

TRANSCRIPTS OF THE HUMAN RIGHTS HEARING TESTIMONY

The testimonies appear in the order in which they were delivered during the hearing. At the request of the testifiers, first name pseudonyms were used for all who delivered testimony in their individual capacity. Actual names are only provided for those who testified as official representatives of an organization.

VERÓNICA

(AS READ BY A FELLOW PODEROSA)

My name is Verónica, and I would like to share what happened to me in 2010.

After taking a pregnancy test and finding out I was pregnant for the fifth time, and being uninsured, I applied for Medicaid Insurance under CHIP. I was able to make an appointment with the gynecologist in my third month of pregnancy. During my appointment, the doctor did a vaginal ultrasound. He found I had a tumor in my uterus. My mother, who was with me during the appointment, asked the doctor several questions: Was the tumor going to affect my pregnancy? Was the tumor malignant?

The doctor told me not to worry, because the tumor was small and was not malignant, even though he did not do a biopsy. He also told me that he would check up on me monthly to make sure that the tumor wasn't growing. When I commented to him that I did not want any more children, he told me that when I went into labor he would do a Cesarean section, remove the tumor, and also do an operation so that I would not have any more children. He told me all of this would be covered under CHIP.

In all of the following pre-natal check-ups, the doctor assured me that everything was going well.

On Friday, December 31, 2009, when I was about to reach my seventh month of pregnancy, I spoke with my doctor because I had an allergic reaction on my abdomen and chest and did not know what was causing it.

The doctor told me to go to the store and buy Benadryl. I took the Benadryl that day and throughout that weekend. That Sunday morning, my allergic reaction continued, and I told my husband that I could not feel my baby moving. Before, I used to feel my baby move frequently. I went to the general emergency room, and they referred me to the emergency room for pregnant women across the street. Once there, I told them what was happening, a nurse performed an ultrasound, told me everything was okay, and gave me a shot for my allergic reaction. She then told me to go see my gynecologist for a checkup. I returned home confident everything was fine.

Three days later, I still felt the same, and I still could not feel my baby move. On the fourth day, after going to the bathroom, I realized I was bleeding excessively. With my children, I went to the emergency room for pregnant women. As they had done on the previous visit, they again performed an ultrasound and told me they would perform another test. A nurse performed a second ultrasound and told me a doctor would see me to give me the results. After waiting an hour, a nurse, not my doctor, told me that my “product” was no longer alive, and that my regular doctor would see me soon to explain to me what needed to happen. My doctor arrived and asked me what happened. He told me it appeared my baby had died on Friday. When I told him that was when I first came to the emergency room, the doctor’s attitude changed. He told me he was going to give me a drug to induce vaginal labor and left my room. The nurse helped me through the process.

I had a girl. The nurse helped me deliver the placenta, which remained inside. I spent a day in the hospital.

My doctor only visited once, to ask if I wanted to leave my daughter at the hospital for them to examine her. I said no, that I wanted to take her with me, and he discharged me. My husband and I took care of our baby. Because we didn’t have money, we cremated her.

Three days after being discharged, I felt an intense pain in my abdomen. I found someone to take me to my doctor’s clinic. I waited one hour to be seen. Before he entered the room, I heard my doctor ask the nurse who was inside the patient room, and when she told him, he said something in English and left. The nurse came in and asked if I wanted to see another doctor. I said that I wanted to see my doctor and that I would wait until I could see him. I waited another hour before he saw me. I told him I felt terrible, maybe because of the tumor, and I asked him what happened to my daughter. He told me they had not performed an autopsy on my daughter because I had taken her with me. I asked him about the operation he told he would perform on me to not have children and that he had said that he would remove my tumor. He told me that this was the last visit covered under CHIP, even though I knew that CHIP covers three visits postpartum. I asked him again about my tumor. He suggested that I apply to the county for health insurance or that I go to the emergency room. When I asked him why he didn’t give me a Cesarean section to remove my tumor and to do the operation to not have any more children, he told me that he had followed protocol.

I continued having pain and went to the emergency room three times for it. The emergency room did not treat me because I did not have insurance. I was only given medication to diminish my pain after the staff performed blood tests. One time, they performed an MRI and told me to make an appointment with a specialist.

In May 2010, I was very ill and went to the emergency room a fourth time. To avoid being denied care again, I lied to them about my insurance status. They immediately brought me into the emergency room to perform tests. They told me that my tumor had grown so much that it had become attached to my uterus and, in order to remove the tumor, they had to perform a C-section and completely remove my uterus. I was 37 years old.

I trusted my doctor. When he told me that he would check my tumor and baby monthly, I felt assured. I also felt assured because he told me that when I was going to give birth, he would perform a Cesarean section, remove my tumor, and give me an operation to prevent me from getting pregnant again. Even though he never spent much time with me, and though I spent more time with the nurses, I believed in him because I was not aware of what was really going on.

Only by lying was I able to be admitted to the hospital and to receive necessary services. We need access to clinics or to low-cost health insurance so that we can avoid more stories like mine. To the doctor, I was only another patient. But to me and my family, it was my life and the life of my daughter. We think we don't have rights, but we do, and we need to demand them. For our health, for our dignity, and for our justice.

ALEJANDRA

Hello. I am Alejandra, mother to three children. Today I want to share my story with you all, because when it happened I did not know my rights.

I had complications during the birth of my second child, a girl. Due to medical negligence and to a lack of quality care, my daughter was born with cerebral palsy, and she suffers from many limitations. It was after I gave birth to my daughter that I decided I did not want to have any more children. I commented to my gynecologist that I wanted to be operated on because

having two children was enough given my economic situation. He refused to operate on me, in violation of my reproductive rights.

Ignorant of my rights, I continued caring for myself with very expensive contraceptive methods, which I could not afford. After a while I became pregnant with my third child. While I was receiving one of my prenatal consultations, I told to my doctor that I did not want to have any more children and wanted to be operated on. He told me that I could receive the operation, but the procedure was too expensive for me afford.

So it was that for not having the financial resources or knowledge about the existence of programs and clinics offering low-cost women's reproductive health services that could have helped me, I could not have the operation. I also believed that because I was an immigrant, I did not have any rights.

Until I found the *poderosas*. You may ask yourself who the *poderosas* are. We make up the LAN of Texas, which stands for Latina Advocacy Network of Texas. With the Texas Latina Advocacy Network, I have learned about my rights as a woman and to care for my health.

Now, I am educating more women to demand their rights so that what happened to me does not happen to them. Today, I am holding meetings in my community to seek out clinics or programs that can provide us with low-cost reproductive health services.

But I do not want my story to end here. Instead I hope that there will be programs for women in my community so that they can exercise their human right to reproductive health care.

I want with all my heart for Texas to truly be a state of human rights!

Thank you.

JOSEFINA

My name is Josefina, and I am a mother.

I've personally been affected by the closure of reproductive health care clinics. It started in 2011 and little by little, the government has cut the budget for these clinics, causing several of them to close.

I used to have two clinics near me, but now I have to travel around 50 miles to my closest clinic, a Planned Parenthood clinic, to receive my annual checkups. A few years ago, I was able to receive an annual exam because I was given a coupon from Mr. Gene Novogrodsky, whose bicycle trip raised money for this clinic. This year, once again, I need my annual exams: a mammogram, cervical cancer screening, Pap smear, etc. But I do not have access to these services because I lack transportation and money even though I have a right to reproductive health.

Not knowing if something is happening in my body affects me greatly. Being able to prevent illness should be within every woman's reach because we want healthy women in our homes, in our communities, and in our Texas.

The clinics should be accessible to everyone. Regardless of our immigration status, we have rights. Health, dignity, and justice for women today.

PAULA

My name is Paula, and I am a community health worker/activist. I used to work at a Planned Parenthood clinic that had to close down their education department in 2011. I provided educational information on reproductive health to women in my community, which I am still doing as a volunteer and sometimes with part-time grants as available. I have done this for over 15 years.

Since 2011, during my educational sessions the women in my sessions share with me their concerns and questions when they identify themselves with a sign or symptom that I talked about. One woman told me that she has to share her birth control pills with her sister because they are expensive. This puts them both at risk of getting pregnant. I also hear stories of women that have had a diagnosis of an abnormal pap, but have no resources to do the follow up visit or conduct the exams that are needed to get a final diagnosis. My frustration is that many of them face the same barriers and challenges. And when women find themselves with the need to seek medical attention and they can't find it, they decide to self-medicate themselves or look for home remedies, which can put their lives in more danger.

I am "lucky" because I am a U.S. citizen and should have access to health services, but in reality I don't. I am 37 years old with four children, and I had the advantage to decide if I would keep them or not. I had resources available to me, resources that helped me get through. but now it's a completely different story for many of the women I talk to everyday.

And it's embarrassing because I teach on the importance of getting a Pap smear every year, and I have not received a Pap smear since my son was born four years ago. I try to set up appointments, but they have six months to a year waiting periods. These clinics also base themselves on federal poverty guidelines and I would have to pay \$30-45 dollars for each exam.

I don't have a full time permanent job, and the jobs I do have are grant-based. For example, with the University of Texas at Brownsville, I am currently working as a *promotora* in a three year grant-based program, and we are already in year two. With Westat, a research company, not only are we in the second year of the three-year grant program, but I am only putting in three to six hours a week. As a *promotora* with Planned Parenthood working in a program to navigate patients to the clinic, this program is funded only month to month, making my employment and income unpredictable. This uncertainty makes

it difficult to know how much these services will cost. I can schedule appointments, and I can wait a year. I have already waited four years. But because of my unstable employment, I don't know if I will have money to pay for the services then.

It hurts me when I hear about the negative perception of the Valley. The poverty, the cancers, the diseases. We are a beautiful community; we are rich in culture and in traditions and this makes us unique. I don't like for people to label us that way. The way to break that is to bring the resources back. We did not get this way by ourselves, it is because of the removal of these services. The unemployment rate is high and the wages are low. It is not because we are lazy or we want handouts. We want to work and the resources to progress forward.

The solution is for resources for basic health services to be available for anyone that seeks them. That will help lower diseases, unplanned pregnancies, and cancers. If we are able to achieve this, we will be able to move forward. These services are important so we can focus on bringing up our families, finishing our education, and living full, healthy, prosperous lives.

ELENA

(AS READ BY A FELLOW *PODEROSA*)

Good afternoon, my name is Elena, and I am 20 years old.

In my case, with my baby I recently gave birth to, I had done everything right. I went to the clinic so they would take care of me, and the clinic told me that if I moved from their clinic, they were not going to accept me anymore when I wanted to return for a pap smear or other appointment. So it was there that I had all my pregnancy checkups and prenatal care, I applied for CHIP but was not able to get prenatal vitamins or iron supplements. I also could not get a sonogram when I wanted one because there was a three-month wait. There are only two

clinics nearby to help us immigrants, including New Horizon in Brownsville where I went, but you have to apply in order to be a patient there. I had to apply by myself when I turned 18, and the application took a long time. Even the waiting time to see the doctor was two to three hours.

When I finally went to the hospital to give birth, I was not very dilated, and the doctor gave me less than 24 hours to dilate completely. He had told me in the beginning that there was a 99.9% chance that I could have a natural birth. My boyfriend was there along with nurses that wanted to help me give a natural birth, but the doctor took them out of the room and told them to stay out. Then he broke my water. I asked, "Why did you break my water?" and he said, "because you're not dilated, and the next time you need a doctor, it better not be me because you ask too many questions." I started to cry and called my mom to ask her to come back because the doctor had broken my water without my permission. The doctor then told me he was going to give me a C-section and did so. Everything was right for me to give a natural birth: my blood pressure, the baby, but the doctor didn't even let me try.

When I had my visa, I used to go to Mexico for health care instead of New Horizon. Health care is much better in Mexico, they take you in right away, and the medication is not very expensive. But I no longer have my visa.

I've been in the United States since I was four years old and have lived here and studied here since then. When I was six, my mom got a visa for me. But the first time DACA came out, I did not qualify because I had gone to Mexico to visit family during Thanksgiving in 2009. Now, I do qualify for DACA and had plans to apply to the expanded DACA program before my baby was born. I had everything ready in a folder, but the whole process stopped because of the lawsuit against Obama. I wanted to go to college to be a registered nurse and could not afford it because financial aid did not give me money for

college. The school told me at first that I could take classes and my dad would help me with money, but in the end they told me that if I did not have papers I could not be certified. That was really hard for me. I was able to start going to cosmetology school, and it is disappointing because I want to travel outside of Brownsville, not just to McAllen, and go to other places to study and work. Right now, my priority is my baby, and I need to have money to take care of her needs.

I think it would be better to have more clinics that can help immigrants and that do not ask for too much paperwork. They always ask for proof of income, and sometimes they charge you more if you make more money. It makes clinics inaccessible to me sometimes because I am not working right now and my family will not let me borrow their papers to use them as a family sponsor at the clinic. I also think it would be better if the government would actually give us a permit to be here. We are not asking for citizenship, but if the government just gave us a permit to live, work, and study, we could also pay taxes, and it would be better for the U.S. since it is not doing well economically.

KARINA

Hi, good day. My name is Karina. It is an honor to be able to share my personal story about how I have been impacted by the lack of health programs for Latina women. I am a mother, wife, daughter, and friend. But I am very worried about not being able to enjoy life with my loved ones. I don't know what they would do if something were to happen to me tomorrow. I have not been able to gather enough money to get the regular well-woman exams women are required to have.

For example, in 2010, I had a hemorrhage, I went to the doctor for an exam but all they prescribed was antibiotics. Again in 2011, I suffered another hemorrhage for three months and again returned to the doctor. But again, all that he did was prescribe antibiotics. I have cysts in my uterus, and I take pain medication

to ease my discomfort. It is all that I have within my reach. I am a person of values, but I do not have the resources necessary to receive care because my job is unstable. When I have made it to the doctor, it is often a battle and sometimes I have had to miss appointments because I do not have enough money.

My job is scarce. I sell tamales on the street and that is how little by little I am able to earn money, but I always have to change my appointments because what I make just is not enough. Mammograms are expensive, pap-smears are expensive. This is the reason why I am not up to date with all of my exams. This is why I have come here to beg that there be more resources for all. This is all for the moment.

TERESA

Hello, my name is Teresa. I am 47 years old, I live in Brownsville, and I have 5 children.

I want to tell you that after so many budget cuts, I have been one of the most affected. Now, I do not have access to any clinic. It has been six years since my last annual checkup. The process for me to have an annual checkup is different than it is for those women who are fertile. Because three years ago I made the decision not to have any more children and had an operation. When I went to Planned Parenthood for care, I was told they could not treat me. I also went to my county family clinic to get a checkup, but because there is limited funding, there was no doctor to treat me. The clinic is always full of patients. There are not enough doctors to handle all of the patients. Because of that, I cannot get a check-up.

This hurts me, because before, I could go to Mexico for my check-ups, but now I cannot. The last time I went to Mexico was in 2008. But now, because of the lack of money, the insecurity in Mexico, and the increased guerilla activity, I cannot go back. There are many women who cannot go to Mexico

because of their immigration status. Fortunately, that is not an issue for me because I am a resident.

I am also here to tell my neighbor's story. She died of [uterine] cancer. She was 33 years old. She went to the clinic several times to get treated, but they never had funding and she could not see a doctor. She went to the clinic in pain, and when she finally went to the hospital, the cancer had spread. They did not detect the cancer in time, because the clinic never had doctors or funding. She only lived for two months, because the cancer was more advanced than she had ever imagined. This is a difficult story, because her young children were left. The children have been taken by the state and are now up for adoption.

I do not like this, because I am not the only one who has gone through this. There are many women who are living with this discrimination. Because this is discrimination, not providing us with these services.

We need help because we need to be healthy to raise our children and to succeed as women. I would like for these services and this support to be provided not just to one person, but to the thousands of women that would benefit from better health. Many women are dying of cancer because they do not have sufficient means for cancer prevention. Therefore, we need support and help where it can be offered. More than anything, we need support to open the doors to greater access to health.

The most important thing is to receive preventive care and for *promotoras* to continue educating more women about good health and prevention. There are too many illnesses and too few resources provided for us to stay healthy. I would really like for something to happen. Physical health and more expansive health coverage for women would help more than anything.

I would really like for there to be open doors, for the doors to the clinics to be opened, to give us opportunities to become healthy women, because we need healthy women. There are many children that are left alone because their mothers die of

cancer. What happens to these children? They are left suffering. Therefore, we need the support of the government; we need more help and for them to give more attention to us as women. We need this help to be healthy and to keep forging ahead.

MARGARITA (AS READ BY A FELLOW *PODEROSA*)

Hello, my name is Margarita, and I would have liked to be with you today but I had to take my son to a doctor's appointment. Even still, I wanted to share my story and the story of my daughter with you.

On September 15, 2014, my thirteen year-old daughter was diagnosed with lumps in her breasts. The night before, a liquid began excreting from her left breast. She didn't want to tell me about it, but her older sister let me know. I immediately took her to the hospital. There, we were told that they couldn't treat her because her condition wasn't an emergency. Instead, they told us to make an appointment with our family doctor. My daughter was uninsured.

It was at Su Clinica del Valle, where I took her after she was denied care at the hospital, that they did an ultrasound that revealed she had lumps in her breasts. They told me that one of the lumps in her left breast was solid and they feared it was cancerous. It was possible, they told me, that the lumps were caused by gas buildup in her breasts and that they could be treated with medicine, but they wouldn't know for sure until she had a biopsy. They also didn't want to prescribe the necessary medicine for fear that they would harm her health more than improve it. She needed a biopsy, they said, and I would have to pay \$700 up front to get her an appointment. I didn't have that type of money. My husband is the only one that works in my family of six children and one eight-month-old grandson. I don't work right now because I take care of my grandson who is the child of my

fifteen-year-old daughter. I applied for a low-cost health insurance program through my county, Hidalgo County, but my application was denied. I think it is because I declared in my application that I own a lot in Mexico, and they took this to mean that I had too high an income to be eligible for the program.

I began looking for help wherever I could find it, and I met a woman who works at the Monte Alto Community Center. She helped me find resources to help my daughter. We called clinics looking for medical help and asking about payment plans but they all told us that my daughter was too young to have a biopsy. They also said that she wasn't a candidate for a biopsy since there was no history of cancer in her family. During this time, I depended on family to drive me to the clinics because I didn't have access to a car. I also had to travel with my grandson because I had no one to look after him. I spent \$150 in gas traveling from clinic to clinic.

My daughter realized how much money her biopsy would cost me and said that she would rather not have it because she knew we didn't have the money to pay for it. She said this to me even though there are times she can't stand the pain, which was especially bad when she was menstruating. I have taken her to the emergency room three times since September, and all they have told me is that I should give her ibuprofen to relieve her pain.

Fortunately, I can today tell you that we were able to get her an appointment for the 13th of this month at a clinic that specializes in cancer treatment. I was able to make an appointment there because they offered me to pay them in installments.

I get stressed. I get stressed because I don't have access to a car, to enough money to pay for things upfront, and because I don't have access to low-cost insurance. Since September, all I've wanted has been to get my daughter the medical help she needs and to be able to pay for that help in installments but nobody would give me that option. I feared for my daughter

who was in constant pain and who had to quit her high school sports participation due to the pain. It is very difficult to see my daughter, who just turned fourteen, always tired and in pain. For me, her health was and continues to be a matter of urgency, but for the hospital and clinic where I would take her, it wasn't.

With effort and a lot of luck, we were able to get her an appointment, but what comes next? What if her biopsy reveals that her lumps are cancerous? Where will we turn then?

This is why I want there to be more clinics that offer low-cost services and payment plans. We don't ask for anything to be given to us. We only want the opportunity to be able to pay in installments instead of losing time trying to find the money to pay upfront to even get an appointment.

CAROLINA

My name is Carolina. I live in Brownsville, Texas in Cameron County. I'm 51 years old.

My story reflects the story of many women. Even though I have documents, I'm not exempt from getting sick, and I was affected by the cutbacks and closures of the women's clinics where they gave us annual pap smears and mammograms.

In 2011, it was already difficult because only one clinic remained open, and there were not enough funds for every woman to get the exams she needed because the appointments were delayed a long time, and some of us had to wait in long lines. Not all of us were able to receive treatment.

My health is important to me and so I had to search for alternatives. I found a clinic in another county. I called to make an appointment because I knew the clinic had enough funds to provide me with a checkup so long as I brought with me documents proving my income. I was given an appointment for the next month later. I traveled one hour from my home to

the clinic, asked for time off from my job, and spent five hours outside my house to receive care. I was lucky to find out about the clinic and its funds in time to receive care, and I shared this information with my friends so they could also use the funds. So that they could be approved and request an appointment for the same day and share their travel expenses.

I had to return to the clinic because my results were abnormal, and I repeated the same process. I again paid for the services I received, asked time-off from my job, and spent time outside my home. I was lucky this time to find out about the clinic right away. I do not know if I will be lucky again this year.

I think the solution is to return the missing funds to my county and to open the clinics that have closed so that the same thing does not have to happen to me again. The right to public health services is one of our universal rights that all human beings have.

BRENDA

My name is Brenda, and I live in Edinburg, TX. I'm a single mother and survivor of domestic violence. I don't have health insurance.

In 2012, I found nodes in my underarm, and I haven't been able to find a place that offers a mammogram at a reasonable price. Even the price of a consultation is \$50, and the price for a mammogram and other exams is even higher. They recommended Planned Parenthood. I called Planned Parenthood, and they told me to call in a month. I called the next month again, and they told me that the clinic had closed due to a lack of funds and they would not be taking any new appointments.

They told me to go Clinica del Valle, but a lot of people go there. The Clinic makes you wait up to two months for an appointment and asks you to show a lot of documents, some of which are impossible to get. The Clinic also charges patients for consultations and medicine, if they are necessary. I tried to go to a clinic in my

county but did not qualify because of my low income. I tried to go to other clinics, but they are all very expensive and in order to reduce the price of their services they asked me for proof of income, which is something I cannot do. All of this discouraged me from continuing to search for help. I also thought that my nodes and the pain they caused me were temporary.

Now the pain and size of the nodes have grown, and other issues are already affecting me. As my daughter's foundation, I need to take care of myself, because one day, if I die, who will care for her? I have gone to conferences about cancer where they tell us about expensive clinics but not of clinics that provide voluntary payment options to patients. I can pay for affordable prices, prices that are within my reach. It has already been months that we have not had this support, and we need it because having to go around filling out paperwork after paperwork means that I have to miss time at work and see my income drop. The only thing I am gaining is increased pain and the possibility of gradually losing my life and my precious daughter.

My questions are: When am I going to be able to treat these lumps that affect me every day? What consequences will I continue having if these lumps continue to go untreated?

As a woman who gives life, I need my benefits, my care, my rights, my clinics. Our community needs it, our Valley needs it.

VALENTINA

In 2008, I gave birth to my daughter, the love and light of my life. Her father and I were 21 and had been a couple for three years. We weren't necessarily ready, but we got a small apartment with his income and started a little life. Unfortunately, post-partum depression set in, and I started a very long journey to recovery.

A year later, I became pregnant again, despite being on birth control. By this time, my daughter's father and I were

separated. I was terrified because I was only just mastering the art of healing from post-partum depression. I immediately knew I wanted an abortion, but I also knew I couldn't afford it. I also knew I didn't want to tell anyone. I wanted the decision to be my own, and I definitely didn't want the stress of people judging me. I reached out to the Liliith Fund for help, and they were able to put \$100 towards my procedure. I was able to put in a couple hundred of my own dollars, but then I faced another decision: telling my daughter's father and asking him for the rest of the money. It was stressful, but he agreed to help because in his words, it takes two to tango.

So it was figured out now. I let my job know I would have to miss three days and would have a doctor's excuse. Interestingly, as I sat inside the cozy clinic, decorated with posters of inspirational women and reassuring quotes, I immediately felt empowered even though I had been harassed outside the clinic by a man before both appointments, a man who kept asking me if I knew what happened behind those doors. He forced a brochure into my hand and walked beside me, staring into my face while he preached about 'my baby' wanting to live until we reached the door. Inside the clinic, I opened the brochure and even though I considered myself very strong, the falsified high-color glossy photos in the brochure were jarring. I knew they were lies. It was almost scarier that these people spent time spreading lies and shame than it was to look at the photos.

I would have much rather visited the clinic one time, but the law is such that we must visit twice and be harassed twice. I went through an ultrasound that was unnecessary and invasive, something also required by law. Since I chose to have a medication abortion and not a surgical one, I was able to go through the process in the privacy of my own home. Unfortunately however, there were large amounts of time where I had to be alone with my energetic one-year-old daughter while going through the process.

But if you can't tell by now, I am extremely privileged to have had access to a safe abortion at all. I used money I had saved because I wasn't living paycheck to paycheck. I was able to ask someone else for monetary help. I was not afraid to call the clinic or Liliith Fund because of my documentation status. I had transportation, and I had people to turn to. These are all things many women didn't have back in 2009.

Now, in a post-HB2 Rio Grande Valley, even more women don't have access to family planning and reproductive health care, including low-cost contraceptives and gynecological exams. It seems counter-intuitive to believe that reducing access to such things actually benefits women, but that is what our legislators have tried to convince us is the truth. The truth is reducing access to abortion doesn't end abortion; it only makes it less safe. As we see more anti-choice laws being passed, it is the poor and undocumented who are affected the most harshly.

Ultimately, this decision that I was allowed to make was one of the best decisions of my life, and it had a positive effect on my daughter. I honestly felt like I was being given a second chance—because I was. I had the chance to finish school, to provide a comfortable life for my daughter and to continue healing from previous pain. I felt relief and a sincere gratitude. Abortion access is a human right.

LETICIA

Hello, my name is Leticia, and at this time I want to tell a little of my life. Because of a lack of access to health care, I had a big health problem. In 2014, I suffered from vaginal bleeding for three months because of a lack of women's services. I was not able to treat myself, and the problem became worse.

I had tried to access the service before I began hemorrhaging but I was charged \$100 for one consultation, and because of

lack of funds I could not be seen. The minimum is \$250 to see the gynecologist, in addition to the treatment.

It was not possible to treat me there, even though I was suffering from severe pain, and I had to go to the hospital, which was beyond my reach as I was required to pay an advance in order to receive treatment. My husband is the only one that works in my home. Seeing me inconsolable, they tended to me. Unfortunately, that is when they detected a tumor in my womb.

I felt the world close in on me. The first thing I thought of was my children. Who will care for them if I am not here?

I want to tell you that I could not be treated due to the lack of economic resources and programs available to me. I want to know how to get out of this situation. I thank God every day that I can open my eyes. But I feel an immense fear that as a result of my major health problems, one day I may not wake up.

Finally, I want to inform you that as my part of the Texas LAN, I hold meetings in my community. We hope that someday we will again have the women's health programs that were taken away from us and that we need so badly.

Many thanks.

ANDREA FERRIGNO

Good afternoon, my name is Andrea Ferrigno Arango. I am the corporate vice president for Whole Woman's Health, where I've proudly worked for over a decade. However, I've not always held this position; I actually began my career in reproductive health care over 15 years ago with Dr. Pedro Kowalyszyn here in McAllen.

For over 40 years, our location in downtown McAllen has been a landmark for comprehensive health care. So many families in the Rio Grande Valley share a connection with our clinic, so many have come to us to access reproductive health care,

generation after generation receiving dignified care.

In January 2004, Dr. Kowalyszyn retired and Amy Hagstrom Miller acquired his practice, continuing his legacy of excellent care. Whole Woman's Health of McAllen was established to offer a feminist and holist approach to health care that empowers women and their families, offering an oasis of care free of judgment and full of compassionate care.

Working in abortion care has been one of my most rewarding experiences. Having the privilege to stand next to women as they share their stories with me, their innermost struggles with spirituality, fear, love, life, and death is definitely one of the most honorable experiences of my life.

I've learned to be a better person by listening to these stories; I've been humbled by the depth of their struggles, and I've learned to be stronger by witnessing their resilience. Women in this community are powerful.

In October 2013, HB2 was enacted, and we were forced to close the doors of our McAllen clinic. From one day to the next we went from providing abortion services to all that needed, to simply saying, "No, we can't see you." Patients stood there, perplexed, with a puzzled look on their faces, expecting and demanding a reasonable explanation of why we could not see them. "Why not? It is my decision! Here you are, here I am—I can see the doctor standing there! Why can't you see me? It's my choice, my responsibility, my life!"

The despair and impotence we felt is inexplicable, not being able to give a logical explanation because there simply wasn't one.

For the 11 months we were not able to offer abortion services, we kept our doors open as long as we could, offering referral services to other clinics, gas cards, bus tickets, anything that we could do to facilitate access. It was during these cruel times that, as I spent some time answering our phones, I took a call from a woman needing an abortion and unable to travel to San

Antonio due to the immigration checkpoint in Falfurrias, TX.

The despair in her voice: “Please, please, she said, I promise I won’t say anything if you can just see me.” I tried to keep her calmed, but she continued: “If you can’t see me, then I can tell you what is underneath my kitchen and bathroom sinks, and you can tell me what I can take to abort.” Tears welled up in my eyes; it took all my efforts to remain calmed and try to help her however I could. I asked her to take a deep breath, that we would try to figure something out that would keep her safe, to think about her other children, and how they needed her to be safe and well. She said, “It is for them that I need to have this abortion, because I can’t sustain another child.”

By the time we ended the conversation, she was calmer and had started to make a plan with a few options available to her. To this day, her story haunts me, and I pray that she didn’t succumb to despair, and that she is well.

In September 2014, Judge Yeakel’s injunction brought joy and hope back into our clinic in McAllen. I was passionate about returning to my community to personally facilitate the re-opening of our clinic. At that moment, it was and still is important to me to be on the ground to directly help women and families in the Rio Grande Valley access safe, professional and compassionate abortion care. Immediately when we reopened our doors, we helped over 20 women, and every week since the injunction, nearly 30-40 women have visited our clinic in McAllen.

Seeing firsthand what HB2 has done, not only to our clinic, but to the women of the Rio Grande Valley and all of Texas, is absolutely infuriating. I have had the opportunity to explain the Texas laws to our patients and witness their confusion as to the relevance to their lives.

They have acknowledged our staff and physicians and expressed appreciation and gratitude for us continuing to fight for their health care options as well as remaining in their communities despite the legal interference.

I share their frustration and pain on a personal level, because it is impossible to ignore this injustice. We have to remember that even though 11 months ago HB2 shuttered our doors, it did nothing to take the need away. Texan women still sought abortion care yesterday—as they will continue to do today, tomorrow, and in the future as it is needed, no matter what community you are located in.

That is the reason why we, at Whole Woman’s Health, are committed to this fight. I am so proud and honored to be able to work with a team of skilled staff, physicians, nurses, and volunteers who respect every woman’s experience, values, family and community. It’s a shame that our Texas politicians can’t do the same. In the end, it’s hurting thousands of Texans and perpetuating a cycle that eliminates empowerment and prevents women and their families from planning and choosing what is best for their lives, and this harassment has to stop.

Thank you for giving me the opportunity to share my story with you today, and thank you for your interest and commitment to the women and families of the Rio Grande Valley.

JULIA

Hello, good day. I’m here this morning to tell you a little bit of my story. It all began with really intense pain and a lot of bleeding. I went to the family planning clinic with very intense pain. When I asked them for help, they told me they did not have appointments until September 2013. I told them jokingly that by then I would be dead. It would have been true if it was not for my going to the hospital on December 4, 2012, where I was diagnosed with advanced colon cancer.

The doctor said to me, “Ma’am, you have to treat yourself soon because your cancer is very advanced, and I give you a maximum of three months to live. I’m telling you so that you quickly find insurance.” A social worker said to me, “You know,

you're not going to find insurance here. It would be better if you went back to where you came from." It is a cruel reality to be told that. I told her, "I have applied for a health insurance program for indigent people," and she told me that the insurance would take too long to come through and that she did not believe the county would give it to me. My son told me with tears in his eyes, "Don't worry mom, I'm going to quit school and start working."

The doctors told my son that the exams I needed were very expensive, but I was finally able to obtain the county insurance and received treatment. But there was a problem: the county insurance program only gives you \$30,000 dollars' worth of coverage per year, and I met that limit very quickly because of all of the exams, chemotherapy, and radiation sessions I had to receive. As a consequence, I was without insurance for seven months. It was because I was able to successfully re-apply for the insurance coverage after those seven months that I am here to tell you my story, otherwise my story might have been different.

Today, I ask the experts in human rights for more funding for health care, because there are a lot of people like me that are in need. It is only because I had the opportunity to receive indigent health care insurance that I can be here to tell you my story.

SILVIA

Good afternoon. My name is Silvia. I live in Mission, Texas, and I am very excited to participate in this moment.

As you can see, I am still very young, but I want to have control over my ability to reproduce. I want to only get pregnant when I am ready, and to know that I have time. I fear an unwanted pregnancy like many other women in Texas, which has the highest rate of unwanted pregnancies. I know that abstinence is the best prevention because it is 100% effective compared

to contraceptives. But clearly, not all women think the same. Therefore if a woman decides to have sex outside of marriage, it is very much her decision to do so, because we all have that freedom. That is why we must support her decision and provide access to health services like low-cost contraceptives and reproductive health advice, among other things.

Regarding my health, thank God I do not have any chronic problems or something that cannot be cured with home remedies. But I want to feel sure that if I ever come to need medical care, I will be able to access it without difficulties from a lack of funds or transportation.

I hope you keep all of our requests in mind, and thank you for your attention.

LUCIA

In representation of women . . . I am a representative for women in my age group who lack health care resources.

The woman is the backbone of the family; however, they continue to be ignored, marginalized, and forgotten by our government. The government has denied them access to the basic human right to health. It is time to break these unacceptable chains of gender inequality. We have had enough. Women need to have access to reproductive health. Millions of women die because they do not have access to preventive care. Millions of women in this country have zero options to obtain tests to detect uterine cancer, breast cancer, colon cancer, or to have access to pap smears, mammograms, family planning, etc.

This right to health is a subject of life and death. Our vision is to create a society in which Latinas have the economic means, social capital, and political power to make and exercise decisions about their own health, family, and future. What I mention has not happened to me, but it is what I have seen happen in our community.

We see that there are women who deserve their basic human rights and assistance to accessible health care, and I would like to communicate and find a way to celebrate our achievements. I would like this vision to be shared as a global vision. Health, dignity, and justice.

LIZA FUENTES

First of all, I would like to thank my colleagues who are sharing their stories today with us; they are the lives and voices behind the statistics I am going to mention.

During the last four years, the Texas Policy Evaluation Project has evaluated the impact of funding cuts to family planning and the restrictions on abortion services in Texas.

In 2011, the Texas legislature cut public funds for family planning by nearly and established a tiered system for the remaining financing, with primary care providers taking precedence over family planning providers. As a result, 40% of the level 1 and 2 clinics, or community health centers, closed or reduced their operating hours. Of the level 3 clinics, which are specialized family planning clinics, 80% closed or reduced their operating hours. It is also worth mentioning that of the clinics that closed were not Planned Parenthood affiliates, which were the presumed target of the funding cuts. Among the clinics that did remain open, fewer were able to provide IUD (intrauterine devices), implants, or surgical sterilization to all who wanted it.

In the Rio Grande Valle, with mostly tier 3 clinics, the number of women who obtained family planning services from the State Health Department decreased by more than 80%.

In 2013, the legislature designated new funds, including an expansion of \$100 million from a primary health program that was targeted to assist 170,000 more women. But the priority system based on tiers was maintained.

And now what? Some of the clinics have been able to reopen or receive new funds since 2013, and we are currently studying that. But it is not easy to replace a system that is broken. In our most recent study, the directors of the clinics that are receiving the new funding liked to offer a wider range of services for women, but they also have had difficulties implementing the program. The state's information requirements are also incredibly cumbersome.

It will be important to evaluate the impact that this new funding has on women who we find to be particularly vulnerable after the cuts. The new programs either exclude minors or require parental consent, which adolescents tell us is a barrier to receiving family planning care. In the same light, infertile women without documentation and those who live above 185% of the poverty line are not eligible for the Texas Women's Health Program. In addition, the expansion of primary care assigned family planning funds to some providers who were not specialized in family planning and we still do not know whether they will offer all of the variety of contraceptive methods, as they are not obliged to do so.

In 2013, Texas also approved a law, HB2, which severely restricts abortion services. After requiring that doctors have hospital admission privileges, almost half of the abortion clinics in Texas closed, and we found that the number of abortions in Texas decreased by 13%. At the same time, the law restricted medication abortions, resulting in fewer women being eligible to access the procedure and requiring more visits to clinics; we found that the number of medication abortions fell by 70%.

We interviewed women who sought abortion services when the restrictions went into effect, including women from here in the Rio Grande Valley. The Valley was left without a single abortion provider after the law, and the nearest provider was nearly four hours away in San Antonio. Given that the appointments in the clinic were usually in the morning, the women started

their journey at three or four in the morning to arrive to their appointments.

Traveling further also resulted in additional costs for women. For example, some had to stay in a hotel and others lost wages due to the time that they took off from work if they did not have any employer-provided benefits. Other women told us that they could not have a medication abortion even though they wanted one because they could not make the three or sometimes four visits that it required.

Among the most significant impacts is that some of these women did not have the abortions they sought. Two of the 20 women we interviewed did not obtain their abortions at all after failed attempts to make appointments, even though they wanted one. For them, the lack of information, time, and money pushed them to make the decision to carry their pregnancy to term. Both initially strongly preferred a medication abortion, and they recognized their pregnancies early enough to be eligible, but they could not locate a clinic within their reach. The two live in regions of Texas that are more than three hours by car from the nearest abortion provider when they looked for services after the law's passage.

Today, Whole Woman's Health in McAllen is open; however, if the Fifth Circuit Court rules that the law's provision on Ambulatory Surgical Centers applies, the Valley will lack, once again, abortion services. Our study has demonstrated that we can expect that the women will face serious obstacles to receive abortion services if that law is enforced.

ARACELI

In 2011, as a 19-year-old, I had minimal understanding of what reproductive health and preventative care methods were. That is not to say that we didn't hear about condoms or birth control in K-12 but the truth was that we weren't told about how to access them and the stigma surrounding family planning was no help in my confusion of what was healthy in a sexual relationship. On a trip to my family doctor, I asked about potentially starting birth control. I was given a raised eyebrow and a prescription for "the pill" and was never spoken to about other methods.

At the pharmacy, I found that my medication was actually not as affordable as I thought it would be. I could really not afford it as a college student, living outside my mother's home, working less than 20 hours a week. I was extremely privileged to find a roommate in my partner of the time. Together we were able to barely pay our bills, keep food in our refrigerator and still have the time to focus on both education and career. As my life had begun to stabilize for the first time ever, I applied for the Texas Women's Health Program, and my case was accepted. I was able to finally access birth control and some much needed gynecological tests. The stability lasted for five months before my renewal for the TWHP benefits were denied. I was a broke college student being denied access to free health care. I didn't understand. I felt discouraged and even fearful of reapplying after my second attempt.

Not being able to afford my birth control, I became pregnant at 19. After much thought, I knew that I wanted to terminate my pregnancy. I knew that this was the right thing to do. The internet was where I turned to for information surrounding abortion care. I felt so afraid and alone in my decision. I assumed my partner would be enraged by the idea of abortion and feared to speak with him about it. So much was weighing

on our relationship. Not only would I risk losing someone I loved, but I would risk the roof over my head, having a day's meal, and attending university. I would have lost it all. This was my fear.

After much anxiety and a failure to raise the money for my abortion, I confided in him my situation. I was extremely fortunate to have him be both supportive morally and monetarily. I want to take the time to say that I was very privileged to have a partner and friend like that. This is not the norm for many of the women in my life. Still later, the abortion would leave us in a financially tough situation.

I was very blessed to have him volunteer to accompany me to my appointment. Both of us were strong and determined people, and we felt no need to fear the protesters outside of the clinic. I was wrong. The amount of shame and dehumanization that I received on my brief walk to the clinic doors was so traumatizing and surreal. The older woman shoving brochures of bloody images onto my body while her entourage flocked to me with rosaries, touching me, praying on me, yelling more at me will forever shock me. Because of the legislation put in place I had to visit the clinic a second time, and I remember my body shaking with anxiety of having to pass through these hateful people once more. I pulled through with the support of my partner and with the comforting staff of the clinic.

I had a medication abortion and was able to do it in the comfort of my home. Still, before I was allowed to retreat to my home, I had to endure some of the most invasive procedures I had ever encountered. An ultrasound that felt so uncomfortable and shameful is embedded in my memory and the mandatory viewing of said ultrasound image made me question so much about what I had control over in my decision. That is to say, I had no choice but to see it. It was unnecessary and disrespectful. I remember the staff being as comforting as possible, and I appreciated them for it and felt safe in their hands. I was extremely privileged to have had a safe and legal abortion

and understand that this is not the case for many of my aunts, cousins, neighbors, and community.

Today I know the aggressive protesting woman to be the person in charge of the McAllen Pregnancy Center, a local center that works to dissuade folks from having abortions by providing them with false information about their pregnancies and heavy religious rhetoric. The state of Texas funds these centers. Today I know that we need more programs for folks with low incomes, that we need better funded facilities and that we need protection from crisis pregnancy centers and we need to stop funding them.

Still the knowledge that I have acquired does nothing. That woman and her group still parade the sidewalk by our local clinic. People still have to endure extreme barriers to access their right to an abortion. And to this day, I still cannot qualify for the TWHF and have not seen a women's health provider in over two years.

CLAUDIA

In 2010, being 23 years old and having just had a baby, I found a lump in my breast. It bothered me. It hurt me. I thought that maybe the lump and pain was related to my pregnancy. I decided that I had to get a check up and went to the Planned Parenthood clinic in my community. That is where they detected a lump in my breast. They said I needed to have a biopsy and an x-ray exam, but that I did not qualify for funds because I was too young. I had to be at least 50 years old . . . so on my application [I said] that I was 50 years old instead of 23.

After I received a mammogram and X-ray, I was told I had to have a biopsy. When I asked how much it cost, I realized I did not have enough money to pay for the service. I asked if there were funds to help but was told that they had no more funds. I have not been able to get a biopsy from when I first detected the lump in my breast because I do not have enough money

and do not qualify for low-cost insurance. Most recently I was able to visit a clinic because I excreted a liquid from my breast. Although I am very concerned, the clinic told me it's normal and I do not have to worry.

In addition, I previously received my prescription for contraceptives from that Planned Parenthood clinic but after they detected a lump in my breast, the clinic stopped giving me the prescription because they did not know what effect the hormones would have on the lump in my breast. I did not want children and relied on my access to contraceptives. After refusing my prescription, I had to arrange to purchase contraceptives from a clinic in Mexico. The Planned Parenthood clinic closed in 2011 because of a lack of funds. Since then, I have had to buy my contraception in Mexico.

KATHRYN HEARN

Thank you. Good afternoon. Thank you all for being here. I'm so sorry my Spanish isn't better to give this information in Spanish. I want to say a big thank you to all the women who have given their testimony here today. This really isn't about a clinic. It isn't really about an agency. It isn't really about a brand name even though maybe that was some of the cause of some of these problems. Really, the impact is to individual women and their families, so thank you for your bravery and thank you for your stories. I truly believe that it is only our united voices that will change these really bad policies for women.

I do work at an agency that provides family planning and preventative health services here in Hidalgo and Starr counties. We've been in this area for 51 years. The first 50 were as Planned Parenthood Association of Hidalgo County, and just last fall, we did change our name to Access Esperanza Clinics. I want to tell you why.

Back in 2011, almost overnight 13,000 women in Hidalgo and Starr counties from one day to the next lost family planning and preventative health care. For many people it was their only source of preventative health care. Subsequent actions by the Texas legislature, including a ban on Planned Parenthood from being able to participate in state health programs, led to an additional 6,000 women prevented from coming to our health clinics for services.

Again, many of these women said they had no place else to go. We say that, and we believed it, but we really learned that it was true when we reopened our Mission clinic. It was closed in 2011 because of these budget cuts, and then almost to the day two years later, we were able to find federal funding and some private donations to reopen that clinic. Almost two years this clinic had been closed, and from day one and in those first weeks, we saw so many women who came in who had serious illnesses. There was at least one case of cancer, but many other kinds of serious illnesses.

Over and over again we asked the women, "Where have you gone these past two years? Who have you seen for your health care?" And they said, "Nowhere. We've seen no one." That was the beginning of our conversation, it was 2013, the beginning of our conversation about changing our name because it was our name that did keep us from being a state health provider. Over the course of a year, our board finally decided that this was the only way that we knew that we could be here, continue to be here to serve the women and the men and the teens who need us for their health care. It wasn't a decision that we took lightly. It's one that still, for those of us like myself, who worked at Planned Parenthood for 20 years, and all our *promotoras*, and now we're with Access Esperanza as a *promotora*, this was a difficult decision for all of us.

Let me just tell you some of the good things that have come up. Midway through December, just this past December, we

became providers for the Texas Women's Health Program, and even with the holidays, even with all those busy holiday days, we saw an additional 175 women through that program. In January we saw over double that amount. Last week we started a brand new program, and this one I can tell you I'm much more excited about. It's a family planning program. It is a state program, but it is one that allows people no matter, regardless of their immigration status, to get free family planning and preventative health services.

We just started last week, last Wednesday. Our appointment clerks, our staff that answers the phone, were all frazzled and the rest of the administration staff went, "What's going on?" We had over 200 phone calls on Wednesday, on Thursday, and on Friday all wanting appointments, all needing health care services.

So why did we change our name? That's why we changed our name because we are here for the women who need us most. Just a little promotion—if you do need family planning and preventative health services, and if we can be of assistance, talk to me, talk to Dora. We have some services cards here. We'd love to be able to help you out. Just know this though: just because we changed our name, that doesn't make everything right. It isn't the same. Even though we will see an additional 5,000 women as a result of this name change, and I can't tell you how thrilled we are about that, it is not the same as the 24,000 we used to serve.

We have a long way to go. I hope that our collective voices can make a difference and make these changes so that there's not discrimination for any health care provider, especially those who are doing their job like Planned Parenthood is.

Thank you so much.