

## Episode 70\_ The Future of Family Planning.mp3

[00:00:08] **Lizzy:** I'm Lizzy Ghedi-Erlich filling in this week for Avi Green. Thanks for joining us on the Scholar's Strategy Network No Jargon podcast. Each week we discuss important social problems and policy issues with one of the nation's top researchers without jargon. So to get right into it, during his campaign Donald Trump said he was going to nominate anti-choice justices to fill the Supreme Court with the hopes of overturning *Roe v. Wade*, make the Hyde Amendment which bars federal funding from being used for abortion procedures into permanent law, end late term abortions, and of course defund Planned Parenthood. He also has stated at one point that if abortion were to become illegal there should be some form of punishment for women who have the procedure. And only a few weeks now into his presidency we're already seeing movement of both the federal and state levels towards achieving some of these goals. So to talk about all of this today we're welcoming Monica McLemore, Assistant Professor of Family Health Care Nursing at the University of California San Francisco. She is also a clinician scientist at the ANSIRH Program, a program of the Bixby Center for Global Reproductive Health, also at UCSF, and she's a licensed nurse who maintains a clinical practice at San Francisco General Hospital in the Women's Options Center. Thank you so much for joining us today Professor McLemore.

[00:01:23] **Monica:** Thank you for having me, I appreciate being here.

[00:01:25] **Lizzy:** Definitely. We're very excited to talk to you. So there's a lot going on in reproductive health policy right now, and it's, it's tough for people to keep track. What are some of the bills introduced or passed in various states since the start of the new year that stick out to you the most?

[00:01:41] **Monica:** There is one in particular that has recently been introduced from Governor Issa Hutchinson. This is out of Arkansas. And the reason it sticks out to me is because it would ban most second trimester abortions and would allow a woman's husband and/or family members to sue a doctor for civil damages. And this is such a problematic bill. It's called the Unborn Child Protect from Dismemberment Abortion Act. And it really, really passes powers unprecedented to individuals who are not pregnant. It really removes just any kind of bodily autonomy from pregnant people. It also would put physicians and other types of providers in jeopardy to stop procedures from happening because they too would be vulnerable to legislative action from other family members who are not the pregnant person. What's even more startling about this bill is the legal guardians, if this person is a minor, would also have the authority and the power from the courts to be able to sue and be able to really, really punish pregnant women and make true on President Trump's promise to be able to punish pregnant people who have abortions. And I will say that one of the things that makes this really very difficult for me, and I think is really really jarring, is the notion that criminalization of pregnancy really really, and pregnancy outcomes, really really seems to be the goal. And I actually really think that's a huge step backwards.

[00:03:24] **Lizzy:** And to that end you know you've been working for a long time in the healthcare field both as a practitioner and as a scholar. So bills like this, is there precedent for this? Do you see this as a truly different era?

[00:03:36] **Monica:** I have to say I have been a nurse for almost 25 years, and this is very different because I would very much love for the listeners to understand that all of the branches of government are currently now controlled by the Republican Party. And as we've seen in what first 10 days of the administration, there have been unprecedented numbers of executive orders. At the same time, this is emboldened a whole new group of potential collaborators, allies in the field, whether it be around abortion care more specifically or reproductive issues more broadly. And I have to tell you, even within my own profession within my own field, after President Trump was

elected, one of the largest organizations—The Association of Women's Health Obstetrics and Nursing also known as AWHONN—they had already asked myself and my collaborator Doctor Amy Levi at the University of New Mexico to provide some evidence-based pre-session content for their annual meeting specific to abortion family planning and contraception. Well after the election, they asked us to also provide a reproductive health update, including legislative impacts of the current administration and how it might affect abortion family planning and contraceptive services. And you know it's really unprecedented to have professional nursing organizations specifically ask for and provide coverage for their members to be able to have this kind of content. So I would say yes there has been a lot that's been going on and this is different because, you know, we have a situation where all three branches of the government can really, really be able to bring forward an anti-abortion agenda and an anti reproductive health agenda. But at the same time it's really emboldened people who historically have not been regular players in standing up for reproductive rights and abortion care, in particular.

[00:05:36] **Lizzy:** But this really does seem like we're building new coalitions and this is kind of a different space than we've been in before. And you know, to talk more about what that space looks like now and maybe who those coalitions could possibly be—several months ago on the show we talked about the difference between reproductive rights and reproductive justice. Can you break that down again for your listeners?

[00:05:59] **Monica:** Absolutely. I, you know, I do want to actually add a third piece to it because I think there needs to be clearer distinctions in our language. And I always talk about reproductive health rights and justice because I see those three things as interrelated. But I also think that they have very specific purposes. So reproductive health, I think about that, you know, myself and my clinical role, right, health service provision. If you need an abortion, there is a clinic available where you can go and be able to have your procedure done, that sort of health service provision. When you think about reproductive rights, I think about all of the wonderful work that's done by advocates and lawyers and other people who are involved in the legislative process, right, and the group of people that come to mind are the Center for Reproductive Rights and other not for profit either law firms or centers that are really using the courts and really, really using their authority and power to be able to defend reproductive rights. But when I think about reproductive justice, which is really a philosophical and a theoretical approach that's directly applied to imbedding abortion rights in a larger context that is a really important distinction because it really imbeds reproductive rights within human rights, right? And so what was really coined by a group of women of color—and I like the definition that Loretta Ross uses, longtime scholar and activist, but with a twist from my good colleague and friend Dr. Willie Parker— reproductive justice is really the right to have an abortion, the right to have children and parent them, the right to be able to disassociate sex from reproduction, right, and then the right to be able to safely raise children and have the resources that you need in order to be able to do that. So it's a much broader approach than understanding reproductive rights from a legal perspective or understanding reproductive health from a health services perspective. So I actually fall down in the in the camp of reproductive justice because it can also try very important reproductive rights issues to larger contexts, right. So understanding that like \$15 for a minimum wage. Understanding that if you don't have the money that you need in order to eat and to feed your family, that becomes a reproductive justice issue because we don't disassociate either parenting or abortion from the financial realities that are necessary to make both of those choices possible for people. So I do see these broader coalitions being built out around reproductive health, reproductive rights, and reproductive justice, and being able to tie it to a broader human rights campaign. Does that make sense?

[00:08:51] **Lizzy:** Yes. No, completely, it absolutely does. You know when we think about the big picture and maybe the big picture impact of some of these state bills or potentially federal policy that's going to be limiting abortion access—Do you think that there's other things then coming up

that are going to, say, make it easier to parent for people who have choices taken away from them? Is there any movement by this administration or states that you're seeing to sort of understand from a reproductive justice framework what that might look like?

[00:09:19] **Monica:** Yes and I want to talk about this. I mean for the people who really don't understand the distinct provisions of the Affordable Care Act and really understanding how Title 5 supporting maternal health programs and Title 10 supporting family planning programs, if people don't really understand that those are intricately intertwined and that the dismantling of the ACA or Obamacare with repeal or without replacement is really really impinging upon the rights particularly of poor people to be able to have the resources that they need in order to be able to parent. So you know even if people do not have a specific bent or focus on abortion rights, they need to understand that there are many provisions that have been put in place that support vital and key programs whether it's WIC or black infant health or other maternal child health programs that do allow people to be able to successfully parent, they're also in jeopardy in addition to abortion rights. If that makes sense.

[00:10:24] **Lizzy:** Yes and no, it does completely, those things, you know, they work in concert. And to get specific but also to think about broader impacts. What do you think about the nomination of Neil Gorsuch to the Supreme Court? People are focusing on what that might mean for abortion, but then of course there's a host of other issues affecting women and families and the right to parent that might come before the court.

[00:10:45] **Monica:** Exactly. And I really hope the listeners understand that Neil Gorsuch is a very challenging person and is someone who has had some very scary decisions in the Tenth Circuit where he's been a justice, because we need to understand that he wrote the anti-choice dissent in Planned Parenthood of Utah decision where the governor, specifically around the videos that were released in the summer of 2015, and really, really felt as though, you know, Planned Parenthood needed to be defunded, even though they were found guilty of nothing and cleared of all allegations. The other piece that's really important is he concurred with the 10th Circuit's anti-choice ruling in Hobby Lobby, right. So we need to remember that Hobby Lobby was the case that really, really talked about the contraceptive coverage mandate under the Affordable Care Act. And he really felt that, and wrote an opinion that, to violate religious faith by lending an impermissible degree of assistance to conduct religious teaching was to be gravely wrong. Finally he also has done quite a bit of writing around euthanasia and assisted suicide. And many of those cases he has used Planned Parenthood versus Casey to really, really threaten and reference public hospitals who provide elective abortion care because they really, really felt like health providers in that context needed to have a free ride to override any mandates because they could then use conscientious clauses or be able to refuse that care, and that those rights of euthanasia or other types of assisted suicide programs should be restricted based on the rights of the health care workers being more important and more pressing. So I worry about Neil Gorsuch, particularly because he does not seem to have a respect for, you know, the rule of law or precedent of law or, in legal terms as we call it, stare decisis, so I actually really think that he is more activist than we know, even though he's specifically not written about abortion cases more broadly. I think we can infer from his support of Hobby Lobby and his alignment of abortion law precedent to turn down or to replace assisted suicide or euthanasia laws as being someone who will not be friendly to reproductive justice or reproductive rights, and so I do believe that he should not be confirmed. And the other piece to realize about him is he is a very young man. And these are lifetime appointments. And I think that can have ramifications that are really, really long term and really, really negative towards pregnant people and their families.

[00:13:47] **Lizzy:** Another thing that you had brought up while talking about that, and another thing that, you know, is constantly sort of being spoken of at the federal level and could be the kind of thing that triggers a Supreme Court case, is of course the defunding of Planned Parenthood. And I

think there's a lot of persistent myths about what that actually means. People hear the phrase and assume that somehow the federal government and tax dollars are being directly given to an organization like Planned Parenthood as a grant. Can you tell us what defunding Planned Parenthood actually means and entails?

[00:14:18] **Monica:** Absolutely. Planned Parenthood, similar to, you know, any other family planning providing clinic, hospital, or institution provides services and then are reimbursed for those services when they bill. It's no different than what what I do with a public hospital where I work at. Services are provided, and then those services are reimbursed from most Medicaid programs or health care programs for, usually, individuals who are low income or have some type of disability. Under the Affordable Care Act, many states, the mechanism that was utilized to be able to provide health coverage for low income people, as we all know, was the expansion in some states of Medicaid to be able to provide that reimbursement mechanism for organizations providing health care to low income individuals. So this idea that there are block grants or there are pots of money that Planned Parenthood receives from the government that can be taken away is absolutely false. Planned Parenthood, like any other health care provider, provides clinical services for people who meet federal poverty guidelines, and they bill for those services like any other health care provider would. So, you know, again going back to Title 5, which the maternal child health programs and Title 10, which are the federal family planning programs. What defunding Planned Parenthood really means is that they want to be able to remove those monies from those programs across the board so that they specifically are individuals because the bulk, a good percentage of the care that they provide are for low income individuals or individuals who don't have other types of insurance, is to really be able to say that low income and poor people are not eligible for or worthy to be able to receive health care from an organization that uses that mechanism to be able to be reimbursed for their services.

[00:16:20] **Lizzy:** We've covered a lot of ground. I feel like even for people who have been active around reproductive rights or reproductive health preceding this election, it's hard these days to pay attention when there's this onslaught about, you know, what's coming next, and where do we maybe need to focus our attention. What is your sense of what's coming next? Do you know what states maybe are likely to make moves next that we should be looking at, either in restricting or expanding rights to access or care? Where are you paying attention?

[00:16:51] **Monica:** So let me let me start with the negative, and then I will move to the positive. So the Center for Reproductive Rights has an amazing report. It's interactive, and it's state-by-state on their website, and it's called What if Roe Fell. And it really, really outlines some of the specifics around what would happen if federal law changed. And it's really important, because a lot of people don't understand that there are currently four states that have laws on the books that are called trigger bans. And what that means is they will spring into effect instant or soon after Roe was overturned, where whatever state laws that have allowed them to provide abortion here, they would immediately no longer be able to do that. There are a whole other set of states that would ban have bans that would go into effect and are mostly around gestational limits and who can actually access abortion, and those would go into effect. And so they have this very interactive tool that would provide a state by state analysis of what would happen if federal law changed, if Roe changed. Now we have to remember—I'm not being alarmist—but we have to remember, if Neil Gorsuch is confirmed as a SCOTUS justice, even when Scalia was alive, there were not enough votes within the Supreme Court to be able to overturn Roe, right. Some other thing would need to happen in order for federal law to change. And that probably wouldn't happen very quickly, right. But at the same time, there are tools to walk through what would happen in all 50 states if federal law were to change. One of the more positive pieces I do want to be able to put forward is that the Each Woman Act was reintroduced, and Barbara Lee, who actually speaks for me because I live in her district in Oakland, and Jan Schakowsky, these two congresswomen have reintroduced this bill, which would

insure coverage for abortion services for all women, whether they were in the military, whether they are in states that restrict abortion, and that's called Each Woman Act. And it would restore abortion coverage to millions regardless of income, your insurance plans, or your zip code. And this is a direct opposition to Hyde Amendment. And so we really should also clarify, and I did not say that in my comments around Planned Parenthood and defunding and sort of myth around that language, but we actually should be very clear that federal funds do not pay for abortion except in extreme cases and that is a very, very small amount of how abortions are paid for. So we really need to be very clear that the Hyde Amendment has not allowed for public financing, at least for funding, for abortion, you know, since the 1980s. And so the All Above All coalition and the repeal Hyde groups have really been trying to work with reintroducing this Each Woman Act to be able to (layout?) for coverage, irrespective of if the ACA remains in place and irrespective of whether or not federal and state laws continue to move forward. I will also say, on the good side, that Whole Woman's Health in Texas did receive a restraining order in Texas, which really blocked the controversial rule that got introduced right before the holidays last year that would require all aborted fetuses to be buried or cremated, and they work with the Center for Reproductive Rights to be able to have a restraining order or work around that not going into effect. And so you really, really want to keep your eye on, you know, there have been proposed 20 week bans, national 20 week bans, and there have been proposed legislation to further restrict abortion, but where you really want to keep your eye on the ball are those cases where federal judges have already either provided temporary restraining orders or we have yet to hear whether or not a temporary restraining order is going to be provided. Because those are the cases that will make it through the legislative process that could potentially become a Supreme Court hearing. So I do think that what's coming next, I can pretty much guarantee you that we're going to continue to have statewide bans because that's sort of been the most successful process in terms of chipping away at Roe. You know, keeping our eye on Ohio and Utah because, again, you know they have already had injunctions in place around legislation. I wouldn't be surprised if we again started to see action in states where there a few to no abortion providers, specifically, you know, Kansas, Kentucky, Mississippi. I do think that, you know, really being able to continue to have a focus on the states, knowing that there would need to be one additional justice in order to be able to have an overturning federally of Roe, is important. So keeping our eye on the states and really being able to utilize tools that can really, really help us, like this interactive map and this interactive table on that the Center for Reproductive Rights has put together, I think this is really, really important.

[00:22:07] **Lizzy:** Right. And I think, you know, it seems like the bombardment of it all has a lot of people, who maybe cared about this issue but weren't particularly active and identified as activists, are now kind of entering the fray and sort of pushing back what they're seeing as incursions on women's rights and on health care access. Typically maybe they're more familiar with the larger organizations like Planned Parenthood that we've been talking about. NARAL is another one; Center for Reproductive Rights might be a new organization that people are just hearing about now. Do you have advice for people who are newly excited about advocacy and women's rights and health care? What are some of the other organizations you'd want to bring to people's attention?

[00:22:47] **Monica:** Absolutely. First of all I really think, you know, it's been amazing to see the newly-emboldened really wanting to participate, show up, and really, really take back the reins of our government. That has been a very encouraging thing for me to see. The other very encouraging thing for me to also see was to see the millions of dollars that the ACLU was able to raise around immigration work that they've been doing over the weekend. I mean that has just been amazing. And supporting those organizations is really important. However, I also want to put on the radar that there are many smaller organizations and organizations who are doing impactful work, that really also need to be supported. And the first one that I would put forward is the National Network of Abortion Funds. So earlier I talked about how public financing for abortion is generally not available for people, and if Planned Parenthood is not receiving reimbursement for abortion—the

question becomes how are people paying for it? And the question, and the answer to that question really, is they're paying for out-of-pocket. And the number one resource that is available for individuals who need abortions and need support in helping to be able to pay for them, is the National Network of Abortion Funds, and so I do believe that focusing on that organization is really important. There is an additional organization call Access Reproductive Justice. They have an office here in Oakland, and they have a headquarters in the south. And one of the things that they are also doing is try to provide tactical support for individuals who are seeking abortions, whether it's being able to have transportation because so many of the state bans are shutting down clinics that women really have to travel far; being able to provide child care for their other children if people have to make multiple visits, again going back to these these restrictions of you have to come in multiple days to be able to have an abortion. So Access Reproductive Justice is another organization. I also have to put a plug out for Sister Song and Sister (Raich). These are advocacy organizations really led by women of color and geared towards really debunking some of the myths around not just reproductive justice but just abortion family planning and contraception care. I have mentioned All Above All, which is really about trying to repeal the Hyde Amendment and have some positive legislation so that poor women can access abortion and family planning contraceptive services. And I also really think that people need to be investing some time and money and supporting the Affordable Care Act. The title 5 programs for maternal child health and the Title 10 programs that really support family planning. Within nursing, we've developed a new umbrella organization that's called Reproductive Health Nurses. And our live website went live yesterday which is [rhnursing.org](http://rhnursing.org), really trying to mobilize the 3.71 million nurses in the United States to really be able to also focus our efforts and attention in the same way the American Nurses Association has really, really said that there should be no repeal of the ACA without replacement and without having the full protections of women health services be part of that package. So those are just a few of the other organizations that are really doing the on the grounds work that have an immediate impact on people's lives. And so I am happy to be able to provide those resources because I do think that there are other big players besides NARAL and Planned Parenthood and ACLU and Center for Reproductive Rights that that also have local chapters that people can locally engage with to be able to really stave off some of these statewide bans and statewide restrictions.

[00:26:43] **Lizzy:** That is, that's so wonderful. And thank you for coming on the show today.

[00:26:48] **Monica:** Thank you. And thank you for having me.

[00:26:49] **Lizzy:** We want to thank everyone for listening. No Jargon is the podcast from Scholars Strategy Network. We are an organization of over 750 scholars working to make sure that research-based evidence enters the policy making process. The producer of our show is Shira Rascoe. Avi Green will be back next week. If you like the show, please subscribe and rate us on iTunes, Stitcher, or wherever you get your podcasts. You can give us feedback on Twitter @Nojargonpodcast or at our e-mail address which is [nojargon@scholars.org](mailto:nojargon@scholars.org). For more of what you heard on this week's episode, check out our show notes at [scholars.org/nojargon](http://scholars.org/nojargon). And we'll also be providing some links to Monica's work, some of the resources she mentioned and also a fact sheet that she and her colleagues at ANSWER, along with some of the other SSN scholars who work in this field, have put together to be of use to everyone who's interested. Thank you so much.