolerance policies, which disproportionately affect Black students;
- Banning the practice of shackling pregnant women during transport, labor, delivery, and postpartum care;
- Implementation of effective treatment programs rather than using criminal sanctions against women who use drugs during pregnancy;
- Increased investments and support for substance abuse prevention and treatment programs, particularly for pregnant women; and
- Implementation and support for correctional and diversion programs that sustain family ties among incarcerated mothers and their children.

Providing workers with a living wage, increasing the minimum wage, ensuring equal pay to help close the wage gap, and increased educational and professional development opportunities for women of color.

Promoting access to the ballot through fighting against voter suppression, unjust voter ID requirements, gerrymandering, and the general inaccessibility of voting access particularly for communities of color, low income individuals, and rural populations.

# Reproductive Rights, Health, and Justice

## The Change We Need (cont'd)

### Center for Reproductive Rights Recommends: <sup>115</sup>

Guaranteeing everyone- has access to reproductive healthcare, including abortion.

Passing:

- EACH Woman Act
- HEAL for Immigrant Women and Families Act
- Women's Health Protection Act
- Legislation that would ensure public and private insurance coverage of all FDA-approved over-the-counter contraceptive methods.
- Legislation to improve data on maternal mortality and confront the racial disparities in maternal mortality.

Opposing:

- Any legislation limiting or restricting access to abortion care
- Criminalization and punishment of pregnant mothers
- Funding cuts to Planned Parenthood and Title X
- Policies that permit health care providers or employers to invoke religious beliefs to deprive others of vital health care services

### National LGBTQ Task Force Recommends: <sup>116</sup>

Passing:

- EACH Women's Health, which ensures federal public health insurance, including Medicaid and Title X, cover abortion care and prohibits the government from preventing private insurance from covering abortion care.
- EQUALITY Act, which makes sex, sexual orientation, and gender identity protected classes.
- Voting Rights Advancement Act because voting is a critical way of defending our rights.

### Native American Women's Health Resource Center Recommends: <sup>117</sup>

Indian Health Services:

- Provide or make referrals for reproductive health services and pays the cost of such services.
- Establishes standardized protocol across all I.H.S. regarding information on coverage for reproductive health care mandating that all I.H.S. Facilities provide reproductive health care in a culturally acceptable, gender sensitive, respectful, unbiased and confidential manner.
- Provide women with the contraceptive method of their choice, including an advance prescription for emergency contraception.
- Provide, in writing and verbally, all women who request information related to pregnancy options with the relevant information in a comprehensive, non-directive, unbiased and confidential manner.
- Assist women who wish to seek Medicaid coverage of an abortion in enrolling in Medicaid if eligible and in obtaining a Medicaid covered abortion.

# Reproductive Rights, Health, and Justice

## The Change We Need (cont'd)

### Native American Women's Health Resource Center Recommends (cont'd):

#### Indian Health Services:

- Train all relevant staff regarding the provision of reproductive health care and treatment for sexual assault patients and how to provide services in a respectful, unbiased, gender sensitive, and Nation/Tribe specific.
- Amend the Patients' Bill of Rights to inform women of their right to obtain the full range of FDA-approved contraceptives (including Emergency Contraception), non-directive pregnancy options counseling, PEP and I.H.S. coverage of abortions (surgical and medical) in certain circumstances.
- Keep a record of the number of women who requested information about an abortion and the number who requested an abortion.

# Reproductive Rights, Health, and Justice

## Highlights from the 1-1-5

The following are pieces of legislation introduced during the previous Congress and recommended for passage in "The Change We Need." The bill number reflects the bill number during the 115th Congress. These pieces of legislation will require re-introduction in this Congress for a chance to become law.

**H.R.771, Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act of 2017-** To ensure affordable abortion coverage and care for every woman, and for other purposes.

**H.R.1322, S.510, Women's Health Protection Act-** To protect a woman's right and ability to determine whether and when to bear a child or end a pregnancy by limiting restrictions on the provision of abortion services.

**H.R.2282, S.1006, Equality Act-** To prohibit discrimination on the basis of sex, gender identity, and sexual orientation, and for other purposes.

**H.R.2788, HEAL for Immigrant Women and Families Act-** To expand access to health care services, including sexual, reproductive, and maternal health services, for immigrant women, men, and families by removing legal barriers to health insurance coverage, and for other purposes.

**H.R.2978, S.1419, Voting Rights Advancement Act-** To amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes.

**H.R.3602, Real Education for Healthy Youth Act-** To provide for the overall health and well-being of young people, including the promotion of lifelong sexual health and healthy relationships, and for other purposes.

**H.R.3599, S.1650, Youth Access to Sexual Health Services Act-** To authorize the Secretary of Health and Human Services to award grants to support the access of marginalized youth to sexual health services, and for other purposes.

**H.R.5942, S.3660, Health Equity and Accountability Act of 2018-** To improve the health of minority individuals, and for other purposes.

# Reproductive Rights, Health, and Justice

## Think On It

We provided you with the information we found most relevant, but there's always more to the story. Here are some sources to help you continue learning in order to develop your own conclusions.



**In Our Own Voice: National Black Women's Reproductive Justice Agenda** is a policy initiative in partnership with Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc., SisterReach, SPARK Reproductive Justice Now, The Afiya Center, and Women With A Vision. This partnership is based on the principles of Reproductive Justice, the human right to control our bodies, our sexuality, our gender, our work and our reproduction. The partnership understands that this right can only be achieved when all women and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives. [blackrj.org](http://blackrj.org)

**Center for Reproductive Rights** uses the power of law to advance reproductive rights as fundamental human rights around the world. The Center works toward the time when the promise of human dignity, self-determination, and equality is enshrined in law in the United States and throughout the world. [reproductiverights.org](http://reproductiverights.org)



**National Asian Pacific American Women's Forum (NAPAWF)** is the only national, multi-issue Asian American and Pacific Islander (AAPI) women's organization in the country. NAPAWF's mission is to build a movement to advance social justice and human rights for AAPI women and girls. [napawf.org](http://napawf.org)

**Sister Song works** to strengthen and amplify the collective voices of indigenous women and women of color to achieve reproductive justice by eradicating reproductive oppression and securing human rights. [sistersong.net](http://sistersong.net)



**The Native American Women's Health Education Resource Center (NAWHERC)** provides direct services to Native women and families in South Dakota and advocates for Native women at the community, national, and international levels to protect our reproductive health and rights--is a project of the Native American Community Board. [nativeshop.org](http://nativeshop.org)

# Reproductive Rights, Health, and Justice

## Think On It (cont'd)



**NATIONAL LATINA INSTITUTE** FOR REPRODUCTIVE HEALTH  
*Salud | Dignidad | Justicia*

**National Latina Institute for Reproductive Health** works to ensure the fundamental human right to reproductive health and justice for Latinas. [Latinainstitute.org](http://Latinainstitute.org)

**The National LGBTQ Task Force** advances full freedom, justice and equality for LGBTQ people. The Task Force's report *Queering Reproductive Justice* explains how "reproductive health, rights, and justice (repro\*) and LGBTQ movements are inseparable: we are all working for the right to choose who and how we love and how we use our bodies—without government, employer or harmful religious intrusion." [thetaskforce.org/?s=queering+reproductive+justice](http://thetaskforce.org/?s=queering+reproductive+justice)



**The Guttmacher Institute** advances sexual and reproductive health and rights through an interrelated program of research, policy analysis and public education designed to generate new ideas, encourage enlightened public debate and promote sound policy and program development. The institute's overarching goal is to ensure the highest standard of sexual and reproductive health for all people worldwide. [Guttmacher.org](http://Guttmacher.org)

**Planned Parenthood Action Fund** is a nonprofit, non-partisan group working to advance access to sexual health care and defend reproductive rights. [plannedparenthoodaction.org](http://plannedparenthoodaction.org)



**NARAL Pro-Choice America** fights for reproductive freedom for every person in every state. They organize and mobilize to protect that freedom by fighting for access to abortion care, birth control, paid parental leave and protections from pregnancy discrimination. [prochoiceamerica.org](http://prochoiceamerica.org)

# Reproductive Rights, Health, and Justice

## On the Table

*When we surround ourselves with passionate young women-identified, non-binary, gender nonconforming, and femme folx, our knowledge grows. Get together with your organization, a few friends, or your peers and talk about your process in learning or reexamining this topic. These questions are meant to aide your conversation, but feel free to explore ideas and questions of your own. Step outside your comfort zone. None of us have all the answers, that's why we need to work together, You are sure to bring something to the table that no one else considered. Your voice is meant to be heard. Let's hear what ideas you have on the table. Share only what you feel comfortable sharing, but be sure to share the space.*

Do you have any lingering questions about the topic?

What were your initial reactions to the statistics or the information presented?

How did you feel learning about/working through this topic?

What do you think is the most common misconception about the topic?

What are the main barriers to achieving reproductive justice?

What strategies would you employ to overcome them?

How would you build a campaign to advance reproductive justice legislation?

Of the policy needs, which do you think should be addressed first and how would you go about it?

What would be your ideal solution to the issue at hand?

What was one solution that someone else suggested that you want to discuss more?

What do you wish people knew about this topic?

What does your campus/community do to support reproductive justice?

What can you do at the local level to address this topic?

What policy would you like to see advocated for by Platform?



# Reproductive Rights, Health, and Justice

## Do Something

Take a stand and make your thoughts heard. We ask that in your outreach you do not state that your opinion is the official stance of Platform unless it is taken from our Platform Pledge. But you can certainly give Platform a shoutout for having the conversation.

### Blog It/Vlog It

We know you have something to say!

Walk us through your perspective and rally people to your cause. Your posts will be featured on our website and social media.

Email your blog to: [media@platformwomen.org](mailto:media@platformwomen.org), include "Blog Post" and a title in the subject line

---

### Get On Social media

This isn't "slacktivism!"

According to a report from the Congressional Management Foundation, which surveyed Congressional Staff, "71 [percent of respondents] said social media comments directed to the Member/Senator by 'multiple constituents affiliated with a specific group or cause' would have 'some' or 'a lot' of influence on an undecided lawmaker." There you have it—tweet, Instagram, and post away on Facebook. #GiveMeAPlatform.



@PlatformWomen  
@BlackWomensRJ



facebook.com/PlatformWomen  
facebook.com/BlackWomensRJ



@PlatformWomen  
@BlackWomensRJ

---

### Contact Your Reps

You have a right to be heard!

Head over to All In Together's Action Center\* and once you sign up they will provide you with the names and portals to contact your elected officials. You can write/say whatever comes to mind, but feel free to use the prompt below.

Dear \_\_\_\_\_,

This month, I, along with young women across the nation, worked with Platform and In Our Own Voice to advance the conversations on reproductive rights, health, and justice. As your constituent, you should know that I believe \_\_\_\_\_ because \_\_\_\_\_. We need to further conversations and advance policies that will \_\_\_\_\_. I ask that you \_\_\_\_\_. I plan on using my voice and staying active until change is realized. You should know that I certainly exercise my right to vote.

Go to: [aitogether.org/actioncenter](http://aitogether.org/actioncenter)

# Reproductive Rights, Health, and Justice

## Sources

1. Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." In Our Own Voices. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
2. "Herstory." In Our Own Voices. Accessed Oct. 2018. <http://blackrj.org/about-us/herstory/>
3. Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." In Our Own Voices. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
4. Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." In Our Own Voices. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
5. "Amicus Curiae." Cornell University Law School: Legal Information Institute. Retrieved March 9, 2018. [https://www.law.cornell.edu/wex/amicus\\_curiae](https://www.law.cornell.edu/wex/amicus_curiae)
6. "IUD." Planned Parenthood. Retrieved March 9, 2018. <https://www.plannedparenthood.org/learn/birth-control/iud>
7. "Which kind of emergency contraception should I use?" Planned Parenthood. Retrieved March 9, 2018. <https://www.plannedparenthood.org/learn/morning-after-pill-emergency-contraception/which-kind-emergency-contraception-should-i-use>
8. Laura Bassett. "What Are 'Crisis Pregnancy Centers,' And Why Does The Supreme Court Care About Them?" Huffington Post. Nov. 13, 2017. [https://www.huffingtonpost.com/entry/crisis-pregnancy-centers-supreme-court\\_us\\_5a09f40ae4b0bc648a0d13a2](https://www.huffingtonpost.com/entry/crisis-pregnancy-centers-supreme-court_us_5a09f40ae4b0bc648a0d13a2)
9. "Mandatory Waiting Periods for Women Seeking Abortions." Henry J. Kaiser Family Foundation. April 1, 2017. <https://www.kff.org/womens-health-policy/state-indicator/mandatory-waiting-periods/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
10. Julie Rovner. "'Partial-Birth Abortion': Separating Fact From Spin." NPR. Feb. 21, 2006. <https://www.npr.org/2006/02/21/5168163/partial-birth-abortion-separating-fact-from-spin>
11. "Bad Medicine." National Partnership for Women and Families. 3rd Edition. March 2018. <http://www.nationalpartnership.org/research-library/repro/bad-medicine-third-edition.pdf>
12. The National Family Planning & Reproductive Health Association (NFPRHA). Accessed Dec. 15, 2018. [https://www.nationalfamilyplanning.org/title\\_x](https://www.nationalfamilyplanning.org/title_x)
13. "Infertility." MedLine Plus. Retrieved March 9, 2018. <https://medlineplus.gov/infertility.html>
14. "In Vitro Fertilization (IVF): What Is It?" American Pregnancy Association. Retrieved March 9, 2018. <http://americanpregnancy.org/infertility/in-vitro-fertilization/>
15. "Hysterectomy." Womenshealth.gov. Retrieved March 2018. <https://www.womenshealth.gov/a-z-topics/hysterectomy>
16. Lisa Ko. "Unwanted Sterilization and Eugenics Programs in the United States." Independent Lens. Jan. 29, 2016. <http://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/>
17. "Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." In Our Own Voices. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
18. Haley BeMiller. "Plan would make changing birth certificates easier for transgender people." Chicago Tribune. March 15, 2017. <http://www.chicagotribune.com/news/local/politics/ct-illinois-transgender-bill-met-20170315-story.html>

# Reproductive Rights, Health, and Justice

## Sources

19. Lisa Gillespie. "Transgender people still denied health services despite Affordable Care Act." PBS News Hour. July 23, 2015. <https://www.pbs.org/newshour/health/transgender-people-still-denied-health-services-despite-affordable-care-act>
  20. Medicaid." Medicaid.gov. Retrieved March 2018. <https://www.medicaid.gov/medicaid/index.html>
  21. "Access Denied: Origins of the Hyde Amendment and Other Restrictions on Public Funding for Abortion." ACLU. Retrieved March 2018. <https://www.aclu.org/other/access-denied-origins-hyde-amendment-and-other-restrictions-public-funding-abortion>
  22. "Handy Reference Guide to the Fair Labor Standards Act." Department of Labor, Wage and Hour Division. Sept. 2016. <https://www.dol.gov/whd/regs/compliance/hrq.htm>
  23. "Equal Pay/Compensation Discrimination." Equal Employment Opportunity Commission. Retrieved March 14, 2018. <https://www.eeoc.gov/laws/types/equalcompensation.cfm>
  24. "Lilly Ledbetter Fair Pay Act." National Women's Law Center. Jan. 29, 2013. <https://nwlc.org/resources/lilly-ledbetter-fair-pay-act/>
  25. "The Urgent Need for Planned Parenthood Health Centers." Planned Parenthood. Accessed Feb. 2018. [https://www.plannedparenthood.org/files/4314/8183/5009/20161207\\_Defunding\\_fs\\_d01\\_1.pdf](https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf)
  26. Ariane Hegewisch, M.Phil., Emma Williams-Baron. "The Gender Wage Gap: 2016; Earnings Differences by Gender, Race, and Ethnicity. IWPR. Sept. 13, 2017. <https://iwpr.org/publications/gender-wage-gap-2016-earnings-differences-gender-race-ethnicity/>
  27. Brandi Temple and Jasmine Tucker. "Equal Pay for Black Women." NWLC. July. 2017. <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/07/Equal-Pay-for-Black-Women.pdf>
  28. Kayla Patrick and Jasmine Tucker. "Equal Pay for Native Women." NWLC. Sept. 2017. <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/09/Equal-Pay-for-Native-Women-2017.pdf>
  29. Kayla Patrick. "Equal Pay for Latinas." National Women's Law Center. Oct. 2017. <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/10/Equal-Pay-for-Latina-Women-2017.pdf>
  30. Kayla Patrick and Jasmine Tucker. "Equal Pay for Asian and Pacific Islander Women." NWLC. Feb. 2018. <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2018/02/Asian-Women-Equal-Pay-Feb-2018.pdf>
  31. Nadra Kareem Nittle. "The U.S. Government's Role in Sterilizing Women of Color." ThoughtCo. March 18, 2018. <https://www.thoughtco.com/u-s-governments-role-sterilizing-women-of-color-2834600>
  32. Marcie Bianco. "The Dark History of Birth Control That You Haven't Heard." Mic. March 18, 2015 <https://mic.com/articles/113022/the-dark-history-of-birth-control-that-you-haven-t-heard#.j0i87uzuo>
  33. Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." In Our Own Voices. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
  34. Tara Culp-Ressler. "Challenging Medical Racism And Physicians' Preference For White Patients." ThinkProgress. Feb. 23, 2015. <https://thinkprogress.org/challenging-medical-racism-and-physicians-preference-for-white-patients-59bec589df88/>
- Sandhya Somashekhar. "The disturbing reason some African American patients may be undertreated for pain." The Washington Post. April 4, 2016. [https://www.washingtonpost.com/news/to-your-health/wp/2016/04/04/do-blacks-feel-less-pain-than-whites-their-doctors-may-think-so/?noredirect=on&utm\\_term=.50fe5bbfd1a3](https://www.washingtonpost.com/news/to-your-health/wp/2016/04/04/do-blacks-feel-less-pain-than-whites-their-doctors-may-think-so/?noredirect=on&utm_term=.50fe5bbfd1a3)
- Nina Martin and Renee Montagne. "Black Mothers Keep Dying After Giving Birth. Shalon Irving's Story Explains Why." NPR. Dec. 7, 2017. <https://www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why>

# Reproductive Rights, Health, and Justice

## Sources

35. "Reproductive Rights and Women with Disabilities: A Human Rights Framework." Center for Reproductive Rights. January 2002. [https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/pub\\_bp\\_disabilities.pdf](https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_bp_disabilities.pdf)
36. "Shifting the Frame on Disability Rights for the U.S. Reproductive Rights Movement." Center for Reproductive Rights. May 17, 2017. <https://www.reproductiverights.org/document/shifting-the-frame-on-disability-rights-for-the-us-reproductive-rights-movement>
37. National LGBTQ Task Force. "Queering Reproduction: A Tool Kit." March 2017. <http://www.thetaskforce.org/wp-content/uploads/2017/03/Queering-Reproductive-Justice-A-Toolkit-FINAL.pdf>
38. Haley BeMiller. "Plan would make changing birth certificates easier for transgender people." Chicago Tribune. March 15, 2017. <http://www.chicagotribune.com/news/local/politics/ct-illinois-transgender-bill-met-20170315-story.html>
39. "2017-2018 Federal Policy Agenda." Center for Reproductive Rights. 2017. <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CRR-Federal-Policy-Agenda-2017-2018.pdf>
40. "2017-2018 Federal Policy Agenda." Center for Reproductive Rights. 2017. <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CRR-Federal-Policy-Agenda-2017-2018.pdf>
41. Samantha Kahn. "The End of Gender Rating: Women's Insurance Under the ACA." Penn Wharton University of Pennsylvania. Aug. 4, 2015. <https://publicpolicy.wharton.upenn.edu/live/news/819-the-end-of-gender-rating-womens-insurance-under>
42. Samantha Kahn. "The End of Gender Rating: Women's Insurance Under the ACA." Penn Wharton University of Pennsylvania. Aug. 4, 2015. <https://publicpolicy.wharton.upenn.edu/live/news/819-the-end-of-gender-rating-womens-insurance-under>
43. Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." In Our Own Voices. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
44. "New Data Estimate 62.4 Million Women Have Coverage of Birth Control without Out-of-Pocket Costs." NWLC. Sept. 25, 2017. <https://nwlc.org/resources/new-data-estimate-62-4-million-women-have-coverage-of-birth-control-without-out-of-pocket-costs/>
45. "Issues: Birth Control." NARAL: Pro-Choice America. Retrieved March 8, 2018. <https://www.prochoiceamerica.org/issue/birth-control/>
46. "Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." In Our Own Voices. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
47. Kenrya Rankin. "This Policy Gives Native Women Equal Access to Emergency Contraception." ColorLines. Oct. 22, 2015. <https://www.colorlines.com/articles/policy-gives-native-women-equal-access-emergency-contraception>
48. "Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." In Our Own Voices. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
49. Jenny A. Higgins, PhD, MPH, Renee D. Kramer, MPH, and Kristin M. Ryder, MA, MPH, CHES. "Provider Bias in Long-Acting Reversible Contraception (LARC) Promotion and Removal: Perceptions of Young Adult Women." US National Library of Medicine. National Institutes of Health. Nov. 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5055778/>
50. Finer LB and Zolna MR. "Declines in unintended pregnancy in the United States, 2008–2011." New England Journal of Medicine, 2016, 374(9):843–852, <http://nejm.org/doi/full/10.1056/NEJMsa1506575>.
51. "NARAL Pro-Choice America: National Survey Frequency Questionnaire." Greenberg Quinlan Rosner Research. Aug. 9-12, 2014. <https://www.prochoiceamerica.org/wp-content/uploads/2017/04/naral-7in10.pdf>

# Reproductive Rights, Health, and Justice

## Sources

52. Guttmacher Institute, Induced Abortion in the United States: Fact Sheet (Jan. 2018), <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.
53. Jerman J, Jones RK and Onda T. "Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008." Guttmacher Institute. 2016. <https://www.guttmacher.org/infographic/2016/us-abortion-patients>
54. "Bad Medicine." National Partnership for Women & Families. March 2018. <http://www.nationalpartnership.org/our-work/resources/repro/bad-medicine-third-edition.pdf>
55. See generally, e.g., Texas Policy Evaluation Project. (2015, October). Research Brief: Abortion Wait Times in Texas: The Shrinking Capacity of Facilities and the Potential Impact of Closing Non-ASC Clinics. Retrieved 1 February 2018, from [http://sites.utexas.edu/txpep/files/2016/01/Abortion\\_Wait\\_Time\\_Brief.pdf](http://sites.utexas.edu/txpep/files/2016/01/Abortion_Wait_Time_Brief.pdf); Brief for Nat'l Abortion Fed'n and Abortion Providers as Amici Curiae in Support of Petitioners at 20, Whole Woman's Health v. Cole, 136 S. Ct. 499 (2015) (No. 15-274), sub nom. Whole Woman's Health v. Hellerstedt, 136 S. Ct. 2292 (2016).
56. Rebecca Wind. "Abortion Is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates." Guttmacher Institute. Oct. 19, 2017. <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>
57. Rebecca Wind. "Abortion Is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates." Guttmacher Institute. Oct. 19, 2017. <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>
58. Guttmacher Institute, Induced Abortion in the United States: Fact Sheet (Jan. 2018), <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.
59. "Counseling and Waiting Periods for Abortion." Guttmacher Institute. March 1, 2018. <https://www.guttmacher.org/state-policy/explore/counseling-and-waiting-periods-abortion>
60. HIV and AIDS in the United States of America. Avert. June 29, 2017. <https://www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/usa>
61. Ashley Innes. "Five Reasons Why HIV Disproportionately Affects Black People." HIV=. Jan. 11, 2016. <http://www.hiveequal.org/hiv-equal-online/5-reasons-why-hiv-disproportionately-affects-black-people?slide=3>
62. National LGBTQ Task Force. "Queering Reproduction: A Tool Kit." March 2017. <http://www.thetaskforce.org/wp-content/uploads/2017/03/Queering-Reproductive-Justice-A-Toolkit-FINAL.pdf>
63. National LGBTQ Task Force. "Queering Reproduction: A Tool Kit." March 2017. <http://www.thetaskforce.org/wp-content/uploads/2017/03/Queering-Reproductive-Justice-A-Toolkit-FINAL.pdf>
64. HIV and AIDS in the United States of America. Avert. June 29, 2017. <https://www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/usa>
65. "State Policies on Sex Education in Schools." National Conference of State Legislators. Dec. 21, 2016. <http://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx>
66. HIV and AIDS in the United States of America. Avert. June 29, 2017. <https://www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/usa>
67. Jo Jones, Ph.D.; William Mosher, Ph.D.; and Kimberly Daniels, Ph.D. "Current Contraceptive Use in the United States, 2006–2010, and Changes in Patterns of Use Since 1995." National Health Statistics Report No. 60. Oct. 18, 2012. <https://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>
68. Jo Jones, Ph.D.; William Mosher, Ph.D.; and Kimberly Daniels, Ph.D. "Current Contraceptive Use in the United States, 2006–2010, and Changes in Patterns of Use Since 1995." National Health Statistics Report No. 60. Oct. 18, 2012. <https://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>

# Reproductive Rights, Health, and Justice

## Sources

69. Jo Jones, Ph.D.; William Mosher, Ph.D.; and Kimberly Daniels, Ph.D. "Current Contraceptive Use in the United States, 2006–2010, and Changes in Patterns of Use Since 1995." National Health Statistics Report No. 60. Oct. 18, 2012. <https://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>
70. Lisa Ko. "Unwanted Sterilization and Eugenics Programs in the United States." Independent Lens. Jan. 29, 2016. <http://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/>
71. "Fast Facts." Resolve. Retrieved March 8, 2018. <https://resolve.org/infertility-101/what-is-infertility/fast-facts/>
72. "Fast Facts." Resolve. Retrieved March 8, 2018. <https://resolve.org/infertility-101/what-is-infertility/fast-facts/>
73. Amanda Peterson Beadle. "Teen Pregnancies Highest In States With Abstinence-Only Policies." Think Progress. Apr. 10, 2012. <https://thinkprogress.org/teen-pregnancies-highest-in-states-with-abstinence-only-policies-8aa0deeebb41/>
74. "Comprehensive Sex Education: Research and Results." Advocates for Youth. September 2009. <http://www.advocatesforyouth.org/storage/advfy/documents/fscse.pdf>
75. "State Policies on Sex Education in Schools." National Conference of State Legislators. Dec. 21, 2016. <http://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx>
76. "Reproductive Rights and Women with Disabilities: A Human Rights Framework." Center for Reproductive Rights. January 2002. [https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/pub\\_bp\\_disabilities.pdf](https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_bp_disabilities.pdf)
77. Francine Coeytaux, Debra Bingham, Nan Strauss. "Maternal Mortality in the United States: A Human Rights Failure." Association of Reproductive Health Professionals. March 2011. <http://www.arhp.org/publications-and-resources/contraception-journal/march-2011>
78. P.R. Lockhart. "What Serena Williams's scary childbirth story says about medical treatment of black women." Vox. Jan. 11, 2018. <https://www.vox.com/identities/2018/1/11/16879984/serena-williams-childbirth-scary-black-women>
79. Jessica Cane. "Here's How Much A Woman's Period Will Cost Her Over A Lifetime." Huffington Post. Dec. 6, 2017. [https://www.huffingtonpost.com/2015/05/18/period-cost-lifetime\\_n\\_7258780.html](https://www.huffingtonpost.com/2015/05/18/period-cost-lifetime_n_7258780.html)  
[https://www.huffingtonpost.com/2015/05/18/period-cost-lifetime\\_n\\_7258780.html](https://www.huffingtonpost.com/2015/05/18/period-cost-lifetime_n_7258780.html)
80. Jamila Taylor and Nikita Mhatre. "Contraceptive Coverage Under the Affordable Care Act." Center for American Progress. Oct. 6, 2017. <https://www.americanprogress.org/issues/women/news/2017/10/06/440492/contraceptive-coverage-affordable-care-act/>
81. "Abortion Facts." National Abortion Federation. Retrieved March 8, 2018. <https://prochoice.org/education-and-advocacy/about-abortion/abortion-facts/>
82. Allison Benedikt. "Having a Baby in the U.S. Costs Way Too Much, Especially If You Actually Pay Your Bills." Slate. July 1, 2013. [http://www.slate.com/blogs/xx\\_factor/2013/07/01/having\\_a\\_baby\\_in\\_the\\_u\\_s\\_costs\\_a\\_lot\\_of\\_money\\_especially\\_if\\_you\\_actually.html](http://www.slate.com/blogs/xx_factor/2013/07/01/having_a_baby_in_the_u_s_costs_a_lot_of_money_especially_if_you_actually.html)
83. Claire Zillman. "Child Care Is Unaffordable in Every U.S. State Except This One." Dec. 9, 2016. <http://fortune.com/2016/12/09/child-care-cost-us/>
84. Ariane Hegewisch, M.Phil., Emma Williams-Baron. "The Gender Wage Gap: 2016; Earnings Differences by Gender, Race, and Ethnicity. IWPR. Sept. 13, 2017. <https://iwpr.org/publications/gender-wage-gap-2016-earnings-differences-gender-race-ethnicity/>

# Reproductive Rights, Health, and Justice

## Sources

85. Kayla Patrick and Jasmine Tucker. "Equal Pay for Asian and Pacific Islander Women." NWLC. Feb. 2018. <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2018/02/Asian-Women-Equal-Pay-Feb-2018.pdf>
86. Ariane Hegewisch, M.Phil., Emma Williams-Baron. "The Gender Wage Gap: 2016; Earnings Differences by Gender, Race, and Ethnicity. IWPR. Sept. 13, 2017. <https://iwpr.org/publications/gender-wage-gap-2016-earnings-differences-gender-race-ethnicity/>
87. Brandi Temple and Jasmine Tucker. "Equal Pay for Black Women." NWLC. July. 2017. <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/07/Equal-Pay-for-Black-Women.pdf>
88. Kayla Patrick and Jasmine Tucker. "Equal Pay for Native Women." NWLC. Sept. 2017. <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/09/Equal-Pay-for-Native-Women-2017.pdf>
89. Kayla Patrick. "Equal Pay for Latinas." National Women's Law Center. Oct. 2017. <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/10/Equal-Pay-for-Latina-Women-2017.pdf>
90. Samantha Riedel. "'Don't 'Get A Bulge': How Wage Gap Discussions Overlook Trans Women." BitchMedia. Apr. 11, 2016. <https://www.bitchmedia.org/article/dont-%E2%80%9Cget-bulge%E2%80%9D-how-wage-gap-discussions-overlook-trans-women>
91. Michelle Yin, Dahlia Shaewitz, and Mahlet Megra. "An Uneven Playing Field: The Lack of Equal Pay for People With Disabilities." American Institutes for Research. Dec. 15, 2014. <https://www.air.org/resource/uneven-playing-field-lack-equal-pay-people-disabilities>
92. "Underpaid and Overloaded: Women In Low Wage Jobs." National Women's Law Center. 2014. [https://www.nwlc.org/sites/default/files/pdfs/final\\_nwlc\\_lowwagereport2014.pdf](https://www.nwlc.org/sites/default/files/pdfs/final_nwlc_lowwagereport2014.pdf)
93. "Unions Win It: Paid Sick Days." Labor Project for Working Families. Aug. 2012. [http://working-families.org/network/pdf/factsheets/paid\\_sick\\_days.pdf](http://working-families.org/network/pdf/factsheets/paid_sick_days.pdf)
94. "Schedules That Work: Fact Sheet." National Partnership for Women & Families. July 2017. <http://www.nationalpartnership.org/research-library/workplace-fairness/equal-opportunity/schedules-that-work-act-fact-sheet.pdf>
95. "Data on Poverty & Income." National Women's Law Center. Accessed Dec. 19, 2018. <https://nwlc.org/issue/data-on-poverty-income/>
96. Sarah Jane Glynn. "Breadwinning Mothers Are Increasingly the U.S. Norm. Center for American Progress. Dec. 19, 2016. <https://www.americanprogress.org/issues/women/reports/2016/12/19/295203/breadwinning-mothers-are-increasingly-the-u-s-norm/>
97. "Access to Abortion." National Abortion Federation. Retrieved March 8, 2018. [https://5aa1b2xfmfh2e2mk03kk8rsx-wpengine.netdna-ssl.com/wp-content/uploads/access\\_abortion.pdf](https://5aa1b2xfmfh2e2mk03kk8rsx-wpengine.netdna-ssl.com/wp-content/uploads/access_abortion.pdf)
98. "Crisis Pregnancy Centers." National Abortion Federation. Retrieved March 8, 2018. <https://5aa1b2xfmfh2e2mk03kk8rsx-wpengine.netdna-ssl.com/wp-content/uploads/cpc.pdf>
99. "Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." In Our Own Voices. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
100. Mary Emily O'Hara. "Abortion Clinics Report Threats of Violence on the Rise." NBC News. Feb. 14, 2017. <https://www.nbcnews.com/news/us-news/abortion-clinics-report-threats-violence-rise-n719426>
101. "Congresswoman Lee Reintroduces the EACH Woman Act." Congresswoman Barbara Lee. Jan. 31, 2017. <https://lee.house.gov/news/press-releases/congresswoman-lee-reintroduces-the-each-woman-act>
102. <http://www.nationalpartnership.org/research-library/health-care/aca-fact-sheets/repealing-the-aca-endangers-womens-health-and-financial-security.pdf>

# Reproductive Rights, Health, and Justice

## Sources

103. Jill Filipovic. "What It's Like to Raise 3 Kids on \$7.50 an Hour." *Cosmopolitan*. Nov. 26, 2014. <https://www.cosmopolitan.com/politics/news/a33665/what-its-like-to-live-on-minimum-wage/>
104. "AMA Adopts New Policies to Improve Health of Nation. American Medical Association." Nov. 15, 2016. <https://www.ama-assn.org/ama-adopts-new-policies-improve-health-nation>
105. *Whole Woman's Health v. Hellerstedt*. 579. U.S. (2016).
106. "Doctors Rule Menstrual Cramps Can Be As Painful As Heart Attacks." 4CBS Denver. March 1, 2018. <http://denver.cbslocal.com/2018/03/01/cramps-pain-menstruation-heart-attack/>
107. "Sen. Murray Reintroduces Legislation to End Unstable Scheduling Practice to Help Families Achieve Economic Security and Stability." Senator Patty Murray. Jun. 20, 2017. <https://www.murray.senate.gov/public/index.cfm/mobile/newsreleases?ID=A297C5B0-E605-4C2C-99A4-41D44A2A43C6>
108. "After A Month of Obstruction By the Trump Administration, Jane Doe Gets Her Abortion." ACLU. Oct. 25, 2017. <https://www.aclu.org/news/after-month-obstruction-trump-administration-jane-doe-gets-her-abortion>
109. Michelle Mark. "The Trump administration is going after ACLU lawyers in the Supreme Court after the Jane Doe abortion case." *Business Insider*. Nov. 3, 2017. <http://www.businessinsider.com/trump-administration-jane-doe-abortion-case-supreme-court-discipline-aclu-2017-11>
110. "Our Bodies, Our Lives, Our Voices: The State of Black Women and Reproductive Justice." *In Our Own Voices*. June 27, 2017. [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)
111. J. Adrian Stanley. "Trans people want to change the gender on their birth certificates." *Colorado Springs Independent*. March 30, 2016. <https://www.csindy.com/coloradosprings/trans-people-want-to-change-the-gender-on-their-birth-certificates/Content?oid=3701564>
112. "A Grateful Mom: thanks Planned Parenthood for her son." *Dir. Brooke Sebold. Planned Parenthood*. June 29, 2016. <https://www.youtube.com/watch?v=kmmJ5jy-usc>
113. Maggie Fazeli Fard. "Sandra Fluke, Georgetown student called a 'slut' by Rush Limbaugh, speaks out." *Washington Post*. March 2, 2012. [https://www.washingtonpost.com/blogs/the-buzz/post/rush-limbaugh-calls-georgetown-student-sandra-fluke-a-slut-for-advocating-contraception/2012/03/02/gIQAvjfSmR\\_blog.html?utm\\_term=.b3ed1e152818](https://www.washingtonpost.com/blogs/the-buzz/post/rush-limbaugh-calls-georgetown-student-sandra-fluke-a-slut-for-advocating-contraception/2012/03/02/gIQAvjfSmR_blog.html?utm_term=.b3ed1e152818)
114. Valerie Peterson. "How Did I Get an Abortion in Texas? I Didn't." *The New York Times*. June 15, 2016. <https://www.nytimes.com/2016/06/15/opinion/how-did-i-get-an-abortion-in-texas-i-didnt.html>
115. "2017-2018 Federal Policy Agenda." *Center for Reproductive Rights*. 2017. <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CRR-Federal-Policy-Agenda-2017-2018.pdf>
116. National LGBTQ Task Force. "Queering Reproduction: A Tool Kit." March 2017. <http://www.thetaskforce.org/wp-content/uploads/2017/03/Queering-Reproductive-Justice-A-Toolkit-FINAL.pdf>
117. "Proposed Indian Health Service Guidelines For Provision of Reproductive Health Care." *The Native American Women's Health Education Resource Center*. <http://nativeshop.org/programs/reproductive-justice/ihs-policies.html>