House and Senate Democratic Policy Committee Hearing

A Post-Roe Pennsylvania

Tuesday, July 26, 2022 | 2 p.m. – 4 p.m.

Women's Health Caucus, Pennsylvania Legislative Black Caucus
Subcommittee on Women and Girls of Color

2 p.m.	Opening remarks: Rep. Morgan Cephas and Sen. Katie Muth.
2:10 p.m.	Dr. Aasta Mehta, MD, MPP, OB/GYN, Medical Officer of Women's Health, *Philadelphia Department of Public Health* *Q & A with Legislators*
2:30 p.m.	Ceshia Elmore *New Voices for Reproductive Justice*
3 p.m.	Signe Espinoza, Executive Director *Planned Parenthood Pennsylvania Advocates* *Q & A with Legislators*
3:30 p.m.	Dr. Sarah Gutman, MD, MSPH, OB/GYN and Complex Family Medicine Specialist, *UPenn Medicine* *Q & A with Legislators*
3:50 p.m.	Closing remarks: Rep. Morgan Cephas and Sen. Katie Muth.

Please note, Oshun Family Center CEO Saleemah McNeil submitted written testimony but was unable to join us this morning because of an illness.

Philadelphia Department of Public Health
Aasta D. Mehta, MD, MPP
Medical Officer of Women's Health—Division of Maternal, Child, and Family Health

Provided for Pennsylvania House Democratic Policy Committee Hearing
July 26, 2022
Post-Roe Pennsylvania

Good afternoon Chair Bizzarro, and the House Democratic Policy Committee. I am Dr. Aasta Mehta, Medical Officer of Women's Health for the Philadelphia Department of Public Health and a practicing OB/GYN in Philadelphia. Thank you for the opportunity to provide testimony for the topic of Post-Roe Pennsylvania.

Abortion is essential to public health. Evidence shows that access to reproductive health services, including the right to safe abortions, improves health outcomes and supports economic mobility and success. Being denied access to abortion results in poor health, financial, and family outcomes for woman and birthing people. Furthermore, restricting access to abortion services would place the government squarely between a patient and their doctor, denying individuals autonomy over their own bodies and their own healthcare decisions.

Most Pennsylvanians support safe access to abortion, and for good reason. There is extensive evidence that access to abortion is associated with improved maternal and infant health outcomes. Policies that would prohibit or restrict access to abortion in Pennsylvania would expose pregnant individuals to increased psychological distress, significant health risks caused from seeking abortion services outside of the healthcare system, and a higher risk of complications during childbirth. Furthermore, after childbirth, it would place women and birthing individuals at increased risk of postpartum depression and the children at increased risk of serious health problems.

Pennsylvania is currently amid a maternal mortality crisis—a crisis that disproportionately harms Black and low-income people and will be exacerbated by state-wide abortion restrictions. Studies show carrying a pregnancy to term is markedly more dangerous than a safe abortion with the risk of death of childbirth approximately 14 times higher than that with abortion. Similarly, the overall morbidity associated with childbirth exceeds that with abortion. Despite having some of the finest academic medical centers in the nation, Philadelphia's pregnancy-related death rate is above the national average. Between 2013-2018, the city suffered 110 deaths associated with pregnancy. Fifty-two percent of the pregnancy-associated deaths occurred in women under the age of 30. Seventy-five percent of the women with pregnancy-associated deaths were known to have Medicaid. Black women accounted for 58 percent of the pregnancy-associated deaths despite only accounting for 43 percent of births. And Black women in the city are four times more likely to die from pregnancy-related causes than White women. A ban on abortion access would codify existing health inequities and lead

to a rise in pregnancy related deaths. The roots of disparities in maternal mortality are pervasive in our society. Structural racism, residential segregation, transgenerational poverty, and lack of access to high quality care coalesce in the untimely deaths of so many Philadelphians. It is critical that we do not limit access to abortion as these restrictions would further entrench these inequities in our city.

The risk of death during pregnancy if often related to other public health issues, such as intimate partner violence, socioeconomic disadvantage, substance use, and mental health needs. Eliminating access to abortion services would only exacerbate these problems. Women without access to abortion services are more likely to experience depression and anxiety than those with access. The risk of death with pregnancy intersects with other public health crises in our city, particularly substance use disorder and mental health needs. Additional abortion restrictions or a ban would affect these conditions too—with devastating consequences for the health of our community. Individuals denied abortion are more likely to experience depression and anxiety than those who can obtain one. If people struggling with these conditions become pregnant and cannot access a desired abortion, the results can be devastating. This sharply contrasts with what people experience after obtaining a desired abortion, as the vast majority feel comfortable with their decision.

Restricting comprehensive reproductive healthcare would impact more than just abortion, it would directly impact a multitude of pregnancy-related issues including miscarriage and ectopic pregnancy management, emergency contraception, and in vitro fertilization (IVF). During the initial phase of pregnancy development, following fertilization, approximately one-quarter of pregnancies will not continue to develop or will develop abnormally and require treatment. The medical and surgical management for these conditions is the same used for abortion. Passing prohibitive anti-abortion laws could inhibit necessary medications and procedures physicians use to treat the most common complication of pregnancy-miscarriage. One of the most dangerous complications to occur in early pregnancy, and the leading cause of death during the first trimester of pregnancy, are ectopic pregnancies, or when pregnancies implant outside the uterus and are unable mature. If undiagnosed, these pregnancies often rupture, leading to massive internal bleeding, infection, and death. To prevent life-threatening complications, ectopic pregnancies must be medically treated or surgically removed. Proposed abortion restrictions in Pennsylvania, such as in SB 106, would impede the ability of physicians to treat a condition that directly endangers the life of the mother.

Emergency contraception is not an abortion, but rather a method of birth control which prevents a fertilized egg from implanting in the uterus. If someone is already pregnant, emergency contraception does not terminate or harm the pregnancy. Surveys show that roughly a quarter of women in the Unted States have, at some point in their lives, used emergency contraception pills to prevent an unintended pregnancy. Yet there are still abortion restrictions being pushed that would jeopardize access to a contraception that is effective, safe, and legal throughout the United States.

Infertility can be an emotional and physically difficult experience. Reproductive assistive technologies have assisted countless people struggling with infertility in building a family. In 2019, 83,946 infants were born in the United States using assisted reproductive technologies. In vitro fertilization (IVF), is the process of combining an unfertilized egg with sperm outside the body in vitro -- "in glass." Often, more embryos are created than are used in one cycle, as it may take multiple attempts before an implanted embryo successfully results in a pregnancy. The remaining embryos may be frozen or destroyed in accordance with the desires of those to whom the embryos belong. The prohibition of abortion, beginning at conception, would prohibit destruction of these embryos, creating far reaching ethical consequences.

The Philadelphia Department of Public Health works tirelessly to protect and promote the health of all Philadelphians and to provide a safety net for the most vulnerable. We have an obligation to safeguard those protections to ensure that all women and birthing individuals have access to the healthcare services they need, including those to prevent and treat unplanned pregnancies. Abortion restrictions do not promote public health, nor do they reflect the opinions of constituents, scientific evidence, and modern medical practice. We strongly believe that pregnant people should have the freedom to determine whether, when, and under what circumstances they become parents and reject any legislation that would limit someone's access to health care options based on their ability to become pregnant.

Respectfully submitted,

Aasta D. Mehta, MD, MPP
Medical Officer of Women's Health
Philadelphia Department of Public Health

This testimony has been written and prepared by Céshia Elmore. I am a black, queer, cis-woman who is proud to be a Community Organizer with New Voices for Reproductive Justice, the first Black, women-led Reproductive Justice organization in Pennsylvania. For 18 years, New Voices has been organizing to build power in our communities, and we fight for the complete health and well-being of Black women, girls, femmes, and gender-expansive folx through community organizing, leadership development, and voter engagement. New Voices aims to mobilize towards a future where Black women and gender expansive people enjoy lives devoid of violence, abuse, and neglect, and can thrive across all sectors of society. This requires advancing Racial, Economic, Gender, Environmental, and Reproductive Justice – which includes ensuring access to abortion.

We center the experiences and voices of Black women and femmes,; recognizing that when the needs of the most marginalized are met, all needs are met. This attack on abortion access, is just one component of a concerted effort to continue denying marginalized people basic human rights. We know that Black birthing individuals will be those *most* affected by this overturning. This amplifies the agenda to dismantle black family structures, perpetuate generational poverty, and cause division in our communities. Pre and post-Roe leak, there was little to no protection for Black women and birthing individuals seeking abortion care.

The *Black* women who started the Reproductive Justice Movement have always known that body terrorism is used to concentrate wealth and power in the ruling class using state-sanctioned violence.The history of breeding, forced birth, and experimentation of Black bodies in this country is long and sordid. For Black and Indigenous people, this is a reality that we have always endured for hundreds of years. We must acknowledge that the past that many of you are afraid of returning to, is actually the present for many people living in this country and even in this state.

We know that morality has never saved a Black life when it comes to encounters with racist and sexist vigilantes. This state- sanctioned violence creates a culture of

criminalization toward black people and people of color from police, medical professionals and even other civilians. We've witnessed Black folks being killed for "complying" during routine traffic stops or even sleeping in their own home, imagine the response when a Black person is seeking what's now considered an *illegal* medical procedure. This, on top of the everyday violence already sanctioned against Black women and our families by the state including unequal access to adequate healthcare, unequal access to adequate housing, unequal access to equity in the economy, unequal access to communities with clean air and water, and unequal access to family planning.

We have the right to create families as we see fit. Black birthing people are in a fight for our bodily autonomy and our right to create families in a way that aligns with OUR needs. Abortion access allows for there to be the legal and medical freedom and protection for fertility treatments like IVF, and comprehensive birth control options like IUDs and other contraceptives.

Almost daily, we are seeing more states enact abortion restrictions, especially in the southern region of this country, where 50% of the nation's Black population lives. Even in Pennsylvania, Senate Bill 108 passed through the state senate and house of representatives. A bill which proposes an amendment to the PA state constitution that says there is no right to an abortion in this state and that tax-payer money cannot be used to fund abortion care. Should This bill pass the senate and house in a secondary session at the beginning of 2023, it will, most likely, be put on the ballot for PA voters to decide in the Primary Election in May 2023. There is no compromise when it comes to human rights, and by putting human rights to a vote, that is exactly what the state of Pennsylvania is attempting to do.

Denying bodily autonomy and criminalizing abortion is just another tactic to limit the people's power. If abortion is made into a felony offense, we know what felons cannot do in most states—VOTE!

The elected officials targeting abortion access across the nation, are the same adversaries also targeting our right to vote. The act of voting alone will not achieve liberation. As a harm reduction tool, we can use civic engagement to not only preserve the current state of sexual and reproductive healthcare but demand the holistic healthcare that we *all* deserve. And *that* has an impact reaching far beyond abortion access.

We do not look to court systems for permission or validation. We know that our freedom depends on dismantling systemic misogyny, sexual violence, anti-Blackness, and white supremacy. Our liberation cannot be legislated. No matter what *any* court, or elected official decides, New Voices will continue working to ensure that *all* people have the information, resources, and power they need to feel safe, affirmed, and whole.

The United States UNITED STATES has the highest rates of maternal morbidity and mortality of any developed country *in the world* IN THE WORLD! This *does not* demonstrate a “pro-life” agenda! It does not demonstrate a “pro-life” agenda when Black women are experiencing infertility, mortality and morbidity at *3 to 4 times* the rates of our white counterparts. Higher maternal complications, higher maternal mortality, and higher infant mortality does not demonstrate a “pro-life” agenda.

We expect everyone who is upset and committed to mobilizing to preserve abortion, also upset about all healthcare access, the housing crisis and exposure to community violence because they ALL oppress gender minorities and have a critical impact on sexual and reproductive health. THIS is Repro Justice. Being a reproductive health advocate isn’t just about providing access to abortion. It’s about dismantling gender oppression and structural racism in EVERY facet of society—housing, employment, discrimination, the environment- THIS is Repro Justice. Policy advocacy, organizing and mutual aid are all essential to ensure that in another 50 years our children are not having the same fight to recognize their basic human rights. THIS is Repro Justice.

Black women understand reproductive and sexual justice as a call for the eradication of racism, sexism, classism, and other forms of oppression in the lives of Black women, our families, and the communities where we live. New Voices will address these systemic injustices through organizing, building political power in coalition, asserting Black Americans’ human rights, and continuing to make our voices heard through testimony. Thank you for your time

Good Morning,

My name is Signe Espinoza and I am the Executive Director at Planned Parenthood Pennsylvania Advocates.

Thank yous to the members and the committee.

Today, I am testifying on behalf of our affiliates who serve over 90,000 patients across the commonwealth each year. For all the people tuning in today, I want to make clear that our three affiliates: Planned Parenthood Southeastern PA, Planned Parenthood Keystone, and Planned Parenthood Western's doors are open.

I am also coming to you as someone who has had an abortion and is starting a family very soon. I bring this up for a couple of reasons:

1. Because we are living in times where the reality is: the first time I got pregnant, I chose the safest option that was best for me, abortion and;
2. Because at Planned Parenthood, we believe that people most impacted by abortion restrictions and restrictive policies should be a part of these conversations–and it is something we don't often see within our legislative processes.

When anti-abortion legislators amended SB 106 to include an anti-abortion constitutional amendment, it was in the middle of the night and behind our backs–without dialogue from advocates, providers, or patients. The outcome has left many of us outraged as the process for amending our state constitution is being used to threaten our most basic and fundamental rights: like health care. Right now, we are confronting the fight for our lives.

Although abortion remains legal in the state of Pennsylvania, the fall of Roe has still impacted Planned Parenthood health centers and our patients. Even before the Supreme Court issued its decision in June, Planned Parenthood Health centers and patients faced barriers to accessing care. Providers and patients continue to navigate onerous, outdated, and unecessary requirements and restrictions on abortion care imposed by the state legislature and are regularly met with harassment and judgement from protesters who show up at Planned Parenthood clinics. These challenges have been exacerbated by the fall of Roe.

Since the decision was issued in *Dobbs*, we have seen more aggressive and emboldened protesters harassing patients and patient staff at our health centers in this state, and we fear that these conditions could only get worse.

Additionally, some Planned Parenthood health centers in the state are experiencing a surge of patients from outside of our borders. Our staff is not only caring for our neighbors, but for people traveling from Ohio and other surrounding states. This increase in out-of-state patients has forced some clinics to book appointments 3-4 weeks out—meaning that those who need care are being forced to wait longer than usual. For some patients, abortion is not only a life saving procedure but a time-sensitive one. Our staff continues to do all they can to ensure that patients get the care they need, when they need it. We have already seen that in this post-*Roe* reality, it is critically important that abortion remain accessible not just for Pennsylvanians, but for those coming to our state in search of compassionate care.

Unfortunately, anti-abortion politicians in this state are working hard to challenge our efforts to ensure that abortion remains protected and available in Pennsylvania. Right now, 85% of counties in the commonwealth do not have abortion providers, and we have only 17 clinics left. We need to do everything we can to ensure that we are able to create a Pennsylvania where every single person has access to the full range of sexual and reproductive health care and is able to do so without fear of violence and without having to navigage a regulatory obstacle course to receive basic health care. Instead, we remain one of the few access states with certain restrictive, medically unnecessary pre-abortion requirements, including requiring lab work before medication abortion, which is a barrier to care and not supported by experts in the field. We need a Pennsylvania that repeals existing restrictions and passes bills to protect and expand access to care, supports clinics and patients administratively and financially, and protects families so that they can thrive.

Planned Parenthood Pennsylvania Advocates and affiliates are always open to speaking with members about our work, and the ways we can work together to protect and expand access.

Testimony of Sarah Gutman
Tuesday, July 26 2022

PA House Democratic Committee Hearing: A Post-Roe Pennsylvania

Good Morning Chairman Bizzarro and members of the committee. I appreciate the opportunity to speak with you today.

My name is Sarah Gutman and I am an obstetrician gynecologist and family planning specialist in Philadelphia. I am here to share with you my clinical expertise and knowledge around the care that I provide to women and pregnant-capable people in Pennsylvania, and how their lives will be affected by the Supreme Court's decision to eliminate a constitutional right to abortion.

As an OB/GYN, I provide healthcare for women and people who can become pregnant throughout their lives. As part of this care, I discuss if and when they would like to become pregnant. If they wish to delay or prevent pregnancy, I help them decide if there is a birth control option that is safe and effective for them. But contraception can fail. Pregnancy can happen as the result of unexpected intercourse. Pregnancy can happen as the result of rape. Pregnant people who are excited to become parents can have complications and be unable to continue the pregnancy due to either health problems with the fetus or threats to their own health. There will always be a need for abortion, having access to this medical care is an integral part of health and wellbeing, and results in better mental and physical health outcomes for all.

Since the supreme court reversed Roe v. Wade on June 24th, many state legislatures have decided to ban or severely restrict abortion care. Patients and healthcare providers in these states have been put in impossible situations. People needing abortion care have been forced to travel to distant locations, costing time, money, and putting their lives at risk. Clinicians have been targeted, leaving many scared to provide the standard of care for abortion or miscarriage, and forcing them to wait until a person is critically ill before they can intervene even in a hopeless situation.

A recent study out of Texas showed that when the state enacted a ban on abortion after six weeks of pregnancy, pregnant people's health was compromised.[1] Individuals who had a complication, such as their water breaking, before 22 weeks of pregnancy were denied standard medical care and forced to wait until they became sick before receiving treatment. In this cohort, the risk of maternal morbidity nearly doubled after abortion bans were enacted, without any improvement in fetal outcomes. In this world, nobody wins. People will get sick. People will die.

Here in Pennsylvania, we have been able to continue to provide our patients high quality healthcare, but I fear that this seemingly basic fact is in jeopardy. If Pennsylvania lawmakers restrict access to abortion care, they are making deeply personal decisions on behalf of their constituents that they do not have the medical expertise to make. Restricting abortion access would have a disproportionate impact on Pennsylvanians who are Black, Indigenous, People of Color, the LGBTQ community, and low-income. These are the individuals who would have the hardest time leaving our state to get care in a neighboring one, who may not have the money, transportation, childcare, or time to travel and who would also be most likely to suffer from

pregnancy complications if forced to continue a pregnancy and give birth. Currently, Pennsylvania's maternal mortality rate is two times higher among Black women than the overall population.[2]

Even though we have been able to continue to provide care, Pennsylvania providers and patients are already feeling the effects of a post-Roe America. People are coming to Pennsylvania from neighboring states, and as the restrictions around us tighten it is estimated that our clinics may see up to a 25% increase in the number of people seeking abortion care.[3] We need to enact legislation protecting our providers ability to care for these patients. We need to build our clinical capacity, knowing that demand on our clinics, support staff, and medical staff will rise.

As you are well aware, during the 2021-2022 legislative session alone Pennsylvania lawmakers introduced multiple pieces of legislation restricting abortion care. These bills included a six-week abortion ban, banning physicians from ending a pregnancy affected by Down Syndrome, and most recently amending the state constitution to declare that the right to abortion or abortion funding does not exist in Pennsylvania. We cannot afford to simply be reactive – responding to the numerous restrictive bills proposed in the Pennsylvania legislature. We need to also be proactive. A majority of Pennsylvanians support legal abortion. We need to enact legislation that protects this care.

Over the past few weeks, we have heard some of the most extreme and disturbing examples of what happens when abortion is banned, including children who are the victims of sexual assault needing to travel to receive care. While those examples deserve our outage, so does any example of restricting care when a person needs to end a pregnancy. In a typical clinic day, my patients can include mothers facing a new pregnancy shortly after delivering a baby. I have treated students – people in college, studying nursing and medicine – who are desperate to complete their education. I have cared for women who felt that their marriages could not sustain a pregnancy, or whose partners left after learning about a pregnancy leaving them without any resources or support. I want to remind people considering the idea of "compromising" about abortion restrictions that every abortion restriction is extreme to an individual who is pregnant. Abortion care is healthcare, and it should not be treated differently.

I welcome the opportunity to speak with members on this committee about working together to keep abortion care safe and legal in Pennsylvania. I am happy to take your questions.

1) Nambiar A & Patel S. Maternal morbidity and fetal outcomes among pregnant women at 22 weeks' gestation or less with complications in 2 Texas hospitals after legislation on abortion. AJOG. July 4 2022. AJOG. DOI: https://doi.org/10.1016/j.ajog.2022.06.060
2) Bureau of Family Health. Pennsylvania Maternal Mortality Review: 2021 Report. January 2022. Accessed July 25, 2022. https://www.health.pa.gov/topics/Documents/Programs/2021%20MMRC%20Legislative%20Report.pdf
3) Gantz S. How overturning 'Roe v. Wade' will affect abortion access in PA;, NJ. *Philadelphia Inquirer*. June 24, 2022. Accessed July 25, 2022. https://www.inquirer.com/health/overturn-roe-scotus-ruling-abortion-access-pennsylvania-20220624.html

Oshun
FAMILY CENTER

Post-Roe Policy Hearing
Philadelphia, Pennsylvania
"The Consequences of Enforcement"

Pennsylvania House of Representatives
Democratic Policy Committee

July 26th, 2022

Testimony of : Saleemah McNeil, MS, MFT
Founder of Oshun Family Center

Good Afternoon Everyone and to the House Democratic Policy Committee,

Thank you for taking this time to hear our stories and actively plan to combat this growing epidemic of Maternal Mortality. My name is Saleemah McNeil, I am a Reproductive Psychotherapist, Founder of Oshun Family Center, curator of the Maternal Wellness Village, a Maternal Health researcher and a survivor of a traumatic birth experience. However, none of that matters when the only thing on trial and being openly discussed is the functionality of my uterus. In 2006, the title of mother made me a morbidity statistic. I gave birth to a healthy baby boy, my pregnancy went well and there were no health concerns until 37wks and 3 days gestation. ON this particular day, I went to my regularly scheduled prenatal appointment and was sent straight to the hospital due to high blood pressure. I was never informed of the severity pertaining to my condition. When I arrived at the hospital, my blood pressure was 202 over 153, which is medically classified as “stroke range” and the only cure is the delivery of my baby, the culprit, preeclampsia. After a horrific emergency c/section and 9 days in the hospital recovering, I went home.

But let’s rewind 30 weeks, to the moment I found out I was expecting. It was the most terrifying moment of my life. I was 18 years old, recently enrolled in college, working full time, living independently and now growing a life?! I was unsure of what our future would hold and I heavily contemplated all of my options. I started at an undercover christian based center that offered/advertised FREE pregnancy tests. I went in and spoke to the kindest older white woman who compassionately spoke to me about my options. When I told her I contemplated termination, she asked me to watch a short 5min video that would provide additional information and she left the room. I sat alone, in a room, watching a 5 minute video of an abortion being performed, the patient’s body was shaking uncontrollably as she held the hand of a nurse who talked her through the procedure because she was not sedated. The video ended with the patient’s piercing screams! The woman reenters the room with a folder of resources for prenatal care. I was

mortified, confused and angry when I left the office because I went with the intention of openly exploring my options, not to be scared straight. Her parting words, “I just want to help save your soul because HELL doesn't deserve you”. Luckily, I had done my own research and I was supported by my provider who talked through things with me. I was able to make an informed decision by 15 weeks gestation to continue the pregnancy to bring my son earthside but I almost lost my life doing so.

Welcome to Gilead! However, this is not fiction, we are not handmaids…yet and reproductive rights have been rolled back. Historically, this issue has disproportionately impacted Black birthing people. In the late 1850s, the newly established American Medical Association began calling for the criminalization of abortion, partly in an effort to eliminate doctors’ competitors such as midwives and homeopaths. We still haven't fully recovered. Additionally, racists, alarmed by the country’s growing population of immigrants, were anti-abortion because they feared declining birth rates among white, American-born, Protestant women. In 1869, the Catholic Church banned abortion at any stage of pregnancy, while in 1873, Congress passed the Comstock law, which made it illegal to distribute contraceptives and abortion-inducing drugs through the U.S. mail. By the 1880s, abortion was outlawed across most of the country. Systemic change did not happen until 1973, Roe V. Wade which was only 49 years ago.

What does all of this mean for Black birthing people in Amerikkka?! In addition to the immediate and devastating impacts of the fall of *Roe v. Wade*, the *Dobbs* decision also threatens to exacerbate the already dire maternal health crisis in this country that Black and Indigenous women and birthing people in particular face. It is always unconscionable to force the continuation of an unwanted pregnancy but for Black women and other populations who have been historically marginalized, it is particularly immoral and dangerous. With maternal mortality rates already climbing for Black women, the loss of federal protections for abortion access is particularly alarming: recent research found that if abortion were to be

banned nationwide, it would increase maternal deaths by 24 percent overall, and by nearly 40 percent for Black women. We need your help to stop this increase. Overturning Roe v. Wade will NOT stop people from getting abortions, it will prevent people from obtaing safe abortions and proper aftercare.

At Oshun Family Center, we serve Black birthing families in Philadelphia and the surrounding counties. This has gravely impacted the population of people we serve as they make decisions for their families. We have clients that identify in the Queer community who utilized medical based fertility options such as invetrofertilization (IVF) to expand their families, we have single parents by choice who utilize medical intervention to grow their family, we also see those conteplating termination for a variety of reason and those seeking support for mental wellness following a termination. This is a safe haven for processing your choices and decisions pertaining to their body and their families. I will close by sharing a short excerpt from a submission shared directly with us, I have obtained full permission to include this testimony and the identity of this person is protected.

"I've had four medical and surgical abortions. None by choice. In my time building my family, seven pregnancies would never reach a live birth. Four of those losses had the potential to cause irreparable harm, permanent loss of fertility, and my death.

In a post Roe v. Wade world, that would look like carrying my 13+6 pregnancy even longer than the 8 days I had already carried the lifeless fetus. In my 11 week loss, it would look like waiting longer than the 10 days I had already been carrying the decaying fetus. It would look like waiting beyond those 10 days despite the fever which was already developing, indicating an infection was brewing.

It would look like bleeding out from retained products of conception following an incomplete miscarriage where a pharmacist could deny the lifesaving cytotec. It would be bleeding out following an early miscarriage with retained tissue where a D&E was needed after a week of heavy bleeding, clots and all.

Abortion care is lifesaving. Whether the embryo, fetus, or baby still has a heartbeat or not, there are numerous examples and reasons an abortion is necessary. Only licensed medical providers AND patients can safely determine what care is appropriate for them." -S.P.

Thank you so much for taking the time to listen to our stories about our bodies. I hope this is the beginning of us collaboratively working together to build a solid foundation for reproductive and birth justice.

~Saleemah McNeil CLC, MS, MFT

Shared with permission S.P. (Additional; Full testimony, Oshun Family Center)

I've had four medical and surgical abortions. None by choice. In my time building my family, seven pregnancies would never reach a live birth. Four of those losses had the potential to cause irreparable harm, permanent loss of fertility, and my death.

In a post Roe v. Wade world, that would look like carrying my 13+6 pregnancy even longer than the 8 days I had already carried the lifeless fetus. In my 11 week loss, it would look like waiting longer than the 10 days I had already been carrying the decaying fetus. It would look like waiting beyond those 10 days despite the fever which was already developing, indicating an infection was brewing.

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Abortion care is lifesaving. Whether the embryo, fetus, or baby still has a heartbeat or not, there are numerous examples and reasons an abortion is necessary. Only licensed medical providers AND patients can safely determine what care is appropriate.

In a world where people don't know what a fallopian tube is or where the luteal phase lands in a menstrual cycle, how can it be safe for those same people to dictate medical care?

In nature, approximately 50% of fertilized eggs do not become a viable pregnancy. Even the very basics of natural biology recognize not every embryo is meant to become a live birth.

In a country with abysmal maternal fetal outcomes, Roe v. Wade being overturned can quickly become a death sentence to even more.

We live in a world where systemic racism and social determinants impact outcomes to the point Black and Brown women are 4xs more likely to die from pregnancy and childbirth related complications. We live in a world where Black infants are significantly less likely to reach their first birthday.

How do we push forced pregnancy and childbirth on people where we are unable to even care for those willingly choosing pregnancy?

How do we eliminate care amongst the 1 in 8 couples facing infertility who risk lack of access to reproductive healthcare assistance should personhood bills at conception be passed?

If overturning Roe v. Wade is about saving life, it would directly reduce maternal mortality in this country, especially among Black and Brown women. If it was about saving life, it would clearly leave medical decisions to licensed medical providers so they can help their patients be their healthiest. If it was about saving life, we would see more research into infertility care, reducing congenital birth defects, reducing the risk of premature birth which impacts 1 in 10. It would address the hundreds of thousands of kids in foster care waiting for homes.

But it is not about saving life. It is simply a political act of control written by people without medical experience and without basic understanding of biology. It is a death sentence for those needing healthcare. It is a lifelong diagnosis of trauma for the person forced to carry in a situation which, for any reason, isn't ideal or safe in their life.

What are we as a society, as a country, gaining on a population level by overturning Roe v. Wade? For our current living and breathing population, we are not gaining any positive measurable outcomes. We will not see healthier people. We will not see reduced healthcare costs. We will not see improved mental health statistics. We will not see improved Maternal infant health statistics. Simply put, there is nothing gained.