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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret speak with Alexis McGill Johnson, President and CEO of the Planned Parenthood Federation of America, talking about the increasing number of serious legal challenges to Roe V. Wade with more than 100 laws, restricting abortion being passed in the past year. She also addresses the controversial SB 8 law in Texas, banning all abortions there after six weeks and discusses a Conservative Supreme Court's upcoming decision to hear aspects of the law.

Lori Robertson checks in, Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain separating the fake from the facts. We end with a bright idea that's improving health and well-being in everyday lives.

If you have comments, please email us at CHCRadio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. You can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Alexis McGill Johnson here on Conversations on Health Care.

Mark Masselli: We're speaking today with Alexis McGill Johnson, President and CEO of Planned Parenthood Federation of America, now in it's Centennial Year; and Planned Parenthood Action Fund.

Margaret Flinter: A seasoned activist and organizer, she serves on the Board of Color of Change and the Leadership Council for Civil and Human Rights. Alexis, welcome to Conversations on Health Care.

Alexis M. Johnson: Thank you so much for having me. It's a delight to be here.

Mark Masselli: Well, Alexis, we're approaching the 50th anniversary of Roe vs. Wade, the Supreme Court decision which legalized abortion, but never since that time have American Reproductive Rights seems so imperil. And we can simply start with the most recent Texas Law, SB 8, banning all of abortions after six weeks. The law allows average citizens to sue anyone connected to such abortions. And late last week, the Supreme Court Stated its intent to uphold certain aspects of SB 8. Can you bring our listeners up to speed on the intent of the law and the latest developments around it?

Alexis M. Johnson: Well, last week, the Supreme Court granted both our and the Biden Administration's request to hear the challenges to SB 8 on November of 1st, and that is significant. We were looking forward to our patients

and providers, finally having our day in court that they have allowed this law, as you have named, not just unusual, but particularly cruel to remain in effect despite the devastating harm that we have already seen.

SB 8 is a six-week blatantly unconstitutional ban against abortion. Normally, when you have an unconstitutional law, you are able to appeal, sue the State, lawmakers, who put it into place. Instead, what Texas has done is created a provision where the State actually cannot enforce the law that they created. An instead empowers average citizens, even outside of Texas, to enforce the law with what's been called a bounty-hunting provision, that if they find out that someone has had an abortion after six weeks in Texas, anyone who has helped them secure that access to abortion can be charged with a \$10,000 fine.

So it is incentivized in the most perverse way, behavior that pits citizens against citizens, neighbors against neighbors, and has in effect stopped the provision of abortion care, after six weeks sending thousands of people seeking access to care, outside of Texas into neighboring States, all the way up to where I am in the Northeast. So it's abominable.

Margaret Flinter: Well, Alexis, while these legal questions play out around SB 8, Texas is not alone, right. And according to the Guttmacher Institute, more than a hundred laws restricting abortion have passed in States, all around the country this past year. Help us understand the full impact these laws are having on impeding access to reproductive health services, across the country. And we understand also maybe there's a diminishing in the number of the clinicians prepared to provide such services that have resulted from this as well.

Alexis M Johnson: I mean look, we know that what's happening in Texas is not going to stay in Texas. As many as 12 States are already threatening to pass copycat Bills thus far. We know a Bill has been prefiled in Florida. Politicians in Arkansas are also threatening the same. And I think they have been, the lawmakers have been very clear. We have had Governor Hutchinson in Arkansas, sending a clear note to the Supreme Court that they wanted the court to consider overturning Roe in this process.

So abortion is consistently under attack, right. As you mentioned a 100 restrictions in 2021 alone, the most restrictions on record since Roe was decided in 1973. These onerous barriers, what are called Trap Laws, targeted regulation specifically of abortion providers have made it increasingly difficult for providers to provide care. And we also know that these laws have very little to do with protecting patient safety. Everything to do with shutting down health centers by subjecting providers to unnecessary restrictions. And that means that

far too many people, the right to access abortion is a write in name only.

Part of the tactic that undergirds these bans is not just to shame the person seeking access to abortion care, but also the people around them who are doing that. And I think that's what we're seeing, not just in Texas, but in the neighboring States that are also poised to enact similar bans.

Mark Masselli:

Alexis, I want to pull the thread on your Statement about the impact, this is having on women's health. And at last check hundreds of Texas Women have been forced to cross State lines, to gain access to abortion. And I think everybody knows Texas is a very large State. And women can't necessarily afford the time to travel with all their responsibilities that they have. And it's really become a serious impediment to clinicians practicing in Texas and causing strains that I would imagine in all the bordering States, as you just mentioned, all the way up to the Northeast, women are seeking assistance. Tell us a little more about what you're seeing on the ground, paint a picture for us.

Alexis M. Johnson:

So as you can imagine, right, in rendering the right to access abortion is effectively meaningless in the State. Six weeks is the terminology, but we're really talking about two weeks after this period. So the logistical nightmare that patients are going through on top of what Texas already had in place they had a 24 hour mandatory waiting period, mandatory ultrasound and counselling. So the whole process of getting an appointment, not just one appointment, but two appointments prior to cardiac activity, that they are allegedly legislating the abortion against, means that it is not just an a logistical challenge, it is an emotional challenge for those who need Access to Care.

During the month of September, Planned Parenthood Health Centers in surrounding States saw 1000% increase in patients in Texas. And more Texans were being seen in Oklahoma than Oklahomans. And that means that people are being forced significant travel distances outside of State for access to abortion. Some of these other States have their own restrictions, right. So it means we had one patient who travelled twice to Mississippi from Texas, to get an abortion at Jackson Women's Health Organization. And they are also facing, different mandatory waiting periods having to come back in three days' time. What does that mean? That means people have to take off from work, they have to get childcare, they have to get access to travel funds and resources. And we're also still asking them to travel during COVID. So it really is incredibly cruel.

We had another patient who travelled hundreds of miles to Colorado, but she didn't want to put any of her family members at risk, because

she didn't know how to interpret the new law. So she drove by herself. It's the isolation, it's the stigma, it is that emotional barrier that we are looking at. And I think really understanding who is most harmed by these restrictions, right. These are going to be the people who had, likely the least resources in the first place. Communities of color, folks who've already faced significant discrimination and other barriers to healthcare that we've just seen laid bare over the last couple of years.

So it is hard to put in words, just how incredibly emotional it's been. And I think about the providers all the time who have taken these vows to provide care, no matter what, who have to deny their own impulses, to provide that care and really the trauma that they are experiencing as well.

Margaret Flinter: Well, Alexis, reproductive health is women's health and the health of women is being compromised in a myriad of ways by these actions. And as certainly really all across the country, Planned Parenthood has been an essential healthcare provider for decades, for as long as we've been engaged in healthcare. And it would seem that there's a real deterrent effect for women being able to access even the non-abortion services, but the health services, the routine birth control, the helpless space in families, the health screenings that Planned Parenthood has done such an effective job of; what are you seeing in terms of the sort of a spillover effect of the focus on the abortion laws in terms of just being a deterrent to people, getting the primary health care, family planning care that they've come to count on Planned Parenthood for?

Alexis M. Johnson: Yeah, absolutely. And look, I mean, you know this from just seeing what's happened during the pandemic, the number of folks who had just delayed getting care because they haven't wanted to come out or they haven't had access to the Telehealth care, and you know other ways of providing access to information and education. So, we are all kind of in a prolonged period of needing more care than ever. And Planned Parenthood is a critical part of that public health infrastructure. Every year, millions of people, all identities come to Planned Parenthood for abortion and birth control, STI testing and treatments, gender affirming care, all of these services that I think we, in this moment have become critically important as people are being very intentional, deliberate in how they are organizing their lives.

And so it is important, right that our doors stay open. It is important that we continue to expand access to care, access to oral care, in places where we may be the first point of entry into the healthcare system. So my biggest fear around some of these horrific bans and laws is the impact on our ability to continue to provide the broad spectrum of healthcare that we do. Because we know that in this

time, it's ever more critical, and ensuring that people have access to the full spectrum of sexual and reproductive health care, and that they have the full spectrum of, quite frankly, I think the agency that comes with being able to control and determine your future, is such a critical part of what we also provide. And so we are definitely concerned and are just fighting as hard as we can to make sure that that our doors will stay open no matter what.

Mark Masselli: We're speaking today with Alexis McGill Johnson, President and CEO of Planned Parenthood Federation of America and Planned Parenthood Action Fund. You know, Alexa since the 2016 Election, we've watched a surge of activism and protest against assaults on rights, whether it's women's health, voting rights, civil rights, and you run Planned Parenthood's Action Fund and have really a strong background, personal background in political activism. Aside from providing advocacy for patients and for women's health, what's the prescription or the collective action you're calling for?

Alexis M. Johnson Yes, I was raised from the cradle to the march right now, to believe in securing rights for everyone that we, none of us will be free until we're all free. But I think what's become even more apparent and true in the last year, and a half or so is that the intersection of all of our movements are fighting for the same freedoms, right, the freedoms around our bodies, our rights, our ability to not just survive, but to thrive. And what we have seen is that, the intersection of so many, so many issues around abortion rights, around racial justice, around our ability to participate in democracy, that these things are inextricably linked.

You know, our patients come to us, perhaps, as I said for an STI screening or Access to Family Planning or Abortion. But when they leave, they don't just carry that identity with them, right. The fact that they came for a medical procedure, they leave and they may face police officer stopping their car, like one of our patients who was denied an abortion in Texas and had to drive to Oklahoma for care. We talked about this in our Amicus brief that we filed with the Supreme Court. You know on her way there, she and her boyfriend who are Black, you know, they were pulled over by the police and questioned about where they were going and why they were going, and they were scared.

And so I think it is our responsibility to stand with our patients and the many experiences that they are having to demonstrate that this movement for freedom has to recognize the ways in which our identities intersect and fight for the policies that will continue to protect them in the same way that their healthcare will.

Margaret Flinter: Well, Alexis, I'm going to maybe try to inject a little bit of good news in some of this, and that is that the Biden Administration has revoked

the Trump-era ruling that barred health clinics receiving Title X funding which I think is family planning, funding generically, from offering patients information on how to end a pregnancy.

Wonder if you would share with our listeners how that so called abortion Gag Rule impacts access to full reproductive health, for our patients? And what do you think we will see once the Biden reversal goes into effect on November 8? It's hard to build something up after you've kind of taken it down. Be curious, your thoughts on that?

Alexis M. Johnson: Yeah. I mean, look, I think that it is tremendous to have a partner in the White House and throughout the administration that truly understands the importance of basic family planning healthcare, why it plays such a critical role in our communities. You know, health education, the ability to provide people with the full scope of Sexual and Reproductive Healthcare services, like that is essentially what was being denied under the Title X, Gag Rule that had been in place for two years by the Trump administration. Prior to 2019, every year, Planned Parenthood Health Centers served about 40% of the 4 million patients that rely on Title X. It was harmful to have the Gag Rule. It was deeply unpopular. It really again, going back to my point about providers in SB 8, it was asking providers to provide substandard care. It was asking providers to withhold information to patients on all the options available to them, its last provider capacity in half and created more barriers to affordable health care.

So our ability I think, in this moment, you know, we're grateful in our network that a number of States stepped in and backfield resources to Title X, in a moment, when we were also facing significant concerns around the pandemic. So the infrastructure is still there, and the work that the Biden Administration is doing to also build in kind of equity metrics, to ensure that we are making sure that the very patients that we're seeing, we see them in the most equitable way. And hopefully building Title X back better right modernizing it, thinking about the variety of patients that should be seeing and the number of services that should be included in Sexual and Reproductive Healthcare.

So I'm hopeful, I really appreciate that, that bright spot, because it has been a dark month for sure. But it is great to have partners who are really understanding how critical expanding access to healthcare broadly is going to be for this country.

Mark Masselli: Alexis, Supreme Court has signaled twice now that it's unlikely to move in any meaningful way towards protecting Roe vs. Wade, at least in its current configuration. And we know that Justice Kagan and Sotomayor have spoken out harshly against the overt reluctance of the High Court to step in, and protect women's constitutional right. And there has been talk about expanding the number of justices on the Supreme Court. I'm wondering what position you all have taken

and what you expect may happen.

Alexis M. Johnson

We are certainly planning for every scenario win, loss and in-between, but as you indicated, there is a lot to be concerned about. You know, it is particularly grave time for abortion rights. And there is no question that Roe is hanging on by a thread. It has also been meaningless in many States, for a long time. I think what we are seeing in response to particularly to SB 8 in Texas, and the idea that the court is taken up Mississippi in such a way that goes to the essence of Roe, whether or not we get to make decisions, pre-viability versus the State lawmakers. It means that people are waking up to the idea that Roe could no longer exist, after half a century.

And as you said, just before, it's hard when you take a ride away that has existed for a really long time. You know, people are going to fight back. There you already feel the energy and the hurt. So we're preparing, we're working with our partners to do whatever comes next.

What is true, is that there is literally no State in the Union where banning access to abortion, getting rid of Roe is popular. What we have right now are a number of States, 26 States in particular, that have essentially, a local minority of lawmakers who are creating laws that go against the will of the people. And I have to believe that when these protections, these federal protections are potentially gone under Roe, that people will be pushing for proactive legislation to protect abortion fighting, you know, ensuring their lawmakers have respect for our health and rights.

It means that we have to continue doing the work of abortion stigma, to make sure that people understand it as the common essential health procedure that it is. And making sure that people are connecting the dots between what they expect to be protected on, in terms of their constitutional rights, that they understand how they have been consistently undermined, not just by their lawmakers, but also by the courts that are intended to be there to protect them as well.

Margaret Flinter:

Thank you so much for that. And we'd like to think that policy would follow the evidence right, and where there is good evidence for something we'd see replication. And one of those that was really very impressive to me was the experience in Colorado, of making contraception, particularly long-acting, reversible contraception, basically available free of charge to young women, particularly who would face barriers. The outcome was a very sharp decline in the number of abortions, a sharp decline, as I understand it, also in the number of teen pregnancies, and even outcome measures like admissions to newborn Intensive Care Units. What are you seeing in terms of States basically invest in maybe a little more upstream

around trying to make effective and safe contraception, much more readily available to people regardless of their economic means.

Alexis M. Johnson: Absolutely. Look, and I think that's why we're thrilled by the Biden Administration on Title X, to make sure it's also equitable, right, and that people are getting significant access to contraception. This is going to be a really critical part of how we are navigating in a, particular in a potentially post Roe era. And we also know contraception is not a 100% foolproof. And so it does mean that we will need to continue to fight for access to abortion.

But Colorado is a terrific example. LA County is a wonderful example. We have 50 well-being centers in high schools, where, students are able to leave Algebra and Geometry class and walk down the hall, and talk to a nurse practitioner about the choices that they want to make with respect to their bodies, asked for counselling around contraception without you know, losing a moment's away from their desks. There's a Communities Health Centers that are also serving the community. So the parents are able to come in and ask their own questions for themselves.

And so I think there are so many models out there that are both advancing from a medical standards and guidelines practices, but also what is best for community. And I think that those are the things, that is going to be the responsibility for States that have the capacity to expand access to healthcare in this way, particularly Sexual and Reproductive Healthcare. Their biggest job right now, in addition to seeing the patients that may come to them from the South and the Midwest, because of these bans. They have to be exporting that imagination back into the States that people are leaving because we have to give people a vision of what is possible.

Mark Masselli: Alexis thinking about Women's Reproductive Rights. It's not only a national issue, it's a global issue. And I'm wondering, what's the landscape look like for abortion rights, as you look around the globe, is there anything that you're hopeful for or concerned about?

Alexis M. Johnson: Oh, thank you for this question Mark. Yeah, it's been -- reminded Planned Parenthood has a global arm to it, right. We have a Planned Parenthood global work. And we just finished listening to a number of our leaders. I mean, we're seeing (inaudible 00:22:15) in Argentina. You know, Mexico has reversed its policies. Now to the North of us in Canada, we have a Prime Minister who has empowered a minister focus solely on implementing a feminist policy framework in their work.

So from Ireland to Argentina, the work that is happening to really shift norms, in some ways, they are going forward leaps and bounds while we are retracting. So we have so much to learn, I think from our

colleagues abroad, about changes in healthcare delivery, which we know is going to shift as the impact on the number of health centers, both during the, with the pandemic or with some of these restrictions, how we modernize our healthcare delivery and ensure that we can get to people that most need access. And also how we continue to strengthen and build our movements to fight and show up in the palazzos, and make sure that we are linked globally.

And I think that's our work, right now, our tagline with our Planned Parenthood Global is "How do we continue to back the brave". And I think about that all the time because that is the work that we're doing right here right now 'Backing the Brave' as part of the globe, that the U.S. is making sure that they're the people who are trying to take our rights away, are no match for the people who are going to continue to defend, and do everything they can to maintain them.

Margaret Flinter: We've been speaking today with Alexis McGill Johnson, President and CEO of the Planned Parenthood Federation of America. You can learn more about their comprehensive healthcare services and their advocacy work by going to www.plannedparenthood.org or follow them on Twitter @PPFA. Alexis, we want to thank you for your tenacity and the fight for women's reproductive health over a lifetime, for your activism, your advocacy for health equity. And thank you so much for joining us today on Conversations on Health Care.

Alexis M. Johnson: Thank you so much for having me here. It's been wonderful.

Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Former Secretary of State, Colin Powell died from complications of COVID-19. Although he was fully vaccinated, he was also 84 years old and was a cancer patient, who had undergone treatment for multiple myeloma, a rare blood cancer that weakens the immune system. Those factors put him at higher risk of a serious breakthrough illness. Powell also had prostate cancer in 2003 and was being treated for early stage Parkinson's disease, according to his longtime assistant. His death does not mean the COVID-19 vaccines don't work as many social media posts suggest.

Experts say Powell's death underscores the need for more people to be vaccinated, to help protect not only themselves, but also transmitting the disease to others, especially the most vulnerable. Experts told us that multiple myeloma patients are more susceptible

to infections in general, because both the disease and treatments affect the immune system.

Data show that the vaccines are doing remarkably well at protecting people from infection, severe disease and death. According to the CDC, in the month of August, unvaccinated people were six times more likely to test positive for infection with the Coronavirus and 11 times more likely to die from COVID-19, than the fully vaccinated. But no vaccine is foolproof and some number of breakthrough infections even some leading to death are expected.

Preliminary research shows that multiple myeloma patients and those with other blood cancers are less likely to mount strong immune responses to vaccination. Evidence also shows that some immunocompromised people can benefit from an extra dose of the COVID-19 vaccines. For this reason, the FDA had authorized a third booster shot of the Pfizer- BioNTech and Moderna vaccines for this population, as well as older people who are also at increased risk of serious breakthrough infections.

Powell got his second dose of the Pfizer vaccine in February, but had not yet gotten a booster shot. And that's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at CHCRadio.com we'll have FactCheck.org's Lori Robertson, check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Of the 6.6 million births per year in this country, over half are unintended. And among teens, those rates are even higher. Colorado has been conducting an experiment for several years to examine what might happen if sexually active teens and poor women were offered the option of long-term birth control such as IUDs, or implants. The first question to answer would they take the offer?

Dr. Larry Wolk: What was so striking was the word of mouth amongst these young women to each other and the network of support that was built to access this program through these clinics, to help the 10s of 1000s of women over the course of the four to five years, really did result in the significant decreases in unintended pregnancies and abortions.

Mark Masselli: Dr. Larry Wolk, Medical Director of the Colorado Department of Health and Environment.

Alexis McGill Johnson

Dr. Larry Wolk: The result in decrease is 40% plus or minus in both categories, pregnancy and abortion, when you extend this out over an additional year, to more than 50%, even approaching 60% reduction in those unintended pregnancies and abortions.

Mark Masselli: There was a significant economic benefit to the State as well.

Dr. Larry Wolk: We've seen a significant decrease in the number of young moms and kids applying for and needing public assistance. You know, we hope that then longer term this will translate into better social and economic outcomes for these folks.

Mark Masselli: The incidence of sexually transmitted diseases dropped in this population as well.

Dr. Larry Wolk: And amongst young women 15 to 24, we've seen a decrease in sexually transmitted infections, and the rates are now below the national averages.

Mark Masselli: A free long-term contraception program offered to at-risk teens and women trying to avoid the economic hardship of unplanned pregnancies, leading to a number of positive health and economic outcomes for all involved. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

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