

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON WOMEN'S ISSUES

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January 18, 2013
Start: 10:04 a.m.
Recess: 11:08 a.m.

HELD AT: Council Chambers
City Hall

B E F O R E: JULISSA FERRERAS
Chairperson

COUNCIL MEMBERS:
Charles Barron
Margaret S. Chin
Annabel Palma
Ruben Wills

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NARAL Pro-Choice New York

Donna Lieberman
Executive Director
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New York Abortion Access Fund

Alison Turkos
New York Abortion Access Fund

CHAIRPERSON FERRERAS: Good

1 morning. I am Council Member Julissa Ferreras. I
2 chair the Women's Issues Committee, and I'd like
3 to thank my colleagues, Council Members Lappin,
4 Mendez, Arroyo and Speaker Quinn for co-sponsoring
5 Resolution 1635-A along with me. Forty years ago,
6 women had relatively few choices in many aspects
7 of society, but particularly, in the realm of
8 reproductive rights. We have all heard of the
9 horror stories of what happened when abortions
10 were unlawful in most of the country. Illegal
11 procedures were performed often in unsanitary
12 conditions and many times resulting in severe
13 injury or death of the mother. Wealthy women
14 fared somewhat better by being able to travel out
15 of the country to clinics with somewhat better
16 outcomes. Roe v. Wade challenged all of that. It
17 concluded that abortion lies within a pregnant
18 woman's zone of privacy, and therefore, was a
19 fundamental right protected by the Constitution.
20 In addition to providing the ability to access
21 sound healthcare for termination of pregnancy Roe
22 v. Wade helped move forward the notion of a woman
23 being a full person because without freedom over
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2 her own body, a woman is not truly equal. In
3 1973, women and feminists throughout the United
4 States thought that Roe v. Wade settled the issue
5 of freedom of choice, but since that time numerous
6 and rigorous challenges to women's rights have
7 been mounted over and over again. Some states
8 have passed laws limiting women's ability to
9 access abortion and often without consideration to
10 maternal health and privacy, and now as we take
11 the time to commemorate the 40th anniversary of the
12 Roe v. Wade decision challenges still exist.
13 According to the Guttmacher Institute, 2012 saw
14 the second highest number of abortion restrictions
15 ever. Additionally, since the passage of the
16 patient's protection and affordable care act also
17 known as the healthcare reform some states have
18 already enacted laws restricting the abortion
19 coverage that will be available in plans purchased
20 through state healthcare exchanges, many of which
21 won't be implemented until 2014. All women need a
22 range of reproductive healthcare throughout her
23 life including cancer screenings, contraceptive
24 services, prenatal care, labor and delivery
25 services and yes, possibly abortion care. No

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2 woman should be denied proper healthcare nor
3 should her insurance whether public or private be
4 allowed to deny her such services. No woman
5 should have to go back to life 40 years ago, and
6 now we will hear from our first panel, and I'd
7 like to—we have members that are going to be
8 popping in and out, but we are going to have our
9 first panel—Ms. Andrea Miller, NARAL Pro-Choice
10 New York—and I want to thank you all for being
11 here.

12 ANDREA MILLER: Thank you so much,
13 Chairwoman, for that wonderful statement of
14 support and for holding this hearing and thank you
15 to the members of the committee. We are so
16 appreciative of the opportunity to speak this
17 morning on this important matter. My name is
18 Andrea Miller. I am president of NARAL Pro-Choice
19 New York, and the National Institute for
20 Reproductive Health, and we work here in New York
21 as well as across the country to ensure that every
22 woman has the right and the ability to make her
23 own decisions about her reproductive health in
24 accordance with what is best for her life and her
25 family. Of course that includes preventing an

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2 unintended pregnancy, bearing a healthy child and
3 choosing safe legal abortion. The resolution
4 before you marks the 40th anniversary of Roe v.
5 Wade, and as you so eloquently put at the
6 beginning of this, that is a landmark decision by
7 the U.S. Supreme Court that recognized a woman's
8 constitutional right to determine the course of
9 her pregnancy. In so doing it invalidated scores
10 of state laws across the country that banned
11 almost all abortions in all circumstances and led
12 to an immediate and dramatic reduction in maternal
13 mortality and morbidity. Roe also as you pointed
14 out helped to level the playing field for women,
15 giving women the opportunity to determine our
16 futures and therefore become more equal members of
17 society. Perhaps, the most eloquently put of that
18 was when Justice Sandra Day O'Connor, who at the
19 time was the only justice who was a woman on the
20 Supreme Court and was the first woman on the
21 Supreme Court, stated when she refused to become
22 the final fifth vote to overturn Roe in 1992 that
23 the ability of women to participate equally in the
24 economic and social life of this nation has been
25 facilitated by their ability to control their

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2 reproductive lives. Unfortunately, a barrage of
3 federal and state legislation has undermined the
4 full promise of Roe taking a disproportionate toll
5 on low income women. This includes onerous
6 federal policies and a host of copycat state laws
7 that withhold coverage for women who already have
8 the least access and the fewest options to obtain
9 a safe legal abortion. Women who qualify for
10 Medicaid along with women in the military and the
11 peace corps, federal employees, women in federal
12 prisons, Native Americans who are covered by
13 Indian Health Services and Congress also prevents
14 the District of Columbia from even using its own
15 funds to cover low income women's abortions in
16 that district. Commendably New York state has
17 stepped up to provide coverage for the full range
18 of reproductive health services for women who
19 qualify in New York for Medicaid, but that still
20 leaves more than 170,000 women in New York City
21 alone who are unable to use their health coverage
22 for abortion services. Largely that is because
23 they or their family members are members of the
24 military or are federal employees. Now one of
25 Roe's central tenants is that a woman should be

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2 able to make her own reproductive healthcare
3 decisions without governmental interference.
4 Politicians should not make this right contingent
5 upon her economic circumstances or the type of
6 insurance she has. We thank the Council. We
7 thank this committee for not only considering this
8 commemoration of this important anniversary, but
9 for drawing the attention that is so needed to the
10 need to correct this unjust policy that withholds
11 coverage for abortion services for those women who
12 rely on public programs. By adopting this
13 resolution the City Council can take a timely and
14 principled stance against politicians who unable
15 yet to achieve their ultimate goal to make
16 abortion illegal or fully inaccessible, they have
17 instead callously limited abortion access for some
18 of the most vulnerable women among us. This
19 resolution epitomizes the kind of forward thinking
20 bold action that cities and municipalities can and
21 do take every day, including New York, to meet the
22 real needs of women and families, and it brings
23 home a message from the U.S. Conference of Mayors
24 last year in a resolution spearheaded in part by
25 our own Mayor Bloomberg that urged Congress and

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2 the states to pursue a positive agenda that
3 reaffirms fundamental rights and improves women's
4 access to safe and comprehensive reproductive
5 healthcare. We are so appreciate of your time.
6 We are so appreciative of this commemoration, and
7 thank you for the opportunity to speak this
8 morning.

9 CHAIRPERSON FERRERAS: Thank you
10 very much for your testimony, and I am going to
11 ask some questions and you may have to repeat some
12 of the things. I think you answered some of them,
13 but it will be great to have on the record.

14 ANDREA MILLER: Sure.

15 CHAIRPERSON FERRERAS: there seems
16 to be an ongoing concern that Roe v. Wade might
17 get overturned depending on the makeup of the U.S.
18 Supreme Court. Is that a legitimate concern?

19 ANDREA MILLER: Absolutely. We
20 have currently if you look at the trajectory of
21 the U.S. Supreme Court's jurisprudence on this, we
22 have a very bare majority—five to four—and even
23 that is questionable. There have been a number of
24 cases that have come before the court in the years
25 since Roe that have steadily undermined that

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2 fundamental right that you mentioned—whether it's
3 the 1992 case Planned Parenthood v. Casey, which
4 admittedly I do have a soft spot in my heart
5 because of Justice O'Connor's eloquent statements,
6 but nonetheless, it created a new lesser standard
7 for protection of women's decision making in this
8 realm. More recently there have been laws passed
9 both in Congress and at the state level that have
10 been upheld by the Supreme Court that further
11 restrict access to these services in a host of
12 ways and chip away at the ability to make these
13 decisions as well as physicians' ability to
14 provide the care that is best for their patients.

15 CHAIRPERSON FERRERAS: Can you
16 speak what would be the immediate and long terms
17 of effects on major—if this was overturned,
18 especially I think for some young women that may
19 be watching this live that are in their early 30s,
20 20s and really have only known their society with
21 these protections—

22 ANDREA MILLER: [interposing]
23 Thankfully.

24 CHAIRPERSON FERRERAS: Right.
25 Thank God. What would be the impact if we see

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this overturned?

ANDREA MILLER: Well, we would see a far more dramatic example of what we are unfortunately seeing already, which is that women would have tremendous difficulty if not impossibility of accessing safe legal abortion care. It would require tremendous travel. It would require jumping through so many hurdles, it could be virtually impossible—whether look at South Dakota. You already have a 72 hour delay they are trying to impose, a litany of government scripted, inaccurate information to try to convince a woman that this is not the right decision of her regardless of her circumstance, so you would see women having to find, navigate their way around the various states. This tremendous and terrible patchwork that we have already in place would only get worse. You would see potentially as many as half of the states immediately moving if their laws don't already allow it, but moving quite quickly to make abortions illegal in virtually every circumstance, and you would see just this domino effect across the country, and the result would be as you

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2 pointed out in your opening statement, it would
3 mean once again that very few women would have
4 timely access to safe reproductive healthcare or
5 when they are facing a pregnancy and realize that
6 they need to terminate that, and that would have
7 devastating consequences for their health and
8 their lives.

9 CHAIRPERSON FERRERAS: I know that
10 often times when we have the conversation on
11 abortion, it really is part of a general
12 healthcare conversation for women. Can you please
13 describe how access to reproductive healthcare in
14 general is jeopardized through certain pro-life
15 initiatives?

16 ANDREA MILLER: Well, one of the
17 most critical examples would be the efforts to
18 undermine family planning funding and the ability
19 of women's healthcare providers who recognize
20 thankfully that women deserve and need the full
21 range of reproductive healthcare services, and
22 that those services shouldn't be piecemealed out
23 and parsed out and segmented because that is not
24 how our bodies work. It's not how healthcare
25 should work. It's certainly one of the things

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2 that the healthcare reform debate pointed out so
3 powerfully is how important it is for care to be
4 coordinated for patients to have the opportunity
5 to talk with their doctors honestly and fully and
6 have the full range of services available to them.
7 This effort to undermine women's access to and
8 right to choose abortion has unfortunately really
9 come back to a desire to prevent women from making
10 any of the reproductive healthcare decisions,
11 which is why there have been such severe attacks
12 on funding for family planning, which we know
13 includes making sure that women get the important
14 well woman care such as breast and cervical exams
15 that are so essential to their health as well as
16 access to contraceptive methods and well woman
17 care.

18 CHAIRPERSON FERRERAS: New York
19 state has long been pro-choice. Have you found
20 any challenges to that standing recently?

21 ANDREA MILLER: Well, I will say we
22 are very appreciative and thankful that New York
23 has been a leader and certainly in 1970 even
24 before Roe thanks to a bipartisan initiative, New
25 York became one of the first states to begin to

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2 decriminalize abortion care, and that was a really
3 important and forward looking thing now.

4 Unfortunately when you fast forward now four
5 decades, we have fallen behind, and there are some
6 real challenges that women have in terms of the
7 availability and accessibility of reproductive
8 healthcare services in the state as well as some
9 out - - statutory restrictions that impinge on the
10 practice of medical care and women's access to
11 safe legal abortions. Perhaps the most pernicious
12 is currently there is no exception if a woman's
13 health is threatened later in pregnancy, she
14 cannot get according to our state law, she cannot
15 get safe legal care if she determines that
16 terminating that pregnancy is the best for herself
17 and for her family, so we actually in this day and
18 age in 2013 have women who are facing a
19 circumstance where they are talking to their
20 doctors, what can I do? My health is at risk. My
21 family is trying to figure out how do we deal with
22 this incredibly tragic circumstance, and the
23 doctor says, well, the law tells me I can't help
24 you, and they actually--some of them leave the
25 state.

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2 CHAIRPERSON FERRERAS: We have all
3 of the advocates here in the room, and eager
4 Council Members that are on their way. What can
5 we do on a state and local level as elected
6 officials? I know that you mentioned that some of
7 these statutory and we have legal, but what do you
8 think are maybe the first steps that we should
9 take-

10 ANDREA MILLER: Well, obviously
11 first for this Committee and for the Council is to
12 adopt this resolution and also the Council has
13 been tremendously supportive and very clear about
14 making sure that access to reproductive healthcare
15 is the norm here in New York. There are some
16 terrific provisions that the Council has adopted
17 to improve access to clinics, and that is really
18 important continuing to make sure that that is
19 enforced and that this is the norm in New York
20 City is really important. In terms of the state
21 level you raised that and I think we have a real
22 opportunity especially since it is the 40th
23 anniversary of Roe and given the impact it has had
24 on women's equality wanted to point out that there
25 is a bill that has been pending in the state

1 legislature called the reproductive health act,
2 which would take care of many of the problems that
3 I mentioned in terms of accessing safe legal
4 abortion care when a woman's health is at risk and
5 removing our governance of the provision of
6 abortion, taking it out of the criminal code, and
7 placing it where it belongs, so that abortion care
8 is governed like a medical service—the medical
9 service that it is and should be. That measure we
10 are thrilled. Governor Cuomo as you may recall
11 announced in his state of the state, the women's
12 equality act, and one of the ten provisions is the
13 reproductive health act because so clearly the
14 ability to make reproductive decisions and to
15 control your body in the context of pregnancy and
16 reproduction is so central to women's equality, so
17 we would be thrilled to see the council members as
18 individuals and as a Council to be supportive of
19 the women's equality act given that it
20 incorporates so many elements that are essential
21 to improving women's equality here in New York and
22 removing some of the barriers and the unequal
23 treatment that exists even to this day.

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25 CHAIRPERSON FERRERAS: Great.

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2 Well, I think you will probably be returning to
3 support that reso. Right, Danielle? Great.

4 Thank you very much.

5 ANDREA MILLER: Thank you so much
6 for your time.

7 CHAIRPERSON FERRERAS: Thank you
8 for your testimony. We are going to call up our
9 next panel. Thanks again. We have just been
10 joined by Council Member Barron of Brooklyn. We
11 are going to call up Donna Lieberman of New York
12 Civil Liberties Union, Sasha Ahuja, Planned
13 Parenthood NYC, and Anne Davis, the Physicians for
14 Reproductive Choice and Health. And we have also
15 been joined by Council Member Margaret Chin.

16 DONNA LIEBERMAN: Hi. Good
17 morning. Thank you for inviting us to this
18 hearing, and thank you for introducing this
19 resolution. I have written testimony I don't need
20 to read to you. I would just like to say that
21 this 40th anniversary of Roe v. Wade feels
22 important as has every anniversary of Roe, but it
23 feels different and better because as Andrea
24 Miller noted while the right to the constitutional
25 protection for the right to choose under Roe hangs

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2 by a thread at the United States Supreme Court a
3 much thinner thread than any of us every would
4 have imagined. I think we are hopeful that the
5 Supreme Court as it evolves over the next few
6 years at least will not be plagued by appointees
7 who have to pass a litmus test that they oppose
8 Roe. So we are pleased, and we recognize that we
9 have to be vigilant on that, but also I think what
10 we learned in the last election is that those who
11 are against a woman's right to choose are against
12 not just abortion, but really almost everything
13 that is part of the equation that amounts to
14 women's dignity and equality. These guys who
15 think that rape is something sometimes you ask
16 for, and that contraception ought to be restricted
17 if not made unavailable to women, so what we saw,
18 those of us who were in Albany for the state of
19 the state the other day were thrilled, excited
20 that after many, many years of trying to get New
21 York to really be the pro-choice state and the
22 state of equal rights for women that we like to
23 think of ourselves as, that we finally have strong
24 governor support for a women's equality agenda
25 that recognizes the core place of the right to

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2 choose in women's equality, women's health,
3 women's dignity and also recognizes the importance
4 of issues like pay equity, like pregnancy
5 discrimination, like freedom from sexual
6 harassment. I love it. A lot of the details of
7 the women's agenda are still being flushed out,
8 but the notion that sexual harassment will be
9 against the law no matter how big or small the
10 employer. An employer who is one person will be
11 held accountable for sexual harassment in the
12 workplace is huge because so many women are
13 working in one on one environments, so the women's
14 equality agenda is exciting. It is critically
15 important, and I can't wait for the Council to be
16 dealing with the next resolution to endorse that
17 and it of course includes the reproductive health
18 act, which will bring our abortion law to where it
19 needs to be—out of the penal law ridiculously and
20 into the public health law. It's about health.
21 Thank you.

22 SASHA AHUJA: Good morning
23 everyone. My name is Sasha Ahuja, and I am
24 testifying on behalf of Joan Malin, President and
25 CEO of Planned Parenthood of New York City. I am

1
2 pleased to be here to provide testimony in support
3 of resolution 1635-A, a truly important resolution
4 that will continue to ensure that New York City
5 leads our nation in ensuring access to
6 reproductive healthcare. Of course I want to
7 thank Chair of the Women's Issues Committee, the
8 honorable Julissa Ferreras, and Council Members
9 Barron and Chin, who are also here, and also, the
10 many council members who have already signed on to
11 this resolution. Our Board, our staff and most
12 importantly, our patients are very very grateful
13 and really indebted for your continued support. I
14 also want to take the opportunity to recognize
15 Council Speaker, Christine Quinn, who has
16 continued to show unwavering leadership on issues
17 regarding women's health. We look forward to
18 continuing to work in partnership with the Speaker
19 and of course the New York City Council to promote
20 the health and well-being of New York's women, men
21 and teens. For almost 100 years, Planned
22 Parenthood has been the most trusted name in
23 reproductive health. In the past year alone, we
24 at Planned Parenthood of New York City have
25 provided high quality personalized healthcare to

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2 over 50,000 women, men and teens in New York city
3 at our four health centers in the Bronx, Brooklyn,
4 Manhattan and Staten Island. We reached an
5 additional 58,000 people through project street
6 beat, Planned Parenthood's - - Planned Parenthood
7 of New York City's unique HIV prevention and
8 access to care program that serves women, men and
9 teens, who work and live on New York City streets.
10 We also connected an additional 20,000 New Yorkers
11 youth and adults to comprehensive health education
12 services throughout the five boroughs. We offer a
13 full range of reproductive health services
14 including gynecological care, lifesaving cancer
15 screenings, male reproductive health services,
16 contraception, pregnancy testing, abortion,
17 testing and treatment for sexually transmitted
18 infections, HIV testing and counseling and more.
19 We have a threefold mission of clinical services,
20 education and advocacy and through that threefold
21 mission, we continue to bring better healthcare
22 and more fulfilling lives to each new generation
23 of New Yorkers. As a voice for reproductive
24 justice in New York City, Planned Parenthood New
25 York City supports legislation and policies to

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2 continue to ensure that all New Yorkers and in
3 fact all people around the world will have access
4 to a full range of reproductive health services
5 and information. This month marks 40 years since
6 the landmark Roe v. Wade decision. On the 40th
7 anniversary of Roe the need for continued access
8 to safe and legal abortion for a woman if and when
9 she decides and needs to consider it could not be
10 more urgent. In the last two years, the anti-
11 women's health agenda that some in Congress have
12 pursued was rejected by the American people.
13 There was a powerful and unmistakable message to
14 members of Congress and state legislatures all
15 around the country that women do not want
16 politicians to meddle in their personal medical
17 decisions. We applaud and stand behind resolution
18 1635-A calling upon the United States Congress to
19 continue to fund comprehensive reproductive
20 healthcare for all Americans. As the nation's
21 leading women's healthcare provider and advocate,
22 Planned Parenthood knows firsthand why it's so
23 critical that women have access to a comprehensive
24 range of reproductive health services. From
25 courthouses to state houses to Capitol Hill,

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2 Planned Parenthood works to protect access to
3 healthcare for women across the country, taking
4 action to ensure that women have access to care no
5 matter what. We care deeply. We care with
6 respect and without judgment. We are unwavering
7 in our belief that all people deserve high
8 quality, affordable healthcare. We are tireless
9 in our efforts to provide education and
10 information so people can make their own
11 healthcare decisions. We proudly fight for women
12 to be able to access the reproductive services
13 that they need. We speak before you like many
14 have mentioned before me at a truly opportune
15 moment. Just last week New York state Governor
16 Andrew Cuomo prioritized passing a ten point
17 women's equality act this session—a bold agenda
18 that intends to break down barriers that
19 perpetuate discrimination and inequality based on
20 gender. While New York has historically served as
21 a model for quality and fairness on women's
22 issues, the women's equality act ensures that New
23 York can again be a leader on the issues like pay
24 equity, increasing protections for pregnant
25 workers, strengthening human trafficking laws and

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2 increasing protections for survivors of domestic
3 violence. The women's equality act encompasses
4 the reproductive health act, which guarantees that
5 a woman can make her own personal private
6 healthcare decisions, especially when her health
7 is endangered. The reproductive health act fixes
8 a troubling gap in New York's abortion law, making
9 it a potential crime to provide abortion to
10 protect a woman's health. The reproductive health
11 act will ensure that women can access safe and
12 legal abortion if that is what she decides she
13 needs. Planned Parenthood of New York City
14 applauds the call for women's equality act in New
15 York state because we know that reproductive
16 health exists at the intersections of the real
17 lives of women and their families in their
18 workplace, in schools, and we know that there is
19 where the services need to be provided. Today we
20 applaud the New York City Council for continuing
21 to take the lead on moving resolution 1635-A
22 forward. We urge Congress to continue to champion
23 funding for comprehensive reproductive healthcare
24 and hope that New York City can serve as the
25 national model for championing women's health.

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Thank you.

ANNE DAVIS: Good morning. My name is Anne Davis. I'm an OBGYN. I work at Columbia University Medical Center. I didn't know this morning when I was picking out—you know, thinking about what to wear—should I wear my white coat, a suit? No, it's okay. I kind of wanted to find a I love New York T-shirt. I didn't have one at home to put on, but I thought that would have been really the right message because that is how I am feeling. As I said, my name is Anne Davis. I am an OBGYN. I live in Washington Heights uptown. I had to take four trains to get here partially because I got lost and I work at Columbia in Washington Heights. I am also the consulting medical director for Physicians for Reproductive Choice and Health, so we are a national non-profit physician led advocacy organization. We support comprehensive reproductive healthcare for everyone, and I am here today as are all of you to speak in favor of—I shouldn't say I know you are all going to speak in favor—of proposed resolution 1635-A, which commemorates the 40th anniversary of Roe and very importantly calls upon U.S. Congress

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2 to support funding for comprehensive reproductive
3 healthcare. I'm an abortion provider, and so for
4 me, I am grateful for Roe every single day that I
5 go to work. My experience of abortion is very up
6 close and very real, and I wanted to share a story
7 with you that illustrates very well why we need
8 safe and legal abortion without government
9 interference. One morning I was at home having my
10 coffee, and I got paged at 7 o'clock. There was a
11 woman who had been admitted the night before to
12 the Allen [phonetic] Hospital, which some of you
13 may know. It's up by almost to Target in the
14 Bronx, at the tip of Manhattan, northern
15 Manhattan. She had had an uncomplicated desired
16 pregnancy, and then had some bleeding and had been
17 admitted to the hospital for observation. Right
18 before they called me, suddenly she started to
19 have sharp pain in her abdomen and very heavy
20 bleeding, so this is a real OB emergency. When I
21 was called, she had lost more than a quart of
22 blood in about 30 minutes, enough that if it
23 continued, her life would certainly be in danger.
24 She had something called a placental abruption,
25 which is when the placenta prematurely separates

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2 from the uterus, and it is a real OB emergency, so
3 I needed to get to the hospital as quickly as
4 possible to provide a second trimester abortion.
5 So that is the only treatment that we could do for
6 her to stop the bleeding and keep her safe. I
7 took a cab, luckily I live close by so I got there
8 within ten minutes. When I walked in the room,
9 the patient was very pale. She was bleeding and
10 very frightened and in pain. We talked about it
11 briefly really that there was only one option to
12 move forward and quickly do the procedure to save
13 her life. The procedure was successful. She
14 recovered, and she left the hospital alive without
15 needing an emergency hysterectomy, so she could
16 have another baby in the future if she would like
17 to. So Roe has allowed abortion to become safe.
18 Everyone is sort of aware of that, but another
19 thing that it has allowed is that because abortion
20 has come more into mainstream medicine we have
21 been able to develop techniques and standards and
22 do research so that we have really improved
23 abortion care for women. Unfortunately in the
24 rest of the country, I could say we have a long
25 way to go, but it's not that we have gone forward

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2 since Roe. We have gone radically backwards, so
3 we have a lot of catching up to do in the rest of
4 the country, and Julissa, to your comment about
5 what can the City Council do? You know, we are
6 also grateful to live in New York and be able to
7 do our job, but really to take this outside of New
8 York City and really convey to other legislators
9 and your colleagues why this is so important and
10 why it's something that we really need to move
11 forward outside New York City. Abortion is always
12 going to be with us. It is always going to be
13 medically necessary, yet many of the legislatures
14 and courts give equal time and weight to those who
15 say that that is not so. Never mind the patient
16 that I just described, right, who I had to take
17 care of, and the daily experiences like mine that
18 doctors have around the country. In New York we
19 are very fortunate not to have politicians
20 interfering in decision making between women and
21 doctors. We don't have arbitrary waiting periods,
22 invasive ultrasound requirements or horrible
23 mandated counseling with false information about
24 abortion. We are very fortunate that Medicaid
25 covers abortion for women in New York state. That

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2 is a really big deal for doctors and patients.
3 Many states as we know deny that coverage, so we
4 see women every day in our hospital who rely on
5 Medicaid obviously since so many women do. Many
6 of them already have children. They have low
7 paying jobs, and they are really struggling just
8 to get from day to day and they know when they
9 can't have another baby, so we need to trust them
10 and let them make that decision when they need to
11 make that decision. All women deserve health
12 insurance that covers healthcare and includes
13 abortion so that people can get an abortion
14 without delay. That should be the standard for
15 everyone in the whole country. I often think to
16 myself you know, what happens to the poor woman
17 who lives in a state, literally poor, who doesn't
18 have access to abortion through Medicaid? And
19 those are some tragic tales to tell that I hear
20 from my colleagues in those states. It is really
21 unfortunate for them, and I think they are
22 voiceless, those women, because they are not here
23 to talk to you. The affordable care act has been
24 so fantastic in terms of contraception. We are
25 all super grateful for that, but unfortunately it

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2 doesn't do much to advance abortion if anything at
3 all really. We urge the City Council to adopt
4 proposed resolution 1635-A and also to urge the
5 U.S. Congress to support funding for comprehensive
6 reproductive healthcare so all women can lead full
7 healthy lives and participate equally in society
8 regardless of their socioeconomic level. Thank
9 you for the opportunity to speak.

10 CHAIRPERSON FERRERAS: Thank you
11 for your testimony, and thank you all for your
12 testimony. My colleagues have some questions, but
13 Doctor, thank you in particular for sharing your
14 experience because I think oftentimes we think of
15 the earlier terminations, and not the decisions
16 that women have to make unfortunately every day
17 and the stress that the doctors have to go through
18 and I think that is amazing, so I thank you for
19 your testimony. We are going to hear from Council
20 Member Barron, Chin and then Wills.

21 COUNCIL MEMBER BARRON: Thank you
22 very much, and thank all of you for your
23 testimony. You know I'm concerned about Roe v.
24 Wade. I know it's going to be a challenge in the
25 Supreme Court, but there is so much being done to

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2 make it almost ineffective—the things that they
3 are doing around it, and that seems to be
4 increasing even with the so-called affordable
5 healthcare act, Obama Care, whatever they want to
6 call it. It seems that we have to do something,
7 and like you said in those states where they can't
8 use Medicaid, that is a major, major issue, and
9 then in some of the insurance companies because
10 I'm not as crazy about the healthcare act that was
11 passed as many are. I get beat up for that, but I
12 just think that it didn't go nearly far enough,
13 and it still left a whole lot of power into the
14 hands of the insurance companies. In addition to
15 that, I am concerned about these state exchanges—
16 these health state exchanges that still have to be
17 set up and in some states they are not set up, and
18 what is going to happen with women's rights on how
19 these state exchanges are set up, even with
20 Medicaid 'cause Medicaid and Medicare is being
21 attacked every day. We don't even know how long
22 Medicaid is going to even exist and if it does
23 exist and how much is it going to be helpful, so
24 could you—and I want to comment you because being
25 a care provider in the abortion area, you have to

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2 have courage 'cause there is a lot of crazy people
3 out here doing a lot of crazy things, but could
4 you just elaborate on some more on some of those
5 issues--the state exchanges, the healthcare act,
6 and do you see them diminishing the original
7 intent and purpose of Wade, and where are we at
8 with that now?

9 ANNE DAVIS: My intent and their
10 intent might be two different things.

11 SASHA AHUJA: I'm happy to answer
12 some of those questions. We are all very closely
13 watching the implementation of healthcare
14 exchanges in New York. Of course, it varies based
15 on different states' agendas, whether they have
16 decided to set up exchanges themselves, whether
17 they have chosen that the federal government will
18 be involved in that process. So here in New York
19 state there is a key opportunity for Medicaid
20 expansion, in particular the expansion of what is
21 called the expansion of the family planning
22 benefits programs, which is the program under
23 Medicaid that covers folks who are seeking family
24 planning services, and that program is going to
25 grow tremendously, and so we are very excited

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2 about that, but also on the ground we are
3 concerned about how women in communities are going
4 to know that they will now be covered and coverage
5 will expand, what the process is for enrollment,
6 and that is something that we know we would like
7 to continue work in partnership with your offices
8 with other community advocates to talk to when you
9 have constituents or we know that there are
10 community members that are not sure what
11 implementation is going to look like that we can
12 especially talk about the growth in the family
13 planning benefits program, meaning that more women
14 are going to be covered under Medicaid and that
15 more providers are going to again continue to
16 provide better services. There are good things
17 happening in the state of New York, which is
18 fabulous for us and those of us who are concerned
19 about family planning services, and at the same
20 time, other states have sort of very different
21 situations. The big question now is what the
22 exchanges are going to look like and also the
23 extent to which folks on the ground, community
24 members are going to know that this great thing is
25 happening, so really bridging that gap is

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2 something that we are really concerned about and
3 watching, and also we know many advocates here in
4 the room and also folks in our offices are part of
5 developing and implementing exchanges and so we're
6 in regular conversations with the Governor's
7 Office to watch that implementation process.

8 COUNCIL MEMBER BARRON: While you
9 are watching the implementation process, watch the
10 Governor too. I know you're pleased with him.
11 I'm not 'cause on the one hand while the exchanges
12 are being set up, so is the Medicaid redesign
13 committee being set up to cut funding to that, so
14 everything is in the dollars. They can talk all
15 of the stuff they want. Watch the budget, and the
16 other piece is that in these exchanges, like I'm
17 from Eastern New York, and out of nowhere I'm
18 looking and checking the exchanges somebody
19 represents us, and I've never heard of the person
20 before in my life. No contact with the community
21 and the Governor is setting up these
22 representatives or committees to deal with the
23 exchanges, and some of us don't even know who they
24 are, where they came from. I don't trust the
25 Governor. I know how they know how to front

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2 liberalism, and it's a very political climate that
3 we are living in, and of course, you know that
4 already. And what appears to be working now and
5 when you compare it to other states and some
6 states are so horrible, you're going to look good,
7 but the bottom line, I think women are in trouble
8 unless we all unite and look at some serious
9 issues in this state and not go for the empty
10 rhetoric or even some of the structures that are
11 being put in place with the committees, but look
12 at the dollars in the budget all the time because
13 that is not the state of the state address—
14 irrelevant, and not a whole lot of committees—and
15 even what he is doing with hospitals in general,
16 shutting down hospitals. We are having major,
17 major issues there, so I'm very, very concerned
18 about how the so-called neo-liberal agenda gets
19 pushed forward in states across this country. But
20 I know you are very sharp and activism is staying
21 up, and I just hope we keep that part going.

22 SASHA AHUJA: Absolutely.

23 ANNE DAVIS: One thing to think
24 about that I think would make our jobs—we could do
25 so much more for patients and really make a

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2 difference in terms of future unplanned
3 pregnancies as well as the budget because it saves
4 money, is to try to find a way to let us do long
5 acting reversible contraception at the time that
6 we provide abortion, so people may not know that
7 if you have an abortion and you have Medicaid, you
8 don't necessarily have coverage to get an IUD or
9 an implant at the time of your abortion, so that
10 one problem right there if we could do that, if we
11 could do an abortion and then give a woman an IUD
12 or give a woman an implant so that she would have
13 protection for five or even three or five or ten
14 or longer years, we would really see some major
15 change. So there have been a couple of projects—
16 one was in Iowa and one was in Missouri in St.
17 Louis and they showed it. It wasn't just this
18 will work. They did it. So they provided free
19 contraception long-acting reversible and they
20 dropped the unintended pregnancy rate, and they
21 dropped their abortion rate on a population level.
22 It was pretty amazing, so if we could do that in
23 New York City, we would really see a difference.
24 The abortions would go down, and we would have a
25 lot more women having planned pregnancies. That

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2 would be fantastic for everyone, but our hands are
3 tied 'cause we can't do the two things in one day.

4 SASHA AHUJA: Can I just add to
5 that? At Planned Parenthood we do have the
6 ability to do both an abortion procedure and for
7 example, insert an IUD in the same visit; however,
8 I think we are also continuing to talk about sort
9 of what does it mean to empower women to make
10 these decisions to have sort of the full range of
11 understanding and knowledge around birth control
12 and how it works, and we are looking actively at
13 what they have done in St. Louis and in Iowa and
14 thinking about what could be the potential for
15 replicating a project like this in New York City.
16 So that conversation is very active, and we are
17 excited about the potential opportunities that
18 that provides and again under the guise that
19 making sure that women can make the best decisions
20 for themselves and their families and choose to
21 have children and then how they raise those
22 children and the environments that are most
23 healthy and provide the most opportunities for
24 those young people, so...

25 ANNE DAVIS: Can I just add one

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2 more thing, which is the issue of the
3 marginalization of abortion care in the health
4 care exchanges is ongoing and important to keep
5 abreast of and the issue of confidentiality is
6 also important. Sometimes it's not a sexy issue I
7 guess, but it's really important that--and for the
8 Council I think there is a role in looking at sort
9 of the electronic health record systems that are
10 developed and in the implementation of the health
11 care exchanges that the right to confidentiality
12 is protected. It impacts women of course with
13 regard reproductive healthcare, but it impacts all
14 New Yorkers. We should have the right to benefit
15 from electronic health records and the value that
16 that gives us by way of communications among our
17 providers without having to have our psychiatric
18 history, our substance abuse treatment, our
19 abortion treatment available to providers that we
20 don't want to have it and who have no interest in
21 having it in terms of the treatment that they need
22 to provide. Those are issues that I thought this
23 was an appropriate time to flag.

24 CHAIRPERSON FERRERAS: Thank you
25 very much. We have been joined by Council Member

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Annabel Palma. Council Member Chin?

COUNCIL MEMBER CHIN: Thank you, Madam Chair. I just wanted to follow up on the whole issue in terms of community outreach and education. The issue is that for low-income womens and immigrant womens how can we help to make sure that they know all these options are available, and so my question is like, how does your organizations works with local health clinics and local health care practitioners 'cause I think if they do have an opportunity to go see a doctor that the doctor should be the one actually helping them and giving them these informations about contraceptives and all the options that are available to them, and then the other part is like a lot of local health clinics, so are they providing all these resources and all these options for women, and if they don't know about it because we don't hear a lot of talk about contraceptive or abortion in the community. Somehow it is still something that is not widely talked about, and it shouldn't be. It should be something very basic to family planning—it's basic. So how do we sort of get that into the

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2 community so people, so especially women will know
3 how to exercise their right and not be so afraid
4 and to prevent a lot of this probably abortion
5 that is going on that might not be safe that are
6 still happening in our communities.

7 SASHA AHUJA: Thank you, Council
8 Member Chin, for that question. That is a
9 question that we think about every day is how to
10 do this work better, so I'll give an example to
11 address the question of outreach that you
12 proposed. At Planned Parenthood we recently
13 started a brand new program called the - -
14 program, so it's health promoters, or health
15 educator's program where we are training women in
16 the community specifically in the South Bronx to
17 essentially be the experts and the liaison between
18 our Bronx health center and the community, so
19 those folks are trained on sort of all aspects of
20 family planning and are actually going to be
21 trained very soon on breast health and essentially
22 talking to women, and then do sort of like
23 organizing one on one kind of outreach, going to
24 where women in the community are at--so like in
25 hair salons, in nail salons, at community centers,

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2 at schools, and so making those connections with
3 women in the community. It's a very small program
4 right now in the Bronx, but one that we hope to
5 grow, and then in particular, Latina women who are
6 going to really focus on like addressing health
7 disparities in the community and particular in the
8 south Bronx, so we sort of finished our first
9 year, are very excited to grow that program
10 because we know—I often times reflect on when was
11 the first time that I had an empowering healthcare
12 experience. It was when somebody who looked like
13 me, who spoke my language, who understood the
14 community context in which I live, provided me
15 access to that care, and so the - - program is one
16 we hope to grow and in particular look at key
17 health disparities that immigrant women and women
18 of color New York City are dealing with when it
19 comes to HIV rates, when it comes to just basic
20 information about healthcare, and so that is an
21 example on the community outreach side, and then
22 again, I know we have talked about the affordable
23 care act many times. There is such a key
24 opportunity to provide access to information now,
25 and we'd like to continue to work in partnership

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2 again with council members to think about and
3 strategize around how we provide that again that
4 middle ground with trusted community leaders
5 around both the growth and expansion of healthcare
6 services and then also to undo structural barriers
7 to accessing health care that we know are in place
8 for so long, and so that is a conversation that we
9 would love to continue to have. I think the - -
10 program is an example, and a small example of
11 that, and thinking about large scale growth is
12 something that we are very interested in.

13 ANNE DAVIS: In our communities if
14 we have a well-funded established title 10 clinic
15 in the community, people know, sort of figure out
16 that there is there. The one that we have on 21
17 Autobahn Avenue that is run through the School of
18 Public Health—we have 25,000 individual patient
19 visits per year in one clinic, and the clinics are
20 tremendously effective. They are largely staffed
21 by mid-level providers, nurse practitioners,
22 physicians assistants, and they provide very top
23 quality as Planned Parenthood does—very low cost,
24 efficient care, so if we can—whatever we can do,
25 whatever you can do to try to preserve funding for

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2 title 10, it's a key part of what is already here
3 in New York City, and it really makes a big
4 difference for low income women. That is who it's
5 for, but women are using that service. They know
6 about it. They go to the clinic. At my clinic
7 people wait in line for four or five hours to be
8 seen, so we have a tremendous need. The people
9 who are willing to lose a day of work and get
10 somebody to take care of their kid so they can
11 hang around and get a pap smear and get some birth
12 control pills or maybe get an IUD, so whatever we
13 can do to preserve it. Keep it there. Please.

14 ANNE DAVIS: It goes without saying
15 that the school based clinics are an incredibly
16 important health asset for all students, including
17 young women and they need to be nurtured,
18 protected, supported and respected as medical
19 facilities. Right, you got it—that are really an
20 integral part of the support system for our
21 children's lives, and of course it all begins with
22 education, and without going way too far field,
23 but it's not really far field, sex education—there
24 are great curricula that have been developed in
25 New York City in terms of the content and the

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2 question of course is, are they being taught, and
3 you can't impose sex ed with a heavy hand. It
4 just doesn't work, but I think supporting sex ed
5 and sex ed that is respectful and inclusive of all
6 students is a real challenge. It is critically
7 important if kids know a little bit about their
8 bodies and a little bit about how you can
9 effectuate your own--what your wish is with regard
10 to sexual activity and what you need to stay
11 healthy. It's critical important.

12 CHAIRPERSON FERRERAS: Thank you
13 very much, and thank you for bringing up that very
14 important point of the clinics and the - - , but
15 also the school based clinics 'cause members of
16 the BNT, we all often are faced with once a year,
17 the challenges of trying to refund or trying to
18 make sure that the administration understands that
19 school based clinics are more than just there to
20 test if someone--give a band aid or see if someone
21 has a fever. It's a lot more--or a lice check.

22 DONNA LIEBERMAN: And I would add
23 by the way that one thing just leads to another in
24 this field, but I would add that equally important
25 and part of women's equality and dignity is

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2 ensuring that kids who get pregnant are supported,
3 are respected and are able to continue their
4 education, and when you have school based day care
5 services and health services available to high
6 school students for example and their babies, then
7 you are protecting two generations at once, and
8 the roll back over the last decade of the life
9 centers is a terrible, terrible tragedy for a lot
10 of kids because we know that they are proven to
11 work, and we ought to be looking to restoring
12 those and building them up.

13 SASHA AHUJA: And just to add I
14 think we can't forget CUNY and the childcare that
15 is available at our public higher ed institutions.
16 I'm a graduate of Hunter College, where we had a
17 robust childcare program - - , so we are very much
18 so thinking about again those connections—high
19 school, public higher ed and what that looks like.

20 CHAIRPERSON FERRERAS: Thank you.
21 And now we will have Council Member Wills.

22 COUNCIL MEMBER WILLS: Good
23 morning. My daughter graduated from Hunter too.
24 I just didn't want Barron to be the only one - -
25 . Don't get into my age. The panel has

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2 basically—all of my colleagues have asked all of
3 the questions that I really wanted to ask. I just
4 want to leave with a comment. Dr. Davis, you had
5 made a comment that a lot of these women are
6 voiceless, and I wanted to encourage you and let
7 you know that that is not the case because you are
8 here. You three have presented incredibly and on
9 this panel in this committee you have some of the
10 most fierce activists and people who are champions
11 for you—I mean, Chin, you have Annabel Palma and
12 you have our great Chair that has been a champion
13 of these rights for a long time, and Barron
14 because I don't want to be gender biased. So I'll
15 just leave with some encouragement that they are
16 not voiceless. You are doing a great job.

17 CHAIRPERSON FERRERAS: I have great
18 gentlemen on this Committee by the way. I just
19 want to again thank you for your testimony, and we
20 are trying to figure out if we can ask the council
21 members to wait a few minutes. We may be able to
22 vote this out today, so we are excited about that.
23 Yay. So thank you, and if you can hang around,
24 and watch us vote, that would be great. We are
25 going to call up the next panel—Jordan Goldberg,

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2 Center of Reproductive Rights, Phillip Kim, NYAAF,
3 the New York Abortion Access Fund, Alison Lee
4 (phonetic) Turkos, New York Abortion Access Fund
5 also.

6 JORDAN GOLDBERG: Thank you,
7 Councilwoman and Chairwoman and the Committee for
8 having me here to testify today. My name is
9 Jordan Goldberg and I'm the state advocacy counsel
10 with the U.S. Legal Program at the Center for
11 Reproductive Rights. I'm here on behalf of the
12 center to testify in support of this resolution,
13 and again, I want to thank you again for having us
14 and for considering this very important
15 resolution. The center is a global human rights
16 organization that promotes women's equality
17 worldwide by securing reproductive rights as human
18 rights that are constitutional and internationally
19 protected and that governments all over the world
20 must respect, protect and fulfill. We work in the
21 U.S. and in countries all over the world on a wide
22 range of reproductive health issues, including
23 access to contraception, pregnancy care, abortion
24 services and medically accurate and unbiased
25 reproductive health information. Resolution 1635-

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2 A commemorates the 40th anniversary of the landmark
3 Supreme Court decision Roe v. Wade. The court in
4 Roe recognized that the right to privacy is
5 protected by the United States Constitution,
6 extends to individuals rights to choose when and
7 whether to have children. 20 years later in
8 Planned Parenthood v. Casey, the Supreme Court
9 reaffirmed those bedrock principles. I'm not
10 going to quote the amazing Sandra Day O'Connor
11 quote that Andrea Miller earlier quoted, but I
12 will not that the court recognized the necessity
13 of legal abortion to make sure that women have an
14 equal place in our society and recognize that for
15 two decades at the time, people had been planning
16 their lives around the availability of
17 contraception and abortion, and that that was
18 crucial to them. Abortion is one of the most
19 common surgical procedures sought by women in
20 America. In fact by age 45, approximately one in
21 three women in this country will have had an
22 abortion. Women seek abortions for many reasons—
23 some choose to terminate unwanted pregnancies,
24 other women with wanted pregnancies ultimately
25 must seek abortions to protect their own health or

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2 to allow them to seek critical and sometimes
3 lifesaving care or sometimes in cases of fetal
4 anomalies; however, as the Council recognizes in
5 this resolution, those who oppose abortion have
6 spent the last 40 years trying to prevent women
7 from exercising their constitutional rights. They
8 have put forth restrictions and regulations
9 designed to make abortion inaccessible and
10 unaffordable and create unnecessary and harmful
11 barriers. One of the most insidious examples of
12 this type of regulation is the prohibition of both
13 public and private insurance coverage for abortion
14 care. Unfortunately since 1976, the federal
15 government has adopted the Hyde amendment and
16 related legislation, preventing many marginalized
17 women from accessing care. This resolution
18 recognizes that women need access to a full range
19 of reproductive health care whether through public
20 or private insurance. Bans on insurance coverage
21 for abortion including through the Hyde amendment
22 are harmful, unfair and disrespectful of women's
23 autonomy. It's the heavy hand of government used
24 to coerce women's decision making by withholding
25 coverage that should be available. When women

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2 can't afford to end pregnancies when a women needs
3 to, the impact on her and her family can be really
4 far reaching. She may put off getting medical
5 care or shut off her own hear or telephone in
6 order to be able to pay for the medical care she
7 needs. A few years ago, the Center for
8 Reproductive Rights engaged in a fact finding to
9 figure out exactly what the impact of the Hyde
10 amendment has been on women, and we documented
11 some really disturbing stories of women not paying
12 their rent or choosing to go without food for
13 themselves or their families or turn off their
14 phone or get a second job. There was another
15 story we documented of a women and her husband
16 pawning basically everything they owned and still
17 coming up short for the money that they needed to
18 pay for the abortion service. There was another
19 story of a woman who worked overtime, and her job
20 was braiding hair, and so she worked around the
21 clock 24 hours a day braiding hair in order to
22 make the money that she needed to pay for the
23 services. These stories prove the larger point,
24 which is that it is a critical healthcare service
25 sought by women who are far often forced to make

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2 difficult untenable decisions and tradeoffs in
3 their lives to pay for this. As sponsors have
4 noted in this resolution, each woman should have
5 the coverage that she needs for the full range of
6 reproductive healthcare regardless of how her
7 insurance is paid for to ensure that she can have
8 safe care when she needs it. For 20 years, the
9 Center for Reproductive Rights has been litigating
10 in courts and engaging in legislative and other
11 advocacy across the country trying to ensure the
12 protections of the United States Constitution are
13 available to all women in this country and that as
14 the court has recognized in Roe and Casey that
15 women have the right to choose when and whether to
16 have children, we have litigated and continue to
17 litigate in federal and state court to protect
18 these rights. We have challenged legislation that
19 interferes with women's rights to privacy and
20 autonomy and to physician's rights as well. As
21 Roe reaches its 40th anniversary, we are thrilled
22 to have the opportunity to urge the Council to
23 adopt this resolution and to stand with you and so
24 many others as we continue our commitment to
25 protecting and advancing women's reproductive

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freedom. Thank you for having me again.

ALISON TURKOS: Good morning.

First and foremost, I want to say thank you to the New York City Council for introducing this important resolution. My name is Alison Turkos, and I am member of the board of directors at the New York Abortion Access Fund, also known as NYAAF. NYAAF supports anyone who is unable to pay fully for an abortion and is living in or traveling to New York state by providing financial assistance and connection to other resources. When a clinic we work with sees a patient who needs assistance, NYAAF is one of the potential funding sources to which they turn. Over the last ten years, NYAAF has pledged over \$232,000 to help 764 people access abortion care. We are run completely by volunteers and 100% of donations made to NYAAF go directly to helping people in need pay for abortion. People come from all over the country to access abortion care in New York City. At NYAAF, we have helped people from as close as Pennsylvania and New Jersey to as far as California, Texas, Utah and Bermuda. Some people find that abortion is more affordable in New York

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2 City than in their home states, while others come
3 from areas where there are no abortion providers
4 at all. Others come because they may be able to
5 have procedures done in later terms of pregnancy.
6 The need for abortion funding is so great that
7 there are more than 100 abortion funds across the
8 country. In New York we are fortunate enough to
9 be one of 17 states where Medicaid covers
10 abortion. NYAAF works primarily with people who
11 are uninsured, undocumented or for one reason or
12 another don't qualify for Medicaid. Believe it or
13 not, most other abortion funds would call NYAAF
14 lucky. You may ask yourselves why. Because most
15 funds are located in states where Medicaid does
16 not cover abortion or only covers abortion in very
17 limited and rare circumstances. The Hyde
18 amendment passed in 1976 prohibits Medicaid from
19 covering abortion services. In fact, abortion is
20 the only medical procedure banned from Medicaid
21 coverage. The intent of the Hyde amendment is to
22 make it more difficult for low income people to
23 get the abortions they need. Because of the Hyde
24 amendment, low income people sell their
25 belongings, go hungry for weeks as they save up

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2 their grocery money or risk eviction by using
3 their rent money for an abortion. Some people
4 never manage to get the money they need to pay for
5 the abortion, which means that they are forced to
6 carry their pregnancy to term. Abortion funds
7 work every day to make sure this doesn't happen.
8 We here in New York are privileged to live in a
9 state where we have Medicaid coverage of abortion,
10 but we know that is not enough. NYAAF is thankful
11 for these courageous city council members who
12 recognize that abortion must be safe and legal,
13 but it also has to be accessible, affordable and
14 covered by health insurance. We hope this
15 resolution will push people to think about
16 abortion not just as a matter of choice, but as a
17 matter of economic and reproductive justice.
18 Thank you.

19 PHILLIP KIM: Hi. My name is
20 Phillip Kim, and I am a co-chair on the board of
21 directors of the New York Abortion Access Fund. I
22 work with Alison. Board members have to take week
23 long shifts returning calls to the hotline and
24 negotiating with clinics. I have witnessed how
25 withholding comprehensive reproductive healthcare

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2 affects real people. Real people who struggle to
3 overcome cultural stigma, political injustices and
4 economic barriers to access the care they want,
5 the care they need and the care they deserve. Dr.
6 Davis commented on people who fall outside of
7 Medicaid, but don't make enough to have enough to
8 afford these expensive procedures, and that is
9 when they call these donor supported abortion
10 funds. I've had calls from people varying in age
11 from 15 to 42 who weren't ready or able to become
12 parents. I've had calls from people who wanted to
13 become parents, but had medical complications. I
14 have had calls from people who got pregnant on
15 purpose, by accident, and against their will. The
16 two things these people had in common was their
17 need for a medical procedure and not knowing how
18 to pay for it. I witnessed firsthand that
19 abortions are a medical necessity, always have
20 been, and always will be. Until policies reflect
21 that reality, it is an injustice that must be
22 rectified. This is why I volunteer with the New
23 York Abortion Access Fund, and this is why I
24 support your resolution. Thank you.

25 CHAIRPERSON FERRERAS: Thank you

1
2 very much for your testimony today, and it means a
3 great deal, especially I think the fund
4 perspective is an important perspective, the
5 advocacy and the points that you bring help make
6 the testimony even better for the record, so I
7 thank you for this, and I'm just really excited
8 that we are going to be voting on this today, so I
9 think if we have no further testimony, we are
10 going to ask for the roll call, and I just want to
11 say that I am hoping and highly recommending to
12 all of my colleagues to vote in support and in
13 favor of reso number 1635-A, so that we can
14 continue to send a clear message of where we stand
15 here in the Council, and then this will be voted
16 out in the next Stated. Again, I ask my
17 colleagues to vote aye. Thank you.

18 COMMITTEE CLERK: William Martin,
19 Committee Clerk. Roll call vote, Committee on
20 Women's Issues resolution 1635-A. Council Member
21 Ferreras?

22 CHAIRPERSON FERRERAS: I vote aye
23 and again, please vote aye.

24 COMMITTEE CLERK: Barron?

25 COUNCIL MEMBER BARRON: Let's see...

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enthusiastically aye.

COMMITTEE CLERK: Palma?

COUNCIL MEMBER PALMA: I just want to echo the comments of my colleagues that were made earlier, and I know how important a resolution like this has been in my personal experiences as a young single mom. I proudly vote aye and Council Member and Chair Ferreras, I don't think we should be begging our colleagues to vote aye. This should be a given. I vote aye.

COMMITTEE CLERK: Chin?

COUNCIL MEMBER CHIN: Proud to vote aye.

COMMITTEE CLERK: Wills?

COUNCIL MEMBER WILLS: I'm scared not to. Thanks, Annabel. No, no, we vote aye.

COMMITTEE CLERK: By a vote of five in the affirmative, zero in the negative and no abstentions, the item is adopted. Members, please sign the Committee Report. Thank you.

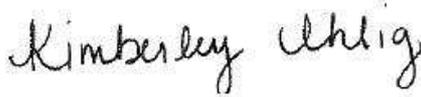
CHAIRPERSON FERRERAS: I'd like to call this hearing to a close.

[gavel]

C E R T I F I C A T E

I, Kimberley Uhlig certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature

Handwritten signature of Kimberley Uhlig in cursive script, written over a horizontal line.

Date

1/24/13