This summer, the US Department of Health and Human Services began enforcing a domestic “Gag Rule”: a policy that bars providers who receive Title X family planning funding from referring patients for abortion care, supporting abortion as a family planning option, or sharing space with abortion care providers.

For nearly 50 years, the Title X family planning program has made it possible for community-based clinics to provide affordable reproductive health services, including birth control, STI testing, and cancer screenings. Title X clinics are the only source of health care for the majority of their patients. With this Gag Rule, the Trump administration is working to destroy the health care landscape for the more than 4 million patients who rely on these clinics every year. And as is nearly always the case with politically-constructed barriers to care, the defunding of Title X clinics will disproportionately harm young people, rural communities, people of color, indigenous communities, and poor folks.

The Gag Rule is such an invasion of the patient-provider relationship that many providers -- including every Title X clinic in Abortion Care Network’s membership -- have rejected Title X funding rather than compromise their values and quality of care, risking their own financial sustainability in the process.

Anti-abortion politicians are using our health and our lives as bargaining chips in their dangerous crusade against abortion. Forcibly separating abortion from other health services is in direct contrast to the realities of our reproductive lives, an affront to medical ethics, and a devastating blow to health care providers and patients across the US.

Continued on next page
We should be deeply concerned about a government willing to use its financial and regulatory power to silence providers and interfere in our most important personal decisions.

The Gag Rule requires that Title X grantees offer incomplete options, counseling, and referrals to patients facing unintended pregnancies – making it harder to find the safe, legal abortion care they need from a clinic they can trust.

The domestic Gag Rule also harms patients and health care providers by suggesting that abortion doesn’t fit within the scope of normal reproductive health care and patients’ whole lives. Not only is it clearly untrue, it is an intentional attempt to stigmatize people who have abortions and those who provide them with care.

Finally, because many providers will refuse to take money that would force them to compromise their values and quality of care, federal dollars will be funneled instead to fake clinics that lie to patients and oppose both birth control and abortion. In a country with over 4,000 fake clinics that lie to and coerce patients and fewer than 800 abortion clinics, the Gag Rule means that patients are at greater risk for delays in care and deception by fake clinics.

The Trump administration is willing to withhold access to health care from entire communities in order to restrict access to abortion. It’s an unethical ultimatum that puts providers in a devastating position and is deeply unfair to patients.

Our political and health care systems already fail pregnant people – abortion is out of reach for many people, and the US has a shamefully high maternal mortality rate. The Gag Rule only stands to make things worse. We need more access to reproductive health care, not less. Patients deserve reliable, medically accurate information about sex, pregnancy, and abortion – not lies and deception.

Political ideology should never interfere with a person’s ability to get the health care they need with an ethical, compassionate provider they can trust. Independent abortion clinics know that, and we urge you to stand with them as they fight this unjust policy.
CAUSE TO CELEBRATE!

With the constant attacks on reproductive freedoms, it can be difficult to focus on the progress being made. Here are a few highlights from around the country!

**California**

The Governor signed the College Student Right to Access Act, the first of its kind in the nation, that will require student health centers in all 34 California public universities to offer medication abortion. The bill grew out of a student-led movement at U.C. Berkeley.

**Georgia**

A federal judge temporarily blocked the harmful and restrictive 6-week abortion ban from going into effect! This will allow clinics to continue to provide the same level of patient-centered care as the case proceeds. The lawsuit explicitly focuses on Black women in Georgia, highlighting that Georgians face one of the highest risks of pregnancy-related death in the nation, and pregnancy is three times as deadly for Black Georgians as it is for white Georgians.

**Michigan**

Governor Whitmer used her line-item veto power to prevent anti-abortion group Real Alternatives from receiving $700,000 in state funding. The group is known for funding crisis pregnancy centers to promote their anti-abortion agenda and deceive pregnant people, and has a long history of misusing taxpayer dollars.

**Maine**

Mainers are celebrating access victories from this past legislative session. These wins include: Medicaid coverage for abortion services, with automatic enrollment for patients; and repealing Maine’s outdated physician-only law, so Advanced Practice Clinicians (APCs), including nurse practitioners, certified nurse midwives, and physician assistants can perform abortions.

**Mississippi**

The Jackson City Council approved an ordinance that places a 15-foot buffer zone near the front entrance of health care facilities, including the state’s only abortion clinic, Jackson Women’s Health Organization.

**Midwest**

In October, Abortion Care Network proudly supported a coalition of practical support groups from all over the Midwest to meet face to face in Chicago. The groups came together to deepen relationships and build connections as they prepare for a future where patients might need to travel further distances throughout the Midwest to receive abortion care. (See photo)

*Midwest attendees came from: Hope Clinic for Women (IL) and AbortionClinics.Org (NE), as well as Abortion Care Network, Gateway Women’s Access Fund (MO), Midwest Access Coalition (IL/Midwest), Kentucky Health Justice Network (KY), Women Have Options (OH), All Options (IN), Chicago Abortion Fund (IL), Unplanned Travel Agency (MO), ACLU of Illinois, National Network of Abortion Funds, Digital Defense Fund, and If/When/How.*
When Donald Trump was elected in 2016, the fear that it would mean the end of Roe was real. But, it also seemed far in the future. Many things would need to happen before Roe was overturned: 1) a Supreme Court Justice supporting Roe had to retire, 2) a new Justice opposed to Roe had to be added to the Court, 3) the Supreme Court had to take a case that could potentially overturn Roe, and 4) the Supreme Court had to actually rule to overturn Roe.

Now, three years after Trump's election, we can check off the first three of those steps. Justice Anthony Kennedy, a supporter of Roe (if also a supporter of many harmful abortion regulations), retired in the summer of 2018. Justice Brett Kavanaugh, a conservative Republican who is generally regarded as a judge who opposes Roe, took Justice Kennedy's place that fall. And now, in early October 2019, the Supreme Court agreed to hear a case out of Louisiana, its first abortion case in the post-Kennedy world.

The case, June Medical Services v. Gee, involves a Louisiana law that requires doctors who perform abortions in the state to acquire admitting privileges at a local hospital. Because hospitals in Louisiana are loathe to support a doctor performing abortions – because of political opposition or out of fear of repercussions – if the law were implemented, it would result in only one doctor in the state being able to perform abortions, and only up to 17 weeks gestation. This would have major effects on people seeking abortions in the state, as services would dwindle for all but a small number.

This should be an easy case of an unconstitutional law being struck down in federal court. After all, in 2016, the Supreme Court, in the Whole Woman's Health v. Hellerstedt case, found that a Texas law that required hospital admitting privileges was unconstitutional because the law provided no benefit whatsoever (admitting privileges do not make doctors better nor abortion, which is already very safe, safer) and it seriously burdened the ability to choose to have an abortion (because it would close down a substantial number of clinics in Texas). Louisiana's law is almost identical to the unconstitutional Texas law, so most people thought it was going to suffer the same fate.

The judge who initially heard the case agreed, but a funny thing happened at the federal appeals court that covers Louisiana – the court decided to ignore the 2016 Supreme Court case. Rather, the Fifth Circuit claimed that Louisiana is different from Texas. In Louisiana, according to the court, admitting privileges might help patients and, contrary to the evidence that came out in the lower court, the law's impact might not be as severe as in Texas.

As a result of that decision, the Louisiana law was scheduled to take effect even before the challenger had an opportunity to appeal it to the Supreme Court. However, right before the law was to take effect, in a 5-4 order, the Supreme Court voted to put the law on hold while the Court considered whether to take the case. In early October, the Court agreed to hear the case.

There are four possible outcomes for this case. First, the best-case scenario would be the Court ruling that the lower courts cannot ignore binding Supreme Court precedent and that the Louisiana law has to fall under the weight of the Whole Woman's Health precedent. It's a bit hard to imagine this happening, given the Court's current makeup, but if just
Louisiana Supreme Court Case, continued

one conservative Justice believes that precedent matters and lower courts have to listen to the Supreme Court, this could happen. This scenario is as exciting as it is unlikely, because if it did happen, it would mean that even this conservative Court was going to protect abortion rights in some form and stand up to rogue lower courts.

Second, this newly configured conservative Court could find a way to weasel out of the full implications of 2016’s Whole Woman’s Health decision and rule that Louisiana is somehow different from Texas with respect to admitting privileges laws. This outcome would keep Whole Woman’s Health as binding precedent but say that the circumstances on the ground in each state vary. This outcome would be devastating to Louisiana and would give lower courts, especially as they’ve become more conservative, more leeway to uphold burdensome abortion restrictions.

Third, even worse, the Court could go back on Whole Woman’s Health and say that the 2016 Court was wrong to strike down the Texas law and wrong to use a balancing test to do so. If this were to happen, even more abortion restrictions would be allowed, including the ones in Texas that shut down more than three-quarters of the clinics in the state. Abortion in this scenario would become, even if legal, almost impossible to access in many states across the nation.

Fourth, the worst possibility is the one we feared on the night Trump was elected -- the Court could overrule Roe. There is no doubt that this is the least likely outcome, given that the Louisiana case does not directly involve an abortion ban. But, it is technically possible, as every abortion case involves the question of how to evaluate an abortion restriction under the Constitution, which is the central issue in Roe. More likely is that, if this Court ultimately has its eye on overturning Roe, this case could be a stepping stone to overruling Roe somewhere further down the line.

This case won’t be argued until late winter or early spring, and the decision won’t come down until probably June 2020. While we don’t know at this time what the outcome will be, we do know that this first abortion case before this newly-configured Supreme Court will tell us much about the future of abortion rights in this country.

Courageous Conversation

In 2019, the ACN Board of Directors created a fund focused on racial equity professional development for our clinic members. This money has been allocated to support sending members to attend the “Beyond Diversity” two-day trainings provided by Courageous Conversation.

These trainings are not specific to abortion or abortion provision, and they are attended by other professionals from other fields. ACN understands that provider-only spaces are powerful, while also recognizing that acceptance and normalization of abortion provision requires ACN to be bold and take space in other movements. ACN has been seeking and continues to seek authentic spaces where members can focus on professional development that is issue-specific in a welcoming environment free of shame or stigma.

So far there have been participants from The Women’s Centers, Hope Clinic for Women, Scottsdale Women’s Center, and Cedar River Clinics, as well as ACN staff and Board members. While ACN is rolling this training partnership out, we have sought feedback from participants about how impactful a training opportunity like this has been. Here is what one clinic member participant had to say:

“ACN must pursue racial equity. We cannot have true reproductive freedom without racial equity. We cannot meet our clients where they are at, provide trauma informed care, and client-centered care without understanding the impact race plays in the day to day lives of our clients - and our providers. We must work toward racial equity.”

Learn about Courageous Conversation at www.courageousconversation.org.
WHY I GIVE  
BY KEARNEY MCDONNELL

There is an all-out war being waged on our right to our own bodies and choices. It is well financed, strategic, and patient. To fight back on this assault, we will need to be the same. Freedom of choice will not be given to us freely - we will have to win it. It means that we need to finance, support, and listen to the network of people and clinics doing the vital work to keep our access available, and to stay vigilant about what is happening. It means that we must urgently and meaningfully respond to the needs and demands of the people doing the work on the frontline.

Listening to the news these days can make me feel really helpless. I feel swamped and overwhelmed and sad and scared. Donating to ACN made me feel empowered. Supporting the work of an incredible network of people fighting every day for our access to choice, safety, and rights helped me to know that there are things I can do to make this better, that I have agency despite how hard so many are working to take it away, and that I am capable of fighting for myself and the things I believe in. Any donation you can make to support this work, however small or big, is a step towards reclaiming and reaffirming our right to autonomy, choice, and freedom to ourselves and our lives.

Join me: AbortionCareNetwork.org/donation

We have a $10,000 matching grant on all contributions made now through Give to the Max Day!