

We can't go back: Advancing
women's rights is key to public
health

APHA Medical Care Section

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Presenter Disclosures

Ellen R. Shaffer

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Access to safe, legal, affordable abortion care is essential for population health

- Access to affordable sexual and reproductive health care is integral to the health of women, communities, populations
 - Sex education
 - Contraception
 - Abortion
- Governments are responsible for creating the conditions for health, including right to choose whether and when to have children, and the right to raise families in healthy communities free of violence

Public Health, Economic Inequality, Social Justice

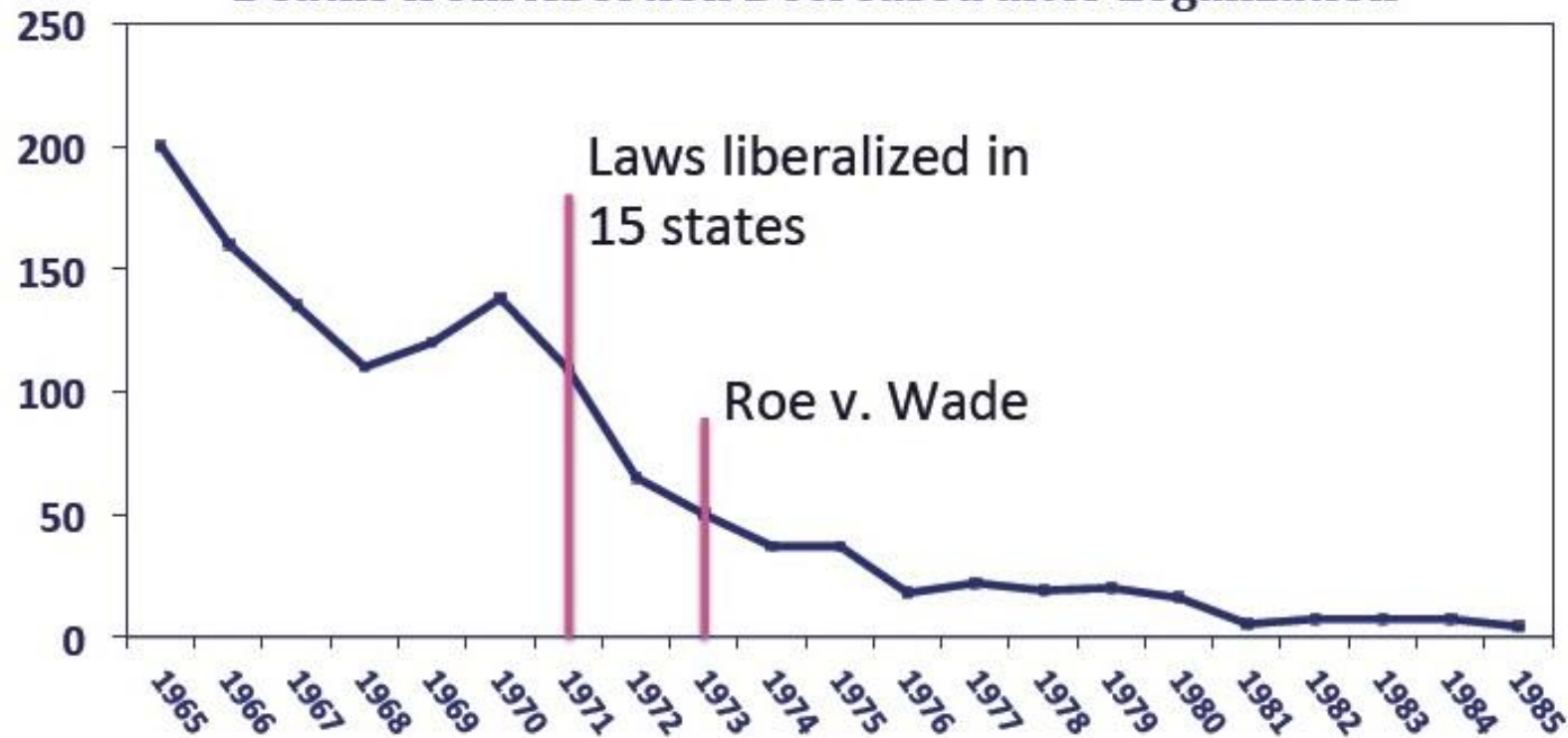
- Aggressive campaigns are reversing abortion access
- Magnify economic inequality, preventable health disparities based on race, gender
- Violate the rights of women and families, isolate and stigmatize relatively less powerful populations
- Widen disparities in health, associated with worse health outcomes.
- Restrictions on abortion care constitute a threat to population health, and call for an engaged, concerted response.

Abortions are common and safe

- Abortions are common
- By age 45, approximately one third of US women will have had an abortion.
- The risk of death associated with childbirth is approximately 14 times higher than that with legal abortion.
 - pregnancy-associated mortality rate among women who delivered live neonates: 8.8 deaths per 100,000 live births.
 - mortality rate related to induced abortion 0.6 deaths per 100,000 abortions.

Illegal ≠ Non-existent
Illegal = Unsafe

Deaths from Abortion Decreased after Legalization



Hyde Amendment: No federal \$ for abortion

- Passed by Congress annually since 1976
- Main impact: Medicaid, state/federal health coverage for low-income
- Only 17 states provide their own funds to cover abortions through Medicaid.
- About one in four women who would have had Medicaid-funded abortions instead give birth when this funding is unavailable
- Now applies to Federal Employees Health Benefits Program, military, Peace Corps, Native Americans
- “Exceptions” permit funding: rape, incest, threat to mother’s life

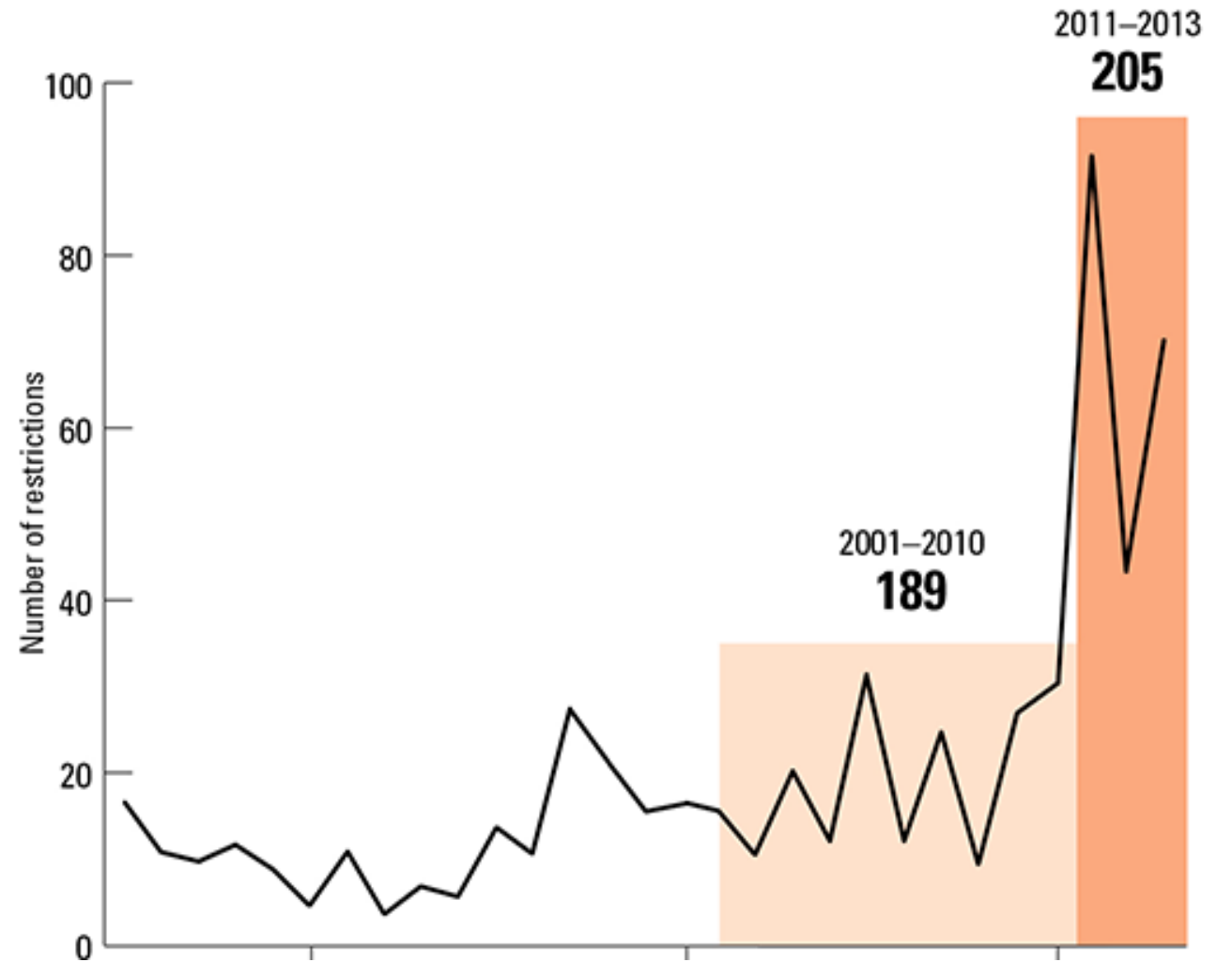
Hyde Perpetuates Stigma, Divides Allies

- **Lower standard of health care coverage based on gender and income**
- **“Exceptions” for rape, incest, threat to life of mother**
 - Only used to pay for 7 abortions in 2010
 - Women can only terminate the pregnancy if they can establish that it occurred in circumstances beyond their control (rape), and/or more morally reprehensible than their own normal behavior (incest).
- **Fractures women’s experiences of access to abortion by income; race, level of education, and geographic location.**
 - Most commercial insurance plans routinely cover abortions.
- **Basis for different treatment of “public” and “private” payment for health care services**

A Wave of Restrictions

More state abortion restrictions were enacted in 2011-2013 than in the entire previous decade.

<http://www.guttmacher.org/pubs/gpr/17/1/gpr170109.html>



Helms Amendment

- Blocked access to comprehensive reproductive health services internationally due to the Helms Amendment undermines the ability of countries to adequately address maternal mortality and morbidity
- Bans U.S. federal funds to programs abroad that offer abortions

New barriers: State Laws/Regs

- **Burdens on women - examples**

- Require multiple separate trips to an abortion provider, limits on the provision of medication abortion, bans on private insurance coverage of abortion, bans on abortion at 20 weeks from fertilization
- Five states require physicians to tell women that abortion causes breast cancer. It doesn't.

- **Targeted Regulation of Abortion Providers (TRAP) laws.**

- impose strict regulations on abortion clinics, beyond what is necessary to ensure patients' safety, and may be impossible for providers to meet.
- Facility size
- MD admitting privileges at local hospital.
- Numerous clinics forced to shut down, including most abortion providers in Texas.
- Cluster in the South and Midwest, difficult for women to obtain needed abortion care in neighboring or nearby states.

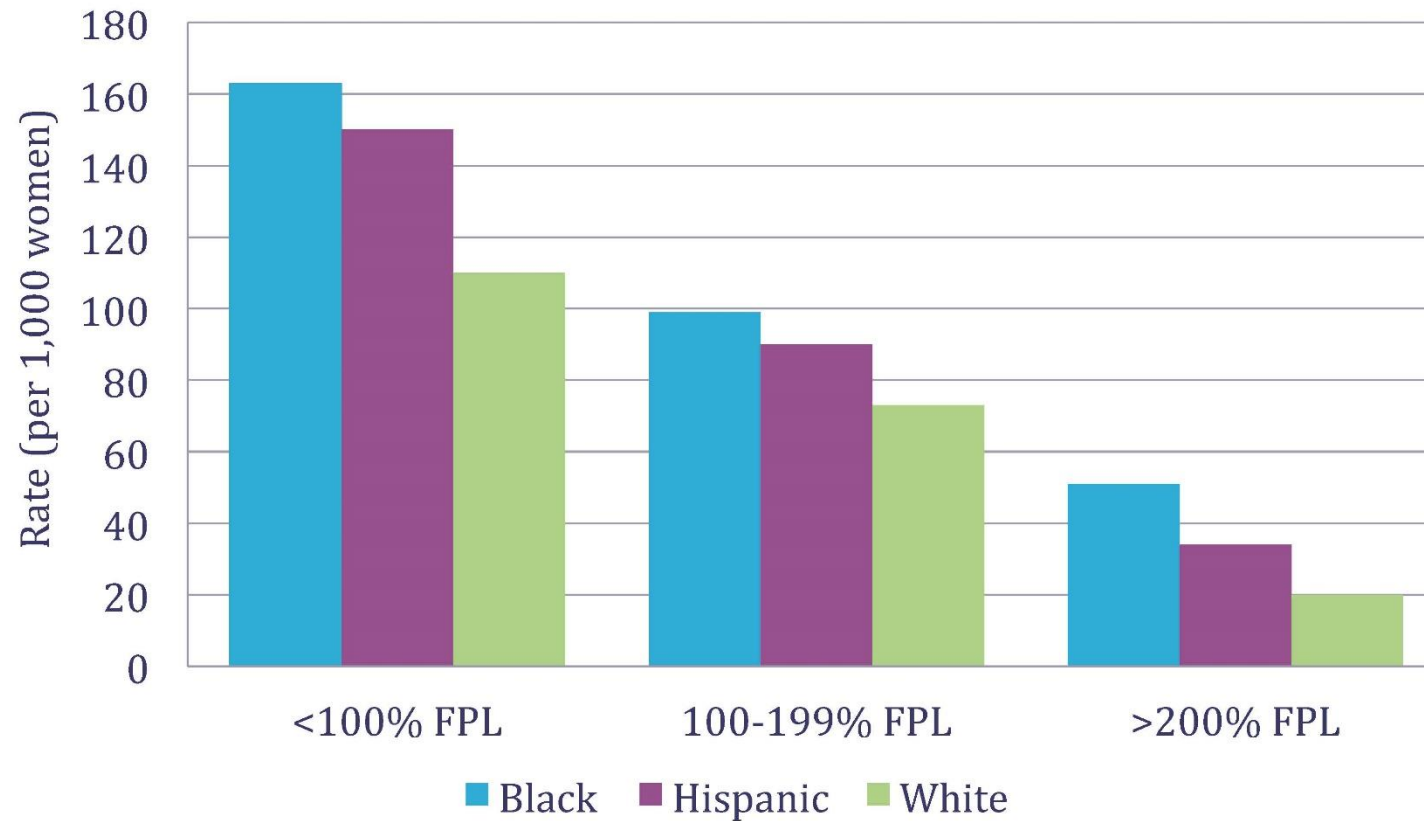
ACA

- Reinforced restrictions on public funding for abortion
 - ACA
 - Executive Order
- Compromised on right to contraceptive coverage

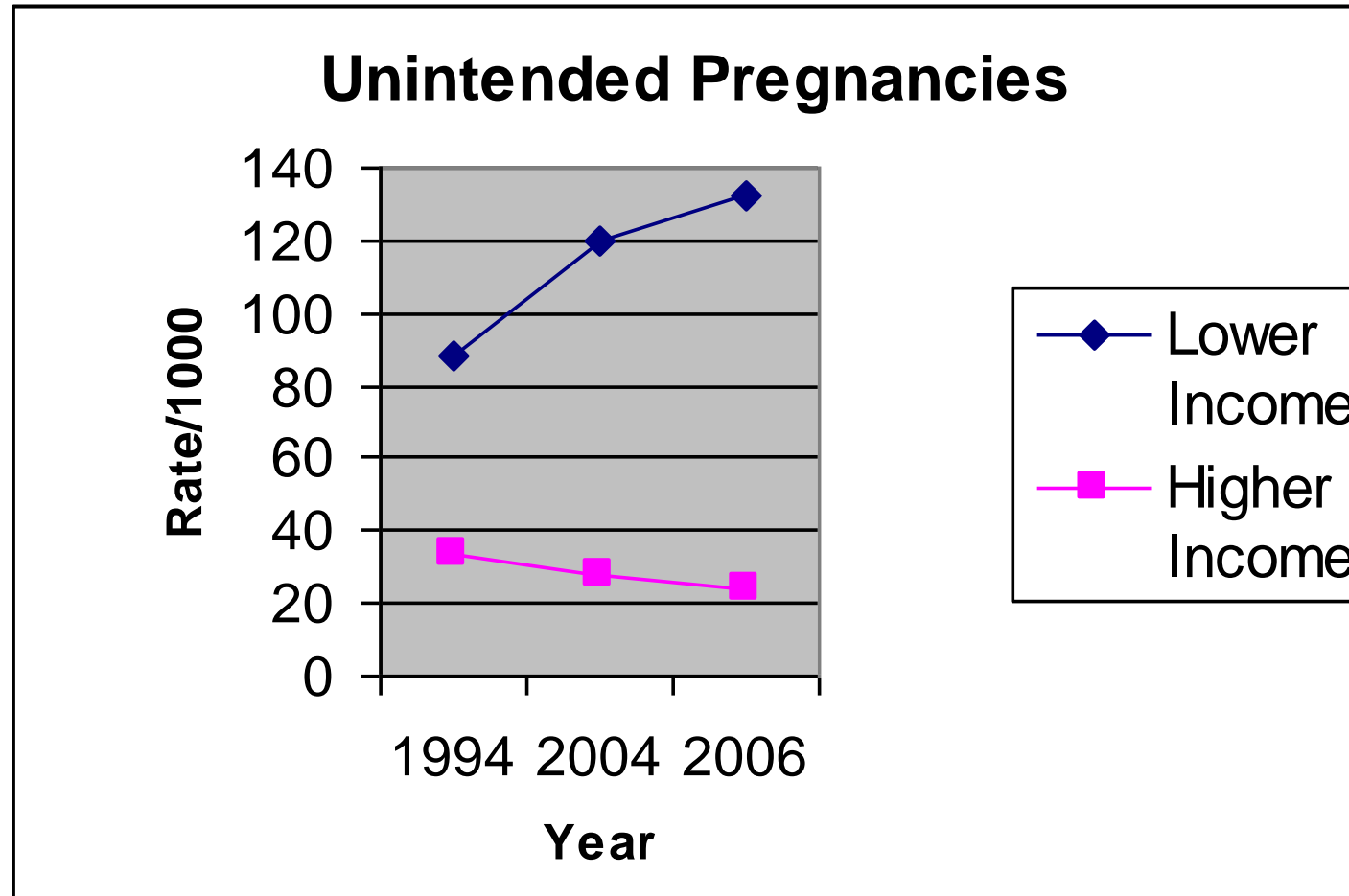
Disparities in health

- Disparities = Preventable differences in health status related to social categories, discrimination
- Social categories usually include:
 - Race
 - Gender
 - Income
- Biologically determined health differences, usually include:
 - Age
 - Genetics

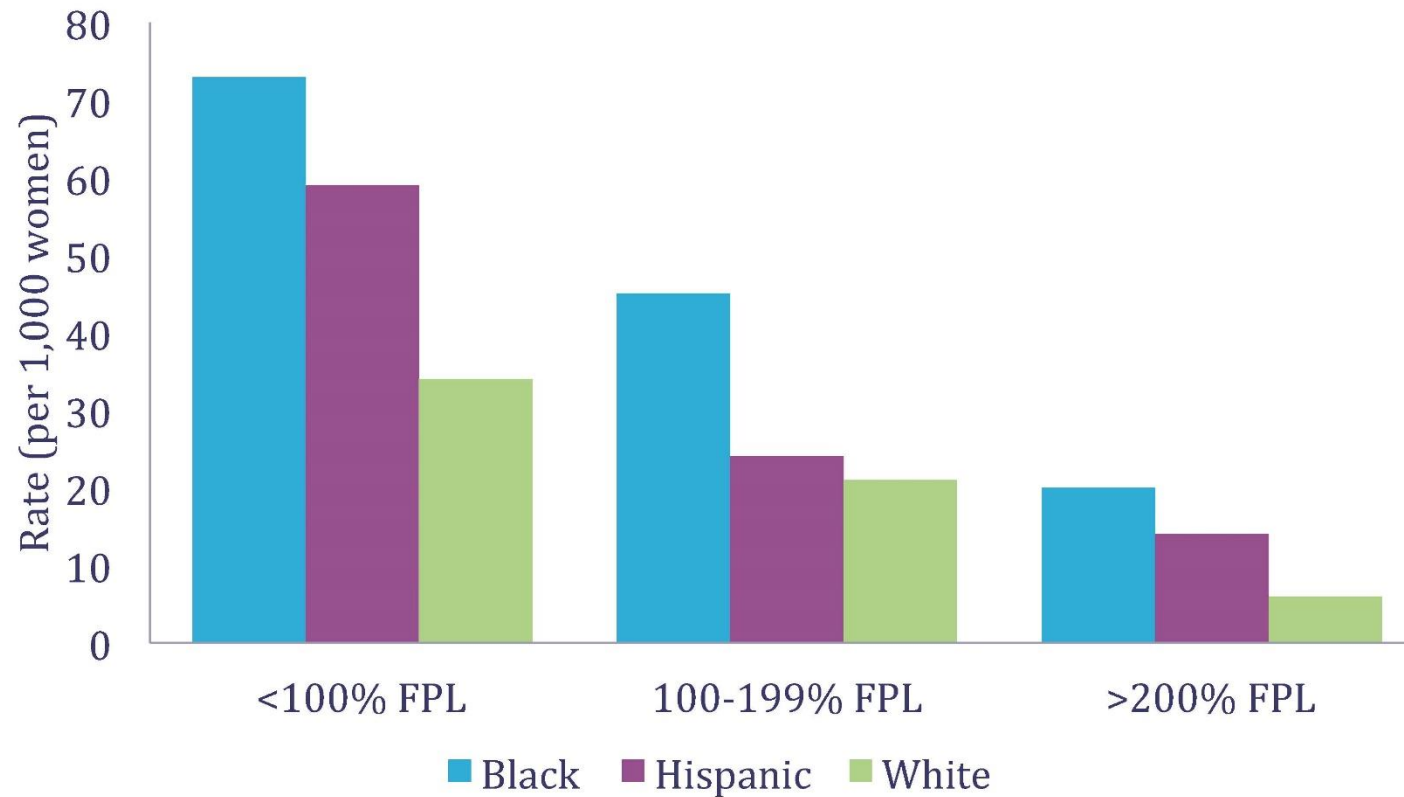
Unintended Pregnancy Rates by Income and Race/Ethnicity, 2008



Unintended Pregnancy 5 Times Higher for Low-Income Women



Abortion by Income and Race/Ethnicity, 2008



Disparities are Increasing

- In 2000, 27% of the abortion patients in the U.S. were poor women
- In 2008, 42% of the abortion patients in the US were poor women.
- Rates of abortion are declining more rapidly among white women than among black and Hispanic women

Restrictions undermine women's income, longevity

- Turnaway Study comparing women who presented for abortions but were denied for various reasons, with women who succeeded in obtaining them.
- Turnaways suffered more ill effects, including higher rates of hypertension and chronic pelvic pain.
- Turnaways three times as likely to end up below the federal poverty line two years later.

Poverty = Shorter Life

- 55-year-old woman at the bottom of the income distribution can expect to live a decade less — 80 years rather than 90 — than a woman of the same age at the top of the income distribution.
- These consequences are getting worse over time for low-income women.
- Life expectancy generally increases over time, but not for low-income women.
- A woman born in 1940 who is at the bottom of the income distribution has seen her life expectancy shrink by 2.1 years relative to the same low-income women born 20 years earlier.

Poverty Increased Among Women, 2000-2012

- Women under 250% of poverty increased 22%

<http://www.guttmacher.org/media/nr/2014/08/12/index.html>

- Total population of women age 18-65 only increased 12%

U.S. Census Bureau

Anti-abortion states have worse population health outcomes overall

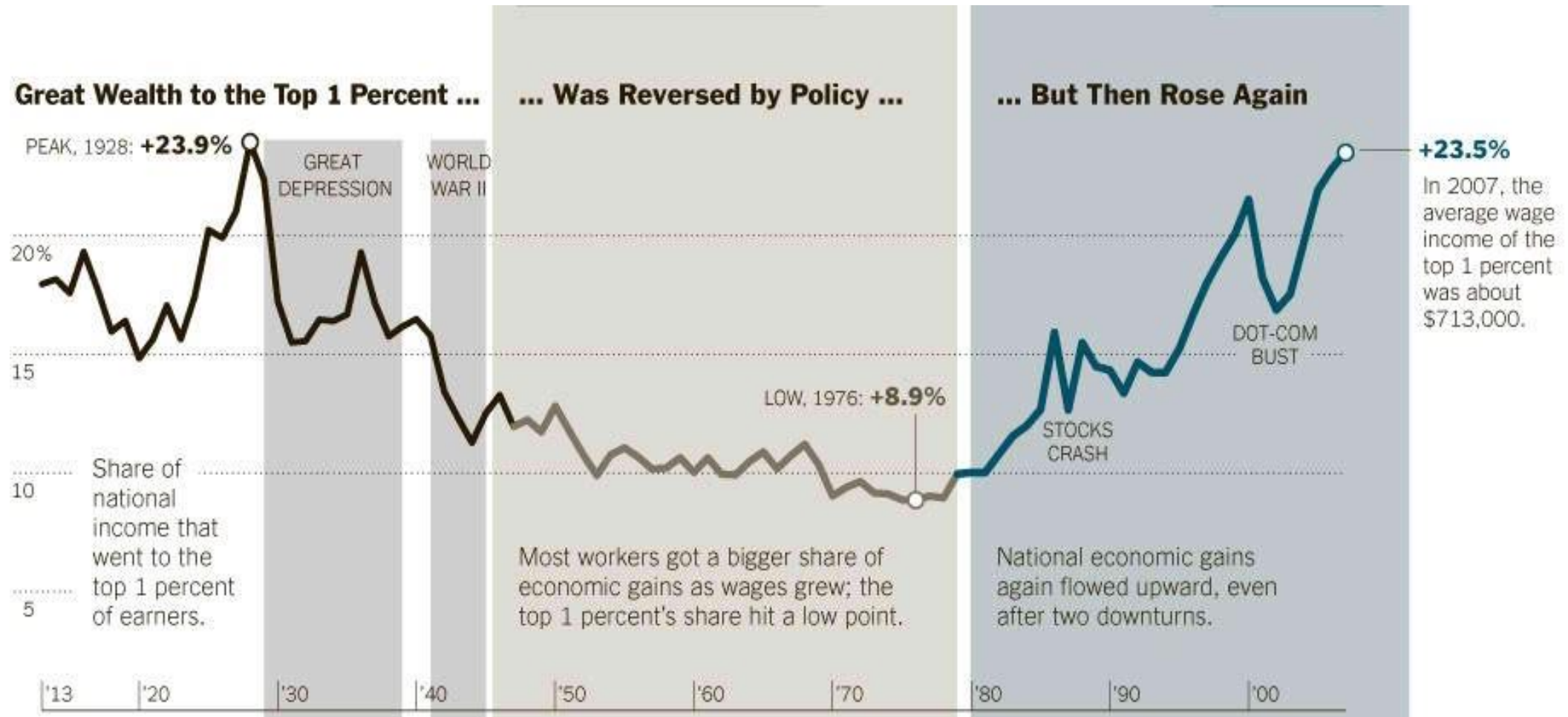
- Report evaluated the prevalence of 14 state abortion restrictions against indicators of population health: women's health outcomes, children's health outcomes, social determinants of health, and policies supportive of women's and children's health.
- States with more abortion restrictions tend to have fewer supportive policies in place that are crucial to ensuring women and families are able to live healthy and safe lives.
- The more abortion restrictions present, the worse a state performed overall on indicators of women's and children's well-being..

Evaluating priorities: Measuring women's and children's health and well-being against abortion restrictions in the states. Research Report. Ibis Reproductive Health
[http://www.ibisreproductivehealth.org/sites/default/files/files/publications/Ibis%20and%20CRR_Priorities Project FINAL 2014.pdf](http://www.ibisreproductivehealth.org/sites/default/files/files/publications/Ibis%20and%20CRR_Priorities_Project_FINAL_2014.pdf)

How Did We Get Here?

2008: Financial crash worsened economic inequality

U.S., 1929 and Now: 24% of Income to 1% of Population



Unequal economic recovery = Social divisions

- Low-income, people of color, have not recovered wealth lost to value of homes, assets
- Financial sector investors have recovered

Obama Administration, 2009-2010

- Cut middle class taxes
- Passed health insurance reform

2010: The Empire Strikes Back: Koch Bros. and Corporations Rig the Game

- Ferocious medieval patriarchy + corporate cash
- The Tea Party constitutes a bloc in Congress and many state legislatures
- They promise to talk about the economy
- They don't

They Talk About Women's Bodies

Attacks on reproductive health care constitute a public health emergency

- Constitute discrimination against women
- Require a deliberate and concerted strategy to reverse

Stigma is a significant obstacle to effective response

1. Abortion care mostly provided in separate clinics, not mainstreamed as part of hospital care after legalized in 1973
2. Mantle of religion suppresses actual popular beliefs and practices
3. Reverse campaign proposed by UCSF: “conscientious provision” of abortions

Conscientious provision

“Conscientiously committed practitioners often need courage to act against prevailing legal, religious, and even medical orthodoxy, following the honorable medical ethic of placing patients’ interests above their own.”

Breakthrough online course through UCSF

- Jody Steinauer, [Abortion: Quality Care and Public Health Implications](https://class.coursera.org/abortion-001/wiki/Week1)
<https://class.coursera.org/abortion-001/wiki/Week1>
- Lori Freedman. Abortion Stigma: What is it, and how does it affect women's health. <https://class.coursera.org/abortion-001/lecture/75>
- Jody Steinauer, Physicians' Professional Responsibilities in Abortion Care, <https://class.coursera.org/abortion-001/lecture/19>
- Lori Freemdan, Conscientious Provision and Refusal of Abortion Care
<https://class.coursera.org/abortion-001/lecture/75>

Religious People and Principles Support Rights

- Most doctors in Catholic-affiliated hospitals oppose restriction on tubal ligation following C-Section – *L. Freedman*
- Most employees at religious schools, hospitals and charities support and use reproductive health care
- So do most members of Congress and the Supreme Court

Public Health Obligation to Take Action

- APHA policy supports abortion rights
- Public health as a community – individuals, workers, professionals, academics, organizations, officials – must:
- identify and overcome the impact of stigma on suppressing public discussion, debate and action on abortion
- recognize the disproportionate impact of abortion stigma on relatively less powerful populations, and on population health
- and engage peers, community, and policy makers to support universal access to safe, legal and affordable sexual and reproductive health services, including abortion care.

Call for Emergency Public Health Response to Protect and Advance Population Health

- Recognize and take action on public health's unique capacity and obligation to confront and overcome stigma.
- Assert access to abortion care and all aspects of Sexual Reproductive Health as a fundamental requirement to achieve health in all policies.

Sign Up!