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Gender, Race, and Class

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Dear New York Abortion Access Fund (NYAAF),

Abortion, as you know, is an integral aspect of healthcare that serves to protect women, families, and children. Planned Parenthood (PP) is and has been widely considered the main provider of abortions and other forms of contraception for women. Historically, PP has worked to appeal to the mainstream as a source of family planning healthcare, rather than as a radical or feminist institution, in order to gain government funding. With the overturning of Roe V. Wade in 2022 and America's political landscape becoming increasingly conservative, women's right to sexual and reproductive healthcare, including abortion, is once again being threatened.

In order to preserve abortion access and reproductive healthcare in these uncertain times and work to bridge the gap between the quality of care received by immigrant women and female American-born citizens, I urge NYAAF to 1) partner with and allocate funding to Garden State Gynecology, 2) formulate a rideshare or discounted ride program alongside Lyft for low income women seeking abortions from out of state, and 3) fund a public advertising campaign for Opill, the first legal over-the-counter birth control, in Chinese, Spanish, English, Arabic, and Hindi.

Planned Parenthood is "a nonprofit health care organization [which] provides services such as birth control, pregnancy care, abortions, and cancer screening for women, men, and adolescents around the world (Harmon)." The first PP clinic was opened by Margaret Sanger, a nurse, in 1916, with the intention of distributing

contraceptives to women at a time when the Comstock Laws barred them from obtaining birth control and information about sexual and reproductive healthcare (Harmon). Although the fight for legal birth control began in socialist and anarchist circles, when the American Birth Control Act was established in 1921, Sanger and her fellow advocates began to shift their approach. They turned from their radical roots in hopes of forging alliances with mainstream women's and health organizations and utilizing political accommodation to gain more traction, funding, and support (Rosen and Furgerson 1).

January 22, 1973 marked the US Supreme Court decision to approve Roe V. Wade, which resulted in the legalization of abortion and legitimized abortion as an option for women with unwanted pregnancies. After this ruling, more PP locations opened and began to offer abortion services (Harmon). As PP continued to expand, it became a target of anti-abortion activists and hate crimes. Women on their way to get an abortion, or even just birth control pills, would first have to pass angry faces on the street with lectures about sins and God and the value of life. In a 2011 op-ed for Huffington Post, the vice president of PP at the time, Cecile Richards, went as far as to say that Republican lawmakers were transforming "women's health and Planned Parenthood [into] a political football (Rosen and Furgerson 7)."

In June 2022, the Supreme Court's ruling in *Dobbs v. Jackson Women's Health Organization* led to the reversal of *Roe v. Wade* (Harmon). In response to the decision, which asserted that the Constitution does not address abortion or grant an inherent right to the procedure, several states took steps to enforce abortion bans (Harmon). Currently, abortion access is regulated by state law. Abortion policies widely vary, from restrictive (abortions are permitted only in cases of life or health risks to the patient, or instances of

rape or incest) to protective policies (abortions are allowed with few or no restrictions) (Lee et al. 1).

More than two years after the overturning of *Roe V. Wade,* the future of reproductive healthcare access remains unsure. Especially after Donald Trump's win in the 2024 Presidential Election, PP has a target on its back that may be burdensome enough to prevent it from being an effective political advocate for abortion. Living in New York does not make us immune to the threat of being unable to access abortion, either. Even as New York continues to protect abortion rights, clinics are closing, donations from *Roe's* overturning are leveling off, and according to Stark et al., "New York's abortion access ecosystem is being pushed to the limit."

On August 7, 2024, PP announced "a temporary pause to its deep sedation pain management services at the Manhattan Health Center and the closure of health centers in Goshen, Amsterdam, Cobleskill, and Staten Island (Sojwal)." The press release went on to explain that "in Spring 2024, Planned Parenthood of Greater New York (PPGNY) began a strategic reconfiguring of its operations and prioritizing its resources to preserve access to sexual and reproductive health care, including abortion." PP states that this decision is a result of "systemic failures in the U.S.," including "growing operating expenses, unreliable insurer reimbursements, ongoing pandemic recovery, a hostile political landscape, and a FY25 state budget that fell short of responding to the needs of sexual and reproductive health care providers (Sojwal)."

Obviously, comprehensive health care services must include sexual and reproductive services and abortion. Planned Parenthood, while being an extremely important resource in the fight for women's healthcare and contraception access, is a "risk adverse organization" (Rosen and Furgerson 7) at the end of the day, and will conform to the political climate to an extent in order to retain its mainstream image and

preserve its overall longevity. This is why I propose we turn our attention away from PP to independent abortion clinics, specifically Garden State Gynecology.

According to Andrea Gallegos, executive administrator of the Tulsa Women's Clinic, "We definitely need Planned Parenthood. But private clinics, smaller clinics, are kind of overlooked in what we do and what we continue to do throughout these restrictions (Rosen and Furgerson 7)." Immense discrepancies in foundation funding disclosed by the National Committee for Responsive Philanthropy (NCRP) support Gallego's claim. The parties closest to the actual provision of services, abortion funds and independent clinics, reportedly received less than 2% of the $1.7 billion dollars given to support reproductive issues (Rosen and Furgerson 7).

Unlike PP, which uses donations to fund both its advocacy efforts and clinic services, abortion funds are put toward direct support, such as financial and logistical assistance for transportation, translation, housing, child care, and legal aid (Rosen and Furgerson 8). These services are much more extensive than those offered by clinics affiliated with PP, which are primarily concerned with education, counseling, and medical care.

Independent clinics, though severely underfunded, are vital providers of abortion services. According to the Abortion Care Network's 2021 report, independent clinics perform 58% of all abortion procedures nationwide and "operate the majority of abortion clinics in states that are most politically hostile to abortion access (Rosen and Furgerson 8)." In addition, only 49% of PP clinics offer both medication and in-clinic abortion procedures, while 71% of independent clinics provide both options (Rosen and Furgerson 8). 113 independent clinics closed their doors between 2016 and 2021, primarily due to a lack of visibility, institutional support, and sustainable funding, which

left them dependent on donations, volunteer work, and community advocacy (Rosen and Furgerson 8).

An examination of PP's past shows a struggle between commitments to political advocacy and service; improving the quality of people's lives and securing government funding. In such uncertain times, it is more crucial than ever that funding is directed to the organizations that are most capable of continuing to provide abortions to those in need: independent clinics like Garden State Gynecology.

Garden State Gynecology is an independent abortion provider accredited by the Quad A which offers general anesthesia, deep sedation, and conscious sedation. I urge NYAAF to partner with Garden State Gynecology for three reasons. 1) Garden State Gynecology continues to offer deep sedation as PP pauses their deep sedation services. 2) Garden State Gynecology has a location in Staten Island, where one of the four PP closures is occuring, in addition to two locations in New Jersey. 3) Garden State Gynecology offers amongst the lowest fees for uninsured patients, as well as discounted rates for procedural abortion care, and a financial assistance program where representatives will reach out to funding agencies on behalf of patients in need. I would suggest NYAAF keep its partnership efforts with Garden State Gynecology quiet, in an effort to protect Garden State Gynecology from Planned Parenthood's political battleground fate.

These financial assistance programs are extremely important to the fight for reproductive healthcare for all, especially immigrant women, who have historically had a much more challenging time securing affordable healthcare and health insurance. According to Samari et al., "78% of non-US citizen New Yorkers have health insurance, compared with 96% of US-born New Yorkers. The disparity is even starker between citizens (both US-born and naturalized) and undocumented immigrants, where only

54% of undocumented immigrants have health insurance compared with 93% of NYC's total population." These overarching gaps in access to healthcare are perpetuated by systemic racism and the resulting systems of inequality. Many immigrants are barred from accessing health care services as a result of a lack of documentation or are reluctant to access care out of fear of being profiled or talked down to (Samari et al.). By partnering with and funding Garden State Gynecology, NYAAF will be actively taking a step to support independent clinics and abortion access for the most vulnerable populations of women: uninsured immigrants and low income individuals.

In 2015, Ruth Bader Ginsberg told Huffington Post that when it comes to the question of having a child or having an abortion, "essentially… poor women don't have choice. Women of means do. They will, always." She goes on to speak about the future, making a worst-case-scenario prediction that has now become our reality:

> "Let's assume Roe v. Wade were overruled and we were going back to each state for itself, well, any woman who could travel from her home state to a state that provides access to abortion, and those states never go back to old ways … So if you can afford a plane ticket, a train ticket or even a bus ticket you can control your own destiny but if you're locked into your native state then maybe you can't. That we have one law for women of means and another for poor women is not a satisfactory situation."

As reproductive healthcare providers take measures to adapt to the overturning of *Roe*, the significance of travel costs and the burdens it brings upon lower income individuals cannot be understated. For this reason, I urge NYAAF to formulate a rideshare program with Lyft to offer discounts on travel from restrictive abortion states to one of the three Garden State Gynecology locations. Lyft ran a discounted ride program to the polls on

election day, and this effort is another attempt in the same vein to empower people to take action for what they believe in.

According to a study conducted by Goleen Samari, Heather M. Wurtz, Sheila Desai, and Kate Coleman-Minahan for *Perspectives on Sexual and Reproductive Health,* "As US states continue to restrict access to abortion and contraception, immigrants may face disproportionate barriers to traveling out-of-state or even self-sourcing and managing medication abortion due to many barriers our study uncovered, such as language barriers, economic exploitation, and lack of workplace flexibility and leave." In addition, a cross sectional survey based study featured in *Hispanic Healthcare International* showed higher rates of language and media assimilation among Hispanic women was found to be associated with an awareness of emergency contraception, while lower language and media assimilation rates among Hispanic women were associated with either no method of contraception or birth control pills (Lee et al. 2). The same study also found 54% of Hispanics were aware of the overturning of Roe v. Wade within one month of the Supreme Court decision. The findings almost one year later differed, showing a lesser percentage of awareness (Lee et al. 2).

This is where my third proposal comes into view: an NYAAF-backed public advertisement campaign for Opill, "the first oral contraceptive approved by the US Food and Drug Administration for over-the-counter use (Howard)" in the five most spoken languages in the world: Chinese, Spanish, English, Arabic, and Hindi (Lane). For some marginalized people, the travel, financial, and language barriers to receiving healthcare are too overwhelming or oppressive to attempt to bypass. The *Hispanic Healthcare International* study proved that there is a direct correlation between

language and media assimilation and contraception use in the Long Island New York Hispanic population.

A public advertisement campaign in the 5 most commonly spoken languages, placed around New York, specifically in the four neighborhoods where PP is closing their clinics, in public spaces such as buses, subways, and city squares, can help spread awareness of a new development in birth control that does not require immigration documentation or out of state travel or seeing a doctor. It is a method of empowering immigrants with lower levels of English language proficiency and media assimilation that they too can take control of their reproductive health, and providing them with a concrete method to do so. Opill even has a cost assistance program for individuals who may need a reduced or no cost method of birth control. It is an extremely impactful tool that is now available to us over the counter - all that is left is to spread the word to those who may not be closely following current events and news.

Abortion is so strongly demonized not because of a true belief in the value of every unborn baby, but as a way to oppress women, even if it means more babies being born into lives of abandonment and abuse. In order to promote and preserve women's right to sexual and reproductive healthcare, including abortion, the best course of action available is to educate women on the available options, and provide concrete support in all the steps of the process of obtaining healthcare. I sincerely hope NYAAF will consider enacting these three guidelines for change in service of women's health and liberation today, tomorrow, and forever.

Best,

Emma Jacobson

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