

IN THE  
*Supreme Court of the United States*

THOMAS E. DOBBS, M.D., M.P.H., IN HIS OFFICIAL  
CAPACITY AS STATE HEALTH OFFICER OF THE  
MISSISSIPPI DEPARTMENT OF HEALTH, *et al.*,

*Petitioners,*

v.

JACKSON WOMEN'S HEALTH ORGANIZATION,  
ON BEHALF OF ITSELF AND ITS PATIENTS, ET AL.,

*Respondents.*

---

On Writ of Certiorari to the  
United States Court of Appeals for the Fifth Circuit

---

**BRIEF *AMICI CURIAE* FOR ORGANIZATIONS  
DEDICATED TO THE FIGHT FOR REPRODUCTIVE  
JUSTICE—MISSISSIPPI IN ACTION, *ET AL.*—IN  
SUPPORT OF RESPONDENTS**

---

Jessica Ring Amunson  
*Counsel of Record*  
Tassity S. Johnson  
Victoria Hall-Palerm  
JENNER & BLOCK LLP  
1099 New York Avenue, NW  
Suite 900  
Washington, DC 20001  
(202) 639-6000  
JAmunson@jenner.com

*Counsel for Amici Curiae*

---

---

## TABLE OF CONTENTS

TABLE OF AUTHORITIES .....	iii
INTERESTS OF <i>AMICI CURIAE</i> .....	1
INTRODUCTION .....	3
ARGUMENT.....	5
I.    Reproductive    Autonomy    Is    a Fundamental Right Under This Court’s Precedents and International Law .....	5
II.   People of Color and Other Marginalized People in Mississippi and Louisiana Already Face Barriers to Fully Realizing Their Right to Reproductive Autonomy .....	9
A.  Mississippi and Louisiana Have Long Sought to Control the Bodies of Marginalized People—Black Women in Particular.....	9
B.  Background Conditions of Inequality Make Access to Reproductive Care Difficult for Marginalized Communities .....	15
III.  Mississippi’s 15-Week Ban Will Disproportionately Harm People of Color and Other Marginalized People in Mississippi and Louisiana.....	29
A.  The 15-Week Ban Will Make Accessing Reproductive Care Impossible for Marginalized People in These States .....	30

B. Restricting Access to Abortion Will Worsen Marginalized People’s Health and Financial Outcomes .....	33
IV. The 15-Week Ban and Laws Like It Will Harm Marginalized People Nationwide.....	38
CONCLUSION .....	40
APPENDIX - List of <i>Amici Curiae</i> .....	1a

## TABLE OF AUTHORITIES

### CASES

<i>Box v. Planned Parenthood of Indiana &amp; Kentucky, Inc.</i> , 139 S. Ct. 1780 (2019) .....	12
<i>Jackson Women’s Health Organization v. Currier</i> , 349 F. Supp. 3d 536 (S.D. Miss. 2018).....	10
<i>June Medical Services L.L.C. v. Russo</i> , 140 S. Ct. 2103 (2020) .....	5
<i>Planned Parenthood of Southeastern Pennsylvania v. Casey</i> , 505 U.S. 833 (1992) .....	5
<i>Roe v. Wade</i> , 410 U.S. 113 (1973).....	5
<i>State v. Hall</i> , 187 So. 2d 861 (Miss. 1966) .....	13
<i>Whole Woman’s Health v. Hellerstedt</i> , 136 S. Ct. 2292 (2016) .....	5

### STATUTES

La. Stat. Ann. §14:87 .....	2
La. Stat. Ann. §40:1061.1 .....	31
La. Stat. Ann. §40:1061.1.3 .....	31
La. Stat. Ann. §40:1061.2 .....	31
La. Stat. Ann. §40:1061.3 .....	31
La. Stat. Ann. §40:1061.5 .....	31
La. Stat. Ann. §40:1061.6 .....	31
La. Stat. Ann. §40:1061.11 .....	31
La. Stat. Ann. §40:1061.17 .....	31

Miss. Code Ann. §41-41-31.....	30
Miss. Code Ann. §41-41-33.....	30
Miss. Code Ann. §41-41-35.....	30
Miss. Code Ann. §41-41-39.....	30
Miss. Code Ann. §41-41-51.....	30
Miss. Code Ann. §41-41-53.....	30
Miss. Code Ann. §41-41-55.....	30
Miss. Code Ann. §41-41-57.....	30
Miss. Code Ann. §41-41-91.....	15, 31
Miss. Code Ann. §41-127-1.....	30
Miss. Code Ann. §97-3-3.....	36

#### **OTHER AUTHORITIES**

Advancing New Standards in Reproductive Health, <i>Abortion Access in Louisiana 2018</i> , <a href="https://www.ansirh.org/sites/default/files/publications/files/abortion_access_in_louisiana.pdf">https://www.ansirh.org/sites/default/files/publications/files/abortion_access_in_louisiana.pdf</a> .....	32
Rebekah Allen, <i>Different Confederate Flag Flies Across Baton Rouge Public Spaces</i> , <i>The Advocate</i> (June 25, 2015), <a href="https://www.theadvocate.com/baton_rouge/news/article_577f2e79-3a35-526f-8d4f-6fc536afd2d2.html">https://www.theadvocate.com/baton_rouge/news/article_577f2e79-3a35-526f-8d4f-6fc536afd2d2.html</a> .....	14

- American College of Obstetricians and Gynecologists, ACOG Committee Opinion No. 434: *Induced Abortion and Breast Cancer Risk* (June 2009, Reaffirmed 2019), <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2009/06/induced-abortion-and-breast-cancer-risk.pdf>..... 30
- American Psychological Ass'n, *Disability & Socioeconomic Status* (2010), <https://www.apa.org/pi/ses/resources/publications/disability>..... 17
- Samantha Artiga & Maria Diaz, *Health Coverage and Care of Undocumented Immigrants*, KFF (July 15, 2019), <https://www.kff.org/disparities-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/>..... 23
- Marcus Baram, *Pol Suggests Paying Poor Women to Tie Tubes*, ABC News (Sept. 25, 2008), <https://abcnews.go.com/US/story?id=5886592&page=1>..... 11
- Ann P. Bartel et al., *Racial and Ethnic Disparities in Access to and Use of Paid Family and Medical Leave*, United States Bureau of Labor Statistics (Jan. 2019), <https://www.bls.gov/opub/mlr/2019/article/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm>..... 28

- Emily Bazelon, *A Mother in Jail for Helping Her Daughter Have an Abortion*, N.Y. Times Mag. (Sept. 22, 2014), <https://www.nytimes.com/2014/09/22/magazine/a-mother-in-jail-for-helping-her-daughter-have-an-abortion.html> ..... 36
- Jia Benno et al., *Louisiana Pregnancy-Associated Mortality Review, 2017 Report* (2020), [https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2017\\_PA\\_MR\\_Report\\_FINAL.pdf](https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2017_PA_MR_Report_FINAL.pdf)..... 27
- Linda Goler Blount et al., *Maternal Health and Black Women, in In Our Own Voice, Our Bodies, Our Lives, Our Voices* 51 (June 2017), [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf)..... 26
- Giacomo Bologna & Alissa Zhu, *Mississippi Gov. Tate Reeves: Abortions Must be Cancelled During Coronavirus Pandemic*, Miss. Clarion Ledger (Mar. 25, 2020), <https://www.clarionledger.com/story/news/politics/2020/03/24/mississippi-gov-abortion-must-halted-during-coronavirus-pandemic/2909422001/>..... 27-28
- Pamela D. Bridgewater, *Un/Re/Dis Covering Slave Breeding in Thirteenth Amendment Jurisprudence*, 7 Wash. & Lee J. C.R. & Soc. Just. 11 (2001)..... 10

Amy G. Bryant & Jonas J. Swartz, <i>Why Crisis Pregnancy Centers are Legal but Unethical</i> , 20 <i>AMA J. Ethics</i> 269 (2018), <a href="https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03">https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03</a> .....	24
Sofia Carratala & Connor Maxwell, <i>Health Disparities by Race and Ethnicity</i> , Center for American Progress (May 7, 2020), <a href="https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/">https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/</a> .....	39
CEDAW, <i>Concluding Observations: Hungary</i> , U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013) .....	7
Center for American Progress et al., <i>Paying an Unfair Price</i> (Feb. 2015), <a href="https://www.lgbtmap.org/file/paying-an-unfair-price-transgender.pdf">https://www.lgbtmap.org/file/paying-an-unfair-price-transgender.pdf</a> .....	18
Centers for Disease Control & Prevention, <i>Homelessness as a Public Health Law Issue: Selected Resources</i> (Mar. 2017), <a href="https://www.cdc.gov/phlp/publications/topic/resources/resources-homelessness.html#:~:text=Homelessness%20is%20closely%20connected%20to,%2C%20tuberculosis%2C%20and%20other%20conditions">https://www.cdc.gov/phlp/publications/topic/resources/resources-homelessness.html#:~:text=Homelessness%20is%20closely%20connected%20to,%2C%20tuberculosis%2C%20and%20other%20conditions</a> .....	20



- Centers for Disease Control & Prevention, *Infant Mortality Rates by State*, [https://www.cdc.gov/nchs/pressroom/sosmap/infant\\_mortality\\_rates/infant\\_mortality.htm](https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm) (page last reviewed Mar. 12, 2021).....26
- CESCR, *General Comment 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, UN Doc E/C.12/GC/22 (2016).....7
- Cornell University, *U.S. Disability Statistics* (2018), <https://www.disabilitystatistics.org/reports/acs.cfm?statistic=7> .....38
- Editorial, *The Mothers Society Condemns*, N.Y. Times (Dec. 28, 2018), <http://www.nytimes.com/interactive/2018/12/28/opinion/abortion-law-poverty.html>. .....37
- Ella Baker Center for Human Rights et al., *Who Pays? The True Cost of Incarceration on Families* (Sept. 2015), <http://whopaysreport.org/wp-content/uploads/2015/09/Who-Pays-FINAL.pdf> .....37
- Debbie Elliott & Laurel Wamsley, *Alabama Governor Signs Abortion Ban Into Law*, NPR (May 14, 2019), <https://www.npr.org/2019/05/14/723312937/alabama-lawmakers-passes-abortion-ban> .....33

- Johanna B. Fine et al., *The Role of International Human Rights Norms in the Liberalization of Abortion Laws Globally*, 19 *Health & Hum. Rts. J.* 69 (2017), <https://www.hhrjournal.org/2017/06/the-role-of-international-human-rights-norms-in-the-liberalization-of-abortion-laws-globally>..... 6, 7
- Andrea Flynn, *It Takes Black Women in the U.S. 20 Months to Earn What White Men Make in a Year.*, *Time* (Aug. 22, 2019), <https://time.com/5655678/black-womens-equal-pay-day-history/>..... 17
- Diana Greene Foster et al., *A Comparison of Depression and Anxiety Symptom Trajectories Between Women Who Had an Abortion and Women Denied One*, 45 *Psych. Med.* 2073 (2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5004731/>..... 34-35
- Diana Greene Foster et al., *Comparison of Health, Development, Maternal Bonding, and Poverty Among Children Born After Denial of Abortion vs After Pregnancies Subsequent to an Abortion*, 172 *JAMA Ped.* 1053 (2018), <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2698454>..... 35

- Diana Greene Foster et al., *Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children*, 205 J. Ped. 183 (2019), <https://pubmed.ncbi.nlm.nih.gov/30389101/> ..... 35
- Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, 108 Am. J. Pub. Health 407 (2018), <https://pubmed.ncbi.nlm.nih.gov/29345993/> ..... 34
- Jennifer J. Frost et al., *Contraceptive Needs and Services, 2014 Update*, Guttmacher Inst. tbl. 9 (2016), [https://www.guttmacher.org/sites/default/files/report\\_pdf/contraceptive-needs-and-services-2014\\_1.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf) ..... 25
- Caitlin Gerdts et al., *Side Effects, Physical Health Consequences, and Mortality Associated with Abortion and Birth after an Unwanted Pregnancy*, 26 Women's Health Issues 55 (2016), <https://pubmed.ncbi.nlm.nih.gov/26576470/> ..... 34
- Rachel Benson Gold, *Guarding Against Coercion While Ensuring Access: A Delicate Balance*, 17 Guttmacher Pol'y Rev. 8 (Summer 2014), [https://www.guttmacher.org/sites/default/files/article\\_files/gpr170308.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr170308.pdf) ..... 11

- Abbie E. Goldberg, *Report: Transgender Students in Higher Education*, UCLA School of Law Williams Institute (Aug. 2018), <https://williamsinstitute.law.ucla.edu/publications/trans-students-higher-education/> .....18-19
- Jamie M. Grant et al., *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, National Center for Transgender Equality and National Gay and Lesbian Task Force (2011), [https://www.thetaskforce.org/wp-content/uploads/2019/07/ntds\\_full.pdf](https://www.thetaskforce.org/wp-content/uploads/2019/07/ntds_full.pdf)..... 19, 23
- Guttmacher Institute, *Unintended Pregnancy in the United States* (Jan. 2019), <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states> ..... 25
- Sarah Holder, *Biloxi's Fight to Celebrate Martin Luther King*, Bloomberg CityLab (Jan. 12, 2018), <https://www.bloomberg.com/news/articles/2018-01-12/how-biloxi-mississippi-finally-got-martin-luther-king-day> ..... 14
- Human Rights Committee, *Concluding Observations: The Former Yugoslav Republic of Macedonia*, U.N. Doc. CCPR/C/MKD/CO/3 (2015)..... 7

Institute for Women’s Policy Research et al.,  
*The Status of Black Women in the United States* (2017), <https://iwpr.org/wp-content/uploads/2020/08/The-Status-of-Black-Women-6.26.17.pdf> ..... 16, 17, 18, 21, 26

Isabella Isaacs-Thomas, *For Many Pregnant Trans People, Competent Medical Care is Hard to Find*, PBS (May 26, 2021), <https://www.pbs.org/newshour/health/for-many-pregnant-trans-people-competent-medical-care-is-hard-to-find> ..... 34

Jackson Women’s Health Organization, *Fee Schedule*, <https://jacksonwomenshealth.com/fee-schedule/> (last visited Sept. 10, 2021)..... 15

Jenna Jerman & Rachel K. Jones, *Secondary Measures of Access to Abortion Services in the United States, 2011 and 2012: Gestational Age Limits, Cost, and Harassment*, 24-4 *Women’s Health Issues* e419 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4946165/> ..... 35

Rachel K. Jones et al., *Abortion Incidence & Service Availability in the United States, 2017*, Guttmacher Institute (Sept. 2019), [https://www.guttmacher.org/sites/default/files/report\\_pdf/abortion-incidence-service-availability-us-2017.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/abortion-incidence-service-availability-us-2017.pdf) ..... 32

Rachel K. Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014*, 107 Am. J. Pub. Health 1904 (2017), <https://pubmed.ncbi.nlm.nih.gov/29048970/> ..... 19

Rachel K. Jones et al., *Transgender Abortion Patients and the Provision of Transgender-Specific Care at Non-Hospital Facilities that Provide Abortions*, Guttmacher Institute (Jan. 18, 2020), <https://www.guttmacher.org/article/2020/01/transgender-abortion-patients-and-provision-transgender-specific-care-non-hospital>.....23-24

KFF, *Medicaid Coverage Rates for the Nonelderly by Race/Ethnicity* (2019), <https://www.kff.org/medicaid/state-indicator/nonelderly-medicaid-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> ..... 21

KFF, *Poverty Rate by Race/Ethnicity* (2019), <https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>..... 16, 38

KFF, *State Profiles for Women’s Health [Miss.]* (Jan. 15, 2021), <https://www.kff.org/interactive/womens-health-profiles/?activeState=Mississippi&activeCategoryIndex=0&activeView=data>..... 16

KFF, *State Profiles for Women’s Health [La.]* (Jan. 15, 2021), <https://www.kff.org/interactive/womens-health-profiles/?activeState=Louisiana&activeCategoryIndex=0&activeView=data>..... 16

Andrew M. Koppelman, *Forced Labor, Revisited: The Thirteenth Amendment and Abortion* (Jan. 29, 2010), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=1544503](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1544503) ..... 10

Kathryn Kost, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002*, Guttmacher Institute (Jan. 2015), [https://www.guttmacher.org/sites/default/files/report\\_pdf/stateup10.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/stateup10.pdf) ..... 25

Donna Ladd, *SCV: Gov. Tate Reeves Proclaimed ‘Confederate Heritage Month’ on April 3*, Jackson Free Press (Apr. 5, 2020), <https://www.jacksonfreepress.com/news/2020/apr/05/scv-gov-tate-reeves-proclaimed-confederate-heritag/>..... 14

Lift Louisiana, *Abortion Information and Resources*, <https://liftlouisiana.org/content/abortion-information-and-resources> (last visited Sept. 14, 2021) ..... 15

Lift Louisiana, *Sexual Health Education*,  
<https://liftlouisiana.org/issues/sexual-health-education> (last visited Sept. 14, 2021) ..... 25

Louisiana Department of Health, *COVID-19 Information*, <https://ldh.la.gov/index.cfm/page/4065> ..... 27

Louisiana Department of Health, *Healthcare Facility Notice/Order Notice* (Mar. 21 2020), <https://ldh.la.gov/assets/oph/Coronavirus/resources/providers/LDH-UPDATE-Notice-Med-Surg-Procedures32120.pdf> ..... 27

Louisiana Women’s Policy & Research Comm’n, *2018 Annual Report* (2018), [http://gov.louisiana.gov/assets/docs/LWP\\_RC\\_2018AnnualReportONLINE.pdf](http://gov.louisiana.gov/assets/docs/LWP_RC_2018AnnualReportONLINE.pdf) ..... 28

Zakiya Luna & Kristin Luker, *Reproductive Justice*, 9 Ann. Rev. L. & Soc. Sci. 327 (2013) ..... 1

MACPAC, FactSheet: *Physician Acceptance of New Medicaid Patients* (June 2021), <https://www.macpac.gov/wp-content/uploads/2021/06/Physician-Acceptance-of-New-Medicaid-Patients-Findings-from-the-National-Electronic-Health-Records-Survey.pdf> ..... 21



Cecile Mantovani, *U.S. Must Ensure Access to Safe Abortions: U.N. Rights Office*, Reuters (May 21, 2019), <https://www.reuters.com/article/us-usa-abortion-un/us-must-ensure-access-to-safe-abortions-un-rights-office-idUSKCN1SR1I3>..... 8

Anne Marshall, *Mississippi’s Confederate Flag is Gone—but a Legacy of White Supremacist Policy Remains*, NBC News: Think (July 1, 2020), <https://www.nbcnews.com/think/opinion/mississippi-s-confederate-flag-gone-legacy-white-supremacist-policy-remains-ncna1232690>..... 14

Sarah McCammon, *What the Texas Abortion Ban Does—And What It Means for Other States*, NPR (Sept. 1, 2021), <https://www.npr.org/2021/09/01/1033202132/texas-abortion-ban-what-happens-next>.....32-33

Mississippi State Department of Health, *Informed Consent Resources List* (2019), [https://msdh.ms.gov/msdhsite/\\_static/resources/1426.pdf](https://msdh.ms.gov/msdhsite/_static/resources/1426.pdf)..... 31

Mississippi State Department of Health, *Mississippi COVID-19 Data Charts and Maps*, [https://msdh.ms.gov/msdhsite/\\_static/14,0,420,873.html#pregnancy](https://msdh.ms.gov/msdhsite/_static/14,0,420,873.html#pregnancy) ..... 27

Mississippi State Department of Health, *Mississippi Maternal Mortality Report 2013-2016* (2019), [https://msdh.ms.gov/msdhsite/\\_static/resources/8127.pdf](https://msdh.ms.gov/msdhsite/_static/resources/8127.pdf) ..... 27

Kim Murphy, *Idaho Woman’s Case Marks a Key Abortion Challenge*, L.A. Times (June 16, 2012), <http://www.latimes.com/archives/la-xpm-2012-jun-16-la-na-idaho-abortion-20120617-story.html>..... 37

Melissa Murray, *Race-ing Roe: Reproductive Justice, Racial Justice, and the Battle for Roe v. Wade*, 134 Harv. L. Rev. 2025 (2021) ..... 3, 12

Elizabeth Nash & Sophia Naide, *State Policy Trends at Midyear 2021: Already the Worst Legislative Year Ever for U.S. Abortion Rights*, Guttmacher Institute (July 2021), <https://www.guttmacher.org/article/2021/07/state-policy-trends-midyear-2021-already-worst-legislative-year-ever-us-abortion>..... 33, 39

National Council on Disability, *The Current State of Health Care for People with Disabilities* (2009), <https://ncd.gov/publications/2009/sept302009>..... 22

National Equity Atlas, *Car Access: United States v. Louisiana*, [https://nationalequityatlas.org/indicators/Car\\_access#/?geo\\_compare=02000000000022000](https://nationalequityatlas.org/indicators/Car_access#/?geo_compare=02000000000022000) (last visited Sept. 10, 2021) ..... 22

National Equity Atlas, *Car Access: United States v. Mississippi*, [https://nationalequityatlas.org/indicators/Car\\_access#/?geo\\_compare=02000000000028000](https://nationalequityatlas.org/indicators/Car_access#/?geo_compare=02000000000028000) (last visited Sept. 10, 2021) ..... 22

National Latina Institute for Reproductive Health and PerryUndem Research/Communication, *Latina/o Voters’ Views & Experiences Around Reproductive Health Care* (2018), [https://latinainstitute.org/sites/default/files/NLIRH%20Polling%20Press%20Kit\\_ENG\\_11.1.18.pdf](https://latinainstitute.org/sites/default/files/NLIRH%20Polling%20Press%20Kit_ENG_11.1.18.pdf).....23

National Park Service, *Louisiana and the 19<sup>th</sup> Amendment*, <https://www.nps.gov/articles/louisiana-and-the-19th-amendment.htm> (last updated July 8, 2020)..... 14

National Partnership for Women & Families, *Paid Sick Days Enhance Women’s Abortion Access and Economic Security* (May 2019), <https://www.nationalpartnership.org/our-work/repro/reports/paid-sick-days-enhance-womens-abortion-access-and-economic-security.html> ..... 29

National Women’s Law Center, *Women and Medicaid in Louisiana* (Feb. 2010), <https://www.nwlc.org/sites/default/files/pdfs/Louisiana.Medicaid.pdf> ..... 21

National Women’s Law Center, *Women and Medicaid in Mississippi* (Feb. 2010), [https://nwlc.org/wp-content/uploads/2015/08/mississippi.medicaid\\_1.pdf](https://nwlc.org/wp-content/uploads/2015/08/mississippi.medicaid_1.pdf) ..... 21

Oren Oppenheim, *Which States' Lawmakers Have Said They Might Copy Texas' Abortion Law*, ABC News (Sept. 3, 2021), <https://abcnews.go.com/Politics/states-lawmakers-copy-texas-abortion-law/story?id=79818701>..... 39

Megan S. Orlando, *Homelessness, Housing Instability, and Abortion Outcomes at an Urban Abortion Clinic in the United States*, 223 Am. J. OB Gyn. 892 (2020), <https://pubmed.ncbi.nlm.nih.gov/3264019> ..... 20

PBS, *Freedom Summer: Fannie Lou Hamer*, <https://www.pbs.org/wgbh/americanexperience/features/freedomsummer-hamer/> (last visited Sept. 10, 2021)..... 11

Izzy Pellegrine et al., *Mississippi LGBTQ Study*, LGBTQ Fund of Mississippi et al. (Mar. 2019), [https://lgbtqfundms.org/wp-content/uploads/2019/09/SurveyNA\\_Final\\_Report.pdf](https://lgbtqfundms.org/wp-content/uploads/2019/09/SurveyNA_Final_Report.pdf)..... 23

Lauren J. Ralph et al., *Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services*, 171 Annals Internal Med. 238 (2019)..... 34

Whitney S. Rice et al., *Sociodemographic and Service Use Characteristics of Abortion Fund Cases from Six States in the U.S. Southeast*, 18 Int'l J. Env'tl Rsch. & Pub. Health 3813 (2021) ..... 32

Sarah C.M. Roberts et al., *Risk of Violence from the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion*, 12 BMC Med. 1 (2014), <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-014-0144-z> ..... 34

Loretta Ross, *What Is Reproductive Justice?*, in *Reproductive Justice Briefing Book 4* (2007) ..... 1, 3

Sentencing Project, *State-by-State Data*, <https://www.sentencingproject.org/the-facts/#rankings> (last visited Sept. 10, 2021)..... 36

SIECUS et al., *Sexuality Education in Mississippi* (Feb. 2014), <https://siecus.org/wp-content/uploads/2018/07/Sexuality-Education-in-Mississippi-Progress-in-the-Magnolia-State.pdf>..... 25

Armantine M. Smith, *The History of the Woman’s Suffrage Movement in Louisiana*, 62 La. L. Rev. 509 (2002)..... 13, 14

Cynthia Soohoo, *Reproductive Justice and Transformative Constitutionalism*, 42 Cardozo L. Rev. 819 (2021) ..... 12

Nick Sorrells, *The State of Housing in Louisiana*, Louisiana Housing Alliance (2015), <https://www.naceda.org/assets/State-of-Housing-in-Louisiana-2015.pdf>..... 19

Rebecca Stone, *Pregnant Women and Substance Use: Fear, Stigma, and Barriers to Care*, 3 Health & Just. 2 (2015). ..... 37

Marjorie Julian Spruill & Jesse Spruill Wheeler, *Mississippi Women and the Woman Suffrage Amendment*, Mississippi History Now (2001), <http://www.mshistorynow.mdah.ms.gov/articles/245/mississippi-women-and-the-women-suffrage-amendment>..... 13

Elka Torpey, *Measuring the Value of Education*, U.S. Bureau of Labor Statistics (Apr. 2018), <https://www.bls.gov/careeroutlook/2018/data-on-display/education-pays.htm> ..... 19

United Health Foundation, *America’s Health Rankings: Louisiana* (2020), [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/overall\\_hwc\\_2020/state/la](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/overall_hwc_2020/state/la).....26-27

United Health Foundation, *America’s Health Rankings: Mississippi* (2020), [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal\\_mortality/state/MS](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/MS) ..... 26

- United Nations Human Rights Committee,  
*General Comment No. 36 (2018) on,  
 Article 6 of the International Covenant on  
 Civil and Political Rights on the Right to  
 Life*, U.N. Doc. CCPR/C/GC/36 (Oct. 31,  
 2018), [https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/1\\_Global/CCPR\\_C\\_GC\\_36\\_8785\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/1_Global/CCPR_C_GC_36_8785_E.pdf)..... 6
- United Nations Human Rights Council,  
*6United States: Authorities Manipulating  
 COVID-19 Crisis to Restrict Access to  
 Abortion, Say UN Experts* (May 27, 2020),  
<https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=25907&LangID=E> ..... 8
- United Nations Human Rights Office of the  
 High Commissioner, *International Safe  
 Abortion Day: September 28, 2019* (Sept.  
 27, 2019), <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25066&LangID=E>..... 7
- United States Interagency Council on  
 Homelessness, *Homelessness in America*  
 (Aug. 2018), [https://www.usich.gov/resources/uploads/asset\\_library/Homelessness-in-America-Focus-on-chronic.pdf](https://www.usich.gov/resources/uploads/asset_library/Homelessness-in-America-Focus-on-chronic.pdf)..... 20
- United States News & World Report,  
*Transportation Rankings*, <https://www.usnews.com/news/best-states/rankings/infrastucture/transportation> (last visited  
 Sept. 10, 2021) ..... 22

Vera Institute of Justice, *Incarceration Trends in Louisiana* (Dec. 2019), <https://www.vera.org/downloads/pdfdownloads/sate-incarceration-trends-louisiana.pdf>..... 36

Vera Institute of Justice, *Incarceration Trends in Mississippi* (Dec. 2019), <https://www.vera.org/downloads/pdfdownloads/sate-incarceration-trends-mississippi.pdf>..... 36

Rachel B. Vogelstein & Rebecca Turkington, *Abortion Law: Global Comparisons*, Council on Foreign Relations (Oct. 28, 2019), <https://www.cfr.org/article/abortion-law-global-comparisons> ..... 8

Mark Waller, *LaBruzzo Considering Plan to Pay Poor Women \$1,000 to Have Tubes Tied*, NOLA.com (Sept. 24, 2008), [https://www.nola.com/news/article\\_167c97c7-7cbb-57eb-b6da-bc4ea0f8deb7.html](https://www.nola.com/news/article_167c97c7-7cbb-57eb-b6da-bc4ea0f8deb7.html) ..... 11

*Whelan v. Ireland*, Human Rights Comm., Commc’n No. 2425/2014, U.N. Doc. CCPR/C/119/D/2425/2014 (2017)..... 7

Christopher Wildeman et al., Commentary, *Health Consequences of Family Member Incarceration for Adults in the Household*, 134 Pub. Health Rep. 15S (May 2019), <https://journals.sagepub.com/doi/10.1177/0033354918807974>.....36-37

World Health Organization, *International Safe Abortion Day* (Sept. 28, 2020), <https://www.who.int/news/item/28-09-2020-international-safe-abortion-day> ..... 6



**INTERESTS OF *AMICI CURIAE*<sup>1</sup>**

*Amici* are reproductive justice advocates and organizers. Reproductive justice is “a social justice-aimed movement that emphasizes intersecting social identities (e.g., gender, race, and class) and community-developed solutions to structural inequalities.”<sup>2</sup> Founded and led by Black organizers, the reproductive justice movement seeks to ensure that all people have access to safe, affordable, non-stigmatizing, and high-quality care, and can exercise the full range of options in making decisions about child-bearing, child-rearing, and their own bodies.<sup>3</sup> Abortion is essential to achieving reproductive autonomy.

*Amici*, through their scholarly work and advocacy within marginalized communities, have seen firsthand how these communities—including Black people, people of color, low-income people, disabled people, LGBTQ+ people, Trans people, Indigenous people, and immigrants, to name but a few—already struggle to

---

<sup>1</sup> Pursuant to this Court’s Rule 37.6, counsel for *amici curiae* certifies that this brief was not authored in whole or in part by counsel for any party and that no person or entity other than *amici curiae*, their members, or their counsel has made a monetary contribution intended to fund the preparation or submission of this brief. Petitioners and Respondents have both filed letters with the Clerk granting blanket consent to the filing of *amicus curiae* briefs.

<sup>2</sup> Zakiya Luna & Kristin Luker, *Reproductive Justice*, 9 Ann. Rev. L. & Soc. Sci. 327, 327 (2013).

<sup>3</sup> Loretta Ross, *What Is Reproductive Justice?*, in *Reproductive Justice Briefing Book 4*, 4-5 (2007).

access reproductive care. *Amici* work to help these communities access care as they navigate the structural racism of Mississippi's and Louisiana's healthcare systems.<sup>4</sup> *Amici* have a unique window into the challenges people face when seeking to access abortion, and the additional barriers Mississippi's 15-week ban will impose on marginalized people. They write to highlight the devastating consequences that will ensue if this Court eliminates the right to abortion. A complete list of *amici* can be found in the Appendix.

**Mississippi In Action** is a Jackson, Mississippi, organization dedicated to holistic advocacy and education around sexual health, reproductive access, sex education, and homelessness.

**Women With A Vision, Inc. ("WWAV")** is a New Orleans community-based organization founded and run by women of color to improve the lives of marginalized women, their families, and communities by addressing the conditions that hinder their health and well-being.

**In Our Own Voice: National Black Women's Reproductive Justice Agenda** is a national-state partnership focused on lifting up the voices of Black women, femmes, girls, and gender-expansive people at the national, state, and regional levels in the ongoing policy fight to secure Reproductive Justice for all.

---

<sup>4</sup> Louisiana has also enacted a law criminalizing abortion after 15 weeks' gestation, which states that it will go into effect upon an appellate decision upholding Mississippi's ban. La. Stat. Ann. §14:87(D)(2), (F).

## INTRODUCTION

The fundamental right to liberty is a bedrock of American law. This Court has long recognized that reproductive autonomy lies at the heart of liberty, giving everyone the right to make certain choices about their own bodies—including, for every childbearing person, the choice to have children or obtain an abortion. This Court’s precedents, as well as well-established international norms, make clear that liberty without the right to make this choice is not liberty at all.

The right to reproductive autonomy, however, is not simply a matter of liberty from state regulation. The reproductive justice movement addresses “the necessary enabling conditions to realize [the] right[]” not just to abortion, but to all decisions about health and bodily autonomy.<sup>5</sup> Contrary to Petitioners, who focus only on the select few who “have reached the highest echelons” of society,<sup>6</sup> reproductive justice has an “explicitly intersectional” focus, “centering the experiences of women of color, the poor, queer communities, and the disabled.”<sup>7</sup> The movement arose in response to a dearth of Black representation in the reproductive rights movement, and it seeks to support and protect Black people and people of color<sup>8</sup> throughout

---

<sup>5</sup> See Ross, *supra* note 3, at 4-5.

<sup>6</sup> Brief for Petitioners at 5.

<sup>7</sup> Melissa Murray, *Race-ing Roe: Reproductive Justice, Racial Justice, and the Battle for Roe v. Wade*, 134 Harv. L. Rev. 2025, 2053 (2021).

<sup>8</sup> This brief uses “people of color” to refer to Black and Latinx

*all* aspects of the birthing process.

Abortion restrictions like Mississippi's 15-week ban do not exist in a vacuum. Instead, preexisting societal inequities exacerbate these restrictions' burdens on marginalized people. A formal right to abortion means nothing if pregnant people cannot afford it, lack insurance, cannot miss work for a doctor's appointment, lack a car or public transportation, or live far from the nearest abortion provider. These burdens are even heavier for LGBTQ+ people, Black people, and other people of color, who often struggle to find non-stigmatizing care.

This brief focuses on Black and Brown people, as well as disabled, low-income, Indigenous, and LGBTQ+ people living in Mississippi and Louisiana. Members of these communities already have difficulty accessing reproductive care because of racial and socioeconomic structural barriers. The reproductive autonomy of Black and Brown people, for instance, is intensely intertwined with, and limited by, the socioeconomic consequences of racial oppression. Mississippi's 15-week ban prohibits abortions well before fetal viability. If upheld, it will deny marginalized people their reproductive autonomy by forcing them to bear children and risk physical and mental harm and significant economic burden or face the risk of criminal penalty. This infringement will not be limited to marginalized

---

people, Asians and Pacific Islanders, and Indigenous people. *Amici* use the term to capture the experiences of all non-white people, but also acknowledge that each of these populations experiences unique barriers to access and distinct challenges.

people in Mississippi or Louisiana—marginalized people across the country will suffer if the 15-week ban is upheld and laws like it proliferate nationwide.

Because abortion access is a fundamental right that marginalized people already cannot fully exercise, and because previability abortion bans would deny marginalized people this right altogether, this Court should affirm the judgment below and strike down the 15-week ban.

## ARGUMENT

### **I. Reproductive Autonomy Is a Fundamental Right Under This Court’s Precedents and International Law.**

For nearly fifty years, this Court has recognized that childbearing people have a constitutional right to decide “whether or not to terminate [their] pregnancy.” *Roe v. Wade*, 410 U.S. 113, 153 (1973); accord *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 846 (1992) (recognizing “the right of the woman to choose to have an abortion before viability”). This previability “right to have an abortion” has been repeatedly reaffirmed. *Whole Woman’s Health v. Hellerstedt*, 136 S. Ct. 2292, 2311 (2016); *June Med. Servs. L.L.C. v. Russo*, 140 S. Ct. 2103, 2129 (2020) (plurality); *id.* at 2135 (Roberts, C.J., concurring in the judgment) (“*Casey* reaffirmed the most central principle of *Roe v. Wade*, a woman’s right to terminate her pregnancy before viability.” (quotation marks omitted)).

This domestic right to reproductive autonomy aligns with international norms. The U.N. Human Rights

Committee has deemed abortion access a basic human right.<sup>9</sup> The European Court of Human Rights, the Inter-American Commission on Human Rights, and the African Commission on Human and Peoples' Rights all agree.<sup>10</sup> The World Health Organization, too, has stressed that “access to comprehensive abortion care” and “the necessary information to make an informed decision about their reproductive health, rights, bodies and futures” are indispensable.<sup>11</sup>

International treaty bodies have gone further, requiring *effective* access to abortion. The U.N. Human Rights Committee has urged that member states not only “not introduce new barriers,” but also “remove existing barriers that deny effective access” to “safe and legal abortion.”<sup>12</sup> And the Office of the High Commissioner has stressed that countries must not impose retrogressive measures that would

---

<sup>9</sup> See U.N. Hum. Rts. Comm., *Gen. Comment No. 36 (2018) on Article 6 of the International Covenant on Civil and Political Rights*, U.N. Doc. CCPR/C/GC/36 (Oct. 30, 2018), [https://tbinter.net.ohchr.org/Treaties/CCPR/Shared%20Documents/1\\_Global/CCPR\\_C\\_GC\\_36\\_8785\\_E.pdf](https://tbinter.net.ohchr.org/Treaties/CCPR/Shared%20Documents/1_Global/CCPR_C_GC_36_8785_E.pdf) [hereinafter U.N. Comment No. 36].

<sup>10</sup> Johanna B. Fine et al., *The Role of International Human Rights Norms in the Liberalization of Abortion Laws Globally*, 19 *Health & Hum. Rts.* 69 (2017), <https://www.hhrjournal.org/2017/06/the-role-of-international-human-rights-norms-in-the-liberalization-of-abortion-laws-globally/>.

<sup>11</sup> World Health Org., *International Safe Abortion Day* (Sept. 28, 2020), <https://www.who.int/news/item/28-09-2020-international-safe-abortion-day>.

<sup>12</sup> U.N. Comment No. 36, *supra* note 9, ¶8.

disproportionately limit access to reproductive care, meaning they must ensure abortions remain available to “[t]hose living in poverty, in rural areas, with disabilities, as well as migrant and indigenous [people] and those belonging to ethnic minorities.”<sup>13</sup> The United Nations has called on specific member states to amend legislation, eliminate criminal penalties, and provide financial support for those seeking abortions.<sup>14</sup> The Human Rights Committee has also repeatedly held that laws forcing people to travel to foreign jurisdictions for abortions or reproductive care constitute cruel and inhumane treatment.<sup>15</sup>

While the international consensus has generally shifted from permitting abortion in limited instances to embracing a broader principle of access to “comprehensive reproductive health services,”<sup>16</sup> the United States has swung in the opposite direction. Recent proposed laws in the United States are among

---

<sup>13</sup> U.N. Hum. Rts. Off. of High Comm’r, *International Safe Abortion Day: September 28, 2019* (Sept. 27, 2019), <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25066&LangID=E>; see also CESCR, *Gen. Comment 22, Article 12 of the International Covenant on Economic, Social and Cultural Rights*, ¶38, U.N. Doc E/C.12/GC/22 (2016).

<sup>14</sup> *E.g.*, Hum. Rts. Comm., *Concluding Observations: The Former Yugoslav Republic of Macedonia*, ¶11, U.N. Doc. CCPR/C/MKD/CO/3 (2015); CEDAW Comm., *Concluding Observations: Hungary*, ¶31(c), U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013).

<sup>15</sup> See, e.g., *Whelan v. Ireland*, Hum. Rts. Comm., ¶¶7.3-7.7, 8, U.N. Doc. CCPR/C/119/D/2425/2014 (2017).

<sup>16</sup> Fine et al., *supra* note 10.

“the most restrictive abortion laws in the world.”<sup>17</sup> Indeed, international bodies have repeatedly criticized this country’s approach to abortion restrictions. In 2019, the U.N. expressed “concern[] that several U.S. states have passed laws severely restricting access to safe abortion,” noting that these laws “jeopardiz[e] the life, health and safety” of those affected and are “inherently discriminatory.”<sup>18</sup> A year later, the U.N. Working Group on Discrimination against Women and Girls criticized several U.S. states for “manipulating the [COVID-19] crisis to severely restrict” reproductive access, joining a “pattern of restrictions and retrogressions in access to legal abortion care across the country.”<sup>19</sup>

Because of its tolerance of state laws that deny effective abortion access, the United States is already out of step with its international partners. Overturning this Court’s longstanding recognition of the right to previability abortion would not only violate international human rights principles; it would cement the United States’ solitary position abroad.

---

<sup>17</sup> Rachel B. Vogelstein & Rebecca Turkington, *Abortion Law: Global Comparisons*, Council on Foreign Rels. (Oct. 28, 2019), <https://www.cfr.org/article/abortion-law-global-comparisons>.

<sup>18</sup> Cecile Mantovani, *U.S. Must Ensure Access to Safe Abortions*, Reuters (May 21, 2019), <https://www.reuters.com/article/us-usa-abortion-un/u-s-must-ensure-access-to-safe-abortions-u-n-rights-office-idUSKCN1SR113>.

<sup>19</sup> U.N. Hum. Rts. Council, *United States: Authorities Manipulating COVID-19 Crisis to Restrict Access to Abortion, Say UN Experts* (May 27, 2020), <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25907&LangID=E>.



**II. People of Color and Other Marginalized People in Mississippi and Louisiana Already Face Barriers to Fully Realizing Their Right to Reproductive Autonomy.**

Mississippi's and Louisiana's rates of racial and socioeconomic inequality are among the highest in the country. As a consequence, a constellation of factors erects serious barriers to marginalized people's access to quality reproductive care in these States.

**A. Mississippi and Louisiana Have Long Sought to Control the Bodies of Marginalized People—Black Women in Particular.**

Mississippi's and Louisiana's histories illustrate that the 15-week ban is firmly rooted in these States' long and ugly traditions of denying people of color their reproductive autonomy.

*First*, Mississippi and Louisiana share a sordid history of enslaving Black people, and thus of controlling Black women's bodies.<sup>20</sup> As the district court recognized, the 15-week ban follows from that history, reflecting a State "bent on controlling women and

---

<sup>20</sup> When discussing socioeconomic studies or historical sources, this brief mirrors the language used in that scholarship. These sources generally document the impact of certain policies on cisgender women, and compare men and women, without acknowledging Trans and nonbinary individuals. *Amici* stress that people of all gender identities can become pregnant; where data exists for Trans and nonbinary individuals, *amici* have included that information.

minorities.” *Jackson Women’s Health Org. v. Currier*, 349 F. Supp. 3d 536, 540 n.22 (S.D. Miss. 2018).

Scholars have long recognized that slavery was forcefully and violently built not only on Black people’s physical labor, but also on forced child-bearing. Indeed, “mandatory motherhood and loss of control over one’s reproductive capacities were partially *constitutive* of slavery for most black women of childbearing age.”<sup>21</sup> Enslaved people “had no right even in theory to avoid pregnancy through abstinence; they were often raped with impunity, by their masters and others.”<sup>22</sup> Slavery required “sexual domination and reproductive exploitation.”<sup>23</sup> Control over Black women’s bodies was therefore critical to slavery’s perpetuation.

This control did not end with slavery’s demise, however. Mississippi and Louisiana have also exerted control over Black and poor people’s bodies by *preventing* them from bearing children. In the 1960s, Mississippi subjected Black women to mass forcible sterilization. In one county alone, 60% of Black women were sterilized without their consent or knowledge when they went into the hospital for routine

---

<sup>21</sup> Andrew Koppelman, *Forced Labor, Revisited: The Thirteenth Amendment and Abortion* at 14 (Jan. 29, 2010), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=1544503](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1544503).

<sup>22</sup> *Id.*

<sup>23</sup> Pamela D. Bridgewater, *Un/Re/Dis Covering Slave Breeding in Thirteenth Amendment Jurisprudence*, 7 Wash. & Lee J. C.R. & Soc. Just. 11, 12 (2001).

procedures.<sup>24</sup> The “Mississippi appendectomy,” as it was known, kept thousands of women—nearly all Black and low-income—from bearing children, against their will.<sup>25</sup> In the 1990s, the Mississippi Legislature contemplated conditioning receipt of welfare benefits for children on the mother’s use of a contraceptive device that would render her sterile for three to five years.<sup>26</sup> More recently still, in 2008, Louisiana State Representative John LaBruzzo proposed paying low-income women \$1,000 to undergo sterilization, to “reduce the number of people that are going from generational welfare to generational welfare”<sup>27</sup>—necessary, he claimed, because hurricane victims “felt they were entitled to say ‘Give me, give me.’”<sup>28</sup>

Notwithstanding that history shows that *states* have engaged in forcible sterilization campaigns, abortion’s

---

<sup>24</sup> PBS, *Freedom Summer: Fannie Lou Hamer*, <https://www.pbs.org/wgbh/americanexperience/features/freedomsummer-hamer/> (last visited Sept. 10, 2021).

<sup>25</sup> *Id.*

<sup>26</sup> Rachel Benson Gold, *Guarding Against Coercion While Ensuring Access: A Delicate Balance*, 17 *Guttmacher Pol’y Rev.* 8, 10 (Summer 2014), [https://www.guttmacher.org/sites/default/files/article\\_files/gpr170308.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr170308.pdf).

<sup>27</sup> Mark Waller, *LaBruzzo Considering Plan to Pay Poor Women \$1,000 to Have Tubes Tied*, NOLA.com (Sept. 24, 2008), [https://www.nola.com/news/article\\_167c97c7-7cbb-57eb-b6da-bc4ea0f8deb7.html](https://www.nola.com/news/article_167c97c7-7cbb-57eb-b6da-bc4ea0f8deb7.html).

<sup>28</sup> Marcus Baram, *Pol Suggests Paying Poor Women to Tie Tubes*, ABC News (Sept. 25, 2008), <https://abcnews.go.com/US/story?id=5886592&page=1>.

opponents insist that eugenics follows from the individual right to choose to have an abortion.<sup>29</sup> But abortion's central promise is *autonomy*—the ability to control one's own body and destiny. *Casey*, 505 U.S. at 851. Autonomy is anathema to the very concept of eugenics, which advocates for stripping individuals of the ability to make their own reproductive decisions.<sup>30</sup> Indeed, eugenics has modern-day parallels not in abortion, but in laws like the 15-week ban, which would force people to carry pregnancies to term against their will.<sup>31</sup>

*Second*, Mississippi and Louisiana both enforce outdated notions of gender and racial roles. Contraception and abortion access are necessary for childbearing people to enjoy true autonomy. But Mississippi and Louisiana have made clear that full political, economic, and social equality for people of all genders—let alone for people of color—is not their objective.

Mississippi has consistently lagged behind the rest of the nation in embracing gender equality. Mississippi not

---

<sup>29</sup> See, e.g., Brief for African-American, Hispanic, Roman Catholic and Protestant Religious and Civil Rights Organizations and Leaders as Amici Curiae Supporting Petitioners; *Box v. Planned Parenthood of Ind. & Ky., Inc.*, 139 S. Ct. 1780, 1783 (2019) (Thomas, J., concurring).

<sup>30</sup> Cynthia Soohoo, *Reproductive Justice and Transformative Constitutionalism*, 42 *Cardozo L. Rev.* 819, 850-51 (2021).

<sup>31</sup> See Murray, *supra* note 7, at 2090-93.

only refused to ratify the Nineteenth Amendment in 1920, but was one of only two states to bar women from voting in the November 1920 election.<sup>32</sup> Mississippi, moreover, did not ratify the Nineteenth Amendment until 1984—the very last state to do so<sup>33</sup>—and did so only while also refusing to ratify the Equal Rights Amendment.<sup>34</sup> Moreover, Mississippi was one of the last two states to “completely and absolutely exclude[e] women from jury service.” *State v. Hall*, 187 So. 2d 861, 870 (Miss. 1966) (Ethridge, C.J., dissenting). The Mississippi Supreme Court deemed this statute permissible “so [women] may continue their service as mothers, wives, and homemakers, and also to protect them ... from the filth, obscenity, and noxious atmosphere that so often pervades a courtroom during a jury trial.” *Id.* at 863 (majority opinion).

Louisiana fares no better on this front. From its inception, Louisiana’s civil code established that “women are by their sex alone, rendered incapable of various civil engagements and functions.”<sup>35</sup> Some version of these limitations on women’s “capacity”

---

<sup>32</sup> Marjorie Julian Spruill & Jesse Spruill Wheeler, *Mississippi Women and the Woman Suffrage Amendment*, Miss. Hist. Now (2001), <http://www.mshistorynow.mdah.ms.gov/articles/245/mississippi-women-and-the-women-suffrage-amendment>.

<sup>33</sup> *Id.*

<sup>34</sup> *Id.*

<sup>35</sup> Armantine M. Smith, *The History of the Woman’s Suffrage Movement in Louisiana*, 62 La. L. Rev. 509, 523 (2002).

existed until 1978.<sup>36</sup> Louisiana, too, refused to ratify the Nineteenth Amendment until 1970.<sup>37</sup>

Both States also still celebrate their racist pasts. Biloxi, Mississippi, resisted Martin Luther King Jr. Day until 2018, calling it instead “Great Americans Day.”<sup>38</sup> And in April 2020, Mississippi’s Governor quietly signed a proclamation naming April “Confederate Heritage Month.”<sup>39</sup> Mississippi did not eliminate the Confederate battle flag from its state flag until June 2020.<sup>40</sup> Meanwhile, Baton Rouge, Louisiana, flies a less-well-known Confederate flag outside its public buildings.<sup>41</sup>

---

<sup>36</sup> *Id.* at 530-31.

<sup>37</sup> Nat’l Park Serv., *Louisiana and the 19<sup>th</sup> Amendment*, <https://www.nps.gov/articles/louisiana-and-the-19th-amendment.htm> (last updated July 8, 2020).

<sup>38</sup> Sarah Holder, *Biloxi’s Fight to Celebrate Martin Luther King*, Bloomberg CityLab (Jan. 12, 2018), <https://www.bloomberg.com/news/articles/2018-01-12/how-biloxi-mississippi-finally-got-martin-luther-king-day>.

<sup>39</sup> Donna Ladd, *SCV: Gov. Tate Reeves Proclaimed ‘Confederate Heritage Month’ on April 3*, Jackson Free Press (Apr. 5, 2020), <https://www.jacksonfreepress.com/news/2020/apr/05/scv-gov-tate-reeves-proclaimed-confederate-heritag/>.

<sup>40</sup> Anne Marshall, *Mississippi’s Confederate Flag Is Gone—but a Legacy of White Supremacist Policy Remains*, NBC News: Think (July 1, 2020), <https://www.nbcnews.com/think/opinion/mississippi-s-confederate-flag-gone-legacy-white-supremacist-policy-remains-nca1232690>.

<sup>41</sup> Rebekah Allen, *Different Confederate Flag Flies Across Baton Rouge Public Spaces*, The Advocate (June 25, 2015), [https://www.theadvocate.com/baton\\_rouge/news/article\\_577f2e79-3a35-526f-8d4f-6fc536afd2d2.html](https://www.theadvocate.com/baton_rouge/news/article_577f2e79-3a35-526f-8d4f-6fc536afd2d2.html).

These symbols are not only relics of slavery—they are inextricably tied to slavery’s denial of Black women’s reproductive autonomy.

**B. Background Conditions of Inequality Make Access to Reproductive Care Difficult for Marginalized Communities.**

Many Mississippi and Louisiana residents already struggle to access what little reproductive care exists in those States. Women, people of color, low-income people, Trans and nonbinary people, LGBTQ+ people, immigrants and Indigenous people, and people with disabilities all face unique challenges when seeking affirming, affordable, and high-quality care. These include (1) socioeconomic disparities; (2) inadequate access to healthcare and health outcomes; and (3) inadequate access to paid leave. Even without the 15-week ban, these various challenges place abortion and other reproductive care services out of reach for many.

**(1) Socioeconomic disparities.**

Abortions are not free. An abortion at Jackson Women’s Health runs from \$600 to \$800, and public insurance covers none of it.<sup>42</sup> In Louisiana, the cost varies from \$500 to \$850.<sup>43</sup> Employment, income, and

---

<sup>42</sup> Jackson Women’s Health Org., *Fee Schedule*, <https://jackson.womenshealth.com/fee-schedule/> (last visited Sept. 14, 2021); Miss. Code Ann. §41-41-91.

<sup>43</sup> Lift La., *Abortion Information and Resources*, <https://lift.louisiana.org/content/abortion-information-and-resources> (last

housing—all inextricably linked—are therefore central to an individual’s ability to access reproductive care.

Marginalized people in Mississippi and Louisiana are disproportionately likely to live in poverty—30.5% of Black Mississippi residents<sup>44</sup> and 21.1% of Mississippi women<sup>45</sup> live below the federal poverty level, as do 29.4% of Black Louisiana residents<sup>46</sup> and 20% of Louisiana women.<sup>47</sup> In Louisiana, 31.3% of Black and 25.4% of Hispanic women live below the poverty line, as do 34.7% of Black, 32% of Hispanic, and 32.6% of Native American women in Mississippi.<sup>48</sup> Entrenched institutional racism and sexism contribute to lower wages and workplace discrimination, educational disparities, and disproportionate rates of houselessness in these States.

---

visited Sept. 14, 2021).

<sup>44</sup> KFF, *Poverty Rate by Race/Ethnicity* (2019), <https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>45</sup> KFF, *State Profiles for Women’s Health [Miss.]* (Jan. 15, 2021), <https://www.kff.org/interactive/womens-health-profiles/?activeState=Mississippi&activeCategoryIndex=0&activeView=data>.

<sup>46</sup> KFF, *supra* note 44.

<sup>47</sup> KFF, *State Profiles for Women’s Health [La.]* (Jan. 15, 2021), <https://www.kff.org/interactive/womens-health-profiles/?activeState=Louisiana&activeCategoryIndex=0&activeView=data>.

<sup>48</sup> Inst. for Women’s Pol’y Rsch. et al., *The Status of Black Women in the United States* 66 (2017), <https://iwpr.org/wp-content/uploads/2020/08/The-Status-of-Black-Women-6.26.17.pdf> [hereinafter *Status of Black Women*].



*Wages and Discrimination.* In both Mississippi and Louisiana, the median Black woman earns just \$25,000 annually—the lowest in the nation.<sup>49</sup> Louisiana also boasts the largest disparity between Black women’s earnings and white men’s earnings (with Mississippi tied for second place).<sup>50</sup> Hispanic women in these two States have similarly low incomes.<sup>51</sup> Mississippi and Louisiana also have among the lowest rates of female labor market participation, at 54.4% and 56.2%, respectively.<sup>52</sup> These numbers are exacerbated by the fact that in both States, Black women are more likely than average to be living with a disability.<sup>53</sup> The median annual income for individuals with disabilities is over \$10,000 less than it is for individuals with no disability, even leaving aside race, ethnicity, and gender.<sup>54</sup>

Nationwide, LGBTQ people pay a harsh wage penalty, with 15% of Trans people reporting a household income of under \$10,000 per year (compared to 4% of the general population) and 35% of LGBTQ people reporting

---

<sup>49</sup> *Id.* at 23.

<sup>50</sup> Andrea Flynn, *It Takes Black Women in the U.S. 20 Months to Earn What White Men Make in a Year*, Time (Aug. 22, 2019), <https://time.com/5655678/black-womens-equal-pay-day-history/>.

<sup>51</sup> *Status of Black Women*, *supra* note 48, at 40.

<sup>52</sup> *Id.* at 39.

<sup>53</sup> *Id.* at 62 (17.7% of Black women and 28.2% of Native American women in Louisiana; 19.4% of Black women and 26.8% of Native American women in Mississippi).

<sup>54</sup> Am. Psych. Ass’n, *Disability & Socioeconomic Status* (2010), <https://www.apa.org/pi/ses/resources/publications/disability>.

wages below \$24,000.<sup>55</sup> Between 13% and 47% of Trans employees have reported being wrongly terminated or denied employment, and 78% of Trans employees have reported harassment or discrimination on the job.<sup>56</sup>

*Educational Disparities.* Lower rates of high school and college graduation for women and people of color in Mississippi and Louisiana also contribute to income disparities. Nationally, 14.4% of Black women, 17% of Native women, and 33.2% of Hispanic women have not received a high school diploma.<sup>57</sup> Both Mississippi and Louisiana, moreover, rank in the bottom third of states for Black women's rates of bachelor's degrees.<sup>58</sup> Just 16.8% of Black women and 21.5% of Hispanic women in Louisiana, and 18.5% of Black women and 14.9% of Hispanic women in Mississippi have a Bachelor's degree or higher.<sup>59</sup> And while no comprehensive data exists on college graduation rates for Trans students, one study shows that up to 24% of Trans adults report being harassed while in college, with 16% leaving as a result.<sup>60</sup>

---

<sup>55</sup> Ctr. for Am. Progress, *Paying an Unfair Price* 3-4 (Feb. 2015), <https://www.lgbtmap.org/file/paying-an-unfair-price-transgender.pdf>.

<sup>56</sup> *Id.*

<sup>57</sup> *Status of Black Women*, *supra* note 48, at 72.

<sup>58</sup> *Id.* at 71.

<sup>59</sup> *Id.* at 84.

<sup>60</sup> Abbie E. Goldberg, *Transgender Students in Higher Education*, UCLA Sch. of L. Williams Inst. (Aug. 2018), <https://williamsinst>

Educational inequality is closely linked to wages and employment,<sup>61</sup> and so indirectly linked to abortion access. It is also directly linked to incidence of abortion: Women without a high school degree and women with no college education were most likely to seek an abortion, while women with college degrees were least likely.<sup>62</sup>

**Housing.** These educational and wage inequities in turn work together to create disproportionate rates of homelessness among marginalized communities. One study shows that nearly 57.7% of Black and 44.9% of Hispanic renters in Louisiana struggle to make rent.<sup>63</sup> Trans people are also disproportionately likely to face housing insecurity, with roughly 19% of Trans and gender nonconforming people (up to 41% if they are Black) experiencing homelessness at some point.<sup>64</sup>

---

itute.law.ucla.edu/publications/trans-students-higher-education/.

<sup>61</sup> Elka Torpey, *Measuring the Value of Education*, U.S. Bureau of Labor Stat. (Apr. 2018), [https://www.bls.gov/careeroutlook/2018/data-on-display/education-pays.htm?view\\_full](https://www.bls.gov/careeroutlook/2018/data-on-display/education-pays.htm?view_full).

<sup>62</sup> Rachel K. Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014*, 107 Am. J. Pub. Health 1904, 1906 (Dec. 2017), <https://pubmed.ncbi.nlm.nih.gov/29048970/>.

<sup>63</sup> Nick Sorrells, *The State of Housing in Louisiana*, La. Hous. All. 16 (2015), <https://www.naceda.org/assets/State-of-Housing-in-Louisiana-2015.pdf>.

<sup>64</sup> Jamie M. Grant et al., *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, Nat'l Gay & Lesbian Task Force & Nat'l Ctr. for Transgender Equality 112 (2011), [https://www.thetaskforce.org/wp-content/uploads/2019/07/ntds\\_full.pdf](https://www.thetaskforce.org/wp-content/uploads/2019/07/ntds_full.pdf)

People with disabilities are also disproportionately likely to experience housing insecurity, comprising an estimated 24% of all houseless people nationwide.<sup>65</sup>

Houselessness, in turn, is directly tied to poor health outcomes.<sup>66</sup> It also increases the need for access to reproductive care, specifically: One study showed that roughly 19% of abortions at a specific clinic were sought by people experiencing houselessness, and abortion-seekers experiencing houselessness were more likely to experience complications.<sup>67</sup>

## (2) Access to healthcare.

Marginalized people in Mississippi and Louisiana lack access to healthcare services and comprehensive sexual education, and often have poorer health outcomes—realities that make access to reproductive care for these communities all the more essential, while perversely placing such care out of their reach.

---

<sup>65</sup> U.S. Interagency Council on Homelessness, *Homelessness in America* 1 (Aug. 2018), [https://www.usich.gov/resources/uploads/asset\\_library/Homelessness-in-America-Focus-on-chronic.pdf](https://www.usich.gov/resources/uploads/asset_library/Homelessness-in-America-Focus-on-chronic.pdf).

<sup>66</sup> Ctrs. for Disease Control & Prevention, *Homelessness as a Public Health Law Issue: Selected Resources* (Mar. 2017), <https://www.cdc.gov/php/publications/topic/resources/resources-homelessness.html#:~:text=Homelessness%20is%20closely%20connected%20to,%20tuberculosis%20and%20other%20conditions.>

<sup>67</sup> Megan S. Orlando et al., *Homelessness, Housing Instability, and Abortion Outcomes at an Urban Abortion Clinic in the United States*, 223 *Am. J. Ob.-Gyn.* 892 (2020), <https://pubmed.ncbi.nlm.nih.gov/32640198/>.

*Systems and Providers.* Given the lack of public funding for abortion, health insurance is vital for many people seeking abortions. But in Mississippi and Louisiana, women of color are significantly less likely than white women to have health insurance.<sup>68</sup> As of 2010, women of all races made up 63% and 67%, respectively, of adult Medicaid recipients in Mississippi and Louisiana,<sup>69</sup> and 37.6% of Mississippi's and 47.4% of Louisiana's Black residents were on Medicaid.<sup>70</sup> But in both States, physicians are less likely to accept new patients on Medicaid as opposed to private insurance.<sup>71</sup> Moreover, both Mississippi and Louisiana have fewer

---

<sup>68</sup> *Status of Black Women*, *supra* note 48, at 83. In Mississippi, 55.2% of Hispanic, 75.3% of Black, and 55.5% of Native American women have health insurance, as opposed to 80.7% of white women. *Id.* In Louisiana, 56.6% of Hispanic, 72.3% of Black, and 76.2% of Native American women have health insurance, as opposed to 82.3% of white women. *Id.*

<sup>69</sup> Nat'l Women's L. Ctr., *Women and Medicaid in Mississippi* (2010), [https://nwlc.org/wp-content/uploads/2015/08/mississippi.medicaid\\_1.pdf](https://nwlc.org/wp-content/uploads/2015/08/mississippi.medicaid_1.pdf); Nat'l Women's L. Ctr., *Women and Medicaid in Louisiana* (2010), <https://www.nwlc.org/sites/default/files/pdfs/Louisiana.Medicaid.pdf>.

<sup>70</sup> KFF, *Medicaid Coverage Rates for the Nonelderly by Race/Ethnicity* (2019), <https://www.kff.org/medicaid/state-indicator/non-elderly-medicaid-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>71</sup> MACPAC, FactSheet: *Physician Acceptance of New Medicaid Patients* 7 (June 2021), <https://www.macpac.gov/wp-content/uploads/2021/06/Physician-Acceptance-of-New-Medicaid-Patients-Findings-from-the-National-Electronic-Health-Records-Survey.pdf>.

public transportation options than other States,<sup>72</sup> meaning that, even if patients can afford to see a doctor, those without a car may struggle to physically access healthcare. Black, Latinx, and Native American households are less likely to have a car than white households in both Louisiana<sup>73</sup> and Mississippi.<sup>74</sup>

People with disabilities nationwide face unique challenges in accessing reproductive and other health services.<sup>75</sup> These challenges include financial and logistical barriers, as well as physicians' stereotypes about disabilities and lack of training on how to meet disabled individuals' basic medical needs.<sup>76</sup> Undocumented immigrants also face significant obstacles when seeking healthcare. 45% of undocumented immigrants are uninsured, as they are not eligible for Medicaid or Medicare and often work jobs without workplace health

---

<sup>72</sup> U.S. News & World Rep., *Transportation Rankings*, <https://www.usnews.com/news/best-states/rankings/infrastructure/transportation> (last visited Sept. 10, 2021) (ranking Louisiana and Mississippi 44th and 47th, respectively, in national public transit usage).

<sup>73</sup> Nat'l Equity Atlas, *Car Access: United States vs. Louisiana*, [https://nationalequityatlas.org/indicators/Car\\_access#/?geo\\_compare=0200000000022000](https://nationalequityatlas.org/indicators/Car_access#/?geo_compare=0200000000022000) (last visited Sept. 10, 2021).

<sup>74</sup> Nat'l Equity Atlas, *Car Access: United States vs. Mississippi*, [https://nationalequityatlas.org/indicators/Car\\_access#/?geo\\_compare=0200000000028000](https://nationalequityatlas.org/indicators/Car_access#/?geo_compare=0200000000028000) (last visited Sept. 10, 2021).

<sup>75</sup> Nat'l Council on Disability, *The Current State of Health Care for People with Disabilities* 9 (2009), <https://files.eric.ed.gov/fulltext/ED507726.pdf>.

<sup>76</sup> *Id.* at 10.

plans.<sup>77</sup> Many undocumented immigrants are also reluctant to seek healthcare for fear of immigration consequences.<sup>78</sup>

LGBTQ+ people also struggle to access competent care due to pervasive stigma. In Mississippi, only 7% of LGBTQ residents “strongly agree[d]” that their doctors were knowledgeable about LGBTQ health issues; only another 20% agreed.<sup>79</sup> Nationwide, 28% of Trans people have reported experiencing harassment in medical settings, and as many as 50% of Trans people reported seeing a doctor lacking in basic knowledge of transgender healthcare.<sup>80</sup> One study reports that just 23% of abortion clinics provide transgender-specific reproductive care.<sup>81</sup>

---

<sup>77</sup> Samantha Artiga & Maria Diaz, *Health Coverage and Care of Undocumented Immigrants*, KFF 3-4 & fig.2 (July 15, 2019), <https://www.kff.org/disparities-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/>.

<sup>78</sup> Nat’l Latina Inst. for Reproductive Health and PerryUndem Rsch./Comme’n, *Latina/o Voters’ Views & Experiences Around Reproductive Health Care* 6 (2018), [https://latinainstitute.org/sites/default/files/NLIRH%20Polling%20Press%20Kit\\_ENG\\_11.1.18.pdf](https://latinainstitute.org/sites/default/files/NLIRH%20Polling%20Press%20Kit_ENG_11.1.18.pdf).

<sup>79</sup> Izzy Pellegrine et al., *Mississippi LGBTQ Study* 13 (Mar. 2019), [https://lgbtqfundms.org/wp-content/uploads/2019/09/SurveyNA\\_FinalReport.pdf](https://lgbtqfundms.org/wp-content/uploads/2019/09/SurveyNA_FinalReport.pdf).

<sup>80</sup> Grant et al., *supra* note 64, at 74-76.

<sup>81</sup> Rachel K. Jones et al., *Transgender Abortion Patients and the Provision of Transgender-Specific Care at Non-Hospital Facilities that Provide Abortions*, Guttmacher Inst. (Jan. 18, 2020), <https://www.guttmacher.org/article/2020/01/transgender-abortion-patient>

The proliferation of crisis pregnancy centers cannot mitigate these deficiencies.<sup>82</sup> If anything, crisis pregnancy centers compound the obstacles to reproductive care marginalized people face. Although crisis pregnancy centers purport to provide free medical services and counseling<sup>83</sup>—targeting low-income people and people of color in particular<sup>84</sup>—the services they offer are not medical care. These centers are not subject to any medical standards, refuse to refer pregnant people to abortion services and, with the help of unlicensed volunteers wearing misleading white lab coats, provide faux-counseling designed to promote abstinence and stigmatize abortion.<sup>85</sup> Far from decreasing the need for comprehensive reproductive care, crisis pregnancy centers are simply one more obstacle to marginalized people’s timely access to affirming and medically appropriate care.

*Sexual Health Education and Contraception.*

Both Mississippi and Louisiana have high rates of unintended pregnancies, largely due to inadequate contraception access and sexual education. In 2010,

---

s-and-provision-transgender-specific-care-non-hospital.

<sup>82</sup> *Contra* Brief for Heartbeat Int’l, Inc., as Amicus Curiae Supporting Petitioners.

<sup>83</sup> *Id.* at 4.

<sup>84</sup> Amy G. Bryant & Jonas J. Swartz, *Why Crisis Pregnancy Centers Are Legal but Unethical*, 20 *AMA J. Ethics* 269, 270-71 (2018), <https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03>.

<sup>85</sup> *Id.*



Mississippi tied for the highest national rate of unintended pregnancies as a percentage of all pregnancies in the State—62%—with Louisiana close behind at 60%.<sup>86</sup> Nationwide, Black teens are twice as likely as white teens to have an unintended pregnancy.<sup>87</sup>

Louisiana does not require sexual health education in schools.<sup>88</sup> Mississippi began mandating sex education in 2011, but permits districts to adopt an “abstinence-only” curriculum to satisfy this requirement, which 81 of 151 districts chose.<sup>89</sup> Moreover, neither Mississippi nor Louisiana meets the public need for contraceptive services. In Louisiana, as of 2014, just 15% of those in need of publicly-funded contraception can obtain it; in Mississippi, the percentage is 28% (down precipitously from 62% in 2001).<sup>90</sup> These failings leave these States’

---

<sup>86</sup> Kathryn Kost, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002*, Guttmacher Inst. at 8 (2015), [https://www.guttmacher.org/sites/default/files/report\\_pdf/stateup10.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/stateup10.pdf).

<sup>87</sup> Guttmacher Inst., *Unintended Pregnancy in the United States* (Jan. 2019), <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.

<sup>88</sup> Lift La., *Sexual Health Education*, <https://liftlouisiana.org/issues/sexual-health-education> (last visited Sept. 10, 2021).

<sup>89</sup> SIECUS, *Sexuality Education in Mississippi* 3 (Feb. 2014), <https://siecus.org/wp-content/uploads/2018/07/Sexuality-Education-in-Mississippi-Progress-in-the-Magnolia-State.pdf>.

<sup>90</sup> Jennifer J. Frost et al., *Contraceptive Needs and Services, 2014 Update*, Guttmacher Inst. tbl. 9 (2016), [https://www.guttmacher.org/sites/default/files/report\\_pdf/contraceptive-needs-and-services-2014\\_1.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf).

low-income populations—particularly their youth—vulnerable to unintended pregnancies.

***Health Outcomes.*** That communities of color experience markedly worse health outcomes—even when controlling for education and income—is well-documented. Black women are significantly less likely than other women to receive prompt, informed, non-stigmatizing, and consistent prenatal care, making Black women significantly more likely to experience a pregnancy-related injury or death.<sup>91</sup>

Mississippi and Louisiana lead the nation in infant mortality rates, at 9.07 and 8.07 deaths per 1,000 live births, respectively.<sup>92</sup> Those numbers are starkly unequal across races—the infant mortality rate for Black children is 12 and 12.4 deaths per 1,000 in Louisiana and Mississippi, respectively.<sup>93</sup> Mississippi also ranks 49th in the nation in maternal mortality, with 155 deaths per 100,000 births.<sup>94</sup> In Mississippi, Black

---

<sup>91</sup> Linda Goler Blount et al., *Maternal Health and Black Women, in In Our Own Voice, Our Bodies, Our Lives, Our Voices* 51, 52 (June 2017), [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf).

<sup>92</sup> Ctrs. for Disease Control & Prevention, *Infant Mortality Rates by State*, [https://www.cdc.gov/nchs/pressroom/sosmap/infant\\_mortality\\_rates/infant\\_mortality.htm](https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm) (page last reviewed Mar. 12, 2021).

<sup>93</sup> *Status of Black Women*, *supra* note 48, at 113.

<sup>94</sup> United Health Found., *America's Health Rankings: Mississippi* (2020), [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/overall\\_hwc\\_2020/state/MS](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/overall_hwc_2020/state/MS). Louisiana is close behind, ranked 43rd. United Health Found., *America's*

women are nearly three times likelier to die in childbirth than white women,<sup>95</sup> while in Louisiana Black women are 2.2 times likelier.<sup>96</sup>

Finally, both Mississippi and Louisiana have threatened to use the COVID-19 pandemic to further restrict abortion access. As Black people are dying of COVID-19 at disproportionate rates in both States,<sup>97</sup> Mississippi's governor threatened to use the pandemic to justify banning abortions, and Louisiana indeed restricted abortion access—despite the *increased* need for medical care when pregnant and ill.<sup>98</sup>

---

*Health Rankings: Louisiana* (2020), [https://www.americanhealthrankings.org/explore/health-of-women-and-children/measure/overall\\_hwc\\_2020/state/la](https://www.americanhealthrankings.org/explore/health-of-women-and-children/measure/overall_hwc_2020/state/la).

<sup>95</sup> Miss. State Dep't of Health, *Mississippi Maternal Mortality Report 2013-2016* 12 (2019), [https://msdh.ms.gov/msdhsite/\\_static/resources/8127.pdf](https://msdh.ms.gov/msdhsite/_static/resources/8127.pdf).

<sup>96</sup> Jia Benno et al., *Louisiana Pregnancy-Associated Mortality Review, 2017 Report* 11 (2020), [https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2017\\_PAMR\\_Report\\_FINAL.pdf](https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2017_PAMR_Report_FINAL.pdf).

<sup>97</sup> Miss. State Dep't of Health, *Mississippi COVID-19 Data Charts and Maps*, [https://msdh.ms.gov/msdhsite/\\_static/14,0,420,873.html#pregnancy](https://msdh.ms.gov/msdhsite/_static/14,0,420,873.html#pregnancy); La. Dep't of Health, *COVID-19 Information*, <https://ldh.la.gov/index.cfm/page/4065>.

<sup>98</sup> La. Dep't of Health, *Healthcare Facility Notice* (Mar. 21 2020), <https://ldh.la.gov/assets/oph/Coronavirus/resources/providers/LDH-UPDATED-Notice-Med-Surg-Procedures32120.pdf>; Giacomo Bologna & Alissa Zhu, *Mississippi Gov. Tate Reeves: Abortions Must be Cancelled During Coronavirus Pandemic*, Miss. Clarion Ledger (Mar. 25, 2020), <https://www.clarionledger.com/story/news/politics/2020/03/24/mississippi-gov-abortion-must-halt>

All told, many marginalized people in Mississippi and Louisiana face barriers to healthcare—particularly reproductive healthcare—leading to stark race-, gender-, and class-based health disparities.

### (3) Access to paid leave.

Paid leave is necessary for families' financial and physical well-being. It fosters children's development and educational success; saves income; allows for continued employment; and decreases the rate of maternal mortality.<sup>99</sup> But marginalized people's access to this resource is often limited. Nationally, people of color are significantly less likely to have access to paid parental leave, with 40.8% of Black and 23.2% of Hispanic employees having access, compared to 47.4% of white employees.<sup>100</sup>

Thus, for many marginalized people in Mississippi and Louisiana, missing work to care for family members or for themselves is not a viable option. This, too, hinders their access to meaningful health services and reproductive care. Studies show that people without

---

ed-during-coronavirus-pandemic/2909422001/.

<sup>99</sup> La. Women's Policy & Rsch. Comm'n, *2018 Annual Report 8* (2018), [http://gov.louisiana.gov/assets/docs/LWPRC\\_2018AnnualReportONLINE.pdf](http://gov.louisiana.gov/assets/docs/LWPRC_2018AnnualReportONLINE.pdf).

<sup>100</sup> Ann P. Bartel et al., *Racial and Ethnic Disparities in Access to and Use of Paid Family and Medical Leave*, U.S. Bureau of Labor Stats., (Jan. 2019), <https://www.bls.gov/opub/mlr/2019/article/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm>.

paid sick days are three times more likely to delay or forgo medical care, including reproductive care, and that women frequently cite lost wages as one of the largest obstacles to their seeking an abortion.<sup>101</sup>

The intersection of these factors makes access to quality reproductive care vital yet all the more challenging for many marginalized people in Mississippi and Louisiana.

### **III. Mississippi's 15-Week Ban Will Disproportionately Harm People of Color and Other Marginalized People in Mississippi and Louisiana.**

For many marginalized people in Mississippi and Louisiana, accessing reproductive healthcare is already difficult. If this Court upholds Mississippi's 15-week ban, obstacles to reproductive care in these (and other) states will be insurmountable after 15 weeks. And as other states move to enforce abortion bans, the obstacles will be similarly insurmountable at virtually any stage of pregnancy across large parts of the South and Midwest. The ban would not only deprive all childbearing individuals of their reproductive autonomy, but would cause them physical, emotional, and economic harm.

---

<sup>101</sup> Nat'l P'ship for Women & Families, *Paid Sick Days Enhance Women's Abortion Access and Economic Security* (May 2019), <https://www.nationalpartnership.org/our-work/repro/reports/paid-sick-days-enhance-womens-abortion-access-and-economic-security.html>.

**A. The 15-Week Ban Will Make Accessing Reproductive Care Impossible for Marginalized People in These States.**

Permitting Mississippi and Louisiana to impose previability bans on abortion access would severely constrain marginalized peoples' access to reproductive care in these States. Mississippi and Louisiana are already at the vanguard of restricting abortion access. Even without the 15-week ban, Mississippi's laws require two in-person clinic visits and a 24-hour wait after a consultation to get an abortion<sup>102</sup>; require the dissemination of misleading and sometimes inaccurate medical information<sup>103</sup>; require minors to obtain written parental consent in most instances<sup>104</sup>; and ban telemedicine for abortions.<sup>105</sup> In Louisiana, too, a panoply of laws already limit who can access abortions and how. Louisiana bans abortions after twenty

---

<sup>102</sup> Miss. Code Ann. §41-41-33; *see also id.* §41-41-39 (six months imprisonment, \$1,000 fine, or both for failure to comply).

<sup>103</sup> *Id.* §§41-41-33, -35. This includes informing patients of the risks of breast cancer, *id.* §41-41-33(1)(a)(ii), despite the fact that “studies demonstrate no causal relationship between induced abortion and a subsequent increase in breast cancer risk,” Am. Coll. of Ob.-Gyn., ACOG Comm. Opinion No. 434: *Induced Abortion and Breast Cancer Risk* (June 2009, reaffirmed 2019), <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2009/06/induced-abortion-and-breast-cancer-risk.pdf>.

<sup>104</sup> Miss. Code Ann. §§41-41-31, -51, -53, -55, -57.

<sup>105</sup> *Id.* §41-127-1.

weeks<sup>106</sup> and via telemedicine<sup>107</sup>; requires that physicians providing abortion care give the State a host of information<sup>108</sup>; and requires that physicians conduct ultrasounds even when they have no medical utility,<sup>109</sup> to name just a few.

Both States also restrict abortion access by denying public funding and information. Mississippi has effectively eliminated public funding for abortion outside of certain narrow instances,<sup>110</sup> and the Mississippi Department of Health omits abortion providers from its online list of family planning clinics (despite including several crisis pregnancy centers).<sup>111</sup> Louisiana, too, denies public funding to any organization that performs abortions or provides facilities used for abortions.<sup>112</sup> Louisiana also bars all state employees and agencies from recommending abortions,<sup>113</sup> and prohibits retaliation against physicians and nurses who refuse to assist in performing abortions.<sup>114</sup>

---

<sup>106</sup> La. Stat. Ann. §40:1061.1(E).

<sup>107</sup> *Id.* §40:1061.11.

<sup>108</sup> *Id.* §40:1061.17(B)(3).

<sup>109</sup> *Id.* §40:1061.1.3(A).

<sup>110</sup> Miss. Code Ann. §41-41-91.

<sup>111</sup> Miss. State Dep't of Health, *Informed Consent Resources List* (2020), [https://msdh.ms.gov/msdhsite/\\_static/resources/1426.pdf](https://msdh.ms.gov/msdhsite/_static/resources/1426.pdf).

<sup>112</sup> La. Stat. Ann. §40:1061.6.

<sup>113</sup> *Id.* §40:1061.5.

<sup>114</sup> *Id.* §§40:1061.2, -3.

Moreover, marginalized people in Mississippi and Louisiana already struggle to pay for and locate reproductive care. Access Reproductive Care (ARC)-Southeast, an organization that funds services for those in need of reproductive care, reports that 88% of its Mississippi clients are Black, and 60% lack any insurance at all.<sup>115</sup> Moreover, a full 67% of ARC-Southeast clients in Mississippi report having to travel 25 miles or more to the nearest abortion clinic, with 59% travelling over 50 miles.<sup>116</sup> In Louisiana, 94% of counties (housing 72% of Louisiana women) have no abortion provider,<sup>117</sup> 45% of Louisiana residents live over 50 miles from the nearest clinic, and 1% live over 150 miles.<sup>118</sup>

If the 15-week ban were upheld, people seeking abortions after 15 weeks would be forced to travel outside of these States—travel that marginalized people may not be able to afford—or forgo care entirely. Moreover, neighboring states have followed Mississippi’s lead in pursuing draconian abortion bans.<sup>119</sup>

---

<sup>115</sup> Whitney S. Rice et al., *Sociodemographic and Service Use Characteristics of Abortion Fund Cases from Six States in the U.S. Southeast*, 18 Int’l J. Env’t Rsch. & Pub. Health 3813 (2021).

<sup>116</sup> *Id.* at 7.

<sup>117</sup> Rachel K. Jones et al., *Abortion Incidence & Service Availability in the United States, 2017*, Guttmacher Inst. tbl.4 (2019), [https://www.guttmacher.org/sites/default/files/report\\_pdf/abortion-incidence-service-availability-us-2017.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/abortion-incidence-service-availability-us-2017.pdf).

<sup>118</sup> Advancing New Standards in Reproductive Health, *Abortion Access in Louisiana 2018* at 2, [https://www.ansrh.org/sites/default/files/publications/files/abortion\\_access\\_in\\_louisiana.pdf](https://www.ansrh.org/sites/default/files/publications/files/abortion_access_in_louisiana.pdf).

<sup>119</sup> Texas’s six-week abortion ban has gone into effect. See Sarah



Even if someone in need of an abortion in Mississippi or Louisiana can access a car, take leave from work, and afford care, there simply will be no clinics where they can get the care they need within a day's driving distance.

The clear implication—and indeed, intent—of the 15-week ban is that many childbearing people will be *forced* to carry their pregnancies to term, or seek abortions outside of the medical system.

**B. Restricting Access to Abortion Will Worsen Marginalized People's Health and Financial Outcomes.**

Both potential responses to the 15-week ban, if upheld—bearing a child against one's will, or ending a pregnancy on one's own—carry many risks.

---

McCammon, *What the Texas Abortion Ban Does—And What It Means for Other States*, NPR (Sept. 1, 2021), <https://www.npr.org/2021/09/01/1033202132/texas-abortion-ban-what-happens-next>. This ban means not only that Louisianans and Mississippians will not be able to turn to Texas for abortions, but also that *Texans* will likely need to turn to these States for help. Alabama, which has just three clinics, has also recently enacted a near-total ban. Debbie Elliott & Laurel Wamsley, *Alabama Governor Signs Abortion Ban Into Law*, NPR (May 14, 2019), <https://www.npr.org/2019/05/14/723312937/alabama-lawmakers-passes-abortion-ban>. And Arkansas, with its three clinics, has a pending bill to make abortion a felony in nearly all circumstances. Elizabeth Nash & Sophia Naide, *State Policy Trends at Midyear 2021: Already the Worst Legislative Year Ever for U.S. Abortion Rights*, Guttmacher Inst. (July 2021), <https://www.guttmacher.org/article/2021/07/state-policy-trends-midyear-2021-already-worst-legislative-year-ever-us-abortion>.

Studies show that people forced to carry unwanted pregnancies to term may face increased follow-on risks. Pregnancy and birth, as shown above, pose disproportionately higher health risks for marginalized people,<sup>120</sup> and are associated with chronic pain lasting up to five years after birth.<sup>121</sup> People forced to carry unwanted pregnancies to term are also nearly 400% more likely to have a household income below the poverty level, and 300% more likely to be unemployed.<sup>122</sup> People denied the ability to terminate unwanted pregnancies are also more likely to remain in contact with violent intimate partners,<sup>123</sup> and are likely to suffer from mental, emotional, and physical trauma.<sup>124</sup> Forcing

---

<sup>120</sup> See *supra* pp. 26-27; see also Caitlin Gerdtts et al., *Side Effects, Physical Health Consequences, and Mortality Associated with Abortion and Birth after an Unwanted Pregnancy*, 26 *Women's Health Issues* 55 (2016), <https://pubmed.ncbi.nlm.nih.gov/26576470/>; Isabelle Isaacs-Thomas, *For Many Pregnant Trans People, Competent Medical Care Is Hard to Find*, PBS (May 26, 2021), <https://www.pbs.org/newshour/health/for-many-pregnant-trans-people-competent-medical-care-is-hard-to-find>.

<sup>121</sup> Lauren J. Ralph et al., *Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services*, 171 *Annals Internal Med.* 238 (2019).

<sup>122</sup> See Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, 108 *Am. J. Pub. Health* 407, 407-13 (2018), <https://pubmed.ncbi.nlm.nih.gov/29345993/>.

<sup>123</sup> Sarah C.M. Roberts et al., *Risk of Violence from the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion*, 12 *BMC Med.* 1, 1-7 (2014), <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-014-0144-z>.

<sup>124</sup> Diana Greene Foster et al., *A Comparison of Depression and*

a person to carry an unwanted pregnancy to term, moreover, has negative consequences for that person's children, as they are more likely to live below the poverty line, have lower child development scores, and enjoy poorer maternal bonding.<sup>125</sup>

Forcing a person to travel across state lines to seek an abortion may also have consequences: along with cost, the need to plan travel and the time needed for travel itself may delay care. Delayed access to abortion increases the cost and availability of the procedure considerably.<sup>126</sup>

With a 15-week ban in place, some people may forgo travel and try to terminate their pregnancies outside the medical system. But those who do, and anyone who assists them, may face criminal investigation or

---

*Anxiety Symptom Trajectories Between Women Who Had an Abortion and Women Denied One*, 45 *Psych. Med.* 2073, 2073-82 (2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5004731/>.

<sup>125</sup> Diana Greene Foster et al., *Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children*, 205 *J. Ped.* 183, 183-89 (2019), <https://pubmed.ncbi.nlm.nih.gov/30389101/>; Diana Greene Foster et al., *Comparison of Health, Development, Maternal Bonding, and Poverty Among Children Born After Denial of Abortion vs After Pregnancies Subsequent to an Abortion*, 172 *JAMA Ped.* 1053, 1053-60 (2018), <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2698454>.

<sup>126</sup> Jenna Jerman & Rachel K. Jones, *Secondary Measures of Access to Abortion Services in the United States, 2011 and 2012: Gestational Age Limits, Cost, and Harassment*, 24-4 *Women's Health Issues* e419, e421-22 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4946165/>.

arrest<sup>127</sup>—an outcome that may exacerbate already heightened mass incarceration of marginalized people in Mississippi and Louisiana.<sup>128</sup> Black and Brown people are likely to be disproportionately targeted by these investigations, given the States’ current rates of incarceration. Mississippi and Louisiana currently rank third and first, respectively, in rates of incarceration,<sup>129</sup> and both States disproportionately incarcerate Black people—Black people comprise 67% of Louisiana’s prison population<sup>130</sup> and 62% of Mississippi’s.<sup>131</sup>

Research shows that incarceration has negative mental and physical health consequences for the incarcerated, as well as their family members.<sup>132</sup>

---

<sup>127</sup> See Miss. Code Ann. §97-3-3(1) (up to ten-year penalty for “[a]ny person” who causes someone “to abort or miscarry” outside medical procedures).

<sup>128</sup> See, e.g., Emily Bazelon, *A Mother in Jail for Helping Her Daughter Have an Abortion*, N.Y. Times Mag. (Sept. 22, 2014), <https://www.nytimes.com/2014/09/22/magazine/a-mother-in-jail-for-helping-her-daughter-have-an-abortion.html>.

<sup>129</sup> See Sentencing Project, *State-by-State Data*, <https://www.sentencingproject.org/the-facts/#rankings> (last visited Sept. 14, 2021).

<sup>130</sup> Vera Inst. of Just., *Incarceration Trends in Louisiana* (Dec. 2019), <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-louisiana.pdf>.

<sup>131</sup> Vera Inst. of Just., *Incarceration Trends in Mississippi* (Dec. 2019), <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-mississippi.pdf>.

<sup>132</sup> Christopher Wildeman et al., Commentary, *Health Consequences of Family Member Incarceration for Adults in the Household*, 134 Pub. Health Rep. 15S (May 2019), <https://journals.sagepub.com/doi/>

Exposing marginalized people to arrest, prosecution, and incarceration for self-managing abortions will further devastate their families and communities, threatening to separate families and to render those who are incarcerated ineligible for benefits, child custody, and employment upon release.<sup>133</sup> Even if these investigations do not lead to convictions, the fear of prosecution may deter pregnant people from seeking the care they need, which could lead to worse health outcomes.<sup>134</sup> The charges alone can cause stigma, negative health outcomes, and financial consequences.<sup>135</sup>

If Mississippi's 15-week ban stands, marginalized people with unwanted pregnancies will face negative outcomes, regardless of what they decide to do. If they decide to travel to terminate their pregnancy, they face increased cost and delayed care; if they decide to terminate their pregnancy themselves, they face incarceration, and may not seek needed medical care out of fear of criminal penalty; and if they carry the

---

10.1177/0033354918807974.

<sup>133</sup> Ella Baker Ctr. for Hum. Rts. et al., *Who Pays? The True Cost of Incarceration on Families* (2015), <http://whopaysreport.org/wp-content/uploads/2015/09/Who-Pays-FINAL.pdf>.

<sup>134</sup> See Rebecca Stone, *Pregnant Women and Substance Use*, 3 *Health & Just.* 2-3 (2015).

<sup>135</sup> *E.g.*, Kim Murphy, *Idaho Woman's Case Marks a Key Abortion Challenge*, *L.A. Times* (June 16, 2012), <http://www.latimes.com/archives/la-xpm-2012-jun-16-la-na-idaho-abortion-20120617-story.html>; Editorial, *The Mothers Society Condemns*, *N.Y. Times* (Dec. 28, 2018), <http://www.nytimes.com/interactive/2018/12/28/opinion/abortion-law-poverty.html>.

pregnancy to term, they face health risks and increased economic burden on themselves and their families.

#### **IV. The 15-Week Ban and Laws Like It Will Harm Marginalized People Nationwide.**

Racial and socioeconomic disparities in Mississippi and Louisiana illuminate the challenges people of color and other marginalized people already face when seeking reproductive care—challenges that the 15-week ban, if upheld, will exacerbate. But these challenges are not unique to Mississippi and Louisiana: marginalized people nationwide will face the same challenges if this Court upholds Mississippi’s 15-week ban.

*First*, nationwide racial and socioeconomic statistics resemble those in Mississippi and Louisiana. Nationally, 21.2% of Black Americans, 17.2% of Hispanic Americans, and 24.2% of Native Americans live below the poverty line, as compared to just 9% of white Americans.<sup>136</sup> LGBTQ individuals nationwide make significantly less than their heterosexual counterparts.<sup>137</sup> Nationwide, 26% of disabled people live below the poverty line,<sup>138</sup> and 24% of all people facing housing insecurity suffer from a disability.<sup>139</sup> People of color nationwide suffer from worse health outcomes and are less likely to have

---

<sup>136</sup> KFF, *supra* note 44.

<sup>137</sup> *See supra* pp. 17-18.

<sup>138</sup> Cornell Univ., *Disability Statistics* (2018), <https://www.disabilitystatistics.org/reports/acs.cfm?statistic=7>.

<sup>139</sup> *See supra* p. 20.

insurance than their white counterparts.<sup>140</sup> All of these factors mean that if previability bans are enacted across the country, marginalized people across the country will most likely bear the physical and financial costs of these bans.

*Second*, several states have already made clear that they plan to follow in Mississippi's and Louisiana's footsteps. State legislatures have passed 90 laws restricting abortion in 2021 alone, with two states enacting near-total abortion bans, and four states adopting six-week abortion bans.<sup>141</sup> Indeed, Texas's recently enacted six-week ban has served as inspiration for other state legislatures<sup>142</sup> and will likely be mimicked across the country unless this Court reaffirms the vitality of *Roe v. Wade*.<sup>143</sup> Upholding Mississippi's 15-week ban will therefore trigger a cascade of legislation that will burden marginalized people across the country and place abortion even more firmly out of their reach.

---

<sup>140</sup>Sofia Carratala & Connor Maxwell, *Health Disparities by Race and Ethnicity*, Ctr. for Am. Progress (May 7, 2020), <https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/>.

<sup>141</sup> Nash & Naide, *supra* note 119.

<sup>142</sup> Oren Oppenheim, *Which States' Lawmakers Have Said They Might Copy Texas' Abortion Law*, ABC News (Sept. 3, 2021), <https://abcnews.go.com/Politics/states-lawmakers-copy-texas-abortion-law/story?id=79818701>.

<sup>143</sup> Nash & Naide, *supra* note 119.

**CONCLUSION**

For the foregoing reasons, the judgment below should be affirmed.

Respectfully submitted,

Jessica Ring Amunson  
*Counsel of Record*  
Tassity S. Johnson  
Victoria Hall-Palerm  
JENNER & BLOCK LLP  
1099 New York Ave. NW  
Suite 900  
Washington, DC 20001  
(202) 639-6000  
JAmunson@jenner.com  
*Counsel for Amici Curiae*



## **APPENDIX**

**APPENDIX**

*List of Amici Curiae*

**Black Feminist Future**

Atlanta, GA

**Black Women for Wellness**

Los Angeles, CA

**The Century Foundation**

New York, NY

**Colorado Organization for Latina Opportunity and  
Reproductive Rights (COLOR) and COLOR Action  
Fund**

Denver, CO

**Feminist Women's Health Center**

Atlanta, GA

**In Our Own Voice: National Black Women's  
Reproductive Justice Agenda**

Washington, DC

**Interfaith Voices for Reproductive Justice**

Mableton, GA

**Mississippi In Action**

Jackson, MS

**National Latina Institute for Reproductive Justice**

Washington, DC

2a

**New Voices for Reproductive Justice**  
Pittsburgh, PA

**ReJAC**  
New Orleans, LA

**Rev. Deneen Robinson**  
Dallas, TX

**SHERO Mississippi**  
Jackson, MS

**SisterLove**  
Atlanta, GA

**State Representative Renitta Shannon**  
Atlanta, GA

**Women With A Vision**  
New Orleans, LA