

Community Perspectives, Experiences, and Recommendations on Louisiana's Abortion Bans

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Executive Summary

In March 2024, Reproductive Health Impact (RH Impact), Lift Louisiana, the Center for Reproductive Rights (CRR), and Physicians for Human Rights published findings from a months-long fact-finding project in Louisiana to document the human rights impacts of the state's escalating attacks on reproductive rights and bodily autonomy. The findings shared in this report are intended to complement the ones published in that report, [*Criminalized Care: How Louisiana's Abortion Bans Endanger Patients and Clinicians*](#) (hereinafter *Criminalized Care*) and stem from interviews with representatives from community-based organizations (CBOs) and Louisianans of reproductive age.

Using a descriptive qualitative study design, RH Impact's research team interviewed 13 people of reproductive age and ran two focus groups with representatives from eight CBOs. Specifically, the researchers sought to answer three research questions:

1. What are individuals' understanding of and opinions on Louisiana's abortion bans?;
2. What is the impact of Louisiana's abortion bans on people seeking and on people

advocating for access to full-spectrum sexual and reproductive health care?; and

3. How are individuals and CBOs responding to and resisting Louisiana's abortion bans?

Findings demonstrated that individuals were aware that abortion care was largely unavailable and criminalized in Louisiana and had strong feelings and opinions about the state's bans. Individuals and CBO representatives shared their personal experiences and the experiences of those they served to illustrate the harmful impacts of Louisiana's abortion bans and how they are responding to and resisting the added barriers to care. CBOs are supporting individuals in need of access to abortion care, including travel to abortion clinics outside the state where abortion is legally protected. They are also fighting to repeal or change the state's bans. Even as they work to navigate the state's confusing and punitive bans, individuals and CBO representatives repeatedly shared that they need more information, resources, and support to mitigate the bans' harms. They also want health care providers, state policymakers, and community leaders to know the bans' devastating impacts, particularly on

communities and groups disproportionately affected. This report validates the conclusions of other research projects that have studied the impact of abortion bans and adds findings from the experiences of CBOs serving populations affected by Louisiana's abortion bans.

The findings also reinforce the human rights analysis in *Criminalized Care* proving again that Louisiana's abortion bans disregard the United States' international human rights obligations to protect reproductive health and autonomy. These include the United States' obligations to ensure every person's rights to life, health, equality and non-discrimination, information, and privacy.

To better illustrate how Louisiana's abortion bans contribute to existing factors and amplify the bans' impact on Black women and people with the capacity to become pregnant across the Southern United States, the report's authors developed a conceptual model. This model details and highlights the pervasiveness of human rights failures demonstrated in the implementation of Louisiana's abortion bans. It also traces the throughline from historical and ongoing violations of human rights to the current bans' impact on access to sexual and reproductive health care and outcomes.

In the interviews, individuals and CBO representatives shared what they need to fully exercise their bodily and reproductive autonomy and help their communities to do the same.

What individuals need:

- ▶ Explanation of the state's abortion bans.
- ▶ Guidance on how people can get involved and work to change the state's laws to ensure access to abortion care in Louisiana, including information about:

- ▶ their legislators;
- ▶ upcoming elections; and
- ▶ policymaking processes.
- ▶ Information, resources (e.g., money, transportation, housing, childcare), and support to access abortion care inside or outside the state (e.g., assistance with making appointments) and to provide to their friends and families.
- ▶ Unbiased mental health support for pregnant people who are unable to get the prenatal or abortion care they need.
- ▶ Increased access to trusted, inclusive, and supportive community health workers, birth workers, and health care providers committed to all tenets of reproductive justice.
- ▶ More hospitals, birth centers, and health care providers, especially those providing maternal and reproductive health care, in areas of the state where facilities do not exist or services are limited.
- ▶ Equitable access to sexual health education and preventative care (e.g., contraception, Plan B).

What CBOs need:

- ▶ Increased funding to better support individuals and families impacted by the abortion bans (e.g., making appointments outside the state, transportation, housing, childcare), as well as those doing this work in their organizations.
- ▶ More connections with health care providers inside and outside of the state.
- ▶ Support to better protect the organizations and people doing this work (e.g., technology, legal).

Based on the findings and what communities said they need, RH Impact, Lift Louisiana, and CRR make the following recommendations to the Louisiana State Legislature and to funders who aim to support CBOs and communities in the state:

Recommendations to the Louisiana State Legislature:

- ▶ Repeal the abortion bans, as well as all other restrictive laws and regulations that effectively obstruct access to abortion, including by:
 - ▶ decriminalizing abortion and removing professional, civil, and criminal penalties for health care staff who provide abortion care to patients; and
 - ▶ repealing laws that could be used to prosecute or penalize people for having an abortion, including a self-managed abortion, assisting another person to access abortion care, or for pregnancy outcomes.
- ▶ Amend and adopt legislation to ensure access to the full spectrum of sexual and reproductive health care, including comprehensive sexual health education, contraception, abortion, maternal health care, and perinatal mental health care without discrimination.
- ▶ Enact laws to address the state's maternal health crisis, including by increasing access to prenatal, peripartum, and postpartum care for historically marginalized communities and those disproportionately impacted by the maternal health crises (e.g., MAMA+ policy agenda).
- ▶ Invest in full-spectrum health care centers and providers, including birthing centers and birth workers, who are committed to the reproductive justice framework and

offer care in chronically underserved areas, particularly in rural and low-income communities.

- ▶ Enact Medicaid reforms that would expand access to full spectrum reproductive health care, including abortion.
- ▶ Take steps to address social determinants of health, including by raising the minimum wage, making childcare more affordable, expanding paid family leave, and ensuring broadband access in rural areas.

Recommendations to funders:

- ▶ Acknowledge the legacy of philanthropic redlining that has erased the contributions of Black and other marginalized thought leaders, pregnant people, community activists, and reproductive justice leaders, which has led to the under-resourcing of these efforts prior to times of reproductive crisis.
- ▶ Invest in community-based organizations that are guided by the reproductive justice framework and center impacted communities in their mission and drive for policy change.
- ▶ Assure that funding goals and equity strategies center the organizations, experts, and activists on the ground who have innovated reproductive justice-centered solutions to address reproductive oppression and human rights violations.
- ▶ Invest with integrity by building true, equitable relationships with and establishing sustainable investment in community-based organizations that are steeped in reproductive justice work.



Introduction

In March 2024, Reproductive Health Impact (RH Impact), Lift Louisiana, the Center for Reproductive Rights (CRR), and Physicians for Human Rights published findings from a months-long fact-finding project in Louisiana to document the human rights impacts of the state’s escalating attacks on reproductive rights and bodily autonomy. [*Criminalized Care: How Louisiana’s Abortion Bans Endanger Patients and Clinicians*](#) (hereinafter *Criminalized Care*) showed how the bans erode clinicians’ ability to use their best medical judgment to treat patients, cause delays and denials of abortion care, postpone prenatal care, and disproportionately harm historically marginalized communities and groups in the state.¹ Focused on the impact of the state’s abortion bans on people seeking reproductive health care and on health care providers in Louisiana, the report outlined how the bans violate long-standing federal law that protects patient access to emergency care, disregard evidence-based public health guidance, undermine medical ethical standards, and deny basic human rights to Louisianans seeking reproductive health care in their state. The findings shared in this report are

intended to complement the ones published in *Criminalized Care* and stem from interviews with representatives from community-based organizations and Louisianans of reproductive age.

State Context

To better understand the findings presented in this report, it is important to recognize the historical, economic, and social context that informs them. Conditions of inequality, racism, sexism, and discrimination have long undermined the rights of Louisiana’s most impacted communities—particularly Black, Indigenous, and other people of color, LGBTQ people, immigrants, people with disabilities, young people, and people living on low incomes—to exercise their reproductive and bodily autonomy. By the beginning of the Civil War, Louisiana had enslaved over 330,000 African people whom it subjected not only to torturous physical labor, but also to forced childbearing.² Since then, state laws and policies, including racial segregation and redlining in housing, mass incarceration

of Black communities, and environmental racism, have created systemic inequities.³ These laws and policies have also devalued the reproduction, maternity, and family health and safety of Black, Indigenous, and other Louisianans of color while furthering reproductive oppression.

Today, Louisiana ranks highest in the nation in percentage of households living in poverty. Black residents of the state are nearly three times as likely to live below the federal poverty level as their white counterparts.⁴ Most Louisianans, almost a quarter of whom are either women of reproductive age, young people under the age of 18, or both, live in areas where they lack access to health care providers.⁵ By the end of 2022, more than 300,000 women in the state lived in contraceptive deserts, defined as parishes where there is no reasonable access to a health center that offers the full range of contraceptive methods.⁶ Coupled with the lack of required comprehensive sexual health education in schools, these conditions contribute to the state's high rate of sexually transmitted infections, which disproportionately impact young people, people living in parishes with higher levels of poverty, and Black communities.⁷

Louisiana also has one of the highest maternal mortality rates in the United States; reflecting national racial inequities, Black women in the state died from pregnancy-related deaths at more than two times the rate of white women between 2017-2019.⁸ More than a quarter of parishes in the state are maternity care deserts, in which there is limited or no access to birthing hospitals, birth centers offering obstetric care, or obstetric providers.⁹ These maternity care deserts, combined with the lack of access to midwives in the state,¹⁰ compounds Louisiana's maternal health crisis.

Legal Context

It was against this backdrop that the Louisiana legislature enacted trigger laws intended to ban abortion if *Roe v. Wade* was overturned.¹¹ The June 2022 ruling in *Dobbs v. Jackson Women's Health Organization (Dobbs)*¹² overturned nearly 50 years of legal precedent recognizing and protecting a federal constitutional right to abortion and soon after, Louisiana's trigger bans went into effect. Taken together, these trigger laws banned all abortions in Louisiana except in narrow and ill-defined circumstances, including to save the pregnant person's life or where the pregnant person's fetus is deemed "medically futile."¹³ The bans also carry severe professional, civil, and criminal penalties for clinicians who provide abortion care.¹⁴ As outlined in *Criminalized Care* and in this report, the enforcement of these trigger bans has led people who need or seek reproductive health care and the community-based organizations that serve them to feel confused and fearful about what information and care they can seek, receive, and provide.

Currently, 14 states, including Louisiana, are enforcing abortion bans even though as of May 2024, more than six in ten Americans (64%) say abortion should be legal in most or all cases.¹⁵ These national polling numbers also reflect public support for abortion in Louisiana, where approximately 50% of Louisianan voters agreed in August 2023 that pregnant people should have the right to abortion.¹⁶ These findings were reinforced by a 2023 survey which found that more than half of all Louisiana voters support abortion in all or most cases.¹⁷

While there had been a federal constitutional right to abortion before *Dobbs*, state and federal abortion restrictions nevertheless limited abortion access, and disproportionately impacted and continue to impact people who were uninsured and lived on low incomes, Black,

Indigenous, and other people of color (BIPOC), and people with chronic health conditions.¹⁸ For example, the Hyde Amendment—first enacted in 1977—prohibits the use of federal funds (e.g., Medicaid) for abortion and prevents many individuals and families living on low incomes—many of whom are BIPOC—from receiving the abortion care they need.¹⁹ As a result, these communities receive abortion care later in pregnancy or are forced to have an unintended birth.²⁰ Structural factors, including racism, economic injustice, mistrust in the medical system, and other intersecting systems of oppression contribute to the disparate and harmful impacts of abortion restrictions and bans.²¹

Abortion Advocacy and Organizing in the United States


Communities have—and continue to—resist attacks on abortion rights in the United States.²² Individuals and community-based organizations not only advocate and organize around abortion rights, but also continue to provide abortion care and support to individuals and families. They create and coordinate national partnerships and coalitions, organize protests, and create and manage abortion funds to support people in need of care. For BIPOC communities, this is done while also advocating and organizing on a broad range of issues including maternal health, sterilization abuse, the criminal legal system, and the family regulation system (also known as the child welfare system).²³ Reproductive justice, a term coined by Black women in the United States in 1994, reflects a broader vision of reproductive freedom that guarantees the right to bodily autonomy, the right to have a child, the right not to have a child, and the right to parent children in safe and sustainable communities.²⁴

These tenets drive the work of several organizations advocating for reproductive health, rights, and justice in Louisiana including Lift Louisiana, Louisiana Abortion Fund, Louisiana Coalition for Reproductive Freedom, Planned Parenthood Gulf Coast, Reproductive Justice Action Collective (ReJAC), and Women with a Vision.²⁵

Sexual and Reproductive Health and Rights

While the United States Supreme Court and Louisiana state government have rolled back abortion rights, international human rights law is clear that access to abortion care is an integral part of peoples' ability to live with dignity and enjoy their most essential freedoms. Over the last 30 years, international and regional human rights bodies have developed strong standards on the right to sexual and reproductive health, including abortion.

The international human rights treaties that Congress has signed and ratified contain human rights obligations for all levels of government—federal, state, and local. While the national government is ultimately responsible for reporting to human rights treaty monitoring bodies on how the United States is meeting those obligations, state and local governments play a critical role in ensuring that the United States fulfills its international human rights commitments.



The United States has signed onto and ratified three international human rights treaties which require it to respect, protect, and fulfill the rights enshrined in them:

- ▶ the International Covenant on Civil and Political Rights (ICCPR),²⁶
- ▶ the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD),²⁷ and
- ▶ the Convention Against Torture (CAT).²⁸

These treaties recognize and protect sexual and reproductive health and rights. They also prohibit the United States' government from taking actions that violate a person's human rights, requires it to remove existing barriers to exercising rights, and to proactively create an environment that enables people to enjoy their human rights.

The United States has also signed onto, but not ratified:

- ▶ the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),²⁹
- ▶ the International Covenant on Economic, Social and Cultural Rights (ICESCR),³⁰ and
- ▶ the Convention on the Rights of People with Disabilities (CRPD).³¹

These treaties also protect reproductive rights and as a signatory to them, the United States is obligated to not defeat their object and purpose.

Abortion is but one component of the sexual and reproductive health of Black women and people with the capacity to become pregnant. Women, particularly from BIPOC and low-income communities, face consistent violations of their sexual, reproductive, and maternal health rights including barriers to accessing sexual and reproductive care, as well as healthy and safe pregnancy care.³³ Marginalized groups of women and people with the capacity to become pregnant in the United States have consistently suffered from restrictions on their reproductive rights as these violations are inextricably linked to the racist, oppressive, classist, and ableist

state policies and conditions under which they live.³⁴ Marginalized women and people with the capacity to become pregnant, particularly Black women, have faced both violations of access to sexual health services and abortion care, as well as reproductive sterilizations based on social perspectives regarding marginalized women's social status and racist stereotypes.³⁵ Indeed, Black women and people with the capacity to become pregnant face a unique set of barriers to achieving full access to sexual and reproductive health services, rooted in the centuries-long repression of their reproductive autonomy.³⁶



Study Purpose and Research Questions

To capture the impact of Louisiana’s abortion bans on people seeking access to, as well as organizations advocating for, full spectrum sexual and reproductive health care, RH Impact’s research team employed a descriptive qualitative study design to answer the following research questions:

1

What are individuals’ understanding of and opinions on Louisiana’s abortion bans?

2

What is the impact of Louisiana’s abortion bans on people seeking and on people advocating for access to full-spectrum sexual and reproductive health care?

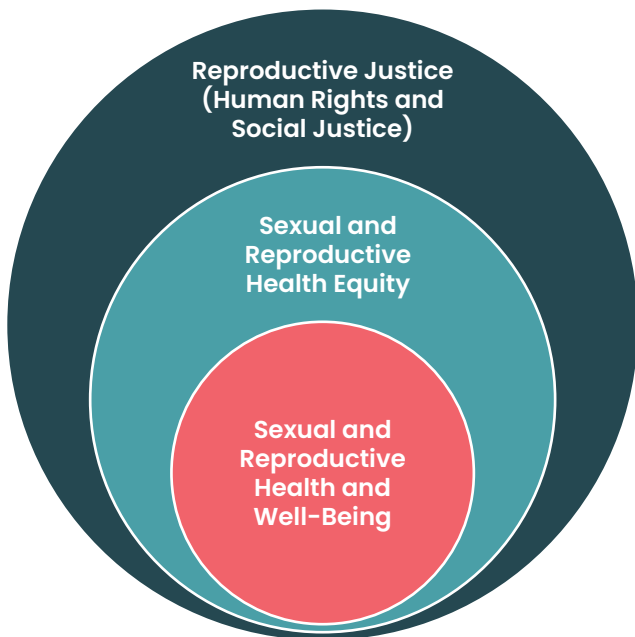
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How are individuals and CBOs responding to and resisting Louisiana’s abortion bans?

Theoretical Frameworks

This fact-finding is theoretically grounded in sexual and reproductive health and well-being (SRHW), sexual and reproductive health equity (SRHE), and reproductive justice. These frameworks informed the research team’s research questions, research instrument development, data analysis, and community needs and recommendations.

Sexual Reproductive Health and Well-Being and Reproductive Health Equity: The Coalition to Expand Contraceptive Access (CECA) developed the interconnecting sexual and reproductive health and well-being (SRHW) and sexual and reproductive health equity (SRHE) frameworks.³⁷ SRHW and SRHE encourage health care providers and policymakers to think more holistically about what communities need and want in their own lives and from the institutions that serve them. CECA defines SRHW as “a self-defined state that includes reaching one’s individual sexual and reproductive goals,” while SRHE is obtained when “systems ensure that all people, across the range of age, gender, race, and other intersectional identities, have what they need to attain their highest level of sexual and reproductive health, and includes self-determining and achieving their reproductive goals.”³⁸



Reproductive Justice: Reproductive justice was coined by Black women in the United States in 1994 and is not only rooted in communities’ experiences with reproductive oppression, but also their resistance to it.³⁹ SisterSong defines reproductive justice as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”⁴⁰ Reproductive justice can only be achieved by analyzing power systems, addressing intersecting oppressions, centering the most marginalized, and joining together across issues and identities.⁴¹ Reproductive justice is rooted in human rights and social justice. Applying a human rights framework allows for analysis of a government’s human rights obligations and of its failures to protect, respect, and fulfill them. Social justice is “concerned with securing and maintaining the social conditions necessary for a sufficient level of well-being in all of its essential dimensions for everyone” playing particularly close attention to the “achievement of well-being.”⁴² In this particular context, the social justice framework is used to analyze how barriers to achieving sexual, reproductive, and maternal health well-being are distributed throughout Louisiana’s population, disproportionately burdening some communities. In combination, human rights frameworks and social justice concepts of well-being allow for a more robust analysis, weaving the legacy of historical human rights abuses to ongoing failures which shape the social conditions under which marginalized groups in Louisiana live.



Methodology

This descriptive fact-finding research used qualitative methodologies to understand the experiences of people of reproductive-age and their communities since Louisiana’s abortion bans took effect in June 2022. From May to November 2023, through outreach to networks of community organizations and educational institutions in Louisiana, the RH Impact research teams identified and contacted two categories of respondents for individual and focus group interviews:

- ▶ People of reproductive age older than 18 years who have had recent experiences seeking and/or receiving reproductive health care that has been affected by Louisiana’s bans; and
- ▶ Representatives from community-based organizations (CBOs) supporting access to reproductive health care in Louisiana.

RH Impact’s team used snowball sampling and purposive sampling strategies to recruit participants for the individual and focus group interviews.⁴³ Snowball sampling relies on participants to identify other potential participants for a research study while purposive sampling selects participants based on some criteria.⁴⁴ The RH Impact team

contacted CBOs working to advance maternal and reproductive health, rights, and justice in Louisiana and disseminated recruitment flyers for people of reproductive age.

The research team developed interview and focus group guides that were reviewed by partner organizations and research colleagues. The research team conducted semi-structured interviews with 13 people of reproductive age and ran two focus groups with representatives from eight CBOs. Demographics of the semi-structured interviews with people of reproductive age are represented in Table 1.

Because of the sensitive nature of the research, extensive security precautions were undertaken throughout all phases of the research. Eligible interview and focus group participants provided verbal informed consent after being read consent information by the interviewers. All participants were advised not to provide any identifying information (e.g., names, city or town of residence, names of health systems, or organizational affiliation), and no identifying information was gathered. Once participants provided consent, interviews were conducted over the phone or on an encrypted Zoom meeting. Interviews with people of reproductive age lasted 30

to 60 minutes and focus groups with CBO representatives lasted 45 to 60 minutes. Both were recorded using a digital voice recorder. The recordings were transcribed using Rev, an online transcription service. Audio files were deleted after the transcripts were generated. All transcripts were further de-identified by interviewers. Data was stored on a password-protected server and only accessed by the research teams. This study was approved by the Ethics Review Board of Physicians for Human Rights.

Transcripts were thematically analyzed using both inductive and deductive coding in NVivo 11.0. The research team used the research questions to create an initial codebook and deductively code the transcripts. Additional codes from the data were added to the codebook as needed. Codes were compared, and similar codes were organized into larger themes. The research team held a virtual member checking session with CBO representatives. During the session, the research team presented tentative findings and recommendations to CBO representatives who provided valuable feedback. This feedback informed the final findings and community needs and recommendations in this report.

Limitations

While qualitative methods enable researchers to elicit more in-depth information about participant's experiences and perceptions than is possible using quantitative survey methods, they cannot speak to the prevalence of reported incidents, attitudes, and experiences. Furthermore, because non-probability sampling was used, findings may not be generalizable to other settings and policy environments, though emergent themes are comparable to other research studies on abortion bans in the United States.

While the research team sought to reach out to a broad spectrum of patients and CBOs in Louisiana, the team's networks included a limited number of patients in rural and northern parts of the state. Those voices and experiences are thus less well represented. Although the research team asked all participants about current and recent events and experiences, participants' accounts of prior events may be affected by recall bias and/or misrepresentation. Wherever possible, the research team sought to triangulate accounts of specific harmful events relayed by participants with media accounts by reputable sources, legal case documents, other interviewees, and other credible evidence.

Demographic Characteristics of Individual Interviewees

Data represented as n (%) or median (range), n=13*

GENDER	
Male	0 (0)
Female	11 (85)
RACE	
White/Caucasian	2 (15)
Black/African American	8 (61)
Hispanic/Latina/o	0 (0)
Asian/Pacific Islander	0 (0)
Multi-racial	1 (8)
AGE	
18-28	7 (54)
29-35	1 (8)
36-45	3 (23)
SEXUALITY	
Heterosexual/Straight	10 (77)
Bisexual	1 (8)
RELATIONSHIP STATUS	
Single	6 (46)
Committed Relationship/Partnered	3 (23)
Divorced	1 (8)
BORN IN U.S.	
Born in U.S.	10 (77)
HEALTH INSURANCE TYPE	
Private	6 (46)
School Insurance	2 (15)
Public Insurance	2 (15)
Decline to Answer	1 (8)

HIGHEST LEVEL OF EDUCATION	
Some College	6 (46)
Bachelor's Degree or Higher	5 (38)
ANNUAL INCOME	
Less than \$24,999	5 (38)
\$25,000-\$49,999	1 (8)
\$50,000-\$74,999	3 (23)
\$75,000-\$99,999	1 (8)
\$100,000 to more	1 (8)
NUMBER OF PEOPLE IN HOUSEHOLD	
1	5 (38)
2-3	3 (23)
4-5	1 (8)
6 or more	2 (15)
MAIN DAILY ACTIVITIES	
School Full-time	3 (23)
School Full-time, Work Part-time	4 (31)
Work Full-time	2 (15)
Work Full-time, School Part-time	1 (8)
Work Fulltime, School Fulltime	1 (8)
RECEIVED PUBLIC ASSISTANCE IN THE PAST YEAR	
No	8 (62)
Yes	3 (23)
NOT LIVING WITH A DISABILITY	
Not Living with a Disability	11(85)

*Missing data for two participants

iv.

Findings

The report authors identified several themes from the individual and focus group interviews conducted with Louisianans of reproductive age and representatives from CBOs.

Findings by Research Question

Individuals' understanding and opinions of Louisiana's abortion bans

Theme 1A: Individuals are aware of the bans.
Theme 1B: Individuals have strong feelings and oppose the bans.

Impacts of Louisiana's abortion bans

Theme 2A: Miscarriage management is undermined.
Theme 2B: Past and current barriers to care are exacerbated.
Theme 2C: Existing stressors, financial barriers, and crises are amplified for certain communities.
Theme 2D: The state's maternal health crisis is exacerbated and its gaps in maternal mortality prevention programming are highlighted.
Theme 2E: Historically marginalized populations and communities are disproportionately impacted.
Theme 2F: CBOs have had to shift the focus and type of support they provide to communities.
Theme 2G: CBO staff have experienced negative mental and emotional impacts.

Individuals' and CBOs' response to Louisiana's abortion bans

Theme 3A: CBOs are working to get communities the information, training, and resources they need to mitigate the impact of the abortion bans and to change policy.
Theme 3B: The abortion bans have reinforced for some individuals and changed for others how they think and take action around political engagement, advocacy, and activism.
Theme 3C: CBOs recommend several policy changes to ensure equitable access to abortion care and the stability of families.

What health care providers, policymakers, and community leaders should know

Theme 4A: Individuals want people in power to listen to those impacted by the bans and to understand the bans' impacts.
Theme 4B: Individuals want legislators to know that they should not take away access to abortion care.

Individuals were aware that abortion care was largely unavailable and criminalized in Louisiana and had strong feelings and opinions about the state's bans. Individuals and CBO representatives shared their personal experiences and the experiences of those they served to illustrate the harmful impacts of Louisiana's abortion bans and how they are responding to and resisting the added barriers to care. CBOs are supporting individuals in need of access to abortion care, including by travel to abortion clinics outside of the state where abortion is legally protected. They are also fighting to repeal or change the state's bans. Even as they work to navigate the state's confusing and punitive bans, individuals and CBO representatives repeatedly shared that they need more information, resources, and support to mitigate the bans' harms. They also want health care providers, state policymakers, and community leaders to know the bans' devastating impacts, particularly on communities and groups disproportionately affected, and that legislators should not take away access to abortion care.

1. Individuals' understanding and opinions of Louisiana's abortion bans

Individuals shared their understanding and opinions of Louisiana's abortion bans. What communities know, think, and feel about changes in the law is crucial because these changes impact their ability to be healthy and safe. It is also important for organizations to know this information so they can better serve and advocate in partnership with communities. Most individuals were aware that abortion care is largely unavailable in Louisiana, but that Louisianans are receiving care in other states or online. They also acknowledged that their

inability to receive abortion care was the result of changes in federal and state laws. Individuals had strong feelings and opinions about these changes. Even though the reasons for their feelings and opinions varied, most attributed their feelings to a loss in people's autonomy and rights, as well as the negative impacts on the health, well-being, and economic stability of women and people with the capacity to become pregnant and their families.

Theme 1A: Individuals are aware of the bans.

Most individuals described being aware of Louisiana's abortion bans and pregnant peoples' inability to receive abortion care in the state. Individuals described abortion care as inaccessible, illegal, limited, and abysmal. Only one individual described not being aware of Louisiana's abortion bans because she recently moved to Louisiana. Another individual described not knowing abortion was prohibited in the state until she needed one. Individuals attributed this inability to receive care to the overturning of federal law and changes in state law. However, there were aspects of the law that were unclear to the interviewees, including the law's exceptions and its applicability to miscarriage care. Individuals shared how it was necessary to travel out of state or order medication online to get the abortion care they themselves or others need.

So, my understanding is that in Louisiana right now, there is no access to abortion care in the state. It is now unlawful ever since the overturning of Roe vs. Wade. – Individual

My understanding at this moment is that it is quite abysmal...My understanding as of this moment is that if a woman in my community or city of New Orleans wanted to access termination services that the closest operating clinic to us is in southern Illinois,

and I could be wrong [] depending on how far along she is ... – Individual

I understand it's pretty limited at the moment, considering, I believe in 2022, they closed a lot of the abortion clinics in Louisiana with some exceptions, so I understand it's more of a hurdle for people to get easily accessible, you know, abortions or reproductive help than it was before. – Individual

Theme 1B: Individuals have strong feelings and oppose the bans.

Most individuals expressed strong feelings and opinions about Louisiana's abortion bans. Individuals described feeling upset, frustrated, and scared, and expressed disapproval of the abortion bans. Their feelings were the result of the negative impact on pregnant people's health, the financial burden of traveling out of state for care, government overreach, and the ban's religious justification. Most individuals had strong opinions on the abortion bans and opposed them although their reasons varied. Some described how the bans undermine people's autonomy, personal freedoms, and rights. Other individuals described the bans as dangerous because health care providers are unable to provide the best care for their patients and there is already a lack of maternity care in Louisiana.

I have very strong opinions about it, and always have. Just from personal, woman of color, childbearing years, I've always known it to be extremely dangerous if doctors don't have the ability to use whatever resources [are] at their disposal in making the best decision for their patients. – Individual

I am really upset about it. I didn't plan for it to affect me personally in the way that it did, but it did. But a lot of people don't plan. You

don't plan to find yourself in that situation. – Individual

I frown upon it. I think, especially from what I know about it, I know a lot of people try to justify banning abortions based off of religion. And even though I am very religious, I wouldn't impose my beliefs on other people and their bodies. – Individual

I hate it. I am really frustrated by it because it's not something that the government should be legislating in that way. And honestly, it doesn't matter if someone got pregnant and they just decided they didn't want to have the baby, or if there is a health issue, I don't think that there should be these stipulations on what people get to do with their bodies. – Individual

2. Impacts of Louisiana's abortion bans

Individuals and CBO representatives shared their personal experiences and the experiences of those they serve to illustrate the harmful impact of Louisiana's abortion bans. Both groups highlighted the connections between the poor quality of current reproductive health care services and the risks for maternal mortality among Black pregnant and birthing people. They also described the ongoing impact of historical and current discrimination affecting communities, which is displayed in the lack of financial resources, facilities, and education to support access to quality reproductive and maternal health care in the state. CBO representatives amplified these points by describing the dearth of resources within the communities they serve and their need to pivot to bring helpful resources and information to marginalized communities. CBOs also described the fatigue they have experienced while working to address the needs

of their community members in response to the bans.

Theme 2A: Miscarriage management is undermined.

Medications and procedures used in miscarriage management are the same as those used in abortion care.⁴⁵ Individuals and CBO representatives shared circumstances where miscarriage management had been impacted by new clinic policies and physicians' fears of prosecution, leaving patients helpless.

And again, went through ultrasound, all that, went to consult with a nurse, an RN that was on staff, and she basically just told me, "I can't really tell you if you're having a miscarriage or not." I was like, "I'm almost 12 weeks. It would be nice to know. If you can't tell me if I'm having a miscarriage, can you at least tell me what [the] ultrasound said?" She said she couldn't, that she was praying for me, she was sending me home with prayers, and [that] I need[ed] to follow up with a physician at the end of the week. – Individual

So, just thinking about my experience with my last new client, who actually went through a miscarriage and had to have a D&C and had to have all these different things. And it was just like, a wait, and a clearance, and a this, and a that, and, you know, our parents just want answers. In a situation like that, you know, you're having a miscarriage, and your body is refusing something, you just want it out. You want it cleared out your system, so you don't have to walk around with it. But, um, it was just such a long wait and I just... My- I don't know, my heart broke for her, just having to sit with- with that, um, or, with the fetus inside her body. – CBO representative

Theme 2B: Past and current barriers to care are exacerbated.

Existing barriers to preventative care and education are evident across the state, with maternity and reproductive care deserts accounting for more than a quarter of Louisiana's parishes. CBO representatives discussed how the abortion bans would only expand these care deserts.

A lot of people have very hard access to preventative care ... like Plan B and birth control and things like that. I feel like that was not thought about before making this decision, you know, but of course, 'cause I feel like they didn't wanna give people choices. – CBO representative

But I've seen it affect, of course, the Black and Brown community at tremendous levels, just because of access already, the lack thereof, of access of healthcare, access of reproductive health in communities where they have OB-deserts. Um, specifically, ironically, in ones which you think there's a large city and a large metro area, but there are still OB-deserts here, right here, in the city, um, l- lack of, you know, hospitals and access to care, reproductive care. So, just putting a ban, just exacerbated the numbers tremendously. – CBO representative

Individuals shared new obstacles to accessing both standard and emergency contraceptives since the bans went into effect, including difficulty accessing previous sources for preventative care.

But it's always like an on and off thing in our state, which is very frustrating, because a lot of low-income households get their care from Planned Parenthood. And people don't even

understand that. They don't get, they don't think health care is at Planned Parenthood. Not everybody rolls up to get an abortion, but that is this idea that is set in our minds from various lawmakers in our state that people just go there just for that. When, hell, [ask] my hairdresser, and she'll tell you, she is below the poverty line, and she was telling me the other day, she's like, "Girl, that was where I got my birth control. Now I can't find it. – Individual

Theme 2C: Existing stressors, financial barriers, and crises are amplified for certain communities.

Individuals and CBO representatives described a variety of everyday stressors related to their status as students, parents, or recent residents of Louisiana. They recounted how the abortion bans complicated their lives unnecessarily, bringing with it worry and stress.

So, that brings a lot of mixed emotions with them and mental stress to them. And they're very stressed out in their pregnancies, which causes a lot of harm to them and their babies, in essence. [S]o they're mentally drained and they're just- just, you know, kinda all over the place, trying to figure out how they're gonna make this work. They're putting- it's putting them in a lot of homeless situations. And- and, you know, who wants to be homeless with a newborn? But it's- I see now, since this happened, it- like, my clientele has tripled. – CBO representative

With me being in a particular stage in my life, being in graduate school and being a parent, I was like, this is really not a good time. And of course, for all of us, of course there are precautions we could have made beforehand, but that's too late after you're in the situation. We're here now. And I remember being like, this is the worst time in the world to be in this position. That was the first time in my life I

had ever even considered an abortion and I was just like, wow. Now of all times. So, I was really upset by the process. Before the decision to reverse Roe v. Wade, it was stressful. It was already a stressful thing for a woman to have to go through. But that made it worse because now you have to make all of these plans that you didn't anticipate making on top of being in a very difficult position that you really don't want to be in. So, it complicated everything. – Individual

An individual described the differential impact on their daily life in comparison to those in other social positions and expressed frustration at the bans' shortsighted nature and limited acknowledgment of the inner workings of people's lives.

I'm really upset with this whole system and how this works. Just the idea of having to go through all of this and that these decisions were made for my own life without any consideration of how many layers there are to it and how it affects us. They're just like, "We don't want you to do it, so you can't do it." But people still need to do it. It's not realistic that you're going to have that much control over people's lives because you're not a part of their lives ... If you have an abundance of money and free time, it's not a big deal to travel, to do those things that you would do to secure a procedure. But I'm a single mother. Like I said, I'm in graduate school. I work full-time. It's a lot that I juggle on a single day. So, for me, it was a big deal. For me it was a really big deal in my life. It was a major disruption in my life. Like I said, if you have an abundance of time and money, if you're maybe not already a parent, if you're a male, it's probably not going to affect you as much. Even if you care about the person who's gone through the procedure, it's still probably not going to affect you as much. So,

I think it's definitely going to affect women in particular and those of low income inevitably.
– Individual

Theme 2D: The state's maternal health crisis is exacerbated and gaps in maternal mortality prevention programming are highlighted.

Individuals and CBO representatives described the weight of the state's current maternal mortality crisis as the background against which the abortion bans are being enforced. Participants detailed the racist historical foundation of the maternal mortality crisis and the myriad ways that losing abortion access and enduring an unwanted pregnancy will exacerbate it.

Louisiana was already experiencing a maternal mortality crisis before a year and a half ago. Right? And that was a crisis that disproportionately affects black parenting; And, you know, I see the impacts of, um, the loss of abortion access.
– CBO representative

So the obvious main part of the dangerous part is simply the expansion of maternal care deserts ... I'm talking about my overall experience. There is no incentive for OB/GYNs to stay in the area that is high risk, whether at risk of being prosecuted, not even if they perform abortions, but the procedures that are required to handle a miscarriage pretty much mimic those of an abortion. So, by them leaving, this decreases the amount of services available to the community, and outside of New Orleans, in Baton Rouge, most of the state is already a maternal care desert with no OB/GYNs available, so that is the most obvious part of the danger. – Individual

I think communities of color are going to be disproportionately impacted by [the bans]. We already, just in thinking about maternal health in this country, there's already disparity there. And so now you're adding on people not being able to get additional healthcare that they need or may need. So, I am concerned about what that is going to do for maternal health" – Individual

Theme 2E: Historically marginalized populations and communities are disproportionately impacted.

Individuals and CBO representatives described the increased financial and social resources required to access reproductive health care in another state. They identified communities and groups that were disproportionately impacted by the bans, including Black, Indigenous, and other people of color, people with limited financial resources, people with chronic conditions, and those that had experienced sexual assault. They also described the individual, institutional, and structural factors contributing to these inequities.

The number of those that are Black, that are Indigenous, that are low-income is going to be higher than other, more affluent people who have access to [a] choice regardless of the bans. – CBO representative

I feel like especially African American people and just minorities in general are affected 'cause they might not have the resources in their area already to get, you know, abortions. So, closing down the few clinics and, you know, Planned Parenthood locations that they have is just making it way harder for them to get what they need. And I feel like that affects other things in their lives 'cause, you know, having a child is a very big financial responsibility. So, if someone's aware enough that like, "Hey, I'm pregnant, but I can't have

this baby financially,” and they’re now boxed in ‘cause they can’t get an abortion, that just leads to more problems within, like, poverty and low income and living in a certain situation. – Individual

All the Black and brown women, folks of color, immigrants. We are doubly and triply impacted by all of these insensitive laws, so absolutely. That has not changed. I’m just referring to the overall history that the American medical establishment has with Indigenous and Black people. – Individual

One individual shared that they had been sexually assaulted in the time since the bans went into effect. They had not become pregnant, but they described the difficult scenarios that they and others like them must now consider after an assault.

And so, if I were to have conceived unfortunately after that experience, then there’s the trauma of also potentially living through the pregnancy. And then also what about the well-being of the child afterwards, because in my head I know that child was conceived out of rape, something that was forced upon me, so therefore would I resent the child because of that. So, what are the mental health effects on that child that we’re bringing up if their parent struggles to look at them or struggles to love them in the way they want to because of a traumatic experience? Those are things that I, I’m just not sure necessarily that people who have created these laws necessarily, that they haven’t thought through but ... I don’t know that they realize the detrimental effects that they’re placing upon the child after it’s born. – Individual

Theme 2F: CBOs have had to shift the focus and type of support they provide to communities.

CBO representatives described the level of pivoting required to respond to client needs due to the abortion bans. They discussed feeling under-resourced and working intensely to strategize around the new barriers as a result of the bans.

... it makes me feel like, um, I have a lack thereof of, of resources, when I used to have a plethora, uh, when it comes to, you know, abortion and things like that. So really, you know, I’m scrimpin’ and- and trying to find out... You know, it’s like, kind of like this secret society to find other resources for a pregnant person these days because of [the bans]. – CBO representative

In the higher ed context, it’s impacted us in terms of figuring out how, as an institution, we’re going to support students who become pregnant. And so, we’ve had to [] develop a task force to [] try and figure out what are the potential situations students might find themselves in. How do we increase resources for things like emergency contraception and pregnancy tests on campus, and then create a fund to help students, you know, get out of the state to get their care. – CBO representative

Theme 2G: CBO staff have experienced negative mental and emotional impacts.

CBO representatives described the weight and stress of working to identify care providers and resources to better support clients. They also described the emotional toll of working to facilitate abortion care and how navigating the bans have amplified the emotional and personal aspects of their work.

Um, personally, uh, it has- it has impacted me mentally. Uh, 'cause it's, you know, just the frustration of it all. Um, day-to-day, uh, seeing our moms, our pregnant people, not knowing where to turn or where to go, um, with- with this decision, uh, like I said, or having a lack of care. Um, how I take care it, I try to, uh, release those things, (laughs) you know, uh, before like, entering my home, and- and things like that. That's kinda like, you know, a thing I tell myself. You know, you gotta leave work outside the door sometimes, and just de-stress from it all. 'Cause if you carry it, it can start to impact, you know, your life, and things like that. So, that's kinda how I take care of myself with that. But it- it can become, uh, very mentally overwhelming, uh, because, you know, sometimes you feel like, "I'm one person, and I can't help everyone." Uh, so I also tell myself like, you know, even if I impact one person, or encourage one person, I help them with a resource or something, I did a good job. So, that's another way I, you know, give myself [] some grace and some self-care.

– CBO representative

So, I- um, I burned out. That's how this work impacted me personally. I burned out like really hard, clinically. Uh, left the work, left working in general for a period, because I lost my like, mental and emotional capacities to be able to really deal with it. Um, so that's my fair and honest answer. Um, I mean, this work, abortion access, abortion care in Louisiana, is deeply personal work because it's also deeply personal to me. And, you know, my pregnancy journey has included abortions, here in New Orleans and in Baton Rouge. Um, and, you know, the resources that I have been able to help clients and community access, um, in this work, are also resources that I've availed myself of, and I've had to navigate myself. ... It is all extremely personal this work. It always comes from personal.

– CBO representative

3. Individuals' and CBOs' response and resistance to Louisiana's abortion bans

Communities have always resisted reproductive oppression and fought for their reproductive freedom. In response to Louisiana's abortion bans, communities are not only fighting to change policy, but are also working to get individuals in need of care to abortion clinics outside of the state or navigating ways to access medication abortion. However, communities still need more information, resources, and support to mitigate the harm of the bans.

Theme 3A: CBOs are working to get communities the information, training, and resources they need to mitigate the impact of the abortion bans and to change policy.

Individuals and CBOs are working to get communities the information, training, and resources they need. CBO representatives described several ways people are working, sometimes quietly, to support pregnant individuals. This work includes information and training around self-managed abortion and connecting individuals with agencies outside the state to get them the abortion care they need. CBO representatives also shared the political work done by organizations like Lift Louisiana and the digital resistance happening online.

I've heard a lot of quiet sharing of information or alluding to information, so it's subvert... [They're] directing people towards information about self-managed abortion, quietly directing information about resources and networks of people who can more directly help than the provider themselves. It feels very coded and, you know, not direct sharing even

of those stories and information with me so I feel like I know the very tip of the umbrella, and I think there's a lot more happening more directly. – CBO representative

[O]f course, for the birthing community, as the other participant said, you just have to know somebody to know somebody to be able to share with your families, you know ... [S]omething that our organization ... has done is [be] very strategic about connecting with outside agencies who provide- who have legal abortion in their area, to be able to [] try to coordinate some things for families. So, yeah. It's just been a lot of coordination, very loose knit, very, you know, figuring out the right technology, the best ways to share information. Um, yeah, so that we can keep everyone safe, but also [] get our clients what they need ... – CBO representative

I've heard of a group that is, that has been doing trainings on self-managed abortion ... – CBO representative

However, individuals and CBO representatives shared that they need more information and material support in the form of access to pregnancy tests, medication abortion, financial support for transportation and housing outside the state, and to perinatal mental health support.

I just wish I had more information ... I wish I would've known more about this process ... I was just thrust into this position and I had to make these decisions immediately. Like I said, the day that I called them to make that appointment was the day that I became aware [of the bans]. I was instantly in a crisis. – Individual

I want to know if there are resources out there. For example, [] grants or funds [] to travel [] to get abortions for the lower-class community.

I want to know ... if [the pills] you can order online and get [] shipped to you ... if those are real and if those are safe and FDA approved. I just want to make sure ... if resources are accessible to me ... if I do not want to carry out my pregnancy ... what websites are safe to order from... – Individual

I think we could ... benefit from connection to providers of ... transportation, or hotels, or things that are not squarely in the reproductive justice world but would allow us to serve our people better. ... That's both inside the state and outside. – CBO representative

[P]erinatal mental health is definitely needed in these communities ... Like I said before, a lot of this is bringing a lot of trauma and it's bringing a lot of mental health issues onto people and I feel like they need to have a better access to that care. – CBO representative

While CBOs are working to meet the needs of the communities they serve, some of them also are trying to change policy in the state. However, these CBOs expressed a desire to receive information to help them better understand the policymaking process, the laws that impact equitable access to abortion, and what action they can take to make a difference.

Well, I'll certainly give a shout-out to all the political work that's being done, and, um, Lift [Louisiana] is leading the charge on that, [there's] a lot of [] energy at working with legislators and [] introducing bills and working against [] harmful bills. – CBO representative

I think it would be helpful if there was something that [] broke the law down into layman's terms. ... That way, it's easy to understand for folks. And then also something to explain what is still legal for people to have. And I guess maybe that's one

thing for myself too, now that I'm thinking about it, I'm not sure off the top of my head. I think it is still legal, but the abortion pill by mail, I don't know if a lot of people know if that's something that's available to them. And I don't think that that is banned in the state at the moment. So just having those resources available to them or even just something to let them know about the different organizations that are still organizing and doing work in that area. – Individual

I wish I had someone to ... direct me and explain politics to me because it's still new. I'm still learning on my own. ... Like ... each person and their position and how they play into policy [making]. ... That would be very, very helpful. – Individual

Theme 3B: The abortion bans have reinforced for some individuals and changed for others how they think and take action around political engagement, advocacy, and activism.

Individuals described how the abortion bans both reinforced and changed their beliefs and actions around political engagement, advocacy, and activism. Individuals whose beliefs were reinforced described the importance of people knowing who their legislators are, educating themselves through voter guidelines, and of voting.

It kind of reinforced for me how important it is that one, we are aware of who our legislators are so we know who to talk to. And also, just for me, the importance of voting and not just the big-ticket elections [because] I think a lot of the decisions that are coming down are [from] the people who are really advocating for these changes at the state level. – Individual

I have no [] faith inherently in the political system whatsoever. I do not trust it. However, I still engage in it with the hope that my participation will still make a difference. So, I engage in local politics. I do my best to educate myself in voter guides, and I vote for candidates that I believe are invested in women and families having the right to choose. – Individual

Other individuals, especially those identifying as students, described how the abortion bans changed how they viewed political engagement, advocacy, and activism and even made some of them want to be more aware and involved. This included being more educated on who is elected to political office, having additional conversations with those around them (e.g., family members), voting for younger representatives, engaging in advocacy when they become clinicians, and even participating in this human rights fact-finding project.

One hundred percent it has. Before I had a rule in my family, because my parents, grandparents are all hardcore Republicans. My sister and I are not. And before I had a rule in my family that if they started talking about politics, I would leave the room...But now, recently, especially my sister and I, we have been engaging our family more and, like, talking about these things. – Individual

I'm not necessarily [] engaging in, like, protest or anything like that. But I do think I'm having more meaningful conversations [] on an individual level. – Individual

Yeah, it made me want to quit my job. It made me want to quit my job and just advocate full-time, because it is such a major issue. And I don't feel like enough people in our state understand, again, like you said, the intersectionality between reproductive care, abortion care, maternal healthcare, basic

healthcare for women of color, all those things are intertwined, and you can't really do one without the other. – Individual

I haven't really been in the ... political scene. I just know [] in my mind [] it's very wrong and someone needs to make a change. Someone needs to advocate for us. And hopefully, one day, I could be the doctor that advocates for the community [I serve]. – Individual

Theme 3C: CBOs recommend several policy changes to ensure equitable access to abortion care and the stability of families.

CBO representatives described the need for substantive policy changes in Louisiana, which were attempted, but failed, during the 2023 legislative session.⁴⁶ They described the need to clarify language for abortion care in the first trimester in the existing law, incest and rape exceptions, decriminalizing or decreasing penalties, and Medicaid coverage (e.g., MAMA+ bill package).⁴⁷ They also noted the need to improve the well-being of individuals and families in Louisiana, including raising minimum wage, subsidizing childcare, providing paid family leave, providing anti-racist education, and ensuring broadband in rural areas.

... clarifying the care for first trimester, or first and second trimester spontaneous abortions. The doctors really requested that and that was shot down, certainly, exceptions for incest and rape [] was shot down. Decriminalizing or certainly decreasing the penalties would be wonderful and getting rid of them. – CBO representative

I know Lift Louisiana and the pack that I'm in, the Mama+ bill package team, the Mama+ team, we had a list of bills that we, of course, wanted support in that bill in the lines of like,

decriminalization of pregnant or postpartum people. – CBO representative

I think the incrementalist approach is one strategy, but we also should name the vision at the end, which is a full repeal of any abortion ban. And then adding in supportive policies for people to actually be able to access funding practical support, organizations, funding, things like Medicaid coverage of abortion. – CBO representative

4. What health care providers, policymakers, and community leaders should know

Communities described wanting providers, policymakers, and community leaders to know the devastating impacts of the abortion bans, particularly on communities and groups disproportionately affected, and that legislators should not take away access to abortion care.

Theme 4A: Individuals want people in power to listen to those impacted by the bans and to understand the bans' impacts.

Individuals described wanting people in power to listen to those impacted by the ban, particularly women and people with the capacity to become pregnant, Black people, people living on low incomes, health care providers, people who have been sexually assaulted, and children who are placed in the foster care system.

I just think they need to listen to the voices of women, and the voices of health care providers that aren't letting their personal views get in the way of medicine ... – Individual

I want them to know how it has affected the community members who do not have the finances to get abortions. I want them to know that [] the people that you're forcing to stay pregnant and actually have children, they can't afford to have children. – Individual

I want them to truly understand how it impacts African American women, especially those who were, maybe, sexually assaulted or raped. I think it impacts them most, in terms of them getting pregnant. – Individual

... it's the person's choice. It shouldn't be left up to a politician or whoever [is] making the [] law. It should be up to the person who has the child. – Individual

Theme 4B: Individuals want legislators to know that they should not take away access to abortion care.

Individuals described what they would like to communicate to legislators, indicating their willingness to speak to power structures and assert claims to their bodily autonomy.

I would just want them to know that they don't have any right to tell women what they should and shouldn't do with their bodies at the end of the day. – Individual

I want them to know that I think it's extremely important that we give back the right, the jurisdiction, the discernment of physicians and medical professionals that do this work, and do their jobs, and just want to take care of their patients, and giving that right back to them. And I think it's important for lawmakers to understand that there should be a separation between what happens in our doctor's offices behind closed doors, and what is being decided at the state capitol every legislative session, every spring. Those both are very important roles, but very different roles. – Individual

V.

Human Rights Analysis

Louisiana’s abortion bans disregard the United States’ binding legal obligations under international human rights law, violating a constellation of human rights that protect reproductive health and autonomy. Namely, the abortion bans violate the United States’ obligations to ensure every person’s rights to life, health, equality and non-discrimination, information, and privacy.

Right to life: The right to life provides important protections for reproductive autonomy that recognize how laws and policies threaten people’s health, safety, and lives, including in the context of sexual and reproductive health. International human rights bodies have noted that access to safe and legal abortion and to quality prenatal health care are critical to protecting people’s right to life.⁴⁸ These bodies have called on states to protect abortion access, reinforcing the World Health Organization’s findings that restrictive abortion laws contribute to high rates of unsafe abortions and maternal mortality and morbidity and that

lack of access to “safe, affordable, timely, and respectful” abortion care, coupled with abortion stigma, “pose[s] risks to women’s physical and mental well-being throughout [their] life course.”⁴⁹

Under Louisiana’s abortion bans, pregnant people are being denied abortion care and are experiencing harmful delays to both abortion and prenatal care. These denials and delays can have devastating impacts on pregnant Louisianans, especially historically marginalized groups, who already experience discrimination and inadequate access to health care services.

Right to health: This right is understood broadly to include every person’s right to make decisions about their body and sexual and reproductive health free from violence, coercion, or discrimination.⁵⁰ To meaningfully enjoy this right, every person is entitled to access information, goods, and services, including sexual health education, contraception,

abortion, and maternal health care. Under this right, governments are required to ensure that information, goods, and services are:

- ▶ available in sufficient quantities;⁵¹
 - ▶ accessible to everyone, especially communities facing multiple and overlapping forms of discrimination;⁵²
 - ▶ Accessibility includes not only physical dimensions such as the distance to a clinic and accessibility for people with disabilities, but also their economic accessibility and affordability;⁵³
- ▶ Accessibility also requires that individuals be able to freely seek, receive, and provide information concerning sexual and reproductive health;⁵⁴
- ▶ acceptable to individuals and respectful of medical ethics and the culture of individuals; and designed to respect confidentiality;⁵⁵ and
- ▶ of good quality, meaning that they must be scientifically and medically appropriate.⁵⁶

Even before Louisiana's abortion bans went into effect, Louisianans lacked access to the information, goods, and services they needed to make informed decisions about—and exercise control over—their reproductive lives. The state's abortion bans have only exacerbated this situation. In parishes that were already contraception and maternity care deserts, communities are now facing additional barriers to information from their trusted supports at CBOs. And while some Louisianans may have the social and financial support to travel out of the region to access abortion care, many others do not, and in some cases are forced to continue a pregnancy they would otherwise terminate.

Right to equality and non-discrimination:

Every person should be able to “enjoy equal access to the same range, quality and standard of sexual and reproductive health facilities, information, goods and services, and to exercise their rights to sexual and reproductive health without experiencing any discrimination.”⁵⁷ Additionally, human rights bodies have recognized that historically marginalized communities experience intersectional discrimination in the context of sexual and reproductive health and have called on governments to take special measures to address the distinct sexual and reproductive health needs of these communities and the unique barriers they face.⁵⁸ These special measures, human rights bodies have noted, are “required to prevent and eliminate discrimination, stigmatization and negative stereotyping that hinder access to sexual and reproductive health.”⁵⁹

Louisiana's abortion bans perpetuate inequality and discrimination by disproportionately impacting communities that have been denied equal access to power, resources, and opportunities, and people that experience intersectional discrimination, including on the basis of race and gender. While Louisiana's abortion bans apply to everyone, they most harm people who already face discrimination in accessing health care, including Black, Indigenous, and other people of color, people with disabilities, people in rural areas, young people, immigrants and undocumented people, LGBTQ people, and people living on low incomes. As a consequence of the state's bans, these communities disproportionately experience adverse reproductive health outcomes and are subjected to structural discrimination within and beyond Louisiana's health care system, making it nearly impossible to overcome barriers to abortion.

Right to information: Human rights bodies have consistently emphasized that access to information is critical to sexual and reproductive health, and that governments have an obligation to ensure it is made available.⁶⁰ Access to information is critical to safeguarding every person’s right to informed consent and reproductive rights. Louisiana’s abortion bans have had a chilling effect on people seeking, receiving, or providing information on sexual and reproductive health care. This chilling effect is of particular concern to communities who already face discriminatory barriers to accessing health care, including Black, Indigenous, and other people of color.

Under these circumstances, CBOs in Louisiana are working tirelessly to get the communities they serve the support they need to access essential health care information, goods, and services and to protect their health and well-being.

Right to privacy: Human rights bodies have made clear that the right of every person “to make autonomous decisions about [their] own body and reproductive functions is at the very core of [their] fundamental right to equality and privacy, involving intimate matters of physical and psychological integrity” and is a “precondition for the enjoyment of other rights.”⁶¹

Principle of Participation and Accountability: In enacting laws and policies to uphold their core human rights obligations, governments are required to review and monitor them “through a participatory and transparent process.”⁶² Indeed, every person has the right to “take part in the conduct of public affairs,” including through direct engagement.⁶³ In this way, directly impacted communities are meaningfully engaged in making decisions that impact their lives and well-being.

An additional key principle is that of accountability—that governments must comply with their human rights obligations⁶⁴ and that they are responsible for monitoring their compliance with human rights obligations and providing remedies for any human rights violations.⁶⁵ In this way, all impacted people, advocates, and civil society organizations play a critical role in holding governments accountable for their human rights obligations.

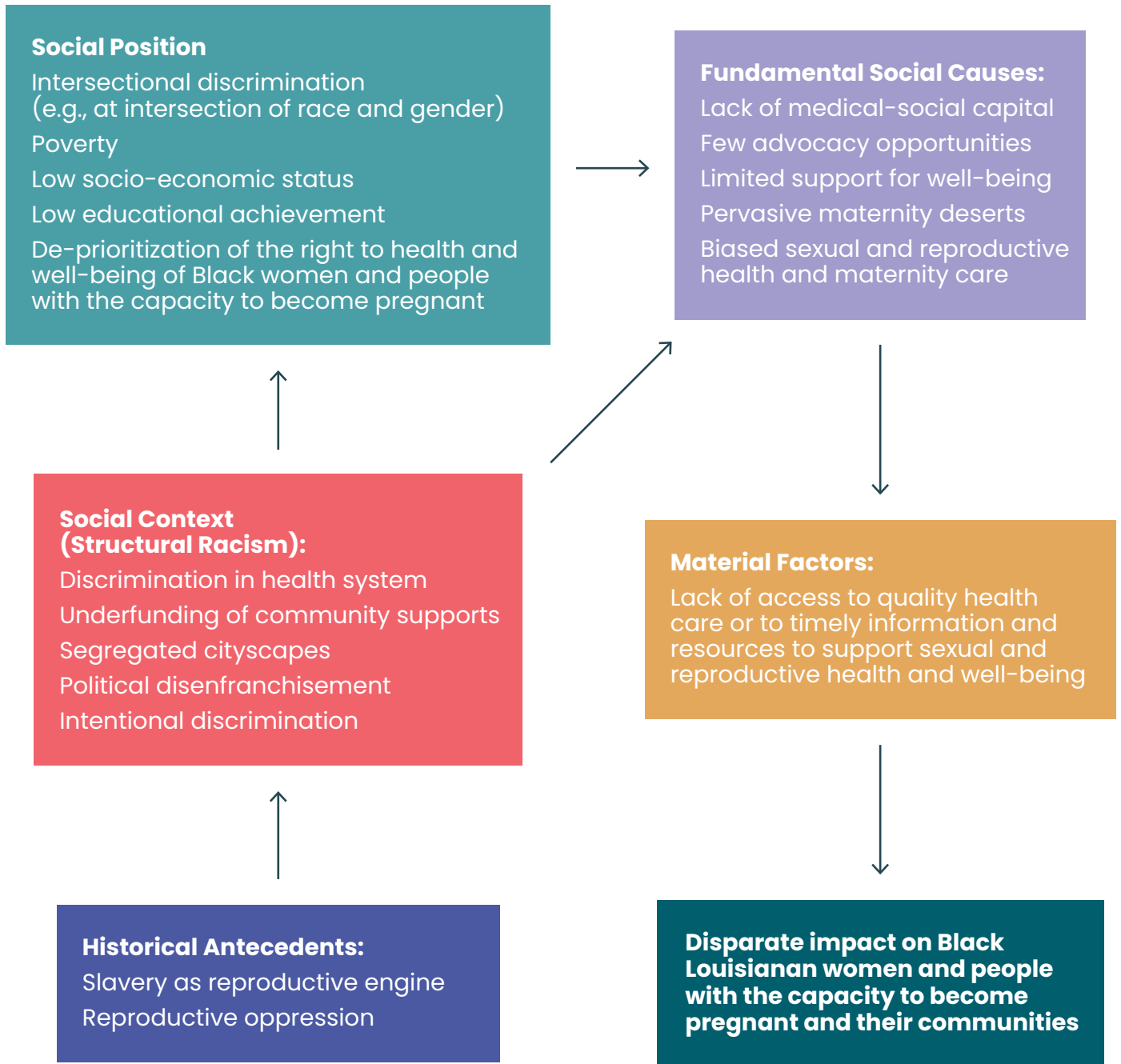


Social Justice Conceptual Model

The report authors developed a conceptual model to illustrate a pathway describing the factors amplifying the impact of the abortion bans on Black women and people with the capacity to become pregnant across the Southern United States. This model details and highlights the pervasiveness of human rights failures demonstrated in the implementation of Louisiana's abortion bans. The conceptual model traces the throughline from historical and ongoing violations of human rights to the current impact on access to sexual and reproductive health care and outcomes. In the conceptual model, key factors and failures to protect, respect, and fulfill human rights are identified. The conceptual model aims to visually represent why Black women and people with the capacity to become pregnant and their communities are disparately impacted by abortion bans regionally, which can then be extrapolated to the Louisiana context. Within the research findings, the social context, social position, fundamental social causes, and material factors listed here are also described

by participants as both the background context and factors contributing to the amplified impact of the bans on these communities.

Drivers of the bans' disparate adverse impact on Black Louisianan women and people with the capacity to become pregnant and their communities



At every point where these distinct but interconnected contexts intersect, Black Louisianan women and people with the capacity to become pregnant and their communities experience multiple human rights violations, including to their right to life, health, equality and non-discrimination, information, and privacy. Simultaneously, Louisiana fails to center impacted communities and to monitor and address human rights violations.

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- ▶ **Historical antecedents and social context:** The historical and social context in the United States is characterized by a long history of oppression, including slavery, discriminatory policies, and ongoing structural racism. These factors are encoded in the ways that societies perpetuate racial discrimination through mutually reinforcing inequitable systems that help support discriminatory beliefs. They also limit the distribution of key resources including wealth and education that affect the risk of poor health outcomes.⁶⁶ The social context and historical antecedent boxes in the conceptual model describe how the historical policies and current mutually reinforcing systems affect the material aspects influencing the impact of the abortion bans.
- ▶ **Social position:** Black women's race and gender impacts their social position and related treatment and interactions with health systems. For example, as noted earlier, Black women in the United States are nearly three times more likely to die because of pregnancy-related causes than their white counterparts.⁶⁷ The primary drivers of maternal mortality and severe morbidity appear to derive from substandard care provided to Black pregnant people.⁶⁸ Black women in reproductive and maternal health spaces consistently report higher rates of mistreatment and disrespectful care than their non-Black counterparts.⁶⁹
- ▶ **Fundamental social causes:** The fundamental social causes listed in the model above include lack of resources, higher rates of poverty, education, lack of medical-social advocacy, and related social support. As described in the historical context section, structural racism over time has led to increased rates of poverty, limited access to education, diminished perceptions of Black women and people with the capacity to become pregnant, and poor treatment within health care settings.
- ▶ **Material factors:** The material factors in this pathway is lack of access to high quality sexual and reproductive health care, timely information, and resources to support health and well-being caused by historical and ongoing human rights failures and injustices. This lack of access manifests as a lack of culturally congruent providers and care, limited health care options within communities, racist microaggressions in care, the presence of maternal and reproductive health care deserts, and residential segregation from health and well-being resources.

vii.

Conclusion

The findings shared in this report complement those published in *Criminalized Care* and present interviews with representatives from CBOs and Louisianans of reproductive age. The findings and recommendations included herein are further explored utilizing critical frameworks for analysis. This report validates the conclusions of other researchers and adds findings from the experiences of CBOs serving populations affected by Louisiana’s abortion bans.

Several key themes were identified from interviews and focus groups with people impacted by Louisiana’s abortion bans, including those advocating for comprehensive sexual and reproductive health care and bodily autonomy. Consistently, participants affected by Louisiana’s abortion bans decried the circumstances under which they must endure diminished access to healthcare and information vital to positive sexual, reproductive, and maternal health outcomes for themselves and their communities. Participants were keenly aware of the bans and the additional layer of obstacles to reproductive healthcare, highlighting injustices inherent in the implementation of these prohibitions. Evident throughout the research findings is the looming legacy of structural racism

and human rights violations that have long prevented access to sexual and reproductive health education, resources, and services necessary to protect the right to health and life. Across the focus groups, CBO representatives described being locked out of information and resources that could improve sexual and reproductive well-being and lessen the impact of the bans on communities, despite being uniquely positioned to support communities. CBOs have played—and continue to play—a critical role within their communities, often serving in many roles, providing direct services, developing advocacy strategies, and supporting community members in identifying resources and solutions to support their sexual and reproductive health needs within Louisiana. In many instances, CBOs are the first access point for individuals seeking information and resources for their sexual and reproductive health well-being and decision-making.

Based on what individuals and CBO representatives shared about the harms caused by Louisiana’s abortion bans, several needs and recommendations were identified. Individuals and CBO representatives described the need for several policy changes in Louisiana and communities’ need for information, resources, and additional support to mitigate the impact

of the abortion ban. Policy changes were not only targeted towards access to abortion or abortion rights but also supporting pregnant and postpartum people and improving the well-being and stability of individuals and families in Louisiana. Moreover, individuals and CBO representatives described the need for more information, resources, and access to a trusted provider or community member

to get the care that they or their friends and family need during pregnancy. This includes medication abortion, pregnancy tests, financial support for transportation and housing outside the state, and more access to perinatal mental health support. Lastly, CBO representatives shared their need for additional funding to continue to serve and advocate with and for their communities.

Community Needs and Recommendations

What individuals need

- ▶ Explanation of the state’s abortion bans.
 - ▶ Guidance on how people can get involved and work to change the state’s laws to ensure access to abortion care in Louisiana, including information about:
 - ▶ their legislators;
 - ▶ upcoming elections; and
 - ▶ policymaking processes.
- ▶ Information, resources (e.g., money, transportation, housing, childcare), and support to access abortion care inside or outside the state (e.g., assistance with making appointments) and to provide to their friends and families.
- ▶ Unbiased mental health support for pregnant people who are unable to get the prenatal or abortion care they need.
- ▶ Increased access to trusted, inclusive, and supportive community health workers, birth workers, and health care providers committed to all tenets of reproductive justice.
- ▶ More hospitals, birth centers, and health care providers, especially those providing maternal and reproductive health care, in areas of the state where facilities do not exist or services are limited.
- ▶ Equitable access to sexual health education and preventative care (e.g., contraception, Plan B).

What CBOs need

- ▶ Increased funding to better support individuals and families impacted by the abortion bans (e.g., making appointments outside the state, transportation, housing, childcare), as well as those doing this work in their organizations.
- ▶ More connections with health care providers inside and outside of the state.
- ▶ Support to better protect the organizations and people doing this work (e.g., technology, legal).

Recommendations to the Louisiana State Legislature:

- ▶ Repeal the abortion bans, as well as all other restrictive laws and regulations that effectively obstruct access to abortion, including by:
 - ▶ decriminalizing abortion and removing professional, civil, and criminal penalties for health care staff who provide abortion care to patients; and
 - ▶ repealing laws that could be used to prosecute or penalize people for having an abortion, including a self-managed abortion, assisting another person to access abortion care, or for pregnancy outcomes.
- ▶ Amend and adopt legislation to ensure access to the full spectrum of sexual and reproductive health care, including comprehensive sexual health education, contraception, abortion, maternal health care, and perinatal mental health care without discrimination.
- ▶ Enact laws to address the state's maternal health crisis, including by increasing access to prenatal, peripartum, and postpartum care for historically marginalized communities and those disproportionately impacted by the maternal health crises (e.g., MAMA+ policy agenda).
- ▶ Invest in full-spectrum health care centers and providers, including birthing centers and birth workers, who are committed to the reproductive justice framework and offer care in chronically underserved areas, particularly in rural and low-income communities.
- ▶ Enact Medicaid reforms that would expand access to full spectrum reproductive health care, including abortion.
- ▶ Take steps to address social determinants of health, including by raising the minimum wage, making childcare more affordable, expanding paid family leave, and ensuring broadband access in rural areas.

Recommendations to funders:

- ▶ Acknowledge the legacy of philanthropic redlining that has erased the contributions of Black and other marginalized thought leaders, pregnant people, community activists, and reproductive justice leaders, which has led to the under-resourcing of these efforts prior to times of reproductive crisis.
- ▶ Invest in community-based organizations that are guided by the reproductive justice framework and center impacted communities in their mission and drive for policy change.
- ▶ Assure that funding goals and equity strategies center the organizations, experts, and activists on the ground who have innovated reproductive justice-centered solutions to address reproductive oppression and human rights violations.
- ▶ Invest with integrity by building true, equitable relationships with and establishing sustainable investment in community-based organizations that are steeped in reproductive justice work.

Endnotes

- 1 *Criminalized Care: How Louisiana's Abortion Bans Endanger Patients and Clinicians*, Lift Louisiana et al. (Mar. 19, 2024), <https://static1.squarespace.com/static/64b951a07cb4e21d8a4f0322/t/65f5ad322c31fd-00ca010e56/1710599477106/Criminalized+Care+Report+-FINAL.pdf>.
- 2 *See Justice Can't Wait: Oppression and Resistance: Slavery to Mass Incarceration in Louisiana*, Amistad Rsch. Ctr. (Feb. 18, 2021), https://artsandculture.google.com/story/LQVh-VU_PJRY-LA.
- 3 *See generally* Kristen Lewis, *A Portrait of Louisiana 2020*, Measure of Am. of the Soc. Sci. Res. Council (Oct. 29, 2020), <https://measureofamerica.org/louisiana2020/>; *The Black homeownership gap in Louisiana*, Stacker (Feb. 10, 2022), <https://stacker.com/louisiana/black-homeownership-gap-louisiana>; Hassan Kanu, *Louisiana's over-incarceration is part of a deeply rooted pattern*, Reuters (Feb. 1, 2023), <https://reuters.com/legal/government/louisianas-over-incarceration-is-part-deeply-rooted-pattern-2023-02-01/>; Tristan Baurick, *Welcome to "Cancer Alley," Where Toxic Air is About to Get Worse*, ProPublica (Oct. 30, 2019), <https://www.propublica.org/article/welcome-to-cancer-alley-where-toxic-air-is-about-to-get-worse>.
- 4 *Poverty in the United States: Explore the Map*, Ctr. for Am. Progress, <https://www.americanprogress.org/data-view/poverty-data/poverty-data-map-tool/> (last visited May 13, 2024); *Louisiana Quick Facts*, U.S. Census Bureau (Jul. 1, 2022), <https://www.census.gov/quickfacts/fact/table/LA>; *Poverty Rate by Race/Ethnicity*, KFF, <https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22louisiana%22:%7B%7D%7D%7D&sort-Model=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited May 13, 2024).
- 5 *Louisiana Quick Facts*, *supra* note 4.
- 6 *Contraceptive Access in Louisiana*, Power to Decide (Dec. 2022), https://powertodecide.org/sites/default/files/2022-12/State%20Factsheet_Louisiana.pdf.
- 7 *See generally* 2021 Report on the Health of Women and Girls in Louisiana: Sexual Health, Tul. Univ. Mary Amelia Ctr. for Women's Health Equity Res. et al. (2022), <https://womenshealth.tulane.edu/content/2021-health-women-and-girls-louisiana-sexual-health>.
- 8 Imani Evans et al., *Louisiana Pregnancy-Associated Mortality Review: 2017-2019 Report*, La. Dep't of Health 11 (Aug. 2022), https://partnersforfamilyhealth.org/wp-content/uploads/2022/09/2017-2019_PAMR_Report_08.17.2022_FINAL.pdf.
- 9 *Where You Live Matters: Maternity Care Access in Louisiana*, March of Dimes (2023), <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Louisiana.pdf>.
- 10 Andrea Gallo, *Nurse Midwives Could Ease Louisiana's Infant Mortality Crisis, Why Hasn't the State Embraced Them?*, NOLA (Sept. 21, 2023), https://www.nola.com/news/health-care-hospitals/nurse-midwives-could-improve-louisianas-birth-outcomes/article_d06ec1de-565c-11ee-ae9c-0f1a1972f4c3.amp.html.
- 11 *See* La. R.S. §§ 14:87.7, 14:87.8; La. R.S. §40:1061.
- 12 *Dobbs v. Jackson Women's Health Org.*, 597 U.S. 215 (2022).
- 13 *See* La. R.S. §§14:87.1(1)(b)(v), 14:87.1(1)(b)(vi); La. R.S. §40:1061(F).
- 14 *See* La. R.S. §§ 14:87.7(C), 14:87.8(B); La. R.S. §40:1061(D).
- 15 *Abortion Views in All 50 States: Findings from PRRI's 2023 American Values Atlas*, PRRI (May 2, 2024), <https://www.prri.org/research/abortion-views-in-all-50-states-findings-from-prris-2023-american-values-atlas/>.
- 16 Sam Karlin, *Half of Louisiana voters want to see abortion access expanded: new poll*, NOLA (Aug. 25, 2023), https://www.nola.com/news/politics/elections/poll-half-of-louisiana-voters-want-expanded-abortion-access/article_44638ce2-42c5-11ee-86f0-bff4baea4832.html.
- 17 Michael Henderson & Jenée Slocum, *The Louisiana Survey 2023* (2024), https://www.lsu.edu/manship/research/centers-labs/rcmpa/research/la_survey_reports_pdf/2023_la_survey_full_report.pdf. Other studies have found lower rates of acceptance with abortion attitudes varying by the reasons people seek abortion. *See* Kristen N. Jozkowski, *Participant-driven salient beliefs regarding abortion: Implications for abortion attitude measurement*, 105 Soc. Sci. Quarterly 374 (2024), <https://onlinelibrary.wiley.com/doi/10.1111/ssqu.13343>; Kristen N. Jozkowski et al., *People's knowledge of and attitudes toward abortion laws before and after the Dobbs v. Jackson decision*, 31 Sexual & Reprod. Health Matters 1 (2023), <https://doi.org/10.1080/26410397.2023.2233794>; Barbara Norrander & Clyde Wilcox, *Trends in Abortion Attitudes: From Roe to Dobbs*, 87 Pub. Op. Quarterly 427-458 (2023), <https://doi.org/10.1093/poq/nfad014>.
- 18 Asha Hassan et al., *Dobbs and disability: Implications of abortion restrictions for people with chronic health conditions*, 58 Health Serv. Rsch. 197 (2023), <https://doi.org/10.1111%2F1475-6773.14108>; Katherine Brown et al., *Black Women's Lived Experiences of Abortion*, 32 Qualitative Health Rsch. 1099-113 (2022), https://journals.sagepub.com/doi/10.1177/10497323221097622?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed; Katy Backes Kozhmannil et al., *Abortion Access as a Racial Justice Issue*, 387 New England J. of Med. 1537-1539 (2022), <https://www.nejm.org/doi/full/10.1056/NEJMp2209737>; Christine Dehlendorf et al., *Disparities in Abortion Rates: A Public Health Approach*, 103 Am. J. of Pub. Health 1772-1770 (2013), <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301339?role=tab>; Loretta Ross et al., *Radical Reproductive Justice: Foundation, Theory, Practice, Critique* (2017); Susan A. Cohen, *Abortion and Women of Color*, 29 Conscience 37 (2008), <https://www.proquest.com/scholarly-journals/abortion-women-color/docview/195070896/se-2>.
- 19 Guttmacher Inst., *The Hyde Amendment: A Discriminatory Ban on Insurance Coverage of Abortion* (May 2021), <https://www.guttmacher.org/fact-sheet/hyde-amendment?msclkid=3dab97ddcf0011ec90f87bc6e33fc46f>.

- 20 Dehlendorf et al., *supra* note 18; Liza Fuentes, *Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides*, Guttmacher Inst. (Jan. 17, 2023), <https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides>.
- 21 Dehlendorf et al., *supra* note 18, at 1775.
- 22 Marlene Gerber Fried, *Reproductive Rights Activism after Roe*, in *Radical Reproductive Justice: Foundation, Theory, Practice*, Critique 139 (Loretta Ross et al. eds., 2017).
- 23 Marlene Gerber Fried et al., *Undivided Rights: Women of Color Organizing for Reproductive Justice* (2016).
- 24 *Radical Reproductive Justice: Foundation, Theory, Practice, Critique* (Loretta Ross et al. eds., 2017).
- 25 See *About*, Lift La., <https://www.liftlouisiana.org/about> (last visited May 13, 2024); *About*, La. Abortion Fund, <https://www.louisianaabortionfund.org/new-page-1> (last visited May 13, 2024); *Who We Are*, La. Coalition for Reprod. Freedom, <https://www.louisianarepro.org/who-we-are> (last visited May 13, 2024); *About Us*, Planned Parenthood Gulf Coast, <https://www.plannedparenthood.org/planned-parenthood-gulf-coast/who-we-are> (last visited May 13, 2024); *About*, Reprod. Just. Action Collective, <https://www.rejacnola.org/about.html> (last visited June 5, 2024); *Our Mission*, Women with a Vision, <https://www.wv-no.org/our-mission/> (last visited May 13, 2024).
- 26 International Covenant on Civil and Political Rights, *opened for signature* Dec. 16, 1966, 999 U.N.T.S. 171.
- 27 International Convention on the Elimination of All Forms of Racial Discrimination, *opened for signature* March 7, 1966, 660 U.N.T.S. 195.
- 28 Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, *opened for signature* Dec. 10, 1984, 1465 U.N.T.S. 85.
- 29 Convention on the Elimination of all Forms of Discrimination Against Women, *opened for signature* March 1, 1980, 1249 U.N.T.S. 13 [hereinafter CEDAW].
- 30 International Covenant on Economic, Social and Cultural Rights, *opened for signature* Dec. 16, 1966, 993 U.N.T.S. 3.
- 31 Convention on the Rights of Persons with Disabilities, *opened for signature* March 30, 2007, 2515 U.N.T.S. 3 [hereinafter CRPD].
- 32 Vienna Convention on the Law of Treaties, art. 18, *opened for signature* May 23, 1969, 1155 U.N.T.S. 331; see also Michael H. Posner, Assistant Sec’y of State, Bureau of Democracy, Hum. Rts. & Lab., Address to the American Society of International Law: The Four Freedoms Turn 70 (Mar. 24, 2011), <https://2009-2017.state.gov/j/drl/rls/rm/2011/159195.htm> (stating “While the United States is not a party to the [ICESCR], as a signatory, we are committed to not defeating the object and purpose of the treaty.”).
- 33 Filomena M. Critelli & Jane McPherson, *Women, Trauma, and Human Rights*, in *Trauma and Human Rights* 151 (Lisa D. Butler et al. eds., 2019).
- 34 Loretta Ross et al., *The “SisterSong Collective”: Women of Color, Reproductive Health and Human Rights*, 17 *Am. J. of Health Studies* 79–88 (2001), <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=5d92ac4b4b9ed-c62a238dda854a62c713f8a02b1>.
- 35 Aisha Nnoli, *Historical Primer on Obstetrics and Gynecology Health Inequities in America, A Narrative Review of Four Events*, 142 *Obstetrics & Gynecology* 782–783 (2023), <https://doi.org/10.1097%2FAOG.0000000000005331>.
- 36 Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (2nd ed. 2014); Critelli & McPherson, *supra* note 33.
- 37 Jamie Hart et al., *US Sexual and Reproductive Health Policy: Which Frameworks Are Needed Now, and Next Steps Forward*, 112 *Am. J. of Pub. Health* S518–S522 (2022), <https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.306929>.
- 38 *Id.*
- 39 *Undivided Rights*, *supra* note 23.
- 40 *Reproductive Justice*, SisterSong, <https://www.sistersong.net/reproductive-justice> (last visited April 29, 2024).
- 41 *Id.*
- 42 Madison Powers & Ruth Faden, *Social Justice: The Moral Foundations of Public Health and Health Policy* (2006).
- 43 See, e.g., Georgia Robins Sadler et al., *Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy*, 12 *Nursing & Health Sci.* 369–374 (2010), <https://doi.org/10.1111/j.1442-2018.2010.00541.x>; Abdolreza Shaghghi et al., *Approaches to recruiting ‘hard-to-reach’ populations into research: a review of the literature*, 1 *Health Promotion Persp.* 86–94 (2011), <https://doi.org/10.5681%2Fhpp.2011.009>.
- 44 Jennifer Esposito & Venus E. Evans-Winters, *Introduction to Intersectional Qualitative Research* (2021).
- 45 See Honor MacNaughton et al., *Mifepristone and Misoprostol for Early Pregnancy Loss and Medication Abortion*, 103 *Am. Fam. Physician* 473–480 (2021), <https://www.aafp.org/pubs/afp/issues/2021/0415/p473.html>.
- 46 See, e.g., H.B. 346, 2023 Leg. Reg. Sess. (La. 2023).
- 47 *MAMA+ Health Policy Agenda: 2022 Regular Session Report*, Nat’l Birth Equity Collaborative (Oct. 3, 2022), <https://birthequity.medium.com/mama-health-policy-agenda-2022-regular-session-report-959d9e18e65f>.
- 48 Human Rts. Comm., General comment No. 36 Art. 6: right to life, ¶8, U.N. Doc. CCPR/C/GC/36 (2018) [hereinafter Human Rts. Comm., General comment No. 36].
- 49 *Abortion*, WHO (Nov. 25, 2021), <https://www.who.int/news-room/fact-sheets/detail/abortion>.
- 50 Comm. on Economic, Social, and Cultural Rts., General comment No. 22 (2016) on the right to sexual and reproductive health (Article 12 of the International Covenant on Economic, Social and Cultural Rights), ¶5, U.N. Doc. E/C.12/GC/22 (2016) [hereinafter CESCR, General comment No. 22].
- 51 *Id.* at ¶12.
- 52 *Id.* at ¶¶15.
- 53 *Id.* at ¶¶16–17.
- 54 *Id.* at ¶¶18–19.
- 55 *Id.* at ¶20.

- 56 *Id.* at ¶21.
- 57 *Id.* at ¶22.
- 58 *Id.* at ¶24; CRPD, *supra* note 31.
- 59 CESCR, General comment No. 22, *supra* note 50, ¶31.
- 60 *See, e.g.*, Human Rts. Comm., General comment No. 36, *supra* note 48, at ¶8.
- 61 Working Group on Discrimination against Women and Girls, Report of the Working Group on the issue of discrimination against women in law and in practice, ¶35, U.N. Doc. A/HRC/38/46 (2018); *see also* CEDAW, *supra* note 29, art. 16(e).
- 62 CESCR, General comment No. 22, *supra* note 50, ¶49. *See also* Comm. on Economic, Social, and Cultural Rts., General Comment No. 14 (2000) The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), ¶11, U.N. Doc. E/C.12/2000/4 (2000).
- 63 International Covenant on Civil and Political Rights, *opened for signature* Dec. 16, 1966, 999 U.N.T.S. 171, art. 25.
- 64 *Id.*
- 65 *Id.*
- 66 Zinzi D. Bailey et al., *Structural racism and health inequities in the USA: evidence and interventions*, 389 *The Lancet* 1453-1463 (2017), [https://doi.org/10.1016/s0140-6736\(17\)30569-x](https://doi.org/10.1016/s0140-6736(17)30569-x).
- 67 Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2021*, Ctrs. for Disease Control & Prevention (Mar. 2023), <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.pdf>.
- 68 Katherine Crandall, *Pregnancy-related death disparities in non-Hispanic Black women*, 17 *Women's Health* 1-7 (2021), <https://doi.org/10.1177/17455065211019888>; Dána-Ain Davis, *Obstetric racism: the racial politics of pregnancy, labor, and birthing*, 38(7) *Med Anthropol.* 560-573 (Dec. 6, 2018), <https://pubmed.ncbi.nlm.nih.gov/30521376/>; Maureen I. Heaman et al., *Barriers and facilitators related to use of prenatal care by inner-city women: perceptions of health care providers*, 15 *BMC Pregnancy & Childbirth* 1 (2015), <https://doi.org/10.1186/s12884-015-0431-5>.
- 69 Monica R. Mclemore & Valentina D'Efilippo, *How to Reduce Maternal Mortality*, 320 *Scientific Am.* 48-51 (2019), <https://www.jstor.org/stable/27265180>.

