

117TH CONGRESS
2D SESSION

H. CON. RES. 78

Expressing support for the recognition of March 10, 2022, as “Abortion Provider Appreciation Day”.

IN THE HOUSE OF REPRESENTATIVES

MARCH 8, 2022

Mr. LEVIN of Michigan (for himself, Ms. BUSH, Ms. DEGETTE, Ms. JAYAPAL, Ms. LEE of California, Ms. WILLIAMS of Georgia, and Ms. PRESSLEY) submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce

CONCURRENT RESOLUTION

Expressing support for the recognition of March 10, 2022, as “Abortion Provider Appreciation Day”.

Whereas March 10 has been established as a day to show appreciation for the essential, high-quality care that abortion providers and clinic staff provide to their communities and those traveling to their communities, and to celebrate their courage, compassion, and dedication to their work;

Whereas this date is established in honor of Dr. David Gunn who was killed outside his abortion clinic in Pensacola, Florida, by a White supremacist, antiabortion extremist, in the first known instance of the murder of an abortion provider on March 10, 1993;

Whereas abortion providers and clinic staff play a critical role in a world where people must be able to make essential and time-sensitive decisions about their bodies, lives, and futures;

Whereas abortion providers and clinic staff help to ensure that all people who can become pregnant can make their own decisions about their bodies and their pregnancies, and support their patients' decisions by treating them with dignity, empathy, compassion, and respect;

Whereas abortion providers and clinic staff play an essential role within the reproductive justice framework, which was created by a group of Black women in 1994 who determined the necessity of adopting a human rights framework that demands every person has the human right to bodily autonomy, which includes if, when, and how to have children, to not have children, and to parent the children they have in safe and sustainable communities;

Whereas people seeking abortion care across the United States also rely on the work of abortion funds and practical support organizations to access abortion care for themselves and their families;

Whereas abortion funds and practical support organizations that rely on donations face increasing demand as people are forced into the vicious cycle of having to travel longer distances, find childcare or lodging, and raise money to obtain an abortion and cover associated costs;

Whereas restrictions on accessing abortion care have far-reaching consequences in both deepening existing inequities caused by structural racism and systemic discrimination in the maternal health care system and worsening

health outcomes for pregnant people, people giving birth, and their families;

Whereas abortion care restrictions in some States have forced many abortion clinics to shut down, such that 90 percent of counties in the United States today do not have an abortion provider, the number of independent abortion clinics in the United States has declined by one-third since 2012, and efforts to undermine critical supports for patients, including family planning supports, have further threatened the work of abortion providers;

Whereas restricting access to abortion care creates and increases the out-of-pocket costs and logistical burdens that patients face to get care while exposing the remaining abortion providers and staff to increased levels of harassment and politically motivated restrictions;

Whereas the National Abortion Federation's 2020 statistics on violence and disruption found an alarming escalation in incidents of obstruction, vandalism, and trespassing at abortion clinics, with abortion providers reporting an increase in death threats and threats of harm from 92 incidents in 2019 to 200 in 2020;

Whereas Black, indigenous, and other providers and patients of color face heightened levels of threats, harassment, and violence as compared to their White counterparts;

Whereas 2021 marked the worst year for abortion rights since *Roe v. Wade* (410 U.S. 113 (1973)) was decided, and the passage and enforcement of restrictions on abortion access and the criminalization of abortion has emboldened antiabortion individuals and groups to continue to harass providers and the patients they care for;

Whereas the Supreme Court of the United States is now (as of the date of adoption of this resolution) considering *Dobbs v. Jackson Women’s Health Organization* (141 S.Ct. 2619 (2021)), a case that the Justices could use to overturn or severely undermine *Roe v. Wade*, and at the same time has refused to block Texas’s blatantly unconstitutional ban on abortion at approximately 6 weeks of pregnancy, allowing Texas to ban the majority of abortions in the State;

Whereas the ripple effects of Texas’s abortion ban have been felt by communities and abortion providers across the country as abortion clinics try to absorb the massive influx of Texas’s patients who have the resources to travel and are seeking abortion care elsewhere;

Whereas should the Supreme Court overturn or severely undermine *Roe v. Wade*, Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin, and Wyoming could act as soon as possible to prohibit abortion and criminalize abortion providers;

Whereas *Roe v. Wade* alone has never been sufficient to ensure that all people, especially Black people, indigenous people, people of color, working class and low-income people, LGBTQIA+ people, people who are immigrants, younger people, people with disabilities, geographically isolated people, and people with multimarginal identities, can get the abortion care they need;

Whereas the unraveling or overturning of *Roe v. Wade* threatens the ability of abortion providers and the clinic staff who support them to serve their patients; and

Whereas in the face of multifaceted attacks on their work, abortion providers remain an essential and valued part of their communities, providing high-quality, compassionate, and necessary health care, and courageously delivering this care despite pressures, restrictions, political interference, and violent threats to their personal safety: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring), That Congress—*

3 (1) recognizes Abortion Provider Appreciation
4 Day to celebrate the courage, compassion, and high-
5 quality care that abortion providers and clinic staff
6 offer to patients and their families across the coun-
7 try;

8 (2) lauds communities across the country who
9 are proud to be home to abortion providers and clin-
10 ic staff;

11 (3) affirms Congress' commitment to ensuring
12 the safety of abortion providers, their ability to con-
13 tinue providing the essential care their patients
14 need, and the right of their patients to access abor-
15 tion care no matter where they live, free from fear
16 of violence, criminalization, or stigma; and

17 (4) declares a vision for a future where access
18 to abortion is liberated from restrictions and bans
19 universally, and affirms Congress' commitment to

- 1 working toward this goal in partnership with pro-
- 2 viders, patients, advocates, and their communities.

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