

**Brian Flynn for Congress  
Healthcare Advisory Committee**

**Women's Health  
PRELIMINARY DRAFT SUMMARY**

Women's health means the right of all women to live healthy lives and have access to reproductive health care services: family planning, obstetrics and gender-appropriate general medical care, equality in the workplace to ensure family stability and freedom to live and work without experiencing sexual assault or harassment. All women deserve protection against the harm that results when their health is put at risk.

**Key Points**

- Reproductive injustice is an attack on women's economic freedom
- Family planning reduces unwanted pregnancies and abortions
- We must protect the right of women to choose the method of family planning most appropriate for them
- Unplanned pregnancies affect women from every social, ethnic and religious background
- 99% of women use contraception at some time in their life
- 75% of women who have abortions say it is concern for others that leads them to the decision
- The number of abortions has been declining steadily since 1990—by over 50%
- 97% of Planned Parenthood's services are for other than abortions
- We must support Planned Parenthood's efforts to protect women's health
- We need to guarantee paid family leave to protect family stability
- We must guarantee equal pay for equal work to end the power imbalance in the workplace that perpetuates sexual harassment and aggression
- One in five women report having been raped in their lifetime
- A culture of sexual aggression fosters the high incidence of rape and the low incidence of successful prosecution of offenders
- We propose funding Women's Protective Services that would protect and counsel women who are harassed or assaulted
- We recommend rehabilitation programs for those who sexually harass or assault women

**EXECUTIVE SUMMARY**

**Family Planning: Education, birth control, emergency contraception and abortion**

Access to birth control has been shown to directly reduce the number of unwanted pregnancies and the number of women seeking abortions. Contraception is used by 99% of women at some point in their lifetime. Safe and effective birth control is essential for family planning. It should be available to all women regardless of age, marital status, country of origin, race or income. Women should be able to choose the birth control method that is best for them, regardless of their insurance coverage.

Copper IUDs, Plan B® and ella® are all safe and effective emergency contraceptives that can be taken within 5 days of unprotected intercourse. Emergency contraceptives do not induce abortions. They prevent the pregnancy from happening in the first place.

Insurance coverage for birth control should not be limited because a company or religious organization is opposed to birth control. Imagine allowing a religious organization that does not believe in surgery or transfusions to deny coverage for those services. That would be unacceptable. Our country is founded on the principle of the separation of church and state. We must respect different religious beliefs, but we must not allow one person’s beliefs to affect another person’s rights.

Unplanned pregnancies affect women from every social, ethnic and religious background and will occur, even if all women are able to get safe and effective birth control, because no contraceptive is 100% effective. In 1961-1965, 20% of births to married women in the U.S. were unwanted. By 2006-2010 that proportion had decreased to less than 9%. This is important not only for the women, but for the family, since unwanted births are associated with delayed access to prenatal care and increased child abuse and neglect. The decision to have a legal abortion is very personal and private. Only 10% of women who have an abortion are teenagers. Most women (75%) who have an abortion say it is concern for others that leads them to seek an abortion: caring for dependents, fear of losing their job or not being able to financially or emotionally care for another child.

The vast majority of abortions are performed before the 13<sup>th</sup> week (91%). The availability of medication-abortion has increased the number of abortions being performed before 6 weeks. Third trimester abortions are nearly all performed because of medical reasons. Either the health of the mother is at risk or a medical problem with the fetus would make it non-viable after delivery. They account for less than one percent of the 652,000 abortions performed annually as of 2014. (Down from over 1.4 million in 1990.)

In 1973, the Supreme Court decision, Roe v. Wade, established a women’s right to a legal and safe abortion prior to fetal viability. Despite this, an amendment was passed by Congress, the Hyde Amendment, in 1976, prohibiting the use of federal funds for abortion except in cases of rape, incest or for the health of the mother. This amendment discriminates against low-income women by limiting their access to a medical procedure that the Supreme Court determined was within their rights.

Selective states have set up additional barriers, forcing women to delay abortions unnecessarily due to waiting periods, mandatory tests, and parental consent. The complexity of abortion procedures rises with gestational age which means these barriers do nothing except increase the potential harm to women.

Pressure has increased to limit all funding to Planned Parenthood. Planned Parenthood is an important cornerstone in women’s health care in the United States and is often a woman’s only source of medical care. 97% of Planned Parenthood activities are in cancer screening, education, family planning, sexually transmitted illness testing and primary

care. Only 3% of visits are related to abortion. Planned Parenthood is also the nation’s largest provider of sex education, a key component in preventing unwanted pregnancies.

There are many who are personally opposed to abortion or birth control but would never impose their personal views on others. Actions to limit legal access to family planning have resulted in physical, emotional, and financial harm to women, especially low-income women and women of color. Imposing one’s own moral standards on another person denies that person equal access to all aspects of health care. Such imposition violates the rights of all to life, liberty and the pursuit of happiness.

**Action:**

- **Protect the right of women to choose the family planning method that is consistent with their own moral and religious standards as protected by the Constitution.**
- **Protect funding for Planned Parenthood and other clinics that provide essential family planning and other women’s health services. Funding for medically appropriate care must not be denied to women based on someone else’s moral prejudices.**
- **Continue to fund appropriate sex education to help men and women make appropriate choices about family planning.**
- **Oppose funding for abstinence-only education programs. These have been proven not to prevent pregnancy and do not protect against sexually transmitted illnesses.**
- **Direct the Secretary of Health and Human Services to monitor crisis pregnancy centers to ensure that they do not disseminate false and misleading information about contraception, pregnancy and abortion nor make false claims about being health centers.**

Maternal and Child Healthcare

The US has seen a rise in maternal mortality, 26.4 women for every 100,000 while the rest of the world has seen a decline. Our rate is almost three times that of England and France and almost 6 times higher than Finland. This doesn’t include the large number of women who have complications with long-term implications. Our infant mortality is the highest in the developed world with 5.9 deaths by 12 months of age for every 1,000 births. In Mississippi, the infant mortality at 12 months is 9.6, somewhere between the rates in Botswana and Bahrain. Although it can be difficult to compare infant mortality rates between countries because of differences in the way births are recorded, a recent analysis of these alarming statistics draws the conclusion that a major cause of this disparity is the inequality of and lack of access to appropriate health care. Not surprisingly these disparities are particularly evident when comparing non-Hispanic whites to other minorities.

**Action:**

- **Improve health care access so that appropriate obstetrical and infant care is available to all women, including prenatal and antepartum care as well as preventive care for infants. (See *Universal Medicare White Paper*)**

Family Stability

Most women work throughout their pregnancy and return to work soon afterward. Unfortunately, in many workplaces pregnancy is viewed as interfering with work. Women who wish to have a family are often discriminated against. Although women make up half of the workforce, many workplaces still lack adequate paid leave for a mother (and/or father) to take time off when a baby is born. With 61% of married couples with children now requiring more than one wage earner, these practices threaten the economic and social stability of the family. **New York and other states are enacting new protections that will make paid family leave mandatory. It is time for Congress to guarantee the same protections to families across the country.**

**Action:**

1. **Congress should enact a guarantee for paid family leave.**
2. **Congress should enact a Pregnant Workers Fairness Act, similar to the Americans with Disabilities Act.**
3. **Congress should update the Family Medical Leave Act to cover more workers and expand its definitions.**

Sexual Assault

Nearly 1 in 5 women report having been raped in their lifetime. Aggressors have been protected by the silence of others. Thanks to the brave women who have come forward as a part of the #MeToo movement it is now clear that #Time’sUp. Sexual assault—any sexual contact without consent—is starting to be recognized as something that cannot be tolerated.

The United States needs to foster a new culture that allows women to feel safe when they report sexual assault or harassment. Such a culture cannot permit silence as a response to reports of sexual assault or harassment. It should promote confrontation of abusers and intervention by bystanders to prevent sexual assault or harassment. This new culture cannot perpetuate gender roles that hinder consensual sexual encounters.

In addition, it is necessary to create places where those accused of sexual assault can receive education and counseling to end the abusive behaviors. Restorative justice models which have proven successful in criminal justice and education would be a promising start.

**Action:**

- 1. Enact legislation to guarantee equal pay and non-discrimination in the workplace based on gender or gender orientation. A major determinant of sexual assault is the major advantage in power men have over women in the workplace.**
- 2. Develop alternative agencies to human resource departments so victims can be adequately represented. Children’s Protective Services protects children. Adult Protective Services protects the elderly and sick. We need a Women’s Protective Services that could offer legal and counseling services to women who are being harassed or assaulted.**
- 3. Fund research of sexual assault prevention programs and restorative justice rehabilitation programs for sex offenders.**

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