No. 18-60868

IN THE UNITED STATES COURT OF APPEALS
FOR THE FIFTH CIRCUIT

JACKSON WOMEN'S HEALTH ORGANIZATION, on behalf of itself and its patients; SACHEEN CARR-ELLIS, M.D., M.P.H., on behalf of herself and her patients,

Plaintiffs – Appellees,

v.

THOMAS E. DOBBS, M.D., M.P.H., in his official capacity as State Health Officer of the Mississippi Department of Health; KENNETH CLEVELAND, M.D., in his official capacity as Executive Director of the Mississippi State Board of Medical Licensure,

Defendants – Appellants.

On Appeal from the United States District Court
for the Southern District of Mississippi, Jackson Division

BRIEF OF *AMICI CURIAE* ACCESS TO REPRODUCTIVE CARE – SOUTHEAST; BLACK WOMEN'S HEALTH IMPERATIVE; FEMINIST WOMEN'S HEALTH CENTER; IN OUR OWN VOICE: NATIONAL BLACK WOMEN'S REPRODUCTIVE JUSTICE AGENDA; LIFT LOUISIANA; MISSISSIPPI IN ACTION; NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM; NEW ORLEANS ABORTION FUND; SISTERLOVE, INC.; SISTERSONG; SPARK REPRODUCTIVE JUSTICE NOW!, INC.; WOMEN WITH A VISION IN SUPPORT OF PLAINTIFFS-APPELLEES

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Defendants – Appellants.

CERTIFICATE OF INTERESTED PERSONS

The undersigned counsel of record certifies that the following listed persons and entities as described in the fourth sentence of Fifth Circuit Rule 28.2.1 have an interest in the outcome of this case. These representations are made in order that the judges of this Court may evaluate possible disqualification or recusal.

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Pursuant to Fifth Circuit Rule 28.2.1 and Federal Rule of Appellate Procedure 26.1(a), counsel certifies that *Amici Curiae* in Support of Plaintiffs-Appellees listed above are not publicly-held corporations, do not have a parent corporation, and that no publicly-held corporation owns ten percent or more of *Amici*'s respective stock.

Date: April 12, 2019

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STATEMENT REGARDING *AMICI CURIAE*

Women of color in the United States founded and lead the Reproductive Justice movement, which promotes the human right to control our own bodies, sexuality, gender, and reproduction. *Amici* are Reproductive Justice organizations which collectively share an interest in protecting the constitutional right to abortion, and therefore have a strong interest in this case. *Amici* respectfully ask this Court to consider how the fifteen-week ban at issue will disproportionately impact low-income women of color and other marginalized populations in Mississippi and Louisiana, who already face deeply embedded structural barriers to self-determination. *Amici* urge the Court to reject the State's arguments and uphold the right to abortion by affirming the District Court's decision.

Amici are: Access to Reproductive Care – Southeast; Black Women's Health Imperative; Feminist Women's Health Center; In Our Own Voice: National Black Women's Reproductive Justice Agenda; Lift Louisiana; Mississippi in Action; National Asian Pacific American Women's Forum; New Orleans Abortion Fund; SisterLove, Inc.; SisterSong; SPARK Reproductive Justice Now!, Inc.; Women with a Vision.[1]

[1] For a more full description of *Amici*, please see the Addendum. No counsel for any party authored the brief in whole or in part, no party or party's counsel contributed money intended to fund preparing or submitting the brief, and no person other than *Amici* and their counsel

SUMMARY OF THE ARGUMENT

Mississippi's law prohibiting abortion after fifteen weeks (the "fifteen-week ban") is an unconstitutional ban on abortion during the period before fetal viability and is impermissible under *Roe v. Wade* and *Planned Parenthood v. Casey*. The State's interests, therefore, have no bearing on the outcome of the case. Nonetheless, because Mississippi invokes the State's purported interest in women's health, here, *Amici* set forth the real-life consequences of the fifteen-week ban, and specifically, how it will disproportionately affect low-income women, who are predominantly women of color, and other marginalized populations.[2]

Mississippi's professed interest in women's health is disingenuous and the State has done little to advance this asserted interest. Mississippi singles out one area for regulation—abortion—but ignores other aspects of women's health, and pursuant to *Whole Woman's Health v. Hellerstedt*, this inconsistency warrants judicial skepticism of the State's asserted interest.

For decades, Mississippi lawmakers have publicly pronounced their antipathy towards abortion rights, have enacted restrictions seeking to end access

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contributed money intended to fund preparation of the brief. By email, all parties have consented to the filing of this brief, pursuant to Fed. R. App. P. 29(a)(2).

[2] This brief uses the term "women" because the State has explicitly stated its interest in protecting "women's health" and the statute in question will have the opposite effect. The denial of reproductive and abortion care, however, also affects transgender men and some gender non-conforming people.

to abortion services, and have limited abortion services to one clinic in the State. Mississippi's abortion restrictions already disproportionately affect women living in poverty, women of color, undocumented immigrants and incarcerated women. Costs such as travel, lodging, child care, and the procedure itself make it exceedingly difficult for women living in poverty to obtain an abortion, and the time it takes to save money and make logistical arrangements to obtain abortion care can delay women further into pregnancy. These costs and barriers prevent many women from being able to access abortion care prior to fifteen weeks, and the fifteen-week ban will extinguish their constitutional right to decide whether to terminate a pregnancy prior to viability.

At the same time, Mississippi does little to affirmatively promote women's health. Mississippi ranks among the states with the most medical challenges for women, infants and children nationwide. Mississippi's infant mortality rate is the highest in the country and its maternal mortality rate is nearly the highest in the country, with the rate for Black women drastically higher than for white women.

Rather than promote women's health, the fifteen-week ban is a continuation of Mississippi's legacy of discriminatory state action. Historically, the Mississippi Legislature has promoted and enacted policies that restrict the rights of women and minorities. Mississippi was the last state to grant women voting rights and is notorious for the mass sterilization of Black women during the civil rights era.

With the fifteen-week ban, Mississippi uses the guise of promoting women's health to perpetuate its agenda of controlling the bodies of women in marginalized communities.

In addition, this case not only affects Mississippi; Louisiana enacted a fifteen-week ban that could become effective upon this Court's final decision. Like women in Mississippi, the women in Louisiana most burdened by the fifteen-week ban on abortion will be low-income women, women of color, and other marginalized populations, who also face significant barriers to accessing reproductive health care.

Far from promoting women's health, the brazenly unconstitutional bans enacted in Mississippi and Louisiana will inflict serious harm on women in marginalized communities in those states. We urge this Court to vindicate the rights of low-income women, women of color and others by affirming the decision of the District Court invalidating the fifteen-week ban.

ARGUMENT

As the District Court correctly concluded, Mississippi's fifteen-week ban is an unconstitutional ban on abortion during the period before fetal viability, and is impermissible under *Roe* and *Casey*.[3] This case should end there. However, because the State invokes its interest in women's health, *Amici* will provide this Court with the reality—on the ground—for millions of women in historically-marginalized populations in Mississippi and Louisiana (and other states), as their constitutional right to access abortion care hangs in the balance.

I. Mississippi's Professed Interest in Women's Health Is Not Credible

Mississippi attempts to justify the unconstitutional fifteen-week ban by, *inter alia*, claiming an interest in promoting women's health. However, this interest is not credible given the notable inconsistency between the State's willingness to invoke women's health to regulate abortion, and the little it does to affirmatively protect women's health. Singling out one disfavored area for state intervention to allegedly protect women's health warrants searching judicial scrutiny.[4] In *Whole*

[3] *Jackson Women's Health Org. v. Currier*, 349 F. Supp. 3d 536, 538-41 (S.D. Miss. 2018) (citing *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 844 (1992); *Roe v. Wade*, 410 U.S. 113, 163-64 (1973)); *accord Jackson Women's Health Org. v. Currier*, 760 F.3d 448, 457 (5th Cir. 2014) ("Pre-viability, a woman has the constitutional right to end her pregnancy . . . ."); *Sojourner T v. Edwards*, 974 F.2d 27, 31 (5th Cir. 1992) (striking down ban on all abortions with exceptions).

[4] *See* Reva B. Siegel, *ProChoiceLife: Asking Who Protects Life and How—And Why It Matters in Law and Politics*, 93 IND. L.J. 207 (2018) (showing that states with the most restrictive laws

Woman's Health v. Hellerstedt, the Supreme Court looked beyond the abortion context and examined how Texas regulated in the interest of women's health. In striking Texas's ambulatory surgical center requirement for abortion providers, the Supreme Court noted that:

> Nationwide, childbirth is 14 times more likely than abortion to result in death, but Texas law allows a midwife to oversee childbirth in the patient's own home. Colonoscopy, a procedure that typically takes place outside a hospital (or surgical center) setting, has a mortality rate 10 times higher than an abortion. Medical treatment after an incomplete miscarriage often involves a procedure identical to that involved in a nonmedical abortion, but it often takes place outside a hospital or surgical center. And Texas partly or wholly grandfathers (or waives in whole or in part the surgical-center requirement for) about two-thirds of the facilities to which the surgical-center standards apply. But it neither grandfathers nor provides waivers for any of the facilities that perform abortions. **These facts indicate that the surgical-center provision imposes "a requirement that simply is not based on differences" between abortion and other surgical procedures "that are reasonably related to" preserving women's health, the asserted "purpos[e] of the Act in which it is found**."[5]

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on abortion fail to protect life through sexual education, contraception, health care, and job protections for pregnant women).

[5] *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292, 2315 (2016), *as revised* (June 27, 2016) (emphasis added) (citations omitted); *see also Planned Parenthood of Wisconsin, Inc. v. Schimel*, 806 F.3d 908, 920-21 (7th Cir. 2015) (Posner, J.) ("Opponents of abortion reveal their true objectives when they procure legislation limited to a medical procedure—abortion—that rarely produces a medical emergency. A number of other medical procedures are far more dangerous to the patient than abortion, yet their providers are not required to obtain admitting privileges anywhere, let alone within 30 miles of where the procedure is performed.").

The same discrepancy the Supreme Court identified in Texas's regulation in the name of women's health is present here. Mississippi expends substantial governmental energy limiting access to abortion, yet does little to resolve its maternal mortality crisis, improve its infant mortality rate, or otherwise protect women's health.[6] This Court should not credit Mississippi's asserted interest when the State fails to demonstrate a genuine commitment to promoting women's health beyond restricting abortion.

A. Mississippi Has Acted Aggressively to Restrict Abortion Access

The District Court correctly noted that Mississippi's purported interest in "women's health" is contradicted directly by the State's historic hostility toward abortion services, and its demonstrated implementation of legislation designed to make obtaining abortion services increasingly difficult for women in Mississippi, particularly women in marginalized communities.[7]

[6] Center for Reproductive Rights & Ibis Reproductive Health, *Evaluating Priorities: Measuring Women's and Children's Health and Well-being against Abortion Restrictions in the States*, Vol. II, 10-19 (2017), https://ibisreproductivehealth.org/sites/default/files/files/publications/Evaluating%20Priorities%20August%202017.pdf (ranking Mississippi as one of the States with the most abortion restrictions, but with low scores for women's health).
[7] *Jackson Women's Health*, 349 F. Supp. 3d at 540 n.22.

(i) Mississippi's fifteen-week abortion ban is in addition to multiple aggressive interventions by the State to restrict abortion access.

Mississippi's targeted regulations of abortion providers ("TRAP")[8] laws purport to advance women's health and safety by regulating who can perform abortion and in what setting, but instead burden a woman's right to decide to terminate her pregnancy. Among other barriers, Mississippi's TRAP laws: compel women to wait 24 hours between a consultation and an abortion;[9] require minors to obtain written parental consent;[10] mandate physicians providing an abortion, and certain aspects of pre-abortion care, to be licensed to practice specifically in Mississippi;[11] and obligate providers to distribute biased and inaccurate medical information to their patients,[12] including the shibboleth that abortions cause an increased risk of breast cancer, which is patently inconsistent with evidence-based practice.[13] Furthermore, despite Mississippi's highly permissive laws on the

[8] Miss. Code Ann. § 41-75-1 (1996), *invalidated by Jackson Women's Health Org. v. Currier*, 320 F. Supp. 3d 828 (S.D. Miss. 2018).
[9] *See* Miss. Code Ann. § 41-41-33 (2019); *see also id.* § 41-41-39 (failure to comply subject to six months imprisonment, a $1,000 fine, or both).
[10] Miss. Code Ann. §§ 41-41-31, 41-41-51, 41-41-53, 41-41-55, 41-41-57 (2019).
[11] *See* Miss. Code Ann. § 41-75-1(f) (1996), *invalidated by Jackson Women's Health Org. v. Currier,* 320 F. Supp. 3d 828 (S.D. Miss. 2018). The Legislature later added a requirement that only physicians may "dispense[ ], administer[ ], or otherwise provide[ ] or prescribe[ ]" abortion-inducing medication. The violation of either law constitutes a misdemeanor. Miss. Code Ann. §§ 41-41-107(1), 41-41-111(1) (2019); *id.* §§ 41-75-26, 41-41-34 (2019).
[12] Miss. Code Ann. §§ 41-41-33, 41-41-35 (2019).
[13] National Academies of Sciences, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States, A Consensus Study Report*, 161 (2018), http://nap.edu/24950

practice of "telemedicine," which enables patients to access medical care without traveling great distances, the State prohibits such practice for abortion.[14]

In 2003, the Legislature effectively cut all public funding available for facilities providing abortion care.[15] Because of the State's unnecessarily high and costly facility standards, only one clinic providing abortion services remains open in Mississippi today. In 2012, the Mississippi Legislature further targeted the functioning of the remaining clinic by requiring physicians performing abortions to be board-certified or board-eligible in obstetrics-gynecology and to hold admitting privileges at a local hospital.[16] The admitting privileges requirement portion was invalidated after *Whole Woman's Health*, but the obstetrics-gynecology requirement is still enforced.[17]

(concluding that, based on a rigorous study of published research on potential long-term risks of abortion, "having an abortion does not increase a woman's risk of . . . breast cancer").

[14] *See* Miss. Code Ann § 41-127-1 (2019).

[15] Sarah Fowler, *A Look Back in Time: Mississippi's Abortion History,* CLARION LEDGER (Aug. 17, 2018), https://www.clarionledger.com/story/news/2018/08/17/mississippi-abortion-law-and-abortion-clinic-u-s-supreme-court/781127002/.

[16] Bryce Covert, *Mississippi Abortion Ban Endangers Low-Income Women, Women of Color*, REWIRE NEWS (Mar. 21, 2018), https://rewire.news/article/2018/03/21/mississippi-abortion-ban-will-absolutely-affect-low-income-women-women-color/; *see Jackson Women's Health Organization v. Currier*, 760 F.3d 448, 459 (5th Cir. 2014) (this Court enjoined the law from taking effect given the undue burden on a woman's right to choose an abortion).

[17] *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292, 2314 (2016), as revised (June 27, 2016). While similarly portrayed as protecting women's health, state Representative Sam Mims, author of the Mississippi bill, said, "The intent of the legislation is to cause fewer abortions. So if the clinic in Jackson had to shut down, then I think it is a positive day for the unborn." MJ Lee, *Bill Dooms Only Miss. Abortion Clinic*, POLITICO (Apr. 5, 2012), http://www.politico.com/story/2012/04/bill-dooms- only-miss-abortion-clinic-074871.

Mississippi's fifteen-week ban is yet another obstacle imposed by the State in order to further restrict access to abortion care and undermine women's constitutionally protected rights. For nearly a decade, Mississippi Governor Bryant has made his intent to eliminate abortion services in Mississippi abundantly clear, stating:

- "I hope at some point, Mississippi is free of abortion completely. And I hope it is before I leave office."[18]
- "On this unfortunate anniversary of *Roe vs. Wade*, my goal is to end abortion in Mississippi."[19]
- "My goal, of course, is to shut [Jackson Women's Health] down . . . ."[20]
- "Please rest assured that I also have not abandoned my hope of making Mississippi abortion free."[21]

While Jackson Women's Health remains open, since the obstetrics-gynecology requirement went into effect, the pool of providers from which the

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[18] Kristi Burton Brown, *Federal Judge Strikes Down Mississippi's 15-Week Abortion Ban,* Live Action (Nov. 21, 2018), https://www.liveaction.org/news/federal-judge-mississippi-ban-abortions/.

[19] *Gov. Bryant: 'My Goal Is To End Abortion In Mississippi*,' CBS DC (Jan. 23, 2014), https://washington.cbslocal.com/2014/01/23/gov-bryant-my-goal-is-to-end-abortion-in-mississippi/.

[20] *Legal Woes for Mississippi's Only Abortion Clinic,* AP NEWS (Jan. 11, 2013), https://www.usatoday.com/story/news/nation/2013/01/11/abortion-mississippi-women-clinic/1828289/.

[21] Governor Phil Bryant Gives His First State of the State Address (Jan. 25, 2012), https://www.governorbryant.ms.gov/Pages/_Governor-Phil-Bryant-Gives-His-First-State-Of-The-State-Address.aspx.

clinic can draw qualified clinicians has shrunk. The Mississippi Department of Health further inhibits women from accessing Jackson Women's Health by failing to list it amongst family planning clinics on the Department's website,[22] even though the clinic provides family planning services, including pregnancy testing and contraception counseling, in addition to abortion services.[23]

Finally, just four months after the District Court enjoined the fifteen-week ban, Mississippi enacted Senate Bill 2116 (the "six-week ban"). Again, under the pretext of protecting women's health and safety, the six-week ban strips a woman of her right to abortion as early as six weeks from her last menstrual period, a time before many women even know they are pregnant.[24] Like the fifteen-week ban, the six-week ban does not make an exception for pregnancies resulting from rape or incest.[25] The six-week ban is a further demonstration of the State's mission to flout the constitutional protections recognized by the long and unbroken line of Supreme Court precedent beginning with *Roe*.

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[22] Mississippi State Department of Health, *Informed Consent Resources List* (2017), https://msdh.ms.gov/msdhsite/_static/resources/1426.pdf.
[23] Jackson Women's Health Org., About Us, https://jacksonwomenshealth.com/about-us/ (last visited Apr. 10, 2019).
[24] *Roe v. Wade*, 410 U.S. 113, 152-53 (1973); *Planned Parenthood of Se. Pa v. Casey*, 505 U.S. 833, 871 (1992).
[25] S.B. 2116 § 1(2)(b)(i) (the only exceptions to the six-week ban are if the abortion is "designed to or intended, in that person's reasonable medical judgment, to prevent the death of a pregnant woman or to prevent a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman").

(ii) These abortion restrictions disproportionately burden women facing significant socioeconomic barriers.

These abortion restrictions disproportionately burden women facing significant socioeconomic barriers. Women in Mississippi disproportionately live in poverty and have grim employment prospects as compared to women living in other states. In 2016, 22% of Mississippi women ages 18-64 lived below 100% of the Federal Poverty Level,[26] compared to 13% of women ages 18-64 nationally.[27] Among women of reproductive age in Mississippi, 17.2% do not have health insurance.[28] There are fewer opportunities for women in Mississippi to advance in the workforce compared to other states; women in Mississippi have the lowest median annual earnings of women in any state, and the third-lowest rate of participation in the workforce.[29]

A greater percentage of women seeking abortions now live below the poverty line. In 2014, "[f]orty-nine percent of [abortion] patients had family

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[26] Kaiser Family Foundation ("KFF"), *State Profiles for Women's Health* [Miss.] (July 25, 2018), https://www.kff.org/interactive/womens-health-profiles/?activeState=Mississippi&activeCategoryIndex=0&activeView=data.

[27] KFF, *State Profiles for Women's Health* [U.S.] (July 25, 2018), https://www.kff.org/interactive/womens-health-profiles/?activeState=USA&activeDistributionIndex=0&activeStateDistributionIndex=0&activeView=chart&activeCategoryIndex=0.

[28] National Women's Law Center, *Mississippi is Shortchanging Women* (Jan. 2018), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2018/01/MS-Is-Shortchanging-Women-Fact-Sheet.pdf.

[29] *Status of Women in the States*, Fact Sheet, IWPR # R532 (Mar. 2018), https://iwpr.org/wp-content/uploads/2018/03/R532-National-Fact-Sheet_Final.pdf.

incomes of less than 100% of the federal poverty level," compared to 42% in 2008.[30] Moreover, "[a]n additional 26% of patients in 2014 had incomes that were 100-199% of the poverty threshold."[31] Notably, over the same time period, the percentage of abortion patients with family incomes of 200% or more of the federal poverty level decreased by six percentage points, to 25%.[32]

According to the United States Census Bureau, approximately 37.8% of Mississippi's population is Black or African-American and 3.2% of Mississippi's population is classified as Hispanic or Latinx.[33] Mississippi is also home to approximately 20,000 undocumented immigrants,[34] and more than 1,200 incarcerated women.[35]

Women of color are disproportionately represented amongst the number of women seeking abortion services. Although Black women comprise 14.9% of the

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[30] Jenna Jerman et al., *Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008*, GUTTMACHER INST. 7 (May 2016), https://www.guttmacher.org/sites/default/files/report_pdf/characteristics-us-abortion-patients-2014.pdf.
[31] *Id.*
[32] *Id.*
[33] United States Census Bureau QuickFacts, Mississippi (July 1, 2018), https://www.census.gov/quickfacts/ms?.
[34] Pew Research Center, *Hispanic Trends*, *U.S. unauthorized immigrant population estimates by state, 2016* (Feb. 5, 2019), http://www.pewhispanic.org/interactives/u-s-unauthorized-immigrants-by-state/.
[35] Prison Policy Initiative, Mississippi prison population 1978-2015: Women, https://www.prisonpolicy.org/graphs/MS_Women_Counts_1978_2015.html (last visited Apr. 5, 2019).

country's female population, they obtain 27.6% of abortions.[36] This rate has been attributed to factors including "Black women's greater likelihood of being poor, unemployed, or working in low-wage jobs without insurance coverage."[37] In 2014, "[Latinas] accounted for 25% of abortion procedures[.]"[38]

These women face a variety of barriers to accessing reproductive health care due to both socioeconomic and structural barriers. Restrictions on the application of health insurance funds at both the national and state level make obtaining an abortion difficult for many based on financial considerations alone. An abortion at Jackson Women's Health costs between $600 to $800,[39] and because of state and federal restrictions, Medicaid will not pay for most abortions, leaving most Mississippi women paying out of pocket for the procedure.[40] In 2014, nationally, "53% of patients reported that they paid for the abortion themselves."[41] However, given how many women seeking abortions live below the poverty line, paying for an abortion out-of-pocket is simply not an option for many. Many low-income

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[36] In Our Own Voice: National Black Women's Reproductive Justice Agenda, *Our Bodies, Our Lives, Our Voices: The State of Black Women & Reproductive Justice* 22 (June 2017), http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf (hereinafter, *State of Black Women*).
[37] *Id.* at 22.
[38] Forward Together, *Reproductive Justice Media Reference Guide: Abortion and the Latinx Community*, 4 (2017), https://forwardtogether.org/wp-content/uploads/2017/12/RJ-Media-Guide-English-FINAL.pdf.
[39] Jackson Women's Health Org., Fee Schedule, https://jacksonwomenshealth.com/fee-schedule/ (last visited Apr. 5, 2019).
[40] *State of Black Women*, *supra* note 36, at 22-23.
[41] Jerman, *supra* note 30, at 9.

women are forced to borrow funds from friends, family, or predatory lenders, while cost alone may dictate that others carry a pregnancy to term. These policies serve to further embed families in poverty.

In addition to the cost of the procedure itself, obtaining an abortion in Mississippi has significant attendant financial and logistical costs. Because Jackson Women's Health is the sole abortion provider in Mississippi,[42] the overwhelming majority of Mississippi women must travel—often significant distances—to obtain an abortion. Traveling to obtain an abortion not only forces women to incur the financial costs of transportation, lodging, and expenses, but also the added costs of missing work and child care, in addition to the price of the procedure itself.[43] Mississippi already requires women seeking abortions to abide by a 24-hour waiting period between their initial clinic visit and the procedure, ultimately requiring women to either stay overnight in Jackson and incur two days of missed work and child care costs, or to make two separate hours-long trips back and forth to the clinic over two days and incur additional transportation costs.[44]

[42] Guttmacher Institute, *State Facts About Abortion: Mississippi* (2018), https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-mississippi.
[43] Covert, *supra* note 16.
[44] *Id.*

Furthermore, undocumented immigrants and incarcerated women face legal risks and other barriers to traveling long distances and obtaining abortions generally.[45]

At the same time as these existing restrictions are forcing women to wait longer to have abortions due to costs and delays, the State now prohibits abortion entirely after fifteen weeks. By layering a fifteen-week ban on top of Mississippi's pre-existing web of abortion regulations, the State exacerbates the burdens faced by vulnerable women in Mississippi in accessing reproductive health care.

B. Mississippi Has Done Little to Affirmatively Promote Women's Health

While the Mississippi Legislature touts its concern about protecting women's health to regulate and ban abortion, it has done little to address actual and urgent threats to women's health, including the well-documented dangers of giving birth in Mississippi.[46] In 2016, 40% of Mississippi adult women reported having a poor mental health status and 26% reported having a poor health status overall—health risks that were each even more acute for Black women than white women.[47] Mississippi's infant mortality rate is the highest in the country at 8.8 deaths per

[45] As discussed *infra* Part II, should Louisiana's fifteen-week ban take effect, the closest state to Mississippi will have an identical restriction, forcing women to travel even further to exercise their constitutional right to a pre-viability abortion.
[46] Getty Israel, *Mississippi More Concerned With Ending Abortion Than Infant, Maternal Deaths,* CLARION LEDGER (Apr. 22, 2018), https://www.clarionledger.com/story/opinion/columnists/2018/04/23/mississippi-more-concerned-ending-abortion-than-infant-maternal-deaths/537859002/.
[47] KFF [Miss.], *supra* note 26.

1,000 live births,[48] significantly higher than the national average of 5.9 per 1,000 live births.[49] Mississippi's maternal mortality rate is one of the highest in the country, with an average of nearly 23 deaths for every 100,000 live births.[50] The rate for Black women, 28.7 per 1,000 live births, is drastically higher than that for white women (18 per 100,000 live births).[51]

When pregnant women have access to regular health care and checkups, both maternal and infant deaths can be eradicated by up to 60%.[52] Access to preventative health care is largely dependent on income and health insurance coverage.[53] Choosing to erect barriers around the State's health care programs, Mississippi endangers women's lives while forcing them to give birth. Mississippi refused to expand Medicaid under the Affordable Care Act, leaving an estimated 54,000 low-income women who would otherwise be eligible for Medicaid without health coverage.[54] Mississippi is also now asking the federal government to

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[48] KFF [U.S.], *supra* note 27.
[49] *Id.*
[50] United Health Foundation, *Maternal Mortality in Mississippi in 2018*, https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/MS (last visited Apr. 10, 2019).
[51] *Id.*
[52] March of Dimes, *March of Dimes Position Statement* (June 2018), https://www.marchofdimes.org/materials/March-of-Dimes-Maternal-Mortality-and-SMM-Position-Statement-FINAL-June-2018.pdf.
[53] Sarah Varney, *How Obamacare Went South in Mississippi*, THE ATLANTIC (Nov. 4, 2014), https://www.theatlantic.com/health/archive/2014/11/how-obamacare-went-south-in-mississippi/382313/.
[54] Danielle Paquette, *Why Pregnant Women in Mississippi Keep Dying*, WASH. POST (Apr. 24, 2015), https://www.washingtonpost.com/news/wonk/wp/2015/04/24/why-pregnant-women-in-

approve an additional work requirement for some of the lowest-income people already eligible for Medicaid.[55] If approved, an estimated 5,000 additional people will lose health coverage each year, 91% of whom are low-income mothers, and two-thirds of whom are Black.[56] Mississippi is also the only state to require face-to-face meetings for initiating and continuing Medicaid eligibility, a hurdle that removes otherwise qualified people from Medicaid coverage.[57] Unfortunately, since the loss of federal funding and the lack of demand from new Medicaid patients, Mississippi hospitals have seen an increase in lay offs and department closings.[58] Without access to health care, pregnant women are more likely to suffer from high blood pressure, heavy bleeding, and obstructed labor—all common causes of maternal death.[59]

Mississippi also has alarmingly high rates of HIV infection, which is a particularly acute issue for minority communities. In Mississippi, African

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mississippi-keep-dying/?utm_term=.f0c17f6f6ac3. By not accepting federal Medicaid expansion, Mississippi has denied approximately 210,000 residents the opportunity of being covered and left another 99,000 residents without access to health insurance. Louise Norris, *Mississippi and the ACA's Medicaid Expansion*, HEALTHINSURANCE.ORG (Sept. 16, 2018), https://www.healthinsurance.org/mississippi-medicaid/.

[55] Norris, *supra* note 54.

[56] Anna Wolfe, *Mississippi Medicaid Work Requirement: Twisting Arms or Giving a Leg-Up?,* CLARION LEDGER (Apr. 12, 2018), https://www.clarionledger.com/story/news/politics/2018/04/12/mississippi-medicaid-work-requirement-twisting-arms-giving-leg-up/505755002/.

[57] Sandhya Somashekhar, *How Mississippi Could End Up Killing Medicaid*, WASH. POST (June 13, 2013), https://www.washingtonpost.com/news/wonk/wp/2013/06/13/how-mississippi-could-end-up-killing-medicaid/?utm_term=.42c52781c40c.

[58] *See* Varney, *supra* note 53.

[59] *See* Paquette, *supra* note 54.

Americans are only 37.8% of the population,[60] but comprise 78% of those newly infected with HIV.[61] Yet Mississippi's Legislature remains committed to promoting abstinence in sex education, ignoring evidence that such approaches fail to reduce HIV or STD transmission.[62]

The Legislature's insistence on promoting abstinence also has adverse consequences for young women in Mississippi. School districts can choose to teach either an abstinence-only, or an abstinence-plus curriculum; however, learning about abortion and how to safely apply condoms is strictly prohibited in both.[63] Unsurprisingly, Mississippi's teenage birth rate is more than one and a half times the national average.[64]

C. Rather Than Promote Women's Health, Mississippi's Fifteen-Week Ban Continues Its Legacy of Past Discriminatory State Action

Mississippi uses the guise of promoting women's health to continue its legacy of policies controlling the bodies of women in marginalized communities.

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[60] *See* Census Bureau QuickFacts, Mississippi*, supra* note 33 (finding that approximately 37.8% of Mississippi's population is Black or African-American and 3.2% of Mississippi's population is classified as Hispanic or Latino, according to the United States Census Bureau's Population Estimates for Mississippi as of July 1, 2018).
[61] Mississippi Center for Justice, *HIV/AIDS*, http://www.mscenterforjustice.org/our-work/access-healthcare/hivaids (last visited Apr. 10, 2019).
[62] Miss. Code Ann. § 37-13-171 (2019); *see* Human Rights Watch, *Rights at Risk: State Response to HIV in Mississippi*, Mar. 9, 2011, https://www.hrw.org/report/2011/03/09/rights-risk/state-response-hiv-mississippi.
[63] Miss. Code Ann. § 37-13-171 (2019).
[64] Mississippi State Department of Health, *Personal Responsibility Education Program (PREP)* (2015), https://msdh.ms.gov/msdhsite/index.cfm/44,11790,362.html.

It is no secret that woven into the fabric of Mississippi's history and culture are policies, laws and regulations which reflect discriminatory sentiment toward women and people of color. Just a few decades ago, Mississippi barred women from serving on juries "so they may continue their service as mothers, wives, and homemakers."[65] Moreover, Mississippi, in the early 1980s, was the last state to guarantee women the right to vote.[66]

Furthermore, just three years ago, Governor Bryant declared April Mississippi's "Confederate Heritage Month," ignoring the painful history of slavery and its current implications.[67] Mississippi is one of a handful of states without legislation terminating or limiting parental rights when a child is born from rape.[68] If this Court reverses the District Court, a woman in Mississippi pregnant

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[65] *State v. Hall*, 187 So. 2d 861, 863 (Miss. 1966).

[66] *See* Marjorie Julian Spruill & Jesse Spruill Wheeler, *Mississippi Women and the Woman Suffrage Movement,* MISSISSIPPI HISTORY NOW (Dec. 2001), www.mshistorynow.mdah.ms.gov/articles/245/mississippi-women-and-the-women-suffrage-amendment.

[67] Donna Lad, *Mississippi Governor Declares April 'Confederate Heritage Month,' No Slavery Mention*, Jackson Free Press, Feb. 24, 2016; *see also* Andrew Koppelman, *Forced Labor, Revisited: The Thirteenth Amendment and Abortion*, in THE HISTORY AND CONTEMPORARY RELEVANCE OF THE THIRTEENTH AMENDMENT, THE PROMISES OF LIBERTY 237 (Alexander Tsesis ed., 2010) ("[M]andatory motherhood and loss of control over one's reproductive capacities were partially *constitutive* of slavery for most black women of childbearing age, whose principal utility to the slaveholding class lay in their ability to reproduce the labor force . . . . The effect of abortion prohibitions (whose impact, by the way, has been felt mainly by poor women who are disproportionately black) is thus to consign women to a kind of servitude from which the amendment was supposed to free them." (citations omitted)).

[68] *See* Breeanna Hare & Lisa Rose, *Where Rapists Can Gain Parental Rights,* Nov. 17, 2016, https://www.cnn.com/2016/11/17/health/parental-rights-rapists-explainer/; *see also* Ashton Pittman, *Dem Lt. Gov. Hopeful Voted for Abortion Ban So White Dems Don't Go Extinct*,

from rape will not only be forced into motherhood after fifteen weeks, but also forced to continuously confront her attacker in custody hearings and/or child visitations.[69]

While the State minimizes this legacy as mere "historical significance,"[70] these policies demonstrate Mississippi's pattern of denying women, especially women of color, their constitutional right to control their own bodies, and are crucial to understanding the dire state of women's health in Mississippi today. In the early 1960s, Mississippi forced six out of ten Black women in Sunflower County to undergo involuntary sterilizations, a practice so common that it was called a "Mississippi Appendectomy."[71] Even in the 1990s, the Mississippi Legislature continued to debate coercive reproductive policies, including a bill conditioning women's welfare benefits on inserting a contraceptive implant, which would effectively sterilize them for up to five years.[72] The fifteen-week ban continues this long-held and persistent agenda to control the bodies of women in

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JACKSON FREE PRESS (Feb. 14, 2019), http://m.jacksonfreepress.com/news/2019/feb/14/dem-lt-gov-hopeful-voted-abortion-ban-so-white-dem/ (the Legislature defeated amendments allowing victims of rape or incest to have an abortion past heartbeat detection).

[69] Hare & Rose, *supra* note 68.

[70] Defendant-Appellants Brief, filed Mar. 6, 2019, at 38, *Jackson Women's Health Org. v. Currier*, No. 3:12-CV-436-DPJ-FKB, 2019 WL 418550 (S.D. Miss. Feb. 1, 2019) (No. 18-60868).

[71] *See* RICKIE SOLINGER, WAKE UP LITTLE SUSIE: SINGLE PREGNANCY AND RACE BEFORE ROE V. WADE 57 (1992); Fannie Lou Hamer, *American Experience: Freedom Summer,* https://www.pbs.org/wgbh/americanexperience/features/freedomsummer-hamer/ (last visited Apr. 10, 2019).

[72] Rachel Benson Gold, *Guarding Against Coercion While Ensuring Access: A Delicate Balance,* GUTTMACHER POL'Y REV. 17, No. 3, 10 (2014), https://www.guttmacher.org/sites/default/files/article_files/gpr170308.pdf.

marginalized communities in Mississippi, despite the Legislature's purported interest in improving women's health.

II. The Reproductive Autonomy of Women in Louisiana Is Also at Stake

In addition to Mississippi women, the rights of women in Louisiana also hang in the balance in this litigation. Louisiana has also enacted a law that prohibits abortion after fifteen weeks gestation.[73] Louisiana's fifteen-week ban, however, only becomes effective "upon final decision of the United States Court of Appeals for the Fifth Circuit upholding [Mississippi's fifteen-week ban]."[74]

Louisiana women, therefore, will be directly affected by the outcome of this Court's decision. And, as with women in Mississippi, the women in Louisiana who will be most burdened by the fifteen-week ban on abortion are low-income women, women of color, and other marginalized populations: in 2017, 69% of women who underwent an abortion in Louisiana were women of color.[75]

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[73] La. Stat. Ann. § 14:87(D)(2).
[74] La. Stat. Ann. § 14:87(F).
[75] Tessa Longbons, *Abortion Reporting*: *Louisiana (2017)*, CHARLOTTE LOZIER INSTITUTE (May 16, 2018), https://lozierinstitute.org/abortion-reporting-louisiana-2017/; *see also* Tara C. Jatlaoui et al., *Abortion Surveillance – United States, 2015*, 67 MMWR SURVEILLANCE SUMMARIES 13, Nov. 23, 2018, Table 13 (data showing that 70.4% of reported abortions in 2015 in Louisiana were obtained by women of color); Guttmacher Institute, *State Facts About Abortion: Louisiana* (2018), https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-louisiana (in 2014, 62% of those obtaining abortions in Louisiana were nonwhite); *see also State of Black Women*, *supra* note 36, at 22 (the disproportionate abortion rate by Black women is driven by increased likelihood for Black women to be poor, unemployed, or uninsured, which creates barriers to accessing high-quality reproductive health care).

Abortion is already severely restricted in Louisiana, which has caused many of Louisiana's abortion clinics to close.[76] Presently, there are only three abortion clinics in the entire state of Louisiana.[77] Those three clinics remain open for now because of a temporary stay issued in February by the Supreme Court.[78] Furthermore, as in Mississippi, any patient seeking an abortion in Louisiana is also required to wait 24 hours after consulting with a doctor before they can have the procedure.[79]

These restrictions mean that any woman seeking an abortion in Louisiana is already burdened with excess costs, including: traveling far distances; paying for accommodations for at least one night; missing at minimum two days of paid work; and paying for child care.[80] Plus, the typical price of an abortion at ten weeks in Louisiana is upwards of $500, an out-of-pocket expense not covered by

[76] *See* Lift Louisiana, *Abortion Restrictions*, https://liftlouisiana.org/issues/abortion-restrictions (last visited Apr. 10, 2019) (outlining all the current restrictions on abortion in Louisiana); Center for Reproductive Rights & Ibis Reproductive Health, *supra* note 6 (ranking Louisiana as tied for second most restrictive state for abortion in the United States with thirteen abortion restrictions, and finding that Louisiana also scored very low on indicators of women's and children's well-being).
[77] Lift Louisiana, *Abortion Information and Resources*, https://liftlouisiana.org/content/abortion-information-and-resources (last visited Apr. 10, 2019); *see also* Guttmacher Institute, *supra* note 75 (in 2014, there were five abortion-providing facilities in Louisiana, which represented a 29% decline since 2011, and in 2014, some 92% of Louisiana counties had no clinics that provided abortions, and 63% of Louisiana women lived in those counties).
[78] *June Medical Services, L.L.C. v. Gee*, 139 S. Ct. 661 (2019).
[79] La. Rev. Stat. Ann. § 40:1061.17.
[80] 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.

Medicaid.[81] For low-income women, these costs impose heavy, and in some cases, insurmountable burdens.[82] These costs often mean that women in Louisiana must choose between terminating an unwanted pregnancy or paying for rent or food. [83] A fifteen-week ban will only exacerbate those already high burdens.

Indeed, in Louisiana, it is clear that the State has chosen one course for pregnancy, and that is childbirth, "ultimately making the decision for what a woman's reproductive future will be."[84] Louisiana's Department of Health "Abortion Facts" resoundingly encourages women to bring their pregnancies to term.[85] However, the Louisiana Department of Health also recently acknowledged

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[81] *Id.*

[82] *Id.*; *see also Whole Woman's Health v. Hellerstedt,* 136 S. Ct. 2292, 2313 (2016), *as revised* (June 27, 2016) (recognizing the concrete hardship of increased travel distances which, combined with other burdens, can contribute to a burden being undue); *Planned Parenthood of Wisconsin, Inc. v. Schimel*, 806 F.3d 908 (7th Cir. 2015) ("[A] 90-mile trip is no big deal for persons who own a car or can afford an Amtrak or Greyhound ticket. But more than 50 percent of Wisconsin women seeking abortions have incomes below the federal poverty line. . . . For them a round trip to Chicago, and finding a place to stay overnight in Chicago should they not feel up to an immediate return to Wisconsin after the abortion, may be prohibitively expensive. . . . These women may also be unable to take the time required for the round trip away from their work or the care of their children.").

[83] *See* Valeria Perasso, *On the battle lines over US abortion*, BBC NEWS (May 18, 2018), https://www.bbc.com/news/world-us-canada-43966855 (documenting the experience of one Louisiana woman who traveled for three hours to an abortion clinic and who had to take a day off work; she needed financial help for the procedure because her paycheck is around $525, less than the $550 fee); *see also State of Black Women*, *supra* note 36, at 33 (based on interviews with women from Louisiana, noting that low-income Black women "want real choices in their communities that does not involve choosing between feeding their families and buying needed medication").

[84] Michelle Goodwin & Erwin Chemerinsky, *Pregnancy, Poverty and the State*, 127 YALE L.J. 1106, 1309 (2018).

[85] State of Louisiana Department of Health, *Abortion Facts*, http://ldh.la.gov/index.cfm/page/914 (last visited Apr. 10, 2019) ("There are many public and private agencies willing and able to help

that the State is in the midst of a maternal mortality crisis, with 47 deaths occurring between 2011 and 2016, a ratio of 12.4 deaths per 100,000 births.[86] The maternal mortality rate increased at a higher rate than that of the U.S.,[87] which itself is extremely high.[88] The number of maternal deaths in Louisiana has skyrocketed, and in 2018 there were 44.8 maternal deaths per 100,000 births, more than double the national average of 20.7 maternal deaths per 100,000 births.[89]

As in Mississippi, maternal mortality in Louisiana disproportionately impacts Black women; between 2011 to 2016, Black women were 4.1 times as likely to die of pregnancy-related deaths as white women.[90] The leading cause of all maternal deaths in Louisiana was lack of access to health care providers or

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you carry your child to term. They will also assist you and your child after your child's birth, whether you choose to keep your child or to place him or her up for adoption.").

[86] Lyn Kieltyka et al., *2011-2016 Maternal Mortality Report*, Louisiana Department of Health (Aug. 2018), http://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2011-2016_MMR_Report_FINAL.pdf.

[87] *Id.*

[88] *See State of Black Women*, *supra* note 36, at 51 (U.S. maternal death rate in 2015 is on par with rates in Afghanistan and El Salvador); Linda Villarossa, *Why America's Black Mothers and Babies Are in a Life-or-Death Crisis*, N.Y. TIMES (Apr. 11, 2018), https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html (United States is one of only 13 countries in the world where the rate of maternal mortality is now worse than it was 25 years ago).

[89] United Health Foundation, *Trend: Maternal Mortality, Louisiana, United States*, https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/LA (last visited Apr. 10, 2019).

[90] Kieltyka et al., *supra* note 86; *see also* United Health Foundation *supra* note 89.

facilities—a risk factor that is especially prevalent among low-income women of color.[91]

Like in Mississippi, the realities of a fifteen-week ban on abortion in Louisiana mean that low-income women of color will be even more restricted from exercising their constitutional right to an abortion.

If the judgment of the District Court is reversed, an entire region of the southern United States will become an abortion desert for women needing to terminate a pregnancy after fifteen weeks, creating a geographic outlier where the "central holding of *Roe v. Wade*"[92] no longer applies. The burdens from such a departure from longstanding precedent should not be inflicted upon some of the country's most vulnerable women.

CONCLUSION

For the foregoing reasons, the judgment of the District Court should be AFFIRMED.

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[91] Kieltyka et al., *supra* note 86; *State of Black Women*, *supra* note 36, at 14-15 (noting that Black people are twice as likely than whites to be uninsured, and that Black women are less likely to receive timely and aggressive medical treatment, compared to their white counterparts), 32 (recounting the experience of one poor Black woman from Louisiana, who reported that "seeing preventive and prenatal care providers is nearly impossible. During her most recent pregnancy, only one doctor in her area was accepting new Medicaid patients, and she experienced a delay in getting care. She attributes much of it to racism."); Linda Villarossa, *supra* note 88 (telling the story of one Louisiana mother, Simone Landrum, whose baby died during childbirth, and her mistreatment by doctors: "It was like he threw me away.").

[92] *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 879 (1992).

Dated: April 12, 2019

Respectfully submitted,

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SisterLove, Inc.
SisterSong
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CERTIFICATE OF SERVICE

I hereby certify that on April 12, 2019, I electronically filed a true and correct copy of the foregoing Brief of *Amicus Curiae* Reproductive Justice Groups in Support of Plaintiffs-Appellees with the Clerk of the Court for the United States Court of Appeals for the Fifth Circuit, using the CM/ECF system. I certify that all parties in the case are registered CM/ECF users and that service will be accomplished by the CM/ECF system.

Date: April 12, 2019

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CERTIFICATE OF COMPLIANCE

Pursuant to Fed. R. App. 32(g), I certify that this document complies with the type-volume limitations of Fed. R. App. P. 29(a)(5) and Fed. R. App. P. 32(a)(7)(B) because this brief contains 6,473 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(f) and the Addendum. This document complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type-style requirements of Fed. R. App. P. 32(a)(6) because this document has been prepared in a proportionally-spaced typeface using Microsoft Word Version 1808, in 14 point font, Times New Roman.

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ADDENDUM

Access to Reproductive Care ("ARC") - Southeast provides funding and logistical support to ensure Southerners receive safe and compassionate reproductive care including abortion services. Through education and leadership development we build power in communities of color to abolish stigma and restore dignity and justice.

Black Women's Health Imperative ("Imperative") is a non-profit advocacy organization with a history of more than 35 years of dedication to promoting optimum health for Black women across the life span. Women have long faced great difficulty obtaining comprehensive, affordable health coverage. The Imperative is profoundly concerned about the impact that the Court's decision will have on low-income women of color who face barriers to obtaining reproductive health care.

Feminist Women's Health Center ("FWHC") is a Black woman led, independent, non-profit, multi-generational, multi-racial reproductive health, rights, and justice organization committed to a vision of accessible and judgment-free reproductive health care and access in the South for all who need it. Founded in 1976 in Atlanta, GA, FWHC offers compassionate abortion care as part of comprehensive reproductive health services and works to improve access for traditionally underserved communities. Using an intersectional reproductive

justice approach, FWHC's services and programs aim to meet the unique needs of people of color, low-income, Spanish-speaking, immigrant, refugee, and LGBTQIA+ clients. More than a health care provider, FWHC has been an advocacy leader at the state policy level, and at the national level through coalitions and partnerships, for the past two decades, defending against any attacks on reproductive rights and advancing proactive policy to achieve reproductive justice.

In Our Own Voice: National Black Women's Reproductive Justice Agenda ("In Our Own Voice") is a national-state partnership with eight Black women's Reproductive Justice organizations: The Afiya Center, Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc., SisterReach, SPARK Reproductive Justice Now!, and Women with a Vision. Our organization is focused on lifting up the voices of Black women leaders on national, regional, and state policies that impact the lives of Black women and girls.

Lift Louisiana works in diverse ways to advance the interests and well-being of pregnant and parenting women and their families and to protect their constitutional and human rights including the constitutional right to end a pregnancy. Our mission is to educate, advocate and litigate for policy changes needed to improve the health and well-being of Louisiana's women, their families, and their

communities. Lift Louisiana, members of its Advisory Board, volunteers, and donors, are deeply interested in the ways an unconstitutional ban on the right to abortion would impact low-income women of color and other marginalized populations in Mississippi and Louisiana.

Mississippi in Action ("MIA") was founded in 2009, after noticing a lack of holistic advocacy and education pertaining to HIV/AIDS, birth control, comprehensive sex education, and homelessness. Through advocacy and education, MIA focuses on the social justice and equality in sexual and reproductive health and rights among its communities. MIA works with the whole person, not just a part of the person. Using the Maslow hierarchy of needs, MIA works diligently to ensure that every aspect of a person's well-being is met. Our mission is to promote holistic sexual and reproductive health by incorporating advocacy, education and housing; thereby enhancing the rights and dignity of all Mississippians.

National Asian Pacific American Women's Forum ("NAPAWF") is the only national, multi-issue Asian American and Pacific Islander (AAPI) women's organization in the country. NAPAWF's mission is to build the collective power of all AAPI women and girls to gain full agency over our lives, our families, and our communities. With a large member base organized into chapters across the country, NAPAWF engages in community organizing at the state and local levels,

including in Georgia. NAPAWF's work, which is centered in a reproductive justice framework, includes advocating for the reproductive rights and health care needs of AAPI women.

New Orleans Abortion Fund is a community-based organization rooted in social justice, with the purpose of challenging socioeconomic inequalities by providing financial help to women who cannot afford the full cost of abortion.

Founded in July 1989, **SisterLove, Inc.** is an HIV/AIDS and reproductive justice non-profit service organization focusing on women, particularly women of African descent. SisterLove'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 in the United States and worldwide through education, prevention, support, and human rights advocacy. To realize this mission, SisterLove engages in advocacy, reproductive health education, and prevention. SisterLove seeks to educate and empower youth and women of color to influence the laws and policies that disparately impact them.

SisterSong is the national women of color Reproductive Justice Collective. We work to amplify the voices and lived experiences of women of color and Indigenous women to leverage our collective power in order to end reproductive oppression and advance reproductive justice. We are committed to ensuring that we make our own decisions about when we are ready to parent or add to our

families, that we are able to raise our children with safety and dignity and that when we decide that we need to seek an abortion we have access to safe and affordable care. This is critical to our bodily autonomy and to our efforts to secure the liberation of women and girls of color.

SPARK Reproductive Justice Now!, Inc. ("SPARK") works to build and strengthen the power of our communities and a reproductive justice movement that centers on Black Women, Women of Color, and Queer & Trans Youth of Color in Georgia and the South. Based in Atlanta, Georgia, we have fostered a dynamic, collaborative model of advocacy, leadership development, collective action, and discourse that create change and impact for Black women and queer people's struggles for reproductive justice. Founded in 2007, our mission is to build new leadership, change culture, and advance knowledge in Georgia and the South to ensure individuals and communities have resources and power to make sustainable and liberatory decisions about our bodies, gender, sexualities, and lives. We envision a world where economic, social and cultural equity, restorative justice, body autonomy, and comprehensive reproductive and sexual freedom exists; where all people are empowered, valued, and able to make liberatory decisions about their communities, families and lives.

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. We accomplish this through relentless advocacy, health education, supportive services, and community-based participatory research. WWAV is a community-based organization, founded in 1989 by a grassroots collective of African-American women in response to the spread of HIV/AIDS in communities of color. Created by and for women of color, WWAV is a social justice non-profit that addresses issues faced by women within our community and region. Major areas of focus include Sex Worker Rights, Drug Policy Reform, HIV Positive Women's Advocacy, and Reproductive Justice outreach. We envision an environment in which there is no war against women's bodies, in which women have spaces to come together and share their stories, in which women are empowered to make decisions concerning their own bodies and lives, and in which women have the necessary support to realize their hopes, dreams, and full potential.

United States Court of Appeals

FIFTH CIRCUIT
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April 15, 2019

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No. 18-60868
Jackson Women's Health Orgn, et al v. Thomas Dobbs, et al
USDC No. 3:18-CV-171

Dear Mr. Szyfer,

The following pertains to your brief electronically filed on April 12, 2019.

We filed your brief. However, you must make the following corrections within the next 14 days.

You must electronically file a "Form for Appearance of Counsel" within 14 days from this date. You must name each party you represent, see FED. R. APP. P. 12(b) and 5TH CIR. R. 12 & 46.3. The form is available from the Fifth Circuit's website, www.ca5.uscourts.gov. If you fail to electronically file the form, the brief will be stricken and returned unfiled.

Sincerely,

LYLE W. CAYCE, Clerk

Shea E. Pertuit

By: _____
Shea E. Pertuit, Deputy Clerk
504-310-7666

cc:
Mr. Paul Eldridge Barnes
Mr. John J. Bursch
Mr. Stephen James Carmody
Mr. Aaron Sean Delaney
Ms. Karli Eisenberg
Mr. Kyle Douglas Hawkins
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Mr. Robert Bruce McDuff
Mr. Wilson Douglas Minor
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