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Marianne O'Hare: 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 on the heels of the Supreme Court hearing on the Mississippi Law banning all abortions after 15 weeks, Mark and Margaret revisit their recent conversation with Alexis McGill Johnson, President of Planned Parenthood, who notes that Roe v Wade is in serious jeopardy of being overturned by the conservative High Court and that systematic efforts across many conservative states as well as the previous administration have hampered women's access to safe and legal abortion and reproductive health.

Lori Robertson also checks in, the Managing Editor of FactCheck.org and 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 e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. You can ask Alexa to play the program. Now stay tuned for our interview with Alexis McGill Johnson, President of Planned Parenthood, here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Alexis McGill Johnson, President and CEO of Planned Parenthood Federation of America, now in its 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 McGill Johnson: Oh, 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 v. Wade, the Supreme Court decision which legalized abortion. But never since that time have American reproductive rights seems so in peril and we can simply start with the most recent Texas law SB8 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 SB8. Can you bring our listeners up to speed on the intent of the law and the latest developments around it?

Alexis McGill Johnson: Well, last week, the Supreme Court granted both our and the Biden

administration's request to hear the challenges to SB8 on November 1st, and that is significant. We were looking forward to our patients and providers finally having their day in court. But 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. SB8 is a six week blatantly unconstitutional ban against abortion. Normally, when you have an unconstitutional law, you are able to appeal, sue the State.

Instead, what Texas has done is created a provision where the state actually cannot enforce the law that they created, and 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 SB8, Texas is not alone, right, according to the Guttmacher Institute, more than hundred laws restricting abortions 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. 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 McGill 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 pre-filed in Florida. Politicians in Arkansas are also threatening the same. You know, we've had Governor Hutchinson of 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. As you mentioned a hundred 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 right 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, the last check, hundreds of Texas Women have been forced to cross state lines to gain access to abortion and women can't necessarily afford the time to travel with all their responsibilities that they have. It's really become a serious impediment to clinicians practicing in Texas and causing strains I would imagine in all the bordering states, as you just mentioned. Tell us a little more about what you're seeing on the ground, paint a picture for us.

Alexis McGill 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, you know, Texas already had in place, they had a 24 hour mandatory waiting period mandatory ultrasound and counseling. 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 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 a 1,000% increase in patients in Texas. 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 traveled twice to Mississippi from Texas to get an abortion at Jackson Women's Health Organization. And they are also facing, you know, 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 traveled 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. Really understanding who was most harmed by these restrictions, right?

These are going to be the people who had, you know, likely the least resources in the first place, folks who have already faced significant discrimination and other barriers to healthcare that we just seen laid bare over the last couple of years. It's 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---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, really all across the country, Planned Parenthood has been an essential health care provider for decades. 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 help with spacing families, the help screenings. What are you seeing in terms of the sort of the 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 McGill Johnson: Yeah, absolutely. And look, I mean, you know, this from just seeing what's happened during the pandemic, the number of folks who have just delayed getting care because they haven't wanted to come out or they haven't had access to the Telehealth care, and other ways of providing access to information and education. So, you know, we were all kind of in a prolonged period of needing more care. 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 in this moment have become critically important as people are organizing their lives.

It is important right that our doors stay open. It is important that we continue to expand access to rural 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 health care that we do because we know that in this time, it's ever more critical. And that ensuring that people have access to the full spectrum of sexual 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 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. You know Alexis, 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. What's the prescription or the collective action

you're calling for?

Alexis McGill Johnson: Yes, I was raised from the cradle to the march right now, to believe in securing rights for everyone that 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 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.

Our patients come to us, you know, perhaps, as I said, for an STI screening or access to family planning or abortion, but when they leave, they may face a 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. On her way there, she and her boyfriend who are black, 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 and inject a little bit of good news and that is the Biden administration has revoked the Trump era ruling that barred health clinics receiving Title 10 funding, which I think of is family planning funding, from offering patients information on how to end a pregnancy. I wonder if you can 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'll see once the Biden reversal goes into effect on November 8th? It's hard to build something up after you've kind of taken it down. I would be curious your thoughts on that.

Alexis McGill Johnson: Yeah, 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 health care services like that is essentially what was being denied under the Title 10 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 four million patients that rely on Title 10. It was harmful to have the gag rule. It was asking providers to provide substandard care. It was asking providers to withhold information to patients on all the options available to them. It slashed provider capacity in half and created more barriers to affordable healthcare. 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 are seeing we're seeing them in the most equitable way and hopefully building Title 10 back better, right, modernizing it.

I am thinking about the variety of patients that should be seeing and the number of services that should be included in sexual reproductive health care. 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 v. Wade*. 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 will have taken and what do you expect may happen?

Alexis McGill Johnson: We are certainly planning for every scenario, 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. I think what we are seeing in response particularly to SB8 in Texas, and the idea that the court has 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 right away that has existed for a really long time, you know, people are going to fight back, they're 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 vocal minority of lawmakers who are, 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, you know, 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 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 on outcome measures like admissions to newborn intensive care units. What are you seeing in terms of AIDS, basically investing, you know, 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: Absolutely. Look, and I think that's why we are, we're thrilled by the Biden administration on Title 10, 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 particularly in a potentially post Roe era. And we also know contraception is not a 100% foolproof, and so you know, 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 wellbeing centers in high schools, where you know, 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, ask for counseling around contraception, without, you know, losing a moment's way from their desk.

There's a community 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 that what is best for community. And I think that those are the things that 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 health

care.

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, around the globe? Is there anything that you're hopeful for or concerned about?

Alexis:

Oh, thank you for this question, Mark. Yes, but I'm reminded Planned Parenthood has a global arm to it, right. We have a band player global work. And we just finished listening to a number of our leaders. I mean, we're seeing La Marea Verde in Argentina. You know, Mexico has reversed its policies. You know to the north of us in Canada. We have a, you know, Prime Minister who has empowered a minister focused solely on implementing a feminist policy framework in their work. So you know, 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 you know, the impact on the number of health centers, both with the pandemic or with some of these, these restrictions, how we modernize our health care 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 plazas and make sure that we are linked globally. You know, 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 health care services and their advocacy work by going to plannedparenthood.org or follow them on Twitter @PPFA. Alexis, we want to thank you for your tenacity in 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: Thank you so much for having me here. It's been wonderful.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care 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. 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.

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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, e-mail us at www.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.

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 tens of thousands of women over the course of the four to five years, really did result in these significant decreases in unintended pregnancies and abortions.

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

Dr. Larry Wolk: The resultant decrease is 40% plus or minus in both categories pregnancy and abortion 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.

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. 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.

Alexis McGill Johnson

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to Podcasts. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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