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I. INTEREST OF AMICUS CURIAE

Cleveland is the second-largest city in Ohio and home to roughly 370,000 people, more than half of whom are women and girls. Cleveland has an inherent interest in protecting the individual rights and liberties of its citizens, which include the fundamental right to reproductive healthcare and abortion under the Ohio Constitution. Ohio's six-week abortion ban, known as S.B. 23,¹ strips away those rights by endangering the physical and mental health and safety of Cleveland's female and minority citizens, creating significant barriers to their economic success, and impeding their access to reproductive healthcare from Cleveland's healthcare providers and Cleveland's own reproductive health programs. The six-week abortion ban also strips away Cleveland's power of self-governance by hindering its ability to provide essential healthcare services to its citizens and undermining its efforts to combat racial inequality.

On July 20, 2022, Respondents filed a Motion to Dismiss, seeking to dispose of this case on spurious jurisdictional grounds. Respondents' motion has the effect of silencing the voices of the women and children impacted by this draconian, discriminatory and unconstitutional law. On behalf of its citizens, Cleveland implores this Court to deny Respondents' Motion to Dismiss, hear this case on the merits and grant the relief sought by Relators.

¹ Hereafter referred to as "the six-week abortion ban," "the abortion ban" or "the ban."

II. STATEMENT OF FACTS

Through the voices of local medical professionals, public health officials, caretakers, and community leaders, the arguments outlined in this Brief reveal a sobering reality for the City of Cleveland: the six-week abortion ban has a devastating and disparate impact on Cleveland's women and girls, especially minority women and girls, and poses a significant risk to their physical and mental health, safety and economic wellbeing. Those local voices are:

1) Alana Garrett-Ferguson, Policy Consultant for New Voices for Reproductive Justice, a non-profit organization dedicated to transforming society for the complete health and well-being of Black women and girls through leadership development, community organizing, and policy advocacy in the blue-collar cities of Cleveland, Pittsburgh and Philadelphia;

2) Lisa Matthews, Director of Cleveland Department of Health's MomsFirst program, who has 29 years of experience specific to advancing maternal and child health. The purpose of MomsFirst is to reduce the disparities in infant mortality and poor birth outcomes experienced by Blacks in the City of Cleveland;

3) Alana Belle, the Deputy Director of Ohio Women's Alliance (OWA), a reproductive justice organization advancing the right of women and people of marginalized genders to have agency over their own bodies, safety, education, and economic prosperity;

4) Sondra Miller, the President and Chief Executive Officer of Cleveland Rape Crisis Center, a Cleveland nonprofit organization that provides life-saving and life-changing services and support to victims of rape and sexual violence as well as their non-offending family members in Northeast Ohio;

5) Lita Wills, Commissioner of Health Equity and Social Justice, a Division of the City of Cleveland Department of Health, whose mission is to improve the health outcomes and the overall quality of life for Cleveland's most disadvantaged populations in order to create thriving neighborhoods and a thriving city; and

6) Jazmin Long, President and Chief Executive Officer of Birthing Beautiful Communities, a Cleveland nonprofit organization that provides pregnancy and postpartum support for women in Cleveland's poorest neighborhoods.

III. ARGUMENT

A. The six-week abortion ban restricts Cleveland women's access to reproductive healthcare and substantially aggravates existing health and safety risks and the negative economic consequences of forced childbirth, driving more women and children into poverty and increasing the risk of maternal and infant deaths.

The Ohio Constitution confers fundamental rights, liberties and equal protection guarantees that encompass the right of all Cleveland citizens to make healthcare decisions, including the decision to terminate a pregnancy.² The six-week ban violates

² Cleveland fully adopts and incorporates as if fully rewritten herein the Memorandum in Support of Relators' Verified Complaint for Writ of Mandamus, pp. 16-22; *see also* the Ohio Constitution, Article I, Sections 1, 2, 16 and 21.

those fundamental rights and liberties and causes direct injury to Cleveland’s women and children by substantially aggravating significant health and safety risks and economic consequences associated with forced childbirth and restricting access to reproductive healthcare.

1. The ban endangers the health of Cleveland’s women and children.

Complications from pregnancy and childbirth are a leading cause of death for pregnant and postpartum women in the U.S.³ The U.S. Supreme Court has recognized that childbirth is more dangerous for women than abortion.⁴ Health experts estimate that a ban on abortions increases maternal mortality by 21 percent, with an increase of maternal mortality among Black women of 33 percent compared to 13 percent among white women.⁵

According to Alana Garrett-Ferguson, a policy consultant for New Voices for Reproductive Justice, the reproductive injustice of Ohio’s six-week abortion ban further undermines Black women’s health, which already suffers from health disparities.⁶ She

³ YWCA, *YWCA Statement on Dobbs v. Jackson Women’s Health Organization* (June 24, 2022), <https://ywcakauai.org/2022/06/24/ywca-statement-dobbs-v-jackson-womens-health-organization/#:~:text=YWCA%20Statement%20on%20Dobbs%20v.%20Jackson%20Women%E2%80%99s%20Health,take%20effect%20and%20overturning%20the%20landmark%20case%2C%C2%A0Roe%20v.> (accessed July 20, 2022).

⁴ *Whole Woman’s Health v. Hellerstedt*, 136 S. Ct. 2292, 2315, 579 U.S. 582, 195 L.Ed.2d 665 (2016), *abrogated by Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228 (2022).

⁵ *Dobbs v. Jackson Women’s Health Organization*, 142 S.Ct. 2228, 2338 (2022), fn. 13 (citing Harris, *Navigating Loss of Abortion Services — A Large Academic Medical Center Prepares for the Overturn of Roe v. Wade*, 386 New Eng. J. Med. 2061, 2063 (2022)) (Breyer, Sotomayer, and Kagan J.J. dissenting).

⁶ Statement of Alana Garrett-Ferguson (hereafter “Garret-Ferguson”), ¶1, Exhibit 1.

explains, “health care outcomes for Black women and girls in Ohio are abysmal by every measure, from life expectancy to maternal health. This issue is even more prevalent in Cleveland....”⁷ Black women and girls suffer harmful reproductive outcomes at astonishingly disproportionately higher rates than their white counterparts.⁸ Uterine fibroids affect up to 80 percent of Black women.⁹ Black women are 36 percent more likely to die from cervical cancer than white women.¹⁰ Black women are two-and-a-half times more likely to die from pregnancy-related complications than white women in Ohio.¹¹

Increased maternal mortality disproportionately affects Cleveland’s Black communities.¹² Additionally, the overall infant mortality rate for Cleveland in 2021 shows that Black babies in Cleveland are three times more likely to die than white babies.¹³ In the words of Alana Belle, Deputy Director of Ohio Women’s Alliance, a reproductive justice organization in Ohio,

For many low-income workers, losing steady employment while navigating pregnancy is a risk that jeopardizes the sustainability of an entire home, forcing families into a state of crisis. Should someone be forced to continue a pregnancy despite the economic disadvantages,

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² Affidavit of Lisa Matthews (hereafter “Matthews”), ¶9, Exhibit 2.

¹³ *Id.* at ¶6.

discussions of housing/food/job insecurity, for many Black families in Cleveland, shift to concerns of death during or after childbirth.¹⁴

In Cleveland's poorest neighborhoods, such as Hough, for example, "environmental and social issues put newborn babies and the people that birthed them at risk of not living to see the baby's first birthday."¹⁵ Although Cleveland is the home of world-class medical institutions, such as the Cleveland Clinic, the University Hospitals and the MetroHealth Health Care System, many of the city's low-income, high-risk pregnant women and girls often do not access those health care services due to lack of education, complications with health insurance and a distrust of health care providers, barriers that are especially prevalent among low-income minority women.¹⁶

Often, women do not learn they are pregnant until after missing two menstrual periods, which is particularly common in teen mothers.¹⁷ When they do learn they are pregnant, usually after six weeks, they miss the opportunity to make an informed decision on whether to carry the pregnancy to term and may have already missed out on services that are crucial for success in healthy pregnancies. This threat to birth outcomes is further exacerbated by the same negative factors that disproportionately

¹⁴ Statement of Alana Belle (hereafter "Belle"), Exhibit 3.

¹⁵ *Id.* at p. 2.

¹⁶ Matthews, ¶10; see also Lazar & Davenport, *Barriers to Health Care Access for Low Income Families: A Review of Literature*, J Community Health Nurs. (2018).

¹⁷ Matthews, ¶13.

affect people of color: crime, workplace inequality, medical racism and misogyny. Adding to this is the stress from unplanned pregnancies.¹⁸

Cleveland's MomsFirst program, a federally funded project, works to reduce disparities in infant mortality and poor birth outcomes experienced by Cleveland's Black population. Operating since 1991, and one of the original 15 Healthy Start Project sites across the U.S., it provides vital interconceptional care services.¹⁹ Among others, those services include outreach, case management, health education, perinatal depression screening and referrals. These services have been found to be essential in reducing infant mortality rates.²⁰

The program's Director, Lisa Matthews, based on her 29 years of experience, draws a direct correlation between mothers' mental stress and an increased risk of negative birth outcomes for the mother and the child.²¹ She explains:

For these moms this is not a time of joy, but instead sadness, fear and uncertainty with feelings of being overwhelmed which could lead to depression and isolation. Almost half of all U.S. pregnancies are unintended. An unplanned pregnancy is often an unwanted pregnancy. Pregnancies can be unwanted for a variety of reasons including rape, incest, inability to afford another child, single mom, one-night stand, or failed birth control. These pregnancies are more likely to lead to poor birth outcomes because pre-conception care was not received, increases in stress cause pre-term labor, or mom doesn't have family support. In contrast, a planned pregnancy is one that is prepared for in advance, mom

¹⁸ Matthews, ¶10; Belle, p.1.

¹⁹ Matthews, ¶2.

²⁰ Matthews, ¶12.

²¹ Matthews, ¶11.

is happy and excited to be pregnant, and receives early and continuous prenatal care.²²

Ohio's six-week abortion ban aggravates the already-existing risks for pregnant women and girls. The resources to travel out of state to obtain an abortion are out of the question for low-income mothers. It is simply "not a viable option for these women who already face barriers to accessing medical care ... and lack of resources such as childcare, transportation and payment."²³ Their "mental and physical health is in jeopardy and they will be forced to either carry the pregnancy to term against their will or end their own pregnancies outside the medical system ultimately leading Ohio's infant mortality and maternal mortality rates to get worse."²⁴

2. The ban re-traumatizes victims of rape and incest, imposing additional serious threats to the safety and health of women who have survived violent crimes.

Victims of rape and sexual violence in Cleveland who experience rape-related pregnancy are at a risk of additional serious threats to their safety and health, including "devastating psychological, physical, and financial impact."²⁵ In 2021, in Cleveland, of 625 victims of reported rapes, a staggering 527 victims were female.²⁶ Of this total, 191 females were white, 299 females Black and 194 females under the age of 18. Of the total

²² *Id.*.

²³ Matthews, ¶14.

²⁴ *Id.*, ¶15.

²⁵ See Statement of Sondra Miller (hereafter "Miller"), p. 1, ¶¶1, 4, Exhibit 4.

²⁶ See Exhibit A to the affidavit of Todd Wiles (hereafter "Wiles"), Exhibit 5.

24 reports of unlawful sexual contact with a minor, 18 were female.²⁷ This year alone, 255 females, 98 of whom were minors, have been victims of reported rapes in Cleveland.²⁸ *One-third* of the victims served by Cleveland Rape Crisis Center (CRCC), a Cleveland nonprofit that serves victims of rape and sexual violence, *are children*.²⁹

The impact of forced childbearing on children who are victims of rape is devastating. In the words of Sondra Miller, President and CEO of CRCC,

...child victims of sexual abuse and incest that often do not yet understand the inner workings of their bodies; they do not yet understand what has happened to them, who to tell, what to say, or who to trust; children so young they do not yet understand what a missed period is, and children that have never had their period. Those realizations have no obligation to align to the six-week deadline in S.B. 23.³⁰

Rather than protect our most vulnerable, injured victims, the six-week abortion ban re-victimizes them all over again by forcing them into childbirth. According to Sondra Miller, 94 percent of women who are raped experience the symptoms of post-traumatic stress disorder (PTSD) during the two weeks following the rape, 30 percent report symptoms of PTSD nine months after the rape, and 33 percent of women who are raped contemplate suicide.³¹ People who have been sexually assaulted are six times more likely to use cocaine and 10 times more likely to use other major drugs.³² Rape-

²⁷ *Id.*

²⁸ *Id.*

²⁹ Miller, p. 2, ¶1.

³⁰ *Id.*

³¹ Miller, p.1, ¶5.

³² *Id* at p. 2.

related pregnancy “compounds on the already traumatizing mental anguish created by the sexual abuse itself.”³³

The six-week abortion ban poses similar risks to victims of other violent crimes, including intimate partner violence and homicide. Homicide is a leading cause of death during pregnancy and the postpartum period in the U.S.³⁴ The rate of 3.62 homicides per 100,000 live births is 16 percent higher than the homicide rate of non-pregnant and non-postpartum females.³⁵ The homicide risk is significantly elevated for Black women and among all younger women and girls ages 10-24.³⁶ One in five homicide victims is killed by an intimate partner.³⁷ With those risks in mind, according to the Commissioner of Health Equity and Justice for Cleveland’s Department of Public Health, “Ohio’s virtual ban on legal abortion procedures will undoubtedly negatively impact the relative risk of homicide for those who are pregnant and early postpartum.”³⁸

Pregnancy coercion (coercion by male partners to become pregnant) and birth control sabotage (partner interference with contraception) are common factors found among young women utilizing family planning clinics, and in the context of partner

³³ *Id.*

³⁴ Maeve Wallace, et al., *Homicide During Pregnancy and the Postpartum Period in the United States, 2018–2019*, 138 *Obstetrics & Gynecology* 762 (November 2021).

³⁵ Affidavit of Lita Wills (hereafter “Wills”), ¶7, Exhibit 6.

³⁶ *Id.*

³⁷ *Id.*

³⁸ *Id.*

violence, are associated with an increased risk for unintended pregnancy.³⁹ According to the Center for Disease Control and Prevention (CDC), almost three million women in the U.S. experienced rape-related pregnancy.⁴⁰ Of women who were raped by an intimate partner, 30 percent experienced a form of reproductive coercion by the same partner.⁴¹ About 23 percent reported that their partner refused to use a condom.⁴²

The incidence of domestic violence and intimate partner violence increases as the pregnancy develops and remains postpartum.⁴³ It is well-understood that the threat of violence by an intimate partner increases during pregnancy, especially for those who have previously been in abusive relationships.⁴⁴ Of the 8,609 total reported domestic violence victims in 2021 in Cleveland, 6,295 were female, of whom 4,438 were Black female and 457 were girls younger than 18.⁴⁵

These survivors should be “empowered to make their own choices and decisions about their healing journey.”⁴⁶ “This includes having access to all health care options without fear of punishment, retaliation or public humiliation.”⁴⁷ Rather than aiding in

³⁹ Elizabeth Miller, et al., *Pregnancy coercion, intimate partner violence and unintended pregnancy*, 81 PubMed 316 (Apr. 2010).

⁴⁰ Centers for Disease Control and Prevention, *Understanding Pregnancy Resulting from Rape in the United States*, (June 1, 2020) <https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html> (accessed July 20, 2022).

⁴¹ *Id.*

⁴² *Id.*

⁴³ Wills, ¶8.

⁴⁴ *Id.*

⁴⁵ *See* Wiles.

⁴⁶ Miller, p. 2, ¶2.

⁴⁷ *Id.*

their recovery, the six-week abortion ban causes unimaginable psychological trauma, creates the added economic and health consequences of childbearing, and prevents survivors from pursuing fruitful education and rewarding careers. In some ways, this ban is tantamount to a violent act in and of itself. Forcing a woman or girl (in a recent case, ten years of age) to carry a child that results from rape or incest after six weeks of pregnancy is barbaric and uncivilized and shocks the conscience to the point at which even the most strident advocates of the six-week ban could not believe the actual impact of the law in real terms.

3. The ban creates additional economic and educational barriers driving Cleveland's women and children deeper into poverty.

By forcing Cleveland's women and girls to carry pregnancies to term, Ohio's six-week abortion ban significantly undermines their educational opportunities, constraining them and their families to remain in low-wage jobs, leading to further impoverishment. In a survey published by Scioto Analysis, 22 of 24 Ohio economists agreed that abortion prohibition in Ohio would decrease educational attainment and earnings.⁴⁸ The impact for low-income women and mothers is overwhelming because it further inhibits their ability to obtain higher education and participate in the workforce. This is especially true for those low-income women who already have children while facing an unplanned pregnancy.

⁴⁸ Scioto Analysis, *Ohio Economic Experts Panel*, (2022) <https://www.sciotoanalysis.com/ohio-economic-experts-panel> (accessed July 20, 2022).

Ohio's six-week abortion ban, by further diminishing an impoverished woman's educational opportunities, like her ability to finish college, and by decreasing her work opportunities and the possibility of higher-paying occupations and wages, not only keeps already impoverished women in poverty, but also sets up future generations for significant challenges.

In addition to limiting educational opportunities, the six-week abortion ban drives Cleveland's women deeper into poverty. Low-income women are more than five times as likely as affluent women to experience an unintended pregnancy.⁴⁹ In 2020, a total of 19,438 abortions were performed in Ohio, 4,523 of which were in Cuyahoga County. In Cuyahoga County, a total of 3,033 abortions were obtained by Black women and 1,022 were obtained by white women.⁵⁰ Eleven were under the age of 15, seven of whom were Black girls and three of whom were white girls.⁵¹ Of the clients needing the services of MomsFirst, 74 percent are Black, 40 percent are under 25 years of age, 68 percent are not working, and 92 percent have never been married.⁵²

⁴⁹ Reeves & Venator, *Sex, contraception, or abortion? Explaining class gaps in unintended childbearing*, Center on Children and Families at Brookings (Feb. 26, 2015) 2.

⁴⁹ Emily Campbell, *Cleveland is now the poorest big city in the country*, (Sept. 21, 2020) <https://www.communitysolutions.com/cleveland-now-poorest-big-city-country/> (accessed July 20, 2022).

⁵⁰ Paulson & Smith, *Induced Abortions in Ohio*, Ohio Department of Health Statistical Analysis Unit, Bureau of Vital Statistics (Sept. 2021) Table 5b (p. 20).

⁵¹ *Id.*

⁵² Matthews, ¶4.

Jazmin Long of Birthing Beautiful Communities (BBC), a Cleveland nonprofit that provides pregnancy and postpartum services in Cleveland's Hough and Collinwood neighborhoods, among others, has first-hand knowledge of the economic disparity faced by the residents of those communities and the impact a virtual ban on abortions has on them:

...the economic ripple effects from being denied an abortion can continue for years. These women are more likely to live in poverty. Younger women who are forced to carry a child they don't want, and likely can't afford are less able to go on to obtain a college degree. This lowers their lifetime income, something that often leads to worse health over the years and can even mean a shorter life.⁵³

These extraordinarily negative economic effects of an abortion ban on women and children's lives, especially women and children in Cleveland who are already low-income, cannot be ignored. In truth, most people don't have access to family leave, and the cost of childcare is prohibitively expensive. A 2021 survey from LendingTree shows Ohio with the third-highest average increase in daycare costs per child in the country since the beginning of the COVID-19 pandemic.⁵⁴

Cleveland's women, like all its citizens, have the right to a happy, prosperous life. They deserve to make decisions over their bodies, obtain an education, pursue a career and succeed. The six-week abortion ban obliterates these basic human rights. It

⁵³ Statement of Jazmin Long (hereafter "Long"), ¶5, Exhibit 7.

⁵⁴ Matt Schulz, *U.S. Workers Spend Up to 29% of Their Income, on Average, on Child Care for Kids Younger Than 5*, (Mar. 15, 2022) <https://www.lendingtree.com/debt-consolidation/child-care-costs-study/> (accessed July 20, 2022).

drives the already poor further into poverty and despair by creating additional economic barriers, limiting educational opportunities and stripping women of the ability to control their bodies and their own future. This law is archaic, misogynistic and anathema to our city's core values and principles.

4. The ban denies Cleveland's women access to quality, medically approved reproductive healthcare.

Cleveland is home to world-class medical facilities that now, due to Ohio's six-week abortion ban, can no longer provide Clevelanders, including low-income women, child victims of rape, minority women and others, access to the full spectrum of quality medically approved healthcare, which medical professionals agree includes abortion, and which is sometimes essential for their health, safety, and wellbeing. The consequences are real and devastating.

At a rally for reproductive rights in Cleveland on July 4, 2022, a group of physicians called Ohio Physicians for Reproductive Rights released an open letter signed by over 1,000 doctors in Ohio. "We are experts in medical treatments. The government should not overreach into the sacred doctor-patient relationship," said Dr. Stephanie Pope, a child and adolescent psychiatrist in the Cleveland area who spoke on

behalf of the group.⁵⁵ “We fear for our patients and what will happen when they cannot access necessary medical care,” said Cleveland pediatrician Lauren Beene.⁵⁶

Soon after Ohio’s six-week abortion ban went into effect, the Chief of Medical Operations of the Cleveland Clinic, a renowned and respected world-class medical institution, addressed the Cleveland Clinic’s fellow concerned caregivers and wrote:

Cleveland Clinic leaders and clinicians hear your concerns following last Friday’s Supreme Court decision. We are deeply concerned about the consequence that restrictive abortion laws will have on women and families. ...

The United States already has among the poorest infant and maternal mortality rates in the developed world. Minority and low-income women in particular will be disproportionately affected by restrictions to reproductive healthcare, which were swiftly put into effect in Ohio.⁵⁷

Alana Belle, Director of Ohio Women’s Alliance, explains the fallout from the near-total ban on abortions on delivery of quality reproductive healthcare services to local families:

The conversation around downsizing or complete sunseting of many abortion clinics in Ohio has shifted from “if” to “when” and an estimated 50-60 clinic workers are at risk of facing the hardship of unemployment in northeast Ohio – namely Cleveland. These are the people who not only destigmatize abortion and confidentially assist people with their services, these are also the people who provide insight to comprehensive sexual education by discussing safe sex practices, providing information on

⁵⁵ Baker, Carrie N., *Doctors Protest Ohio Six-Week Abortion Ban: “Greatest Assault on Women’s Rights in Our Lifetime.”* (July 7, 2022).

⁵⁶ *Id.*

⁵⁷ Letter from Tom Mihaljevic, MD, CEO and President, Cleveland Clinic, to Robert Wyllie, M.D., Chief of Medical Operations, Professor, Lerner College of Medicine, Cleveland Clinic (June 28, 2022) (on file with author).

pregnancy prevention tactics, and answering questions about reproductive health....⁵⁸

The restriction on access to abortion has an impact on the delivery of other reproductive healthcare services as well. Lita Wills, Commissioner of the Cleveland Department of Health Division of Health Equity and Social Justice explains, criminalization of abortion can also mean possible criminalization of miscarriage.⁵⁹ In a community disparately impacted by the aftereffects of an abortion ban, “it is highly plausible that they will be the same women, girls and pregnant people who will bear the brunt of legal ramifications for ending a pregnancy even it if is a miscarriage.”⁶⁰

As explained by Cleveland’s medically trained experts and government and community leaders who are most knowledgeable regarding Cleveland’s local reproductive health and infant mortality issues, the ban interferes with and unnecessarily restrains medical care and burdens the successful local programs achieving important public health and safety objectives.

B. The six-week abortion ban violates Cleveland’s right to self-governance by unconstitutionally impeding its efforts to reduce racial inequality and provide reproductive health services.

Cleveland is a chartered city empowered with Ohio Constitutional Home Rule Authority to “exercise all powers of local self-government” and, like all other

⁵⁸ Belle.

⁵⁹ Wills, ¶9.

⁶⁰ *Id.*

municipalities, is also empowered to adopt and enforce “police, sanitary and other similar regulations” to promote the health and safety of their residents.⁶¹ Charters may be drafted to strengthen the democratic processes and to give a more efficient government than is available in statutory form. A municipality’s Home Rule rights are “not generally subject to statutory restriction.”⁶²

The powers of a municipality include "such powers of government as, in view of their nature and the field of their operation, are local and municipal in character."⁶³ “Local authorities are presumed to be familiar with local conditions and to know the needs of the community.”⁶⁴ The purpose of Ohio’s Home Rule amendment was to put the conduct of municipal affairs in the hands of those who knew the needs of the community best, to-wit, the people of the city.”⁶⁵

A charter does not confer power or enlarge the scope of municipal powers. Rather, it distributes powers among the various elected and appointed officials and bodies and between the city officials and its citizens. In this respect, a municipal charter

⁶¹ Ohio Const. Article 18, Section 3.

⁶² See *State ex rel. Toledo Edison Co. v. Clyde*, 76 Ohio St.3d 508, 511, 688 N.E.2d 498 (1996) citing *Lucas v. Lucas Local School Dist.*, 2 Ohio St.3d 13, 442 N.E.2d 449 (1982); *Columbus v. Pub. Util. Comm.*, 58 Ohio St.2d 427, 388 N.E.2d 1237 (1979); *Columbus v. Ohio Power Siting Comm.*, 58 Ohio St.2d 435, 390 N.E.2d 1208 (1979).

⁶³ *Billings v. Cleveland RR. Co.*, 92 Ohio St. 478, 484, 111 N.E.2d 155 (1915). See also *Garcia v. Siffrin Residential Assn*, 63 Ohio St.2d 259, 270 407 N.E.2d 1369 (1980), citing *State, ex rel. Toledo v. Lynch*, 88 Ohio St. 71, 97, 102 N.E. 670 (1913).

⁶⁴ *Allion v. Toledo*, 99 Ohio St. 416, 124 N.E.2d 237 (1919), syllabus.

⁶⁵ *Northern Ohio Patrolmen’s Benev. Assn. v. Parma*, 61 Ohio St.2d 375, 379, 402 N.E.2d 519 (1980), fn.1 (citing *Goebel v. Cleveland Ry.*, 17 Ohio N.P. (N.S.) 337, 343, 1915 WL 956 (1915); *Billings v. Cleveland Ry.*, 92 Ohio St. 478, 111 N.E. 155 (1915); *Froelich v. Cleveland*, 99 Ohio St. 376, 385, 124 N.E. 212 (1919).

is more responsive to local needs than statewide statutes, since the citizens are given the ability to provide for the distribution of municipal powers as they see fit, rather than relying upon the General Assembly, as is the case under a general statutory form of government.

Because of the disproportionate impact Cleveland's high poverty rate has on the city's largely Black population, conditions for Cleveland's women are dire. Local physicians, local government and community organizations are in the best position to know and understand that abortion is essential healthcare for Cleveland's local community. They have unanimously concluded that Ohio's six-week abortion ban does and will continue to have a profoundly negative impact on the City of Cleveland.

As this court has recognized "[t]he requirement of uniform operation throughout the state of laws of a general nature does not forbid different treatment of various classes or types of citizens, but does prohibit nonuniform classification if such be arbitrary, unreasonable or capricious."⁶⁶ The State legislature, without valid justification, has ignored local needs of cities like Cleveland and enacted a sweeping abortion ban that creates a statewide scheme that ultimately harms rather than protects the safety and welfare of Cleveland's women and children, especially impoverished and minority women and children.

⁶⁶ *Canton v. State*, 95 Ohio St.3d 149, 155, ¶ 30, 766 N.E.2d 963, 969 (holding modified by *Mendenhall v. Akron*, 117 Ohio St. 3d 33, 881 N.E.2d 255 (2008)).

1. **The ban undermines Cleveland’s efforts to combat racial inequality.**

In 2020, Cleveland declared racism a public health crisis and in response enacted legislation that requires the City to work to reduce health disparities that cause poor outcomes for its Black population.⁶⁷ A Public Health Crisis Coalition, a working group consisting of community leaders, residents and council members was created and ultimately paved the way for the Division of Health Equity and Social Justice, established in March of 2021. The Division works with local partners to find solutions to health inequities in our communities, which include reproductive health inequities.⁶⁸

The six-week abortion ban directly undermines the will of Cleveland’s people expressed through its legislative enactments and sabotages the progress Cleveland has made in recent years in implementing the comprehensive programs and alliances to combat health disparities that affect Cleveland’s minorities. In the words of the Division of Health Equity and Social Justice Commissioner Lita Wills, “[t]he State of Ohio’s virtual (6 week) abortion ban directly opposes all that is considered equitable and just with regard to reproductive health rights and bodily autonomy.”⁶⁹

2. **The ban undermines meaningful delivery of reproductive health services to Cleveland’s residents.**

⁶⁷ Wills, ¶6.

⁶⁸ *Id.* at ¶¶5-10.

⁶⁹ *Id.*

Cleveland, through its local health department, including its reproductive health clinics, also provides reproductive healthcare for male and female adults and adolescents through its Title X⁷⁰ federally funded reproductive health clinics serving low-income individuals and families. Through those services, Cleveland is achieving success in improving the health and safety of its women and children, as evidenced by the MomsFirst success rate in reducing infant mortality. Ohio's six-week abortion ban sets the tireless efforts of Cleveland's programs and their dedicated providers on a reverse trajectory by increasing the risk of negative health consequences of forced childbirth.

Cleveland's Department of Health's reproductive health clinics serve an estimated 5,000 women a year with comprehensive and confidential family planning. Most Cleveland Health Department's Title X patients live at 100 percent or less of the federal poverty level and 75 percent are people of color.

Title X programs are specifically tailored to communities like Cleveland by allowing local clinics to provide a broad range of medically approved information, counseling and referrals on family planning methods, especially to low-income and minority clients. Title X projects offer their pregnant clients with information and nondirective counseling on each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and abortion (unless clients indicate they do not

⁷⁰ Family Planning Services & Population Research Act of 1970, Pub. L. No. 91-572, 84 Stat. 1504 (1970) (codified at 42 U.S. §§300).

want such information or counseling). Projects are required to provide referrals upon client request, including abortion referrals. Ohio's six-week abortion ban limits the options available to women and the care their physicians can provide them, and it inappropriately inserts politicians into women's family planning options and the patient-clinician relationship.

IV. CONCLUSION

Ohio's six-week abortion ban is not a statute that is part of a comprehensive evidence-based system providing for the protection of reproductive health of women, infants and children, especially local women facing the challenges of poverty and racial inequality. Cleveland urges this Court to hear the concerns of its physicians and caregivers that are supported by valid medical and scientific justification, acknowledge the evidence of the impact a restrictive abortion ban has on the local health, safety and welfare of Cleveland, and return Ohio to a state where its statutes improve, not harm, women's health by striking down the six-week ban.

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I hereby certify that a true and accurate copy of the “Brief of *Amicus Curiae* the City of Cleveland in Support of Relators” was served by electronic mail on this 26th day of July 2022 to:

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Further, I certify that a copy of the foregoing Brief of *Amicus Curiae* The City of Cleveland in Support of Relators was served on the 26th day of July, 2022, by U.S. mail upon the following Respondent whose counsel have not yet entered appearances:

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EXHIBITS

1 Statement of Alana Garrett-Ferguson

2 Affidavit of Lisa Matthews

3 Statement of Alana Belle

4 Statement of Sondra Miller

5 Affidavit of Todd Wiles and Ex. A attached thereto

6 Affidavit of Lita Wills

7 Statement of Jazmin Long



**Alana Garrett-Ferguson - Policy Consultant
New Voices for Reproductive Justice
Amicus Brief Statement**

New Voices for Reproductive Justice (“New Voices”) is a non-profit organization dedicated to transforming society for the complete health and well-being of Black women, girls through leadership development, community organizing, and policy advocacy.

Our work spans across the Rust Belt with primary focus and operation in two states, Ohio and Pennsylvania, and three cities, Cleveland, Philadelphia, and Pittsburgh.

New Voices was instrumental in the passage of the Affordable Care Act, its implementation in Pennsylvania, and the expansion of Medicaid in Pennsylvania. In Ohio, New Voices has consistently advocated at the state level for a comprehensive reproductive justice agenda that includes abortion access Black maternal health, and unshackling of pregnant women. New Voices supported the Ohio Black maternal health caucus. Also opposed to the initial introduction of the 6-week heartbeat ban.

Comprehensive health care access is critical in Ohio where health care outcomes for Black women and girls are abysmal by every measure, from life expectancy to maternal health. This issue is even more prevalent in Cleveland, which was named the worst city in America for Black women to live. Black women and girls suffer harmful reproductive health outcomes at astoundingly disproportionate rates than their non-Black counterparts. Uterine fibroids affect up to 80% of Black women. Black women are 36% more likely to die from cervical cancer than white women. Black women are two and a half times more likely to die from pregnancy-related complications than White women in Ohio. These health disparities impact Black Clevelanders not because of an inherent problem with or within Black people – as has been asserted for over 150 years – but because of historical, intersectional race and gender oppression, wealth inequality, and environmental injustice and an ongoing legacy of medical discrimination. Restrictions rooted in racist stigma undermine Reproductive Justice – the human right to control our bodies, sexuality, gender, work, reproduction, and ability to form our families.

For this reason New Voices approaches conversations about abortion access through a reproductive justice lens. Roe v. Wade was always just the floor for Black women and gender

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EXHIBIT

1



expansive people in their pursuit of full bodily autonomy, community sustainability, and economic sovereignty. Research has shown, that in a 2019 poll of surveyed Black Ohioans, 96% agreed that a woman having the ability to control her children is an essential part of financial stability for herself and her family, and 87% agreed that woman has the right to abortion.

New Voices and all amici share the goal that Black women and gender expansive people have healthy, and joyful lives – goals that are impeded when reproductive restrictions are relegate Black women and girls to second-class citizenship in health care.

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by African Americans in the city of Cleveland. This is accomplished by addressing the contributing factors that influence the perinatal trends in high risk communities. Contributing factors may be those that impact a pregnancy directly (prenatal care, smoking, obesity, nutrition, substance abuse, etc.), or those that may have a long-term effect on a woman's general health and the health of her children (poverty, lack of education, violence and other stressors).

3. MomsFirst serves women who are at risk of poor pregnancy outcomes throughout their pregnancy and until the child turns 18 months old. Core services include: outreach, case management, health education, perinatal depression screening and referral, and interconceptional care services. Interconceptional care refers to care during the period of time between the end of one pregnancy and the beginning of another. The goal of interconceptional care is to take steps to improve the birth outcome of the next pregnancy.

4. In 2020, MomsFirst served 1,061 participants in the City of Cleveland (74% African American, 11% Caucasian, and 1% other races). Of those Cleveland participants, 41.7% were less than 25 years old. Of participants 18-years old and older, 64.2% had obtained a high school diploma, GED or post-secondary education. At enrollment, over two-thirds of participants were not working (68%) and had never been married (92.3%). At delivery, 94.6% of the deliveries were paid by Medicaid.

5. MomsFirst's success in Cleveland in reducing the Infant Mortality Rate ("IMR"), defined as the number of babies that die per 1,000 live births, prior to reaching their first birthday, is evidenced by the rate for those in the MomsFirst program. Preliminary 2021 data indicates MomsFirst's rate was 3.5, while the City of Cleveland's overall rate was 8.6, comprised of a Black rate of 12.1, and a White rate of 4.3.

6. The overall Preliminary Infant Mortality Rate for the City of Cleveland in 2021 also shows that Black babies in the City of Cleveland are at risk of dying at almost 3 times the rate of White babies. MomsFirst's IMR for Project participants in 2021 was less than the city's White rate and almost one-quarter of the Black rate. Given that MomsFirst participants are reflective of those women at highest risk for poor birth outcomes, these data provide strong evidence regarding the impact the program is having in reducing infant mortality in our community.

7. MomsFirst partners with agencies that assist low income, high risk, minority populations in the City of Cleveland. Its contractual partners include four Settlement Houses that serve as multi-service neighborhood centers: Lexington Bell Community Center, Merrick House, Friendly Inn Settlement House and the May Dugan Multi-Service Center, who provides MomsFirst's services to teens, women who are incarcerated, and women in residential substance abuse treatment facilities or shelters. Every site is comprised of a Case Manager and a team of Community Health Workers who each carry a caseload of 30 participants. Community Health Workers provide case management services in the form of two, face-to-face visits per month. Face-to-face visits can occur in the participant's home, a community setting, or at the MomsFirst site location.

8. During the visit the Community Health Worker confirms prenatal, postpartum and well child appointments, completes educational sessions (Safe Sleep, Perinatal Depression, Breastfeeding, Family Planning, Nutrition, Newborn Care, Smoking Cessation, Substance Abuse, and Lead Safe Living), performs screenings (Child Development (ASQ), Perinatal Depression (Edinburgh), and Smoking Cessation), and

provides referral resources or linkages to ancillary support services. In 2021, 12,337 contacts were made with participants.

9. In 2020, due to increased maternal mortality, which disproportionately affects communities of color, MomsFirst also received Federal Healthy Start funding to reduce Maternal Mortality in a specialized population of incarcerated women at the Cuyahoga County Corrections Center.

10. In addition to the services MomsFirst provides participants in the City of Cleveland, it has worked throughout the years to address policy and system-level changes to support equity and overall health for the community. Removing barriers to accessing healthcare has been at the forefront. Cleveland is the home of world-class medical institutions, yet many of the city's low income, high-risk pregnant women do not get the benefit of these services. A short film "Toxic, a Black Woman's Story" was created by Healthy Cleveland in partnership with First Year Cleveland, a non-profit organization whose mission is to mobilize the community through partnerships and a unified strategy to reduce infant deaths and racial disparities, to examine the harmful effects of race-related stress on the health and well-being of African American women during pregnancy. It illustrates the negative outcomes associated with maternal stress on birth outcomes, including violent crimes disproportionately affecting communities of color, medical provider dismissiveness of pregnancy/medical concerns, and unequal treatment in the workplace, among others.

11. Adding to those maternal health stressors is the stress from the mental health aspects of an unplanned pregnancy. For these moms this is not a time of joy, but instead sadness, fear, and uncertainty with feelings of being overwhelmed which could lead to depression and isolation. Almost half of all U.S. pregnancies are unintended. An

unplanned pregnancy is often an unwanted pregnancy. Pregnancies can be unwanted for a variety of reasons including rape, incest, inability to afford another child, single mom, one-night stand, or failed birth control. These pregnancies are more likely to lead to poor birth outcomes because pre-conception care was not received, increases in stress cause pre-term labor, or mom doesn't have family support. In contrast, a planned pregnancy is one that is prepared for in advance, mom is happy and excited to be pregnant, and receives early and continuous prenatal care.

12. Home visiting and case management services are a critical and crucial component to improving infant mortality rates and birth outcomes with the population we serve. They provide the time, content, patience and understanding our participants need to adequately digest, understand, and implement practices covered during educational sessions. These services and relationships are essential and have led to reductions in infant mortality as evidenced by MomsFirst's IMR for program participants.

13. However, MomsFirst only enrolls women into the program once they are confirmed pregnant. Often women do not realize they are pregnant until they miss two menstrual periods due to their irregular cycles, which is normal with teens due to hormonal changes, stopping and starting birth control, and can be impacted by dieting and often compounded by stress. By this time they are beyond the 6 week time period of Ohio's Senate Bill 23 - Ohio's 6 week abortion law, which robs them of the opportunity to make an informed decision of whether to carry the pregnancy to term or not.

14. Traveling to another state for abortion care is not a viable option for these women who already face barriers to accessing medical care locally due to a lack of resources such as child care, transportation, and payment, as well as of fear based on a lack of trust in the medical system.



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July 18, 2022

The Supreme Court of Ohio

Re: State ex rel. Preterm Cleveland, et. al. v. David Yost, et al.
Case No. 2022-0803
Statement in support of Brief of *Amicus Curiae* of City of Cleveland in Support of
Relators

To Whom It May Concern,

My name is Alana Belle and I am the Deputy Director of Ohio Women's Alliance (OWA). OWA is a Reproductive Justice organization with a collective vision of an Ohio that takes a stake in women and people of marginalized genders having agency over their bodies, safety, education, and economic prosperity. As an organization, we are dedicated to women across the state because we know that when women thrive, our communities thrive.

As we respond to this rescinding of our rights, we must understand that the people most affected by these changes are those with the least resources. Many Cleveland residents who choose abortion are parents who are aware of the layered responsibility of raising a child at the intersection of their identities and before even thinking about raising an additional child, managing the logistics of a full-term pregnancy can be daunting as they consider the potential financial impact of the decision. Transportation to and from prenatal appointments, the co-pays attached to those appointments, childcare, making appointments that are compatible with work schedules, and finding income to support the household when parental leave is not offered are all barriers that exist before a child is born. For many low-income workers, losing steady employment while navigating pregnancy is a risk that jeopardizes the sustainability of an

entire home, forcing families into a state of crisis. Should someone be forced to continue a pregnancy despite the economic disadvantages, discussions of housing/food/job insecurity, for many Black families in Cleveland, shift to concerns of death during or after childbirth.

Medical racism and misogyny are not addressed with intention and as a result, fetal and maternal mortality rates in Northeast Ohio are disproportionately frightening for Black people. Ignoring the pain of Black women and people is a common enough medical practice that even Serena Williams' birth story was saddening...but unsurprising. Even with her physical health, financial wealth, and social status, her pleas for help were dismissed until an almost fatal event took place. Eliminating abortion access does not ensure safe delivery of children or their wellbeing beyond the womb, nor does it protect the parent, existing children, or the communities impacted by the growth or reduction of these families.

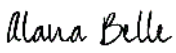
Not far from University Hospitals and Cleveland Clinic's campuses is the Hough neighborhood - where environmental and social issues put newborn babies and the people that birthed them at risk of not living to see the baby's first birthday. Between air pollution, lead paint in homes, communal economic disadvantage, and the dismissal of health concerns by medical professionals - many of the families that want to have (more) children don't feel safe doing so and will actively work to prevent a pregnancy they would otherwise be thrilled about.

Quoting Erica Butler, founder of HappE Sex Talk, "pleasure is a birthright" and that is true regardless of our income or marital status; neither of which determines our worthiness of pleasure anymore than our readiness for parenthood. Married/partnered people have abortions. Financially stable people have abortions. People in their 30s and 40s have abortions. Rather than using fear-based tactics to discourage people from having sex, the conversation should be focused on providing comprehensive sexual education and properly equipping people to make fully informed decisions about their own reproductive health—including pregnancy prevention methods and providing access to safe, legal abortions should an unplanned/unsafe pregnancy occur. The Contraception Collection at the Dittrick Museum of Medical History (Case Western Reserve University) not only shows the tremendous strides made in information and technology around reproductive health, it also displays the methods people have used to prevent or terminate an unwanted pregnancy throughout time. As seen at the Dittrick—the consequences of desperation can be extremely harmful or even fatal and banning abortion without creating safe, accessible pathways to pregnancy prevention and the scarcity of comprehensive healthcare recreates that ecosystem of desperation.

As a result of state and federal legislation, Clevelanders in need of abortion services are in jeopardy...and so are Clevelanders that provide high-quality abortion services. The conversation around the downsizing or complete sunseting of many abortion clinics in Ohio has shifted from “if” to “when” and an estimated 50-60 clinic workers are at risk of facing the hardship of unemployment in northeast Ohio - namely Cleveland. These are the people who not only destigmatize abortion and confidentially assist people with their services, these are also the people who provide insight to comprehensive sexual health education by discussing safe sex practices, providing information on pregnancy prevention tactics, and answering questions about reproductive health to which people may otherwise not reliable answers. Clinic workers are passionate people who have found their calling and their work is critical to the sustainability of our communities. Many of the skilled, compassionate, dedicated abortion clinic workers now have to reconcile the loss of their rights, the loss of their livelihoods, and the loss of their professional trajectory; with some intention, we can reemploy these people but without restoration of our full reproductive rights, we cannot ensure that clinic workers will be gainfully and equitably employed within their field.

Thankfully, abortion is still legal in Ohio until “fetal heart motion” is detected but the transition from our previous state of access to this near-total abortion ban will prove to create an unsustainable Ohio in the near future; the social services spectrum will be negatively impacted by a surge in forced births. Taking away access to abortion will cause underfunded programs like SNAP benefits to be spread even thinner and it will deepen food insecurity for Cleveland’s most vulnerable community members; our legislature has not prepared to expand MEDICAID and provide healthcare for more Clevelanders, leaving many underserved and facing more aggressive medical issues; the stigma around mental health services coupled with lack of access to providers sets us up for generations of people working through individual trauma, inherited trauma, and the navigation of daily responsibilities unsupported. “Choose adoption” is a phrase many of us hear throughout the conversation on abortion access, and while it offers comfort to the anti-choice community, it only further proves that the group is not pro-life. The conditions that create/incubate the violence we see in the city are exacerbated by elimination of reproductive freedom; protecting abortion access is a social and fiscal responsibility.

It is my hope that the Ohio Supreme Court Justices listen to the majority of Ohioans and ensure that regardless of what side of the conversation one is on; we all have the choice to do what is best for ourselves and our families.

DocuSigned by:  URS,
Alana Belle
082A1526A57B45E...

July 25, 2022

Chief Justice Maureen O'Connor and Associate Justices
Supreme Court of Ohio
65 South Front Street
Columbus, Ohio 43215-3431

RE: *State ex rel. Preterm-Cleveland, et al., v. David Yost, et al.*, Case No. 2022-0803.

Dear Chief Justice O'Connor and Associate Justices:

As President & CEO of Cleveland Rape Crisis Center (CRCC), I am writing in support of the amicus brief prepared by the City of Cleveland, in particular the statement that Ohio's six-week abortion ban, also known as S.B. 23, re-traumatizes victims of rape and incest, imposing additional serious threats to the safety and health of women who have survived violent crimes.

For nearly fifty years, CRCC has provided life-saving and life-changing services and support to victims of rape and sexual violence and their non-offending family members in Northeast Ohio. We are among the largest independent rape crisis centers in the nation. Last year alone, we provided direct services to more than 10,000 victims that have suffered sexual assault in their lifetime. Additionally, we are the only agency in Cuyahoga County that meets the statewide core standards of sexual assault programming developed by the Ohio Alliance to End Sexual Violence, Ohio's statewide coalition for comprehensive rape crisis services.

Survivors of rape and sexual abuse have had control over their body taken away from them in a way that few can understand. We are horrified anytime that public rhetoric about what should be a rape survivor's private choice adds any more shame or humiliation to their already burdened shoulders.

Being forced to carry a rape-related pregnancy to term increases the risk of devastating psychological, physical, and financial impacts on survivors. CRCC is committed to empowering survivors, promoting healing, and advocating for their right to bodily autonomy.

For survivors that experience rape-related pregnancy, S.B. 23 is a traumatizing restriction on their ability and their family's ability to choose what is right for them. This compounds on the already traumatizing mental anguish created by the sexual abuse itself. According to RAINN:

- 94% of women who are raped experience symptoms of post-traumatic stress disorder (PTSD) during the two weeks following the rape, and 30% of women report symptoms of PTSD 9 months after the rape.
- 33% of women who are raped contemplate suicide.

EXHIBIT
4

- People who have been sexually assaulted are 6 times more likely to use cocaine, and 10 times more likely to use other major drugs.

It is especially chilling that nearly one-third of victims we serve are children: child victims of sexual abuse and incest that often do not yet understand the inner workings of their bodies; they do not yet understand what has happened to them, who to tell, what to say, or who to trust; children so young they do not yet understand what a missed period is, and children that have never had their period. Those realizations have no obligation to align to the six-week deadline in S.B. 23.

To aid in their trauma recovery, we believe it is imperative that survivors are empowered to make their own choices and decisions about their healing journey. This includes having access to all health care options without fear of punishment, retaliation or public humiliation.

Providing this support is critical to survivors who have already suffered enough.

Sincerely,



Sondra Miller
President & CEO

ⁱ <https://www.rainn.org/statistics/victims-sexual-violence>


STATE OF OHIO : AFFIDAVIT OF TODD WILES
: SS
COUNTY OF CUYAHOGA :

Having been first duly sworn, the Affiant affirms and states as follows:

1. My name is Todd Wiles. I am employed as Crime Analyst III for the City of Cleveland, Department of Public Safety, Division of Police (CDP). I have been employed as a crime analyst for the City of Cleveland for the last 13 years. I am familiar with the City of Cleveland Law Enforcement Records Management System (LERMS) and electronically stored crime-reporting records kept by CDP. I review and organize those records and compile reports as part of my daily activities with CDP. All statements contained herein are true and accurate to the best of my knowledge and belief.

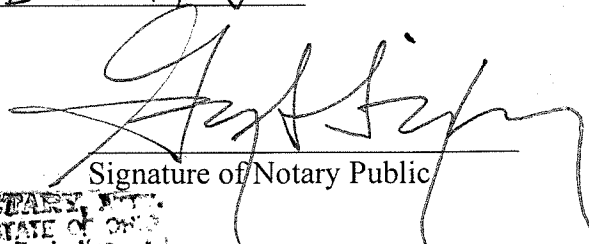
2. Attached hereto and incorporated herein as Exhibit A is a table showing all victims for 2021 and 2022 listed in Cleveland criminal reports, filtered by crime statute (Rape, R.C. 2907.02; Sexual Battery, 2907.03; Unlawful sexual conduct with minor, R.C. 2907.04; Domestic violence (specifically, domestic assault)), sex, race/national origin, age and incest. These statistics are based on data entered into LERMS that I personally retrieved from LERMS records kept in the regular course and scope of the City of Cleveland's business.

FURTHER AFFIANT SAYETH NAUGHT.


Todd Wiles

STATE OF OHIO :
: SS
COUNTY OF CUYAHOGA :

Sworn to and affirmed before me by Todd Wiles
this 20th day of July, 2022.


Signature of Notary Public

GARY B. SINGLETARY, Notary Public
Notary Public in State of Ohio
My Commission Has No Expiration
Section 227.03 of the Ohio Revised Code

Printed Name of Notary Public

Commission Expiration Date NA - Attorney

EXHIBIT

A

				2021							
				0 - 17	18 - 29	30 - 49	Over 50	Unk	Total		
2907.02 Rape	Female	American Indian/Alaskan	Non-Hispanic	0	0	0	0	0	0		
			Total	0	0	0	0	0	0		
		Arab	Non-Hispanic	0	0	1	0	0	1		
			Total	0	0	1	0	0	1		
		Asian	Non-Hispanic	1	0	0	0	0	1		
			Total	1	0	0	0	0	1		
		Black	Hispanic	4	0	0	0	0	4		
			Non-Hispanic	122	83	74	12	4	295		
			Total	126	83	74	12	4	299		
		Unknown	Hispanic	2	2	1	0	1	6		
			Non-Hispanic	19	4	4	0	2	29		
			Total	21	6	5	0	3	35		
		White	Hispanic	19	8	1	0	1	29		
			Non-Hispanic	27	72	49	13	1	162		
			Total	46	80	50	13	2	191		
	Total				194	169	130	25	9	527	
	Male	Black	Non-Hispanic	46	11	3	1	0	61		
			Total	46	11	3	1	0	61		
		Unknown	Hispanic	0	0	1	0	0	1		
			Non-Hispanic	2	2	1	0	0	5		
			Total	2	2	2	0	0	6		
		White	Hispanic	1	0	1	0	0	2		
			Non-Hispanic	6	3	7	3	1	20		
			Total	7	3	8	3	1	22		
		Total				55	16	13	4	1	89
		Unknown	Unknown	Non-Hispanic	1	1	1	0	5	8	
	Total			1	1	1	0	5	8		
White	Non-Hispanic		0	0	0	0	1	1			
	Total		0	0	0	0	1	1			
Total				1	1	1	0	6	9		
Total				250	186	144	29	16	625		
2907.03 Sexual battery	Female	American Indian/Alaskan	Non-Hispanic	0	1	0	0	0	1		
			Total	0	1	0	0	0	1		
		Black	Non-Hispanic	2	0	0	0	0	2		
			Total	2	0	0	0	0	2		
		White	Non-Hispanic	0	1	0	0	0	1		
			Total	0	1	0	0	0	1		
	Total				2	2	0	0	0	4	
	Male	Black	Non-Hispanic	0	2	3	0	0	5		
			Total	0	2	3	0	0	5		
		Total				0	2	3	0	0	5
	Total				2	4	3	0	0	9	
2907.04 Unlawful w/ Minor	Female	Black	Hispanic	1	0	0	0	0	1		
			Non-Hispanic	8	0	0	1	0	9		
			Total	9	0	0	1	0	10		

						2022					
						0 - 17	18 - 29	30 - 49	Over 50	Unk	Total
						1	0	0	0	0	1
						1	0	0	0	0	1
						0	0	0	0	0	0
						0	0	0	0	0	0
						0	3	0	0	0	3
						0	3	0	0	0	3
						1	0	0	0	0	1
						66	54	24	11	0	155
						67	54	24	11	0	156
						3	0	0	0	0	3
						7	2	0	1	0	10
						10	2	0	1	0	13
						5	3	2	1	0	11
						15	29	24	3	0	71
						20	32	26	4	0	82
						98	91	50	16	0	255
						16	4	6	5	0	31
						16	4	6	5	0	31
						1	0	0	1	0	2
						0	1	0	1	0	2
						1	1	0	2	0	4
						1	0	0	0	0	1
						5	3	2	0	0	10
						6	3	2	0	0	11
						23	8	8	7	0	46
						0	0	0	0	3	3
						0	0	0	0	3	3
						0	0	0	0	0	0
						0	0	0	0	0	0
						0	0	0	0	3	3
						121	99	58	23	3	304
						0	0	0	0	0	0
						0	0	0	0	0	0
						0	0	0	0	0	0
						0	0	0	0	0	0
						0	0	1	0	0	1
						0	0	1	0	0	1
						0	0	1	0	0	1
						0	0	0	0	1	1
						0	0	0	0	1	1
						0	0	0	0	1	1
						0	0	1	0	1	2
						0	0	0	0	0	0
						7	0	0	0	0	7
						7	0	0	0	0	7

Domestic Violence	Female	Unknown	Non-Hispanic	3	0	0	0	0	3	
			Total	3	0	0	0	0	3	
			White	1	1	0	0	0	2	
		White	Non-Hispanic	3	0	0	0	0	3	
			Total	4	1	0	0	0	5	
			Total	16	1	0	1	0	18	
		Male	Black	Non-Hispanic	1	0	1	0	0	2
				Total	1	0	1	0	0	2
				White	1	0	0	0	0	1
	White		Non-Hispanic	1	0	0	0	0	1	
			Total	2	0	1	0	0	3	
	Unknown	Unknown	Non-Hispanic	2	0	0	0	1	3	
			Total	2	0	0	0	1	3	
		Total	2	0	0	0	1	3		
	Total			20	1	1	1	1	24	
	Domestic Violence	Female	American Indian/Alaskan	Non-Hispanic	0	1	2	0	0	3
				Total	0	1	2	0	0	3
				Arab	0	4	8	3	0	15
			Arab	Non-Hispanic	0	4	8	3	0	15
				Total	0	4	8	3	0	15
			Asian	Non-Hispanic	0	5	4	0	0	9
				Total	0	5	4	0	0	9
			Black	Hispanic	7	16	20	2	0	45
				Non-Hispanic	363	1764	1750	500	16	4393
Total				370	1780	1770	502	16	4438	
Native Hawaiian/Pacific Islander			Hispanic	0	0	1	0	0	1	
			Non-Hispanic	0	0	0	0	0	0	
			Total	0	0	1	0	0	1	
Unknown			Hispanic	3	17	20	1	0	41	
			Non-Hispanic	18	63	59	11	6	157	
			Total	21	80	79	12	6	198	
White			Hispanic	15	123	149	31	1	319	
			Non-Hispanic	51	402	638	213	8	1312	
		Total	66	525	787	244	9	1631		
Total			457	2395	2651	761	31	6295		
Male		Arab	Non-Hispanic	0	2	3	2	0	7	
			Total	0	2	3	2	0	7	
		Asian	Non-Hispanic	0	0	1	0	0	1	
			Total	0	0	1	0	0	1	
	Black	Hispanic	3	2	2	0	0	7		
		Non-Hispanic	283	347	525	297	16	1468		
		Total	286	349	527	297	16	1475		
	Native Hawaiian/Pacific	Non-Hispanic	1	1	1	0	0	3		
		Total	1	1	1	0	0	3		
	Unknown	Hispanic	1	1	7	0	0	9		
		Non-Hispanic	16	11	18	8	11	64		
		Total	17	12	25	8	11	73		
	White	Hispanic	20	30	53	17	1	121		
		Non-Hispanic	51	72	156	120	8	407		

0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
4	0	1	0	0	5
4	0	1	0	0	5
11	0	1	0	0	12
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	1	1
0	0	0	0	1	1
0	0	0	0	1	1
11	0	1	0	1	13
0	0	2	0	0	2
0	0	2	0	0	2
1	6	5	1	0	13
1	6	5	1	0	13
0	3	4	0	0	7
0	3	4	0	0	7
1	9	7	0	1	18
189	805	822	289	5	2110
190	814	829	289	6	2128
0	0	0	0	0	0
0	0	2	0	0	2
0	0	2	0	0	2
0	13	12	3	0	28
8	36	42	12	4	102
8	49	54	15	4	130
21	66	73	15	3	178
22	198	275	109	3	607
43	264	348	124	6	785
242	1136	1244	429	16	3067
0	0	1	2	0	3
0	0	1	2	0	3
0	0	0	0	0	0
0	0	0	0	0	0
1	0	0	0	0	1
135	178	251	148	9	721
136	178	251	148	9	722
0	1	1	0	0	2
0	1	1	0	0	2
0	1	1	1	0	3
7	8	11	5	4	35
7	9	12	6	4	38
19	25	17	9	3	73
23	45	82	66	3	219

		Total	71	102	209	137	9	528
		Total	375	466	766	444	36	2087
Unknow n	Black	Non-Hispanic	2	3	2	5	0	12
		Total	2	3	2	5	0	12
	Unknown	Non-Hispanic	6	0	1	2	203	212
		Total	6	0	1	2	203	212
	White	Non-Hispanic	0	2	1	0	0	3
		Total	0	2	1	0	0	3
Total		8	5	4	7	203	227	
Total			840	2866	3421	1212	270	8609
Total			1109	3040	3554	1242	286	9231

42	70	99	75	6	292
185	258	364	231	19	1057
2	0	2	3	0	7
2	0	2	3	0	7
4	0	1	0	83	88
4	0	1	0	83	88
0	0	0	1	0	1
0	0	0	1	0	1
6	0	3	4	83	96
433	1394	1611	664	118	4220
562	1486	1664	687	122	4521

IN THE SUPREME COURT OF OHIO

STATE ex rel. PRETERM CLEVELAND,) Case No. 2022-0803
et al.,)
)
Relators,)
)
v.)
)
DAVID YOST,)
Ohio Attorney General, *et al.*,)
)
Respondents.)

**AFFIDAVIT OF LITA WILLS IN SUPPORT OF
BRIEF *AMICUS CURIAE* THE CITY OF CLEVELAND**

STATE OF OHIO :
 : SS
COUNTY OF CUYAHOGA :

I, Lita Wills, having been duly sworn and cautioned according to law, hereby state that I am over the age of eighteen years and am competent to testify as to the facts set forth below based on the best of my knowledge and belief:

1. I serve as Commissioner of the Health Equity & Social Justice at the City of Cleveland Department of Public Health. I was sworn in to this position one year ago, after the City declared racism a public health crisis. I have worked for more than 20 years in public health, reproductive health, HIV Prevention, and access to education for marginalized groups.
2. In June of 2020, the City of Cleveland took the bold step of declaring racism a public health crisis. In doing so, legislation adopted by Cleveland City Council requires the City of Cleveland to work to reduce health disparities that cause poor

outcomes for African Americans. Also, the adoption of Resolution 296-2020 declaring Racism a Public Health Crisis allowed for the creation of the Racism As a Public Health Crisis-Coalition, a working group consisting of community leaders, residents, and council members that focuses on accountability to these efforts, and paved the way for the creation of the Division of Health Equity & Social Justice.

3. In March 2021 Ordinance No. 843-2020 established the Division of Health Equity & Social Justice (“HESJ”) at the Cleveland Department of Public Health. The focus of the HESJ Division is to find solutions to health inequities and disparities. The root causes of health inequities are systematic social, economic, and environmental disadvantages that affect groups of people. Health inequities are unfair and avoidable differences in health status and include outcomes such as; rates of chronic diseases like asthma, diabetes, and hypertension, life expectancy, likelihood of incarceration, and economic disparities. The mission of the Division of Health Equity and Social Justice will be to improve the health outcomes and the overall quality of life for our most disadvantaged populations in order to create thriving neighborhoods and a thriving city.
4. The HESJ Division participates in community level Health Equity efforts in the City of Cleveland by partnering with and holding a supportive leadership role in the Racism as A Public Health Crisis Coalition- RAPHIC-C, which is spearheading community-based efforts to resolve health inequities. At an operations level, the HESJ Division is responsible for forming an Interdepartmental Health Equity Team to use the social determinants of health as a guide to infuse equitable policies and practices into all City of Cleveland service and contact points.

5. At the programmatic level, within CDPH, the division has acquired three existing programs directly impacted by the RAPHC declaration, HIV/STI, MomsFirst and the Office of Mental Health and Substance Use. With a renewed focus on equity and social justice, these three programs will improve and expand practices to reach even more of the most vulnerable of our citizens with education, prevention and care.
6. The State of Ohio's virtual (6 week) abortion ban directly opposes all that is considered equitable and just with regard to reproductive health rights and bodily autonomy. This egregious ruling will bring to bear even worse outcomes for women and people who are pregnant, including and especially those who are black, brown, low-income or living in rural areas. The outcomes that we know already affecting the aforementioned disproportionately are likely to increase, and have exacerbated consequences without access to legal abortion procedures. The loss of access to legal abortion procedures for many people includes economic strife, adverse maternal health outcomes, mental health crises, and unfortunately an increased risk of violence.
7. In the United States it is well documented that homicide is a leading cause of death for women and people who are pregnant. One recent study concluded that homicide is a leading cause of death for people during pregnancy and within one year postpartum. The rate of 3.62 homicides per 100,000 live births is 16% more than the homicide rate of non-pregnant and non-postpartum females. Further, the study showed that homicide risk was significantly elevated for black women and among younger women and girls age 10-24. U.S. Crime data also indicates that 1 in 5 homicide victims are killed by intimate partners. Ohio's virtual ban on legal

abortion procedures will undoubtedly negatively impact the relative risk of homicide for those who are pregnant and early post-partum.

8. Studies also show an increase in intimate partner violence during pregnancy. The incidence of domestic violence and intimate partner violence increases as the pregnancy develops and is present post-partum. Intimate partner violence can be experienced by women of all ages, but is more prevalent in women and girls of reproductive age. It is understood that the threat of violence by an intimate partner, especially for those reporting being in previously abusive relationships, increases during pregnancy. More than half of pregnancies in the United States are unplanned, and women without access to medical procedures that cancel an unwanted pregnancy suffer great consequences.
9. A virtual ban on abortion means the criminalization of ending a pregnancy, as well as the possible criminalization of miscarriage. In our community, we already know that African American men, women and children are policed at higher rates than their white counterparts. With abortion bans impacting those in lower-income situations, with less access to healthcare and pregnancy prevention measures, it is highly plausible that they will be the same women, girls and pregnant people who will bear the brunt of legal ramifications for ending a pregnancy even if it is a miscarriage.
10. Decreasing access to quality healthcare for minoritized and low-income populations is not representative of health equity nor is it social justice. It is the opposite. To take away the right to choose a health procedure at 6 weeks, before most people even know they need it, is simply inhumane. The medical community understands that sometimes abortions, and procedures related to abortion are



BIRTHING BEAUTIFUL
COMMUNITIES

July 20, 2022

This statement is being submitted in support of an *Amicus Brief* of the City of Cleveland in the case of *State ex rel. Preterm Cleveland, et al., v. David Yost, et al.*, Case No. 2022-0803.

My name is Jazmin Long and I am the President and Chief Executive Officer of Birthing Beautiful Community (BBC), a nonprofit Cleveland organization that provides multi-layered holistic services that, in addition to pregnancy and postpartum support, gives local women from historically depressed neighborhoods opportunities to increase their personal and family wealth through employment with livable wages and address other needs that inhibit their quality of life and that of their children and families. BBC serves over 600 clients in Summit and Cuyahoga Counties. BBC's grassroots and culturally centered model improves infant health, strengthens families and establishes support to ensure ongoing family success. My experience provides me with intimate insight into the needs and challenges women and their families face in Cleveland's poorest neighborhoods.

Take away women's access to abortion and more babies die before their first birthdays, says research published in 2020 in the *International Journal of Environmental Research and Public Health*. The researchers compared government birth and death stats with the abortion laws in each state and found that infants in states with the most restrictive laws were less likely to survive than infants in those with fewer laws. Forced pregnancies may lead to an increase in stress, anxiety, and anger.

In its comprehensive report, the National Academies examined many studies to ferret out whether abortion led to women's having more mental health problems down the road, as anti-abortion groups sometimes claim. They found categorically that it did not. Not only is there no increased risk of anxiety, depression, or post-traumatic stress disorder (PTSD) from having an abortion, but women who are denied an abortion they want are actually the ones at risk of developing anxiety.

Additionally, the economic ripple effects from being denied an abortion can continue for years. These women are more likely to live in poverty. Younger women who are forced to carry a child they don't want, and likely can't afford are less able to go on to obtain a college degree. This lowers their lifeline income, something that often leads to worse health over the years and can even mean a shorter life.

Women forced to continue an unwanted pregnancy are also more likely to experience interpersonal violence. The American College of Obstetricians and Gynecologists (also called ACOG) says that 1 in 6 abused women is first abused during pregnancy. Other health effects are unknown but can directly impact both the mother's mental and physical health.

EXHIBIT
7



BIRTHING BEAUTIFUL
COMMUNITIES

Prior to the Dobbs decision, people of color already faced significant disparities in maternal and infant health. With Roe now overturned, people of color are likely to be disproportionately affected by state actions to fully prohibit or implement extensive restrictions on abortions as they are more likely to seek abortions and more likely to face structural barriers that will make it more difficult to travel out of state for an abortion, including more limited access to health care and fewer financial and transportation resources. Increased barriers to abortion for people of color may widen the already existing large disparities in maternal and infant health, have negative economic consequences for families, and increase risk of criminalization for people of color.

Very truly yours,

Jazmin Long