

December 8, 2020

The Honorable Rosa DeLauro  
Chairwoman  
House Committee on Appropriations  
Subcommittee on Labor Health and Human Services, Education, and Related Agencies

The Honorable Tom Cole  
Ranking Member  
House Committee on Appropriations  
Subcommittee on Labor Health and Human Services, Education, and Related Agencies

Dear Chairwoman DeLauro and Ranking Member Cole:

We the undersigned local, state, and national Black Reproductive Justice organizations and advocates are united in our commitment to ensuring that all people, but especially Black women, femmes, and girls, have unfettered access to the full spectrum of reproductive healthcare, including abortion. It is for this reason that we demand that the discriminatory Hyde Amendment never appear in another appropriations bill, and express our support for today's hearing, *"The Impact on Women Seeking an Abortion but are Denied Because of Inability to Pay."*

Each of our organizations is rooted in the Reproductive Justice framework which was founded by 12 Black women in 1994. They named themselves Women of African Descent for Reproductive Justice and developed the term "Reproductive Justice" because women with low incomes, women of color, LGBTQ+ women, including transgender, nonbinary, and gender non-conforming individuals felt neglected and misrepresented by the women's right movement, which had primarily focused on abortion rights as solely a white

woman's issue. The term is a combination of reproductive rights and social justice and it is also grounded in Black feminist theory and human rights. Reproductive Justice acknowledges that a pregnant person cannot freely choose what to do with a pregnancy when options are limited by oppressive circumstances or lack of access to services. 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 frequently marginalized communities 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. This includes the right to choose if, when, and how to start a family. It is this vision that propels our concern about the increased barriers to abortion access we are seeing across the country today.

Reproductive Justice focuses on a myriad of issues, from economic justice and environmental justice, to voting rights and health equity. As it relates to reproductive health and rights, the Reproductive Justice frame focuses specifically on access rather than rights, asserting that the legal right to abortion is meaningless for pregnant people when they cannot access such care due to the cost, the distance to the nearest provider, child care needs, or other barriers placed on them by way of state legislatures.

It is important to take the time to fully appreciate the origins and definition of Reproductive Justice because of the irony of debating the harms of Hyde Amendment whilst addressing a global pandemic that disproportionately impacted Black communities and the nation collectively reconciles with its

history if inherent racism. None of these issues are mutually exclusive.

When Representative Henry Hyde (R-IL) proposed the Hyde Amendment in 1976 he was very clear that it was in direct response to the landmark *Roe v. Wade* decision, which struck down anti-abortion laws. Representative Hyde took up his own personal crusade to ensure that the right to abortion would be a right in name only for low income people. The Hyde amendment and related abortion coverage restrictions have decimated access for millions of Americans for over 40 years. During the amendment's original introduction, Henry Hyde stated, "I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the... Medicaid bill."<sup>1</sup> He was clear on his intent then, and it has contributed to a widening gap between low- and middle- income individuals and those with unfettered access for decades upon decades. As Justice Ginsburg said, there will never be a day in this country when a rich woman can't get an abortion.

Approximately 17 million women of reproductive age in America are enrolled in Medicaid, of those 30% are Black women.<sup>1</sup> The Hyde Amendment creates an often insurmountable barrier to abortion for people across the country already struggling to get affordable health care, and disproportionately affects those who are low income, people of color, young, immigrants, or live in rural communities. As the Guttmacher Institute notes, "because of social and economic inequality linked to systemic racism and discrimination, women of

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<sup>1</sup> Planned Parenthood Action Fund. "*Hyde Amendment*". Retrieved December 2020, [Hyde Amendment \(plannedparenthoodaction.org\)](https://www.plannedparenthoodaction.org).

color are disproportionately likely to be insured through Medicaid”<sup>2</sup>— therefore subject to the Hyde Amendment’s cruel ban on insurance coverage of abortion. The decision of when and how to have a family and start or grow a family is a decision that should only be made by a pregnant person and those they trust, not politicians.

Over time, the Hyde Amendment has been expanded across the federal government beyond Medicaid and CHIP to include federal employees, military personnel and veterans, those who receive health care through Indian Health Services, federal prisoners and detainees, Peace Corps volunteers, and low-income residents of the District of Columbia.<sup>3</sup> Additionally, while 17 states have a policy that requires the state to cover abortion for people on Medicaid, almost 60% of women aged 15-44 enrolled in Medicaid and CHIP lived in the remaining 33 states in addition to the District of Columbia that do not cover abortion, except in very limited circumstances.<sup>4</sup>

The original intent of the Hyde Amendment has been achieved in spades. Over the last decade, abortion access in the U.S. has become increasingly fraught with restrictive laws. The Guttmacher Institute reports that between January 1, 2011 and July 1, 2019, states enacted 483 new abortion restrictions, accounting for nearly 40% of the abortion restrictions enacted by states since *Roe v. Wade*.<sup>56</sup> These restrictions significantly prohibit access to

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<sup>2</sup> Donovan, Megan K. “EACH Woman Act offers bold path toward equitable abortion coverage,” Guttmacher Institute, March 12, 2019, <https://www.guttmacher.org/article/2019/03/each-woman-act-offers-bold-path-toward-equitable-abortion-coverage>.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> “State policies on abortion.” Retrieved December 2020, [United States Abortion | Guttmacher Institute](#).

abortion care for Black women, femmes, and girls in particular by placing reproductive healthcare out of reach for too many, with the end result being greater long-term economic hardship and poor health, including contributing to higher maternal mortality rates.<sup>6</sup>

Black women account for 28 percent of all U.S. abortions, although they make up just 13.4 percent of the U.S. female population.<sup>7</sup> A variety of factors results in this disproportionately high abortion rate compared to women of other races and ethnicities. These include a greater likelihood of being low-income, unemployed, uninsured, and being insured by programs that restrict abortion coverage.

The UC San Francisco's Bixby Center for Global Reproductive Health has shown that women who are denied an abortion and then give birth report worse health outcomes up to five years later as compared to women who receive a desired abortion.<sup>8</sup> Not only that, but as the country grapples with the maternal mortality crisis we face, one that disproportionately impacts Black women in particular, research has found that the states with higher numbers of abortion restrictions are the exact same states that have poorer maternal health outcomes.<sup>9</sup>

While it has been widely shown that abortion in the United States is an

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<sup>6</sup> University of California, San Francisco, Bixby Center for Global Reproductive Health. "Turnaway Study: A look into the consequences of unwanted pregnancy and abortion on women's lives." (2012). Retrieved December 2020, [The Turnaway Study](#).

<sup>7</sup> In Our Own Voice: National Black Women's Reproductive Justice Agenda. "Ensuring safe abortion care for Black women." (2019). Retrieved December 2020, [6217-IQOV\\_Abortion.pdf \(blackrj.org\)](#).

<sup>8</sup> Ralph, Lauren J., Eleanor Bimla Schwarz, Daniel Grossman, and Diana Greene Foster. "Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study." *Annals of Internal Medicine* (2019).

<sup>9</sup> *Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care*, Black Mama Matters Alliance and Center for Reproductive Rights, 2016, [http://blackmamasmatter.org/wp-content/uploads/2018/05/USPA\\_BMMA\\_Toolkit\\_Booklet-Final-Update\\_Web-Pages-1.pdf](http://blackmamasmatter.org/wp-content/uploads/2018/05/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages-1.pdf).

extremely safe procedure, abortion restrictions themselves continue to put individual's health and well-being at risk regularly. When facilities are closed down or restricted in the services they provide, when people must travel further distances to obtain services, research shows that people report multiple barriers to obtaining safe health care, including increased travel time, longer waits, and greater costs.<sup>10</sup> Additionally, when a person has no option but to obtain an abortion later in pregnancy or carry an unwanted pregnancy to term, these outcomes cause more danger to their health than the abortion itself.

Abortion restrictions can often also put a person's physical and emotional safety at risk. Decreased access to abortion care may lead a person to maintain unplanned or unwanted pregnancies keeping them in contact with violent or abusive partners. For example, 7 percent of women in the 2012 Turnaway study reported an incident of domestic violence in the last six months, compared to 3 percent of the women who obtained an abortion.<sup>11</sup> Although leaving an abusive relationship is never easy, women who accessed an abortion were able to leave while those who were forced to carry an unwanted pregnancy to term helped to keep the abusive partner in the women's life. This can often lead to lack of safety for entire families or communities.

The reality is that the Hyde Amendment is a racist and classist piece of legislation that has been knowingly voted upon, in the affirmative, for over 40

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<sup>10</sup> "Abortion restrictions put women's health, safety and well-being at risk," University of California San Francisco Bixby Center for Global Reproductive Health, last accessed November 10, 2019, <https://bixbycenter.ucsf.edu/sites/bixbycenter.ucsf.edu/files/Abortion%20restrictions%20risk%20women%27s%20health.pdf>.

<sup>11</sup> Hess, Amanda. "What Happens to Women Who Are Denied Abortions?" *Slate*, November 14, 2012, <https://slate.com/human-interest/2012/11/the-turnaway-study-what-happens-to-women-who-are-denied-abortion.html>.

years. That is, for over 40 years elected officials have knowingly restricted funding a bill that they knew would hurt Black, Latinx, Indigenous, low-income, LGBTQ+, and young people. The Hyde Amendment is a stain on the country and one of the most blatant and obvious examples of intentionally oppressive and discriminatory legislation. The hypocrisy is palpable as the country purports to want to address systemic racial hurts while at the same time debating whether Medicaid funds can be used to cover necessary and legal reproductive care for the largely poor and disenfranchised individuals and families. As Black women, femmes, and girls, and Reproductive Justice advocates we have had enough. It is our expectation that the Hyde Amendment and all other restriction on funding be removed.

Sincerely,

In Our Own Voice: National Black Women's Reproductive Justice Agenda  
Ancient Song Doula Services  
Black Alliance for Just Immigration (BAJI)  
Black Mamas Matter Alliance  
Black Women for Wellness  
Black Women for Wellness Action Project  
Black Women's Health Imperative  
Interfaith Voices for Reproductive Justice  
National Birth Equity Collaborative  
New Voices for Reproductive Justice  
SisterLove, Inc.  
SisterReach  
SisterSong Women of Color Reproductive Justice Collective  
SPARK Reproductive Justice NOW!  
The Afiya Center  
The Black Girl's Guide to Surviving Menopause  
Women With A Vision