



Abortion and Jewish Values TOOLKIT



National Council of Jewish Women



Judaism permits abortion. Full stop.

The Constitution gives us the right to have abortions. Full stop.

And yet, here we are in 2020, living in a time with the greatest technological advances in the history of the world while our constitutional rights and religious freedoms are headed backward. This is not random. Anti-women activists have been strategically doing everything and anything to make sure our reproductive freedoms are eliminated.

Unfortunately, we've been here before. Since our founding in 1893, the National Council of Jewish Women has fought for all people to have access to abortion. In fact, in the 1920s, we helped to found the first ten birth control clinics in this country, which later became Planned Parenthood health centers. Many of our advocates remember a time when our reproductive rights were nonexistent. We cannot allow this to happen again.

In order to effectively fight against the strategy of those who wish to take our freedoms away, we must be educated. We must understand how our federal courts and judges play a critical role in this battle. We must understand how all of the issues we care about – immigration, voting rights, economic justice, and so much more – intersect and impact access to essential reproductive health services. And we must understand that religious freedom exists to protect minority religions and Judaism supports everyone in deciding whether and when to have children.

Together, we will work to ensure that every single person can make their own moral and faith-informed decisions about their body, health, and future. Our Jewish values compel us to support full access to safe and legal abortion care as basic health care. Together, we truly can make change happen.

Thank you to NCJW staff and volunteers who contributed to this toolkit and to our advocates across the country for bringing this work to their communities.

In solidarity,



Sheila Katz
National Council of Jewish Women, CEO



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For over 125 years, the National Council of Jewish Women (NCJW) has boldly imagined a world where women, children, and families are fully valued and supported. From the beginning, we have been on the frontlines of the fight for reproductive health, rights, and justice and continue this critical work today at the local, state, and national levels.

At NCJW, we know that abortion is a safe, essential component of health care and a basic human right. And as the Supreme Court recognized nearly 50 years ago in *Roe v. Wade*, it's your constitutional right to obtain an abortion — regardless of who you are, how much money you make, or where you live.

Brazenly disregarding the very structural foundations of our nation, extremist lawmakers are ignoring legal precedent, and neglecting the rights and needs of those seeking abortions to advance their own ideological agendas. Consider this:

If you live in Texas, your provider will be forced to deliver a state-mandated, medically inaccurate lecture about fetal pain and the negative physical and psychological effects of abortion, including discredited connections to breast cancer and infertility, at least 24 hours before the procedure.

Missouri, currently one of six states with only one abortion clinic, is poised to become the first to no longer offer the procedure since 1973. Here, even in cases of rape, incest, or child abuse, physicians cannot perform an abortion for a minor until they have notified the patient's parent and received written consent. All patients must wait 72 hours between receiving state-mandated, biased counseling and having an abortion.

In Louisiana, you are required to obtain an ultrasound at least 24 hours prior to your abortion. During the ultrasound, your provider is legally compelled to show and describe the image to you — but don't worry, lawmakers were kind enough to allow you to look away.

This is just a snapshot of the draconian abortion restrictions sweeping the nation.

Since 2011, antiabortion politicians have pushed nearly 450 restrictive laws through state legislatures, ranging from outright bans to medically unnecessary regulations. As if this terrifying trend wasn't enough, the Hyde Amendment has denied abortion coverage to those enrolled in federal health programs for over forty years despite tireless efforts to end the discriminatory policy that makes care inaccessible for countless individuals. As people across the country are routinely denied basic health services and the national dialogue surrounding this pivotal issue has amplified, the voices of NCJW's 90,000 advocates and supporters are more important than ever.

This is especially true given the dominance of evangelical Christian conservatives in moral and faithbased conversations about abortion. This group blatantly manipulates our nation’s foundational principle of religious liberty to encourage discrimination in health care while actively impeding patients’ moral autonomy. Their views do not reflect those of most Americans, but instead represent one extreme interpretation of one religion and leave no room for other beliefs. **In fact, a majority of Americans believe that abortion should be legal all or most of the time, 73 percent (including over half of Republicans) support *Roe v. Wade*, and nearly one in four women will have an abortion by age 45.**

In the face of false narratives and appalling rhetoric concerning abortion across the United States, we must lift up the voices of people of faith who advocate for reproductive health, rights, and justice not in spite of their religion, but because of it. NCJW’s support for abortion rights is directly linked to and driven by our religious texts and **Jewish values: *b’tzelem Elohim* — we are all created in God’s image; *kavod ha bri’ot* — respect and dignity for all; and *tzedek tirdof* — the pursuit of justice. In order to ensure that every person can make their own moral and faith-informed decision about abortion and can access this basic health care, we must convey these Jewish values and traditions effectively in our advocacy work.**

How to Use This Toolkit

This guide is for anyone interested in protecting abortion rights and access, from seasoned advocates to those newly introduced to how our Jewish values inform our work. Each section explores a different facet of this work. The background information provides necessary context for understanding the specifics of the Jewish messaging resources and the intersection of abortion rights with other critical issues. We then invite you to take action on proactive federal legislation and to engage with NCJW as you advocate on your own, with your friends, and in your community.

When you see these icons in the toolkit, they signify each different section.



BACKGROUND



JEWISH
MESSAGING



INTERSECTIONS



TAKE ACTION



Background

Abortion Bans and Restrictions

Both federal and state legislatures have enacted a variety of laws to ban abortion outright or to restrict access to the procedure. The glossary below provides information on the most common types of abortion bans and restrictions. Please note that this list is by no means comprehensive as anti-abortion advocates continue to develop new ways to outlaw or limit access to basic health care.

BANS



Pre-Roe

Measures banning abortion passed before the Supreme Court's landmark 1973 decision in *Roe v. Wade* cemented this nationwide constitutional right. While currently unenforceable, these laws could be revived should *Roe* be limited or overturned.



Trigger

Measures that would automatically outlaw abortion should *Roe* be limited or overturned.



Gestational

Measures prohibiting abortion prior to viability tied to the gestational age of the fetus (commonly six-, eight-, twelve-, or twenty-week bans).



Reason

Measures banning abortions sought for particular reasons (commonly race, sex, or fetal/genetic anomaly bans).



Method

Measures banning a specific abortion procedure (commonly dilation and extraction [D&X] or dilation and excavation [D&E] bans).

*NOTE: Anti-abortion advocates refer to D&X procedures as "partial-birth abortions." A federal law banning D&X procedures – the "Partial-Birth Abortion Act" – was upheld by the Supreme Court in *Gonzales v. Carhart*. "Partial-birth abortion" is not a medical term.*



Criminalization of self-managed abortion

Measures that impose criminal penalties on those who have abortions outside of medical settings.



RESTRICTIONS



Targeted Regulation of Abortion Providers (TRAP) laws:

Measures designed to close abortion clinics and prevent patients from receiving care by imposing onerous and medically unnecessary regulations on facilities and providers.

- **Provider requirements:** Measures limiting who can provide abortions by establishing unnecessary provider qualifications or requiring providers to be able to admit (admitting privileges) or transfer (transfer agreements) patients to local hospitals.
- **Facility requirements:** Measures specifying where abortions can be performed and regulating those facilities (e.g., establishing a certain width for hallways or requiring clinics to meet standards set for ambulatory surgical centers).
- **Disposal of fetal tissue:** Measures requiring providers to bury or cremate fetal tissue following an abortion.



Consent: Measures aimed to dissuade pregnant individuals from obtaining abortions under the guise of providing “informed consent.”

- **Ultrasounds:** Measures specifying that an ultrasound must be performed prior to an abortion. Some states require that the pregnant individual be offered the opportunity to view the image, while others force providers to show and describe the image to the individual.
- **Counseling:** Measures forcing providers to deliver biased information to abortion patients before the procedure, including inaccurate material about breast cancer, fetal pain, and mental health consequences.
- **Waiting periods:** Measures requiring patients to wait a set amount of time (usually 24 to 72 hours) between receiving counseling and obtaining an abortion.
- **Parental involvement:** Measures requiring providers or clinics to notify or obtain documented consent from a minor patient’s parent prior to an abortion.



Refusals: Measures permitting anyone involved in a patient’s care (including doctors, schedulers, and those responsible for cleaning examination rooms) to refuse to provide an abortion based on religious or moral objections.



Coverage: Measures restricting insurance coverage of abortion in government-funded health programs (i.e., the Hyde Amendment) or through private health insurance.

Understanding Reproductive Health, Rights, and Justice

The following primer identifies and clarifies three key reproductive advocacy frameworks and how each can help us to achieve reproductive freedom and liberation for all.

WHAT'S THE PROBLEM?

REPRODUCTIVE HEALTH: the direct servicing of an individual's reproductive needs.

Reproductive health outcomes are seen as a consequence of service accessibility, insurance coverage, and quality of individual care provided.

Example: Unintended pregnancy due to lack of access to birth control or lack of education on effective birth control use.

REPRODUCTIVE RIGHTS: the individual legal rights to reproductive health care services with a focus on keeping abortion legal, standardizing sex education, and increasing access to family planning services.

Restrictive laws prevent individuals from accessing abortion, birth control, and other reproductive care. Further, the manipulation of religious beliefs to restrict legal access to reproductive health care is a prevailing issue.

Example: A religious university is exempt from covering birth control in its employee and student health care plans.

REPRODUCTIVE JUSTICE: the human right to control our bodies, our lives, our sexualities, our gender, our work, and our reproduction.

An individual's ability to exercise selfdetermination in their reproductive life (and beyond) is affected by power inequities inherent in our society's institutions, environment, economics, and culture.

Example: Medicaid excludes coverage for fertility treatment services like in vitro fertilization (IVF).



ORGANIZATIONS AND PEOPLE	STRATEGY	LIMITATIONS
<ul style="list-style-type: none">• Community health centers• School-based clinics• Abortion providers <p><i>Examples: Planned Parenthood, Whitman Walker Health Center</i></p>	<ul style="list-style-type: none">• Building clinics in rural areas• Training more doctors to be reproductive service providers• Training providers on cultural competence and humility• Teaching sex education curriculums that are LGBTQ inclusive	While service delivery, accessibility, and education are critical, they affect individuals (not systems) and do not address the root causes of inequity.
<ul style="list-style-type: none">• Elected officials• Lawyers• Judges• Advocacy organizations <p><i>Examples: NARAL, Center for Reproductive Rights</i></p>	<ul style="list-style-type: none">• State and federal advocacy• Sign-on letters, rallies, and other public actions targeting lawmakers• Lobbying• Lawsuits• Creating and advancing legislation that expands legal protections and rights	A legal right to reproductive services does not mean those services are accessible, equitably distributed, and non-coercive.
<ul style="list-style-type: none">• Community leaders• Organizers• Clergy and religious leaders <p><i>Examples: SisterSong, Black Mamas Matter Alliance, Strong Families</i></p>	<ul style="list-style-type: none">• Fostering leadership by those most affected by reproductive injustice• Building political power at the local and state level• Funding organizations run by women and transgender people of color• Working in multi-racial, multi-ethnic coalitions with equitable power distribution and transparent processes	Reproductive justice is a new concept to some and requires a set of skills and analysis that not everyone has learned or can access.

NCJW and Reproductive Justice

Frequently Asked Questions: Reproductive Justice + where NCJW fits in

? **What is reproductive justice?**

Reproductive justice is a framework, movement, and vision. When reproductive justice is achieved, each person will have the power to make their own informed decisions about their body, sexuality, and future regardless of race, income and class, sexual orientation, immigration status, or other factors.

The reproductive justice framework was created in the mid-1990s by women of color. Inspired by universal human rights concepts, it grew out of a discussion about the impact of US health care reform proposals on black women's lives and communities. From there, the reproductive justice movement was born, committed to achieving human rights for all.

Specifically, these rights include:

1

The right to have full autonomy over our bodies

2

The right to have or not have children

3

The right to birth and/or parent our children with dignity

4

The right to live and/or raise a family in a safe, healthy environment

The reproductive justice framework goes beyond the basic legal right to access key reproductive health services. Using a broader social justice and human rights lens, it seeks to advance moral and bodily autonomy, health equity, and unfettered access to comprehensive reproductive health care for all individuals and communities. It also emphasizes how multiple systems of discrimination intersect and influence these rights in marginalized communities. As a movement, it works to place the voices of those who have been marginalized at the center to lead the conversation for social change.





? Why does NCJW use the reproductive justice framework to inform our advocacy work?

NCJW and our sections and advocates around the country have long worked to ensure the health, rights, and well-being of women, children, and families. Building on this legacy, we use the reproductive justice framework to focus more deeply on how key issues affect different communities in different ways, allowing us to advocate more effectively for lasting social change.

As Jews, we are taught *tzedek tzedek tirdof* — to pursue justice for all. We know what it is like to be excluded and oppressed. We cannot remain idle while barriers to health care place anyone's moral autonomy, health, economic security, or well-being at risk. Further, NCJW believes our reproductive freedoms are integrally bound to our religious liberty; we are committed to advancing the goals of reproductive justice so every person can make their own moral and faith-informed decisions about their body, health, and family.

? How is reproductive justice different from reproductive rights, reproductive health, or the “choice” framework?

Reproductive justice is not a synonym for reproductive rights or reproductive choice. The framework highlights how multiple identities or factors — such as race, income, sexual orientation, gender, gender identity, immigration status, ability, and geography — affect a person's ability to shape their reproductive life. This ensures that efforts toward social change address the full set of challenges impeding a person's autonomy.

For example, NCJW believes it is critical to keep abortion legal, and we will fight to protect this key reproductive right. But, from a reproductive justice perspective, we recognize that merely keeping abortion legal is not enough to ensure every person can exercise that right. People of color (who, today, have disproportionately low incomes) and low-wage workers already face difficulties accessing affordable health care, including contraception. In most states, low-income individuals enrolled in Medicaid are denied insurance coverage for abortion due to a federal ban known as the Hyde Amendment. For those already struggling to make ends meet, lack of abortion coverage makes this care harder to access. Further, for those living in states where abortion clinics are scarce (an increasingly troublesome reality), abortion is pushed further out of reach. Without access, what do legal rights really mean?

From a reproductive justice perspective, we recognize that merely keeping abortion legal is not enough to ensure every person can exercise that right.

? What public policy issues relate to reproductive justice?

NCJW's reproductive health, rights, and justice advocacy is focused on achieving health equity and universal access to health coverage, services, and information, specifically abortion and contraception. However, many issues can be associated with the four basic human rights tenets of the reproductive justice movement. Here are a few examples of issues that could fall under each human right:

- 1. The right to have full autonomy over our bodies:** Living free from sexual assault, harassment, and violence; full equality for and fair treatment of lesbian, gay, bisexual, and transgender (LGBTQ) individuals; freedom from gun violence.
- 2. The right to have or not have children:** Comprehensive family planning information and services; comprehensive sex education; availability and affordability of abortion.
- 3. The right to birth and/or parent our children with dignity:** Universal access to health care for every person and family; family unification for immigrant communities; being paid a living wage.
- 4. The right to live and/or raise a family in a safe, healthy environment:** Just, humane immigration policies; ending labor and sex trafficking; food security.

? How does NCJW help advance reproductive justice?

Building on our legacy of raising our Jewish voices for progress, NCJW works for health equity, reproductive freedom, and true moral autonomy for all by engaging in grassroots organizing, advocacy, community awareness, and service. As an ally to the reproductive justice movement, NCJW promotes legislative measures that advance justice, combats regressive policies, and seeks to dismantle the deep-rooted systems of discrimination and inequality from which harmful policies arise. We elevate issues and related legislation by:

- Educating and working with decision makers;
- Building relationships and power with diverse partners;
- Engaging in coalition efforts;
- Organizing community events;
- Speaking out in the press; and
- Mobilizing constituents online and in person.

NCJW acts in solidarity with our partners at the national, state, and local levels, united in our vision for and commitment to reproductive justice.





Jewish Messaging

Judaism and Abortion

Our Jewish values compel us to support full access to safe and legal abortion care as basic health care. The following Q&A addresses some common misconceptions about Judaism and abortion.

YES

NO

Does Jewish law state that life begins at conception?

N

No, life does not begin at conception under Jewish law. The Talmud (Yevamot 69b) asserts that the fetus is “mere fluid” before 40 days of gestation. Following this period, the fetus is considered a physical part of the pregnant individual’s body (Gittin 23b), not yet having life of its own or independent rights. The fetus is not viewed as separate from the parent’s body until the onset of labor and childbirth — traditionally, not until the “head has emerged” during the birthing process (Mishnah Ohalot 7:6).

According to Jewish law, is abortion health care?

Y

Yes, various Jewish sources explicitly state that abortion is not only permitted but is required should the pregnancy endanger the life or health of the pregnant individual. Furthermore, “health” is interpreted by many rabbis to encompass psychological health as well as physical health. NCJW advocates for abortion access as an essential component of comprehensive, affordable, confidential, and equitable family planning, reproductive, sexual health, and maternal health services.



What does Jewish law say about the rights of the person who is pregnant and the rights of the fetus?

Judaism values life and affirms that protecting existing life is paramount at all stages of pregnancy. A fetus is not considered a person under Jewish law and, therefore, does not have the same rights as one who is already living and functioning in the world. As such, the interests of the pregnant individual always come before those of the fetus.



YES

NO

Does Jewish law assert that it is possible to murder a fetus?**N**

No, Jewish law does not consider a fetus to have the status of personhood. The Torah (Exodus 21:22–23) recounts a story of two men who are fighting and injure a pregnant woman, resulting in her subsequent miscarriage. The verse explains that if the only harm done is the miscarriage, then the perpetrator must pay a fine. However, if the pregnant person is gravely injured, the penalty shall be a life for a life, as in other homicides. The dominant rabbinical interpretation of this verse is that the men did not commit murder and that the fetus is not a person; it is treated as a situation that warrants financial damages for injury, not restitution for homicide. The primary concern is the well-being of the person who was injured — in this case, the pregnant individual.

Do abortion bans unduly favor one religious viewpoint over another?**Y**

Yes; different religions believe that human life begins at different stages of development. Science can explain developmental timelines, but philosophic and religious viewpoints largely determine what exactly defines “life” or “personhood” for each individual. NCJW believes, as the First Amendment to the US Constitution guarantees, that no one religion should be enshrined in law or dictate public policy on any issue — including abortion.

What does Jewish law say about the burial or cremation of fetal remains?

Jewish rituals connected to the loss of a fetus vary widely and permit parents to work with their rabbi to determine if any rituals will be observed. Therefore, laws requiring medical providers to arrange for the burial or cremation of fetal remains compromise religious liberty and moral autonomy. Such laws force patients to choose between allowing the provider to dictate how the remains will be handled or following their own beliefs/religious practices and assuming the costs associated with burial or cremation.

Abortion and Religious Liberty

As people of faith, we believe in compassion, justice, and dignity for all. We understand that those who support restricting access to abortion often cite religious beliefs as their motivation and seek to force these views on others. The US Constitution supports the freedom of religion and demands that no one imposes a single religious viewpoint on all. **Laws and regulations limiting access to abortion are at odds with our nation's founding principle of religious liberty and trample individual moral agency.**

Philosophic and religious viewpoints largely determine what exactly defines “life” or “personhood” for each individual. Judaism traditionally teaches that the fetus only has the status of personhood at the onset of labor and childbirth (Mishnah Ohalot 7:6).



Policies granting “fetal personhood” rights or establishing that “life” begins at conception are contrary to these teachings and violate the First Amendment’s Establishment Clause by enshrining one religious view into law.

Jewish law not only permits abortion in many cases but also requires it when the life of the pregnant individual is at risk.



As such, laws limiting or restricting access to abortion directly impede Jews’ ability to practice Judaism, further violating the Establishment Clause, while simultaneously infringing upon the constitutional right to privacy found in the Fourteenth Amendment.

Jewish historical experience — including our experiences in the US — calls on us to celebrate religious liberty, which honors individuals’ rights to both freedom *of* and freedom *from* religion. We depend on religious liberty to be a protective shield, not a weapon used to harm others. Those who invoke “religious liberty” to discriminate and block access to abortion grossly violate this principle and our nation’s Constitution.

- **Laws and government regulations that allow health care entities and providers to refuse care based on their religious or “moral” beliefs are known as “refusals of care” or simply as “refusals” measures.** Examples include a physician refusing to provide an abortion for a person in an acute medical crisis or a clinic receptionist refusing to schedule an abortion procedure due to their religious or moral beliefs.



- **For many patients, refusals of care are not merely an inconvenience, but may result in delay or outright denial of vital abortion care. These refusals are particularly dangerous in situations where individuals have limited options,** such as in emergencies, when needing specialized services, in rural areas, or in areas where religiously affiliated hospitals are the primary or sole institution serving a community. Jews believe that each of us is made in the image of the divine, *b'tselem Elohim*, and hold that the preservation of life, *pikuach nefesh*, is a central principle, one that overrides many other commandments. From our religious and cultural point of view, it is simply unacceptable to threaten patient health and lives by refusing care.
- Furthermore, employees of health care institutions do not necessarily share the same faith or “beliefs” as their employers. Allowing an employer to dictate the type of care providers can or cannot provide directly impedes their religious liberty and ignores the many providers with deeply held moral convictions that affirmatively motivate them to provide abortions. Refusals of care based on personal beliefs also interfere with providers’ ability to deliver care according to professional standards and undermine open communication with patients.
- Based on the Jewish value of *kavod ha bri'ot* (respect and dignity for all human beings), NCJW believes that we have an obligation to care for our health and to ensure all others can do the same. The proper role of government is to guarantee fair treatment and to protect religious liberty for all patients. By sanctioning discriminatory activity in health care, the government promotes inequality and obstructs patients’ decision-making, compromising their moral autonomy and human rights.

Pregnant individuals are moral agents who have the capacity, right, and responsibility to make their own decisions about their sexuality, reproduction, and families without political interference.

- Legislation that eliminates health coverage for or limits the availability of abortion severely constrains patients’ ability to make choices about their bodies and futures guided by their own consciences, personal circumstances, and moral or faith traditions.
- What’s more, policies restricting access to abortion and authorizing refusals of care conflict with Jewish tradition by jeopardizing the life and health of the pregnant individual, which is considered paramount at any and all stages of pregnancy.

Reproductive freedoms are religious freedoms. One cannot exist without the other. NCJW believes that religious liberty and the separation of religion and state must be protected and preserved to maintain our democratic society.

Hyde Amendment

For over 40 years, the Hyde Amendment has disproportionately harmed marginalized communities already facing virtually insurmountable obstacles to accessing abortion. Although Hyde is not permanent law, legislators have repeatedly approved the amendment in annual appropriations bills (i.e., bills that fund the government). **The measure not only denies abortion coverage through Medicaid, Medicare, and the Children’s Health Insurance Program (CHIP), but also to federal employees and their dependents, military personnel and their dependents, Peace Corps volunteers, indigenous peoples receiving care from federal or tribal programs, pregnant individuals in federal prisons and detention centers, pregnant individuals receiving care from community health centers, survivors of human trafficking, and low-income residents of Washington, DC.** The outrageously discriminatory impact of this policy cannot be overstated.

Judaism teaches that we are obligated to care for those who are in need. In many places in the Torah, we are commanded to help provide for those who are disadvantaged using our own resources (in what can be understood as the Biblical equivalent to taxation), and Proverbs teaches that “one who oppresses the poor blasphemes” God (Proverbs 14:31).

Twentieth-century theologian Rabbi Abraham Joshua Heschel wrote, “Righteousness goes beyond justice. Justice is strict and exact, giving each person his due. Righteousness implies benevolence, kindness, generosity . . . Justice may be legal; righteousness is associated with a burning compassion for the oppressed.” The Hyde Amendment is not just, and it is certainly not righteous. NCJW believes that access to abortion should not be conditioned on one’s race, income, health insurance, creed, sexuality, gender identity, geographic location, or any other factor.

Everyone deserves fair treatment and equal access to the resources they need to control their body, family, and future, including insurance coverage of abortion.





Denial of abortion coverage through the Hyde Amendment affects those in need in many ways:

Lack of Medicaid coverage often results in denial of necessary health care.

Studies show that when policymakers place severe restrictions on Medicaid coverage of abortion, one in four low-income individuals seeking abortions are forced to carry unwanted pregnancies to term.

Low-income people of color often lack access to primary care and trusted providers, must travel long distances to the nearest health care facility, have limited access to transportation, have constrained economic and social resources, and experience poor patient-provider communication stemming from lack of access to culturally competent care. Additionally, de facto segregation and racism continue to contribute to inferior health outcomes for women of color, who are more likely than white women to be insured by Medicaid and have higher rates of abortion and unwanted pregnancy.

LGBTQ individuals are more likely to have low income and to rely on federal programs. They are also less likely to be able to afford an abortion out of pocket. For the nearly 1.2 million LGBTQ adults enrolled in Medicaid as their primary source of health insurance, the Hyde Amendment makes this basic health care inaccessible.

Abortion access is an economic justice issue. Controlling family timing and size is essential to economic success, educational achievement, and equality and can help families break cycles of multi-generational poverty. When a patient cannot afford an abortion, the consequences can be far-reaching: someone who is denied abortion care is more likely to fall into poverty than someone who can obtain the care they need.

Finally, insurance coverage of abortion promotes mental health and social stability by enabling patients and families to plan and space births. For instance, unplanned births are linked to increased conflict and decreased satisfaction in relationships. Unintended pregnancies and births are also associated with depression, anxiety, and lower reported levels of fulfillment.

Judaism, LGBTQ Rights, and Abortion

The Torah (Genesis 1:27) teaches that all people are created in the image of G-d, *b'tselem Elohim*, and the Talmud (Shevuot 39a) emphasizes that we are all responsible for one another. NCJW's organizational principles and faith-based mission of justice for all reflect these values, affirming that we must eliminate all forms of discrimination. Unfortunately, members of the LGBTQ community continue to face legal, medical, and societal discrimination. Every single person — regardless of their gender, sexual orientation, or any other factor — deserves access to comprehensive and quality health care, including abortion.



Outright discrimination in health care is a major obstacle for LGBTQ people seeking abortion care. In a survey examining discrimination against LGBTQ people in health care, more than half of respondents reported experiencing at least one of the following: refusal of needed care; health care professionals refusing to touch them or using excessive precautions; health care professionals using harsh or abusive language; blame for their health care status; or health care professionals being physically rough or abusive. Fear of discrimination leads LGBTQ people to delay abortion care, to refrain from seeking abortion care, or to hide their sexual orientation or gender.

Additional barriers to care facing the LGBTQ community include lack of culturally competent care and lack of coverage and providers. Many health care facilities are not trained in or equipped to engage with transgender, nonbinary, or gender nonconforming patients. Practices such as not using correct pronouns, only asking for and using legal names, and having woman-centric messaging around reproductive health care issues can result in stressful and degrading experiences for transgender patients, causing many to delay or forego care.

Due to relentless attacks on LGBTQ rights that have left the community increasingly vulnerable to discrimination and violence, LGBTQ people are more likely to have low income and to live paycheck to paycheck than cisgender heterosexual people. Therefore, LGBTQ people are also disproportionately



affected by abortion restrictions and coverage bans like the Hyde Amendment, which denies insurance coverage of abortion to those enrolled in federal health programs. As roughly 1.2 million LGBTQ adults rely on Medicaid as their primary source of health insurance, abortion care and the associated costs of travel, overnight stays, and childcare often remain financially inaccessible.

Although many people focus on women when discussing abortion care, abortion restrictions actually affect anyone capable of becoming pregnant

— including women; transgender men; nonbinary, intersex, and gender-nonconforming people; and others in the LGBTQ community. Changing the way the health care community, elected officials, and advocates speak about abortion access will more accurately represent everyone affected by abortion restrictions and will bring in the complex intersections and experiences of transgender and nonbinary abortion seekers. One way to be more accurate and inclusive when discussing abortion is to use gender-neutral language (i.e., “people,” “pregnant individuals,” or “patients”). It should be noted that even ancient Rabbinic sources (Mishnah Bikkurim 4:1–5 and elsewhere) not only recognize gender diversity, but celebrate it with concern for the spiritual and communal well-being of those who do not conform to binary gender concepts.

BOTTOM LINE

Abortion is health care and health care is a human right. Jewish law (Shulchan Aruch, Yoreh Deah 336:1) teaches that providing health care is part of the commandment of saving a life. What’s more, the Talmud (Bava Kamma 83b) interprets Leviticus 24:22, “[o]ne law shall be for you,” as “the same law for all of you,” emphasizing that discrimination has no place in our society. Every single person’s health is unassailable; all deserve fair treatment and access to the resources needed to make their own decisions about abortion without political interference or economic coercion.

False Narratives and Rhetoric

Anti-abortion extremists often use false narratives and shocking rhetoric to make a political point or to bolster their arguments. Judaism would categorize these statements as *geneivat da'at*, a “theft of the mind,” a deception that causes one to have a mistaken belief or impression, sometimes regarded as the most egregious form of theft (Tosefta Bava Kamma 7:3). It is important to recognize these falsehoods and to respond effectively.

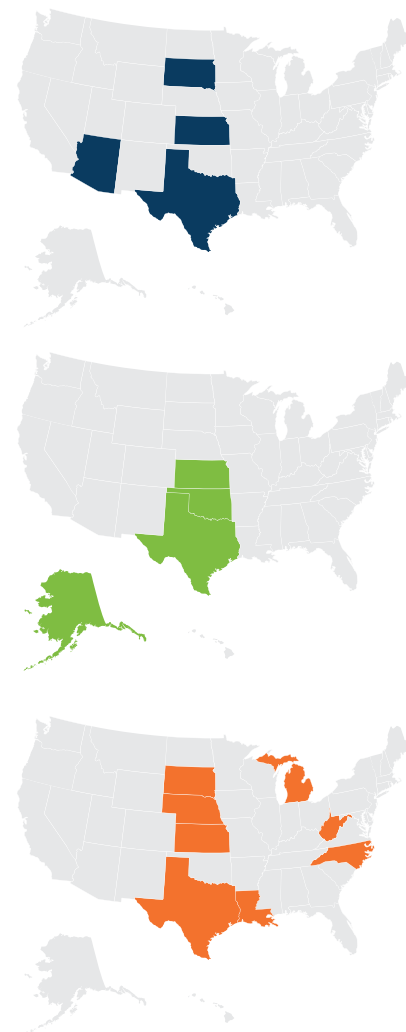
Biased Counseling

Many false narratives surrounding abortion are perpetuated through state-mandated biased counseling. Thirty-four states, through legislation, require that women receive counseling, verbally or through written materials, before an abortion; 14 states insist that this counseling take place in person and before a set waiting period begins, necessitating two separate trips to the clinic; and 28 states include information about the risks of abortion.

- **Four states inaccurately portray the impact of abortion on future fertility.** In fact, there is no link between safe abortion and the ability to get pregnant in the future.
- **Five states inaccurately assert a discredited link between abortion and an increased risk of breast cancer.** The National Cancer Institute, American Cancer Society, and American College of Obstetricians and Gynecologists (ACOG) have all refuted this association.
- **Eight states stress the negative emotional effects of abortion.** Research shows that abortion has no long-term consequences on patient mental or physical health. On the other hand, unintended pregnancies and births are associated with depression, anxiety, and lower reported levels of fulfillment.

BOTTOM LINE

Abortion is safe and is safer when performed early. In the US, the risk of dying from childbirth is 14 times greater than the risk of dying from an early abortion.



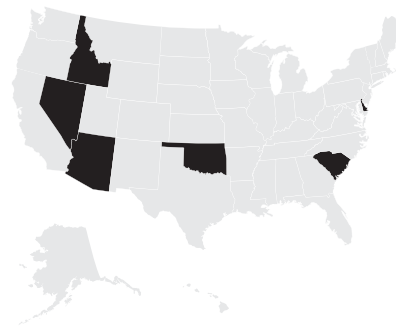


Self-Managed Abortion

States also continue to restrict and stigmatize abortion by criminalizing those who choose to perform their own abortions outside of medical settings, a practice known as self-managed abortion (SMA). SMA can be accomplished through medications like mifepristone and misoprostol, traditional herbs, certain foods and drinks, or excessive exercise.

- **Six states explicitly ban self-managed abortion.**

What's more, roughly 40 other types of laws — such as fetal harm measures or pre-Roe criminal abortion bans that were never repealed — can be used by prosecutors to punish people for pregnancy loss. Since 2000, there have been at least 21 arrests of individuals accused of a crime for ending a pregnancy or helping a loved one do so.



There are many reasons why people elect to manage their own abortions, including lack of funds or access to abortion clinics, privacy, personal preference, or fear of engaging with the health care system due to immigration status or anti-LGBTQ discrimination. Lawmakers and advocates must respect patient moral autonomy and decision-making by allowing those who self-manage their abortions to do so privately, safely, and with dignity.

REASONS PEOPLE ELECT TO MANAGE THEIR OWN ABORTIONS



Lack of funds



**Lack of access
to abortion
clinics**



**Privacy or
personal
preference**

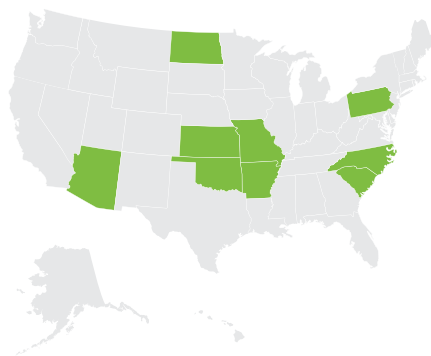


**Fear of engaging
with the health
care system**

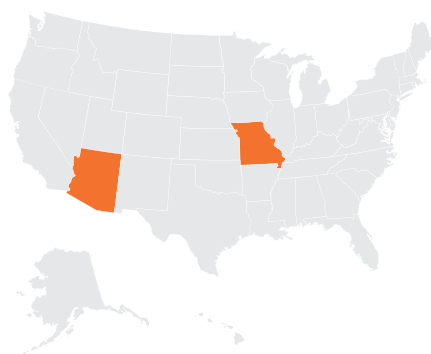
Reason Bans

Yet another type of stigmatizing ban focuses on the perceived reasons underlying the decision to have an abortion. Anti-abortion activists and lawmakers use these laws to target very specific populations of people, causing these patients to be singled out for special questioning or denied care.

- **Nine states prohibit abortions supposedly performed because of the predicted sex of the fetus.** Such bans are fueled by anti-immigrant rhetoric assuming that people from East and South Asia strongly prefer sons and are bringing the practice of sex-selective abortions to the US. However, there is no conclusive that this is true. Instead, these bans serve only to harmfully stereotype Asian-American people and to force providers to question all patients' reasons for seeking abortions.



- **Two states make it illegal for providers to perform an abortion if they suspect their patient is seeking the procedure due to a preference for the race of the fetus.** Similarly, these laws are rooted in the racist notion that people of color are forced into abortions or are complicit in a “genocide” against their own community. The Guttmacher Institute confirms that there is no evidence that people of color seek abortions for this reason or that race-selective bans would decrease abortions among this population.



Later Abortion

Anti-abortion advocates claim that so-called “Born Alive” legislation outlaws infanticide and counteracts bills like New York’s Reproductive Health Act, which they believe promote “late-term abortion” and “allow a baby to be ripped from the mother’s womb moments before birth.”

- **Of course, infanticide is already illegal in the US and, as such, so-called “Born Alive” bills are totally unnecessary.** In reality, these measures are carefully crafted to target, intimidate, and shut down reproductive health care providers by threatening them with criminal penalties and attempting to regulate the practice of medicine.

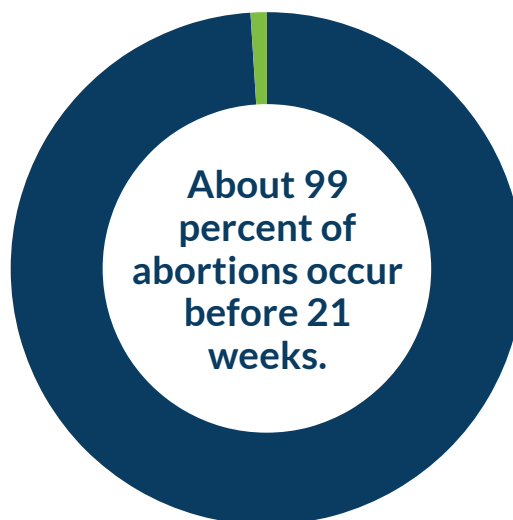


- **“Late-term abortion” is a medically inaccurate term coined by anti-abortion activists to create stigma around abortion.** Many

factors influence the decision to have an abortion after the first trimester, including difficulties in accessing abortion care, delays in arranging travel and funds to pay for the procedure, or changes in life circumstances.

- **About 99 percent of abortions occur before 21 weeks.** When

abortions do happen later in pregnancy (later abortion), it is because of very challenging situations, such as when something goes wrong during the pregnancy that endangers the pregnant individual’s life or health or makes it so the fetus will not survive. Laws making these exceedingly rare procedures more accessible will not make them more common. Instead, these laws will simply ensure that all can access the care they need without facing unnecessary restrictions and without jeopardizing their health or life.



Inflammatory Rhetoric

In order to justify restricting the procedure, extremist lawmakers have also compared abortion to the Holocaust and other crimes against humanity. Examples of this can be seen in the “Legislative Findings” section of Alabama’s abortion ban as well as in statements made in the Kentucky General Assembly.

- **Regardless of how one personally feels about abortion, it is disgusting and offensive to use these atrocities to make a political point.** Invoking the Holocaust to defend criminalizing and persecuting pregnant people is paradoxical and disturbing.
- **This horrific appropriation of Jewish history is all the more problematic given that Jewish law permits, and even sometimes requires, abortion** (i.e., in cases where the pregnant person’s life is in danger). Such appropriation thus uses Jewish suffering for political benefit without any regard for the Jewish perspective on the matter.

Language matters: How can I best address complex topics?

The information below will help you to effectively address false narratives and rhetoric.

Abortion rights:

Saying the word “abortion” or “abortion rights” helps to destigmatize the term and moves away from outdated “safe, legal, and rare” messaging implying that abortion is always unfortunate and regrettable. The “choice” framework that has long dominated abortion messaging is beginning to fall out of favor for several important reasons. A patient whose life or health is threatened by their pregnancy, who cannot afford an abortion, or who cannot access abortion care due to medically unnecessary restrictions does not truly have a “choice.” Further, without the ability to actually access abortion free from these limitations, the legal right to “choose” means nothing.

Anti-abortion:

In the wake of *Roe v. Wade*, the anti-abortion movement appropriated and coalesced around the term “life,” essentially sanctifying the “life” of the fetus and casting those who supported abortion rights as “pro-death.” The term “pro-life” is a false characterization of those who oppose reproductive freedom — they rarely support health care for all, endorse measures to prevent gun violence, or protest against the death penalty. It is more accurate to say that this group is “pro-forced birth” and to use the term “anti-abortion” when describing their views.

“Life” or “personhood”:

Six states require that providers tell the patient that personhood begins at conception during pre-abortion counseling. As Jews believe that “life” or “personhood” does not begin until birth, laws establishing these counseling requirements are contrary to our values and to the Constitution’s Establishment Clause. Further, laws granting “fetal personhood” rights — classifying fertilized eggs, zygotes, embryos, and fetuses as people with full legal recognition and protection — criminalize pregnant people. Even lawmakers who have written “personhood” bills admit that they are unaware of the full legal consequences; this could include prosecution on murder or conspiracy charges for self-managed abortions, miscarriages, legal abortions obtained in another state, or even helping someone to arrange travel to another state to obtain an abortion.

Six-week ban:

Anti-abortion messaging surrounding “heartbeat bills” is yet another example of the movement’s distortion of science and facts. In reality, the motion that



can be detected by vaginal ultrasounds at six weeks is not a “heartbeat” at all, but is instead an electrical pulse made by cardiac cells in the fetal pole during development. Doctors do not even call this rapidly dividing cell mass — which, at this point, is smaller than a pinky nail and does not have a heart, brain, spinal cord, face, or any chance of viability outside the womb — a “fetus” until nine weeks into pregnancy. Saying “six-week ban” is both medically accurate and avoids playing into anti-abortion rhetoric.

Abortion “reversal”:

Five states include in their counseling materials information about abortion “reversal,” an unproven and unethical procedure that supposedly halts the effects of medication abortion after the patient takes the first dose of pills. Such claims are not based on science and do not meet clinical standards.

“Fetal pain”:

Thirteen states include information on the ability of a fetus to feel pain in their counseling materials. Notably, according to ACOG and reports published in JAMA: The Journal of the American Medical Association, the best available science has established that the fetus is not capable of feeling pain until the third trimester, which begins at about 27 weeks of pregnancy. It is not until around 30 weeks of pregnancy that there is any evidence of brain activity.

Fake clinics:

Sometimes known as “crisis pregnancy centers,” facilities that actively counsel against abortion are more appropriately referred to as fake abortion clinics. While fake clinics mislead people into thinking they are full-service reproductive health providers, they are often not licensed to provide any medical care or to refer patients elsewhere for such care. Instead, these facilities fail to inform patients about the full range of pregnancy options and typically use false information to discourage them from obtaining abortions.

BOTTOM LINE

The Talmud (Shabbat 54b) teaches that we are obligated to stand up and protest harm being caused in our midst; it is upon us to counter these false narratives and untruths and fight for reproductive justice for everyone.

Uplifting Jewish Values on Social Media

Social media platforms offer NCJW advocates the opportunity to engage with the public and partners to raise awareness about our mission and the issues we work on. In particular, posts directly linking Jewish values to our support for abortion rights educate our networks about how our faith tradition inspires us to advocate for reproductive health, rights, and justice. The most effective messages are engaging and get straight to the point, explaining the issue, our values, and what's at stake in simple terms. Use the following examples and best practices to create conversations and build relationships online.



Twitter

Twitter limits tweets to 280 characters, so make the most of each one. If you want to direct your audience to NCJW talking points and resources or news articles, use a URL shortening tool like bit.ly. Tag other users through mentions by using the @ symbol, or mark clickable keywords or topics with hashtags by using the # symbol. Use short video clips and images to capture your viewers' attention. Example tweets:



National Council of Jewish Women (NCJW) @NCJW

Our Jewish values teach us that it's our right to make decisions about our bodies, our families, and our futures — including whether or not to have children. Learn more about the intersection of abortion and other policy issues in our new toolkit: [link to toolkit]



National Council of Jewish Women (NCJW) @NCJW






As Jews, we are taught to pursue tzedek or justice. This includes reproductive justice, which seeks to advance moral and bodily autonomy, health equity, and unrestricted access to comprehensive reproductive health care for all individuals & communities.



National Council of Jewish Women (NCJW) @NCJW

Decades after Roe v. Wade, the constitutional right to abortion is still under attack. We are protecting abortion access alongside partners at [tag organizations you work with closely like @ACLU or @PPFA]. Join us: [link to NCJW sign up page] #NCJWAdvocate




	National Council of Jewish Women (NCJW) @NCJW ✓ Religious liberty means compassion, justice, and dignity for all. Religious liberty does not give anyone a license to discriminate or deny basic health care, including abortion. #BansOffOurBodies
	National Council of Jewish Women (NCJW) @NCJW ✓ We need fair, independent, and diverse judges who will uphold our constitutional rights, including the right to abortion. This @NCJW resource shows why #CourtsMatter to reproductive health, rights, and justice: [link to Reproductive Rights and the Supreme Court document]
	National Council of Jewish Women (NCJW) @NCJW ✓ Want to help end the discriminatory Hyde Amendment? The EACH Woman Act ensures that every single person can make their own faith-informed decision about abortion, no matter their income, insurance, or where they live. Learn more: [link to EACH Woman Act talking points] #BeBoldEndHyde
	National Council of Jewish Women (NCJW) @NCJW ✓ Abortion isn't a right if you can't afford it or access it where you live. It's time for Congress to protect abortion rights AND access nationwide by passing WHPA and the EACH Woman Act: [link to NCJW Action Alert] #ActforWomen
	National Council of Jewish Women (NCJW) @NCJW ✓ @NCJW is driven by the Jewish value of kavod ha bri'ot, guiding us to treat ourselves & others w/ respect. Everyone deserves the right to receive care, birth, adopt, & parent with dignity #MakeChangeHappen

Facebook

Facebook doesn't have a strict character limit, but the same rules of brevity and simplicity still apply. This platform assigns more value to posts with photos and videos and puts them at the top of newsfeeds. Visual elements are also more likely to grab and hold the attention of users than plain text. We recommend updating your Facebook at least 3 to 5 times per week.



National Council of Jewish Women (NCJW)

February 7 at 4:00 PM · 



Across the country, anti-abortion politicians are trying to legislate abortion care out of existence, pushing nearly 450 restrictive laws through state legislatures between 2011 and 2019. The great news is there are ways you can make change happen and take action to protect abortion rights and access. [use graphic with list of activities – see below]



National Council of Jewish Women (NCJW)


February 7 at 4:00 PM · 



For 125 years, the National Council of Jewish Women has worked to protect the health, rights, and well-being of women, children, and families. As Jews, we are taught tzedek tzedek tirdof, to pursue justice for all. We know what it's like to be excluded and oppressed. We cannot remain idle while barriers to health care place anyone's moral autonomy, health, economic security, or well-being at risk. Our reproductive freedoms are integrally bound to our religious liberty; we are committed to advancing the goals of reproductive justice so every person can make their own moral and faith-informed decisions about their body, health, and family. Join us to ensure reproductive health, rights, and justice for all: [link to NCJW sign up page]



National Council of Jewish Women (NCJW)

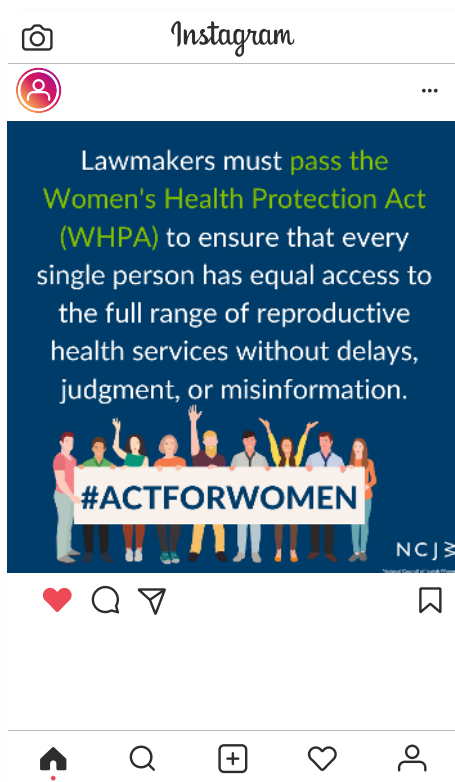
February 7 at 4:00 PM · 



At NCJW, we promote legislation that advances justice, combats regressive policies, and dismantles the deep-rooted systems of discrimination and inequality from which harmful policies arise. Building on our legacy of raising our Jewish voices for progress, our 90,000 advocates work for health equity, reproductive freedom, and true moral autonomy for all by engaging in grassroots organizing, advocacy, community awareness, and service. We need your voice! [link to NCJW sign up page]



Social media graphics:



How can you get these sample graphics?

Go to ncjw.org/section-resources/graphics-for-advocates/ and click on social media graphics.

INTRODUCTION

BACKGROUND

JEWISH MESSAGING

INTERSECTIONS

TAKE ACTION!



Intersections

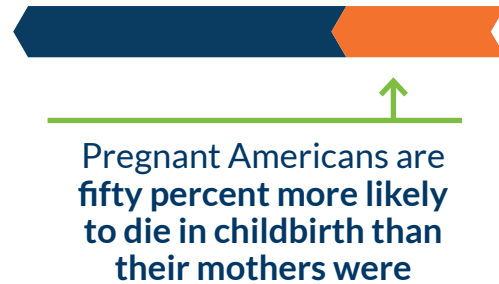
Abortion as Health Care

Medical practice and Jewish sources firmly position abortion as health care, a decision to be made in consultation with one's provider and family.

As with any health care decision, patients must have access to information about the full range of medical options in order to make an educated choice about abortion. Critical services like pregnancy and newborn care, contraception, sexually transmitted infection (STI) counseling, life-saving screenings, and abortion cannot be separated — they are components of the comprehensive health care that we all deserve.



Just as barriers to abortion have contributed to lower quality care, so too have barriers to pregnancy and postpartum services led to the nation's maternal mortality and morbidity crisis. The US has the highest maternal mortality rate in the developed world, and pregnant Americans are 50 percent more likely to die during childbirth than their mothers were. What's more, a massive racial disparity persists as African Americans, American Indians, and Alaska Natives are three times more likely to die of pregnancy-related causes than their white counterparts. The Centers for Disease Control and Prevention confirmed that three in five (60 percent) of these deaths — commonly resulting from delayed or missed diagnoses or failure to recognize the warning signs of troubling conditions — could have been prevented with improved access to and better quality health care, communication, and support.

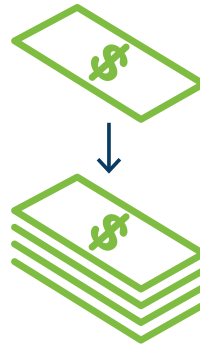


While the passage of the Affordable Care Act (ACA) marked particularly important progress in health care for women and pregnant individuals, it is imperative to protect and build upon these gains to address health issues like rising rates of maternal mortality and STIs. For instance, the ACA mandated that all insurance plans must cover ten categories of services known as essential health benefits,



including pregnancy and newborn care, preventive and wellness services, and birth control, at no cost to the patient. **However, attacks on the birth control benefit through religious and moral exemptions and the promotion of “short-term, limited duration” junk insurance plans that are not required to offer a minimum benefits package have jeopardized patient health and safety.**

Studies show that the provision of no-cost birth control saves both the individual and society substantial sums of money. In fact, every dollar invested in public funding of family planning saves American taxpayers at least \$3.74 in pregnancy-related costs. On the other hand, unplanned pregnancies cost \$12 billion in safety net funding each year and result in increased crime rates and reduced labor force participation.



\$1 invested in public funding of family planning saves at least \$3.74 in pregnancy-related costs

Significantly, both in the US and worldwide, high levels of unmet contraceptive need directly correlate to high abortion rates. It defies logic that the same officials who aim to limit safety net programs and access to abortion would also support measures that make contraception unaffordable for so many Americans. Indeed, as a result of regular use of reliable and highly effective contraception, unintended pregnancy rates hit a 30-year low in 2011, and teenage pregnancy and birth rates are at record lows.

Due to reliable & highly effective contraception, unintended pregnancy rates hit a 30-year low in 2011

BOTTOM LINE

Birth control enables proper family planning, allowing women to avoid the risk of premature birth or low birth weight associated with closely spaced pregnancies. Moreover, contraceptive use can help people manage or treat conditions including diabetes, heart disease, excessive menstrual bleeding, and pre-menstrual syndrome. With access to birth control, individuals are also better able to reach their employment and educational objectives and to support their families, improving their emotional well-being and economic stability.

Abortion and Voter Suppression

The issues of voter suppression and abortion access are integrally connected, and our advocacy efforts are stronger when we highlight these intersections in our work.

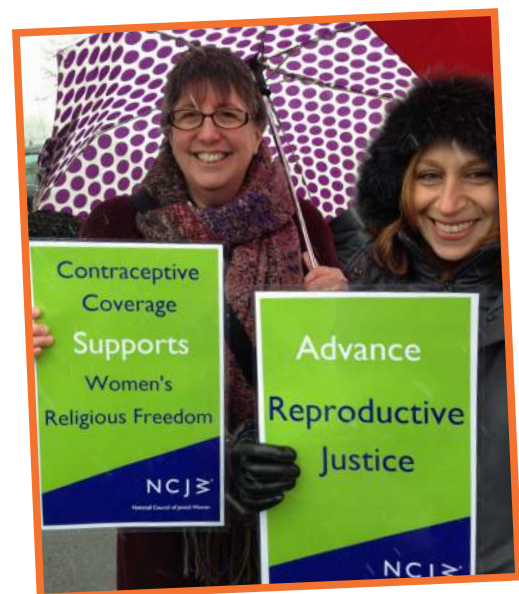
Racist voter suppression tactics create an environment in which states are able to pass restrictive abortion laws. What's more, restrictive abortion laws that criminalize pregnant people — particularly people of color — serve to suppress their vote.

- Voter suppression refers to laws or tactics that make it more difficult to register to vote or to cast a ballot. Before the civil rights movement, voter suppression took the form of poll taxes and grandfather clauses. Today, examples of voter suppression are more subtle and include racial and partisan gerrymandering, limits on early and/or absentee voting, voter ID laws, voter roll purging, disinformation about voting, closure of DMV offices, and disenfranchisement of formerly incarcerated and transgender people. States have passed dozens of laws suppressing the right to vote since the Supreme Court's 2013 *Shelby v. Holder* decision weakened the landmark 1965 Voting Rights Act.

- **Abortion restrictions similarly impede the exercise of fundamental constitutional rights.** States employ a variety of tactics to limit abortion access, including outright bans tied to gestational age, mandatory biased counseling, waiting periods, parental consent, restrictions on public funding and private insurance coverage, physician and hospital requirements (TRAP laws), and refusals of care based on moral and religious objections.



Racist voter suppression tactics create an environment in which states are able to pass restrictive abortion laws.





A 2016 Rewire.News analysis found that 22 states had passed new restrictions on both voting and abortion since the 2010 midterm elections. These restrictions primarily target the same populations: women, people with low income, people of color, immigrants, LGBTQ individuals, and young people. Here are some examples of the interplay between voting and abortion restrictions:



Prior to Georgia's 2018 gubernatorial election, Secretary of State Brian Kemp purged 1.4 million people from voter rolls, put the registrations of 53,000 people on hold (80 percent of whom were voters of color), and closed 214 polling places. This environment of voter suppression enabled Kemp's narrow victory and allowed him to push through a highly restrictive six-week ban and personhood bill into law despite strong public opposition.



Extreme partisan gerrymandering in Alabama, Missouri, and Ohio concentrated black voters into as few districts as possible and led to the election of white conservatives to both the national and state legislatures. Once seated, lawmakers in each of these states pursued the enactment of near-total abortion bans in 2019.



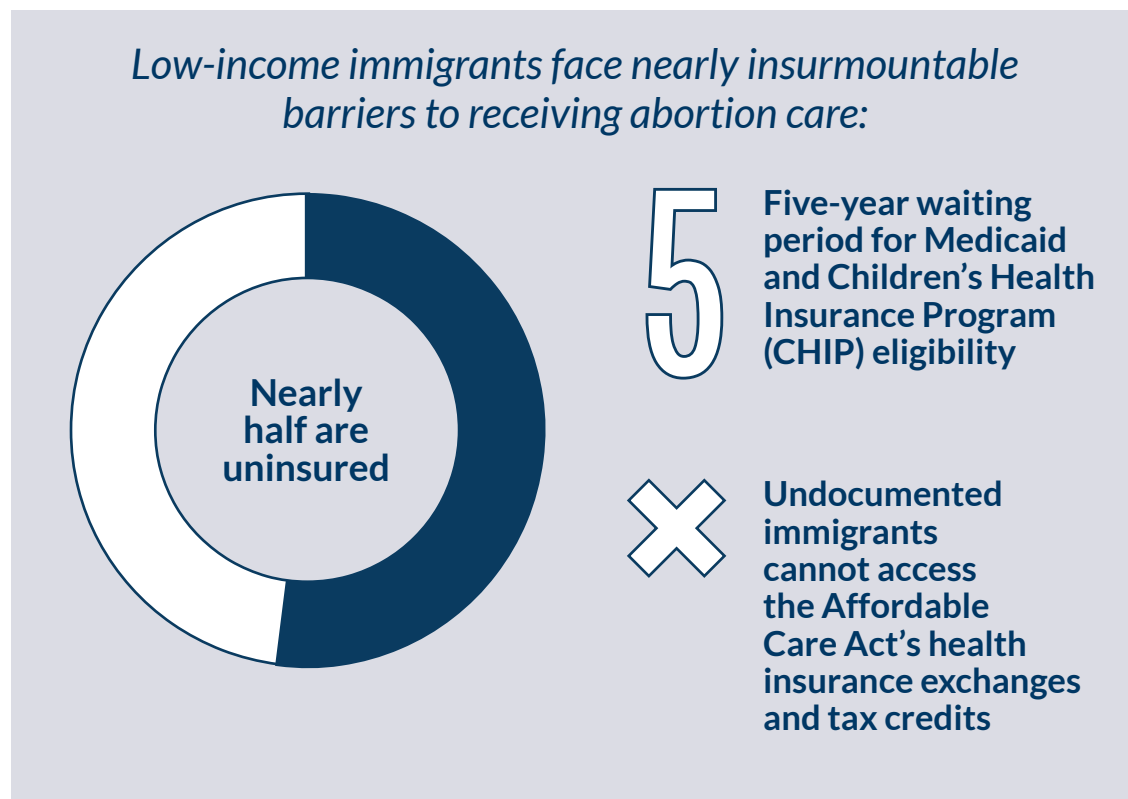
Alabama enacted a measure that prohibits abortion at every stage of pregnancy and makes performing the procedure a felony punishable by up to 99 years in prison. In 48 states (including Alabama) and the District of Columbia, one cannot vote while incarcerated for a felony offense, leading to the disenfranchisement of those convicted under this restrictive abortion law.



Abortion and Immigration

Immigrants are forced to navigate a complicated patchwork of care that often forces them to delay, forego, or pay out of pocket for basic health services like abortion. The need for such services doesn't discriminate based on immigration status, and neither should our government.

As a result of barriers to health coverage, nearly half of low-income, non-citizen women of reproductive age are uninsured and are therefore far less likely to be able to afford abortions. In 1996, the federal government created a list of “qualified” immigration statuses and imposed a five-year waiting period for Medicaid and Children’s Health Insurance Program (CHIP) eligibility. Additionally, undocumented immigrants cannot access the Affordable Care Act’s health insurance exchanges and the accompanying premium tax credits and cost-sharing reductions to purchase affordable coverage. This means that, even setting aside the discriminatory Hyde Amendment, low-income immigrants who have legally been in the US for less than five years or are undocumented face nearly insurmountable barriers to receiving abortion care because they would still lack access to Medicaid or private insurance coverage.





Restrictive immigration rules and inflammatory rhetoric have contributed to a distinct chilling effect in immigrants' access to health care. Due to the complexity of both the US immigration and health care systems, many immigrants do not fully understand their rights or which policies impact them and their families. For instance, undocumented immigrants (and even some providers) may be unaware that emergency rooms and community health care centers are required to offer care regardless of immigration status and without requesting government-issued photo identification. Furthermore, attempts by the administration to count use of Medicaid against receiving a green card deters immigrants from accessing the insurance necessary to afford health services.

The threat of deportation and fear of encountering immigration authorities leads undocumented immigrants or people with undocumented relatives and friends to forego necessary prenatal and reproductive health care. Under the current administration, immigration arrests have happened at hospitals and doctors' offices.

- Lack of prenatal care not only endangers the life and health of the pregnant person, increasing the risk of maternal mortality and morbidity, but also jeopardizes the fetus. Pregnant immigrants worried about deportation often avoid seeing a physician until they are in labor, which means they are not screened for life-threatening conditions like preeclampsia. According to a study published by the American Medical Association, the stress of living under anti-immigrant policies brings an elevated risk of birth before 37 weeks of gestation, which is associated with greater likelihood of infant death and future developmental issues.
- Fears of deportation and detention also prompt those seeking abortions to delay or cancel appointments. Postponing an abortion only increases the costs and risks associated with this safe and legal procedure, once again endangering the lives, health, and financial stability of immigrant patients.



Comprehensive Sex Education

Research shows that we are failing to provide young people with the sexual health information. Less than 40 percent of high schools and only 14 percent of middle schools in the US cover all 19 critical sexual health education topics identified by the Centers for Disease Control and Prevention (CDC). As a result, sexually transmitted infection (STI) rates hit an all-time high for the fifth year in a row in 2018, which the CDC indicates is largely due to budget cuts to sexual health education programs. **NCJW believes that the federal government must fully fund accurate, comprehensive sex education and defund programs that do not meet these standards.**

Comprehensive sex education works. Studies have proven that effective sex education promotes sexual health and healthy behaviors. It leads to increased condom and contraceptive use when young people become sexually active and lowers rates of unwanted pregnancy and STIs. Despite this, only 29 states and the District of Columbia require sex education, and only 17 states require that sex education is medically accurate.

Comprehensive sex education must be inclusive. Most sex education programs are not inclusive of LGBTQ students and several states even require educators to actively demean LGBTQ individuals. This harms LGBTQ students by placing them at increased risk for negative sexual health outcomes, promotes prejudice, and intensifies bullying. Sex education should help all youth learn about sexual orientation and gender identity and encourage acceptance of LGBTQ people. Indeed, in its 2016 School Health Profiles, the CDC added sexual orientation and gender role, gender identity, or gender expression to its list of critical sexual health education topics.

Abstinence-only education is ineffective and impedes religious liberty. Abstinence-only programs use federal taxpayer dollars to impose one particular religious viewpoint on all students. Further, they fail to lower rates of teen pregnancy and STIs, do not give youth the tools they need to make informed decisions, and often feature overtly conservative Christian messaging. Yet Congress has spent more than \$2 billion on abstinence-only programs since 1996. Young people should be able to make their own decisions about their sexual health based on their personal moral beliefs and unbiased, accurate information.

Everyone should be able to make healthy and informed decisions about their future. Marginalized youth such as young people of color, undocumented and immigrant youth, and LGBTQ youth often cannot access information about sexual health services. Young people must have sexual health information, education, and skills to help ensure they make informed decisions about their sexual health.



Reproductive Rights and the Supreme Court

The decision of whether and when to become a parent is a private matter and an individual right. Over the years, reproductive rights have been advanced and rolled back in federal courts, restricting access to safe and legal abortion, denying insurance coverage for basic health care, dictating when an individual may choose to terminate a pregnancy, and beyond.

The cases described below show how the US Supreme Court has shaped reproductive rights over the past decades. While *Roe v. Wade*'s trimester framework provided the strongest protection for the abortion right afforded by the Court, this was almost entirely overturned and replaced by the undue burden standard — an extremely vague and much weaker legal test — in *Planned Parenthood v. Casey*. Nevertheless, the Justices have reaffirmed repeatedly that abortion is a constitutional right and must uphold this settled law.

1965 *Griswold v. Connecticut*

Estelle Griswold was convicted under a Connecticut law for giving information, instruction, and other medical advice to married couples concerning birth control. The law prohibited any person from using “any drug, medicinal article or instrument for the purpose of preventing conception.” In a 7–2 decision, the Supreme Court ruled that the law was invalid, finding that it **infringed on the right to marital privacy established by the Bill of Rights**.

1972 *Eisenstadt v. Baird*

William Baird gave contraceptive foam to an unmarried college student and was arrested for violating Massachusetts law. In a 6–1 decision, the Supreme Court ruled that **unmarried individuals had the same rights as married couples to obtain birth control**.

1973 *Roe v. Wade*

A Texas resident sought to obtain an abortion; however, Texas law prohibited abortions except when the life of the pregnant woman was in danger. In a 7–2 decision, the Supreme Court ruled that a **constitutional right to privacy includes the right to an abortion**. The Court allowed states to place increasing restrictions on abortion corresponding to gestational age so long as they survived strict scrutiny, meaning that the law was narrowly tailored to advance a compelling governmental interest through the least restrictive means available.

1980 *Harris v. McRae*

When Cora McRae, who was enrolled in New York's Medicaid program, sought to end her pregnancy, the New York City Health and Hospitals Corp. and others tried to stop the enforcement of the Hyde Amendment. In a 5–4 decision, the Supreme Court ruled that **withholding Medicaid coverage for abortion was constitutional**, even when an abortion was necessary to protect a woman's health. The decision chipped away at *Roe* and enabled Hyde-like bans to pervade other federal programs.

1992 *Planned Parenthood of Southeastern Pennsylvania v. Casey*

The Pennsylvania legislature created new requirements to be fulfilled before abortions could be performed. In a 5–4 decision, the Supreme Court upheld *Roe*, but created a new and tougher standard to determine the legality of laws restricting access to abortion based on whether a law has the purpose or effect of imposing an “undue burden” on women. The decision **further eroded *Roe***.

2000 *Stenberg v. Carhart*

In a 5–4 decision, the Supreme Court **struck down Nebraska's so-called “partial-birth abortion” ban** because it placed an undue burden on a woman's right to abortion and did not allow an exception to preserve a woman's health.

2007 *Gonzales v. Carhart and Gonzales v. Planned Parenthood Federation of America:*

In a 5–4 decision, the Supreme Court reversed its decision in *Stenberg v. Carhart* and ruled that **the federal Partial Birth Abortion Ban Act of 2003 was constitutional**. The Court decided that the law, which prohibited a method of abortion usually used in the second trimester, did not place an undue burden on a woman's right to abortion. The Court's decision undermined a core tenant of *Roe* — that women's health must be paramount.

2014 *Burwell v. Hobby Lobby*

Owners of a for-profit chain crafts store cited their religious objections to allowing their employees to take advantage of the Affordable Care Act's birth control benefit. . In a 5–4 decision, the Supreme Court ruled that Hobby Lobby and other **“closely held” corporations could hold religious beliefs that could exempt them from covering birth control**.

**2016** *Whole Woman's Health v. Hellerstedt*

In 2013, Texas passed a law mandating that abortion clinics adhere to ambulatory surgical center requirements and that clinic doctors have admitting privileges at local hospitals — neither requirement is deemed medically necessary by professional health associations and experts. In 2016, the Supreme Court **trunk down these Targeted Regulation of Abortion Providers (TRAP) laws as unconstitutional**, finding that they created an undue burden on abortion access.

2016 *Zubik v. Burwell*

The Supreme Court clarified its ruling in *Burwell v. Hobby Lobby*, holding that **employers must provide coverage for contraceptives** through their own health care coverage plans or through a third party in the case of a religious exemption.

2018 *National Institute of Family and Life Advocates (NIFLA) v. Becerra*

The 2015 California Reproductive Freedom, Accountability, Comprehensive Care, and Transparency (FACT) Act required so-called crisis pregnancy centers (fake clinics) to post signs explaining how and where to access comprehensive reproductive health care. NIFLA, an organization that represents more than a thousand crisis pregnancy centers, argued that the FACT Act violated the First Amendment. In a 5–4 decision, the Supreme Court ruled that the **FACT Act is a violation of free speech**, thus permitting crisis pregnancy centers to continue to mislead women.

2020 *June Medical Services v. Russo* (to be decided June 2020)

In 2014, Louisiana passed a law that would require every doctor who provides abortions to have admitting privileges at a hospital within 30 miles of the clinic. This law, like other TRAP laws, was designed to close abortion clinics by imposing onerous and medically unnecessary regulations on facilities and providers. **It is identical to the Texas law struck down in *Whole Woman's Health v. Hellerstedt*.** Oral arguments will be heard on March 4, 2020, and the Court will announce its decision in June 2020.

FAST FACT

Although the Supreme Court is the final arbiter of our rights, the lower courts hear cases every day that impact our reproductive health, rights, and justice.



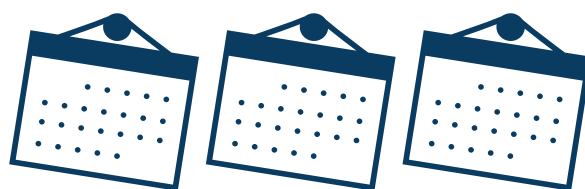
Take Action

Women's Health Protection Act

NCJW believes that access to comprehensive, affordable, and equitable health care is every person's right. Unfortunately, reproductive health services are often singled out for regulation that does not apply to any similar medical care. The Women's Health Protection Act (WHPA) would guarantee providers an affirmative statutory right to deliver care free from medically unnecessary restrictions.

Lawmakers must pass WHPA to ensure that every single person has equal access to the full range of reproductive health services without delays, judgment, or misinformation.

- Reproductive health care is under a sustained and coordinated attack. State lawmakers introduced **a staggering 304 abortion restrictions in the first three months of 2019, escalating attacks that have produced over 400 laws constraining access to reproductive health care since 2010.** These medically unnecessary regulations shutter clinics across the country and make it more difficult for people to obtain safe and legal abortions by increasing costs, decreasing efficiency and number of providers, and delaying procedures. Further, an individual's power to make their own, faith-informed decisions is obstructed when they are required to abide by waiting periods, to receive inaccurate or misleading information, or to undergo clinically unnecessary services like ultrasounds and in-person counseling.



**IN THE FIRST THREE MONTHS OF 2019
State lawmakers introduced
304 abortion restrictions**

- Abortion care is a constitutional right that needs additional protection. The rights to personal liberty and equal protection under the law are guaranteed to all by the US Constitution and do not depend on one's ZIP code. However, due to legislative attacks designed to undermine Supreme Court precedent, patients' ability to make their own personal decisions about reproductive health care varies widely from state to state. **Consistent with the Jewish value of pursuing tzedek (justice) for all, NCJW firmly opposes laws that create a patchwork of abortion access and pushed basic health care out of reach for those living in poverty and in rural areas, people of color, LGBTQ people, and young people.** With more than 20 pending lawsuits challenging restrictive or unconstitutional state laws, the time is now to address these threats with federal legislation.



- **WHPA would create a new tool for safeguarding access to high-quality care and securing constitutional rights by protecting patients and providers from political interference.** The bill permits health care providers to deliver abortion services without limitations that are more burdensome than those imposed on medically comparable procedures, do not significantly advance patient health or the safety of abortion, or make abortion more difficult to access. For instance, WHPA specifies that providers have a statutory right to provide abortions free from requirements to perform specific tests or regulations concerning the physical facility where the procedures take place. Importantly, the law also establishes a new test for courts to apply when considering whether a requirement impedes access to abortion services in violation of WHPA.

Call your lawmakers and urge them to support WHPA today!



Find contact information for your senators at www.senate.gov and for your representatives at www.house.gov or call the Capitol switchboard at 202-224-3121.

Then, use this script to communicate your message effectively:

“

My name is [name] and I am a National Council of Jewish Women advocate calling from [city/town]. I urge you to ensure that every single person — regardless of how much they earn, where they live, or any other factors — can make their own moral and faith-informed decisions about abortion by supporting the Women’s Health Protection Act. This bill would put an end to medically unnecessary restrictions and bans that inhibit access to safe abortion, shutter licensed clinics, and prevent patients from receiving care. It’s time for Congress to provide the federal protection necessary to safeguard the constitutional right to abortion. Thank you.

Equal Access to Abortion Coverage in Health Insurance Act

NCJW believes every person should have comprehensive insurance coverage for the full range of reproductive health care needs, including abortion, so they can make their own decisions about their body, health, and future. In keeping with our commitment to reproductive justice, NCJW strives to end the Hyde Amendment and similar bans denying abortion coverage for those enrolled in federal health programs through passage of the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act. The bill would also bar local, state, and federal political interference in the decisions of private health insurers to offer abortion coverage. **Lawmakers must pass the EACH Woman Act so every person can make their own faith-informed decision about abortion, no matter their income, type of insurance, or where they live.**

- **The EACH Woman Act would ensure health coverage of abortion for every person, regardless of income or type of insurance.** Consistent with the Jewish value *kavod ha bri'ot*, or respect and dignity for all human beings, NCJW believes that people with fewer resources should have equal access to care. The Hyde Amendment primarily restricts abortion coverage through Medicaid, disproportionately harming those struggling to make ends meet, people of color, immigrants, young people, and LGBTQ individuals. The EACH Woman Act would lift this ban, ending politicians' interference with the constitutional right to obtain an abortion and ensuring access to safe and legal health care regardless of income level.
- **The EACH Woman Act respects individual moral agency and religious liberty by restoring access to coverage.** Bans on abortion coverage interfere with individual moral autonomy — the power to make personal decisions based on one's own religious or moral beliefs. It is unjust for lawmakers to enshrine one religious view into law in order to restrict abortion access. Doing so erodes our nation's basic principle of religious liberty. The EACH Woman Act would protect the ability of pregnant individuals to make their own faith-informed decisions.
- **Coverage of abortion is essential to preserving patient health and economic security.** When a patient makes the decision to end a pregnancy, it is important that they can access proper medical care without threatening their health or financial future. Coverage bans jeopardize patients' ability to receive safe, quality health care from a licensed provider by delaying care and by making it more difficult to obtain an abortion. What's more, when an individual cannot afford an abortion, the consequences for the patient and their family can be far-reaching: someone who is denied abortion care is more likely to fall into poverty than someone who can obtain the care they need.



Call your lawmakers and urge them to support the EACH Woman Act today!



Find contact information for your senators at www.senate.gov and for your representatives at www.house.gov or call the Capitol switchboard at 202-224-3121.

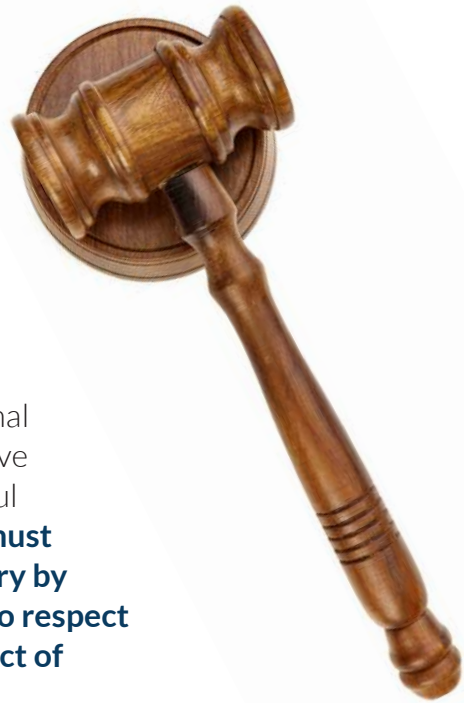
Then, use this script to communicate your message effectively:

“

My name is [name] and I am a National Council of Jewish Women advocate calling from [city/town]. I urge you to end the discriminatory Hyde Amendment by supporting the EACH Woman Act. Dangerous coverage bans like Hyde jeopardize health, economic security, and religious freedom, disproportionately harming people with low income, people of color, immigrants, young people, and LGBTQ individuals. Lawmakers must protect access to safe and legal abortion so that everyone has equal opportunity to make decisions about their health, body, family, and future. Thank you.

Judicial Nominations

Since the Supreme Court's landmark 1973 decision in *Roe v. Wade* cemented the constitutional right to abortion, anti-abortion advocates have pushed to pack the courts with ideologues bent on overturning or chipping away at this important ruling. These federal judges serve lifetime appointments and make decisions every day that affect our lives and those of future generations. NCJW supports a diverse and independent federal judiciary filled with qualified judges committed to upholding constitutional rights. And because our district and circuit courts have the final word in the vast majority of cases, the careful selection of lower court judges is critical. **Senators must support a diverse and independent federal judiciary by confirming only fair-minded constitutionalists who respect equality and justice and who understand the impact of abortion restrictions and bans on all Americans.**



- **Now more than ever, this country needs an independent judiciary.** Even prior to his election, President Trump promised that *Roe* would be overturned automatically were he to take office. Unsurprisingly, Trump has made good on this commitment by consistently nominating individuals who are openly hostile toward abortion rights and women in general. Because each federal judge wields so much power, nominees must be able to demonstrate that they will be impartial arbiters and will not be beholden to the President's vision of the law.
- **Diversity on the federal bench is crucial.** The federal courts should not be packed with narrow-minded elitists who will roll back protections for historically disadvantaged groups while favoring corporations and the powerful elite. Rather, nominees should come from varied professional and personal backgrounds. Gender and LGBTQ diversity is also vital to ensure that our judges better represent and respect the varied experiences of our nation's population. Such diversity instills confidence in our legal system; federal courts should reflect the communities they serve.



- **The Senate has a duty to confirm qualified individuals to lifetime seats on the judiciary.** Our federal courts stand as a backstop for our fundamental constitutional rights, the first and last line of defense when it comes to truly protecting every person's right to access abortion. The nonpartisan American Bar Association (ABA) has traditionally evaluated judicial candidates before they are nominated, and, until recently, the White House and Senate Judiciary Committee have considered those evaluations before moving forward with a nomination. ABA bases its ratings on objective assessments of candidates' competence, principles, and temperament. The Senate Judiciary Committee has ceased honoring these valuable evaluations, and the Senate has confirmed multiple nominees rated "Not Qualified" by the ABA. All senators must protect the integrity of the judiciary by opposing unqualified candidates.

Our federal judges matter.

Federal judges must be fair and independent arbiters of justice.

The US Senate is charged by the Constitution to advise and consent on judicial nominations. There are many safeguard in place to protect the integrity of federal courts. These safeguards have been largely shattered under the Trump Administration.



SENATORIAL COURTESY

Home state senators give input on judicial candidates.



THOROUGH REVIEW

Senators have ample time to review a nominee's record.



NON-PARTISAN RATING OF NOMINEES

The American Bar Association gives judicial nominees a rating. Rating is considered.



THOROUGH HEARINGS FOR EACH NOMINEE

Each nominee has their own hearing. Witnesses are brought in to testify.

How to get involved

Whether you have some free time on your own, can gather a few friends, or want to organize in your community, there are many actions you can take to advance abortion rights and access in your state.



Resource



Search



Contact

BY YOURSELF



JOIN A LEAD! WEBINAR: Learn new advocacy and organizing skills on our monthly webinars.



[“Learn new advocacy and organizing skills”](#) to register for an upcoming webinar.



[“Watch our webinars”](#) to view past webinar recordings.

SIGN UP FOR NCJW ACTION ALERTS: Sign up at ncjw.org/sign-up to receive important updates and action opportunities. Be sure to select “Reproductive Health, Rights, and Justice.”

WRITE AN OP-ED, LTE, OR BLOG POST: Check out our resources for writing an effective op-ed, letter to the editor, or blog post.



[“Tips for writing an op-ed”](#), [“Talk Back: Write and Submit a Letter to the Editor”](#),
[“Tips for Writing a Blog Post”](#)

WITH YOUR FRIENDS



PLAN AN ADVOCACY VISIT: Hold your lawmakers accountable by scheduling a visit with them or their staff in your state, district or on Capitol Hill.



[“Advocacy Visit Training and Resources”](#)

PROMOTE THE VOTE, PROTECT THE VOTE: The right to vote is protective of all other rights, including the right to access abortion care. Use our resource guide to engage voters your community.



[“Promote the Vote, Protect the Vote 2020 Campaign”](#)

HOST A HOUSE MEETING: A house meeting is designed to build relationships among participants to strengthen the group and its actions. It also prioritizes sharing personal stories to get to know each other, while uncovering everyone’s skills, strengths, and passions. Gather some friends to discuss reproductive health, rights, and justice and the actions you can take together to fight for abortion access.



[“House Meeting Facilitation Guide”](#)

SCREEN AN ABORTION RIGHTS DOCUMENTARY: Hosting a film screening and facilitated discussion for 5-10 people in your home is an excellent way to learn more about an issue and ultimately take action for social change.



[“Birthright: A War Story Film Discussion Guide”](#), [“Trapped Film Discussion Guide”](#)



Note: All NCJW resources listed above in quotations can be found by typing in the search bar on our website, www.ncjw.org. Contact action@ncjw.org for support



Resource



Search



Contact

IN YOUR COMMUNITY



PLAN A RALLY, PROTEST, OR VIGIL: Hold an event to raise awareness and build power.



[“Hold an event”](#) for tips on planning a successful event

RAISE AWARENESS: Host a public film screening and discussion to educate your community on abortion access.



[“Raise awareness about abortion access”](#) to learn how to host a film screening

START A PRO-TRUTH CAMPAIGN: NCJW NY designed this movement to raise awareness and fight the dangerous and deceptive tactics of fake reproductive health clinics. Learn more about their campaign at www.protruthny.org and then reach out to action@ncjw.org for more information about implementing this model in your community.

HOST A YOU BE THE JUDGE EVENT: You Be the Judge is a dynamic and interactive workshop about the importance of the federal courts. Participants have a chance to judge a real abortion case for themselves and learn how to take action to protect independent federal courts.



action@ncjw.org for more information.

HOST A STATE-BASED TRAINING ON ABORTION ACCESS AND JEWISH VALUES: These full-day trainings bring together NCJW advocates and coalition partners to strengthen their advocacy and organizing skills, use state-specific faith based and Jewish values messaging regarding abortion, and create a space to strategize, collaborate, and plan action items.



action@ncjw.org



[“state-based training”](#) for more information.

CONNECT WITH COMMUNITY PARTNERS: Find out who is doing reproductive health, rights, and justice advocacy work in your community. Connect with and build relationships with local abortion doulas, funds, and clinics to learn how you can contribute to their work.

INTRODUCTION

BACKGROUND

JEWISH MESSAGING

INTERSECTIONS

TAKE ACTION!



National Council of Jewish Women

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