

POPULATION CONNECTION

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President's Note

I marched. My wife marched. My daughter marched. My three-year-old granddaughter marched. We all marched on Washington over inauguration weekend. Two days later, Trump imposed an odious Global Gag Rule with the stroke of his pen. Only time will tell which event proves more portentous.

I'm betting on women—and on the men who respect them and are proud to stand and march and work alongside them.

A century ago, the suffragettes marched when Woodrow Wilson was inaugurated. They were subject to ridicule and worse. Seven years later, American women won the right to vote.

Power comes in many shapes and sizes. It comes from the stroke of a pen in the Oval Office. But it also comes when millions of Americans spontaneously rise up for a better future.

I saw a woman carrying her eight-month-old baby among the 500,000 marchers. Taking an infant into such a vast crowd might seem ill-advised. But that child was surrounded by hundreds of thousands of honorary aunts and uncles, brothers and sisters, parents and grandparents.

We all marched to protect those most vulnerable—whether cradled in a mother's arms on Constitution Avenue or in some dusty village or distant city. And we marched to protect our world for future generations.

Marching is, by definition, movement. And movements can change the world. Our own organization was founded as a

grassroots movement to make the clear connection between personal reproductive choices and the fate of the planet.

That link remains as strong as ever. Since our early “ZPG” days, we’ve come to fully understand a critical truth: When women are truly empowered and have full access to reproductive healthcare, dramatic reductions in family size occur with extraordinary speed. Unlike all those trumped-up claims these days, we don’t need to employ “alternative facts” to make our case. Reality suffices.

Hard evidence from the last time the Global Gag Rule was imposed makes it clear that clinics will close. Women will suffer and die. Abortion rates will rise. And the population challenge will grow and grow. Here at home, we’re also going to see all manner of damage done to people and to our natural heritage by presidential diktats abetted by a feckless Congress.

I’m now spending as much time as possible speaking to groups all across the nation—making the population connection to those who care about our shared future at this most critical of moments. Our staff will also be fanning out to help support the movement that will surely follow the marches.

If you’re looking for a speaker, drop me an email. There is no cost or fee. But you should know that we’re going to ask folks to stand up and take action. All excuses expired on Inauguration Day.

John Seager
john@popconnect.org

Help Make the Population Connection

It's going to take an extended, concentrated effort to achieve population stabilization. That's why we need the next generation. You can help. Just email Lee Polansky at lee@popconnect.org or call her at (202) 974-7702 if you know of opportunities for us to make presentations on any campus across the country. There is never any fee or other cost involved, since reaching young people is central to our grassroots mission.



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Cover Photo

One crowd we were extremely happy to see: Protesters fill Pennsylvania Avenue during a rally at the Women's March on Washington, January, 21, 2017. (Photo by Jessica Rinaldi/*The Boston Globe* via Getty Images)



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Editor's Note

"I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the...Medicaid bill."

—Rep. Henry Hyde (R-IL, 1975-2007)

2017 marks the 40th anniversary of the Hyde Amendment.* For four decades now, women who rely on Medicaid or any of the other federal health insurance programs have not had abortion coverage, with minimal exception. They have had their reproductive rights suppressed because of their incomes and/or employers.

Medicaid provides health coverage to 14.5 million women of reproductive age—women living in poverty, who happen to have a much higher rate of unintended pregnancy. Consequently, in 2014 three-quarters of all abortions were obtained by women living below 200 percent of the federal poverty level.** With the average first-trimester abortion costing nearly \$500, women who are already struggling financially are set back even further by forking over such a considerable amount of money for a procedure that many women with higher incomes rightfully have covered by insurance.

It's an abomination, and the shame doesn't stop there.

In 1980, the U.S. Supreme Court upheld the Hyde Amendment, ruling that "a woman's freedom of choice [does not carry] with it a constitutional entitlement to the financial resources to avail herself of the full range of protected choices." i.e. Yeah, it's a right and all, but only if you can afford it.

* It passed Congress in 1976 and went into effect in 1977.

** The federal poverty line was \$11,670 in 2014 for one individual—200 percent of that is a mere \$23,340.

Individual states are permitted to use their own Medicaid funds to cover abortion, but only 17 of them do, many by court order. In practice, however, only 15 states actually fund abortion through Medicaid—Arizona and Illinois are both in violation of their court orders. There are 7 million women ages 15–44 enrolled in Medicaid who live in the 35 states (plus the District of Columbia) that do not cover abortion. More than half of these 7 million are women of color.

The Hyde Amendment is an assault to women, the poor, and people of color. All of the groups that the right wing works so hard to keep down, come to think of it.

With a new president who supports the amendment and a Congress that has already voted to codify it into permanent law, we are unlikely to see progress on this particular affront to reproductive choice in the next four years. But that doesn't mean we're going to stop working to expose supporters of the policy at every opportunity. Members of Congress are public servants and they are accountable to you, their constituents. If you don't like the way they vote, tell them. And if they vote in the name of progress and equality, tell them how much you appreciate it—encouragement goes a long way as well.

We may be stuck with another four years of Hyde, but the long game is one we're still very committed to winning. With your help, we will.

A handwritten signature in dark ink, appearing to read "Marian Starkey".

Marian Starkey

marian@popconnect.org

Letters to the Editor



To the Editor:

My husband recently joined your organization and encouraged me to read the first issue he received (December 2016). He and I have been talking overpopulation as the most important issue of our time and have had this conversation for over 20 years. It's obvious to me, but I suppose in many circles, it's not politically correct. However, I am glad to see that your organization is dedicated to this issue.

As I read through the pages, I was very perplexed as I saw the same narrative continuing to be promoted about birth control and unplanned pregnancy. There was a short article about a study that was ended due to side effects—mostly minimal—of a new birth control method for men, and my thoughts were, *of course*. I did not read the entire publication, but other than that article, and one letter from a reader, I found virtually nothing about why we need to focus on men—at least as much, and maybe more, than on women—when it comes to who is responsible for sexual behavior and birth control. The speech by Dr. Henshaw promoted the same outdated narrative, and he is a sociologist.

I hope I will read in future editions of your literature that dedicated energy and education is going towards addressing this essential aspect of pregnancy and overpopulation.

Lindsay Webster

To the Editor:

Your website should offer a digital version of the magazine so people could easily forward articles to decision-makers and other actors. With an electronic version and electronic list of state decision-makers, many more readers would quickly email the article and a request to change their state's process.

The new online graduate course for teachers sounds like a swell project! However, without a digital copy of the magazine, how can I share the news with my local education association? And where is the encouragement to do so? How will teachers find out about this new project? By word of mouth? The only information offered is an email address to enroll in the class—no background information for a prospective enrollee to examine before deciding to enroll.

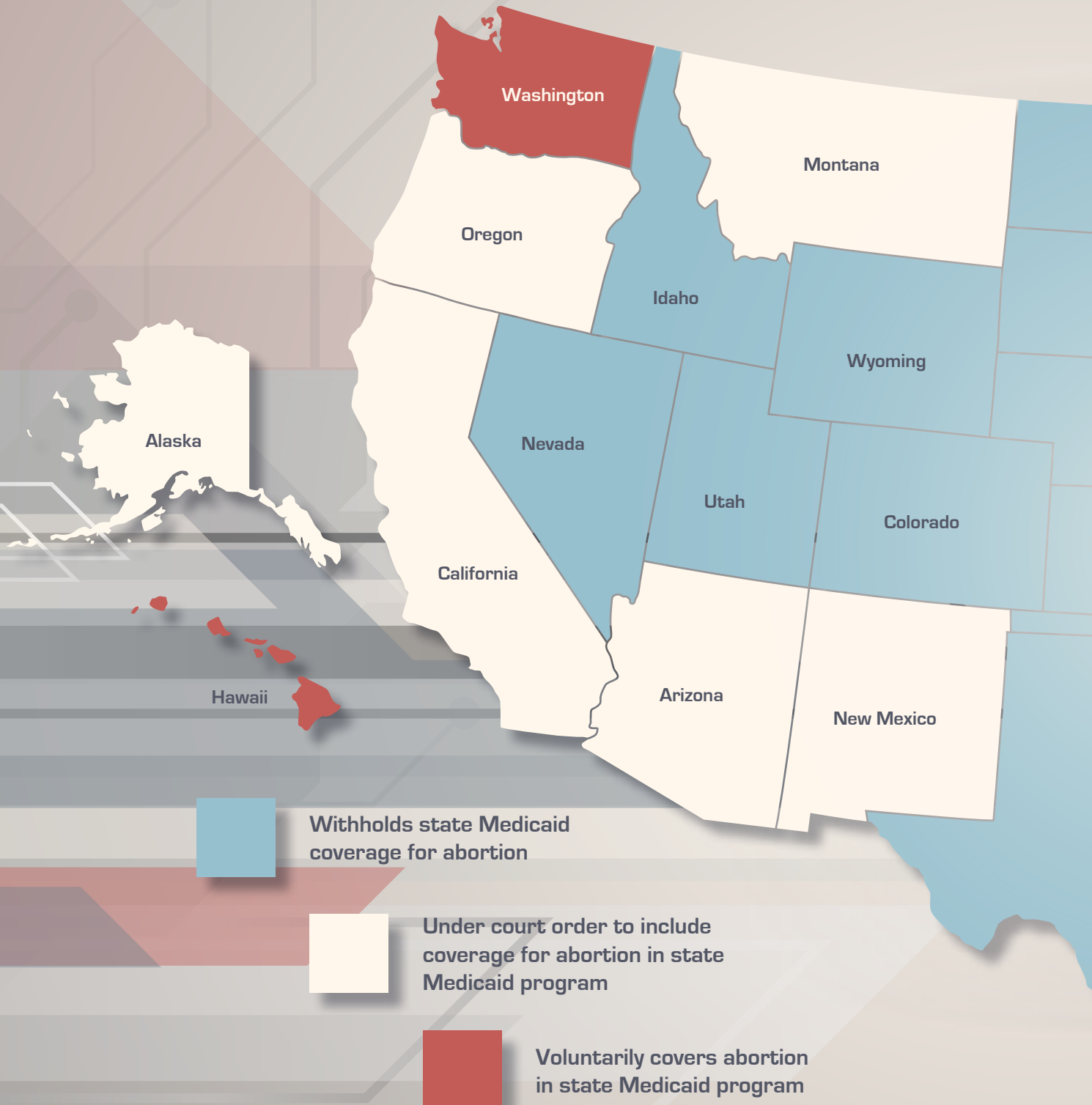
Diane Curlette

HTML and PDF versions of the magazine, going back ten years, are available to view and download on our website at: www.populationconnection.org/resources/magazine-archives/. The newest issue is always linked from the homepage of our website. Please share issues and articles widely!

Information about the online PopEd graduate course is available here: <http://populationeducation.org/content/online-professional-development-course>. That page contains a link to enroll.

—Marian

STATES THAT FUND ABORTION THROUGH MEDICAID





IN THE NEWS

U.S. Population Growth Rate Lowest Since 1937

The United States population grew by 0.7 percent from July 2015–July 2016, the lowest rate of growth since 1937–1938. Between 2015 and 2016, the population grew by 2.2 million, bringing the nationwide total to 323.1 million.

Demographers cite several reasons for the slowdown in natural increase, including increased deaths due to population aging and decreased births, as the trend toward lower fertility continues. Immigration levels also continue to be lower than they have been historically.

Trump Imposes Global Gag Rule by Executive Order

Trump predictably and maliciously imposed the Global Gag Rule on his first full day in office. The horrible details are covered in Washington View (pages 26–27).

Efforts to Make Hyde Amendment Permanent Law Underway

The House of Representatives voted in January to codify the Hyde Amendment into permanent law (as opposed to an annual rider to the budget bill), with an expansion that bans Affordable Care Act health insurance plans from covering abortion as well. Members voted 238–183 in favor of the bill (H.R. 7). Details on that atrocity are also covered in Washington View (pages 26–27).

U.S. Abortion Rates at Historic Low

For the first time since 1975, the number of annual abortions has dropped below one million (958,700 in 2013 and 926,200 in 2014).

The abortion *rate* is the lowest it's been since the *Roe v. Wade* Supreme Court decision that legalized abortion in the United States—14.6 abortions per 1,000 women ages 15–44 in 2014.

The study's authors credit a decrease in unintended pregnancies due to more widespread use of the most effective methods of contraception, but also recognize that abortion restrictions at the state level have likely played a part.

The data come from the Guttmacher Institute's census of all known abortion-providing facilities in the United States.

Gov. Cuomo Introduces New York State Birth Control Back-up Plan

New York Gov. Andrew M. Cuomo has moved to keep the birth control benefit of the Affordable Care Act intact in New York, even after its imminent repeal.

"These regulatory actions will help ensure that whatever happens at the federal level, women in our state will have cost-free access to reproductive health-care and we hope these actions serve as a model for equality across the nation," Gov. Cuomo said.

The New York State Department of Financial Services will mandate that health insurers:

- Provide coverage for all contraceptive drugs and devices and cover at least one form of contraception in each of the FDA-approved contraceptive delivery methods without co-pays, coinsurance, or deductibles, regardless of the future of the Affordable Care Act.
- Provide coverage for the dispensing of an initial three-month supply of a contraceptive to an insured person. For subsequent dispensing of the same contraceptive prescribed by the same health care provider and covered under the same policy or renewal, an insurer must allow coverage for the dispensing of the entire prescribed contraceptive supply, up to 12 months, at the same time.
- Provide coverage for abortion services that are medically necessary without co-pays, coinsurance, or deductibles (unless the plan is a high-deductible plan).
- Provide full and accurate information about coverage.

Ohio Passes 20-Week Abortion Ban

Ohio Gov. John Kasich signed a 20-week abortion ban into law in December, known to supporters as the Pain-Capable Unborn Child Protection

Act. It would block any woman from having an abortion past 20 weeks gestation, unless her life was endangered. There would be no exception for rape or incest.

Similar laws in Arizona and Idaho were struck down as unconstitutional, since *Roe v. Wade* legalized abortion up to the point of fetal viability, commonly identified as 24 weeks gestation.

The ban wouldn't go into effect for 90 days from the signing (so right around the time you should be receiving this magazine), but fights over its constitutionality could delay or outright prevent its imposition.

At the same time that Gov. Kasich was considering the 20-week ban, he was also faced with a "heartbeat bill," which would have made abortion illegal as soon as a fetal heartbeat could be detected—as early as six weeks gestation. Knowing that such a bill would not withstand legal scrutiny, he declined to sign it.

Filipino President Duterte Orders an End to Unmet Need for Family Planning

Philippines President Rodrigo Duterte (maligned for his violent response to the country's drug trade) has ordered that by 2018 there should be "zero unmet need for modern family planning" among the country's poor. He signed an executive order in January demanding that government agencies "intensify and

accelerate" their provision of subsidized or free contraceptive services to low-income Filipinos.

This executive order comes after years of disagreement, with Duterte and the previous president, Benigno Aquino III, on one side—in support of increased access to family planning—and the Catholic Church and Supreme Court on the other side—against increased access.

Giraffes Newly Classified as Vulnerable

For the first time, the International Union for the Conservation of Nature has categorized giraffes as "vulnerable" on its Red List of Threatened Species. A vulnerable designation means a species is "facing a high risk of extinction in the wild in the medium-term future." The global giraffe population living in the wild (all located on the African continent) declined 36–40 percent from 1985–2015. In 1985 there were an estimated 151,702–163,452 giraffes, and in 2015 there were only 97,562.

The four major threats to giraffe populations are all human-caused:

1. Habitat loss (through deforestation, land use conversion, expansion of agricultural activities, and human population growth),
2. Civil unrest (ethnic violence, rebel militias, paramilitary and military operations),
3. Illegal hunting (poaching), and

4. Ecological changes (mining activity, habitat conversion to agriculture, climate-induced processes).

The success of conservation efforts will depend on the level to which the above factors can be mitigated, which will be a massive challenge, given that giraffes range in the areas with the highest human population growth rates.

More Women in Venezuela Seeking Sterilization Amid Economic Anguish

In tumultuous Venezuela, 23 percent more women are choosing to be sterilized over four years ago, says family planning organization PLAFAM.

Inflation is out of control, violence is ongoing, and basic necessities—including contraceptives—are difficult or impossible to obtain. Birth control is often only available on the black market, where prices are hugely inflated and product quality is questionable at best.

Because sterilization is an expensive procedure (around \$1,500), many women opt to participate in official "sterilization days," when they can get free or subsidized surgeries from the government and non-governmental organizations. Sterilization days typically offer only 40 slots, though, so some 500 women are currently on a waiting list, hoping that they don't get pregnant before their numbers are called.



Recognizing Donors for Their Generous Contributions of \$1,000 or More a Year

We are deeply grateful to members of Population Connection's 2016 President's Circle. Thank you for your generous support of our mission to stabilize global population!

To learn more about how you can join the President's Circle, or if you have questions or feedback, please contact Jennifer Lynaugh at (202) 974-7710 or jennifer@popconnect.org.

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FROM OUR MEMBERS:



Rob Robinson

By Ellen Potts
Development Assistant



Above: Rob Robinson measuring a crack in a home damaged by vibrations from mine blasting in Guatemala. **Opposite:** Margie and Rob Robinson at Glacier National Park.

Rob Robinson was born in Benson, Arizona, in 1941, where his father was in the Border Patrol during WWII. After the war was over, his father transitioned to the diplomatic corps of the State Department, resulting in a globe-trotting childhood for young Robinson. He grew up in a number of countries, including Afghanistan, Chile, Ethiopia, Germany, Mexico, and the United States. This frequent change of country and culture sparked his zealous interest in geography and history, in addition to his lifelong love for the outdoors.

When the time came to choose a focus in college, Robinson wanted to study forestry like his father, but was talked into pursuing an engineering degree instead. He graduated from the Colorado School of Mines with a BS in Mining Engineering—the

first of many higher education pursuits he would follow. He was drafted into the U.S. Army shortly after.

After serving two years in the army, Robinson attended graduate school at the University of the Witwatersrand in Johannesburg, South Africa. While earning his MS in Mining Engineering there, he experienced a life-changing revelation about human overpopulation that altered his perspective forever.

"I'm not a spiritual person, but it was like a spiritual experience—just being out there among the wildlife in Africa. And they took no notice of you while you're going about... And then I got to thinking about the U.S. and why you don't see a profusion of wildlife in our national parks and preserves. Then I quickly realized, there *was* a

profusion of wildlife in the U.S., prior to Europeans arriving, and then we killed it off." He continued to explain how these initial thoughts lead him to the conclusion that human overpopulation was the root of this problem, as well as the root of the problems of climate change, air, water and soil pollution, poverty, and so on.

Robinson ended up working as a mine superintendent for a number of years in Africa and, afterwards, the United States. Mid-career, he "became most disillusioned with the mining industry" after witnessing a number of corrupt acts, as well as many companies avoiding cleaning up their mines by using any excuse or loopholes they could find. This disappointment inspired Robinson to return to graduate school, where he earned an



MS in Environmental Management and Policy at the University of Denver.

The combination of his new degree and his years of engineering experience led to a job with the Bureau of Land Management, which he describes as, “one of the few times I’ve been at the right place at the right time for a great job.” In his position, he coordinated the cleanup of abandoned mines and was very passionate about this work, which he continued doing until retirement.

Even in retirement, Robinson is not done learning. He just recently earned his fourth degree at the age of 74—a BS in Biology from Metropolitan State University of Denver.

He and his wife, Margie, dedicate much of their time in retirement to volunteer work. His number one commitment at this time is helping several indigenous communities in Guatemala with their local mining conflicts. He was able to recruit a team of volunteer experts that provide these communities with evaluations on how a new or proposed mine will impact them and how the mining company should be properly conducting their operations. Robinson proudly brings up his team’s success as he describes how, “two communities have stopped the mines in their area and two continue to take action against the other mines.”

Outside of his work in Guatemala, Robinson also volunteers at the Denver Museum of Nature and Science, preparing new specimens for them, and

monitors conservation easements with Colorado Open Lands. When he has free time between all of his volunteer work, he can be found mountain biking on a nice day, collecting specimens for his small herbarium collection, or babysitting two granddaughters with Margie.

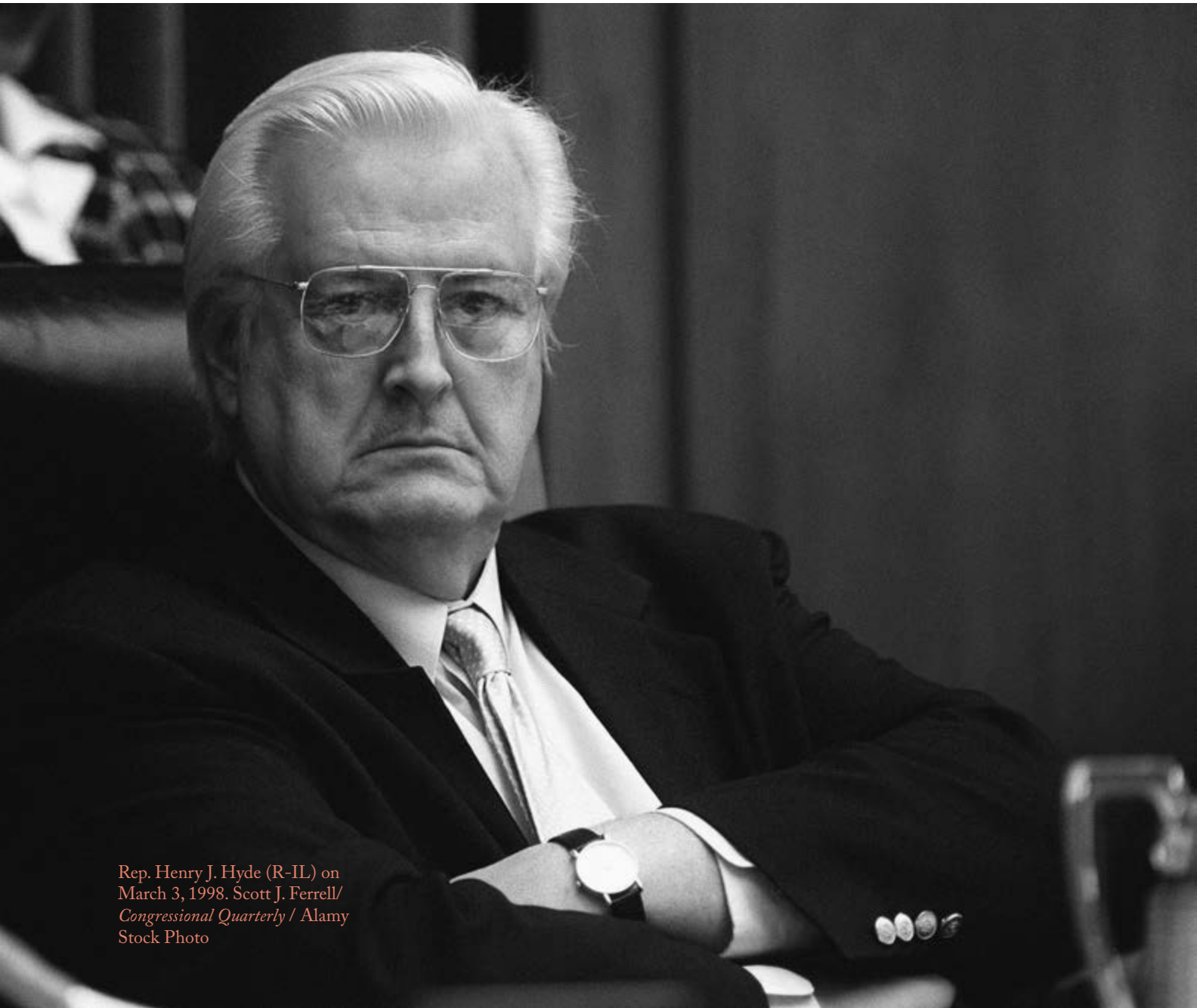
Rob Robinson has been a member of Population Connection since 1999. We appreciate his ongoing generosity, and admire the way he has chosen to live his life and dedicate himself to helping others and the planet. His story serves as an example to us all that we are never too old to stop learning and that we must never lose hope in our vision for a thriving planet with a sustainable human population.



Midnight Rider: The Hyde Amendment

By Stacie Murphy, Policy Director

"I don't care if women have abortions, I just don't want my tax dollars paying for it." Sound familiar? It's a common response to questions about public funding for abortion care, even from people who generally identify as pro-choice. There's a growing consensus among reproductive rights advocates, however, that bans on such funding are hurting American women. It's time for them to stop, and we know how to do it: We have to bring an end to the Hyde Amendment.



Rep. Henry J. Hyde (R-IL) on March 3, 1998. Scott J. Ferrell/*Congressional Quarterly* / Alamy Stock Photo

As with all matters of public opinion, how you ask the question matters. While “taxpayer funding for abortion” remains unpopular, “expanding insurance coverage for abortion care” fares better. It seems clear that many of those who oppose such funding don’t understand how funding bans work or why they are so harmful. Like most policy issues, once you dig into them, it turns out that the Hyde Amendment is not as simple as the “no taxpayer funding” sound bite makes it seem.

In fact, even the phrase “the Hyde Amendment” is misleading. Instead of one discrete policy, it is really more of a shorthand for a series of restrictions designed to limit or ban insurance coverage for abortion through a wide range of programs backed by the federal government. Today, these restrictions effectively deny access to abortion to millions of American women.

To understand how Hyde denies access to so many women across so many different government programs, it is important to understand how it functions. Despite its broad reach, the Hyde Amendment, in most cases, isn’t technically a “law” at all. Instead, it is standardized language usually added to various federal measures as an amendment or “rider.” And exactly what that language says depends on the program it’s attached to. One thing is clear: The impact is enormous, and it has only grown over the past 40 years.

History of the Hyde Amendment

Almost immediately after the *Roe v. Wade* decision, anti-choice forces began strategizing new ways to undercut abortion rights in the United States. Realizing that a broad ban was not feasible in the wake of the Supreme Court’s ruling, they

began to consider how they might limit access to abortion for as many women as possible. Restricting the use of federal funds for the procedure turned out to be one very effective way.

In 1973, North Carolina Senator Jesse Helms (R) championed the Helms Amendment, which essentially ended the use of U.S. foreign assistance funds for abortion. And in 1976, Illinois Representative Henry Hyde (R) added language to an FY ’77 spending bill that banned federal funding for abortion through Medicaid. Speaking of his amendment, Hyde asserted, “I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the...Medicaid bill.” It wouldn’t be the “only vehicle” for long.

Since that first application, legislators have vastly extended the reach of the Hyde Amendment, attaching it (or substantially similar language) to nearly a dozen other programs (see chart on next page). In addition to those successful efforts, reproductive rights advocates have blocked attempts to attach the language to measures as diverse as scientific research bills and bills meant to aid victims of human trafficking. These victories, though important, have not prevented the Hyde Amendment from casting a particularly long shadow over American women. Excluding abortion from insurance coverage accomplishes an obvious goal—that of impeding access—but it also casts abortion as somehow...different...from other things covered by insurance. Instead of an extremely common and relatively minor medical procedure, it’s a taboo choice worthy of social condemnation. The exclusion of abortion from standard health insurance

coverage feeds the narrative that an abortion isn’t really a right.

While Henry Hyde’s dream of ending legal abortion hasn’t (yet) come to fruition, it’s clear that the Hyde Amendment has had a devastating impact on American women’s access to abortion. With varying and narrow exceptions, insurance coverage for abortion is generally unavailable to:

- women enrolled in Medicaid in 35 states and Washington, D.C. (see map on page 4),
- federal workers and their dependents,
- female service members,
- the dependents of service members,
- veterans,
- Peace Corps volunteers,
- many women insured by Affordable Care Act (ACA) plans,
- disabled women on Medicare, and
- American Indian and Alaskan Native women insured under the Indian Health Service.

By far the greatest burdens of Hyde fall, as burdens so often do, on the most vulnerable: poor and minority women. Poor women have much higher rates of unintended pregnancy than wealthier women—up to five times higher. And with an often-inadequate social safety net, an unplanned pregnancy can be a disaster.

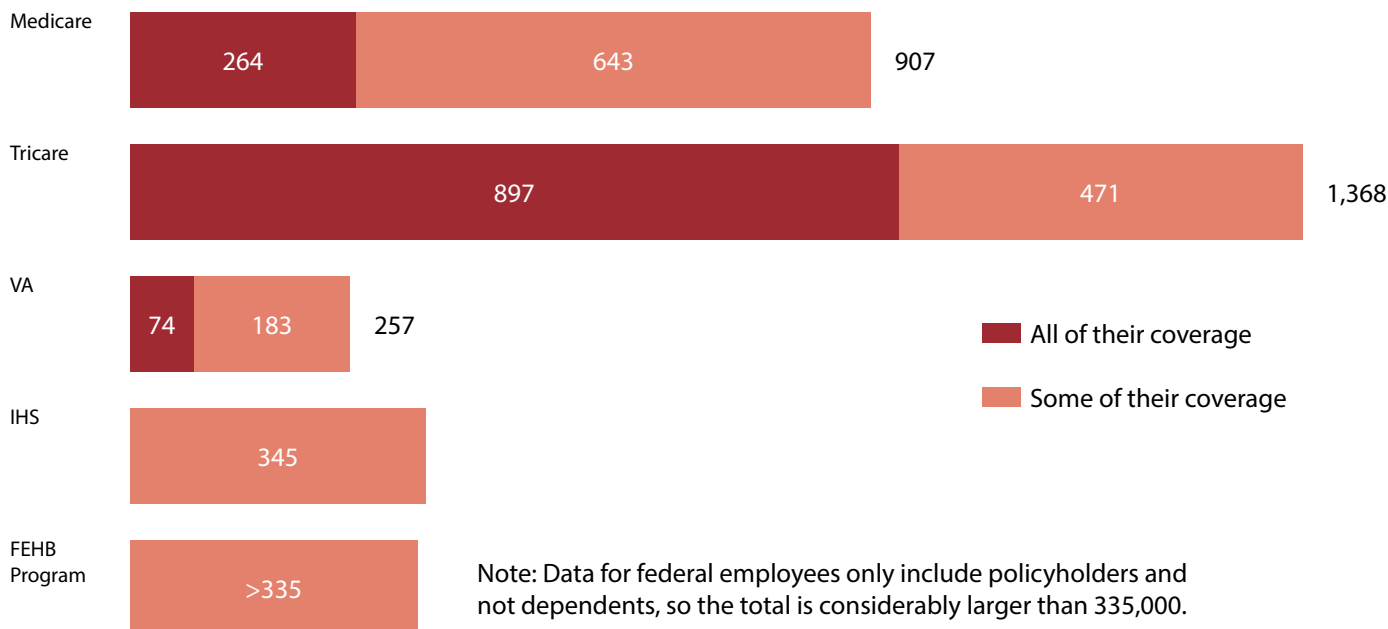
The average cost of a first-trimester abortion in the United States is \$500. Wealthier women are more likely to have the capacity to absorb an unexpected medical expense. Poor women who cannot use their Medicaid benefits to cover this cost frequently struggle to come up with enough money to pay for the procedure. Too often, these women wind up in a terrible Catch-22: The cost of an abortion increases the later in pregnancy it’s

Federal Health Coverage Programs Affected by the Hyde Amendment

Year	Program	Restrictions	Exceptions
1976	Medicaid	Bans use of federal funds for abortion services, with some exceptions. States may decide to use their portion of Medicaid funding to offer coverage. Currently, 15 (should be 17, but Arizona and Illinois are in violation of their court orders) states use state-level funds to cover abortion services beyond the Hyde exceptions.	1976-1981: no exceptions 1981-1993: life of the woman only 1993-present: life, rape, and incest * South Dakota allows abortion only to save the life of the woman. Thus far, the state has faced no penalty for this apparent violation of the law.
1978	Military Health Care (Tricare)	Servicemembers and their dependents receive health insurance coverage through the Department of Defense. Since 1984, the Hyde language has been part of the permanent statute.	1970: where “medically indicated” or for mental or physical health reasons 1971-1975: in accordance with state laws 1975-1978: no restrictions 1978-1981: life, rape, and incest 1981-2012: rape and incest removed 2012-present: rape and incest restored
1979	Peace Corps	The Peace Corps provides health coverage to its volunteers, but abortion care is not covered.	1979-2014: no exceptions 2014-present: life, rape, and incest
1983	Federal Employees Health Benefits (FEHB) Program	The federal government offers health insurance to its employees and their dependents, but this insurance does not include abortion coverage.	1983-1993: life of the woman only 1993-1995: no restrictions 1995-present: life, rape, and incest
1988	District of Columbia	The District of Columbia, like the 50 states, contributes its own funds to Medicaid. Unlike states, however, its budget is subject to approval by Congress. Congress can (and has) disallowed the use of those funds for abortion.	1988-1993: life of the woman only 1993-1995: no restrictions 1995-2009: life, rape, and incest 2009-2011: no restrictions 2011-present: life, rape, and incest
1988	Indian Health Service (IHS)	The federal government funds the Indian Health Service, which follows federal Medicaid guidelines on abortion coverage. The coverage ban is a permanent part of the statute.	1988-1993: life of the woman only 1993-present: life, rape, and incest
1992	Veterans Health Administration (VA)	The VA provides health services to veterans and some dependents. Since 1992, the program has explicitly excluded abortion coverage.	No exceptions
1997	Children’s Health Insurance Program (CHIP)	CHIP is a Medicaid supplement that covers low-income children who do not qualify for Medicaid. The coverage ban is included in the statutory language of the bill, rather than being added as a rider.	Life, rape, and incest
1998	Medicare	Primarily known for its coverage of the elderly, Medicare also covers some of the disabled population, as well as people with end-stage renal disease. Since there is no state component of Medicare, these women are denied coverage no matter where they live.	Life, rape, and incest
2010	Affordable Care Act (ACA)	Under the ACA, federal subsidies may not be used to purchase abortion coverage, and abortion services are specifically excluded from coverage requirements. Additionally, states may pass laws banning any plan in the state marketplace from providing such coverage (25 states have done so).	Generally life, rape, and incest. TN and LA laws contain no exceptions for ACA marketplace plans.

Women Insured by Federal Programs Besides Medicaid Who Are Potentially Affected by the Hyde Amendment

Number of women ages 15–44 with coverage (in thousands)



Sources: Guttmacher Institute and the Office of Personnel Management

performed, and the more it costs, the longer it takes for women to find the needed resources. Many women report going without basic necessities in an attempt to come up with the money. This struggle leads to later abortions, which—in addition to being more expensive—are riskier. And thanks to the recent flood of state-level abortion restrictions, later abortions are even less accessible.

The Road Ahead

Reproductive rights advocates have long pointed out that the right to abortion is not particularly helpful without meaningful access to abortion. The current legislative reality makes that abundantly clear: We live in a country where despite the legality of abortion, some groups of women have far greater access than others. And this disparity only increases with

the proliferation of state laws and the creeping expansion of Hyde.

That creeping expansion is insidious, and even choice advocates haven't always realized how to fight it effectively. For example, the current fashion among anti-choice legislators is to claim that anything having to do with women's reproductive health is somehow code for abortion. This exasperating (and very deliberate) falsehood leaves it up to reproductive health advocates to correct such claims by pointing out that it is currently illegal to use public funding for abortions. This accurate statement, however, still runs the risk of reinforcing the idea that there is something *wrong* with public funding for abortions.

We are making progress, however. The 2016 Democratic platform was the first in

history to explicitly call for an end to the Hyde Amendment. Hillary Clinton was the first major party candidate to not only publicly call for an end to funding restrictions, but also to speak openly about the importance of real abortion access for all women, regardless of economic circumstance. She didn't win the election, but it's a sign of progress that her stance on this issue does not appear to be the reason for her loss.

With this president and Congress, there's no chance of repeal. But a time of heightened danger for reproductive rights is also a time when more people are paying attention. We're going to keep fighting to repeal Hyde—shouting about how it's a fairness issue, an economic justice issue, and about the importance of recognizing that true reproductive freedom cannot exist when it is denied to so many.



“Please, I Am Out of Options”

Inside the Murky World of DIY Abortions



As Donald Trump promises new restrictions on abortion, emails reveal the desperation of women who have no place to go to end unwanted pregnancies.

By Molly Redden | Originally published by The Guardian

“Hello. I just found out that I am four weeks pregnant. I cannot carry on with this pregnancy for numerous reasons and I want to have an abortion. Though it is an option for me in the United States, in reality, it is not really an option because the \$600-\$700 to have it done is simply out of the question. I’m hoping you can advise me and are able to help. I am absolutely desperate.”

Martina read through her email once again and hovered her finger over the send button. The message was addressed half a world away to Women on Web, a Dutch not-for-profit group that mails abortion drugs to pregnant women who live in countries where abortion is outlawed.

Martina lives in Texas, where abortion is restricted but legal—making it one of the places where Women on Web refuses to mail the drugs. Still, Martina thought she would try her luck. She had lost her job to downsizing, and in its place she had found only part-time work. Her rent had gone up. Lately, she was borrowing money for gas.

There was no question that she couldn’t afford to have a child. The question was whether she could even afford an abortion.

Martina had an inkling that what she was asking for—help performing her own abortion—might not be fully legal. But she was out of answers. She hit send. Then she began to case the internet for other ways she could cause her own abortion.

If this scene feels out of place in 2016, that may be because there was a time in this country’s history when thousands of back-alley and coat-hanger abortions prompted calls for the procedure to be legal. After the U.S. Supreme Court established a right to a legal abortion, in the 1973 decision *Roe v. Wade*, self-induced abortions were supposed to become a thing of the past.

But almost as soon as the court legalized abortion, opponents of abortion rights began to whittle them away. Congress began prohibiting poor women from using Medicaid to cover abortions in September 1976. Obamacare, the largest healthcare expansion in decades, allowed insurers to continue to pick and choose the circumstances under which they would cover abortion and allowed states to ban the coverage altogether. The two decisions have ensured that millions of women who have sought an abortion have had to pay for it out of pocket. And a sweeping wave of anti-abortion laws has closed clinics in many states, cresting with an awesome force over the last five years.

In such a hostile climate, it is no wonder that self-induced abortions are still a significant, if largely hidden phenomenon—one that even pro-abortion-rights groups are only just beginning to grasp. One study of abortion patients found that 2.2 percent had tried to, at some point in their lives, induce their own abortions without professional medical assistance. Another estimated that potentially 4.1 percent of Texas women have tried to self-induce—or at least 100,000 women.

There is no concrete data on how many women in the U.S. have tried to self-induce. But there is some evidence—although it is inconclusive—to suggest that self-abortion attempts are on the rise. From 2008 to 2011, as the economy worsened and a wave of new restrictions choked abortion access around the country, online queries about self-induced abortion almost doubled, according to Seth Stephens-Davidowitz, an economist who analyzes Google searches.

Into this crisis of reproductive rights now walks Donald Trump. As president, Trump has promised to restrict abortion even further. He has vowed to nominate

justices to the Supreme Court who might overturn *Roe v. Wade*. Roe, because the court is loath to reverse itself, has survived such threats before. But Trump has explicitly promised to nominate justices who might put Roe in their crosshairs.

In his first major interview after winning office, Trump described—truthfully—what might happen to some women if *Roe v. Wade* were overturned. “They’ll perhaps have to go, they’ll have to go to another state,” he said. “And that’s OK?” he was asked. Trump replied, “Well, we’ll see what happens.”

But we don’t have to wait and see what happens. History has already shown us what happens when women in the U.S. can’t access abortion. So has the present day.

In 2015 alone, Women on Web, the Dutch not-for-profit, received more than 600 emails from U.S. women looking for a way to end their own pregnancies. (The group does not send abortion drugs to the U.S., because the U.S. does not outright ban abortion.) Women on Web agreed to share scores of these emails with *The Guardian*, providing an unprecedented window into the lives of women who feel they have no other option but to end their pregnancies themselves.

Among the hundreds who wrote to Women on Web was Martina. She contacted *The Guardian* shortly after she found out about her unwanted pregnancy and shared every step of her journey, which eventually took her across an international border. (As corroboration, she provided photographs, including of her travel documents. Her name has been changed for her privacy.) She wasn’t sure if she faced a potential legal risk. And in fact, self-induction is in a legal gray area, and many enterprising

prosecutors have charged women who carried out their own abortions with crimes. Nevertheless, Martina felt compelled to speak.

“I feel like there’s such a negative stigma to this,” she said. “It’s kind of kept under the radar, hushed, so it needs to be talked about.” People needed to know, she added, that abortion restrictions had real victims. “You’re not really helping anyone. You’re not really protecting anyone. You’re just causing women who are in these situations who feel desperate to take desperate measures.”



The letters to Women on Web form a uniform chorus of desperation. “Please” and “afford” and “help” and “fear” appear in dozens of places, signaling the nature of how these women became stranded.

“Now he is threatening me, saying I can never leave.”

“I am afraid of what he is capable of.”

“For a variety of reasons, an abortion must look like a miscarriage.”

“This has to look like a miscarriage.”

“I don’t have \$600.”

“Planned Parenthood wants \$650.

My bf and I live in our car.”

“I can’t afford an abortion.”

“I simply cannot afford an abortion.”

A teenager in a state where minors need parental consent for an abortion said her parents were forcing her to have her baby.

A woman in Missouri wrote to say that she had gone to her state’s only abortion clinic, “but the protestors shamed me into going back. I’m not a citizen and its a little scary coz I feel very lonely.” [sic]

“I am beside myself,” read another woman’s email. One month before she wrote her email, she was raped. She received her coverage through Tricare, the insurance plan for military personnel and their families. Tricare’s policy is to cover abortion in cases of rape as long as a doctor has a “good faith belief” that the rape occurred, according to a spokesman. But this woman wrote that Tricare refused to pay for her abortion on the basis that she never reported the rape.

“To end this nightmare,” she wrote, “it would cost me one-third of my family’s monthly income.” She continued, “I have seen a doctor. I have had a sonogram. Tricare covers that. I can give birth to my rapist’s baby for free.”

“Please I am out of options,” the letters read.

“Can u please.”

“Please please please.”

“I cry and pray every night that the Lord take this child from me somehow.”

“I will keep searching online for help.”

What is striking about reading these emails one after another after another is the diversity of experiences that lead all these women down the same path. There are homeless women and middle-class women and married women and single women, women living in cities and women separated from the nearest abortion provider by an ocean: two wrote in from the big island of Hawaii, where the last clinic, a Planned Parenthood in Kailua-Kona, closed in 2014.

“When people think about low-income women seeking abortion, they have this stereotypical vision of a single woman on

welfare,” said Laurie Bertram Roberts, head of the Mississippi Reproductive Freedom Fund. Her group provides financial assistance for abortions. “But it’s also people who have two jobs. Six hundred dollars is a lot of f***ing money. For a lot of the people who call us—not a majority, but many—those barriers are just too high. Even with our help.”

Women on Web wrote back to Martina a few hours after she sent her message. “We’re sorry,” the reply came, “Women on Web cannot provide the service in any country with safe abortion services.” The

email listed a few not-for-profit abortion funds Martina could call for financial assistance. Then it recommended another option: “If you live close to Mexico you can also travel to Mexico to buy misoprostol,” a drug that can induce a miscarriage early in a pregnancy.

It sounded like a gamble. Martina felt a jolt of fear. “What if it’s incomplete? What if I do it wrong? What if I f*** up my organs somehow?” She pushed these thoughts aside. At least it was an option.

Martina learned that her insurance would not cover her abortion and left

Pro-choice advocates rally outside of the Supreme Court in Washington, D.C. (Drew Angerer/Getty Images)



“Just making [abortion] legal is not enough... If it’s not available, if a woman really does feel that she needs to terminate her pregnancy, she may be willing to try just about anything.”



messages with two abortion funds. She also found a world of websites describing ways to induce abortions with herbs or vitamins. Following advice from the sources that looked the most reputable, she began taking cinnamon capsules and several thousand milligrams of vitamin C per day.

It’s not unheard of for women to turn to herbal concoctions, reproductive rights advocates said. “It’s considered an OK thing to do—this is just how they’ve handled it for years,” said Esther Priegue, the director of counseling at Choices Women’s Medical Center, an abortion clinic in Queens. Her patients occasionally use an herbal brew to try to induce a miscarriage.

The internet resounds with such recipes. “What you probably have, in reality, is hundreds of people doing it hundreds of different ways,” said Beverly Winikoff, the president of Gynuity Health Projects, a reproductive rights research group. “The way it’s always been.”

Of course, there weren’t supposed to be hundreds of different ways.

Self-induced abortion was supposed to have all but disappeared after the Supreme Court established the right to an abortion throughout the country. In the run-up to *Roe v. Wade*, in the late 1960s and early 1970s, abortion was restricted to a handful of major cities and the women with the means to travel there. Roughly 100,000 women crossed state lines for a legal abortion in New

York state; in a single year, the number of women going to illegal providers or trying to self-induce was up to 12 times that. Some years, up to 200 women would die of complications from illegal or self-induced abortions. And compared with the number of women who survived horrific complications, that figure appears small. In 1968 alone, a single Los Angeles County hospital treated 701 women suffering from septic abortions.

But just a few years after *Roe*, the country seemed to vanquish the coat-hanger abortion. In 1976, the Centers for Disease Control announced that only three women had died the previous year from abortion complications—a stunning reduction in deaths. When anti-abortion activists accused the centers of undercounting, the CDC, according to the book *Inside the Outbreaks*, put up a \$100 bounty for proof of any abortion death the centers had failed to report. “We paid out zero money,” one official recalled proudly.

But others realized that, even though women were no longer dying in scandalous numbers, illegal and self-induced abortions were still a serious problem.

The CDC announcement came out the same year Dr. Jason Doe began to do his medical residency. In the remote northwest corner of Louisiana, he rotated through an obstetrics ward that received many of the area’s most impoverished residents. The state’s only abortion clinic stood in the opposite corner of the state. “So even though abortion technically

was legal” for those women, “it wasn’t available,” Doe said.

One of his first patients had unraveled a wire coat hanger and used it to break her water. Another broke her water with a red rubber catheter her friend had stolen from a hospital.

Doe’s memory of another patient is dominated by her screams. As she seized in pain, doctors removed an intact cotton boll—the husk was still attached—from her vagina. She had soaked the cotton fibers in turpentine and honey.

“In three years, I suppose I saw a dozen cases,” said Doe. (Doe agreed to speak only under a pseudonym. He works as an abortion provider in Shreveport and has kept his identity hidden from the public.) He treated women who had gone to back-alley abortion providers and a woman who had shot herself in the stomach. Turpentine became a kind of harrowing motif. One woman used a syringe to inject it into her abdomen. The tide only ceased in 1980, when two abortion clinics opened a few months apart in nearby Bossier City and Shreveport. *Roe v. Wade* was seven years old.

“Just making it legal is not enough,” Doe said. “If it’s not available, if a woman really does feel that she needs to terminate her pregnancy, she may be willing to try just about anything.”

His were not isolated experiences. In 1977, Rosie Jimenez became one of the first women to die from an illicit abortion

But in 1976, Congress passed the Hyde amendment, which banned the use of federal Medicaid funds to pay for abortion and which many advocates still consider the country's biggest barrier to abortion access today.



after *Roe v. Wade*. Jimenez had previously had one legal abortion, paid for using Medicaid. But in 1976, Congress passed the Hyde Amendment, which banned the use of federal Medicaid funds to pay for abortion and which many advocates still consider the country's biggest barrier to abortion access today. The next time Jimenez became pregnant, she sought out an unlicensed midwife in McAllen, Texas. She died of a bacterial infection.

In fact, nearly every year after *Roe v. Wade* brought isolated reports of a woman taking drastic steps to terminate her pregnancy. 1978: Three young women in Colorado poisoned their livers by drinking tiny amounts of aromatherapy oil to try to induce an abortion. 1984: A teenager injected herself with a local anesthetic and attempted to cut out her fetus. 1994: A Florida teenager placed a pillow over her abdomen and shot herself in the side.

Earlier this month, a woman in Tennessee was charged with aggravated assault for trying to give herself an abortion with a coat hanger. She was found out after profuse bleeding sent her to the emergency room.

It is against this backdrop of tragedies that some reproductive rights activists have argued for making the same abortion drugs used routinely in clinics available to women in their homes. "It would be phenomenal if people could receive this medication in the mail with

all the instructions" and the right safety measures, said Yamani Hernandez, the executive director of the National Network of Abortion Funds. Already, she added, the internet is allowing untold numbers to find and use the drug without medical supervision. Among the 700,000 searches on self-abortion Stephens-Davidowitz identified in 2015, some 160,000 were searches for a way to obtain the abortion pill through back channels.

Is there a chance those searches could increase under a Trump presidency? "Yes," said Hernandez. "That is something that one could reasonably predict in an environment where abortion becomes even illegal, or even more inaccessible than it has been. We will do anything in our power to get people the information and the care that they need." Even now, her group posts instructions for self-administering misoprostol on its website—"For safety's sake."

Not all advocates feel good about disseminating this information. But they consider it better than the alternatives.

Recently, Roberts answered one of the "scariest calls" of her advocacy career. A young woman was on the line, saying her friend had given her a home remedy. Her friend claimed to have used this method to end four separate pregnancies, even though each time it sent her to the hospital.

"Ultimately, we helped this woman go to a clinic" before she could do something dangerous, Roberts said. "Her friend had told her to drink turpentine with sugar."

At a crisis pregnancy center, an ultrasound confirmed that Martina's home remedies hadn't worked. She was still pregnant. The distress must have shown on her face, because the technician offered a flurry of reassurances. They see a lot of single moms who do it on their own. They have a store that sells baby clothes at a markdown. They help with discounts on daycare. Martina fumed. A baby is more than just buying clothes and food, she thought.

In her head, she was already reviewing her plan. She had heard back from only one abortion fund, which had turned her down for assistance because she had a job. And so, for a quarter of what a U.S. abortion clinic would charge, she had purchased a flight to Mexico City. The flight left the next day. She would stay with a friend. Abortion pills would cost about \$20 at a pharmacy—if she could find a pharmacy that carried the drug and would sell it to a young woman.

Then, she would take the drugs at her friend's house. "I'm gonna say like, 'Oh man, I'm on my period, I'm so sorry, I hate that this is ruining the trip, I feel so sick,'" she said, sounding perfectly unrehearsed.

Martina had relied on this kind of subterfuge for the past several weeks. Friends had noticed she was distracted. Her boss had noticed she was nauseous. “This whole time that I’ve been pregnant, and that I’ve known I’ve been pregnant, that’s all I’ve thought about,” she said. “I’ve almost cried like five times today.” But you have to push that aside and act like you’re fine, she said: “Oh yeah, I’m sorry, I was zoned out for a sec.” “Oh yeah, sorry, just not feeling great.”

The more difficult challenge was hiding her pregnancy from her boyfriend. She knew he would want to start a family. At home, she was taking so much anti-nausea medication to keep from vomiting in front of him that she no longer had enough to sustain her through the work day.

“You feel alone, but you can’t do anything about it,” she said. “I just kind of have to put my feeling outside of it. You need to focus. What do you need to do in order to move forward?”

“It’s kind of like when you’re drowning. If you just flap around, you’re just going to drown. But if you focus on what the goal is, on what you need to do, stay calm, that’s how you’re going to survive.”

It was the sixth pharmacy Martina went to in Mexico that sold her the misoprostol. The first five, a mix of big national chains and mom and pop shops, claimed they didn’t carry it. She felt at least one pharmacist was lying to her. Finally, she returned to the first store to ask, if not here, where could she buy it?

A little while later, she paid \$26 for a blue carton about the size of her hand. Misoprostol, it said. *Caja con 28 tabletas.*

It wasn’t an exciting feeling, holding the box. It was scary, Martina said. “It’s just like a God-I-just-want-to-get-this-over-with” feeling. She was still too nauseous to take the pills while she was in Mexico City, so she would have to take them in the United States. It was a panicky moment, bringing pills back through customs. But there was a larger fear.

“My biggest concern is, what happens if someone finds out? What happens if something goes wrong?” Martina had said a few days earlier. “What happens if my body doesn’t completely rid itself?” In most abortion clinics, she knew, a medication abortion was induced with two drugs: one drug to terminate the pregnancy, and misoprostol to expel the pregnancy. She would only be taking the misoprostol. “So basically, you’re half-assing the job.”

She knew what symptoms would tell her something had gone wrong. But still. “There’s just so many questions. I would so much rather have a health professional help me in this and kind of guide me through it versus DIY. There’s some things aren’t meant for that, and this is definitely one of them.”

It is impossible to know what happened to all the other women who reached out to Women on Web. But a study of women who were rejected because they were past the clinic’s gestational limit found that most of them carried their pregnancies to term.

Roberts, the Mississippi activist, said that many women who struggle to pay for an abortion eventually get creative. Not long ago, she spoke to a mother who was weighing whether to raid her diaper fund to pay for her abortion. It was unlikely her parents would lend her

money for an abortion, she reasoned, but they would probably help her buy more diapers.

“There are no more creative problem solvers, and I mean this, than women with no money,” she said. “And I’m saying that with the utmost respect, because there are people who will think of all this as shady. And I’m not. I’ve seen people struggling, and being brilliant, brilliant, in coming up with ways to survive.” It’s a skill she fears more women might need in the future.

Martina’s trip had cost a fraction of the money she needed to raise for an abortion in a U.S. clinic—something her mind was still trying to grasp. “The whole time I was traveling, I couldn’t believe it was happening,” she said.

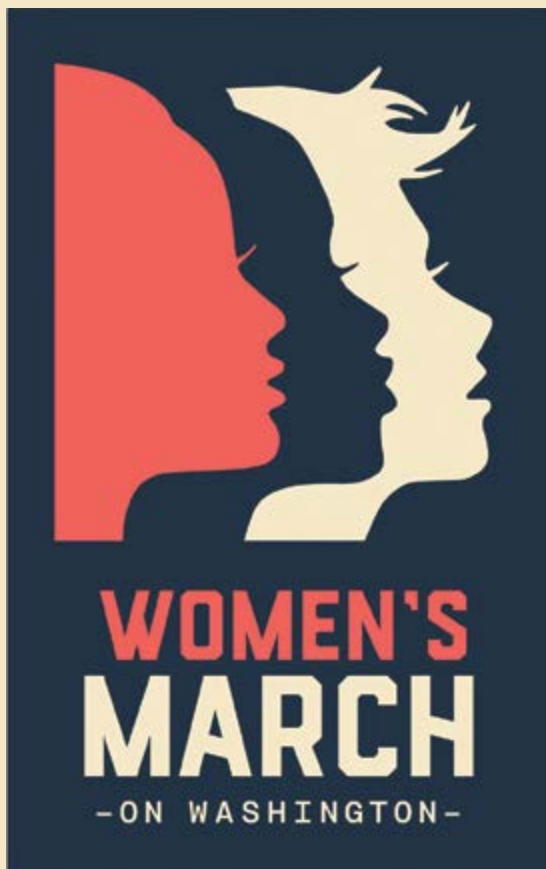
We were speaking a few days after she returned from Mexico. An ultrasound had just confirmed that she was no longer pregnant, and her voice was sunny. “I am so relieved, to be honest.” She hadn’t realized, until she was no longer pregnant, how much stress she had placed on herself. Now, she felt like she could breathe, she said. Like she could step back on the path of her life and figure out where she had been when she diverged.

Martina had taken the pills on a Saturday. She took the first dose. She set a timer on her phone. Then she took the second dose.

The pills worked just like they were supposed to. She bled, but not too much. She felt the pregnancy pass. She felt exhausted.

And then it was done.





After an election that saw Trump vilify and abuse women at every turn, the Women's March on Washington was an overwhelming backlash by half a million people who showed up to tell Donald Trump and Mike Pence in no uncertain terms that women are not objects to be grabbed and controlled, and that we won't stand by as they work overtime to roll back reproductive health care and rights. Nearly 50 Population Connection staff, members, and supporters marched on Washington together!





Top: Population Connection staff and supporters prepare to walk from our headquarters to the National Mall for the Women's March on Washington. **Above:** Stacie Murphy, Policy Director; Catherine Cameron, Senior Advisor for International Engagement; Brian Dixon, SVP for Media and Government Relations; and Brian's son and wife. There was no shortage of people representing the younger generations at the march! **Left:** Field Coordinator Lauren Salmieri and her friends on the National Mall.



Women's Rights
are Human Rights

AND

Human Rights
are Women's Rights.



THE RISE OF THE WOMAN

=

THE RISE OF THE NATION

Top left: Diane Ng, friend of Field Organizer Lindsay Apperson, shows off her creative sign in the crowd. **Above:** John Seager, president of Population Connection, with his wife, Connie (center), and two friends from Pennsylvania. **Opposite, top left:** Lindsay Apperson holds her sign high during the march. **Opposite, top right:** Alyson Keenan, Emily Weiss, and Liam Billingham—friends of Rebecca Harrington, National Field Director—traveled from New York City to take part in the D.C. march. **Opposite, bottom:** Population Connection staff and supporters gather on the National Mall before joining the Women's March on Independence Ave.





Trump Administration Looks Great—Really the Best, Just Tremendous—on Family Planning*

By Stacie Murphy, Policy Director

In the wake of November's disastrous election results, family planning advocates began compiling a list of things we expected to see from the new Congress and the Trump administration. The list was, in a word, nightmarish: the return of the Global Gag Rule, a ban on funding to UNFPA, cuts to foreign aid and the family planning assistance budget, attacks on Planned Parenthood, terrible cabinet and court nominees, and serious steps to repeal the Affordable Care Act (ACA).

And mere weeks into this new world... well, I'd like to wake up now. Some very bad things have already happened.

Trump's Global Gag Rule

On January 23, Trump, as expected, signed an executive order imposing the Global Gag Rule. What soon became apparent, however, was that the Trump Gag Rule is actually a radically expanded version of the already atrocious policy.

First imposed under Ronald Reagan in 1984, the Global Gag Rule (known to supporters as the Mexico City Policy), bars any U.S. funding for foreign non-governmental organizations (NGOs) that use their own, non-U.S. funds to offer abortion services, counseling or referrals related to abortion, or political

advocacy around the issue of abortion. It's a cruel, counterproductive policy that has cut off funding to some of the most experienced, effective aid groups in the world. And Trump made it worse. In the past, the Gag Rule has been applied to U.S. family planning funding; Trump's version, however, expands the restrictions to all global health funding.

Groups working to fight HIV/AIDS, tuberculosis, malaria, the Zika virus, and other emerging threats are all at risk. Even global nutrition and child survival programs will be faced with the same dilemma family planning providers have always confronted under the Gag Rule. Will they refuse the restrictions and lose their funding? If they do agree to the restrictions, can they even function effectively? Global health experts are still evaluating the potential impact of the expansion, but it's already clear that billions of dollars in U.S. aid will be affected. The results will be devastating.

In response, Sen. Jeanne Shaheen (D-NH) and Rep. Nita Lowey (D-NY) immediately introduced the Global Health, Empowerment, and Rights (HER) Act. The Global HER Act would repeal Trump's Global Gag Rule and prevent a future president from unilaterally acting to impose it. At our print

deadline, the Global HER Act had 43 co-sponsors in the Senate—including Republicans Lisa Murkowski (AK) and Susan Collins (ME)—and 121 in the House.

H.R. 7 and Abortion Access

Congress wasn't idle while Trump was busy breaking our global health programs. Only a day later, the House of Representatives passed H.R. 7, the so-called "No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act of 2017," which would essentially end insurance coverage for abortion in the United States. The bill codifies the Hyde Amendment and permanently bans abortion coverage for women on Medicaid, military women, and federal employees. It bans abortion coverage from any plan offered under the ACA exchanges and penalizes employers who offer abortion coverage in workplace plans. It would also prohibit any federal facility from providing abortion services, even if a woman uses her own money to pay for it.

House leadership refused to allow members to offer any amendments to the bill. Numerous Democratic members spoke against it, including a clearly furious Gwen Moore (WI), who noted that right wing House members support

* denotes alternative fact

medical “conscience clauses,” but don’t respect women’s consciences surrounding their personal choices about their bodies. Ultimately, the bill passed 238-183, with 11 not voting.

Price is Wrong for HHS

Of the nominees Donald Trump has selected to his cabinet so far, none is more alarming to women’s advocates than Rep. Tom Price (R-GA), who has been tapped to head the Department of Health and Human Services (HHS). Price has a long and depressing history in the House of Representatives. He has voted multiple times to defund Planned Parenthood. He has voted in favor of so-called “personhood amendments,” which grant rights to fertilized eggs. He has publicly insisted that before the ACA’s birth control benefit, literally not one woman had trouble affording birth control. And he’s an ardent opponent of the ACA more generally.

It’s crystal clear that he’s no friend to women and families. If he’s confirmed as HHS Secretary, he’ll have the power to do a lot of damage to programs that help

millions in the United States. The Senate has the power to defeat the nomination, although if they decline to confirm him it seems unlikely to be because of our issues. During one of his confirmation hearings, Sen. Orrin Hatch (R-UT) insisted that describing Price’s views as outside the mainstream was “patently absurd.” We are following the nomination closely and will report on the outcome.

Neil Gorsuch Tapped for Supreme Court

In a ridiculous prime-time spectacle, Trump announced that he has nominated Judge Neil Gorsuch to the Supreme Court. During his campaign, Trump explicitly promised to appoint justices who would overturn *Roe v. Wade*, and there’s every reason to believe that Gorsuch would vote to do exactly that. He has a troubling history on reproductive rights, including an opinion in the Hobby Lobby case that went even further than the eventual Supreme Court ruling. He has written that it’s reasonable to consider the use of birth control as “wrongful conduct.” We oppose this

“This bill says to American women: Your body, Washington’s rules.”

—Rep. Ted Deutch (D-FL), on H.R. 7

nomination and urge the Senate to reject this extreme pick.

In Other News

There’s simply not room in this column to adequately explore all the terrible things that are happening right now. A group of Republican senators have introduced a measure to make the Global Gag Rule permanent. The Senate has already cleared the way to use reconciliation (a 51-vote threshold) to repeal the ACA, and currently they have not offered a concrete plan for its replacement. And we expect the House to vote to defund Planned Parenthood sometime before this issue reaches your mailbox. We are working hard to keep up with all the new threats, and we are committed to standing firm against them all.

“It’s clear that House Republicans do not respect women and our ability to make our own decisions.”

—Rep. Jan Schakowsky (D-IL), on H.R. 7

Where Are Our Activists?

Design by Lindsay Apperson, Field Organizer

NELLIE MORAN Tacoma, WA

At Capitol Hill Days, I realized how much population affects our resources and climate. Now I think about it every day.



ALISHA MCTAGGART Iowa City, IA

International family planning and reproductive rights matter because healthcare is an undeniable human right and should see no borders.



JEAN PERRY-JONES Las Vegas, NV

We need to keep the pressure on and let them know that we need to support domestic and international family planning. Because if we don't, then what?



TIMOTHY IRVINE Santa Barbara, CA

Give everyone condoms and birth control—it's so easy and important to do. Our job is to make people hear that message.

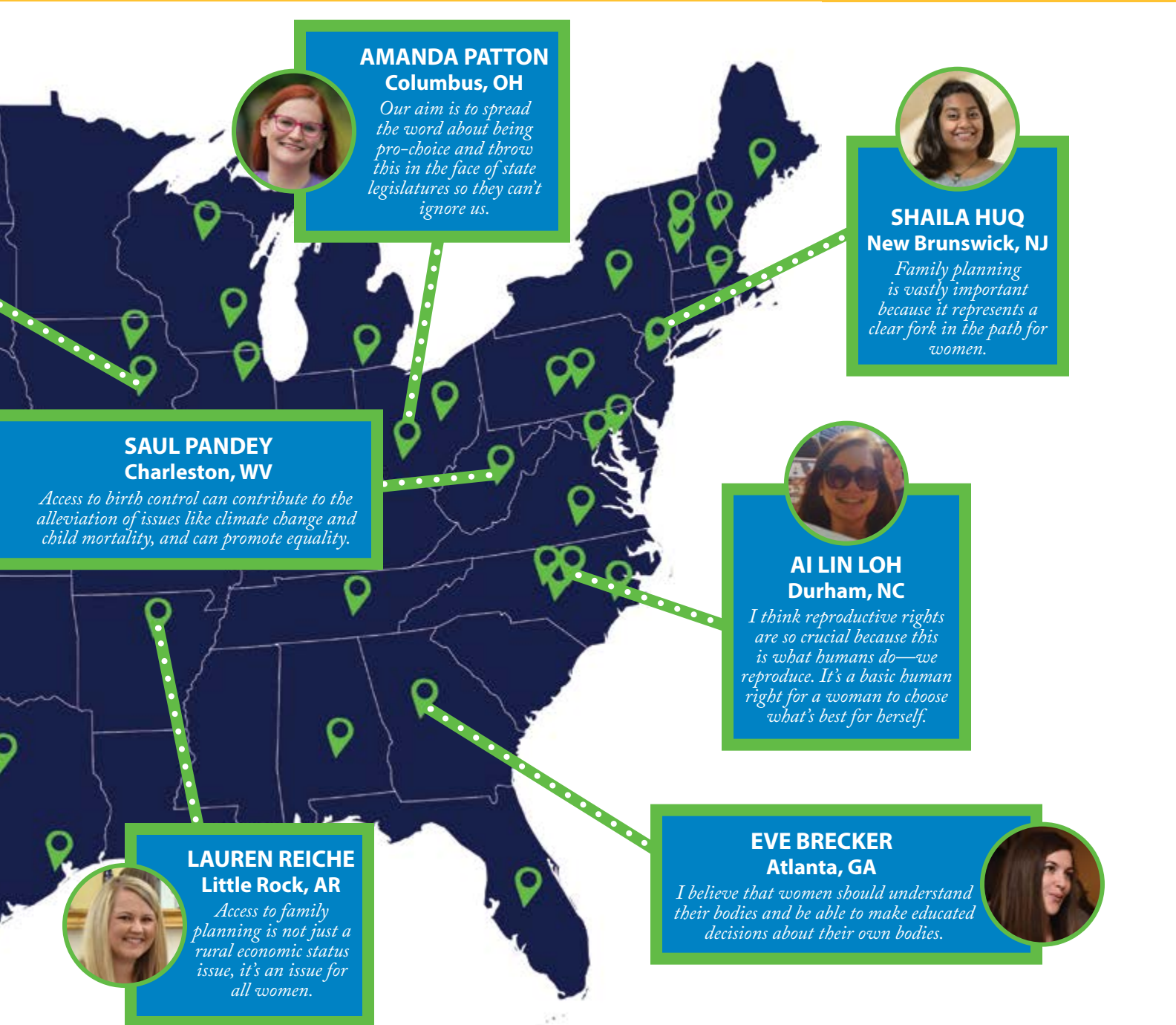


KAMRA HAKIM Tempe, AZ

Many people don't understand how valuable family planning is, and Population Connection does a beautiful job bringing it all together.



Population Connection is proud to engage an activist network that spans all across the United States. Here are some of the activists who make our work possible.





Teens and Childbearing

A Lesson from Our Bilingual Curriculum

By Pamela Wasserman, Vice President of Education

Understanding the societal factors that influence fertility is one of the themes addressed in PopEd's curricula for secondary grades (6-12). Especially relevant to this age group is a discussion of teen pregnancy and how it can affect all of the future choices young people—especially women—will make.

Back in 2000, PopEd published *Nuestro Mundo, Nuestro Futuro* (Our World, Our Future), a bilingual curriculum of eight middle school teaching activities for use in classrooms here and abroad. In adapting the activities for cultural relevance, we received help from reviewers in Latino communities and advocacy organizations around the country.

This year, we published a new, expanded edition of *Nuestro Mundo*, downloadable for free from our website. Though 17 years have passed since its first publication, the activity that follows, "[Maria's Education](#)," remains part of the curriculum.

Teen pregnancy and birth rates have fallen dramatically among all racial and ethnic groups in the U.S. in recent years. Still, the Latina teen birth rate is more than one and a half times higher than the overall teen birth rate. As a result, the high school dropout rate is also considerably higher for Latinas (9.3 percent in 2014, compared to 5.9 percent for all teen girls).

"Maria's Education" (*La Educación de María*)

Introduction

In this activity, students consider how the education of girls can determine their fertility decisions. In the United States, children are required to be in school until age 16 (unless they are home-schooled), but many students drop out before finishing high school. Without a high school diploma, young people's employment options are limited and they may not be able to earn enough money to enjoy a comfortable lifestyle for themselves and their families. Studies show that girls who stay in school tend to delay marriage and childbearing because they have other options like college and careers.

Procedure

Give students several minutes to read the short dialogue on the facing page and go over the Discussion Questions either as a class or in small groups.

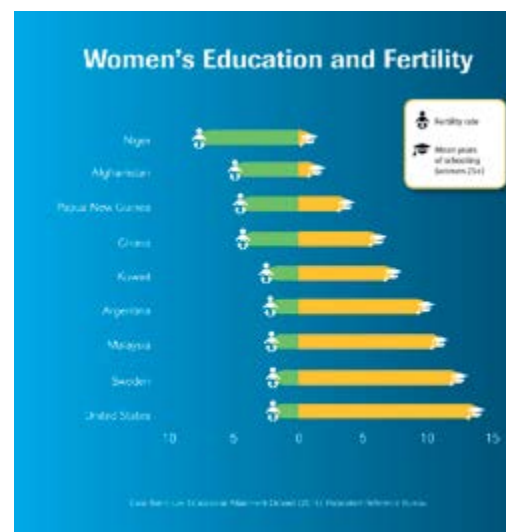
Interpretation/Discussion

1. How do you think Maria's and Teresa's futures might differ based on the choices they have already made by age 16?
2. Which girl would you expect might have more children? Explain.
3. How do the attitudes of their mothers differ regarding young parenthood? What might account for these differences?

4. How might José's experience be similar to or different from Maria's? Do you think becoming a parent will affect his future this same way? Explain.

Global Connections

Each of us makes our own decisions about how many children to have based on a variety of influences: cultural and family traditions, income, career choices, etc. Collectively, our decisions determine how the population of our country and of the world grows or declines. Worldwide, the average woman has 2.5 children. This average is based on a wide range—from a low of 1.3 children in Spain to a high of 7.6 children in Niger. Education plays a significant role.



Reading

It was a beautiful early fall day and Teresa decided to take the long way home from school. She wanted to pass by the house of her friend, Maria, whom she hadn't seen in many weeks. School just wasn't the same without Maria. They used to do their homework together, share clothes, and talk about boys until late into the evening.

Over the summer, Maria had a baby. Now she devotes all of her time to little Miguelito and has dropped out of school at age 16. Teresa was surprised when she learned that Maria was pregnant last winter. She knew Maria had a boyfriend, José, but thought her friend would wait until they finished high school (and maybe even college) before she started a family of her own. Teresa had imagined them graduating together next spring, the first girls in their families to get diplomas. Now as she approached Maria's house, she saw her on the porch, rocking Miguelito to sleep.

Maria's eyes lit up when she spotted Teresa walking toward the house. "What's up, Teresa?" she asked in a loud whisper, trying not to rouse the baby. "I haven't seen you in so long. I thought you forgot about us."

"Don't be silly," replied Teresa. "I've just been so busy with the beginning of the school year. How's motherhood?"

"It's OK, I guess, but a lot of work. Don't get me wrong. I love Miguelito but never realized how much babies depend on you for everything. My mom helps a lot, but when she's at work, it's just me and the baby and my little sister at home. José comes over sometimes to play with the baby, but he doesn't like to change diapers. So what are you doing at school?"

"Studying for the college entrance exams. The test is next month." Teresa wants to be a teacher and her guidance counselor is helping her to prepare for college.

"Yeah. I might finish school some day when Miguelito is a little older. Right now, though, I need to concentrate on family. Mama says that babies are blessings from God."

Teresa saw Maria's mother often. She was a cook in the school cafeteria. Whenever she saw Teresa, she gushed about her new grandson. "You must come around to see Miguelito more often, Teresa. He is such a smart, beautiful baby." Miguelito was her first grandson, although Maria's sister, Linda, already had three daughters. Linda, too, had left school early, but never returned.

How unlike her own mother, Teresa thought. Both of Teresa's parents loved babies, but told her that she had plenty of time to have a family. Now she must focus on getting a good education, so that she can support herself and find a job she loves, instead of having to settle for something. Teresa's mother had to leave school after sixth grade to help take care of younger siblings. She wants her daughter to have opportunities she never had. That's why she and Teresa's father came to the United States in the first place. In their native Guatemala, Teresa and her brothers would have grown up poor and may not have had the chance to finish school. Girls, especially, are often kept home from school to help with the babies and household chores. Here in the U.S., girls have so many choices, if only they complete school and work hard at their studies.

Maria offered the baby to Teresa to hold while she went inside to get them something to drink. Teresa looked at the sleeping child and smiled. Someday she would have this too, she thought, but there was no hurry. She wondered if her friend would ever go back to school.

CARTOON



Cd/N ©2017

San Jose Mercury News

With conservative Republicans in control of all three branches of government, the GOP war on women is about to go nuclear.

Abortion has been the main battlefield for half a century, but now even contraception is eyed with disdain.

At the heart of the struggle is Planned Parenthood.

House Speaker Paul Ryan, Senate Majority Leader Mitch McConnell, and the macho cabal emerging from the weird crucible of Trump Tower all want to de-fund Planned Parenthood, which gets \$500 million a year. But by law, none of that federal money—zero—pays for abortions. Which by the way comprise just 3 percent of what Planned Parenthood does.

The money is for healthcare, especially family planning, for nearly 3 million low-income women. It goes for 500,000 breast exams and 400,000 Pap tests a year, saving the lives of tens of thousands of women. It contributes greatly to stopping unintended pregnancies, which cost taxpayers more than \$10 billion every year. Contraceptives substantially reduce the number of abortions, a value virtually all Americans share.

Critics say the \$500 million could be diverted to women's clinics that do not offer abortion. That's absurd. Planned Parenthood has nearly 1,000 health centers in all 50 states. No comparable agencies exist to do this work.

The GOP war on women no longer is just a catch phrase. Donald Trump's team makes it painfully real—like the imminent wars on the environment, clean energy, air and water, and Social Security and Medicare, all critical fronts on which to fight.

But none cuts to the core of our values more deeply than the assault on American women's right to control their own bodies.

— December 17, 2016

THE DENVER POST

We stand with women everywhere who, on average, as the Guttmacher Institute calculates, “will spend close to three years pregnant, postpartum, or attempting to be pregnant, and about three decades—more than three-quarters of her reproductive life—trying to avoid an unintended pregnancy.”

The Women's March in Washington, D.C., and the one in Denver are about more than this single issue, but one force driving women to the streets in protest is the simple idea that women's healthcare should be covered by insurance, readily available, and not subject to the whims of politics.

To refuse to allow women who have Medicaid or rely on other federal funding sources like Title X to access Planned Parenthood health providers would not accomplish the goal of stopping abortions. Because of federal and several state funding bans, most abortions have long been privately funded.

What defunding Planned Parenthood would do is make accessing family planning more difficult.

Forty-four years have passed since Justice Harry Blackmun wrote that the right of privacy founded in the Constitution “is broad enough to encompass a woman's decision whether or not to terminate her pregnancy. The detriment that the state would impose upon the pregnant woman by denying this choice altogether is apparent.”

That legal argument failed to persuade many then that abortion should be legal, and we're not here to persuade those same opponents now, despite our support of a woman's right to choose.

But perhaps a few million marchers, and their silly pink hats, can send a serious message about not regressing when it comes to constructive conversations about family planning and women's health.

— January 19, 2017



Recognizing our past, preparing for the future.

Throughout your lifetime, you've aimed for zero population growth. Your bequest will ensure that your lifelong commitment endures. Your support will help us every step of the way. Thank you for your commitment to a people and planet in balance!

WHAT WILL YOUR LEGACY BE?

The simplest way for you to ensure that your dedication to Population Connection's mission continues well into the future is through a gift—a bequest—in your will. You can create a bequest by adding just one sentence to your will. And that sentence can make the difference of a lifetime.

There are many creative ways to help Population Connection achieve zero population growth. You aren't limited to giving cash—you can give real estate, stocks, your 401(k), or even life insurance.

If you do remember Population Connection in your estate plan, please let us know! We'll be happy to invite you to join the ranks of the dedicated members in our ZPG Society.



Sample Bequest Language:

After fulfilling all other provisions, I give, devise, and bequeath ____% of the remainder of my estate [or \$____ if a specific amount] to Population Connection [Tax ID # 94-1703155], a charitable corporation currently located at 2120 L Street, NW, Suite 500, Washington, DC 20037.

www.popconnect.org/legacy