The “Too Much/Too Little” Dilemma of Reproductive Health Services in the United States

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“Upon their loins depends the future destiny of the nation”

→ “Dr. Horatio Storer, the leader of the medical campaign against abortion, envisioned the spread of ‘civilization’ west and south by native-born white Americans…. ’Shall these regions be filled by our own children or by those of aliens? This is a question our women must answer; upon their loins depends the future destiny of the nation.” 1866

→ L. Reagan, *When Abortion was a Crime*
Theodore Roosevelt was preoccupied with the declining birthrate among white Anglo-Saxons. He exhorted middle-class whites to avoid committing "race suicide."

1903
“Klan leaders and publications blasted Catholic immigrants as “European riff-raff” and “slaves of ignorance and vice” who threatened to degrade the country at the same time that they allegedly undermined native-born white workers.”

Nancy McLean, *Behind the Mask of Chivalry: The Making of the Second Ku Klux Klan*
Buck V Bell, 1927

→ “Three generations of imbeciles are enough.”

→ Justice Oliver Wendell Holmes
“Particularly in areas with significant minority populations, white policy makers were receptive to programs that promised to reduce the birthrate among the nonwhite population. With the rise of black militancy, all family planning programs came under suspicion. In 1968, black militants burned down a family planning clinic in Cleveland.

— J. Schoen, Choice and Coercion: Birth control, sterilization and abortion in public health and welfare
(Fanny Lou) Hamer’s own pregnancies had all failed, and she was sterilized without her knowledge or consent in 1961. She was given a hysterectomy while in the hospital for minor surgery, a procedure so common it was known as a “Mississippi appendectomy.”
“Physicians most often approached women for sterilization while they were in the last stages of labor…(Witness) recalled the scene as of ‘crowding, screams of pain, bright lights, lack of sleep by patients and staff…so that many women were literally terrified of what was happening at the time they signed the consents. Of course this was especially true of non-English-speaking mothers who were left with no explanation of what was happening.”

E. Gutierrez, *Fertile Matters: The Politics of Mexican-Origin Women’s Reproduction*
Norplant and Coercion in the 1990s

“Louisiana state Rep. David Duke (R), running for governor, says he wants welfare mothers to be encouraged to use birth control, even if it means paying them to do so.

As originally drafted by Duke, the measure would have granted welfare mothers an extra $100 a year for preventing further pregnancy by using the Norplant birth control implant. Duke amended the bill to include all forms of birth control, including abstinence.

Washington Post, 1991
“…we are in need of data about how women in general—and low-income women and women of color in particular—experience the recent push among family planning specialists to increase use of (LARC). For clinicians, these methods may be understood simply as a mean to decrease unintended pregnancy, but to women [particularly women of color] they may carry different meanings, or that doctors do not want poor or minority women to reproduce.”

Abortion patients are disproportionately poor WOC

U.S. Abortion Patients

INCOME
75% poor or low income

RACE
39% White
28% Black
25% Hispanic
6% Asian/Pacific Islander
3% Other

RELIGION
62% religiously affiliated

FAMILY SIZE
59% already have a child

AGE
60% are in their 20s (only 12% are teens, of which 4% are minors)
“In the 43 years since the U.S. Supreme Court handed down Roe v. Wade, states have enacted 1,074 abortion restrictions. Of these, 288 (27%) have been enacted just since 2010. This gives the last five years the dubious distinction of accounting for more abortion restrictions than any other single five-year period since Roe.” Guttmacher Institute

More than 160 clinics have closed since 2010.
Consequences of being denied an abortion: The Turn-away Study

→ “Women denied an abortion were more likely than were women who received an abortion to experience economic hardship and insecurity lasting years. Laws that restrict access to abortion may result in worsened economic outcomes for women.”

→ D.G. Foster, et. al. Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States, AJPH, March, 2018
“Overall, 25% of family planning clinics in Texas closed. In 2011, 71% of organizations widely offered long-acting reversible contraception; in 2012-2013, only 46% did so. Organizations served 54% fewer clients than they had in the previous period.”

Maternal mortality in the U.S.: African American women

→ “a black woman is 22 percent more likely to die from heart disease than a white woman, 71 percent more likely to perish from cervical cancer, but 243 percent more likely to die from pregnancy- or childbirth-related causes.”

→ N. Martin and R. Montagne, NPR, Dec. 2017
Maternal Mortality in Texas

Texas rates increased slowly from 17.4 to 18.6 per 100,000 live births from 2000 to 2010, then rapidly doubled to 38.6 per 100,000 live births in 2012. Although the rate has since declined a bit to 33.8 per 100,000 live births in 2014, it is still "much higher" than in any other state… From 2010 to 2012, the state experienced large cuts in women's health programs and clinic closings throughout the state.

ACOG briefing, Oct. 2016 (emphasis added)
African Americans have 2.2 times the infant mortality rate as non-Hispanic whites. 
African American infants are 3.2 times as likely to die from complications related to low birthweight as compared to non-Hispanic white infants. 
African Americans had over twice the sudden infant death syndrome mortality rate as non-Hispanic whites, in 2014. 
In 2014, African American mothers were 2.2 times more likely than non-Hispanic white mothers to receive late or no prenatal care. 

HHS, Dept. of Minority Health, 2017
Conclusion: The incoherence of contemporary reproductive policy

→ “Poor people of color who are neither supported in their attempts to control their fertility nor to have healthy pregnancies and healthy children, are victims of incoherent but highly punitive policies...It has never been easy to be a low-income woman of color in the U.S. and to live out the vision of the Reproductive Justice movement as articulated by activists in the early 1990s—to have children or not, and to be able to adequately parent the children one has. But this always-elusive goal will only recede further in the Trump-Pence administration.

→ C. Joffe, “Race, class and the contradiction of contemporary abortion politics.” Eyes Right, Jan.2018.