



## Forced pregnancies and racial bias: A deadly combination?

***"These abortion bans are also happening in the states that have the worst maternal mortality rates in the country, and so for a lot of people, depending on where you are, your access to health care, if there's racial bias in the health system that you are seeing, that could potentially be a death sentence." Vina Smith-Ramakrishnan***

*911. What's your emergency?*

*America's healthcare system is broken and people are dying.*

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**.

*(music)*

This time on **Code WACK!** The Alabama Supreme Court's troubling IVF decision has gotten significant media attention recently, but how else are reproductive rights being rolled back in America? Why are some states going after emergency contraception known as the morning-after pill? What policy solutions are needed to better protect reproductive rights? To find out, we spoke to **Vina Smith-Ramakrishnan**, a fellow at The Century Foundation, where she works on issues related to maternal health and reproductive rights and justice. Vina's work

supports The Century Foundation's efforts to eliminate racial and gender disparities in health outcomes.

**Welcome back to Code WACK Vina!**

**Smith-Ramakrishnan:** Thank you. It's great to be back.

***Q: So, last time we spoke about the Alabama Supreme Court decision that found that frozen embryos created during In-Vitro Fertilization are considered children under state law, which prompted some clinics in the state to halt its IVF services. And Alabama is hardly the only state where reproductive rights are continuing to be curtailed since the constitutional right to abortion was overturned with the Supreme Court's Dobbs decision in 2022. A bill was recently introduced in Oklahoma that would ban FDA-approved emergency contraception, otherwise known as the morning-after pill, which reduces the risk of pregnancy and is most effective when taken within three days after unprotected sex. So is this pill federally protected or not?***

**Smith-Ramakrishnan:** So technically it is federally protected, but Oklahoma would not be the first state who has attempted to kind of just go around the rules and go after something like emergency contraception, and I feel the need to also just blatantly state the fact that *emergency contraception is not abortion*. They are two completely different types of health care. Emergency contraception can't change anything about an embryo that has already implanted into a uterus. It is preventing the fertilization from even happening in the first place.

And so whenever I hear about these bills that are coming out of places like Oklahoma, the first thing I want to suggest is that the people who are in these state houses need to take a biology lesson <laugh> because they are just grossly misinformed about what these different types of health care even entail. And so like the morning-after pill has nothing to do with even an embryo. It has to do with preventing fertilization even happening in the first place, which is why people are suggested to take it like you mentioned (within) three days after unprotected sex. But yes, it technically is federally protected and there is some legislation that is out that would basically enforce that protection more aggressively, which is the Right to Contraception Act. Under that bill that's in Congress right now at the federal level,

no state, local or federal government entity would be able to limit or infringe upon those rights or impede access to contraception in any way.

***Q: Okay. So what do you think is going to happen then to this bill that would ban the morning after pill. Would it be struck down ultimately? Could it be struck down on a federal level or what do you think would happen?***

**Smith-Ramakrishnan:** I think what makes a lot of these things scary is that a lot of it does come down to the courts. And that is also why, like we say during the Trump administration, you know, so many judges were confirmed that are these anti-abortion judges .... who have their own ideologies and set of ideas about what is and isn't permitted under the Constitution without acknowledging what the law of the land actually is. And so I think that's what the fear is for a lot of people is that even if a law dictates something, if it's not being enforced and held up by the courts, what is the point of having it written in law?

***Q: Okay. So is the Century Foundation doing anything about that particular bill in Oklahoma?***

**Smith-Ramakrishnan:** We're not looking specifically at Oklahoma. We do mostly federal level policy work, but try to look at the states to help inform what needs to happen at the federal level. We have written a lot in the past on contraception, and I actually have a piece on birth control access that is coming out in the next few weeks. So the goals of those pieces is just to continue to spread awareness, both for the general public so that people understand what's happening at the federal level and what is under attack and at risk. And also to communicate with folks on the Hill with policy makers who are sitting in the rooms where these decisions are being made and who, like I mentioned, a lot of them could use a biology lesson and sometimes you need things spelled out in plain terms to help folks better understand what the implications are of the decisions that they're making for millions of people across the country.

***Q: Right. So we've talked about the IVF case in Alabama. We've talked about other efforts to roll back reproductive justice like in Oklahoma. What policy solutions do you think are needed to protect reproductive rights in America?***

**Smith-Ramakrishnan:** Yeah, so right now on the Hill we have, looking at abortion specifically, we have the Abortion Justice Act, which would really kind of take things to the next level in terms of not just taking us back to what protections existed under Roe v Wade, because we like to think about Roe as the floor, not the ceiling of what could really be achieved in accomplished in terms of protecting and expanding access to abortion care across the country. We also have the EACH act that's on the hill and that would get rid of the Hyde Amendment that I mentioned in the last episode, which doesn't allow federal funding to be used towards abortions with the exceptions of these few instances of only rape, incest, or health and wellbeing of the mother. And there's also the Right to Contraception Act, which I also mentioned, I believe, in the last episode. And that would really help protect the right to contraception and expand access so that more people can access the birth control of their choosing cause we know there's many different methods of birth control out there. Not every method works for every person and not everyone has access or can afford all of the varieties of options that exist.

***Q: That's right. And I believe it was in your piece on the Century Foundation's website about the need for a reproductive justice framework. Do you want to say anything about that?***

**Smith-Ramakrishnan:** Definitely. For anyone who didn't read the piece, I'll just give a quick breakdown about what I mean by the reproductive justice framework. It was a framework that was formally put into words by a group of Black women in 1994, and they were really kind of dissatisfied with the binary that was just between the pro-choice and the pro-life movement. The pro-choice movement was predominantly White-led and they were really singularly focused on the right to abortion. And so these women were saying there's a lot of other issues that deal with reproduction that are harming and impacting our communities. Of course, we want to support the pro-choice movement in getting this right to abortion, but we also want to look at how that's connected to other things like access to maternal health care, prenatal/postnatal visits, insurance coverage, contraception, and also the right to have a child because a lot of these communities, especially in the 20th century, were facing things like forced sterilization and eugenics, especially in the early 20th century. And so there's a lot of historical harms that have been caused to a lot of people that made them think, 'okay, we need to, yes, get the right to

abortion, but we also need to think about all of these other things that are affecting our families and our communities.' And so that led to the three main pillars of reproductive justice, which is the right to have a child, the right to not have a child, and then the right to parent that child in a safe and healthy environment. And that goes into things like climate change and environmental justice. And the reason why I like the reproductive justice framework is because it's a really holistic approach to looking at care.

I mean, instead of having, you know, these siloed movements – and it offers a lot of opportunities for movement building as well. There are people who maybe have been after hearing about the IVF decision out of Alabama now might be realizing, 'oh, this is connected to something that I maybe care more about or something that has impacted my family.' Or, you know, 'I know someone who used IVF to have to have their children.' I mean, so kind of bringing people into the movement from different points and meeting people where they're at to understand that when people go after abortion, they're also going after other things as well and why these are all interconnected. And so I think that's why the reproductive justice framework is a lot more helpful way of looking at these issues than just kind of singularly focusing on, on sole issues by themselves.

***Q: Oh, that's interesting. Do you think that the pro-choice organizations that are out there today kind of doing the advocacy work are coming at it from a reproductive justice framework?***

**Smith-Ramakrishnan:** I think more and more they are acknowledging the benefit of the reproductive justice framework. Historically, White-led organizations can't quite call themselves reproductive justice organizations. 'cause fundamentally that's not really what they are, but they can definitely implement and a lot of them have taken up the reproductive justice framework as a broader way to look at these issues and to also, you know, build their coalitions for movement building purposes as well. Because if you can connect your issues to things like maternal and child health or you know, fertility treatment issues, things that affect different people and you can bring everyone together to create a stronger movement.

***Q: Okay, I love that. You mentioned earlier the connection between abortion access and I believe maternal mortality. Is that right? Can you just clearly link the two for me to help me better understand what the link is between the two?***

**Smith-Ramakrishnan:** Absolutely. I think there's a number of ways you can do it, but I think one of the clearest ways that I'll do it is this, the research has shown that abortion bans are going to disproportionately impact Black women and birthing people by preventing them from accessing abortion care. And so if by law you are now forcing a Black woman to remain pregnant when she wanted to seek an abortion, these abortion bans are also happening in the states that have the worst maternal mortality rates in the country. And so for a lot of people, depending on where you are, your access to health care, if there's racial bias in the health system that you are seeing, that could potentially be a death sentence. And so we are forcing people to be pregnant in a country that does not have adequate access to maternal health care to begin with, which that's really the point that we've tried to drive home is you can't force people to remain in a situation when you're not even providing them competent and respectful and holistic care options and affordable care options to meet them where they're at. You are just forcing them to remain pregnant and leaving them as they are potentially to die in the system.

***Q: Wow, thank you. That makes a lot of sense. Okay. I wanted to ask you what your thoughts are on single payer healthcare. On a federal level, the Medicare for All Act introduced by Rep. Pramila Jayapal states that it would cover comprehensive reproductive care including abortion, contraception, and Assistive Reproductive Technology. If such a bill was implemented and signed into law, how would this help protect reproductive rights?***

**Smith-Ramakrishnan:** Yeah, I mean, I think our ideal world, or at least I'll speak for myself, not for the rest of my teammates, although I know they feel similarly, my ideal world would be one in which everyone is able to access and afford the care that they need and deserve. And, and we know that the way that our healthcare system is set up right now, it just is not supportive or conducive to that. There are just so many coverage gaps that people can fall into where they're not able to access and afford care and I think specifically outlining the reproductive health piece within that bill is really important because those are often types of health

care that people don't always consider to be healthcare. I mean, I think explicitly outlining that is really important. Having coverage for a range of different reproductive healthcare options would really be major and instrumental to improving equity and outcomes, especially in a single-payer healthcare system where we know a lot of the folks that are falling into these coverage gaps are people of color, are immigrant communities, are low-income households. And so if we're able to kind of cover everyone and have more people access specifically reproductive health care, but all health care in general that would have major benefits to health equity writ large.

***Q: So I'm curious if if Medicare for All is implemented and the Medicare for All Act is signed into law, would that, from a court's perspective, do you think that would automatically protect, make it a federal right again?***

**Smith-Ramakrishnan:** Right, again, Not to be a pessimist, but <laugh> I think where we currently stand with where things are on the Hill, I think something like that passing into law does not seem the most promising. If it did happen, I do think it would come down to the courts and they may or may not have the final say in what goes on there. But I think that is a lot of the tensions that we're seeing even now with things that are getting passed at the federal level.

There is a real fear about, you know, what, in the next coming decades, the Supreme Court that we have today is going to decide for generations to come, and so I think that is really kind of like the, not to be dramatic, but the battle of our lifetimes right now is existing at the courts and they are really kind of deciding and determining on a host of issues from, you know, like criminal justice to what happens in our schools, public education, health care, civil rights. Like there is a lot at risk right now. And so I'll leave it at that, but I do think that we're gonna see a lot of tension in the courts in coming years..

***Q: So I know we've covered a lot of ground, but is there something else you want us to know, Vina, that we haven't touched on?***

**Smith-Vanakrishnan:** We've covered a lot of great things. I guess I would just reiterate I would love for people to explore and consider the connections that can be made if there's an issue area that you care deeply about, consider what

intersections may exist with other issues that you might not in your head intuitively think are related, but could have connections that can be made. I think that's a lot of what we're trying to do right now in the reproductive justice space and it can apply to a lot of other movements as well. And I also would just ask folks to consider when it comes to bodily autonomy, it is often an all or nothing. We can't claim to want autonomy sometimes and not in other situations because the way that the courts and legal systems and state houses are setting things up, they are trying to roll back any autonomy no matter what situation it is.

***Q: Right. Is there anything that your average person can do to support the work you guys are doing at the Century Foundation?***

**Smith-Ramakrishnan:** Yeah. I would say you can read a host of different issues that we write about on our website. There are also just ways that you can get involved, like locally and at your state level. Looking at state legislation, and again, I'll try to stay on the 501 C3 non-lobbying <laugh> side of things, but there's a lot of ballot measures that we're seeing that are coming at the state level, where people at the state are saying, Hey, 'actually we don't agree with these decisions that are being made on our behalf.' So I would keep an eye out for ballot measures that are happening in your state state-level bills that are looking to codify rights and get things explicitly put into state constitutions. I think that's really important. Yeah. And then just, you know, being an advocate in your spare time with your friends and your neighbors, I think you'd be surprised at what, you know, conversations with those around you can really impact the way people think about things. Not everyone is connecting the dots between IVF and abortion and understanding why it's important that we advocate for autonomy for everyone.

***Q: Got it. Vina, what state are you in?***

**Smith-Ramakrishnan:** I am unfortunately in Washington DC, which we need statehood in DC, but I am in DC <laugh>.

***Wonderful. Well, thank you so much for being here. This conversation has been so enlightening.***



**Smith-Ramakrishnan:** Thank you for having me, and I hope I didn't ramble too much.

***Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at [heal-ca.org](http://heal-ca.org).***

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