Statement on Reproductive Justice

Student National Medical Association

Health Policy and Legislative Affairs Committee
Statement on Reproductive Justice

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INTRODUCTION

Founded in 1964 by medical students from Howard University School of Medicine and Meharry Medical College, the Student National Medical Association (SNMA) is the nation’s oldest and largest, independent, student-governed organization focused on the needs and concerns of medical students of color. The SNMA is committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent and socially conscious physicians.

The landmark Supreme Court ruling in Roe v. Wade established a constitutional right to safe and legal abortion in the United States in 1973. This decision was made on the grounds that the constitutional right to privacy, as implied by the Ninth and Fourteenth Amendments, includes the personal decision of whether to terminate a pregnancy. The Supreme court considered this a “fundamental” human right to an individual’s “life and future”. Justice Harry Blackmun, who wrote the majority opinion on Roe v. Wade, called the decision “a step that had to be taken as we go down the road toward the full emancipation of women”. Tragically, the Supreme Court decided to overturn Roe nearly fifty years later in the 2022 ruling on Dobbs v. Jackson Women's Health Organization, holding that the right to abortion is no longer protected by the U.S. Constitution. The SNMA strongly believes that safe and professional abortion services are essential for reproductive health. Decreased abortion access disproportionately impacts Black, Indigenous, and People of Color (BIPOC) and people with low socioeconomic status. We strongly oppose any barriers to safe abortion services, including, but not limited to, legislative, social, and administrative blockades.
BACKGROUND

To understand the devastating implications of overturning *Roe v. Wade*, it is important to recognize that the original 1973 decision came at a time when almost all states had laws in place criminalizing abortion. The majority of abortions performed during this time were hazardous procedures performed in unregulated, clandestine clinics with variable success rates. In many cases, patients traveled thousands of miles for expensive procedures with severe morbidity and mortality risks. In 1930, illegal abortion was listed as the official cause of death for nearly 2,700 people, representing 18% of maternal deaths that year. In 1965, eight years before *Roe v. Wade*, 17% of reported pregnancy-related deaths were attributed to illegal abortions. Unsurprisingly, racial disparities in health outcomes pervaded this era of healthcare history. In the early 1960s, one in four pregnancy-related deaths in New York City were attributed to unsafe abortions among White patients, whereas one in two such deaths among Black, Indigenous and People of Color (BIPOC) patients were attributed to unsafe abortions.

Following *Roe v. Wade*, the US saw significant improvements in the access to and safety of abortions, with declining abortion rates partly due to pregnancy prevention and family-planning efforts. Still, marginalized and underserved communities including those of Black/African-American and Hispanic/Latinx descent, low socioeconomic status, and unmarried individuals, continue to face increased unintended pregnancy and abortion rates. Black/African-American individuals, for example, have an abortion rate that is twice the national average. In an effort to thwart the effects of *Roe v. Wade*, the Hyde Amendment was passed in 1976 and has been renewed annually in many states since its inception. The amendment prohibits coverage of abortion care through federal funding, including Medicaid, which has huge implications for the reproductive health of women in the United States, especially low-income women. This lack of coverage forced women to pay for abortions out of pocket and delay care if treatment
was not financially feasible initially. The Hyde Amendment has also forced one in four women seeking abortion to carry a pregnancy to term when funding for an abortion was not available. BIPOC communities disproportionately experience delays in access to healthcare due to issues of access and insurance, which can lead to initiation of the abortion process later in pregnancy and fewer options based on gestational age, with increased health risks and complications. The overturning of Roe v. Wade will inevitably exacerbate existing racial health disparities, placing undue burden on the same young people of reproductive capacity that have been failed by efforts to address unintended pregnancy rates.

**SCOPE OF THE PROBLEM**

Raising legal barriers to safe abortion does not reduce the number of abortions but rather incentivizes people to seek unsafe or unregulated abortion alternatives. Although 98% of countries guarantee abortion access either explicitly or implicitly, over 20 million unsafe abortions are performed each year. Abortion rates across countries are similar regardless of its legality, suggesting that criminalizing abortion will not stop people from seeking them. With Roe v. Wade overturned, those seeking abortion care will face tremendous challenges to obtaining safe abortion services in legal clinics. A 2018 study found that people living in twenty-seven US cities with populations over 50,000 would already have to travel over 100 miles to reach the nearest abortion clinic. In the absence of legalized abortion, the general health outcomes for women will see a decline. Unsafe attempts to end pregnancy can lead to catastrophic outcomes such as infection; damage to the genital tract or internal organs; life-threatening hemorrhage; and even maternal death, particularly for people of color. Specifically, prior research has shown that Black/African-American women in the US experience disproportionately higher rates of maternal mortality in states that outlaw abortion. Furthermore, limited access to abortion has detrimental individual and societal economic implications. Individually, women will have an undue
financial burden placed on them by decreasing their earning potential and limiting their family planning options in a country that already does not offer a federal-paid maternity leave policy.\textsuperscript{19,20} Societally, previous estimates show that complications from unsafe abortions in developing countries could cost hundreds of millions US dollars per year.\textsuperscript{20} In light of the previously mentioned adverse outcomes, it is obvious that the costs of restricting reproductive rights are too grave. Legalized abortion should be seen as an essential part of healthcare.

**STATEMENT OF POSITION & RECOMMENDATIONS**

Although abortion is often an emotionally charged and divisive issue, the SNMA is united in our opposition to the recent overturning of *Roe v. Wade*. We remain consistent in our mission to address the needs of underserved communities and cannot standby as disadvantaged groups are repeatedly threatened with the revocation of their right to access safe, regulated healthcare. Our call to action centers the needs of women of color and other marginalized groups by protecting their ability to choose if, when, and how to have children.\textsuperscript{21} Forcing people to carry an undesired pregnancy to term is a violation of bodily autonomy. With America’s astonishing maternal mortality rates, restricting abortion access ignorantly neglects the dangers and risks associated with pregnancy, especially for Black/African American individuals.\textsuperscript{22}

In conclusion, we recommend that inclusive access to abortion care be not only legalized, but also improved upon in the coming years. We further advocate for abortion care to be considered synonymous with basic reproductive healthcare. We support the constitutional right to privacy, life, and future as outlined by the 1973 *Roe v. Wade* decision. Therefore, we disagree with the recent decision for this precedent not to be upheld in the highest court of law. Appealing to our legislators to codify *Roe v. Wade*
as the law of the land by passing bills that prohibit governmental restrictions on access to abortion services and can help ensure that abortion is shielded from further attacks. The SNMA maintains its view that abortion care is healthcare, and we will continue advocating for access to safe and widely available abortion care as a fundamental human right. For this reason, we provide the following as strongly encouraged action items for our membership:

1. The SNMA supports the codification of *Roe v. Wade* as the law of the land. We also support protection of the full spectrum of reproductive health rights for birthing people, including abortion, through passing legislation like the Women’s Health Protection Act\(^{23}\) and the EACH Woman Act.\(^{24}\) We also support the federal repeal of the Hyde Amendment and the improvement of Medicaid reimbursement rates for abortion to match the actual cost of care.\(^{24}\) We suggest that our members demonstrate support to Congress through letter writing to advocate for the provisions discussed in this statement.

2. The SNMA supports an increase in funding directed to abortion clinics in protected states. By increasing state and federal funding provided for abortion clinics, access to abortion care can be expanded and bolstered with more staff, resources, and supplies. Funding may be used to expand facilities, improve clinic security, and offset travel costs for out-of-state abortion seekers.

3. Using legislation in Oregon and New York as a model,\(^ {25}\) other states can also allocate funding to abortion clinics directly to improve clinic security, increase services provided, and expand facilities. Providing clinics with state funding can ensure that existing abortion clinics do not close due to reimbursement issues, can improve patient clinic experiences, and can help mitigate the financial burden patients face when seeking abortion. Of note, the expansion of abortion clinics should be strategic in an attempt to serve the most vulnerable patients.

4. The SNMA supports an increased allocation of federal- and state-level funding to national abortion funds to help decrease the out-of-pocket expenses associated with abortion, like travel costs for out-of-state abortion seekers, and to decrease the other barriers to accessing abortion care for marginalized and low-income birthing
Such organizations that currently provide logistical and financial support to abortion seekers include the National Network of Abortion Funds, the Chicago Abortion Fund, the Midwest Access Coalition, and many more.

5. The SNMA supports the passing of state legislation that will allow advanced practice providers to provide procedural abortion care in protected states. Passing such legislation will decrease the burden placed on physicians to tackle the influx of out-of-state abortion patients and increase the number and availability of abortion providers in protected states.

6. The SNMA supports the enhancement of medical school and residency curricula to adequately train medical students and primary care residents on how to provide pregnancy options, counseling, and the appropriate management of abortion through medication or procedural means.

7. The SNMA supports more targeted efforts in recruitment and retention of a more diverse medical field in order to create a workforce that reflects the population it serves demographically. We also support the initiation of crucial conversations around health equity among providers. We encourage healthcare providers and policymakers to reflect on the implications of sweeping legislation for historically oppressed groups.
REFERENCES


