April trip include Dr. Judah Slavkovsky, Dr. Nahreen Ahmed, Dr. Kathleen Galagher, Dr. Christopher Miller, Dr. John Peter McBryde, Dr. Tanya Bucierka, Dr. Mila Felder, Ismail Ajooka, Lauren Cohen, Tonya Sompalli, Erica Havelka, Tim Conley, Scott and Maria Ruden, and Jessica Szotak, RN. The teams were led by my dear friend, Dr. Mohammed Zaher Sahloul, the co-founder and president of MedGlobal and a respected leader in Chicago. Many of these health care providers also call my district home, while others live around the Chicago land region or other states. They reflect the very best of America, and I could not be prouder to represent many of them and recognize their service today.

WOMEN'S REPRODUCTIVE RIGHTS

SPEECH OF

HON. SHEILA JACKSON LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 12, 2022

Ms. JACKSON LEE. Mr. Speaker, I thank Congresswoman JAYAPAL and Congresswoman MALONEY, for leading today's special order on the threat to reproductive rights and the devastating impact that the loss of our rights would have on communities and families.

Reproductive rights have constantly been at risk since Roe vs. Wade became the law of the land almost 50 years ago. But never have they been in jeopardy as much as they are today.

The recent disclosure of the U.S. Supreme Court's draft opinion in the Dobbs case shows just how precarious reproductive rights are in the United States.

By imposing their personal views and impetuous whim, the five justices who support that opinion could eliminate essential rights that are Constitutionally protected, relied upon by American society, and supported overwhelmingly by the American people.

Yet, these five Supreme Court Justices—who embody antiquated, regressive views—could turn the clock back to days when women did not have the right to control their bodies or their reproductive health.

In fact, by basing the draft opinion on a strict textualist interpretation of the U.S. Constitution, the five renegades would be issuing an opinion that reverses a whole roster of Constitutionally protected rights, even beyond reversing Roe vs. Wade.

If the draft opinion is issued, these five jurists would be doing exactly what they testified under oath at their confirmation hearings that they would not do. It seems clear to me that they were not forthcoming—even worse, they were not truthful—when they testified to the U.S. Senate under penalty of perjury.

The myopic rationale on which the draft opinion is based reveals a lack of fidelity to the principle of stare decisis, despite the claims to the contrary that each of the five made when asked about the Roe case at their confirmation hearings.

Equally tragically, if the draft opinion in the Dobbs case becomes law without major changes, it will open the floodgates for states to curtail women's reproductive rights in myriad nefarious ways. Many states have already enacted laws which severely restrict access to abortions and other reproductive rights, and many more have accelerated the process to follow that path.

These are tragically just the latest in a long history of conservative efforts to marginalize women by eliminating our reproductive rights. These draconian efforts have an impact that disrupts every aspect of women's lives, extending to their educational plans, economic status, career paths, family choices, and role in society.

Restrictions on reproductive rights have a disproportionate effect on low-income individuals and women of color.

Low-income individuals and people of color face a range of worse health outcomes than higher income individuals and white people.

These worse outcomes are the result of higher barriers to quality health care, higher rates of stress, poorer living and working conditions, and, for people of color, racial discrimination.

People of color and low-income individuals, experience the highest rates of unintended pregnancy, partially because of barriers to accessing quality family planning services and contraception, lack of insurance coverage, and, for racial minorities, discrimination in health care.

Because of this, low-income people and people of color have higher rates of abortion, as abortion rates mirror rates of unintended pregnancy.

According to the Center for Disease Control and Prevention (CDC), in 2018 the reported legal abortions in Texas broken down by race were:

White: 27 percent
African American: 27 percent
Hispanic: 39 percent
Other: 7 percent

Because people of color are disproportionately low income, they are also disproportionately impacted by abortion restrictions: policies such as early abortion bans, and mandatory waiting periods disproportionately hurt people of color, who are less likely to be able to miss work to travel to far-away clinics. Abortion restrictions put the health of people of color at risk.

According to the CDC, Black, American Indian, and Alaska Native pregnant people are nearly two to three times as likely to die from pregnancy-related complications than white people.

A new study by Dr. David Eisenberg, a board-certified obstetrician-gynecologist, estimates that Texas SB 8's new restrictions on women's health could cause increases in maternal mortality of up to 15 percent overall, and up to 33 percent for Black women next year.

Texas Senate Bill 8, or the "Texas Heartbeat Act" which has recently been passed in my home state restricts access to abortion and is one of the harshest laws regarding abortion access in the Nation.

According to the Guttmacher Institute, before the ban, the average woman of childbearing age in Texas lived 17 miles from the nearest abortion provider, now, the average driving distance is 247 miles.

This ban is a clear violation of the right to abortion established by the Supreme Court's landmark 1973 Roe v. Wade decision.

The Roe Court rooted its decision in the right to personal privacy, connecting it to other fundamental rights of self-determination such as the freedom to marry, the freedom to procreate or use contraception, and the right to make one's own decisions about child rearing and education.

The Roe Court also rejected the argument that an embryo or fetus constitutes a "person" for purposes of the Fourteenth Amendment to the Constitution.

Nearly two decades later, in 1992, the Supreme Court reaffirmed the basic right to terminate a pregnancy but weakened Constitutional safeguards surrounding abortion in Planned Parenthood of Southeastern Pennsylvania v. Casey.

However, the Casey Court concluded that states could enact certain types of pre-viability regulations to protect fetal life, holding that abortion, "the liberty protected by the Due Process Clause," is only protected "where state regulation imposes an undue burden on a woman's ability to make this decision."

In the decades following Casey, many states sought to reduce or eliminate abortions: Texas, for example, passed a law requiring abortion clinics to meet ambulatory surgical center standards even though other providers of procedures such as colonoscopies and liposuction—which have far higher mortality rates—were subject to none of the same regulations .

In 2016, the Supreme Court in Whole Woman's Health v. Hellerstedt held by a margin of 5–4 that this Texas law was unconstitutional, and also struck down a provision of the same law that required physicians performing abortions in Texas to have active admitting privileges at a hospital within 30 miles of their facilities.

Today, we see the state of Texas once again attempting to curtail women's constitutional right to terminate pregnancy through SB 8.

SB 8 bans abortions at around six weeks into the gestation period, when fetal cardiac activity can be detected, which falls before many people even know that they are pregnant.

The bill doesn't stop there, as the enforcement of the law by private citizens is incentivized.

This law places a bounty on people seeking healthcare—a minimum of $10,000 plus costs and attorneys' fees—to the individual who successfully brings a suit under the law's private right of action.

Not since the Fugitive Slave Act has a law been enacted that turns people into bounty hunters to hunt people for profit in the pursuit of enforcement of an unjust immoral law.

This empowers any private citizen—including but not limited to, antichoice extremists, ex-partners, assaulters, and strangers—to sue any person or organization that helps someone access abortion care after about six weeks of pregnancy.

SB 8 promotes, encourages, and will lead to vigilante justice, which many anti-choice organizations and activists actively try to deny. The law, and how it is enforced, is purposefully designed to have a chilling effect on a deeply private decision.

The private right of action also provides a tool for harassing abortion providers with costly lawsuits, discouraging them from providing services, and limiting access to reproductive healthcare.

As anti-choice activists continue to face questions and criticism, they will continue to

distort the reality of the law and deflect attention from its enforcement mechanism.

However, the effect of the enforcement mechanism is already in the making, as anti-abortion groups in Texas have already set up anonymous tip lines to allow individuals to act on their vigilante desires to punish people for making a personal decision.

This is why, in October 2021, I introduced H.R. 5710, the ''Preventing Vigilante Stalking that Stops Women's Access to Healthcare and Abortion Rights Act of 2021''; my Senate companion bill S.3057 .

This bicameral bill will enhance criminal penalties under the federal stalking statute if the stalking is done with the intent to prevent or report on a woman's health decisions. This bill does not include any mandatory minimums.

The ''Preventing Vigilante Stalking that Stops Women's Access to Healthcare and Abortion Rights Act of 2021'' will save lives—not only for women seeking essential healthcare services; it would also stop the threats poised by abusive partners who may feel emboldened by this heinous Texas law.

Thus far, SB 8 has accomplished exactly what it was meant to: the law's in terrorem effect has forced women to flee the state in order to obtain a safe and legal abortion.

For example, at 21 years old, Texas college student Madi was a senior in college when she discovered that she was pregnant. Madi was in a committed relationship and on birth control, and did not experience any early pregnancy signs until the nine-week mark, which she initially chalked up to the typical stress of being a senior and starting a new semester.

Madi immediately began to research nearby clinics across state lines, because SB8 prevented her from obtaining an abortion in Texas.

Madi called more than 30 clinics in Louisiana, Alabama, Kansas, Oklahoma, and Nevada—they were all booked for weeks.

Eventually, Madi was able to obtain an appointment at Jackson Women's Health in Mississippi, more than 400 miles away.

Another example is Ianthe Davis, who at just over six weeks pregnant ended her bartending shift at 4 a.m. one morning in Dallas in order to drive three three hours up Interstate 35 to Trust Women clinic in Oklahoma City.

She was treated by Dr. Rebecca Taub, an obstetrician and gynecologist who travels once a month from California to perform abortions for women.

After the procedure, Davis drove home; according to Davis on the need for the procedure, ''If I don't work, I don't make money.''

A Texas woman, an Oklahoma clinic, a California doctor: this scene offers a snapshot of the landscape under this horrific Texas law that bans nearly all abortions after an embryonic heartbeat is detected.

And there is Dr. Alan Braid, who was sued in Arkansas and Illinois for carrying out an abortion on a woman who was in the early stages of her pregnancy but beyond the six-week limit set by the law.

Dr. Braid, who has been practicing medicine for nearly 50 years, wrote in a September 18 opinion column in the Washington post that: ''I acted because I had a duty of care to this patient, as I do for all patients, and because she has a fundamental right to receive this care.''

As Dr. Braid demonstrates, this law places doctors in the impossible position of either obeying an unjust law or upholding their Hippocratic oath.

In addition to this heinous privatization of vigilante bounty hunters, the law has an enforcement mechanism that is uniquely crafted to be difficult to challenge in court.

Unlike other laws that restrict abortion access, SB 8 does not allow for any state officials to enforce the statute.

Rather, the lone enforcement mechanism is a private right of action that allows any individual who knowingly engages in or intends to engage in ''conduct that aids or abets the performance or inducement of an abortion'' in violation of the six-week ban.

SB 8's enforcement structure represents a deliberate and disturbing effort by the State of Texas to evade judicial scrutiny long enough for a clearly unconstitutional law to take effect. Through this enforcement mechanism, a deeply troubling precedent is set.

This precedent could be followed by other states aiming to undermine the constitutional right to abortion, but for any state efforts to undermine any other of our rights protected by the constitution.

If this enforcement mechanism found in SB 8 is to stay, the similar measures can be utilized by any state in order to slowly chip away at constitutional rights.

This bill also willfully ignores the fact that many women will not know they are pregnant at the six-week mark, and this will disproportionately effect women who are struggling to make ends meet, and women of color.

Even if a woman did know that she was pregnant within the narrow six-week period allowed by SB 8, it is not always possible for someone to get an abortion as soon as they have made that decision.

Many things can stand in their way, from not being able to afford it, travel distance to a clinic, not being able to get off work, or barriers put in place by politicians, such as bans on abortion coverage; or they may get new information about their health or their pregnancy.

Ensuring that everyone can get reproductive health care, including abortion is part of addressing racial and economic injustice.

Our Nation is amid a racial reckoning and transformation and we must unite against racism and discrimination and this will always include ending policies that deny people equitable access to healthcare, including abortion.

Forcing someone to continue a pregnancy against their will is simply a violation of their rights and their basic humanity.

The deeply private decision-making process of accessing abortion care is essential to women's bodily autonomy, and SB 8 greatly infringes on that of the people in my home state.

One of the most important and consequential decisions we as people ever make is whether we become parents, and these restrictions were designed to control, dehumanize, and criminalize women and their doctors.

We need to ensure that all people have access to the reproductive health care that they need, including access to abortion.

Once someone has decided to seek abortion care, I want them to be able to have access to safe and affordable medical care. I want them to be supported, not restricted by laws that dictate their decision or place unnecessary barriers on the process.

The decision to have an abortion should happen between those seeking abortions, and their doctors—there is no place for the Governor of Texas, the Texas Legislation, or any other individual to control this private decision.

The Texan government needs to trust people to make decisions for their own lives, their own bodies, and their own futures, and I trust Texans to always do what is right for themselves and those they love.

Those seeking abortion should not be punished or shamed for having an abortion but supported and treated with compassion.

SB 8 and other laws like it are the antithesis to what this country is supposed to be about, which is having the freedom to make your own life.

I have heard some say that this bill is popular in Texas, and that is not the case.

A poll done by NPR found that a clear majority of Americans, specifically 59 percent of Republicans, 61 of Democrats and 53 percent of independents, oppose a ban on abortions at the 6–8 week mark.

Furthermore, the poll found that 74 percent of those polled opposed legal action by private citizens—which broken down was 57 percent of Republicans, 90 percent of Democrats, and 74 percent of Independents.

To say this legislation is popular or is at the wishes of the constituents is a lie.

It's egregious to be focused on outlawing something that most Americans believe should be a personal decision, as a pandemic ravages our communities and basic health care needs go unmet.

RECOGNIZING THE CENTENNIAL ANNIVERSARY OF F.O. BARDEN AND SON, INC.

HON. JACK BERGMAN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2022

Mr. BERGMAN. Madam Speaker, it is my honor to recognize the 100th Anniversary of F.O. Barden and Son, Inc. of Boyne City, Michigan. Through its century of service and steadfast devotion to their community, F.O. Barden and Son, Inc. has become a local landmark and an indispensable part of Michigan's First District.

Frank Orin Barden was born on a farm in Nunica, Michigan, on February 3, 1876. Frank cultivated a passion for hard work from his upbringing on the family farm, leading him to start working at a young age with local lumber camps on Lake Michigan. For his education, he attended Davenport Institute in Grand Rapids to receive business training and began working in the lumber industry in several positions—eventually becoming manager in different mills across the state. After working for several Michigan companies, such as the Michigan Trust Company, the Boyne City Railroad, and Boyne Lumber, Frank created F.O. Barden & Sons Lumber Company in 1922 in Boyne City, MI, with his son Russel, and then later his son Al.

F.O. Barden and Son, Inc. continues to serve communities across Northern Michigan and remains headquartered in Boyne City. This centennial milestone denotes the years of service that the Barden family has dedicated to the economic wellbeing of the area and the lives of countless residents. Today, F.O. Barden and Son, Inc. is still owned and operated by the family, and Frank Orin Barden's