Nos. 18-1323, 18-1460

IN THE

Supreme Court of the United States

JUNE MEDICAL SERVICES L.L.C., *et al.*,

Petitioners,

v.

DR. REBEKAH GEE, Secretary, Louisiana Department of Health and Hospitals,

Respondent.

DR. REBEKAH GEE, Secretary, Louisiana Department of Health and Hospitals,

Cross-Petitioner,

v.

JUNE MEDICAL SERVICES L.L.C., *et al.*,

Cross-Respondents.

ON WRITS OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FIFTH CIRCUIT

BRIEF *AMICI CURIAE* FOR ORGANIZATIONS AND INDIVIDUALS DEDICATED TO THE FIGHT FOR REPRODUCTIVE JUSTICE – WOMEN WITH A VISION *ET AL.* – IN SUPPORT OF PETITIONERS

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STATEMENT OF INTEREST OF AMICI CURIAE[1]

Amici are advocates of reproductive justice. Reproductive justice is a movement and set of human rights-based principles conceived of by and for feminists of color as a framework for analyzing and redressing political, social, and economic inequities. "At the heart of reproductive justice is this claim: all fertile persons and persons who reproduce and become parents require a safe and dignified context for these most fundamental human experiences" including the right to have a child, the right not to have a child, and the right to parent a child with dignity. LORETTA J. ROSS & RICKIE SOLLINGER, REPRODUCTIVE JUSTICE: AN INTRODUCTION 9 (Univ. of Calif. Press, 1st ed. 2017); Sister Song, Inc. *Reproductive Justice*, https://www.sistersong.net/reproductive-justice (last visited Nov. 21, 2019). Access to abortion, free from oppression and discrimination, is a critical component of reproductive justice because it is essential to reproductive autonomy and self-determination. For people of color, denial of abortion access is a form of racial discrimination that perpetuates the long history of government control over reproductive decision-making.

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[1] This brief is filed with the written consent of all parties pursuant to the Court's Rule 37.2(a). Copies of the requisite consent letters have been filed with the Clerk. Pursuant to the Court's Rule 37.6, we note that no part of this brief was authored by counsel for any party, and no person or entity other than *Amici* or their members made any monetary contribution to the preparation or submission of the brief.

Based on their advocacy and scholarship, *Amici* know that marginalized communities – particularly low-income people, people of color, young people, immigrants, people with disabilities, and Queer, Trans, and LGBT people – experience structural discrimination within and beyond Louisiana's healthcare system and are therefore most at risk of experiencing deprivations of their reproductive health, safety, and autonomy. These realities render these communities most vulnerable to the profoundly negative effects of Louisiana's Act 620 ("Act 620").

Amici write to highlight the devastating consequences that Act 620 will impose on marginalized populations in Louisiana, who – because of structural racism, discrimination, and economic disadvantage, among other factors – have been denied access to necessary reproductive healthcare services. These communities already experience disproportionately high maternal mortality rates and other adverse reproductive health outcomes. Act 620 will effectively cut off access to abortion services and related health services in Louisiana for marginalized populations in violation of their human rights. *Amici* write to inform the Court about these and other pervasive inequities that would result from the implementation of Act 620.

Women With A Vision, Inc. ("WWAV")'s mission is to improve the lives of marginalized women, their families, and communities by addressing the social conditions that hinder their health and well-being. A community-based organization founded in 1989 by and for women of color, WWAV's major areas of focus include Sex Worker Rights, Drug Policy Reform, HIV

Positive Women's Advocacy, and Reproductive Justice outreach.

In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national-state partnership which seeks to provide a platform for Black women to speak for themselves and to present a proactive strategy for advancing reproductive justice, including the right to safe and legal abortions, at the national and state levels.

Unite for Reproductive & Gender Equity ("URGE") is a non-profit grassroots advocacy organization that works to mobilize young people through a reproductive justice framework.

The National Asian Pacific American Women's Forum ("NAPAWF") is the leading, national, multi-issue community organizing and policy advocacy organization for Asian American and Pacific Islander (AAPI) women and girls in the United States.

National Advocates for Pregnant Women ("NAPW") believes that no one should be arrested, shamed, or denied constitutional or human rights because they have the capacity for pregnancy, are pregnant, or because of any outcome of their pregnancies – including birth, miscarriage, stillbirth and abortion.

The Desiree Alliance is a national sex workers' rights organization that holds firmly the idea that every person has the right to and choice for full body autonomy without interference from local, state, and federal governments.

National Latina Institute for Reproductive Health ("NLIRH") builds Latina power to guarantee

the fundamental human right to reproductive health, dignity, and justice.

Civil Liberties and Public Policy is a national organization that educates, trains, and inspires new leadership to advance reproductive justice for all.

SisterLove, Inc.'s mission is to eradicate the adverse impact of HIV/AIDS and other sexual and reproductive oppressions upon all women, their families, and their communities.

Advocates for Youth partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies and champion programs that recognize young people's rights to honest sexual health information; sexual health services; and the resources and opportunities necessary to create sexual health equity.

Louisiana Foundation Against Sexual Assault is the federally-mandated, state-designated coalition of sexual assault service providers, survivors, and allied professionals.

SisterReach supports the reproductive autonomy of women and teens of color, poor and rural women, LGBTQ+ folx, gender non-conforming people, and their families through the framework of Reproductive Justice.

Black Women's Health Imperative is a national organization dedicated to improving the health and wellness of the nation's 21 million black women and girls – physically, emotionally, and financially.

The Afiya Center is the only reproductive Justice organization in north Texas founded by black women,

directed by black women, and serving black women and other women of color.

California Latinas for Reproductive Justice ("CLRJ") is committed to honoring the experiences of Latinas to uphold our dignity, bodies, sexuality, and families. We build Latinas' power and cultivate leadership through community education, policy advocacy, and community-informed research to achieve Reproductive Justice.

Caitlin Williams is a sexual and reproductive health researcher, whose work is grounded in reproductive justice principles.

Stephanie A. Bogdewic is a sexual and reproductive health researcher working towards the elimination of health disparities.

Biftu Mengesha is an obstetrician-gynecologist committed to ensuring health equity and eliminating health disparities.

Monica McLemore is a sexual and reproductive health clinician-scientist working towards the resolution of health inequities.

SUMMARY OF ARGUMENT

Act 620 imposes on Louisiana's abortion providers the obligation to maintain admitting privileges at a hospital within 30 miles of any clinic where they practice. In text, purpose, and effect, Act 620 is identical to the admitting privileges requirement this Court struck down in *Whole Woman's Health* in 2016. *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292, 2292–30 (2016); *compare* La. Rev. Stat. § 40:1061.10, *with* Tex. Health & Safety Code Ann. § 171.0031(a)(1)

("Texas Act"). The Court of Appeals nonetheless upheld the Act. Pet. App. 1a.

Like the Texas Act, Act 620 poses a dire risk to *all* people in Louisiana who depend on the reproductive health services offered by the subject abortion clinics. The District Court found that Act 620 will leave only one abortion provider in Louisiana, thereby requiring people seeking abortions to travel greater distances, incur greater financial hardship, and yet find far fewer available providers. Pet. App. 132a at 80, 83. For many Louisiana residents, these hardships will prove impossible to surmount, as a financial matter (for low-income people and those who already have children) and as a practical matter (as the sole remaining provider cannot possibly treat the approximately 10,000 people seeking abortion care each year in Louisiana). While Act 620 would affect all people in Louisiana, the consequences would be felt disproportionately, and most severely, by Louisiana's marginalized populations – low-income people, people of color, and other marginalized groups – who collectively seek the majority of abortions performed in Louisiana.

For marginalized communities in Louisiana, access to safe and available reproductive health services – including abortion services – is already severely compromised. Enforcement of Act 620 will decimate access to essential healthcare services in these communities, thereby depriving them of their fundamental human right to personal bodily autonomy and self-determination, which includes the right to access abortion.

Appellee's efforts to justify Act 620 on the basis of its purported health benefits are as unconvincing as the

arguments that this Court rejected in *Whole Woman's Health*. *Amici*'s collective experience and research show that Act 620 will have the opposite effect: it will yield negative health outcomes by delaying abortion, denying those in need of abortion services access to qualified healthcare providers, and forcing pregnant people who do not want to be pregnant to give birth in a state that ranks at or near the bottom of all states with respect to maternal mortality. People of color – who have long encountered racism when seeking reproductive healthcare − will be disproportionately impacted. Louisiana's unconstitutional denial of fundamental human rights will directly and disproportionately harm Louisiana's most marginalized individuals and communities, undermining reproductive justice.

ARGUMENT

I. PEOPLE OF COLOR AND OTHER MARGINALIZED INDIVIDUALS AND COMMUNITIES IN LOUISIANA HAVE LONG EXPERIENCED UNEQUAL ACCESS TO REPRODUCTIVE HEALTHCARE AND SUFFER FROM POOR HEALTH OUTCOMES.

Act 620 was passed against the ongoing and historical backdrop of discrimination, structural racial bias, and other factors, in which low-income people, people of color, Queer, Trans, and LGBT people, people with disabilities, immigrants, and other marginalized communities in Louisiana have experienced significant barriers in accessing

reproductive healthcare, resulting in adverse health outcomes. *See generally* Brief for the Reproductive Justice Scholars as Amicus Curiae Supporting Petitioners, *June Medical Services L.L.C. et al. v. Gee*, No. 18-1323 (2019). These barriers include (A) socioeconomic disparities, (B) limited access to health systems and providers, (C) limited access to sexual health education and contraception, (D) limited access to paid leave, and (E) exposure to environmental injustices.

A. Socioeconomic Disparities

People of color and other marginalized Louisiana communities experience disproportionate rates of disease due, in part, to chronic exposure to deeply entrenched socioeconomic inequities. Jessica Arons & Madina Agenor, *Separate and Unequal: The Hyde Amendment and Women of Color*, CTR. FOR AM. PROGRESS, 13 (2010), https://cdn.americanprogress.org/wp-content/uploads/issues/2010/12/pdf/hyde_amendment.pdf. This begins with disproportionate exposure to poverty, which is deeply tied to historical and structural racism and discrimination. *See* Deanna Koepke, *Race, Class, Poverty, and Capitalism*, 14 RACE, GENDER & CLASS J. 189 (2007). A staggering 33.5 percent of black Louisiana residents live below the poverty level, and only 38 percent live in households with a livable income, compared to 65 percent of white Louisiana residents who live in a household with a livable income. N. Siddiqui et al., *The HOPE Initiative: Appendix*, NAT'L COLLABORATIVE FOR HEALTH EQUITY, 19 (2018), http://www.nationalcollaborative.org/wp-content/uploads/2018/07/HOPE-Appendix-Final-

07.24.2018.pdf. Louisiana also has the largest gap in earnings between black women and white men in the country; black women earn less than half of what white men earn – another inequity that is tied to discrimination. Asha DuMonthier et al., *The Status of Black Women in the United States*, Executive Summary, INST. FOR WOMEN'S POL'Y RESEARCH (2017), http://statusofwomendata.org/wp-content/uploads/2017/06/SOBW_ExecutiveSummary_Digital-2.pdf; Andrea Flynn, *It Takes Black Women in the U.S. 20 Months to Earn What White Men Make in a Year*, TIME (Aug. 22, 2019), https://time.com/5655678/black-womens-equal-pay-day-history/. Trans Americans are almost four times more likely to have a household income below $10,000 than the population as a whole. Ctr. for Am. Progress, *Paying an Unfair Price: The Financial Penalty for Being Transgender in America*, 3 (2015), https://www.lgbtmap.org/file/paying-an-unfair-price-transgender.pdf. Trans people of color are even more likely to live in extreme poverty – 34 percent of black Trans people reported incomes below $10,000 a year compared to 9 percent of the entire black population. *Id*.

These wage inequities impose barriers to accessing adequate housing, which affects health outcomes. For low-income workers, securing quality, affordable housing in Louisiana has become "nearly impossible without financial assistance," leaving low-income residents without adequate housing which, in turn, has been associated with exposure to health risks at a rate far higher than the general population. Nick Sorrells, *The State of Housing in Louisiana*, LA. HOUS. ALL., 5 (2015), https://www.naceda.org/assets/State-of-Housing-in-Louisiana-2015.pdf. People of color

disproportionately face affordability and housing discrimination challenges that contribute to inadequate housing and increased exposure to health risks. *Id.* at 16, 18, 20. Trans people also face far greater housing insecurity than the general population. Nineteen percent of Trans individuals report experiencing homelessness at one point in their lives compared to 7.4 percent of the general population. Jamie M. Grant et al., *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, 112 (2011), https://www.thetaskforce.org/wp-content/uploads/2019/07/ntds_full.pdf. And 41 percent of black Trans people reported experiencing homelessness. *Id.*

B. Disparate Access To Health Systems And Providers

Louisiana's marginalized communities already lack access to healthcare services, including reproductive care. The lack of access to a car and the inadequate public transportation in cities like New Orleans impose a particular barrier to reproductive healthcare access in Louisiana. *See* Ride New Orleans, *Creating Our Transit Future*, 4 (2017), http://rideneworleans.org/wp-content/uploads/2017/08/SOTS-2017-FINAL-PDF.pdf. In Louisiana, almost 17 percent of black households have no access to a car, compared to only five percent of white households. Nat'l Equity Atlas, *Percent of Households Without a Vehicle by Race/Ethnicity: United States vs. LA, 2015* (2015), https://nationalequityatlas.org/indicators/Car_access/By_race~ethnicity%3A49791/United_States/Louisiana. Some 41 percent of Louisiana residents live in an

area without access to primary care health professionals. KFF, *Medicaid's Role in Louisiana* (Jul. 21, 2017), https://www.kff.org/medicaid/fact-sheet/medicaids-role-in-louisiana/.

Access to primary care is more strained for those insured by Medicaid, as only 57 percent of Louisiana physicians accept new Medicaid patients – one of the lowest rates in the country. *Id*. Twenty-eight percent of Louisiana's population is covered by Medicaid or the Children's Health Insurance Program ("CHIP"), and as of 2017, over half of those covered by Medicaid were black. KFF, *Medicaid in Louisiana*, 1 (Oct. 2019), http://files.kff.org/attachment/fact-sheet-medicaid-state-LA; KFF, *Distribution of the Nonelderly with Medicaid by Race/Ethnicity* (2017), https://www.kff.org/medicaid/state-indicator/distribution-by-raceethnicity-4/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D. Fifteen percent of Louisiana women aged 18-44 are uninsured. Am.'s Health Rankings, *Health of Women and Children, Uninsured Women in Louisiana* (2019), https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/Uninsured_women/state/LA.

Communities of color disproportionately lack access to quality healthcare, particularly reproductive care, with devastating effects. Black women – irrespective of education level – are less likely to receive timely and consistent prenatal care, and more likely to experience a pregnancy-related injury or death, compared to women of other races and ethnicities. Linda Goler Blount, *Our Bodies, Our Lives, Our*

Voices – The State of Black Women and Reproductive Justice Policy Report, 52 (Jun. 2017).

This disparity is particularly acute in Louisiana, which consistently ranks at or near the bottom of all states with respect to maternal mortality. Lyn Kieltyka et al., *Louisiana Maternal Mortality Report 2011-2016*, LA. DEP'T OF HEALTH, 6, 17 (Aug. 2018), http://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2011-2016_MMR_Report_FINAL.pdf. Louisiana has experienced skyrocketing maternal mortality deaths across all populations during this decade, with the number of deaths increasing an average of 34 percent per year from 2011 to 2016. *Id*. This increase has had a particularly devastating impact on black women. From 2011 to 2016, 68 percent of maternal deaths in Louisiana were of black women, even though black women accounted for only 37 percent of births. *Id.* at 21.

In addition, people with disabilities in Louisiana, like people with disabilities across the United States, face physical, legal, financial, cultural, and structural barriers to accessing health services, including reproductive healthcare. *See, e.g.*, Nat'l Council on Disability, *The Current State of Health Care for People with Disabilities*, 9 (2009), https://www.ncd.gov/rawmedia_repository/0d7c848f_3d97_43b3_bea5_36e1d97f973d.pdf; Bethany Stevens, *Structural Barriers to Sexual Autonomy for Disabled People*, 38 HUMAN RIGHTS MAGAZINE 1, 1-5 (2011). Recent studies indicate that people with disabilities experience specific challenges in accessing appropriate healthcare. *The Current State of Health Care for People with Disabilities* at 1. In particular, they face healthcare provider stereotypes about

disability, providers who have not been trained to understand or meet the healthcare needs of people with disabilities, and a lack of accessible medical facilities. *Id.* at 10. These barriers further undermine access to reproductive healthcare for people with disabilities. For instance, women with significant disabilities are less likely to access preventative services like birth control, Pap smears and mammograms than women who do not have disabilities. Anita Silvers et al., *Reproductive Rights and Access to Reproductive Services for Women with Disabilities*, 18 AM. MED. ASS'N J. OF ETHICS 430, 430–37 (2016).

Similarly, undocumented immigrants face substantial barriers to accessing quality healthcare across the country. As of 2017, among the total nonelderly population, 45 percent of undocumented immigrants were uninsured (compared to 23 percent of documented immigrants and 8 percent of citizens). Samantha Artiga & Maria Diaz, *Health Coverage and Care of Undocumented Immigrants*, KFF, 3 (Jul. 15, 2019), https://www.kff.org/disparities-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/; *see also* Sheila Desai et al., *Characteristics of Immigrants Obtaining Abortions and Comparison with U.S.-Born Individuals*, 11 J. WOMEN'S HEALTH 1505 (2019) (finding almost half of immigrants obtaining abortions were uninsured). Factors that contribute to this disparity include that undocumented immigrants are not eligible for Medicaid and Medicare, are barred from purchasing health insurance coverage through the Affordable Care Act Marketplace, and often have jobs that lack workplace health plans. *Health Coverage and Care of Undocumented Immigrants* at 5. Moreover,

undocumented immigrants report fear of immigration consequences as a deterrent to seeking healthcare. *Latina/o Voters' Views & Experiences Around Reproductive Health Care*, NAT'L LATINA INST. FOR REPROD. HEALTH 6 (2018), https://latinainstitute.org/sites/default/files/NLIRH%20Polling%20Press%20Kit_ENG_11.1.18.pdf (finding "one in four Latina/o voters ha[ve] a close family member or friend who has put off getting healthcare because of fear around immigration – including one in five who say the same about reproductive healthcare").

Even when individuals from marginalized communities are able to access a healthcare provider, their experience is often marred by care providers' cultural incompetency, discriminatory treatment, and overt racism. People of color report less partnership with physicians, less participation in medical decision-making, and lower levels of satisfaction when treated in the healthcare system. Georgetown Univ. Health Policy Inst., *Cultural Competence in Health Care: Is It Important for People With Chronic Conditions?*, https://hpi.georgetown.edu/cultural/. Black, Latino, and Asian American patients are more likely than their white peers to report that they believe they would have received better care had they been of a different race or ethnicity, and black patients are more likely than other minority groups to feel that they were treated disrespectfully during a health care visit. *Id*. In one tragic example, a black woman in Louisiana recounted her experience going to the hospital on multiple occasions to report pregnancy pain, only to be told she was fine and sent home each time. *The State of Black Women & Reproductive*

Justice Policy Report at 33. She miscarried four and a half months into her pregnancy. *Id.*

Queer and Trans people also face lack of access to competent care and stigma in healthcare. A 2011 National LGBTQ Task Force report, National Transgender Discrimination Survey, reported that 28 percent of Trans people were subjected to harassment in medical settings with two percent reporting being physically attacked in a doctor's office. *Injustice at Every Turn* at 74. A staggering 50 percent of Trans people reported seeing a doctor who lacked knowledge about transgender healthcare and therefore the patient had to teach the provider to obtain appropriate care. *Id.* at 76. Reproductive healthcare – including abortion services – is a particular arena in which Trans people need and do not receive culturally competent medical care. *See generally* Am. Coll. of Obstetricians and Gynecologists, *Health Care For Transgender Individuals*, Committee Opinion No. 512 (2011). In particular, Trans men may need contraception, routine pap smears and pelvic exams, information about STIs, preservation of fertility, and access to abortion services. *See* R. NICK GORTON ET AL., MEDICAL THERAPY AND HEALTH MAINTENANCE FOR TRANSGENDER MEN: A GUIDE FOR HEALTH CARE PROVIDERS (Lyon-Martin Women's Health Servs. 2005).

C. Disparate Access To Comprehensive Sexual Health Education And Contraception

Louisiana has an elevated rate of unintended pregnancies, with unintended pregnancies accounting for 60 percent of all pregnancies in the state. Kathryn

Kost, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002*, Guttmacher Inst. (2015), https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002. Unintended pregnancy disproportionately impacts the black community: black teens are twice as likely to have an unintended pregnancy as white teens nationwide. *The State of Black Women & Reproductive Justice Policy Report* at 37.

High rates of unintended pregnancy in Louisiana result, at least in part, from a lack of access to comprehensive sexual health education and contraception, which has most acutely impacted health outcomes for Louisiana's most marginalized communities. Louisiana law does not require schools to offer sexual health education despite having some of the highest rates of unintended pregnancies and sexually transmitted infections in the country. Lift La., *Sexual Health Education* (2019), https://liftlouisiana.org/issues/sexual-health-education. When sex education is taught in Louisiana, it is limited to abstinence programs. *Id.* Unlike comprehensive sexual health education – which promotes agency and is proven to delay first time sexual activity, reduce unintended teen pregnancy and STI rates, and increase use of effective contraception – abstinence-only education provides teens with few tools to make informed decisions about their bodies. *The State of Black Women & Reproductive Justice Policy Report* at 36–37. Indeed, compared with comprehensive sexual health education, abstinence-only programming has been shown to be ineffective at reducing rates of sexual

activity or STIs, jeopardizing the health of teens in both rural and urban communities. *Id.*

Beyond education, large numbers of low-income people in Louisiana lack adequate access to contraception. In 2014, only 15 percent of women in need of publicly supported contraception received services. Guttmacher Inst., *Contraceptive Needs and Services* (2014), https://www.guttmacher.org/sites/default/files/report_downloads/contraceptive-needs-and_services-tables-2014.pdf. Large segments of the most marginalized populations are without access to the tools necessary to prevent unintended pregnancies and ensure their reproductive freedom. This lack of access is experienced most severely by people of color, for whom "being denied the full range of reproductive options and sexual health education is the norm in Louisiana, particularly around abortion care." *The State of Black Women & Reproductive Justice Policy Report* at 33.

D. Disparate Access To Paid Leave

Research establishes that paid leave benefits families by preserving income; fostering children's long-term development and educational and workplace success; and decreasing the rate of maternal mortality. La. Women's Policy & Research Comm'n, *2018 Annual Report*, 8 (2018), http://gov.louisiana.gov/assets/docs/LWPRC_2018AnnualReportONLINE.pdf. But paid leave is disproportionately limited for people of color and low-income families in Louisiana. Only 35 percent of mothers in Louisiana were able to take any length of paid leave in 2018. Jessica Marlow, *Louisiana Budget Project*, 1, 2 (2018),

https://static1.squarespace.com/static/5c06bfc396d45557988784db/t/5c61b5b16e9a7f4bbb80a635/1549907378035/PFL-Policy-Brief_Jessica-Marlow.pdf.

Black women in Louisiana fare worst of all when it comes to access to paid family leave, in large measure because they are over-represented in low-wage and service jobs, which are less likely to offer paid leave. Taking *unpaid* leave is equally unavailable to most black women given the employment and wage disparities described in Section I(A), *supra*. As a result, black women are denied the substantial health-related and economic benefits that result from taking parental leave. *See Louisiana Women's Policy & Research Commission 2018 Annual Report* at 8.

E. Environmental Injustice

Environmental injustice also contributes to the increased health risks, inferior healthcare, and resulting poor health outcomes experienced by Louisiana's most marginalized communities. A 2019 study ranked Louisiana 50th among U.S. states with respect to a wide range of environmental indicators, including water, air, and soil quality. John Kiernan, *Greenest States*, WALLETHUB (Apr. 15, 2019), https://wallethub.com/edu/greenest-states/11987/. Unsurprisingly, people of color and people living in poverty bear the brunt of the state's environmental dangers. "[A]s a result of segregation into neighborhoods that are disproportionately affected by environmental degradation, people of color and poor individuals face an increased risk of being exposed to health-damaging toxins." *Separate and Unequal: The Hyde Amendment and Women of Color* at 17. For example, the predominantly black Gordon Plaza

neighborhood in New Orleans, built on a closed Superfund site, experienced high lead levels for many years, leading the neighborhood to have the second highest cancer rates among all Louisiana census tracks from 2005–2015. Alex Woodward, *Gordon Plaza Residents Demand Relocation From Toxic Neighborhood*, CURBED NEW ORLEANS (Aug. 2, 2019), https://nola.curbed.com/2019/8/2/20751730/gordon-plaza-relocation-cancer-rates; Julie Dermansky, *A Forgotten Community in New Orleans: Life on a Superfund Site*, DESMOG (Jun. 22, 2014), https://www.desmogblog.com/2014/06/22/forgotten-community-new-orleans-life-superfund-site.

Hurricane Katrina and its aftermath exacerbated the extant environmental injustice suffered by residents of Gordon Plaza and other predominantly black neighborhoods in Louisiana, who found themselves displaced to temporary housing with unsafe levels of formaldehyde, a known carcinogen that has led to iron-deficiency anemia, allergic rhinitis, and other upper-respiratory and skin ailments in many displaced children. Robert Bullard, *The Color of Toxic Debris*, THE AM. PROSPECT (Feb. 17, 2009), https://prospect.org/special-report/color-toxic-debris/. In the ten years thereafter, researchers found increases in health risks such as heart attack, mental health conditions, substance misuse, and lack of health insurance among patients at Tulane Medical Center. Hassan Baydoun et al., *Hurricane Katrina and Acute Myocardial Infarction: Ten Years After the Storm*, 134 CIRCULATION (2016). Combined with other aggravating factors, these environmental injustices exacerbate the health challenges experienced by individuals in already marginalized communities.

Environmental injustices like these can contribute to adverse reproductive health outcomes, including infertility, birth defects, miscarriage, and stillbirth. *See* Donatella Caserta, *Environment and Women's Reproductive Health*, 17 HUMAN REPROD. UPDATE 418 (2011); Heather Rogers, *Erasing Mossville, How Pollution Killed a Louisiana Town*, THE INTERCEPT (Nov. 4, 2015), https://theintercept.com/2015/11/04/erasing-mossville-how-pollution-killed-a-louisiana-town/; Marianne Zotti et al., *Post-Disaster Reproductive Health Outcomes*, 17 MATERNAL CHILD HEALTH J. 783 (2013).

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The above-mentioned barriers paint a dire portrait of the inequities experienced by marginalized individuals in Louisiana, which directly and indirectly lead to poorer health outcomes. Act 620 will only exacerbate these existing barriers to health by depriving Louisiana's most marginalized communities of reproductive healthcare options, moving positive health outcomes even farther out of reach.

II. ACT 620 THREATENS DISPROPORTIONATE HARM TO PEOPLE OF COLOR AND OTHER MARGINALIZED INDIVIDUALS AND COMMUNITIES.

A. Act 620 Will Deprive Louisiana's Most Marginalized People Of Reproductive Choices And Worsen Their Health Outcomes.

People seek abortion care in order to control their own reproduction, and access to such care is vital to personal agency and autonomy. Yet, for people of color and members of other marginalized communities, the ability to exercise reproductive autonomy is burdened by systemic racism and other structural inequalities. As in most of the United States, the vast majority of people seeking abortions in Louisiana are low-income and/or people of color, many of whom are already raising children and struggling to provide financial support for their families. These are the people who will bear the chief burden of Act 620 as they make decisions about their health, families, and family formation.

Nationwide, low-income people experience unintended pregnancies at a rate five times that of people with higher incomes, making abortion "increasingly concentrated among this group." *The State of Black Women & Reproductive Justice Policy Report* at 22. For many low-income people, unintended pregnancy is linked to the denial of meaningful access to contraceptive care. *Id.* ("[T]here is a clear connection between poverty and lack of access to contraception that puts low-income women

at higher risk for unintended pregnancy."). Low-income people experiencing unintended pregnancies face significant economic vulnerabilities, as do their families, whose economic status is also impacted by additional children. *See infra* Section II(C), discussing the results of the "Turnaway" studies. Research has revealed that the primary reason people in Louisiana report for seeking an abortion is financial insecurity. *See* Sarah C. M. Roberts et al., *Consideration of and Reasons for Not Obtaining Abortion Among Women Entering Prenatal Care in Southern Louisiana and Baltimore, Maryland*, 16 SEXUALITY RES. & SOC. POL'Y 476, 476–87 (2019) (citing Biggs, Gould, & Foster, 2013; Jerman, Jones, & Onda, 2016). The District Court noted that between 70 to 90 percent of patients seeking abortions at the plaintiffs' facilities were below the federal poverty level. Pet. App. 132a at 40.

In a recent study, people with family incomes below the poverty line had the highest abortion rate of all groups examined. Rachel Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014*, 107 AM. J. PUB. HEALTH 1904, 1907 (2017). The percentage of abortion patients who have incomes below the federal poverty line increased from 42 percent in 2008 to 49 percent in 2014. *Id.* at 1904. These statistics fail to account for those people in poverty who would prefer to have an abortion but are unable to obtain one due to financial constraints − a

particular challenge for people on Medicaid.[2] *See* Sarah C.M. Roberts et al., *Estimating the Proportion of Medicaid-Eligible Pregnant Women in Louisiana Who Do Not Get Abortions When Medicaid Does Not Cover Abortion*, BMC WOMEN'S HEALTH (2019), https://bmcwomenshealth.biomedcentral.com/track/pdf/10.1186/s12905-019-0775-5.

In Louisiana and nationwide, people of color comprise a disproportionate share of those who seek abortion services. The abortion rate for black women is higher than the rate for other racial and ethnic groups, at 27.1 per 1,000 live births from 2008 to 2014. *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014* at 1906. Moreover, even though the population of Louisiana that identifies as nonwhite only accounts for 34 percent of the state population, people seeking abortion care identified as black accounted for 62.1 percent of abortions in Louisiana, and those identified as "Other" accounted for 8.3 percent. Tara C. Jatlaoui et al., *Abortion Surveillance – United States – 2015*, 67 MMWR SURVEILLANCE SUMMARIES 1 (2018) (Table 13); KFF, *State Health Facts* (2015), https://www.kff.org/state-category/womens-health/abortion-statistics-and-policies/ (last visited Nov. 21, 2019). This disparity is driven by factors including black women's greater likelihood of living

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[2] Pursuant to the Hyde Amendment, federal Medicaid funds cannot be used for abortion care, with limited exceptions in the case of rape, incest, or life endangerment. *Medicaid Funding of Abortion*, Guttmacher Inst. (Feb. 2018), https://www.guttmacher.org/evidence-you-can-use/medicaid-funding-abortion.

below the poverty level, experiencing unemployment, or working in low-wage jobs without insurance coverage. As previously discussed, these and other factors create barriers to accessing high-quality reproductive healthcare, including contraceptive information and other family planning services. *The State of Black Women & Reproductive Justice Policy Report* at 22.

A collection of other demographic factors exacerbates the challenges faced by low-income people of color who disproportionately seek abortion services in Louisiana. A substantial majority of abortions in Louisiana – 70 percent – are sought by people under the age of 30. *Abortion Surveillance – United States, 2015* at 23 (Table 3). The vast majority are provided to unmarried people (88.8 percent in 2015 in Louisiana). *Id.* at 35 (Table 15). And 67.6 percent of abortions were provided to people who were already parents. *Id.* at 36 (Table 16); *see also Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014* at 1907 ("The majority of abortion patients in 2014 had previously given birth.").

Taken together, these statistics reveal the makeup of the population that will be most severely harmed by Act 620 – a population of young, low-income, often unmarried people of color, already raising children at home – whose personal autonomy and ability to control their own bodies have already been historically obstructed by overreaching government measures like Act 620.

B. Existing Abortion Restrictions In Louisiana Already Disproportionately Burden People Of Color And Other Marginalized Communities.

Louisiana residents already face substantial barriers to abortion access. A person seeking an abortion must comply with a list of costly and dilatory requirements, including an unnecessary, mandatory delay of at least 24 hours between a first consultation and the procedure itself. Pet. App. 132a at 40; Gina Pollack, *Undue Burden: Trying to Get an Abortion in Louisiana*, N.Y. TIMES (May 16, 2017), https://www.nytimes.com/2017/05/16/opinion/abortion-restrictions-louisiana.html. Because Louisiana law prohibits the use of telemedicine (generally, the provision of medical counseling by phone, internet, or other communication method), this mandatory counseling must take place in person. Guttmacher Inst., *State Facts about Abortion: Louisiana*, 1 (2019), https://www.guttmacher.org/sites/default/files/factsheet/sfaa-la.pdf. As a consequence of these laws, every abortion patient either has to pay for travel to one of Louisiana's shrinking pool of abortion providers twice and/or find lodging near the provider, which may require taking at least two days off from work for the procedure (especially where an additional visit is required for a legitimate medical reason). *See* Pet. App. 132a at 83. This time and cost burden is compounded by the fact that many marginalized individuals in Louisiana are engaged in low-wage work for employers who do not offer paid, or even unpaid, sick days; for these individuals, taking two or more days off from work risks losing their job. *See* Jenny Xia, *Access to Paid Sick Days In Louisiana*,

INST. FOR WOMEN'S POL'Y RESEARCH (2015), https://iwpr.org/wp-content/uploads/wpallimport/files/iwpr-export/publications/B346%20Louisiana%20Access%20Rates.pdf (Tables 1 and 4) (showing that in Louisiana, 45 percent of black workers, 58 percent of Hispanic workers, and 71 percent of workers earning less than $15,000 per year lack access to paid sick days).

The onerous travel burden imposed on people seeking abortion care in Louisiana is difficult to overstate. In 2017, 94 percent of Louisiana counties had no clinics that provided abortions, and 72 percent of Louisiana women lived in those counties – that is, 72 percent of Louisiana women lived in a county without a clinic that provided abortion. Rachel Jones & Elizabeth Witwer, *Abortion Incidence and Service Availability in the United States, 2017,* GUTTMACHER INST. (2017), https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017 (Table 4). Thus, the vast majority of Louisiana women must travel out of county, and therefore may incur substantial travel and/or lodging costs on top of the cost of an abortion. *See* Pet. App. 132a at 83; *Undue Burden: Trying to Get an Abortion in Louisiana*; *Estimating the Proportion of Medicaid-Eligible Pregnant Women in Louisiana Who Do Not Get Abortions When Medicaid Does Not Cover Abortion*.

For some members of marginalized groups, substantial out-of-pocket expenses arise because they lack private insurance. *The State of Black Women & Reproductive Justice Policy Report* at 22. Black women, for instance, are 55 percent more likely than

white women to be uninsured, which means that they are more likely to rely on publicly funded insurance, such as Medicaid. *Id*. at 45. In Louisiana, Medicaid only funds abortion in cases of life endangerment, rape, or incest. *State Facts About Abortion: Louisiana* at 2. While some people may be able to access some funding from nonprofit funds or benefit from clinic discounts, the average out-of-pocket cost for an abortion remains "more than $300 for first trimester and close to $600 across all gestations," and these costs comprise "over one-third of monthly personal income for about half of abortion patients." *Estimating the Proportion of Medicaid-Eligible Pregnant Women in Louisiana Who Do Not Get Abortions When Medicaid Does Not Cover Abortion* at 1, 2. Bearing such an expense is even more onerous for those who have children at home and thus may also incur childcare costs during travel. *Undue Burden: Trying to Get an Abortion in Louisiana*.

Finally, these costs and travel burdens are uniquely onerous for members of Louisiana's disabled population, who are equally entitled under the law to meaningful access to reproductive healthcare including abortion services, but face additional physical, legal, financial, cultural, and structural barriers to accessing them. *See supra* Section I(B).

C. Further Denial Of Access To Abortion Services Will Result In Adverse Health And Other Outcomes For Louisiana's Marginalized Communities.

Act 620 threatens to further curtail the already limited access that Louisiana's marginalized communities have to safe and available abortion care.

At a bare minimum, Act 620 will demonstrably increase the required time, distance, and costs of obtaining an abortion at what will likely be the state's sole abortion provider. To reach that remaining provider, 73 percent of people seeking abortion care in Louisiana will have to travel greater than 50 miles to obtain an abortion and 29 percent will have to travel greater than 150 miles. Advancing New Standards in Reprod. Health, *Abortion Access in Louisiana 2018*, https://www.ansirh.org/sites/default/files/publications/files/abortionaccesslousiana_2018.pdf; *see also* Pet. App. 132a at 79-80 (identifying the New Orleans clinic as the only clinic with a provider able to continue providing abortion services after Act 620's enforcement). Increased travel has consequences beyond time and inconvenience; it results in increased cost. *See supra* Section II(B). Increased travel will also likely result in delayed abortion care as people seeking abortions may have to coordinate child care, take time off work, arrange transportation, and collect enough money to cover the cost of abortion and travel. *See* Pet. App. 132a at 83.

Even for those with the financial means to pay for an abortion, the district court found "[t]here would be no physician in Louisiana providing abortions between 17 weeks and 21 weeks, six days gestation." *Id*. at 82. Thus, people delayed in accessing care until more than 17 weeks of pregnancy would be denied all access to abortion in Louisiana.

Moreover, delays in accessing abortion can increase the cost of the abortion procedure considerably. Jenna Jerman & Rachel Jones, *Secondary Measures of Access to Abortion Services in the United States, 2011 and 2012: Gestational Age Limits, Cost, and*

Harassment, 24-4 WOMEN'S HEALTH ISSUES e419, e421-22 (2014) (finding that the median charge for a surgical abortion nearly tripled from $495 at 10 weeks gestation to $1,350 at 20 weeks). Such a cost increase will impose a disproportionate burden on the marginalized individuals and communities who seek most abortions in Louisiana and are already exposed to greater health and financial insecurity.

The population most acutely affected by Act 620 will be the three-quarters of people seeking abortion care who are low-income. Due to greater distance, cost, and other barriers, low-income people seeking abortions may instead be forced to carry pregnancies to term because they cannot access abortion services. The effective denial of abortion access inflicts profoundly negative outcomes on marginalized communities, as shown in the recent "Turnaway" studies of nearly 1,000 women seeking abortions nationwide. This research has shown that denying abortions to people who want them compromises their financial security, physical safety, and health and well-being. *Turnaway Study*, ADVANCING NEW STANDARDS IN REPROD. HEALTH, https://www.ansirh.org/research/turnaway-study#intro (last visited Nov. 21, 2019).

One study showed that women who were forced to carry an unintended pregnancy to term had an almost four-times greater likelihood of having a household income below the federal poverty level, and were three-times more likely to be unemployed. *See* Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, 108 AM. J. OF PUB. HEALTH 407, 407–13 (2018). The study

concluded that "[r]estrictions on abortion that prevent women from obtaining wanted abortions may result in reductions in full-time employment, increased incidence of poverty, more women raising children alone, and greater reliance on public assistance." *Id.* at 413. Another study found that women denied the ability to terminate unwanted pregnancies were more likely to remain in contact with violent intimate partners. Sarah C.M. Roberts et al., *Risk of Violence from the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion*, 12 BMC MED. 1, 1–7 (2014). People who seek but are denied an abortion are also more likely to suffer from depression and anxiety than those who receive the procedure. Diana Greene Foster et al., *A Comparison of Depression and Anxiety Symptom Trajectories Between Women Who Had an Abortion and Women Denied One*, 45 PSYCHOL. MED. 2073, 2073–82 (2015). And more broadly, women who are forced to carry to term unintended pregnancies have been shown to face higher risks of health complications and death compared to the very low risks associated with the abortions they were denied. Caitlin Gerdts et al., *Side Effects, Physical Health Consequences, and Mortality Associated with Abortion and Birth After an Unwanted Pregnancy*, 26 WOMEN'S HEALTH ISSUES 55, 55–59 (2016).

Numerous studies have found that forcing a person who desires an abortion to carry an unwanted pregnancy to term can have significant negative consequences on that person's existing children. *See*, *e.g.*, Diana Greene Foster et al., *Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children*, 205 J. OF PEDIATRICS 183, 183–89 (2019). Compared to children of a parent who received a

desired abortion, these children had lower child development scores and were more likely to live below the federal poverty line. *Id.* at 185. These children also demonstrated poorer maternal bonding and lived in greater subjective poverty. *See* Diana Greene Foster et al., *Comparison of Health, Development, Maternal Bonding, and Poverty Among Children Born After Denial of Abortion vs After Pregnancies Subsequent to an Abortion*, 172 JAMA PEDIATRICS 1053, 1053–60 (2018).

Confronted with the risks of carrying unwanted pregnancies to term and unable to access an abortion provider, it is inevitable that some will seek to end their own pregnancies outside the medical system, through self-managed abortions. Not only pregnant people, but also others who support them may face the additional specter of criminalization by arrest and prosecution for ending or allegedly doing something to harm a pregnancy. *See, e.g.*, Emily Bazelon, *A Mother in Jail for Helping Her Daughter Have an Abortion*, N.Y. TIMES (Sept. 22, 2014), https://www.nytimes.com/2014/09/22/magazine/a-mother-in-jail-for-helping-her-daughter-have-an-abortion.html. Such arrest and prosecution will lead to cascading effects for those affected and their families. Arrest and prosecution of people who self-manage their abortion and those who assist them may lead to incarceration, thereby separating those people from their homes, families and communities. This in turn could also render those who self-manage their abortions and those who assist them ineligible for certain public benefits, negatively affect their child custody cases, and undermine their employment prospects, to name just a few potential consequences. *See* Eli Hager & Anna Flagg, *How Incarcerated*

Parents Are Losing Their Children Forever, THE MARSHALL PROJECT (Dec. 2, 2018), https://www.themarshallproject.org/2018/12/03/how-incarcerated-parents-are-losing-their-children-forever; Ella Baker Center, *Who Pays? The True Cost of Incarceration on Families*, (2015), https://ellabakercenter.org/sites/default/files/downloads/who-pays.pdf; *see generally* Brief For If/When/How: Lawyering for Reproductive Justice et al. as Amici Curiae Supporting Petitioners, *June Medical Services L.L.C. et al. v. Gee*, No. 18-1323 (2019) (relating to criminalization of self-managed abortion). Mass incarceration, and the institutional racism that underlies it, already disproportionately affects people of color; that a person may be criminalized for self-managing their abortion or assisting with an abortion would only exacerbate the impact of mass incarceration on people of color. *See generally* Brief For If/When/How: Lawyering for Reproductive Justice et al. as Amici Curiae Supporting Petitioners, *June Medical Services L.L.C. et al. v. Gee*, No. 18-1323 (2019).

Finally, it bears emphasizing that none of these negative consequences will be limited to Louisiana residents, but instead will be shared with the residents of other states – such as Mississippi and Arkansas – who comprise 15 percent of the people

seeking abortions in Louisiana. *Abortion Surveillance – United States, 2015* at 21 (Table 2).

III. ACT 620 VIOLATES FUNDAMENTAL HUMAN RIGHTS BY DENYING ABORTION ACCESS.

International human rights treaty bodies and experts have consistently and repeatedly affirmed that access to safe and legal abortion services constitutes a basic human right. This human right is central to people's autonomy and reproductive health, including and especially for historically marginalized communities. In 2018, the United Nations Human Rights Committee expressly linked Article 6 of the International Covenant on Civil and Political Rights (the "ICCPR") – the fundamental right to life – with the right to access safe and legal abortion: "restrictions on the ability of women or girls to seek abortion must not, inter alia, jeopardize their lives, subject them to physical or mental pain or suffering which violates article 7, discriminate against them or arbitrarily interfere with their privacy." Human Rights Committee, *Gen. Comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life*, para. 8, U.N. Doc. CCPR/C/GC/36 (Oct. 31, 2018). The Committee made clear that States "*should not introduce new barriers* and should remove existing barriers *that deny effective access by women and girls to safe and legal abortion*." *Id*. (emphasis added). Act 620 is precisely such a barrier, and for many in Louisiana, it will prove insurmountable.

Moreover, human rights treaty bodies have made clear that countries cannot roll back established

rights. The Committee on Economic, Social and Cultural Rights ("CESCR") has noted the importance, in particular, of avoiding retrogressive measures in the area of sexual and reproductive health and rights, including the imposition of barriers to sexual and reproductive health information, goods, and services. *See* CESCR Committee, *Gen. Comment 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, para. 38, UN Doc E/C.12/GC/22 (2016). The United Nations treaty monitoring bodies tasked with overseeing compliance with human rights treaties have clearly established that when abortion is legal under domestic law, it must be available, accessible (including affordable), acceptable, and of good quality. *Id.* at ¶¶ 11-21.

To that point, on International Safe Abortion Day, a group of human rights experts mandated by the United Nations Human Rights Council to monitor human rights issues around the world, issued a statement urging that:

> States should guarantee access to legal, safe and affordable abortion and post abortion care for all women and girls. Those living in poverty, in rural areas, with disabilities, as well as migrant and indigenous women and those belonging to ethnic minorities, continue to be the most affected by structural discrimination limiting their access to health care, including abortion services.

United Nations Human Rights Office of the High Commissioner, *International Safe Abortion Day* (Sept. 27, 2019),

https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25066&LangID=E.

The communities identified by international human rights experts as being disproportionately burdened by limits on abortion access and care – low-income people, minorities, people in rural areas, and people with disabilities – are precisely those who will bear the greatest burden of Act 620 if it is enforced in Louisiana. Human rights experts have noted concern with the impact of laws that impose severe legal restrictions, barriers, and stigma on abortion access. To ensure effective access to safe and legal abortion services, they have called on states to amend legislation, lift barriers, remove criminal penalties, provide financial support to those who cannot afford abortion services, and prevent stigmatization of people seeking abortion. *See, e.g.*, Human Rights Committee, *Concluding Observations: The Former Yugoslav Republic of Macedonia*, para. 11, U.N. Doc. CCPR/C/MKD/CO/3 (2015); Committee on the Rights of the Child, *Gen. Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)*, para. 31, U.N. Doc. CRC/C/GC/15 (2013); CEDAW Committee, *Concluding Observations: Hungary*, para. 31(c), U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013); CESCR Committee, *Gen. Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12)*, para. 12(d), 21, 34, U.N. Doc. E/C.12/2000/4 (2000); CEDAW Committee, *Concluding Observations: Austria*, para. 38-39, U.N. Doc. CEDAW/C/AUT/CO/7-8 (2013); Human Rights Committee, *Concluding Observations: Poland*, para. 23-24, U.N. Doc. CCPR/C/POL/CO/7 (Nov. 23, 2016); Human Rights Committee, *Concluding Observations: Italy*, para. 16-17, U.N. Doc.

CCPR/C/ITA/CO/6 (May 1, 2017); Human Rights Committee, *Concluding Observations: Colombia*, para. 20-21, U.N. Doc. CCPR/C/COL/CO/7 (Nov. 17, 2016).

In fact, the Human Rights Committee, which oversees implementation of the ICCPR (a treaty the United States ratified in 1992), has specifically addressed laws and prohibitions that deny people the right to seek abortions and instead force them to travel to other jurisdictions to seek abortion services – the Committee held that laws forcing people to travel to foreign jurisdictions to obtain abortions caused cruel and inhuman treatment. *Siobhán Whelan v. Ireland*, Human Rights Committee, Commc'n No. 2425/2014, para.7.3-7.7,8, U.N. Doc. CCPR/ C/119/D/2425/2014 (2017); *Amanda Jane Mellet v. Ireland*, Human Rights Committee, Commc'n No. 2324/2013, para. 7.4-7.6, 8, U.N. Doc. CCPR/ C/116/D/2324/2013 (2016). Similarly, the effect of Act 620 will be to force people seeking abortion care to travel outside of the jurisdiction, with considerable impact and hardship, and, as described above, with a particularly harsh impact on marginalized communities.

Meaningful access to safe and legal abortion, which is critical to the health, safety, and autonomy of all people, is a human right. The tenets of reproductive justice necessitate that the people of Louisiana have access to safe abortion care, as well as the supportive environment required to enable reproductive decisions unfettered by government control over people's actions and bodies. Because "abortion is part of health care and is a matter of human rights, integrally linked to women and girls' dignity and

rights to life, health, equality, and privacy," laws that seek to limit marginalized communities' access to safe abortion services must be nullified. United Nations Human Rights Office of the High Commissioner, *International Safe Abortion Day* (Sept. 27, 2019).

CONCLUSION

For the foregoing reasons, the judgment below should be reversed.

Respectfully submitted,

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