

PO BOX 8453, COLUMBIA, SC, 29202, (803) 636-0431, WWW.LWVSC.ORG

TESTIMONY BEFORE THE SC HOUSE OF REPRESENTATIVES AD HOC COMMITTEE: H.5399 July 7, 2022

H. 5399 as posted is a "no exceptions" abortion bill that would prohibit all pregnancy terminations in all circumstances. The League of Women Voters of South Carolina does not respond by begging for specific exceptions for those who are raped or victims of incest or even in danger of losing their lives. We reject the entire enterprise on which this committee has embarked and which the General Assembly endorsed in an earlier form in the "heartbeat" bill that became law in 2021. We reject the corruption of our rights under both federal and state constitutions, the appalling damage threatened to the health and lives of those who are pregnant, and the destruction that will be brought to their families. We reject the abdication of moral responsibility to women, to their families, to the poor, and to the vulnerable in our state. We reject the imposition of theological mandates on those who do not share the beliefs of the religious denominations that have lobbied for these restrictions.

The League affirms the right of all people in our country to make their own reproductive choices. In Dobbs v. Jackson Women's Health, the Supreme Court of the United States (SCOTUS) has not returned decisions to the people. Instead, they have taken that decision away from the people who should make that decision, those who are pregnant, and directed it to state governments.

SCOTUS has opened the door to states violating some of our most basic rights, equal protection under the law and the prohibition of religious establishment. There is no equal protection when the rights of women to bodily autonomy are destroyed while that of men with respect to sustaining another life is protected.¹ There is no religious freedom when all are required to live by the teachings of evangelical and Roman Catholic churches, effectively establishing them as state religions. Their demands that pre-viability pregnancy should be controlled by the state conflict with the teachings of the Episcopal, American Baptist, Evangelical Lutheran, United Methodist, and Presbyterian Church (USA), of conservative and reform Judaism, of the United Church of Christ, and many others. This is religious establishment.² There is no question that this violates the clear intention of the founders who wrote

_

¹ There is no underlying universal defense of "life" in the theology of the denominations seeking legislation to restrict abortion. They demand bodily autonomy for donors in the case of organ donation to save the lives of living breathing persons, as illustrated by Pope Benedict XVI in "A Gift for Life. Considerations on Organ Donation." He affirmed that for organ donation to be morally acceptable there must be free, informed consent from the donor, without coercion. In contrast, teligious demands for mandatory abortion restriction arise from defining women in terms of their reproductive function, lacking the authority of men in the home, church, and society.

² Contrary to some claims by abortion opponents, the underlying premises of defining fertilization or conception as the time when "personhood" and full legal protection are achieved are not scientific and secular but cultural and religious. Science tells us that life has been created in a never-ending cycle for approximately the past 3.7 billion years. Science does not assign meaning to any part of that cycle, instead recognizing that interrupting the cycle at any point by any means (for example, male masturbation or celibacy or abortion) has the same result, ending the process. The Roe decision was very widely accepted in the United States because it reflected a strong

our Constitution, as confirmed by quotes published by the National Catholic Register.³ For example, from James Madison in 1785: "The Religion then of every man must be left to the conviction and conscience of every man: and it is the right of every man to exercise it as these may dictate."

The violations of personal rights embodied in both the existing "heartbeat" ban and the proposed prohibitions are contrary to the U. S. Constitution. This is true regardless of the distortions by the current Supreme Court of the United States that has ruled from their personal and denominational religious beliefs rather than from the Constitution itself. They are also contrary to an explicit privacy right⁴ and a prohibition of religious establishment⁵ in the South Carolina Constitution.

The State of South Carolina has already intruded too far into the private health care decisions of individuals. We oppose any effort to make this terrible violation of our rights worse through passage of H.5399 in any form other than complete repeal of last year's "heartbeat" bill and statutory enactment of protections equivalent to those provided in Roe v. Wade. For anyone who experiences pregnancy, our basic freedoms depend on our ability to control our reproductive health. Our reproductive choices impact our physical and psychological well-being, including the foods we eat, our financial resources, and our capacity to gain and maintain employment. The end of Roe v. Wade will have devastating economic effects for women, especially women of color.⁶

Not only is the right to a safe and legal abortion a matter of personal freedom, it's also a major factor in racial and economic equality. Black women and other underserved communities already experience unfair barriers and limited access to adequate health care services. The United States has the highest maternal mortality rate of any developed nation, 17.5 deaths per 100,000 births. However, these deaths are not evenly distributed among the people of our nation. Black women are three times more likely to die from pregnancy-related causes than White women. South

<u>cultural</u> consensus that viability is a reasonable dividing line between a potential person with far fewer rights than post-birth living persons and a person who is entitled to substantial legal protections. The attempt to redefine this transition point to fertilization or conception is a religious movement – one at odds with historical Jewish and Christian understanding and not shared by the majority of Americans.

³ Matthew Archbold, "7 Religious Liberty Quotes from Our Founding Fathers You Should Know," National Catholic Register, July 26, 2016, https://www.ncregister.com/blog/7-religious-liberty-quotes-from-our-founding-fathers-you-should-know.

⁴ South Carolina Constitution, Article 1: Declaration of Rights, SECTION 10. Searches and seizures; invasions of privacy. (1970 (56) 2684; 1971 (57) 315.) See Appendix 2 for full text.

⁵ South Carolina Constitution, Article 1: Declaration of Rights, SECTION 2. Religious freedom; freedom of speech; right of assembly and petition. (1970 (56) 2684; 1971 (57) 315.) See Appendix 2 for full text.

⁶ Cody Mell-Klein, "Overturning Roe v. Wade Will Put Even More of an Economic Burden on Women, Northeastern Economist Says," News@Northeastern, https://news.northeastern.edu/2022/06/27/roe-v-wade-economic-impact-women/

⁷ World Population Review, Maternal Mortality Rate by State 2022, https://worldpopulationreview.com/state-rankings/maternal-mortality-rate-by-state,

⁸ United States Center for Disease Control and Prevention (CDC), "Health Equity: Working Together to Reduce Black Maternal Mortality," April 6, 2022, https://www.cdc.gov/healthequity/features/maternal-mortality/index.html.

Carolina's overall maternal mortality rate in 2020 was 27.9 deaths per 100,000 births.⁹ During the period 2015-2019, the overall death rate in South Carolina was 26.2 per 100,000 live births, composed of a White rate of 18.0 deaths and a Black death rate of 42.3 per 100,000 live births.¹⁰ All of this should be considered in the context of the results of a 2012 study that showed that the risk of death in childbirth is approximately 14 times higher than that associated with abortion.¹¹ Prohibiting abortion has been estimated to produce a 12% increase in Black maternal mortality in the first year and a 33% increase in subsequent years.¹²

The CDC cites varying quality of healthcare, underlying chronic conditions, structural racism, and implicit bias as contributors to these figures. Closing the healthcare coverage gap in South Carolina would greatly improve both the overall and Black mortality figures, but this General Assembly has shown little interest in doing so. Forcing birth is its priority; saving mothers and producing healthy children is not. Legislators have just proudly agreed to return a billion dollars to taxpayers. Some fraction of that could have mitigated the horror that is maternal death, and especially Black maternal death, in South Carolina.

And what of the lives of the children born of unwanted pregnancies? In a study comparing outcomes of children born to a mother after denial of abortion to children born after abortion of a previous pregnancy, it was found that denial of abortion was associated with poorer maternal bonding and greater poverty. As another study noted, "When a poor pregnant woman decides to keep her unplanned pregnancy, the odds are great that both she and her child will face a lifetime of poverty and ill health." In spite of this, advocates for rigid abortion prohibitions have

https://scdhec.gov/sites/default/files/media/document/2021SCMMMRCLegislativeBrief.pdf.

⁹ Donna L. Hoyert, Ph.D., Division of Vital Statistics, United States Center for Disease Control and Prevention (CDC), "Health E-Stats: Maternal Mortality Rates in the United States, 2020." https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm.

¹⁰ South Carolina Department of Health and Environmental Control (SCDHEC), South Carolina Maternal Mortality Rate by Race, 2015-2019.

¹¹ Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. Obstet Gynecol. 2012 Feb;119(2 Pt 1):215-9. doi: 10.1097/AOG.0b013e31823fe923. PMID: 22270271. https://pubmed.ncbi.nlm.nih.gov/22270271/

¹² Amanda Jean Stevenson; The Pregnancy-Related Mortality Impact of a Total Abortion Ban in the United States: A Research Note on Increased Deaths Due to Remaining Pregnant. Demography 1 December 2021; 58 (6): 2019–2028. doi: https://doi.org/10.1215/00703370-9585908.

¹³ Judith Solomon, "Closing the Coverage Gap Would Improve Black Maternal health," Center on Budget and Policy Priorities, July 27, 2021. https://www.cbpp.org/research/health/closing-the-coverage-gap-would-improve-black-maternal-health

¹⁴ Foster DG, Biggs MA, Raifman S, Gipson J, Kimport K, Rocca CH. Comparison of Health, Development, Maternal Bonding, and Poverty Among Children Born After Denial of Abortion vs After Pregnancies Subsequent to an Abortion. JAMA Pediatr. 2018;172(11):1053–1060. doi:10.1001/jamapediatrics.2018.1785. https://jamanetwork.com/journals/jamapediatrics/article-abstract/2698454.

Oberman, M. (2018). Motherhood, Abortion, and the Medicalization of Poverty. Journal of Law, Medicine & Ethics, 46(3), 665-671. doi:10.1177/1073110518804221. https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/motherhood-abortion-and-the-medicalization-of-poverty/902E47A23765E068D0D4BE224D892CBB.

not been vocal about the need for the state of South Carolina to address the many ways that poverty could be reduced and the lives of children and their families improved in this state. Clearly charity, including church-based charity, is woefully inadequate to the existing need.

No additional abortion restrictions should be enacted in South Carolina law. Instead, South Carolina's laws should offer the protections that Roe v. Wade gave to our nation's women before the recent SCOTUS decision in Dobbs v. Jackson Women's Health. The Dobbs decision was grounded not in the rule of law but in sectarian theology and nostalgia for a past that was brutal for many in our nation. South Carolina should not build upon this immoral and cruel foundation.

Contact: Lynn Shuler Teague, Vice President for Issues and Action, LWVSC

803 556-9802 <u>TeagueLynn@gmail.com</u>