Remarks by Sam Zager MD at press conference and rally

Opposing proposed rules changes to Title X funding

Maine Family Planning, Augusta ME

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On Saturday, I received a message from a patient of mine, who I’ll call Emily. She’s coped with multiple physical and mental health conditions, and social circumstances. One of her biggest problems, though, is her abusive husband.

Months ago Emily told me that she has to focus at home to try not to “make a mistake,” or else he’d make her regret it. She has said repeatedly that she wants to leave him, and I’ve seen her make attempts. But Emily keeps finding herself back in his home, under his control.

During one of our office visits, she nervously took a phone call and shrank in submission to the menacing voice that bellowed from the other end. He gave her 15 min to be home. And he said he’d time her. Emily’s husband manipulates and controls her in a number of ways, including forced, non-consensual sex. “I don’t want to have sex, but when I think about what it takes to say No, I can’t.” Emily does not want to bring a baby into an abusive home, and she is well aware that contraception and the full range of reproductive health services also help keep *her* from becoming further ensnared.

Why should anyone receive this kind of dehumanizing treatment?

Why should anyone be refused control over her own body?

Why should access to evidence-based contraception be denied or diminished -- by an employer or by the government?

Why should access to the full range of reproductive healthcare be withheld?

Why should low-income individuals have dubious access to basic healthcare?

Of course, they shouldn’t.

But the proposed changes to Title X rules would make it harder for Emily and 22,000 other Maine women to have control over their bodies, and the dignity of a system that cares about *them* too. The rule changes would further distance vulnerable populations from the full range of family planning services, STD screening and treatment, and cancer screening. These changes would diminish access and quality, and promote healthcare INequality on the basis of gender, income, and rural location.

In addition to these important ethical considerations, what happens to quantifiable, objective health outcomes when we reduce access to healthcare? Perhaps we should ask the State of Wisconsin. The Kaiser Family Foundation points out that in 2013, Wisconsin made family planning cuts that targeted Planned Parenthood. As a result, five of their rural clinics had to close. I took a look at the Wisconsin STD Program Data, and found that after having been relatively flat in the previous years, the *year after* these cuts to Planned Parenthood, STD rates began to rise. The prevalence of one of their most important state-reportable diseases had actually been falling for eight consecutive years--until the 2013 cuts. Then the rate sharply *increased* by 60% in two years (*twice* the nationwide increase, in a state that traditionally had lower-than-average STD problems).

If these Title X rules take effect, we can expect reduced access to high quality care. And after reduced access, we tend to see:

* more disease (because prevention works!)
* higher costs (because advanced problems are expensive!)

And then there are the crucial but unquantifiable matters at stake in the proposed Title X revisions. My patient, Emily, is being controlled-- her mind, her spirit, and her body. Enabling her and all women in Maine to control their own reproductive lives is essential if we truly stand for Freedom and Justice. That is why I oppose these Title X changes.