

WHITNEY'S STORY

I am a Returned Peace Corps Volunteer (RPCV) who happily served in Togo, West Africa for two years. The opportunity to engage with another culture while demonstrating integrity as an American was a true honor. Administrators warned us at the end of our service that re-assimilating back into American culture is the most difficult process Peace Corps Volunteers (PCVs) can face. I felt this to be true during my first three weeks home. And then I learned I was pregnant. Even though I served my country as a cultural ambassador of sorts -- having faced amoebas, parasites and malaria-- I was unable to receive medical funds for an abortion. Due to the Hyde Amendment, Peace Corps was not permitted to provide me with any assistance. I was 23 years old and received my stipend of \$3,000; which was supposed to assist with my re-assimilation into American society. One-fourth of my stipend was used to pay for travel expenses and an abortion.

On the anniversary of Roe v. Wade, I take time to reflect back on my own personal experience with abortion and must say I am eternally grateful to have had one -- not much you can do to raise a kid on less than \$3,000 with no job prospects and a weakened immune system. It did not define nor change who I was; in fact, I was able to take advantage of many opportunities I would not have been able to if I did not have access to abortion care. However, this experience shed light on the inequality experienced by countless women and men in need of affordable and safe reproductive health care. How many women receiving Medicaid and living on less than \$3,000 are unable to access abortion services? How has it negatively impacted their lives? I feel no regret of having an abortion, but I regret that this is not something all women and transgender people can access, which is why I advocated alongside the New Orleans Abortion Fund as a communications volunteer.

In the United States, one in three women will have an abortion. This means that there are some women in your life -- at church, at work or even in your own family -- who accessed abortion services. It is a reality. The New Orleans Abortion Fund (NOAF) provides financial assistance to clients who are unable to afford the full cost of an abortion. Their presence in Louisiana is of extreme importance because many women throughout the Deep South access abortion services in Louisiana even though most of its own residents do not have the means to do so. Why? Because of the barriers of economics, financial security and antiquated policies. Community members volunteer their time to provide services: intake volunteers speak to women seeking financial assistance and award them with funds; escort volunteers guide women into clinics; and many more advocate legislators and the Governor to overturn anti-abortion bills. This three-tier approach is run by committed locals determined to provide support and funds to the women seeking it.

Policies such as the Hyde Amendment and Targeted Regulation of Abortion Providers (TRAP) laws, disempower a woman's right to access reproductive health care. Specifically, women of color are most affected by these policies because they are more likely to be covered by Medicaid. Women of color face unique challenges in the United States especially in regard to financial security. Women of color make a median annual income of \$610 to every white woman's \$718. Furthermore, the unemployment gap between white women and African American women has grown exponentially where African American women have an employment rate of 10.5 percent in comparison to a white woman's at 5.8 percent. These policies directly affect women of color who are disproportionately affected by economic injustice.

Hyde Amendment

The Hyde Amendment prevents recipients of Medicaid, federal prisoners, military personnel and Peace Corps Volunteers to use funds for abortion services. This 1976 bill is a direct response from anti-abortion legislators after the ruling of Roe v. Wade. Henry Hyde, the bill's author, said "I would certainly like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle class woman, or a poor woman. Unfortunately, the only vehicle available is the Medicaid bill." Admittedly, he knew his "namesake" would disproportionately affect poor women and their futures. In Louisiana, one in ten women are on Medicaid, or half of the female population in state.

In 2015, Rep. Barbara Lee (D-CA) introduced the Equal Access to Abortion Coverage in Health Insurance (EACH) Woman Act, which supports women who wish to seek abortion services without political interference. Furthermore, the Act seeks to respect individual women's decisions about terminating a pregnancy and provide access to these services even while under federal insurance such as Medicaid. Under the new administration, President-elect Donald Trump has promised that the Hyde Amendment will become a federal law instilling its' permanency within our federal government.

Targeted Regulation of Abortion Providers (TRAP) Laws

TRAP Laws impose harsh requirements to limit abortion providers. From regulated hallway sizes to requiring admitting privileges to hospitals, these laws single out abortion providers by forcing expensive, unnecessary restrictions on them without due process. Legislators in favor of TRAP laws deem it imperative to protect women's safety and health through these measures when their actions are backdoor attempts to end legal access abortion services. Medical associations and experts have explain (or another strong, single word) these restrictions are detrimental to women's reproductive health and that legislators are basing their findings on ideological agendas rather than medical facts.

In July, 2016, the Supreme Court held in Whole Women's Health v. Hellerstedt, that TRAP laws "place a substantial obstacle in the path of women seeking an abortion, constitute an undue burden on abortion access, and therefore violate the Constitution." This set an incredible precedent and an important one considering the "values" of the incoming administration. For example, Vice President - Elect, Mike Pence, closed the last Planned Parenthood in Scott County, Indiana while serving as Governor. It was the only place in the county to provide access for HIV testing. A few months later, then-Governor Pence, declared a public health emergency to due a serious HIV outbreak.

Roe v. Wade in 2017

At this time, we are faced with a president elect who has promised to "overturn" Roe v. Wade in an effort to give the decision-making power back to States, and a vice president-elect who favors disenfranchising women over the public health of his constituents. How will these men affect women's access to reproductive health care? How will they uphold or destroy the legislation that provides medical services to those unable to afford them?

I don't expect you, reader, to make a decision on the information I've supplied above, but I implore you to listen, to tell your story too, and to understand that these federal policies were not established to protect women but to prevent them from making their own decision. Having a choice is a fundamental human right and an American value that has been practiced, in many forms, for over 240 years. It is time for us to start talking to one another about our experiences despite our political affiliations, and to unite as a people to determine where we want our country to go.

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our fight for abortion access:

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