

**Erika Christensen**  
**Questions for the Record**  
**Submitted February 18, 2020**

**QUESTIONS FROM SENATOR BOOKER**

1. In your testimony you acknowledge that, despite the considerable burdens you faced, you were ultimately able to receive the care you and your family determined best because you had the financial resources to do so. As you stated in your opening statement, this is sadly not the case for many families. In fact, as Ms. Goss Gaves mentions, people seeking abortion care disproportionately live in poverty, without access to reproductive care. What can policy makers do to ensure that all pregnant people have access to the abortion care that they and their doctor determines necessary?

Senator Booker, thank you for this question. Each pregnancy is unique and each pregnant person's circumstances are unique. I believe abortion seekers are moral decision-makers fully capable of making our own decisions based on our own beliefs and our own needs. I don't believe we require outside interference into whether the personal health care decisions we make are right or wrong.

That said, there is much legislators can do to erode discrimination and inequity in healthcare, including reproductive healthcare. I have experience being denied care because of a restrictive abortion law. So I understand how dehumanizing that can feel. We need our leaders to lift restrictive laws and remove barriers to care. I have learned situations like mine can and do happen to anyone. The difference is that some people can get around the barriers to accessing care and most cannot. No one is more deserving of accessing healthcare than anyone else and that money ultimately made my care possible reveals the shameful truth at the center of this debate: people with money will always be able to access abortion care.

We require our leaders to actively fight disinformation and stigma around abortion care, in particular the abortion care that happens relatively later in pregnancy. Americans respect your authority and as such, your words and actions deeply matter. We would also respectfully ask responsible leaders with platforms as large as yours to help spread facts and real information. This may mean divesting from some politically-convenient myths about later abortion care that lean on tragedy and rarity instead of inequity and discrimination.

And please include patients in these public discussions to work toward understanding and better policy.

I believe a patient-centered approach to policy rejects the premise that there is a point in pregnancy at which the government should step in because a pregnant person is less of a moral decision maker than the state, than society. Any law based on flawed concepts about who pregnant people are and how we make decisions is choosing to protect a myth by causing real harm to real people who actually exist.

Thank you.