## Intro: Anna

- Need to thank all collabing student organizations who made this event possible
  - Clemson college democrats
  - Queer in Life Sciences
  - YDSA clemson
  - Clemson Sexuality and Gender Alliance
  - Under the Umbrella CU
  - Clemson Bodywell
  - WSBF- sound!
- Thank Clemson Student Affairs and Clemson Event Planning for the lighting
- Need to preface our goals for the rally
  - Aiming to decenter anti-abortion rhetoric, we are aware that anti-abortion groups are having an event nearby but this is not about them, the focus of this rally is to
    - Combat stigma around abortion care through education (Abortion101)
    - Decenter dangerous anti-abortion rhetoric that would promote the criminalization of pregnant people seeking abortions
    - We will talk about why abortion is important, how abortion care is healthcare, how abortions are vital to our democracy, and how abortion care is a human right
  - The Reproductive Rights Rally also aims to raise money for the Carolina Abortion Fund
    - The Carolina Abortion fund is a nonprofit organization that assists pregnant people in South/North Carolina in accessing abortion care with financial, practical, and emotional support.
    - The CAF also provide accurate educational information on abortion, actively involved in pro-choice legislative advocacy.
    - Services provided:
      - Abortion doulas
      - Childcare
      - Financial assistance
      - Judicial bypass support
      - Transportation and lodging
- I would also like to mention that this week is Transgender Appreciation Week
  - Tomorrow the 17th in the Barnes Center from 7:00-9:00 is Be You @CU, which is a celebration of gender euphoria w inclusive vendors and opportunities for all who attend!
  - This Friday in the Barnes Center starting at 10pm is the Inclusive Fashion Show
  - These are great events and we encourage everyone to attend.

Speech Speech:

I am going to speak about they way in which misinformation permeates anti-abortion legislation in the US. I will discuss the peer-reviewed science that proves that legislation such as "6 Week abortion Bans" or "Fetal Heartbeat Bills" and "Fetal Pain Bills" are based on misinformation which undermines scientific accuracy. I will then speak about a total abortion ban that has been introduced to the South Carolina senate.

Starting with the "6 week ban" or "Fetal heart beat" bills. The dysphemism "Fetal Heartbeat Bill" is misleading for a few reasons. First of all it invites you to believe that there is a fetus involved, there is not. It also implies that there is a heartbeat present or even a heart. Again, there is not. At 6 weeks of pregnancy, the grain-of-rice sized embryo is not a fetus and medically it will not become a fetus until the 9th week post-conception. And according to the American College of Obstetricians and Gynecologists (ACOG) these bills misinterpret an "electrically induced flickering of a portion of the fetal tissue that will eventually become a heart", as a heartbeat. So there is no fetus, there is no heartbeat, there is no heart. ACOG describes "Fetal Heartbeat bills" as using "misleading language, out of step with the anatomical and clinical realities of that stage of pregnancy". The phrase "Fetal Heartbeat Bill" has dangerous, deceptive impacts that contribute to the stigmatization of pregnant people seeking abortion care.

The phrase "Six-Week Ban" is equally misleading and "out of step" with reality. A "six-week ban" does NOT mean a six-week window to seek abortion care. In order to contextualize the timeline of a "six week ban" we need to understand how pregnancy is measured ie. (how many weeks pregnant someone is). Medically speaking, how many weeks pregnant someone is is determined based on the date of that person's Last Menstrual period. This means that the pregnancy clock starts "ticking" before conception. By the first day of a missed period, which is typically one of the first indicators of pregnancy, a person is already at least four weeks pregnant. Pregnant people who live in states with "six-week bans" realistically have just two weeks to obtain abortion services. Two weeks is a near impossible window to access abortion care even for those who are financially priveleged, have the ability to adjust work schedules, and/ or travel. It is particularly difficult in areas where reproductive health resources are few and far in between or where other legislative barriers such as waiting periods are required. Receiving abortion care becomes all but impossible. It's here I would like to emphasize an important aspect of Reproductive Justice: without access there is no choice. Even when abortion care was protected on a federal level it was still systemically inaccessible for pregnant POC and low income pregnant people. Six week bans are built on fallacies, misinformation, and are particularly damaging for marginalized communities.

Moving on to "Fetal Pain Bills", which aim to restrict abortion care at or before 20 weeks. I can see how uncomfortable that phrase makes everyone; I understand. I am here to let you know that this type of abortion restriction the "Fetal Pain Bill" is as intentionally emotionally incendiary as it is misleading and baseless (I will be referring to them as FP bills from now on). I would like to point out a logical fallacy in any legislation that restricts medical care based on presupposed pain, so I will quote the American Medical Association's (AMA) Journal of Ethics "If we as a society believed we should NOT be doing procedures that may cause pain (as many proponents of fetal pain legislation argue), *all* invasive procedures and surgeries would be banned". It is the opinion of the American Medical Association that FP bills do not acknowledge that until the conscious ability to process responses to stimuli develops "it is definitionally and

physically impossible to register pain". It has been repeatedly confirmed by almost 2,000 fetal pain studies (accumulated in a meta-analysis by the AMA) that this conscious ability likely does not exist before 29 or 30 weeks. It is important to know that a majority of abortions that take place later in pregnancy occur due to severe health threats to the pregnant person or because the fetus nonviable. Just to reassert and summarize the American Medical Assocation and relavent peer reviewed data indicates that FP bills are not based in science but rather emotional pleas of anti-abortion advocates and logical fallacy.

With the overturn of Roe vs Wade a 6 week total abortion ban has been introduced into the South Carolina State Senate. This bill is not based in or guided by scientific or medical evidence. Bill 5399 criminalizes abortion at the felony level, undermines medical professionals ability to practice, and violates survivors of sexual violence, putting them at an increased risk for instatutionall traumatization at the hands of the police.

We rally today against abortion restrictions like these compromise our right to bodily autonomy according to the confused morality and misinformation of anti-abortion groups. It is dangerous to substitute science with misguided morality. We rally because in the future we will continue to see bans and legislation like these that would like to make our basic human rights contingent on our reproductive status. I encourage you in the future to interrogate and not accept the claims of legislative actions such as these when they are uncritically presented to you. This means voting in candidates that will protect our right to seek reproductive health services such as abortion, donating to you local abortion fund, and showing up to rallies and events like this one. Thank you all for being here today; please donate to the Carolina Abortion Fund.

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