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Testimony to the U.S. Senate, Committee on the Judiciary,

Subcommittee on the Constitution

June 16, 2021

Dear Subcommittee Chair Blumenthal, Ranking Member Cruz, and all members of the full Committee on the Judiciary:

I, Lupe M. Rodríguez, on behalf of the National Latina Institute for Reproductive Justice (Latina Institute), submit this testimony in strong support of passing the Women’s Health Protection Act (WHPA) immediately and in full. As an organization that advances Reproductive Justice for almost 30 million Latinas/xs¹ and their communities, we believe everyone should have access to the full range of sexual and reproductive healthcare, including abortion care, regardless of their income, im/migration² status, or where they live.³

¹ Note: The Latina Institute, conscious of the importance of the full range of gender identities, utilizes gender-neutral terms throughout its materials. “Latina/x” is a term that challenges the gender binary in the Spanish language and embraces the diversity of genders that often are actively erased from spaces. Due to the limitations of data collection, we use “Latina(s),” “Latino(s)” or “women” where research only shows findings for cisgender people. Moreover, Latina Institute uses the term “Hispanic” when the research cited uses the term.

² Note: The Latina Institute uses the term “im/migrant” to recognize all persons and communities that are living in the U.S. who come from different countries or have migrated from different territories, whether temporarily or permanently. When the data referenced only includes “immigrants”, those who have moved permanently, “immigrants” is used.

³ U.S. Census Bureau, American Community Survey, 2019 1-year Estimates: Table B01001I, available at <https://data.census.gov/cedsci/table?q=Race%20and%20Ethnicity&tid=ACSDT1Y2019.B01001I&hidePreview=false>.

Background

Despite the existing belief that *Roe v. Wade* gave everyone in the U.S. the right to abortion care, Latinas/xs have known that right was never real for us, or our communities.⁴ Politicians played with our lives and rights long before, and after, *Roe* was decided. The coordinated attacks on access to abortion care have been targeted at those of us who already face the most barriers to healthcare. As Texas Poderosa⁵ Zoe Avellan explains, “I have never regretted my abortion. I know I made the right decision. But I also know that I almost wasn’t able to exercise my right to make that decision because of policies aimed at stripping people of color of our reproductive agency.”⁶

This hearing marks another milestone in the long fight for people of color’s access to abortion care. The Supreme Court will review whether all pre-viability abortions are constitutional in *Jackson Women’s Health Organization v. Dobbs*,⁷ and state legislators have passed a record number of anti-abortion laws this year.⁸ This abuse of power by anti-abortion judges and legislators has resulted in a patchwork of access to healthcare that depends entirely on which state a person lives in, what their citizenship status is, and how much money they make.⁹

⁴ *Roe v. Wade*, 410 U.S. 113 (1973).

⁵ Poderosas are Reproductive Justice activists that drive the policy, work, and impact of the Latina Institute. They are based in Texas, Florida, Virginia, and New York.

⁶ Zoe Avellan, *An Anti-Abortion Law Killed Rosie Jimenez 43 Year Ago. It’s Still in Effect.*, Refinery 29, October 20, 2020, available at: <https://www.refinery29.com/en-us/2020/10/10069843/hyde-amendment-abortion-funding-cost-care>.

⁷ *Jackson Women’s Health Org. v. Dobbs*, 945 F.3d 265 (5th Cir. 2019), cert granted docket No. 19-1392 (May 17, 2021).

⁸ Elizabeth Nash, et al. *2021 is on Track to Become the Most Devastating Antiabortion State Legislative Session in Decades*, Guttmacher Institute, Updated May 18, 2021, available at <https://www.guttmacher.org/article/2021/04/2021-track-become-most-devastating-antiabortion-state-legislative-session-decades#>.

⁹ Guttmacher Institute, *An Overview of Abortion Laws*, Updated June 1, 2021, available at <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws#>.

Latinas/xs need more access to healthcare, not less.

Latinx communities face myriad inequities in every aspect of life, across the gamut of social, health and economics. First, our communities are concentrated in high-poverty areas with underfunded schools and less public services.¹⁰ We earn less and spend more on housing than our white counterparts.¹¹ This means Latinx households often have little to no savings available to weather emergencies and crises like the COVID-19 pandemic. In 2020, 20 percent of Hispanic households that rent their home were behind on payments, compared to just 10 percent of white households, and 18 percent of Hispanic homeowners were behind on their mortgage payments, compared to just 7 percent of white homeowners.¹²

Since COVID-19 disproportionately impacts those already in poor health, our communities are dying at an alarming rate from this pandemic. In a 2019 survey, 17.3 percent of adult Hispanics or Latinos reported being in fair or poor health.¹³ In Texas alone, 46.5 percent of COVID-19 deaths are within the Hispanic community, with whites at the second highest rate of 40.7 percent.¹⁴ Across this country, Latinos/as are dying at 2.3 times the rate of white people.¹⁵

¹⁰ *The State of the Nation's Housing: 2020*, Joint Center for Housing Studies of Harvard University, November 2020, available at: https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2020_Report_Revised_120720.pdf

¹¹ *Id.*

¹² *Id.*

¹³ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Percentage of Fair or Poor Health Status for Adults - 2019*, available at: https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html.

¹⁴ Texas Department of State, Health Services, *COVID-19 Map*, Last accessed June 6, 2021, available at: <https://txdshs.maps.arcgis.com/apps/dashboards/ed483ecd702b4298ab01e8b9cafc8b83>.

¹⁵ U.S Department of Health and Human Services, Centers for Disease Control and Prevention, *Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity*, Updated May 26, 2021, available at: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.

Latinas/xs are the essential workers that continue to carry this country through the pandemic and receive less pay and fewer benefits than other professions.¹⁶ Latinas/xs are the majority of these workers due to our occupational segregation into these fields.¹⁷ Latinas, Black women, and Asian American and Pacific Islander (AAPI) men and women continue to experience the most job loss as a result of this pandemic.¹⁸ Near the end of 2020, the rate of unemployment for Hispanic women rose to 12.5 percent, while the rate of unemployment for white women only rose to 8.6 percent.¹⁹ As our unemployment rate rises, so does the risk of Latinx households losing their health insurance.

Health insurance coverage has a direct correlation to health outcomes. Latino communities continue to live with the highest uninsured rate in the country.²⁰ The Hispanic uninsured rate has increased to 20 percent as of 2019, which is climbing again for the first time since the Affordable Care Act (ACA) expanded coverage.²¹ Our current uninsured rate is 2.5 times higher than the rate in white communities.²² Anti-im/migrant policies have caused a chilling effect among im/migrant families who now fear enrolling in Medicaid or the Children's Health Insurance

¹⁶ Elisa Gould, et al. *Latinx workers—particularly women—face devastating job losses in the COVID-19 recession*, Economic Policy Institute, Updated December 3, 2020, available at: <https://www.epi.org/publication/latinx-workers-covid/#errata>

¹⁷ *Id.*; see also Alexia Fernandez Campbell, *Even with Positive Jobs Report, Latinas Still Hardest Hit by COVID-19 Slowdown. Here's Why.*, The Center for Public Integrity, June 5, 2020, available at: <https://publicintegrity.org/inequality-poverty-opportunity/even-with-positive-jobs-report-latinas-still-hardest-hit-by-covid-slowdown-heres-why/>

¹⁸ Elise Gould, et al. *Low-wage, low-hours workers were hit hardest in the COVID-19 recession: The State of Working America 2020 Employment Report*, Economic Policy Institute, May 20, 2021, available at: <https://www.epi.org/publication/swa-2020-employment-report/>.

¹⁹ Samantha Artiga, et al. *Hispanic People are Facing Widening Gaps in Health Coverage*, Kaiser Family Foundation, November 6, 2020, available at: <https://www.kff.org/policy-watch/hispanic-people-facing-widening-gaps-health-coverage/>.

²⁰ U.S. Department of Health and Human Services, Office of Minority Health, *Profile: Hispanic/Latino Americans*, Last updated April 5, 2021, available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64>.

²¹ Katherine Keisler-Starkey, et al. *Health Insurance Coverage in the United States: 2019*, U.S. Census Bureau, September 2020, available at: <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf>

²² Samantha Artiga, et al. *Hispanic People are Facing Widening Gaps in Health Coverage*, Kaiser Family Foundation, November 6, 2020, available at: <https://www.kff.org/policy-watch/hispanic-people-facing-widening-gaps-health-coverage/>.

Program (CHIP) despite being qualified for those services.²³ Citizenship is a key factor in coverage availability.²⁴ Nine percent of citizens are uninsured, compared to 23 percent of lawfully present, and 45 percent of undocumented im/migrants.²⁵ In Texas, politicians continue to block Medicaid expansion, chip away at reproductive health coverage, and thwart benefits for im/migrant communities. These attacks on healthcare access leave 18.4 percent of Texans uninsured, the highest uninsured rate of any state.²⁶

When we do have coverage, we face discrimination and communication barriers. According to 2019 data, 28.4 percent of Latinos in the U.S. speak English less than “very well.”²⁷ When trying to access healthcare, 57 percent of Hispanic adults in a 2018 poll reported a language or cultural barrier.²⁸ Half of those responded that they turned to a family member or different healthcare provider to help them navigate those hurdles.²⁹ Our communities know that we can turn to each other when we face these barriers, and the support we give each other can mean life or death.

This web of inequality in income, housing, and healthcare means that Latinx communities must fight for all of our basic needs. That fight has become insurmountable for so many during this pandemic.

²³ Kaiser Family Foundation, *Health Coverage of Immigrants*, March 18, 2020, available at: <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>.

²⁴ *Id.*

²⁵ *Id.*

²⁶ Katherine Keisler-Starkey, et al. *Health Insurance Coverage in the United States: 2019*, U.S. Census Bureau, September 2020, available at: <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf>

²⁷ U.S. Census Bureau, American Community Survey: 2019 1-Year Estimates, Table S0201. Available at: <https://data.census.gov/cedsci/table?text=language%20use%20at%20home&t=400%20-%20Hispanic%20or%20Latino%20%28of%20any%20race%29%20%28200-299%29%3AAge%20and%20Sex%3ALanguage%20Spoken%20at%20Home%3ARace%20and%20Ethnicity&y=2019&tid=ACSSPP1Y2019.S0201&moe=true&hidePreview=false>.

²⁸ The Associated Press-NORC Center for Public Affairs Research, *Communication and Long-Term Care: Technology Use and Cultural Barriers Among Hispanics, 2018*, available at: https://www.longtermcarepoll.org/wp-content/uploads/2018/07/APNORC_LTC_2018_Hispanic_report.pdf.

²⁹ *Id.*

The need to pass WHPA, now.

Let me be clear, *Roe* was never enough for Latinas/xs and our communities. We have continued to face discrimination and political barriers to abortion care at the hands of U.S. healthcare systems. Latinas/xs have been targets of forced sterilization and reproductive coercion by U.S. government actors for too long.³⁰ It is time for our elected representatives to respect and support our bodily autonomy. WHPA establishes a federal statutory right for healthcare providers to provide, and people to receive, abortion care, free from medically unnecessary restrictions, limitations, and bans that single out abortion and impede access to care. Regardless of the outcome of *Jackson Women's Health*, Congress must pass WHPA now, and start living up to its responsibilities to Latinas/xs across this country.

As abortion bans and coverage restrictions grew after *Roe*, communities with low-incomes, im/migrant communities, Latinx, Black, Indigenous, AAPI, and other people of color came together to support each other to access abortion care. Most notable is our movement against the Hyde Amendment, an annual appropriations rider that denies those enrolled in Medicaid coverage for abortion care.³¹ First attached in 1976, its founder Rep. Henry Hyde was very forthright with the fact that he was targeting the autonomy and agency of women with low-incomes and women of color.³² His infamous legacy lives on today in the two-tiered healthcare system he helped create. Poderosa Zoe states, "Whether an individual is looking for the best method of contraception, is seeking abortion care, or wants to carry a pregnancy to term, their

³⁰ Erin Blakemore, The History Channel, *The First Birth Control Pill Used Puerto Rican Women as Guinea Pigs*, Updated March 11, 2019. Available at: <https://www.history.com/news/birth-control-pill-history-puerto-rico-enovid#:~:text=May%209%2C%202018-.The%20First%20Birth%20Control%20Pill%20Used%20Puerto%20Rican%20Women%20as.as%20potent%20as%20a%20bomb.>

³¹ Representative Hyde (IL). *No Taxpayer Funding for Abortion*, Congressional Record 123:16 (June 17, 1977) p.19700. Available at: <https://www.congress.gov/95/crecb/1977/06/17/GPO-CRECB-1977-pt16-3-2.pdf>.

³² *Id.*

choice should be free from government interference, discrimination, and unnecessary obstacles, including economic barriers like the Hyde Amendment.”³³

The harms of the Hyde amendment are further compounded by state legislative efforts to slowly restrict abortion care out of existence. The recent legislative session in Texas shows how dire access to abortion care has become for so many Latinas/xs, but specifically the over 5.7 million Latinas living in Texas.³⁴ Texas’ Senate Bill 8 is the cruelest anti-abortion law yet. Signed into law by Governor Abbott on March 19, 2021, it bans abortion care if there is fetal cardiac activity and prevents abortion care at or after 6 weeks of pregnancy.³⁵ As every pregnancy is unique, this is an intentionally impossible standard to reach. Most people do not even know they are pregnant by the 6th week and the complicated web of abortion restrictions already in place in Texas deliberately runs out the clock on 6 weeks.³⁶ To get abortion care in Texas, a person must undergo a medically unnecessary sonogram, receive medically false counseling, and then wait 24 hours – requiring at least two trips to a clinic.³⁷ Young people in Texas under 18 years old are forced to get consent from a parent, guardian, or judge to receive abortion care.³⁸ By the time someone can complete all of the existing requirements, this new law will prevent them from getting the care they need.

³³ Zoe Avellan, *An Anti-Abortion Law Killed Rosie Jimenez 43 Year Ago. It’s Still in Effect.*, Refinery 29, October 20, 2020, available at: <https://www.refinery29.com/en-us/2020/10/10069843/hyde-amendment-abortion-funding-cost-care>.

³⁴ American Community Survey, 2019 1-year Estimates: Table B01001I – Hispanic/Latino population by Sex in Texas, available at: <https://data.census.gov/cedsci/table?q=Race%20and%20Ethnicity&g=0400000US48&tid=ACS1Y2019.B01001I&moe=false&hidePreview=true>

³⁵ S. 8, 87th Leg., Reg. Sess. (TX. 2021) available at: <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=87R&Bill=SB8>

³⁶ Shannon Najmabadi, *Gov. Abbott signs into law one of nation’s strictest abortion measures, banning procedure as early as six weeks into a pregnancy*, The Texas Tribune, May 19, 2021, available at: <https://www.texastribune.org/2021/05/18/texas-heartbeat-bill-abortions-law/>.

³⁷ American Civil Liberties Union of Texas, *Abortion in Texas*, available at: <https://www.aclutx.org/en/know-your-rights/abortion-in-texas>.

³⁸ *Id.*

Even more insidious, Senate Bill 8 replaces the enforcement mechanism of the law with an anti-abortion vigilante right to sue, rather than having the Texas government defend their own abortion ban. Anyone in the country can sue a Texan for knowingly supporting someone seeking abortion care – that person could be an abortion provider, family, friend, or rape crisis counselor who helps their community members navigate getting an abortion in Texas.³⁹ SB 8 also allows someone to sue a Texan that unknowingly supports a person seeking abortion care, potentially dragging shared ride drivers and others into court. This law targets the ways our communities have come together to support each other as we already have to navigate a discriminatory healthcare system. By empowering anti-abortion vigilantes to drag any Texan into court, it intends to drown community support systems in legal fees and penalties until they no longer exist.

Adding even more injury to Texans, Governor Abbott is expected to sign HB 1280 into law, which would criminalize and outlaw all abortion in Texas if *Roe v. Wade* is overturned. It assigns a charge of first-degree murder and \$100,000 in civil penalties to any abortion provider.⁴⁰ Texas will join eleven other states with so-called “trigger bans” already in place.⁴¹ Mississippi is one of those states, where Jackson Women’s Health Organization is the last abortion provider in the entire state. States with the most restrictive abortion laws are also where women of color, especially Black women, die the most from maternal health complications.⁴² By chipping away at abortion care, a grim domino effect begins. First, trusted and competent clinics close, leaving

³⁹ Shannon Najmabadi, *Gov. Abbott signs into law one of nation’s strictest abortion measures, banning procedure as early as six weeks into a pregnancy*, The Texas Tribune, May 19, 2021, available at: <https://www.texastribune.org/2021/05/18/texas-heartbeat-bill-abortion-law/>.

⁴⁰ H.B. 1280, 87th Leg., Reg. Sess. (TX. 2021) available at: <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=87R&Bill=HB1280>.

⁴¹ Center for Reproductive Rights, *What if Roe Fell?*, Updated May 19, 2021, available at: <https://maps.reproductiverights.org/what-if-roe-fell>.

⁴² Elizabeth Dawes Gay, et al., *Black Mamas Matter: A Toolkit for Advancing the Human Right to Safe and Respectful Maternal Health Care*, Black Mamas Matter and Center for Reproductive Rights, Updated 2018, available at: http://blackmamasmatter.org/wp-content/uploads/2018/05/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages-1.pdf

entire communities without providers for hundreds of miles. As Poderosa Zoe describes when she was trying to find abortion care in Texas, “I started calling family clinics and community health centers in the Valley, but all of them told me they didn’t provide abortion services. One woman even told me that you can’t get an abortion in the Rio Grande Valley at all, that you needed to travel over 250 miles north to San Antonio for abortion care.”⁴³

Then, compounding this physical distance to care, “abortion costs are higher in states with more restrictive policies, as I came to find out firsthand”, Zoe explains, “I had to pay \$700 for a medication abortion, despite the fact it was very early in the pregnancy.”⁴⁴ Florida Poderosa Camila Rojas adds that for our communities, “the cost of ending a pregnancy can mean having to choose between paying for rent or paying for health care. Having to raise funds for an abortion delays access to a basic medical service, which then becomes more expensive, invasive and difficult to obtain.”⁴⁵ Camila reminds us that those “who have pushed for abortion restrictions have failed to provide any support or safety net for mothers: no help with childcare, no help with health care, only laws to take away reproductive freedoms.”⁴⁶

Im/migrants and undocumented communities deserve better.

As an immigrant who came to this country at a young age with my family seeking specialized care for my brother, I know what it means to struggle for access to vital healthcare. Abortion is healthcare, and it is vital for all who need it.

⁴³ Zoe Avellan, *An Anti-Abortion Law Killed Rosie Jimenez 43 Year Ago. It’s Still in Effect.*, Refinery 29, October 20, 2020, available at: <https://www.refinery29.com/en-us/2020/10/10069843/hyde-amendment-abortion-funding-cost-care>.

⁴⁴ *Id.*

⁴⁵ Camila Rojas, *After 44 Years, end the Hyde Amendment, a Baseless Barrier to Reproductive Health Care*, South Florida Sun Sentinel, September 30, 2020, available at: <https://www.sun-sentinel.com/opinion/commentary/fl-op-com-hyde-amendment-44th-anniversary-20200930-7svlfruc7jfhnv2dqnbcc6rl4-story.html>.

⁴⁶ *Id.*

Im/migrants are crucial contributors to the identity of the United States and its wealth and culture. Our communities are still reeling, and will continue to for years to come, from the atrocities of family separation and mass deportation under the previous Administration. These targeted attacks on im/migrant communities were compounded during the pandemic, with COVID-19 laying bare the many ways our country has failed our im/migrant communities. Im/migrants make up nearly a fifth of all essential workers in the United States, and more than two-thirds of all undocumented im/migrant workers serve in these frontline jobs.⁴⁷ Despite making up a significant and critical portion of the essential workforce, many im/migrants were left out of the majority of COVID-19 economic relief.⁴⁸ Access to COVID-19 vaccine, testing, and treatment continues to remain out of reach in many im/migrant communities.⁴⁹ Rather than focusing on how to support essential workers and people impacted by COVID-19, anti-immigrant politicians continue to push xenophobic rhetoric and agendas that directly contribute to a credible fear of harassment, deportation, and arrest for im/migrants seeking critical healthcare during a pandemic.⁵⁰ We put all of society at risk when we fail to ensure equitable access to healthcare for all families, including im/migrants regardless of their status.

Discrimination against im/migrants has been written into the very fabric of the U.S. healthcare system. The Medicaid program contains a five-year waiting requirement for most immigrants despite the fact they otherwise qualify for the coverage.⁵¹ States have the option to remove this

⁴⁷ *Immigrant Essential Workers are Crucial to America's COVID-19 Recovery*, Fwd.us, December 16, 2020, available at: <https://www.fwd.us/news/immigrant-essential-workers/>

⁴⁸ National Immigration Forum, *Fact Sheet: Mixed Status Families and COVID-19 Economic Relief*, August 12, 2020, available at: <https://immigrationforum.org/article/mixed-status-families-and-covid-19-economic-relief/>; see also Raymond G. Lahoud, *Three Stimulus Packages and Undocumented Immigrants Still Struggle Without Aid*, *The National Law Review*, March 30, 2021, available at: <https://www.natlawreview.com/article/three-stimulus-packages-and-undocumented-immigrants-still-struggle-without-aid>.

⁴⁹ Sarah Varney, *Anti-Immigrant Vitriol Complicates Vaccine Rollout in Southern States*, Kaiser Health News, February 16, 2021, available at: <https://khn.org/news/article/anti-immigrant-vitriol-complicates-vaccine-rollout-in-southern-states/>.

⁵⁰ *Id.*

⁵¹ National Health Law Program, *An Advocate's Guide to Reproductive and Sexual Health in the Medicaid Program*, 2019, available at: <https://healthlaw.org/wp-content/uploads/2019/09/NHeLP-ReproGuide-Ch2.pdf>.

waiting period for certain immigrants, but six states – of which Texas is one – have instead created permanent barriers for immigrants in their Medicaid programs.⁵² Some states allow certain pregnant immigrants to receive limited care during their pregnancy even if they are still subject to the five-year bar.⁵³ Communities who are undocumented are left completely without access to any federally funded medical coverage except in very limited emergency situations.⁵⁴

Even if we can secure some health coverage, discriminatory policies like the Hyde Amendment, and the obstacles explained by Camila and Zoe, make accessing the care we need nearly impossible. The new bans in Texas make accessing care for undocumented communities wholly impossible and puts their lives at even greater risk. Once SB 8 is implemented in September of 2021, undocumented communities will be trapped within one of the most anti-abortion states. The argument that banning abortion in one state is acceptable because those seeking care can simply travel to another state is medically unethical and simply not a reality for those who are undocumented. Navigating state checkpoints with Border Patrol agents is extremely dangerous for anyone without U.S. citizenship, and anyone who does not fit the white supremacist idea of “American”.⁵⁵ While most believe there is only one Southern border, those living in the Rio Grande Valley and all along the Southwestern border know there are many, as there is a line of checkpoints up to 100 miles north of the fence that marks the separation from Mexico and the U.S.⁵⁶ Migrants are more likely to die trying to avoid detention at these checkpoints than trying to cross the actual border fence.⁵⁷ As Poderosa Camila explains, “Our communities have experienced countless atrocities as a result of this country’s efforts to control

⁵² *Id.*

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ Manny Fernandez, *This is America. Do you Belong Here? Navigating the Checkpoints of the Southwest Border*. The New York Times, March 28, 2019, available at: <https://www.nytimes.com/2019/03/28/us/border-checkpoints-mexico.html>

⁵⁶ *Id.*

⁵⁷ *Id.*

our bodies. These atrocities continue, as we watch babies torn from their mothers' breasts and read accounts of forced sterilizations of women in ICE detention.”⁵⁸ Im/migrants deserve more, deserve better, and it is upon Congress to start unlocking access to care for all of us.

Conclusion

We know that these bans will keep coming. As Poderosa Zoe reminds us, “Due to the failure of our elected officials to center the health and wellbeing of their residents, we have less health coverage and fewer resources to take care of ourselves and our families.”⁵⁹ We need the U.S. Congress to pass WHPA now as a critical step toward reproductive justice for all.

Thank you for your attention and action on this vital issue. If you have any questions or would like to follow up, I can be reached at Lupe@LatinaInstitute.org.

Sincerely,



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⁵⁸ Camila Rojas, *After 44 Years, end the Hyde Amendment, a Baseless Barrier to Reproductive Health Care*, South Florida Sun Sentinel, September 30, 2020, available at: <https://www.sun-sentinel.com/opinion/commentary/fl-op-com-hyde-amendment-44th-anniversary-20200930-7svlfruc7jfshnv2dgnbcc6rl4-story.html>.

⁵⁹ Zoe Avellan, *An Anti-Abortion Law Killed Rosie Jimenez 43 Year Ago. It's Still in Effect.*, Refinery 29, October 20, 2020, available at: <https://www.refinery29.com/en-us/2020/10/10069843/hyde-amendment-abortion-funding-cost-care>.