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**Testimony of Douglas W. Laube, MD, MEd
Board Chair, Physicians for Reproductive Choice and Health
House Judiciary Committee
Subcommittee on the Constitution
December 6, 2011**

Physicians for Reproductive Choice and Health (PRCH) is a doctor-led national advocacy organization that relies upon evidence-based medicine to promote sound reproductive health policies. PRCH stands against gender- and race-based discrimination. Our physicians provide comprehensive reproductive health care every day that helps women of all races, ethnicities, economic levels, and religious backgrounds achieve their education and life goals, plan their pregnancies, and become parents when they are ready. The “Susan B. Anthony and Frederick Douglass Prenatal Nondiscrimination Act (PRENDA) of 2011” (H.R. 3541) shows how out of touch our lawmakers are with the realities of women’s lives.

The decision to have an abortion is complex and H.R. 3541 goes against everything my colleagues and I know about women’s motivations for seeking abortion care in the United States. As physicians, we talk with our pregnant patients about all of their pregnancy options and make sure that their decision to have an abortion is informed and not coerced. In the countless conversations I and fellow physicians have with women seeking abortion care, we hear a resounding theme: responsibility. Our patients understand fully what it means to be a mother; many of them already have children. They cannot imagine bringing a child into the world whom they are not prepared to raise. We aid women suffering from serious health conditions and for whom pregnancy can be deadly—they have abortions not only to stay alive but also to remain healthy for the families who depend on them. We help women find the contraceptive best suited to them so that they can avoid unintended pregnancy (and abortion) altogether.

H.R. 3541 distorts the concepts of equality and rights by requiring providers to scrutinize the decision-making of certain populationsⁱ or risk serious, criminal penalties. As physicians, we find this attack on women seeking abortion and those of us who provide abortion care unconscionable. The bill does nothing to address the critical issues of gender inequality or racial disparities in access to high-quality reproductive healthcare,ⁱⁱ showing the sponsors’ true intent, which is to decrease access to legal abortion. PRCH asks Congress to act responsibly; to trust women’s decision-making about their health and well-being and that of their families, and to stop creating barriers to safe, legal abortion care.

ⁱ The bill cites research by economists to justify the legislation. This research describes a gender disparity in birth ratios in certain Asian communities for second and third children relying upon U.S. Census Data. The research does not study abortion rates or survey women who have had abortions. Douglas Almond and Lena Edlund. 2008. "Son-biased Sex Ratios in the 2000 United States Census." *Proceedings of the National Academy of Sciences*, 105(15): 5681–82.

ⁱⁱ For example, African-American women's unintended pregnancy rates are the highest [of all racial groups]. These higher unintended pregnancy rates reflect the particular difficulties that many women in minority communities face in accessing high-quality contraceptive services and in using their chosen method of birth control consistently and effectively over long periods of time. Moreover, these realities must be seen in a larger context in which significant racial and ethnic disparities also persist for a wide range of health outcomes, from diabetes to heart disease to breast and cervical cancer to sexually transmitted infections (STI), including Human Immunodeficiency Virus (HIV). Susan A. Cohen. Abortion and Women of Color: The Bigger Picture. 11 *Guttmacher Policy Review* 3 (Summer 2008) (available online at <http://www.guttmacher.org/pubs/gpr/11/3/gpr110302.pdf>).