



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**  
Ashwin Vasani, MD, PhD  
*Commissioner*

**Testimony**

of

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**New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committee on Women and Gender Equity**

on

**Reproductive Rights**

and

**Introductions 458, 465, 466, 475, 507 and Resolutions 195, 196, 197, 200, 208, and 245**

Good morning, Chair Caban, and members of the committee. My name is Laura Louison, Assistant Commissioner for the Bureau of Maternal, Infant and Reproductive Health at the New York City Department of Health and Mental Hygiene. I am joined today by my colleague, Dr. Tara Stein, Medical Director for the Bureau of Maternal, Infant, and Reproductive Health. On behalf of the Administration, we thank you for the opportunity to speak today on the critical, timely, and historic topics of abortion access and reproductive health.

As we're all painfully aware, the Supreme Court overturned Roe v. Wade, and with it, the U.S. Constitutional right to a safe abortion, a right that was in place for half a century. Over half of all U.S. states are expected to restrict or fully prohibit abortions now that Roe is overturned. New York State has become one of the few states where pregnant people can seek safe, legally protected abortions.

I want everyone to hear me state this loud and clear: **abortion is still legal in New York State, and this city is – and will remain – a safe haven for people who need an abortion. Abortion is health care. And access to abortion is a public health issue.**

Abortion is a safe, common health care procedure; one in four women in the US will have an abortion by the age of 45. The evidence is clear: people are hurt when they do not have access to abortions. When someone is forced to continue a pregnancy against their wishes, they are also forced to take on the risks of pregnancy and labor. Those risks are more significant for some communities. For example, as the Council is acutely aware, the United States has the highest maternal mortality rate among developed countries, with a terrible, preventable disparity in maternal mortality and morbidity for Black women.

Overturning Roe will have foreseeable consequences in increasing the risk of death or significant illness for people across the country. Limiting access to abortions also has negative consequences for people's long-term economic wellbeing and safety. Patients who do not obtain an abortion when they want one are four times more likely to live in poverty afterwards and experience long lasting effects on their educational attainment and job opportunities. Ensuring safe, legal access to abortion care is a public health necessity. Without access to abortions, Americans' health and wellbeing will be severely harmed.

And although most Americans support safe and legal access to abortion, the minority opinion has prevailed over evidence, science, and public opinion. Nearly 50 years of escalating anti-abortion campaigns and policies set the stage for the situation we are in today. Thus, it is on us – the localities and states that continue to guarantee access to safe and legal abortion services - to take on the operational, emotional, and fiscal responsibility of providing it for the rest of the country. We should not have to do that, but we absolutely will.

We will do so because we are committed, as a city, to ensuring sexual and reproductive justice for all New Yorkers and for those who travel to our city seeking refuge. Sexual and reproductive justice exists when all people have the power and resources to make healthy decisions about their bodies, sexuality and reproduction.

Our commitment to maintaining New York City as a safe haven for abortion access stems from our deeply held belief that all people have the right to choose to have or not have children and control their own bodies. We are prepared and committed to improving access to abortion for New Yorkers as well as any people who travel to the city to get a safe abortion. As the City announced last week, we've updated and enhanced our public websites and 311 to provide clear and accurate information about abortion services, and we are standing up a citywide abortion call line and navigation hub, so information will be

centralized and easily accessible. We will also be increasing provider capacity and will add medication abortion at our sexual health clinics. Information about abortion services in New York City is available on our website [nyc.gov/abortion](https://nyc.gov/abortion).

And while we are committed to maintaining New York City as a safe haven for abortion access for all people, we must acknowledge that this country, including New York City, still has a long way to go in guaranteeing equitable access to reproductive health care services for all. Our nation and city's shameful, longstanding history of structural racism hangs over our systems of care. The people most affected by limiting abortion access are those who have been excluded and marginalized through individual discrimination and systemic barriers. This includes Black, indigenous and other people of color, people with disabilities, LGBTQ people, people with low incomes, and young people.

The ongoing work of the City – including at the Health Department and at NYC Health + Hospitals – in conjunction with Council's robust package of bills being heard today, will help facilitate equitable access for all New Yorkers and for those traveling to New York for safe abortions and other reproductive health care services. Our work will prioritize ensuring that all communities can afford and obtain the high quality sexual and reproductive health care services they need. Our current work in reproductive health demonstrates our ability to achieve impact: the historic decline in adolescent pregnancy rates over the past decade is just one example of the Health Department's record of success.

We want to thank Council for this historic package of reproductive health bills. The Administration fully supports the goals of Introductions 458, 465, 466, 475 and 507. It is essential that the City do everything within its power to protect the rights of people to get abortions in this City and ensure access to sexual and reproductive healthcare services. We look forward to discussing the specifics of each bill after the hearing and continuing these conversations with Council to ensure our mutual goals are met to best serve New Yorkers at this pivotal moment in history. We know your work does not end here.

In closing, I want to reflect on this moment in time for those of us who work in, advocate for and amplify public health. To work in public health is to dedicate your life to preventing morbidity, mortality, and disparities in health outcomes. We go to work every day to save and improve lives, to ensure communities are protected from deadly diseases now and in the future, and to build on evidence with which decision makers can execute policies and programs to further enhance health and well-being. The Supreme Court's decision aims to do precisely the opposite. In this historic moment, we have a moral imperative to uphold the rights of all people to have access to safe, affordable health care, which includes abortions. The Department of Health is prepared to lead that work. Why? Because it is our job. We place the sanctity of the health, dignity, and well-being of those we serve above all else.

We do this standing on the shoulders of those who came before us, hand-in-hand with those who are here with us now, and for the millions that will come after. Thank you for the opportunity to testify, we look forward to taking your questions.