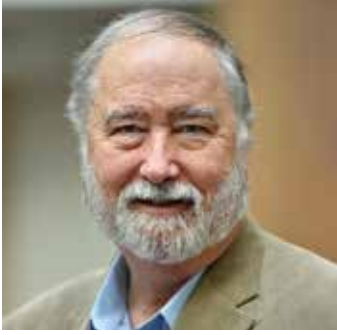


POPULATION CONNECTION

Volume 54, Issue 1
March 2022



**ABORTION IN AMERICA
UNDER ATTACK**



President's Note

At Population Connection, we believe that all women—indeed all people—have the inalienable right to reproductive autonomy—and that this includes the right to safe and legal abortion.

Soon, the Supreme Court seems likely to slash away at *Roe v. Wade*, which has enabled millions of women to make their own pregnancy decisions over the past half-century. I've spoken with several Population Connection members who, when they were young medical residents, worked in hospitals filled with women and girls suffering from the horrific effects of back alley abortions. They recall how those wards emptied in the aftermath of the *Roe* decision in 1973.

The right to abortion is critical. And we know the best way to reduce the need for abortion is to ensure universal access to all forms of modern contraception. Smashing barriers to reproductive health care also results in smaller families. And fewer people leads to lower greenhouse gas emissions. The climate fight should put the sexual and reproductive rights of women front-and-center.

So it pains me to note that most leading voices on climate adamantly refuse even to mention the vital connections between population growth and climate change. They fail to acknowledge that one of the best ways to reduce greenhouse gas emissions is by promoting family planning and unfettered

access to reproductive health care. These impacts are especially pronounced here in the U.S., where per capita consumption is unsustainably high. But they are also present in low-emitting nations with high rates of population growth. Keep in mind that most people in less developed countries unsurprisingly want much in the way of what we in more developed countries have, and that emissions are on a sharp upward curve in many nations as living standards rightfully rise.

Peer-reviewed research finds that we can get between 37 and 41 percent of needed emissions reductions by moving toward population stabilization. Many of those most at risk around the world as the climate crisis deepens are women and girls in less developed nations. While climate advocates support mitigation measures to avert impacts such as those resulting from severe weather, most flatly refuse to acknowledge that population growth plays a major role in the climate crisis.

It's time to end this glaring omission about the links between population growth and climate-altering emissions. It's time to stop ignoring the fact that reproductive autonomy leads to smaller families and that smaller families are key to meeting the climate challenge.

Women deserve better. Future generations deserve better. Our natural world deserves better. Let's end the silence about the overpopulation/climate connection.

John Seager
john@popconnect.org

GAIA Initiative for Earth-Human Balance Grant Opportunity

Does your nonprofit have an idea for an innovative project in education, public policy, media, and/or family planning services that addresses human population's impact on climate change?

Population Connection member Dan Carrigan is President of the GAIA Initiative for Earth-Human Balance, which awards grants of up to \$10,000 for proposals addressing a specific population issue. Grant guidelines encourage applicants to focus on an economic development project. GAIA is especially interested in expanding women's decision-making about their reproductive health choices. See gaia-earth-balance.org for details, the application, and deadlines.

Board Chair

Estelle Raboni, MPH, MCHES

Board of Directors

Aaron S. Allen, PhD

Rodrigo Barillas, MD, MBA

Amy Dickson, MPH

Katie Ferman, MNA

Bryce Hach, MS (Secretary)

Mark Hathaway, MD, MPH

Gladys Kalema-Zikusoka, BVetMed, MsPVM

Melvine Ouyo, BScN, MPA, MPH

Bob Pettapiece, EdD (Treasurer)

Dara Purvis, JD (Vice Chair)

Mary Beth Weinberger, MA

Kevin Whaley, PhD

President and CEO

John Seager

john@popconnect.org

Editor

Marian Starkey, MSc

marian@popconnect.org

Population Connection (ISSN 2331-0529)

Population Connection is the national grassroots population organization that educates young people and advocates progressive action to stabilize world population at a level that can be sustained by Earth's resources.

Annual membership (\$25) includes a one-year subscription to *Population Connection* magazine, published quarterly. Population Connection is a 501(c)3 non-profit organization. As such, contributions, bequests, and gifts are fully tax-deductible in accordance with current laws.

Population Connection

2120 L Street, NW, Suite 500

Washington, DC 20037

(202) 332-2200 • (800) 767-1956

info@popconnect.org

populationconnection.org

populationeducation.org

Features

16

The End of Roe? An Interview With Sacheen Carr-Ellis, MD

By Alex Casey

22

Men Across America Are Getting Vasectomies 'as an Act of Love'

By Emily Wax-Thibodeaux



Cover Image: Shannon Brewer, the Clinic Director at Jackson Women's Health Organization, in Jackson, Mississippi, with abortion rights supporters organized by the Center for Reproductive Rights, rally as the U.S. Supreme Court hears oral arguments in *Dobbs v. Jackson Women's Health Organization* on December 1, 2021, in Washington, DC. (Joy Asico/AP Images for the Center for Reproductive Rights)

Departments

- 2 Editor's Note
- 3 Letters to the Editor
- 4 Pop Facts
- 6 In the News
- 8 Membership Engagement
- 10 President's Circle
- 26 Washington View
- 28 Field & Outreach
- 30 PopEd
- 32 Cartoon
- 33 Editorial Excerpts





Editor's Note

The right to abortion across the United States is likely in its final season, after a half-century of being established precedent. In June of this year, the Supreme Court is expected to rule in *Dobbs v. Jackson Women's Health Organization*, the case that could overturn *Roe v. Wade* or degrade it to the point that it might as well be overturned.

In 2007, my friend and coworker Stacie Murphy (author of “In the News” and “Washington View”) introduced me to clinic escorting in the Washington, DC, area. I escorted patients at a clinic in Falls Church, Virginia, for four years before moving to Maine, where I immediately signed on to escort patients at the Planned Parenthood clinic in Portland. In my 15 years of volunteering in this role, I never thought abortion rights at the national level would be threatened with total obliteration. I knew that anti-abortion extremists would always exist and that they would never stop trying to enact TRAP* laws at the state level or to deter patients approaching clinics from going inside for their appointments. I just didn't think we'd ever have a Supreme Court that had become so politicized that it would strip a fundamental human right from Americans that had been in place for nearly 50 years.

Of course, if *Roe* is overturned, many states will protect the right to abortion. But 26 states are poised to make it illegal or nearly impossible to get an abortion, just as Texas has already done with SB 8, the 6-week ban that's been in place since September 1, 2021. As you'll read in “The End of *Roe*?” which begins on page 16, the lone remaining abortion clinic in Mississippi at the center of *Dobbs v. Jackson Women's Health Organization* sees patients from Texas who have to travel out of state for their procedures because they've passed the 6-week gestational limit for an abortion in their own state.

* Targeted Regulation of Abortion Providers

While countries around the world (e.g. Argentina, Benin, Colombia, Ireland, Mexico, Thailand) are decriminalizing abortion and expanding the circumstances under which the procedure is legal, affirming the right to bodily autonomy, the United States is going backward and *removing* that right.

A former member of Population Connection's Board of Directors, Sacheen Carr-Ellis, MD, is the Medical Director at Jackson Women's Health Organization. She generously gave her time during a hellish period of uncertainty for her clinic and spoke with our Senior Communications Fellow, Alex Casey. “The End of *Roe*?” is about that conversation and Dr. Carr-Ellis's disbelief over the near-certain devastating decision the Supreme Court will issue in June.

Our other feature article covers the rising trend of men getting vasectomies in order to be more active in family planning with their partners and to take a stand against threats to women's reproductive rights—namely, the abortion bans that have been sweeping the nation in recent years. One doctor profiled in the article, Doug Stein, aka the “Vasectomy King,” first got involved in vasectomy provision because of his concerns around population growth. He has a clinic in Florida and has performed vasectomies around the world, training many urologists in his no-scalpel technique along the way.

Eight in 10 Americans believe abortion should be legal in at least some circumstances, according to a 2021 Gallup poll, and yet here we find ourselves, facing the most ominous challenge to reproductive rights since 1973. We are not optimistic about a favorable decision in *Dobbs v. Jackson Women's Health Organization*, but we'll never give up the fight for free and unfettered access to reproductive freedom for everyone, everywhere.

Marian Starkey
marian@popconnect.org

Letters to the Editor



Thank you for the wonderful feature in the December magazine with Jane Goodall's new book. She is amazing and still going strong.

I am currently listening to the audiobook version, so I enjoyed seeing the pictures and being able to read the excerpts in print.

Thanks for the great work done by Population Connection.

Donna Snow

Population Connection is the only organization I know that addresses population growth openly.

Jane Goodall said it in a nice way with her statement about how many of our problems wouldn't exist if we had the population of 500 years ago.

I have been saying for years that every problem we hear about day after day—global warming, ocean pollution, deforestation, etc.—has one simple answer: There are too many people. I am tired of hearing all the wondrous scientific solutions. It's way past time for the politicians and religious leaders to step up to the plate.

I don't want to be pessimistic, but I think we are way too late, past the point of no return.

Frank Pittman

Great Dr. Jane issue! I really appreciated your Editor's Note about walking alone in nature. While I usually walk with someone in the woods of Maine and along the seashore of Acadia

National Park each summer, I have had many times where I was by myself. I set my own pace, take a look around when I want to, and, when there are no other hikers nearby, I enjoy the sounds.

I also enjoyed the cartoon at the end (you can fit one more). So true today, not!

Bob Pettapiece, EdD

Page 16 of the December 2021 issue of *Population Connection* quotes Jane Goodall, "And it was people fighting to end slavery that led to the American Civil War." (pp.58-59 of *The Book of Hope*). Would it not be more correct to say, "It was people fighting to perpetuate slavery that led to the American Civil War."? Confederates fired the first shots.

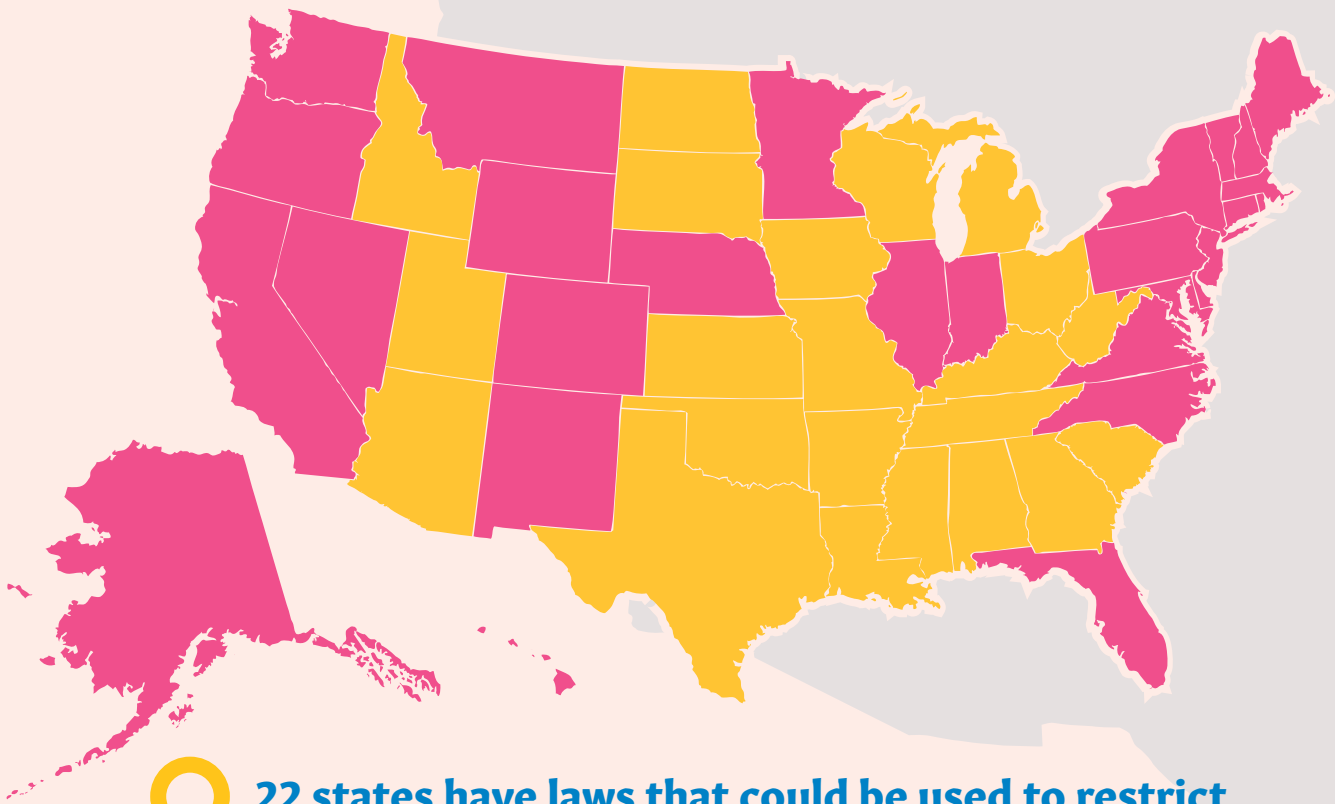
Bob Weggel

I have to admit that as a supporter of your organization, I am continually frustrated that the word doesn't seem to be getting out to others involved in the environmental movement. I am attending the Climate Smart Food Summit and I have not heard population growth mentioned once. Some mentioned that food waste is the #1 factor that impacts climate change—who do they think all that food is produced for? An ever-growing population.

How do we get these other organizations to acknowledge this issue and take it up as part of their cause? It seems like many think it is a taboo subject and don't even want to address people having smaller families. With China now incentivizing its population to have larger families, the situation is getting even more concerning.

Cory Davidson

A graphic featuring three stylized signs on white poles against a light pink background. On the left is a pink rectangular sign with the word "PROTECT" in white, bold, sans-serif capital letters. In the center is a blue circular sign with the word "ROE" in white, bold, sans-serif capital letters. On the right is a yellow rectangular sign, which is blank. The signs are slightly tilted and overlap each other.



22 states have laws that could be used to restrict the legal status of abortion in the absence of Roe.

Texas
Utah
West Virginia
Wisconsin

SUPREME COURT TO DECIDE FATE OF ROE V. WADE IN JUNE

44 states already prohibit some abortions after a certain point in pregnancy.

6 WEEKS

Texas

20 WEEKS

Mississippi

22 WEEKS

Alabama
Arkansas
Georgia
Indiana
Iowa
Kansas
Kentucky
Louisiana
Nebraska
North Dakota
Ohio
Oklahoma
South Carolina
South Dakota
West Virginia
Wisconsin

24 WEEKS

Florida
Massachusetts
Nevada
New Hampshire
Pennsylvania

AT VIABILITY

Arizona
California
Connecticut
Delaware
Hawaii
Idaho
Illinois
Maine
Maryland
Michigan
Minnesota
Missouri
Montana
New York
North Carolina
Rhode Island
Tennessee
Utah
Washington
Wyoming

3RD TRIMESTER

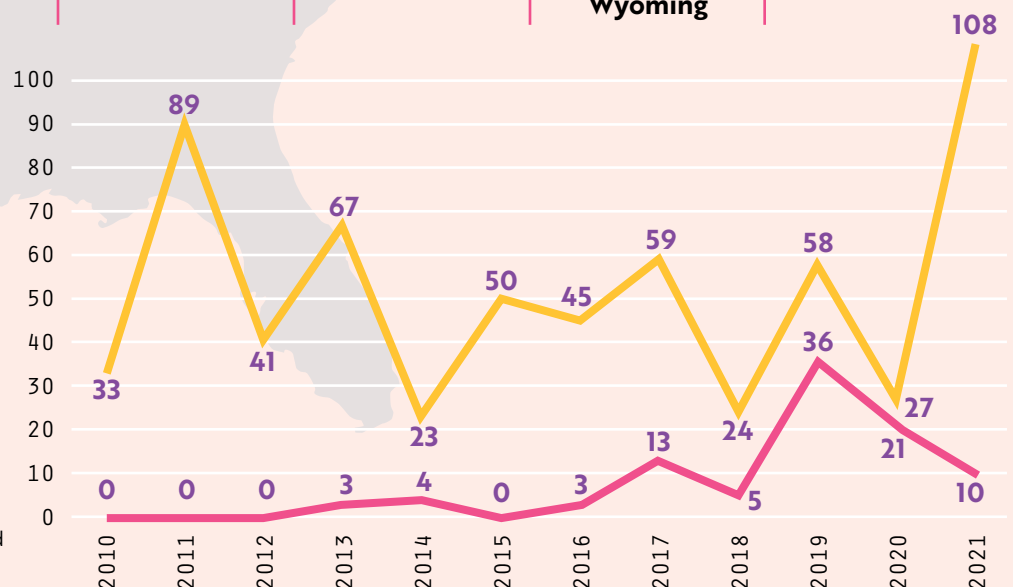
Virginia



The 108 abortion restrictions enacted in 2021 far surpasses the previous post-Roe record of 89, set in 2011.

A total of 1,338 abortion restrictions have been enacted since *Roe v. Wade* was handed down in 1973—44% of these in the past decade alone.

— Abortion Restrictions Enacted
— Abortion Protections Enacted





IN THE NEWS

By Stacie Murphy, Director of Congressional Relations

COP26 Climate Summit Results in Big Commitments, but Not Big Enough to Limit Dangerous Warming

From October 31–November 12, 2021, representatives of some 200 countries met in Glasgow, Scotland, for COP26, a summit for discussing ways to accelerate action on the goals of the Paris Climate Agreement and the United Nations Framework Convention on Climate Change (UNFCCC). The first day saw several important commitments made, including an announcement from Indian Prime Minister Narendra Modi that his country would reach net zero emissions by 2070. Saudi Arabia pledged to do the same by 2060, while Brazil set a target date of 2050. More than 100 countries signed a pledge to reduce methane emissions by 30 percent by 2030. And another group of countries, including Brazil and Russia, pledged to end deforestation by 2030.

The United States used the occasion to launch its global climate resilience plan, which President Biden said would “serve as a comprehensive framework to mobilize U.S. government resources and expertise in support of climate adaptation.”

While meeting these pledges would be a tremendous achievement, it would still not be enough to limit global temperature rise to the 1.5 degrees Celsius agreed to

in the Paris Climate Agreement. Instead, the suggested targets would result in a 1.8-degree rise.

China's Birth Rate Falls to Record Low Despite New Policy Allowing Couples to Have Up to Three Children

Government data for 2020 show that China's birth rate fell to 8.5 births per 1,000 people, the lowest rate on record since 1978, and that the total fertility rate was 1.3 children per woman.

According to official records, there were 1.41 billion people in China at the end of 2020. However, Fuxian Yi, a scientist at the University of Wisconsin, says that those numbers may be inflated. He estimates that China's population is actually 1.28 billion and that fertility rates are even lower than reported. Yi says it is likely that local governments are inflating their numbers in order to qualify for more financial resources from the national government.

After scrapping its notoriously coercive one-child policy in 2016, China moved to a two-child policy in an attempt to prop up sagging birth rates. In May of 2021, the government increased the limit to three children per family, though there's little evidence that these changes have caused couples to have more children.

In a sign that China's willingness to use coercive tactics to manage its birth

rates persists whether the government is preventing births or encouraging them, recent reports suggest that public hospitals are turning away men seeking vasectomies. Some observers worry that such developments mean more heavy-handed measures to increase birth rates may be on the horizon.

Pregnancy-Related Deaths Have Doubled in the U.S. Over the Past 30 Years

According to a new annual report from the March of Dimes, the United States is in a maternal mortality crisis, with pregnancy-related deaths having doubled over the past 30 years. In addition, pregnancy-related morbidity—defined as significant negative impacts on the pregnant person's short- or long-term health—has doubled over an even shorter time frame. Each year in the United States, more than 700 women die of pregnancy-related causes and some 60,000 experience significant negative health impacts.

The report, which looks at trends year-to-year, did show a slight decline in the overall rate of pre-term birth in the U.S., from 10.2 percent of births in 2019 to 10.1 percent in 2020, as well as a similarly small decline in overall infant mortality.

Significant racial disparities exist, however, with Black and Indigenous babies being more than twice as likely as white babies to die before their first birthday. The report recommends several policy

steps to address the disparity, starting with passage of the Black Maternal Health Momnibus Act of 2021.

ICE Doctor May Have Performed Unwanted and Unnecessary Hysterectomies to Scam Federal Government

A joint investigation by the House Oversight and Reform Committee and the House Homeland Security Committee has found that Mahendra Amin, a Georgia doctor working as a contractor for Immigration and Customs Enforcement (ICE), may have performed unnecessary and unwanted gynecological procedures—up to and including hysterectomies—on detainees in ICE custody in order to inflate payments from the government.

Tony Ogburn, an expert tasked by the panel with reviewing Amin's records, said that the doctor appeared to have done "the same evaluation and treatment on most patients because that is what he knew how to do, and/or he did tests and treatments that generated a significant amount of reimbursement without benefiting most patients." Ogburn also found "a pattern of performing the same surgery ... on many patients no matter what their condition was."

The House committees have asked for a briefing from the Department of Homeland Security (DHS), as well as

for information on how the agency plans to respond.

Population Exposed to Extreme Heat Tripled Between 1983 and 2016

Last year was the sixth hottest ever recorded, according to an annual analysis released by NASA and the National Oceanic and Atmospheric Administration (NOAA). The average global temperature was 1.1 degrees Celsius above the pre-industrial average. Eight of the 10 hottest years on record have occurred in the past decade.

Warming in the Arctic region is three times greater than the global average, highlighting the extreme likelihood of impending sea-level rise.

A separate study by the *Associated Press* using a dataset from Columbia University's Climate School found that the percentage of the global population exposed to extreme heat tripled between 1983 and 2016 and now includes at least a quarter of the world's population, most of them residing in Asia and sub-Saharan Africa. Rapid population growth in areas prone to extreme heat has exacerbated the increase.


Southern Asia has been hit particularly hard, with India alone accounting for 37 percent of those residing in areas affected by rising temperatures. Dhaka, Bangladesh, saw its population grow by over 16 million people and the number

of dangerously hot days increase by about 50 from 1983-2016. According to the *Associated Press*, "This large population growth, along with the warming trend for the area, reveals that Dhaka had the biggest increase in heat exposure in the world."

Vermont Moves to Protect Abortion Access in State Constitution

Vermont is set to become the first U.S. state to enshrine access to abortion and contraception in its state constitution. In early February, the Vermont House voted 107-41 to advance the proposed constitutional amendment, known as Proposition 5. Governor Phil Scott, a Republican, has signaled support for the measure, which, after a required public notice period, would appear on the ballot this November.

A 2014 Pew Research Center poll found that some 70 percent of Vermonters believe abortion should be legal in all or most cases.

Fifteen states have enacted legislation to protect abortion rights ahead of this summer's expected Supreme Court ruling, which is likely to overturn—or at the very least, severely undercut—*Roe v. Wade*. 

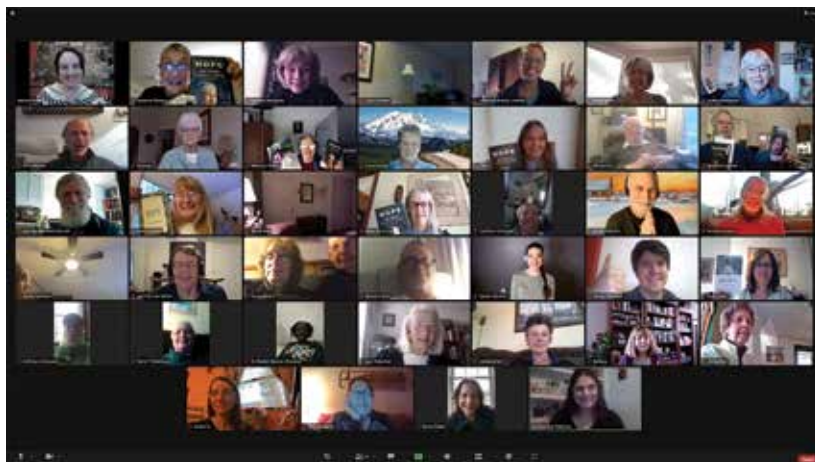
The digital version of this article includes hyperlinked sources: popconnect.org/articles/in-the-news-march-2022/

2022 Off to a Busy Start for Population Connection Members!

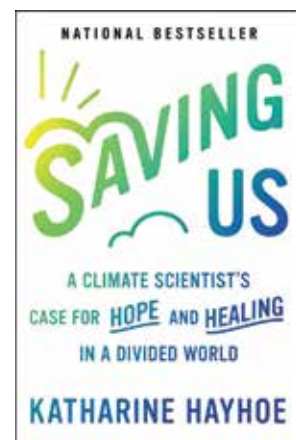
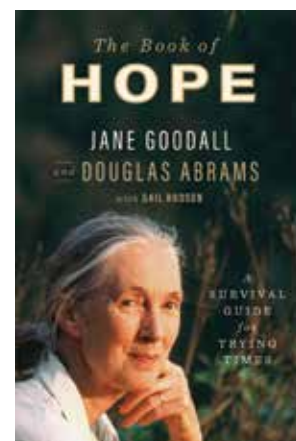
By Natalie Widel, Director of Digital Marketing

PAGE TURNERS BOOK CLUB

Population Connection began 2022 with a well-attended Page Turners book club meeting in January. Over 60 members and supporters met to discuss **The Book of Hope: A Survival Guide for Trying Times** by Jane Goodall and Douglas Abrams. Readers particularly loved the positive and hopeful tone of this book, and many said they felt inspired by the advocacy work of young people in tackling climate change for a better future for our planet.



Screenshot of January Page Turners book club Zoom meeting



The next book club selection is **Saving Us: A Climate Scientist's Case for Hope and Healing in a Divided World**, written by Katharine Hayhoe. We will meet on Zoom on March 24 at 4:00pm ET/1:00pm PT to discuss this bestseller. Learn more and sign up to join us at popconnect.org/virtual-events/book-club/.

POPULATION AND CLIMATE CHANGE

President and CEO John Seager gave a talk titled [Glaring Emissions: Linking Population Growth and Climate Change](#) in late February. As we near a global population of 8 billion people, it's critical that we look at how different population growth trajectories could affect global greenhouse gas emissions throughout the rest of the century. A recording of the talk is available on our website at popconnect.org/virtual-events/glaring-emissions/.



We'll continue to analyze how population trends impact the environment during our spring [Demography Series](#). Senior Analyst Hannah Evans will present once a month from March to June, shedding light on the interconnections between population dynamics, social demography, and environmental sustainability—with a particular focus on the climate crisis. The first session, [Introduction to Demography](#), took place on March 9. Watch the recording and sign up to join us for future sessions at popconnect.org/virtual-events/demography-series/.

Our Membership Relations team will host a number of events in April to celebrate Earth Day. Please visit popconnect.org/virtual-events/earth-day-2022/ to find out how to participate! We encourage you to contact us at engage@popconnect.org with questions on how to join any of our events, as well as to offer ideas for future events. We hope to see you virtually in 2022!



RECOGNIZING MEMBERS OF THE PRESIDENT'S CIRCLE



Grace M. Abbott
Marilyn M. Ackley
Robert H. & Kerstin M. Adams
Audra B. Adelberger
George L. Adkins
Edwin M. Ahrens, MD
Michael & Lynn Aldrich
Mariette P. Allen
Richard A. Allen
Janis C. & Raymond Aller
David S. Alles
Janet R. Allison, PhD
Richard M. & Andrea Amend
Richard Amish
Frederick Ammerman &
Linda Bisaccia-Ammerman
David R. Anderson
Allen T. Ansevin
Earl Appel
Alan R. Atwood
Janis Augustin
Sylvia B. & Richard B. Aust
Kent P. & Claire Bach
Elizabeth W. Bainbridge
William E. Baird
Earl W. Balch
Walter M. & Donna L. Bales
Ford Ballantyne III & Penny E. Ballantyne
George T. Barker, MD & Nancy L. Barker
Mary Barkworth
Jill Barnes
Kitty L. Barr
Thomas A. & Mary L. Bartlett
Marie A. Barton
Jane C. Bartrum
Lamar Bass Jr.
Gary F. Battel
Marjorie Beaver
Catherine Z. & Richard J. Becker
Edward J. Behrman
Donald & Pamela N. Bell
Phoebe P. Bender
Elodie C. Bentley
Robert Berg & Carol Emerson
Eleanor & Richard Berry
Kaye Beth

Marcia McGee Bieber
Diane Bigler
Rex Bigler
John Bilheimer
Norbert W. & Inger A. Bischofberger
R. M. Bishop
Alan F. Black
Arthur V. & Marion J. Bliss
Gail M. Bliss
Diana B. Bloch
Joseph Blum
Carol M. Boardman
Michael J. Bobroff
David N. Bogart
John J. Boland Jr.
Pirkko H. Borland
Kimberly R. Bradley
Thomas R. & Marilyn Breckenridge
Lon B. Brehmer & Enriqueta Flores-Guevara
Kenneth R. Brennen
Ralph H. Britton
Neal J. Brock
Robert A. Brooks
Charles W. Brown
Christopher Brown &
Susan Urquhart-Brown
Frederick W. Brown
Glen Allan Brown & Jean L. Brown
Jacqueline A. Brown
T. Wistar & Emma Brown
Judith M. Buechner
Elizabeth M. Buffington
Charles I. & Judith A. Burch
John & Mary G. Burkhart
Russell F. & Sally K. Burmester
Madeline & John Burnell
Jay & Donna Bushnell
Glenn W. & Peggy Calkins
Catherine Cameron
Wayne M. Camirand
Felicia M. Cappadona
Shirley S. & Don Carlton
Charles H. Carpenter Jr.
John M. Carpenter
Dan L. Carrigan
Catherine L. Carter

David S. Carter
Margaret Casagrande
Valerie J. & Lawrence P. Casey
John T. & Theresa D. Cederholm
Laura M. Chaney
Charles M. Chapin
Kenneth H. Chase
Kathleen T. Cheevers
Charles Churchill
David D. & Susan B. Clark
Hilary P. Clark
Susan Clark
Carol A. Cleave
Spencer & Celia Clevenger
Cindy Cobb
C. Lewis & Enid Cocke
Hans Coffeng
Henrietta Cohen & Lee Trucker
Bruce G. Colburn
Cherida Collins Smith
Clifford W. Colwell Jr., MD &
Carolyn Colwell
Janet M. Conn
Richard Connolly
Christina L. Coolidge & Scott James
Alice L. Cooperman
Nancy G. Copeland
James L. & Pauletta A. Copenheaver
Gale Chapman Corson
Jeanette D. Coufal
George M. Covington
Walter Crager
Capt. David Crain (ret.) & Christine Crain
Jonathan R. & Anne Cross
Tiffany B. Cunningham
Thomas J. Curran
Phyllis A. Currans
Grace A. & John Curry
Christine Curtis
Jean Cypher
Charles Dahl
Gene L. & Linda Daniels
Janet K. Davies
Elspeth A. Davis
Eugene L. Davis
George O. & Joel C. Dawson

The President's Circle is Population Connection's leadership society, whose members contribute annual gifts of \$1,000 or more, providing the financial foundation for our advocacy and educational efforts. We are deeply grateful to members of Population Connection's 2021 President's Circle. Your generous support inspires us and propels us forward every day. Thank you!

Stephen Dazey
Michael & Marilyn R. Dee
Robert J. DeLap & Linda Winsor-DeLap
Stephen Demaeyer
Edward E. DeMartini
Jeffrey L. Dennis
Paul C. Deutsch
Elzbet F. Diaz De Leon & Joe Connett
Berry C. Dilley
Steven Dimeo
Ronald R. & Linne Dodge
Martha Dohm
William G. Dolan
Evelyn H. & Earl P. Dolven
Julian & Katharine Donahue
William S. Donnell
Jean M. Douglas
Ellen E. Dryer
Daniel & Victoria Dubina
Kenneth H. Dubke
Marilyn Murphy DuBois
William R. Dvorak
James P. Eberhardt
Donald & Janice C. Elliott
Daniel A. & Rae Emmett
George Emmons
Thomas K. Emmons
Herbert G. & Paula C. Engel
Christopher J. Ennis, PhD & Joan Ennis
Gale Epstein
Don C. & Nancy Erman
John F. Estes III
Julie & Brad Esty
Lynn Evans & Fred Saunders
Rita A. Everett
Thomas W. & Sarah Faulkner
James H. Feit
Robert L. Felheim
Celia A. Felsher
Gertrude H. Ffolliott
Eric Filseth & Tina Peak
Richard E. Fish
John & Jane Fisher
Barbara Fite
Gael Fitzmaurice & Fred R. Dortort
Gilbert C. Flanagan

Carol J. Fleishauer
William E. & Rosie Foster
Frank H. Foulkes
Susan Fredericks-Ploussard &
Jeffrey Ploussard
Susan Friedlander
Robert W. Frischmuth
Ann C. Fritz
Norman Fritz
Keith E. Frost
Paul E. Frye
Thomas L. & Elaine Fulmer
E. Marianne Gabel
Leslie Gall
James & Jan Gardner
Christen C. & Ben H. Garrett
Pamela Jo Garrison
Elizabeth Gatchel
Randall M. Gates
George W. Gayle
Robert F. Geisler & Mary Schoonover
Michael S. Gendler & Jessica Teich
Don C. Gentry
Paul L. & Barbara Gerhardt
Anthony C. Gilbert &
Laurel Wroten Gilbert
Celia Gilbert
Gay F. Gilbert
Joan S. Gildin
Linda Ross Gill
James S. & Lucia Gilliland
John R. Giurgevich
Charles T. Glatt
David & Alena Goeddel
Rolf & Julie Anne Goetze
Marcy J. Golde
Ira Goldstein & Tessa Flores
Eva & W. Eugene Goldwater
James A. Goodkind & Victoria M. Grass
Dena Goodman
Luana G. Goodwin
Robert M. & Margaret L. Goodwin
Robert J. & Susan Gordon
Beatrice Gould
Elmer L. Grable
Ileana Grams-Moog

Lauren C. Greenberger
Julia A. Gregory
Charles B. & Jane C. Greyson
Claire J. Griffin
Wayne W. Grody
Gay L. Gullickson
Roberta A. Gutman
Carol D. Guze
Jason Gwinn
Deborah Halliday
Alice Hamblin Massee
Susan D. & John Hammler
William N. Handsaker
Sheila & Michael J. Hannah
Marshall & Carla Hansen
Roberta & Jon Hardacre
Kristina Harper & Don Swenholt
R. Bruce Harper, MD
Lelia T. Harriman
William H. Harris
Martha A. Harriss
Kriss E. Hart
Robert Hartman
James E. & Kathy Haswell
Charles L. Hatton
Paul C. Haughey
Philip C. & Joann Hawley
Eileen Heaser
Carter B. & Florence Hedeon
Robert & Rosemary E. Heil
June & Cliff Henderson
Jane & Dennis J. Henner
Theodore W. & Margie Henning
Stanley K. Henshaw, PhD &
Charlotte Henshaw
Janice R. Hensiek
Brent Hepner
John W. Hering
Judith Herman
Helen Herskowitz
Jerry M. Herst & Julie Dorfman
Kenneth E. & Karen Heuer
Eric Hildebrandt
Dale F. Hillard
Leslie Hine
John Hirschi



PRESIDENT'S *circle*

Eric A. Hirst
 Memphis S. & Janice L. Hixson
 Frank R. Hochfeld
 Constance M. Hoguet Neel &
 Richard Neel
 Richard P. Holloway
 Noel H. & Patricia K. Holmgren
 Joyce D. Homan
 Elizabeth C. Hood
 Stephen & Lynn Hoyle
 Jenna Hughes
 Donald & Jo Huisingh
 Scott A. Hunter
 Roger G. Ibbotson
 Gary C. Jacobson &
 Martha E. Blake-Jacobson
 Richard D. Jarvis
 Jerry A. Jedlicka
 Joseph R. Jehl Jr. & Jeanne D. Jehl
 Michael H. Johns
 Elizabeth A. & Gordon Johnson
 Mark A. & Laura E. Johnson
 MaryAnne C. Johnston
 Muirl R. & Joyce Johnstone
 Dawn A. Jones
 Paul Kaplan
 Richard J. & Diana M. Kasper
 Ann Peckham Keenan
 Dennis G. & Joanne Keith
 Ronald D. & Susan L. Kelton
 Vicky & Grant Kemp
 Susan M. Kennedy
 Christopher G. & Kay Kennon
 Roger & Dolores Kiel
 Elizabeth L. Kilb
 Jeffrey Kimball & Pamela Hogan
 Robert E. King & Anne H. Faulkner
 Thomas R. King
 Robert W. Kirby Jr.
 Terry Kitson & Paula A. Sherman
 Thomas Kleewein
 Edward E. & Susan Klenner
 Richard Klingele
 Ronald N. Klinger & Teri R. Sullivan, PhD
 Phil M. Kohlmetz
 Ralph E. Koldinger

Paul V. & Susan D. Konka
 Hunt Kooiker & Linda Whinnery
 Brian & Ina Korek
 Melodee Kornacker
 Morris & Sarah Kornbluth
 Ursula Korneitchouk
 Hannah Kramer
 James Krasno
 George W. Krumme & Aldean Newcomb
 John S. Kruse, MD, PhD
 Rebecca B. Kucera & Peter H. Hartline
 Peter Kunstader
 James R. & Jean Kunz
 Donna S. Kutner
 Max G. Lagally
 Scott & Becky Lambros
 Paul Lampert
 Jim Lampl
 John & Cathy Largay
 Brian Larson
 James & Mary Laug
 Merloyd Ludington Lawrence
 Robert P. Lawrence
 William C. Lawrence III & Emmy Lawrence
 Anna L. Lawson, PhD & Thomas T. Lawson
 William J. Layton & Nuria Rodriguez
 Bonnie L. Ledford
 Mark Lemkin
 David Lent-Bews
 Kathryn Lenton
 Robert L. Leonard
 Virginia W. Leonard Ewing
 Dorothy & Andy Leong
 SuSu Levy
 Jane E. Lewenthal
 Chun W. Liew
 Susan F. Lindsay
 Wendell G. Lindsay Jr.
 Danny L. Litowitz
 Philip O. Livingston, MD
 Suzanne Loebel
 Hesha & John Lohmar
 Judith F. Lomax
 Joanna London
 Caroline Lott Jessen
 Michael Loudon

David & Carla Low
 Art Lowenstein & Ann Karl Patton
 Mary Ann Macinko
 Ernest L. Madsen, PhD & Helen H. Madsen
 John Mallinckrodt & Carol Holder
 Ronald B. & Amanda Mallory
 Norman B. Mandelbaum
 Francis W. Mangels & Barbara L. Coulter
 John A. & Susi Manley
 Jeffrey P. Marcous
 William D. & JoJean Marks
 Karl E. Marsh
 James Allen Marshall &
 Judy L. Colligan-Marshall
 Wayne Martinson & Deb Sawyer
 Thornton Matheson
 Christopher K. & Catherine Z. Mathews
 T. D. Mathewson
 Clark & Sari Maxfield
 Rick & Linda Maxson
 Carl W. May
 Dorothy Mayer
 Nancy C. Maze
 John P. McBride
 Richard McCabe
 Nancy L. McCallum
 Gary W. McCormick
 Michael A. McDermott
 Robert W. McDonnell
 Janet McKean & David Murphy
 Jim McKee
 K. Randal McKown & Barbara Belanger
 R. Steve McNally
 Patricia McQuiddy
 Michael R. & Elaine McRory
 Scott & Hella S. McVay
 Peter Mele
 Alan & Janis Menken
 Thomas E. & Nancy S. Mertz
 John Mesching
 Jeffrey Messerschmidt
 Dennis L. Meyer
 Laverna E. Meyer
 Ellen F. Meyers
 Rosalie Migas
 Jeff Miller
 JoAnne P. Miller
 Kristie Miller
 Lee W. Miller & Pamela D. Long
 Frederick Millhiser
 Todd Minsk
 Virginia Mistry
 Russell E. & Illa D. Moffett
 Robert B. Molise
 Jean & Kyra Montagu
 John C. & Donna Montgomery
 Roberta Moody
 Charles E. & Frances A. Moore

Dian Moore
 Johanna Moran
 Ricardo Moran
 William E. & Judith L. Moritz
 Mary Jane Morris
 Simona S. & Jeffrey W. Morris
 Sandra J. Moss
 Carol C. Mukhopadhyay
 Denny Mullen
 Donald & Barbara Munro
 Desmond & Kerma Murphy
 Michael E. Murphy
 Jan Musial
 Robert K. Musil, PhD, MPH &
 Caryn McTighe Musil, PhD
 Ima C. Nailling
 Sacheen Nathan, MD, MPH
 Jeffrey D. Nelson
 John S. Nelson
 Kathleen E. & Alvin G. Neumann
 Donald J. & Sylvia Nevins
 Paul & Antje Newhagen
 Rebecca Newland
 Nancy Newman & Donald F. Lathen
 Roger C. & Audre Newman
 Michael Niebling
 Steven Nierlich & Tienne E. Lee
 Emily B. Nissley
 Lynne R. Nittler & Richard C. McAdam
 Karen Nixon & Clark Searle
 Austin & Martha Nobunaga
 Dawn & Ed Northwood
 Lindy A. Novak
 Patrick J. O'Hara
 Helen E. Olson
 Susan R. Orenstein
 George W. Orr
 Charles F. Owen & Doris Lee Owen
 David E. Owens
 Domenic J. & Birgitta Paino
 Jerald V. & Cindi Parker
 Anthony J. Pasquarello
 Neela Patel
 William Pavilonis
 Mary & Mel Pearlman
 Edward A. Pearson
 Jana E. Pellusch
 Margot B. Perot
 Thomas H. Peterson
 Jeffrey & Joan Petertil
 Bob Pettapiece
 Frank A. & Judy C. M. Pezzanite
 Jeffery Pfeffer
 Sue Phelps
 Michael Philips
 Richard J. & Joann T. Philips
 Margaret M. Phillips
 Jennifer S. Pick & Iain L. Grant

Robert L. Pickering
 John H. Pickett
 Delano A. & Norma J. Pierce
 Jo Lynn Pine & William B. Seabridge
 Roger K. Pitman
 Joseph G. & Barbara A. Pittman
 Barbara J. Planck
 Stephen J. Plank
 James Pomeroy
 Eric T. Ponteri
 Felicity Pool
 Stuart E. Porteous
 Paul Prenovitz
 Martin R. Prince
 Laurel L. Prussing
 Cory & Diane Pulfrey
 Vivian K. Pyle
 Patrick H. Quilter
 Garrett & Suzanne Quinn
 Joelle Raichle
 Leonard W. Rappe
 Greg H. Rau
 Rita H. Rausch
 Ralph A. & Arlene F. Reed
 George N. Reeke
 Loren D. & Betty Ann Reichert
 Tayeko N. Reichle
 Paul Reilly, ND, LAC
 Marjorie R. Reveal
 Gordon L. & Patricia B. Richardson
 Arthur & Jane Riggs
 Robert H. Robinson
 John S. & Georgeanne T. Roe
 William J. & Ann Roha
 George F. Rohrmann &
 Louise Y. Meadows
 Mitchell Rose
 Barbara Rosen
 Richard H. & Anna Marie Rosen
 William & Sandra Rosen
 Paul W. Rosenberger
 Robin D. & Theodore S. Ross
 S. Ann Ross
 Steven D.K. Ross, MD & Maren Ross
 Melanie J. Rowland & Randy Brook
 Allan G. & Mearle Roy
 Donald Royer
 Beverly A. Rubin
 Claudia B. Ruchar
 Kathleen C. Ruesink
 JoAnn S. Ruppert
 Francis W. & Sandra K. Ruscetti
 Duane J. Russell
 John J. Ryan & Margaret E. Sillicker
 Milton H. & Jeanne W. Saier
 Kevin M. & Susan Salisbury
 Robert B. Sargent
 Richard D. Schablowsky

James E. Schacht
 Vernon E. Schaller
 Robert W. & Barbara G. Scheibel
 Henry S. Scherer Jr.
 Eric Schindler
 Robert & Elizabeth Schlechter
 Allan Schmidt
 Anthony & Loreta Schmidt
 Raymond L. & Elizabeth Schofield
 Paul & Bethany Schroeder
 Frances L. & Robert A. Schulz
 Jean F. Schulz
 Renate A. Schulz
 Judith E. Schwartz-Sorrel
 F. Peter Seidel
 Marty Shannon
 H. Rodney Sharp III
 Timothy C. Sherck
 Alistair Sherret
 C. Peter Shields
 Pamela J. Shillam
 James M. Shultz
 Linda W. Siecke
 Thomas Silverman
 Jim & Rose Sime
 Joseph Simmons
 Ruth L. & Alvin Siteman
 Richard J. Sloat
 Emily D. Slowinski
 Francis Smith Jr.
 Julie A. Smith
 Marc J. & Donna H. Smith
 Richard A. & Elizabeth Smith
 Ross A. Smith
 John P. Smith-Lontz II
 John M. Snyder
 Paul E. & Edith M. Sobel
 Laura L. Somerville
 Zigmund Sondelski
 I. Edward Sonden
 Walter Sonen & Sachiko Scott
 George C. & Maradel B. Sonnichsen
 Nils R. Sorenson
 Nyasha Spears & Brian Capps
 Stuart & Shirley Speyer
 Martha & Irwin Spiegelman
 Margo E. Sprague
 Mary G. Sprague & William T. Hassler
 Cyrus W. & Joanne Spurlino
 John & Linda Stachler
 Robert Stamps & Loretta Satterthwaite
 Jean C. Stanfield
 Frank & Penny Starr
 Norton & Irene Starr
 Sherman M. Starr
 Theodore L. Steck & Yvonne Lange
 William P. & Diane K. Steen
 John H. Steinberg & Jill Pliskin



Ronald G. Stevens
K. Martin Stevenson
Verena Stocker
Allen W. Stokes Jr.
Bernard M. Stoller
Chuck Stout
Jon R. & Barbara J. Stroud
Sandra A. Sullivan
Adrian & Ruth Sulser
Worth & Janet Summers
Jan H. & Susan Suwinski
Tom H. Swain
William F. Swanson
J. David Swift
Michael L. & Erika Swimmer
Thomas A. & Doletha Szebenyi
Susan H. & Peter D. Talbot
John Taylor
Brian Tenney
Michael Tetreault & Neera Harmon
David & Eudora M. Tharp
Marjorie R. Thomas
Peter R. Thomas
Victor J. Thomas, MD &
Lizbeth K. Thomas, MD
Stuart C. & Tiffany Thompson
Kay Thornton
Tim & Kim Thurgate
Dennis R. Tibbetts
Brian A. Tinsley
Philip Togni
Stephen R. Tracy
Karen Tsuchiya
Ariana Tuggle
John R. Turner Jr.
Alexander C. Twining

Theodore A. & Mary C. Tyler
Jonathan & Nicole Ungar
Richard D. Urell
George R. Vacek
Gloria D. Valdespino
Owen Van Kirk
Jonathan M. Vapnek
Peter W. Vaughan, PhD
John & Julia Ver Ploeg
David L. & Christine Vernier
Pieter B. Visscher
David Von Seggern
Arthur Wahl
William & Judith Waldman
Richard C. & Ann P. Walker
Mary A. Walter
Dirk R. Walters
Carol S. Wandres
Sharran M. & William A. Warren
Wendy W. Warren & Thomas V. Brown
Douglas & Susan Wartzok
Carol L. Weale
Marian C. Weaver
Denis & Barbara Webb
Richard & Susan Weigel
Mary Beth Weinberger
William D. & Sharon C. Weisman
Dee Wentz
Gene Werden
Richard A. Wertz
Barry Weshnak &
Carol Anne Cawley Weshnak
Kevin J. Whaley
Katherine F. Wheeler
Renato Whitaker
Carolyn M. White

Wayne G. Whitmore, MD, FACS
Rankin A. & Sandra S. Whittington
Rodney Wicklander
Catherine A. Wiehe
Jeffrey & Marta Wilde
Alan H. Wilkinson
David & Pamela E. Williams
John B. Williams
Pamela S. Williams
Roe E. & Helene Willis
Jack R. Wilson
John N. Wilson, MD
William J. Wilson
Theodore W. & Gertrude K. Winsberg
Robert E. & Ellen M. Wolitarsky
William W. & Janet L. Wolvin
Alan C. Woodbury
James H. Worth
Roger & Ann Marie Worthington
John Anthony Wright
S. Paul & Sara M. Wright
Caryn Wunderlich
Deborah C. Wyatt
Peter Wyble
Georgiana Yap
Phyllis & Richard E. Young
Judith S. Zaccone
Anne-Marie Ziegler

Organizations

Bay Laurel Nursery & Garden Center
BeP EarthWise Foundation
Emmett Foundation
Hitz Foundation
Innovia Foundation
L. P. Brown Foundation
Lautman, Maska, Neill & Company
Living Springs Foundation
McCullough Foundation
McDowell Mountain Music Festival (M3F)
Milligan Family Charitable Fund
Neptune-Bell Foundation
Nina Abrams Fund
Ranae DeSantis Foundation
Ruth H. Brown Foundation
Sheldon and Audrey Katz Foundation
Spottswoode Estate Vineyard & Winery
The Billstein Family Foundation
The Dudley Foundation
The Gladys & Ralph Lazarus Foundation
The John and Shirley Nash Foundation
The Louis and Harold Price Foundation
The Mary Angiola Foundation
The Paul H. Johanson Fund
The Prentice Foundation, Inc.
The Silver Tie Fund Inc.

If you'd like to join the President's Circle, or believe you should be recognized as a 2021 member and don't see your name, please contact the development team at giving@popconnect.org.
Thank you for your support!

DONATE YOUR VEHICLE

**WE MAKE IT EASY.
YOU MAKE A DIFFERENCE.**

A simple and impactful solution for an unwanted vehicle

HOW IT WORKS

1.



Call us or
visit us online

2.



Schedule your
free pick-up

3.



Receive a tax receipt
for your donation

**Easy Process
Free Pick-Up
Tax-Deductible**

Consult your tax advisor



TO LEARN MORE CALL OR VISIT US ONLINE

855-500-7433 • careasy.org/nonprofit/population-connection



THE END OF ROE?

An Interview With Sacheen Carr-Ellis, MD

By Alex Casey, Senior Communications Fellow

Dark netting covers the fencing outside the Jackson Women's Health Organization clinic, the only facility in Mississippi that performs abortions and the respondent in the Supreme Court case *Dobbs v. Jackson Women's Health Organization*. (Rogelio V. Solis/AP Photo)

On the morning of December 1, 2021, Dr. Sacheen Carr-Ellis felt positive. She was in Washington, DC, to support her legal team as they argued against Mississippi's 15-week abortion ban in *Dobbs v. Jackson Women's Health Organization*, the Supreme Court case that directly challenges *Roe v. Wade*, the 1973 decision that legalized abortion nationwide.

Court appearances are not new for Carr-Ellis, the Medical Director of Jackson Women's Health Organization (and former member of Population Connection's Board of Directors). The last standing abortion clinic in Mississippi, the pink house, as the clinic is also known, usually finds itself in the Fifth Circuit Court of Appeals on an annual basis. The Supreme Court was new terrain, but Carr-Ellis felt confident that impartiality and common sense would prevail in the nation's highest court.

Her positivity waned as the day progressed:

When the justices asked their questions, there wasn't even ... there was nothing to argue, they didn't even make sense. It was all about ideology. And I thought they were justices. They got to the Supreme Court, they should know their own laws. It was absurd and disappointing because I had so much respect for the law. The judicial branch was my favorite branch of government. And now it is not.

Mississippi House Bill 1510 bans abortion throughout the state after 15 weeks of pregnancy, "except in medical emergency and in cases of severe fetal abnormality." If the ban takes effect, patients seeking abortion after 14 weeks and six days will be forced to carry their pregnancies to term or leave Mississippi to obtain care. There is no exception in

the bill for pregnancies that result from rape or incest.

"The ban presents me with an impossible choice: to face potential civil penalties and loss of my Mississippi medical license for continuing to safely provide abortion care or to stop providing my patients the care they seek and deserve," Carr-Ellis testified in the joint appendix for *Dobbs v. Jackson Women's Health Organization*.

In a Center for Reproductive Rights press conference following the Supreme Court hearing, Shannon Brewer, the Clinic Director for Jackson Women's Health Organization, said the Mississippi ban would have severe consequences in a state with some of the country's lowest-ranking health and educational outcomes. She added that reversing women's rights without ensuring any

safeholds or opportunities for support was nonsensical.

Roe v. Wade prohibits states from banning abortion before viability—the point at which a fetus can survive outside of the womb—widely recognized at 23–24 weeks’ gestation. Banning abortion two months before viability is clearly unconstitutional ... as long as *Roe* stands.

The Mississippi case is the most important abortion case in nearly half a century because it could weaken or even overturn *Roe v. Wade*. According to the Guttmacher Institute, gutting or reversing *Roe* could have drastic implications for millions of women throughout 26 states, 21 of which are certain to ban abortion immediately, through “trigger bans,” and five of which will try to ban abortion as quickly as possible.

If states are permitted to outlaw abortion, they will be in violation of international human rights law, which supports access to abortion. And overturning *Roe* could influence abortion laws in other countries by setting a dangerous example. Argentina, Benin, Colombia, Mexico, and Thailand are a few of the countries that have recently seen major advancements in the liberalization and decriminalization of abortion. They are also countries that receive U.S. foreign aid. A presidential administration hostile to reproductive rights can have dramatic effects on the provision of aid overseas. The Global Gag Rule and Helms Amendment are just two examples.

The Global Gag Rule blocks U.S. funding from foreign non-governmental organizations (NGOs) that provide abortion services, counseling, or referrals, or engage in advocacy around liberalizing abortion in their own countries—even

when those activities are funded with their own non-U.S. money. The Helms Amendment has been interpreted to prohibit any foreign assistance funding from being used for abortion, without exception. Although the Global Gag Rule has been repealed by President Biden, it takes time for new USAID grants to go into effect, for clinics to reopen, and for patients to trust the reliability of their health providers again. Overturning the Helms Amendment requires an act of Congress, and sufficient support currently does not exist.

The Pink House Helps Patients Who Need Services the Most

Originally from the Bronx, Carr-Ellis received her MD from Albany Medical College in 1999. After her residency in obstetrics and gynecology, she completed a fellowship in family planning at Boston University Medical Center. A long-time advocate for reproductive rights and gender equality, Carr-Ellis entered the realm of abortion care because of classism. She found it unfair that some people could have all the access in the world, while others had none. Inequality was part of the reason why Carr-Ellis traveled from her “safe blue-state job” to Mississippi and Alabama, among other low-access states. No week ever looks the same for Carr-Ellis, who is licensed to practice medicine in Alabama, Georgia, Maryland, Massachusetts, Mississippi,

and New York, and travels based on the volume of need for abortion services.

When Carr-Ellis joined Jackson Women’s Health Organization in 2014, the clinic provided just over 2,000 abortions per year—today, the number of annual procedures is around 3,800. One

out of every four patients at Jackson Women’s Health Organization comes from out of state—mainly from Louisiana and Texas.

While Louisiana allows abortion up to 22 weeks’ gestation, the state requires that patients undergo mandatory ultrasounds and 24-hour waiting periods before a procedure, requiring patients to go to the clinic for two separate appointments. Mandatory counseling that includes erroneous and misleading information is another deterrent. Patients are often falsely told that if they have an abortion they’ll be at heightened risk for post-

traumatic stress disorder, depression, other psychological disorders, and breast cancer. Adding to all of these patient burdens, Louisiana prohibits Medicaid and other forms of health insurance from covering abortion services, disproportionately impacting low-income people.

In Texas, Senate Bill 8, which has been allowed to remain in effect since September 1, 2021, limits abortion to six weeks’ gestation. According to Carr-Ellis, it’s often the case that women in

“The ban presents me with an impossible choice: to face potential civil penalties and loss of my Mississippi medical license for continuing to safely provide abortion care or to stop providing my patients the care they seek and deserve.”

Texas try to go to neighboring states to get the care they need, only to be directed to states farther away, such as Mississippi, when their first-choice clinics are fully booked. “They walk into those clinics and you’d think they’d be pissed, but they are lovely, appreciative, and going through so much. They are lawyers, moms with daughters, people who don’t speak English ... I’m just so surprised by all they have to go through to get basic health care,” she said. “I have a new appreciation for the women of Texas.”

While the pink house has doubled the number of doctors who fly in from out of state—none of the six doctors on staff are from Mississippi—and expanded its abortion-providing days from two per

week to five, the clinic has long wait times for appointments due to the volume of requests for abortion care.

The Mississippi abortion ban—like all abortion bans—is “specifically targeted to poor people and women of color,” who comprise the majority of the clinic’s patients, according to Carr-Ellis. In a Center for Reproductive Rights press conference, Shannon Brewer said:

The majority of the patients we see—they’re barely making it [to the clinic]. The women who will be affected the most will be those needing the services the most because they can’t afford to jump on an airplane, they can’t afford to spend \$2,000–\$3,000 to go to another state and get a hotel room,

childcare—these are the women who can’t afford to do that anyway.

Insulting Questions From the Court

Due to Covid-19 restrictions that prevented her from being in the courtroom, Carr-Ellis supported Jackson Women’s Health Organization’s legal team from a nearby hotel as they endured “absurd” questions and rebuttals from conservative

“They walk into those clinics and you’d think they’d be pissed, but they are lovely, appreciative, and going through so much. They are lawyers, moms with daughters, people who don’t speak English ... I’m just so surprised by all they have to go through to get basic health care. I have a new appreciation for the women of Texas.”



Participants in the Hold the Line for Abortion Justice rally march to the U.S. Supreme Court on December 1, 2021, in Washington, DC. (Shannon Finney/Getty Images for Women’s March Inc.)

justices and from Mississippi’s solicitor general, Scott Stewart. From Amy Coney Barrett’s comments about safe haven laws—which allow parents to leave unwanted newborns at designated hospitals and fire stations—to Scott Stewart’s insistence that contraception availability means abortion isn’t necessary, the hearing spiraled over the course of two hours into general disregard for the realities of contraceptive failure, high-risk pregnancies, and structural disparities that can



A technician checks a patient's blood pressure at Jackson Women's Health Organization on June 29, 2021. The clinic is challenging a state law banning abortions after 15 weeks of pregnancy. (Bonnie Jo Mount/The Washington Post via Getty Images)



Shannon Brewer, the Clinic Director at Jackson Women's Health Organization, watches a monitor with the live feed from security video cameras set throughout the property on May 17, 2019. Brewer is concerned about the growing number of abortion restriction bills being passed by state legislatures. (Rogelio V. Solis/AP Photo)

hinder ideal reproductive health outcomes for more vulnerable people.

And as crucial as contraception is, it doesn't eliminate unintended pregnancy entirely, and it can't prevent the need for abortion when there are pregnancy complications.

Carr-Ellis said Amy Coney Barrett's comment about "safe haven laws 'taking care of that problem' is an insult." Asking women to carry a pregnancy to term, give birth, and give up their babies for adoption is not a simple fix for unplanned pregnancy. For one thing, pregnancy and childbirth are risky and physically taxing even when everything goes perfectly. For another, adoption can be deeply traumatic; one researcher who

studies decision-making around abortion and adoption says that some women she's spoken with who gave away their babies carry intense grief for decades afterward. NPR reported on a woman in December who entered into an open adoption after becoming pregnant at 21. When she visits her son, she still cries, seven years later—sometimes, she cries so hard when she leaves the adoptive parents' house, she bursts blood vessels in her eyes. Sometimes, she throws up.

And as crucial as contraception is, it doesn't eliminate unintended pregnancy entirely, and it can't prevent the need for abortion when there are pregnancy complications. Ignoring these key factors, Stewart said, in his closing rebuttal:

Contraception is more accessible and affordable and available than it was at the time of Roe or Casey. ... It serves the same goal of allowing women to decide if, when, and how many children to have. ... the lowest cost abortion at Jackson Women's Health is \$600 for the abortion, additional costs, and further fees. ... Whether somebody is uninsured or not, the costs of

contraception are consistently significantly less than those.

Solicitor General Elizabeth Prelogar, representing the Biden administration, pushed back, explaining that even people using contraception can be at risk of unintended pregnancy:

The contraceptive failure rate in this country is at about 10 percent using the most common methods. That means that of women using contraceptives, approximately one in 10 will experience pregnancy in the first year of use alone. About half of women who have unplanned pregnancies were on contraceptives in the month that that occurred. And so I think the idea that contraceptives could make the need for abortion disappear is just contrary to the factual reality.

Patients' preferred methods of birth control aren't always available either. Carr-Ellis recalled a situation where, as a provider, she spent "forever" talking with a pharmacist because of trouble getting the right birth control for a patient. Although Carr-Ellis is adept at



Abortion rights activists from UltraViolet organize a light brigade outside the U.S. Supreme Court on November 30, 2021, in Washington, DC, the night before the Court heard arguments in *Dobbs v. Jackson Women's Health Organization*, a case about a Mississippi law that bans most abortions after 15 weeks, long before fetal viability. With the addition of conservative justices to the Court by Donald Trump, experts believe this could be the most important abortion case in decades and could undermine or overturn *Roe v. Wade*. (Chip Somodevilla/Getty Images)

navigating the health care system, she has personally encountered situations where she finds the right prescription before the pharmacies tell her that they are out of stock or unable to fill a prescription for another reason.

Adding to all of these barriers, states have varying degrees of contraceptive coverage. While some states allow patients to pick up three months' worth of birth control at a time, others require that patients pick up their birth control every

month, making it less likely that they will always be able to do so on time without

"I think we overestimate how much money people can dole out for contraception. ... Birth control should not be a luxury item, but it seems to fall under that category."

missing doses. And there are an estimated 19 million women throughout the U.S. who live in contraceptive deserts, where they lack reasonable access to a health center or pharmacy that offers the full spectrum of contraceptive methods. Switching birth control pills may mean driving 400 miles in northern Texas, where dozens of counties lack health centers. Scheduling an appointment for

IUD insertion in Arizona may mean waiting four weeks.

According to Carr-Ellis' research, 94 percent of women who receive an abortion in Mississippi are interested in contraceptive counseling, and almost 70 percent of women are interested in utilizing a method in the wake of an abortion. Yet only about 9.5 percent actually start a method at the clinic. Over 40 percent of participants in the study cited cost and insurance coverage barriers as reasons for not using their preferred methods.

Difficult access to a preferred method and contraceptive failure are issues that can impact anyone. But Black Mississippians are far more likely to report using a less effective method of

birth control and relying on publicly funded clinics and insurance for sexual and reproductive health services. “I think we overestimate how much money people can dole out for contraception. Even for a cheaper pill, I think we are overestimating the cash flow that people have to purchase things. Birth control should not be a luxury item, but it seems to fall under that category,” Carr-Ellis said.

While the Affordable Care Act guarantees insurance coverage of contraception with no out-of-pocket costs, obtaining the right method at no cost is not always a simple matter. Some health plans effectively discourage the use of long-acting reversible contraceptives (LARCs) by requiring providers to receive approval before prescription. Others will only cover either IUD placement or removal—not both. The Affordable Care Act has been crucial for making family planning more equitable, but it does not require health plans to cover every contraceptive. Throughout her clinical experience, Carr-Ellis has found that the Affordable Care Act does little to improve access to methods like IUDs unless individual states have regulations that support the cost of the devices. This much is true: Many women still face onerous barriers in obtaining the birth control they want.

The rights granted by Roe have not been equal for everyone, given income disparities and other factors. But access to quality, safe reproductive health care will get vastly worse across the country if Roe’s basic protections are taken away. And that’s not what Americans want.

According to a recent Gallup poll, eight out of 10 Americans believe abortion should be legal in at least some situations. Yet pro-choice voters may be less motivated by threats to Roe than anti-choice voters are determined to overturn



Center for Reproductive Rights Litigation Director Julie Rikelman, who represents Jackson Women’s Health Organization, Mississippi’s lone abortion clinic, takes a question from a reporter in front of the U.S. Supreme Court building on December 1, 2021. (Andrew Harnik/AP Photo)

it. According to a recent Politico/Morning Consult poll, which surveyed a sample of 2,000 people—the majority of whom identified as pro-choice—42 percent of respondents said they would vote for a candidate who did not align with their views on abortion. Another 26 percent were unsure, or had no opinion, on the matter.

Carr-Ellis believes apathy will not prevail for long, however, especially if

“All you need is one friend or roommate to die and you become pro-choice forever, no matter your political party.”

abortion bans and restrictions continue to succeed. “There is a tipping point. If lawmakers don’t protect us, people will pay attention,” she said. “I think the politicians will lose their jobs if they keep this up. Women won’t take this forever, their partners won’t take this forever, and women won’t be okay with this. All you need is one friend or roommate to die and you become pro-choice forever, no matter your political party.”

MEN ACROSS AMERICA ARE GETTING VASECTOMIES 'AS AN ACT OF LOVE'

By Emily Wax-Thibodeaux | Originally published by *The Washington Post* on December 26, 2021

With the right to abortion under threat, men say they want to play a role in reproductive planning to support their partners.



Participants at the Hold the Line for Abortion Justice rally at the U.S. Supreme Court on December 1, 2021, in Washington, DC. Inside the building, the justices were hearing oral arguments from both sides in the case *Dobbs v. Jackson Women's Health Organization*. (Shannon Finney/Getty Images for Women's March Inc.)



After Andy and Erin Gress had their fourth child, Andy decided it was time for him to “step up” and help with the family planning. So he did something that the mere thought of makes some men cringe: He got a vasectomy.

It was early one morning last winter—a brief moment of peace, before juggling getting the kids ready for online school and work Zoom calls. He happened to see a local news story about discounts being offered during World Vasectomy Day. He made an appointment that day.

His wife had taken birth control pills, but she struggled with the side effects. She had worked as a night nurse through four pregnancies, and the couple had children ranging in age from two to 11.

“The procedure was a total relief, almost like the Covid shot—like I’m safe now,” said Gress, who works in higher education. “I wanted to man up.”

But Gress’s action wasn’t just about his family. He also believed he should do more to support his wife and other women who don’t think the government should decide what they do with their bodies. “I’ve seen the miracle of life,” he said. “But I’ve also seen kids who are born into poverty and misery and don’t have a fair shot.”

With the Supreme Court set to decide the fate of *Roe v. Wade* [this] year and with more than 20 states poised to ban or impose restrictions on abortion depending on what the Court decides, some reproductive rights advocates say it is time for men to take a more active role in both family planning and the fight for reproductive rights.

In their own form of protest, state lawmakers in Alabama, Illinois, and Pennsylvania introduced legislation that highlights the gendered double standards with regards to reproductive rights.

Pennsylvania state Rep. Chris Rabb (D) introduced “parody” legislation this fall in response to the Texas law that amounts to a near-total ban on abortion. Rabb’s proposal would require men to get vasectomies after the birth of their third child or when they turn 40, whichever comes first. It would be enforced by allowing

“The procedure was a total relief, almost like the Covid shot—like I’m safe now. ... I wanted to man up.”

Pennsylvanians to report men who failed to comply, for a \$10,000 reward.

“As long as state legislatures continue to restrict the reproductive rights of cis women, trans men, and nonbinary people, there should be laws that address the responsibility of men who impregnate them. Thus, my bill will also codify ‘wrongful conception’ to include when a person has demonstrated negligence toward preventing conception during intercourse,” Rabb wrote in a memo about his proposal, as reported by *The Keystone*.

Rabb, a father of two who had a vasectomy in 2008, noted that he only had to discuss his choice with his wife and his urologist. The point of his proposal, he said, was to highlight the sexism, double standard, and hypocrisy inherent in the anti-abortion debate. But it blew up in a way he didn’t expect.

“I underestimated the vitriol this proposal brought,” Rabb said in an interview, adding that he received thousands of hate-filled emails, Facebook posts, and even death threats. “The notion a man would have to endure or even think about losing bodily autonomy was met with outrage, when every single day women face this and it’s somehow okay for the government to invade the uterus of women and girls, but it should be off limits if you propose vasectomies or limit the reproductive rights of men.”

Since December 1, when the Supreme Court heard a case that is expected to decide the future of *Roe v. Wade*, social media has been filled with tweets, memes, and quips using tongue-in-cheek humor to point out how men’s role in reproduction is almost never talked about. “Against abortion? Have a vasectomy,” says one bumper sticker.

Koushik Shaw, a doctor at the Austin Urology Institute in Texas, said his practice saw about a 15 percent increase in scheduled vasectomies after the September 1 Texas abortion ban went into effect.

Patients are saying, “Hey, I’m actually here because some of these changes that [Gov. Greg] Abbott and our legislature have passed that are really impacting our decision-making in terms of family planning,’ so that was a new one for me as a reason—the first time patients are citing a state law as their motivating factor,” Shaw said.

Advocates say they want to be clear: They are not pushing vasectomies as a replacement for the right to obtain

an abortion, nor do they believe men should have a say in the decision to have an abortion. In 1976, the Supreme Court ruled in *Planned Parenthood v. Danforth* that the father’s consent to an abortion was no longer required, largely because of a risk of violence or coercion in a relationship.

Doctors who perform vasectomies say they want men to be open and comfortable talking about the procedure instead of recoiling in horror at the idea, said Doug Stein, a urologist known as the “Vasectomy King” for his billboards, bar coasters, and ads at child support offices around Florida.

“An act of love,” for their partners, “the ultimate way to be a good man,” is how he and others market the procedure.

“It’s a remarkable trend in the family planning community of recognizing and promoting vasectomy and birth control for men, where this was once considered more fringe,” said Sarah Miller, a family medicine doctor who has a private practice in Boston and joined Stein’s movement.

Advances in the needle- and scalpel-free 10-minute procedure need a cultural push and maybe some fun to make men less bashful around doctors coming near their “junk,” Stein said.

He has a full-time vasectomy and vasectomy-reversal practice in Tampa and has traveled the world performing the procedure. He was inspired by his concern about population growth, but he also wanted to empower men to be responsible.

Stein, a father of two, had his own vasectomy more than 20 years ago.

Reliable statistics on the number of men who have sought vasectomies since the Texas ban and the U.S. Supreme Court hearing aren’t available, doctors say. But, Miller said she has seen an increase in patients at the small clinic she opened in Boston less than three years ago because she couldn’t believe “the paucity

[Stein] has a full-time vasectomy and vasectomy-reversal practice in Tampa and has traveled the world performing the procedure. He was inspired by his concern about population growth, but he also wanted to empower men to be responsible.



Participants at the Hold the Line for Abortion Justice rally at the U.S. Supreme Court on December 1, 2021, in Washington, DC. Inside the building, the justices were hearing oral arguments from both sides in the case *Dobbs v. Jackson Women's Health Organization*. (Shannon Finney/Getty Images for Women's March Inc.)

of options for men and people with men parts.”

At one point, she was told that vasectomy was not considered part of family planning, and she had to make her own arrangements to get the necessary training.

“It warms my heart to hear men say, ‘I am so nervous, but I know this is NOTHING compared to what my wife has gone through,’” she said in an email.

“It’s outrageous that we don’t have more contraceptive options for people with man parts,” Miller said. “There’s even a misguided sense that birth control is not a man’s job. That men can’t be trusted, or that they would never be interested, and that has led to lack of funding and development,” she said.

Engaging men in the abortion debate is tricky, experts say, because on the abortion rights side, men don’t want to be viewed as questioning a woman’s right to choose. And on the antiabortion side, the procedure is viewed as murder. But

some abortion rights advocates contend that men have a huge stake in legal and safe abortions, and “the fact we’re not out there fighting every bit as hard as women is shameful,” said Jonathan Stack, a co-founder with Stein of World Vasectomy Day.

“The quality of life for millions of men will be adversely affected if this right is taken from women,” said Stack, a documentary filmmaker who made a film about Stein called *The Vasectomist*.

Stack said that while filming the documentary, he would ask men: “Why are you choosing to do this?”

“They expressed something rarely heard in films about men—love or kindness or care,” he said.

“I had already come to believe that there was a story about masculinity that was not being told—not of power and control

or rage, but of alienation, of insecurities, of uncertainty, and of fear,” he said.

“We already know that men don’t always want to wear condoms, or they don’t work, or well, they take them off,” Esgar Guarín said with a sigh and chuckle. He is a family medicine doctor who runs SimpleVas in Iowa and performed Gress’s vasectomy.


Guarín trained under Stein and joined his movement. “We have to invest in helping men understand how easy and safe vasectomies are,” he said. After having two children, Guarín performed a vasectomy on himself.

The doctors also started “Responsible Men’s Clubs,” chat groups where men can share information such as how sexual performance is just fine after the procedure, and that it “doesn’t take away their manhood, but in fact makes them a better man,” Guarín said.

“It’s outrageous that we don’t have more contraceptive options for people with man parts.”

One man asked for a sort of “vasectomy passport,” a letter from Guarín to show his wife that sex would now be free of worry.

Brad Younts, 45, said his wife, Lizz Gardner, wants him to become a “vasectomy evangelist,” after he had the “simple procedure” without any problems.

“Men are big babies. Considering everything women go through—menstruation, Pap smears, OB/GYN visits,” said Younts, who lives in Chicago. “I’m proud I did it. And I went on to tell two friends who are also looking into it, too.” 



High Stakes on the Hill: Federal Budget Process Drags On, and Supreme Court Considers Overturning Roe

By Stacie Murphy, Director of Congressional Relations

It's a tense time in the nation's capital for family planning advocates. With the Fiscal Year (FY) 2022 budget process still incomplete and a major abortion decision expected from the Supreme Court in June, everyone who cares about reproductive rights is chewing their nails. Whatever happens, it promises to be an eventful spring.

Appropriations Update

The FY 2022 appropriations process was ongoing at our press deadline, with the ultimate outcome still very much up in the air. As a reminder, FY 2022 officially began on October 1, 2021. With no budget deal in sight as the deadline approached, President Biden signed a Continuing Resolution (CR) on September 30 to prevent a government shutdown and fund operations at FY 2021 levels through December 3. On December 3, he signed a second CR extending funding through February 18. On February 8, the House passed a third CR set to run through March 11. Senate Majority Leader Chuck Schumer (D-NY) had not yet scheduled a vote on the measure, but promised to do so before the deadline.

We don't know much about what's going on behind the scenes, but we do know the details of the bills being considered:

The House-passed State Department and Foreign Operations (SFOPs) appropriations bill included \$760 in bilateral family planning funding and \$70 million for the United Nations Population Fund (UNFPA). It also included the language of the Global HER Act, which would prevent a future president from unilaterally reinstating the Global Gag Rule, and excluded the Helms Amendment from the bill, though it remains part of permanent statute.

The Senate has not passed its version of the bill. Instead, the Senate Appropriations Committee released what's known as a Chairman's Mark—a bill authored by committee leadership and put forward without going through the typical mark-up process. The Senate bill funds bilateral family planning at \$650 million, pledges \$55 million for UNFPA, and also includes Global Gag Rule repeal language. Unlike the House bill, it does not eliminate the Helms Amendment.

The bills—along with multiple other funding measures—are being negotiated behind closed doors by House and Senate leadership. Because the Global Gag Rule repeal language is in both bills, it technically should not be susceptible to removal, but past experience has shown

that reproductive health provisions are always at risk. Advocates on Capitol Hill are not taking any chances and are doing everything we can to shore up support for the provision.

January 28 was the one-year anniversary of both President Biden's repeal of the Global Gag Rule and the introduction of the Global HER Act in the 117th Congress. Dozens of organizations in the international family planning community, including Population Connection, along with many members of Congress, used the anniversary to promote the Global HER Act and encourage Congress to include legislative repeal of the Global Gag Rule in a final FY 2022 spending bill.

Supreme Court Appears Poised to Overturn Roe

On December 1, the Supreme Court heard arguments in *Dobbs v. Jackson Women's Health Organization*. The Mississippi court case is ostensibly about a law banning abortion after 15 weeks of pregnancy. In reality, however, it is a direct challenge to *Roe v. Wade*.

Mississippi's Solicitor General, Scott Stewart, explicitly asked the Court to do so during oral arguments, saying, "*Roe v. Wade* and *Planned Parenthood v. Casey*

haunt our country. They have no basis in the Constitution. They have no home in our history or traditions. They've damaged the democratic process. They poison the law."

At least five justices (Samuel Alito, Amy Coney Barrett, Neil Gorsuch, Brett Kavanaugh, and Clarence Thomas) appeared receptive to the argument. Justice Barrett suggested that the widespread embrace of so-called "safe haven" laws, which allow a parent to surrender an infant at a hospital or fire station, surely renders abortion unnecessary. Justice Kavanaugh was more expansive, musing from the bench that surely the wisest course for the Court was a "return" to neutrality on the question of abortion and to leave the decision to the states. As he told United States Solicitor General Elizabeth Prelogar, "There will be different answers in Mississippi and New York, different answers in Alabama and California, because there are two different interests at stake, and the people in those states might value those interests somewhat differently. Why is that not the right answer?"

The Guttmacher Institute reports that 21 states have laws on the books—either pre-Roe bans, or so-called "trigger laws" put in place in anticipation of Roe's

fall—that could be used to immediately ban abortion. Another five states would be likely to quickly pass such bans, based on their current political climate.

In case his eagerness to overturn Roe wasn't obvious enough, Kavanaugh also cited *Brown v. Board of Education*—the case that ended the infamous "separate but equal" doctrine—while suggesting that it was fully right and proper for the Court to overturn precedent "[i]f we think that the prior precedents are seriously wrong."


Chief Justice John Roberts seemed to be searching for some middle ground, suggesting that perhaps the previous viability standard should be reconsidered while preserving part of Roe's core holding, but there was no sign that the other conservative justices were interested in such an approach.

Justice Sonia Sotomayor, early in the proceedings, noted that the sponsors of Mississippi's ban openly acknowledged that they'd introduced the law because there were "new justices" (meaning Kavanaugh and Barrett) they believed would be willing to overturn *Roe v. Wade*. She wondered aloud, "Will this institution survive the stench that this creates in the public perception that

"Will this institution survive the stench that this creates in the public perception that the Constitution and its reading are just political acts? I don't see how it is possible."

— Justice Sonia Sotomayor

the Constitution and its reading are just political acts? I don't see how it is possible."

That question remains to be answered. A decision is expected in June. 



The End of an Era for Our Field Team

By Rebecca Harrington, Senior Director of Advocacy and Outreach

For the past several years, Lauren Salmiery and Lindsay Apperson were strong fixtures on our Field and Outreach team. Both began working with us as fellows—Lauren in December 2015 and Lindsay in July 2016—and both were dedicated, strong advocates through two presidential elections, a midterm election, the harrowing Trump years, and the start of the Covid-19 pandemic.

In May 2021, Lindsay wrapped up her time with us before beginning graduate school at the Harvard Kennedy School. In January 2022, after she'd graduated with her Master of Public Administration from the George Washington University, Lauren took the next step in her career as a health care consultant at Aptive Resources.

Throughout her tenure at Population Connection, Lauren served as Field Fellow, Field Coordinator, National Field Manager, National Field Director, and Advocacy Specialist. She steadfastly organized for global reproductive health and family planning through one entire (terrible) presidential administration and the start of another (much better) one. Lindsay went from Field Fellow to Field Coordinator to National Field Manager during her time with us.



Lauren Salmiery

When Lauren and Lindsay started working at Population Connection, we were advocating for the Global Democracy Promotion Act, an earlier iteration of the Global Health, Empowerment, and Rights (HER) Act, which was first introduced in 2017. They were both integral to the founding of our #Fight4HER campaign at the start of the Trump administration and were key to our engagement with other progressive organizations in our full-on resistance effort.

At the start of the Biden administration, our efforts shifted from resistance and defense to pushing forward the various pieces of a bold reproductive health agenda we had been wanting to enact for years. Lauren notes that it was great to see progressive policy changes happening and that they were the “fodder” that kept her, and she believes others, in the fight.



Lindsay Apperson

She reflects that:

In the moment, it was really frustrating to see stalemates in Congress and to not be able to carry through with our advocacy actions because of the constantly changing priorities on the congressional agenda—whether in response to an insurrection or a pandemic. There always seemed to be something to prevent us from carrying through the action we wanted to do. If you had only worked at Population Connection for six months, you might say, “This process is so frustrating!” But having worked there for six years, it was frustrating in the moment and rewarding in the long run.

Lindsay agrees, noting that everything she learned about the “sometimes infuriating” policy process that affects real

people's everyday lives has been useful to her grad school experience and has "really shaped [her] own theory of change."

Lauren is most proud of the work she did to help grow Capitol Hill Days. Her first year organizing the event, in 2016, 173 activists attended; by 2019, our last in-person CHD event, we had grown the program to nearly 350 people. It was satisfying for her to watch the program develop and thrive, and to see the base of wonderful, dedicated volunteers grow year to year.

Lindsay is proudest of the work of the #Fight4HER activists and volunteers she managed:

It was an incredible experience to work with hundreds of volunteers from across the country who mobilized nearly 60,000 people to take action to repeal the Global Gag Rule. Working with so many volunteers who were passionate about reproductive rights and justice was a humbling experience. ... Working with volunteers on the #Fight4HER campaign was so rewarding, especially developing them into leaders and seeing them go on to do such wonderful, intersectional organizing work. ... I learned how to recruit people into a movement, center

them in our work, and continue to develop them as leaders to sustain our efforts, throughout both demoralizing losses and gratifying wins.

When asked about her favorite person she met in the field, Lauren immediately says Melvine Ouyo. She describes how much she enjoyed working with such a "passionate, driven colleague" and how much fun she had traveling with Melvine in Kenya. She remembers the boat tour they went on at Lake Victoria, the "most incredible" fresh fish they ate at a local spot, and how Melvine invited Lauren to stay at her home when visiting Kenya, which Lauren did. Lauren describes Melvine as "so adventurous, a great spirit, really passionate about her family. She's one of my favorite people in the world."


When asked the same question, Lindsay responds:

It's hard not to say Melvine! But I have to shout out Stephani Gonzalez-Espinosa, who was one of our 'tippiest' top volunteers at Arizona State University (ASU). I worked with her for four years, so it was really rewarding to see her grow from her time as a freshman all the way until her graduation! She's doing really

incredible work now at Poder in Action, an organization that works to "disrupt and dismantle unjust systems and determine a liberated future as people of color in Arizona."

When asked to sum up her experience of working at Population Connection, Lindsay says:

In two words: gratitude and exhaustion. I am so grateful for all of the rewarding experiences—the relationships I built with staff, volunteers, and advocates, the wins we fought hard for and won, the community we built and sustained throughout my five years working there. But the work was exhausting. Reproductive rights were, and still are, under near-constant attack. It's so important—but often hard—to find small wins when you're working on such an uphill battle. Working in a space with so much uncertainty is exhausting, but at the same time so rewarding.

We are so grateful to Lauren and Lindsay for their dedicated service to the international reproductive health and rights effort. We wish them well in their current and future adventures, and can't wait to see the change they'll make in the world. 



Studying Our Stuff: Life Cycle Analysis Activities for Grades 6-12

By Pamela Wasserman, Senior Vice President for Education

On a recent Sunday, I did a bit of shopping for a few personal and household items—a shower curtain liner, face cream, and a dog toy—all without leaving my couch. Like many during this pandemic period, I've become part of the “homebody economy”—spending more on stuff that gets dropped off at my house and less on experiences out and about in the world.

Our new relationship with “stuff,” and the hiccups of pandemic-fueled supply chain issues, have also increased public awareness of what goes into getting all these items to retailers and, ultimately, to us. From extracting raw materials to manufacturing, transportation, consumer use, and disposal, all of our stuff has a life cycle. Along the way, this life cycle has implications for the workforce that produces the goods, and for the environment.

With a doubling of the global population and a 33-fold increase in world consumer spending over the past 50 years, the sheer amount of stuff has skyrocketed, filling our homes and landfills. As part of our PopEd curricula, we wanted secondary students to learn a little bit more about their stuff—the journey it took to get to them and where it will go next. Five years ago, we started

developing classroom activities focused on life cycle analyses (LCA) to help students appreciate the impacts of some of their favorite consumer items (e.g. fast fashion and mobile electronics) on environmental sustainability, human health, the economy, and social justice.

That led to the development of *The Secret Life of Stuff* for grades 6-8 and *The Secret Life of Tees* for grades 9-12. Both are STEM-based activities that also bring in social studies content, for truly

interdisciplinary learning experiences. These lessons also emphasize student inquiry, letting curiosity guide the discovery process.

In *The Secret Life of Stuff*, students compare the life cycle stages of four everyday products: jeans, sneakers, earbuds, and a small lamp. Working in groups, they first hypothesize which of the four products will have the smallest eco-impact and why. They then assess and rank the four items according to their environmental



impact along the five steps of their life cycles: materials extraction, manufacturing, distribution, usage, and disposal. Students then formulate a plan for decreasing the impact of one of the products by altering one stage of its life cycle.

For older students, we also bring in social and environmental justice issues related to the product's life cycle. In *The Secret Life of Tees*, teens examine the journey of a single t-shirt. Using guided research and their own data, they determine the impacts of the t-shirt during each of the five stages of its life cycle.

For each stage, students read articles and/or watch videos to provide context. In Stage 1 (materials), they explore pros and cons of different t-shirt materials including cotton, rayon, and polyester. In Stage 2 (manufacturing), they learn about the countries where their apparel is made and the typical working conditions of the garment workers in those locations. Stage 3 (distribution) covers shipping impacts and regulations. Stage 4 (usage) focuses on the environmental impacts of repeated laundering of the t-shirt. Stage 5 (disposal) addresses “fast fashion” and the fate of used clothing that gets exported to low-income countries.

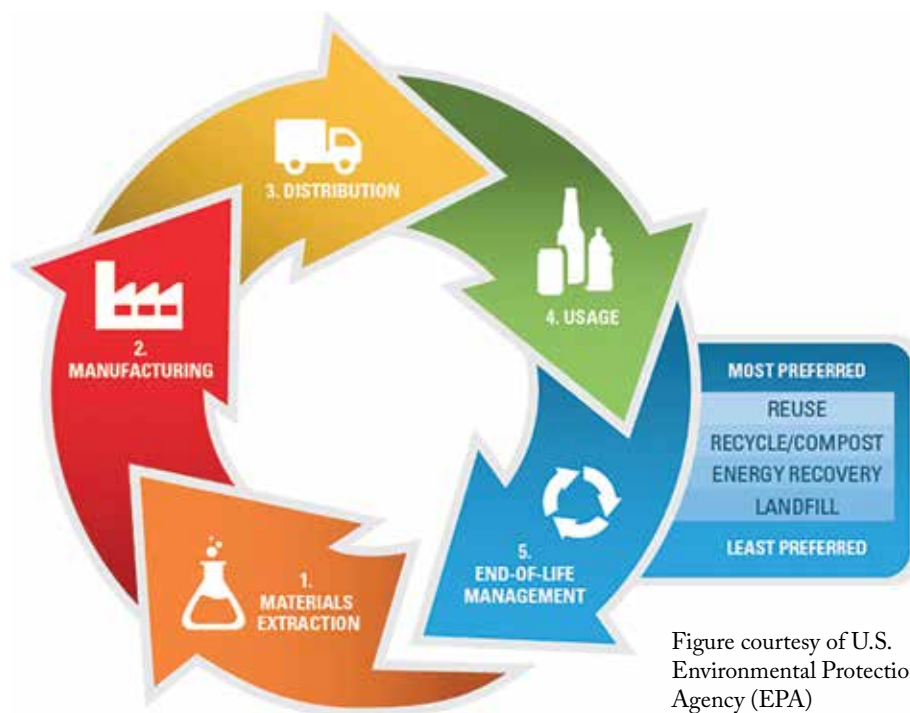



Figure courtesy of U.S. Environmental Protection Agency (EPA)

As in the middle school version, students are asked to create an action plan for participants in the life cycle—individual consumers, governments, companies, or non-profits—to reduce the environmental footprint of that t-shirt. They consider questions such as: When and how does a consumer have the most power to change the t-shirt's impact? What are some of these possible changes? What would be the “perfect” t-shirt? (How would it be made, shipped, and disposed of?)

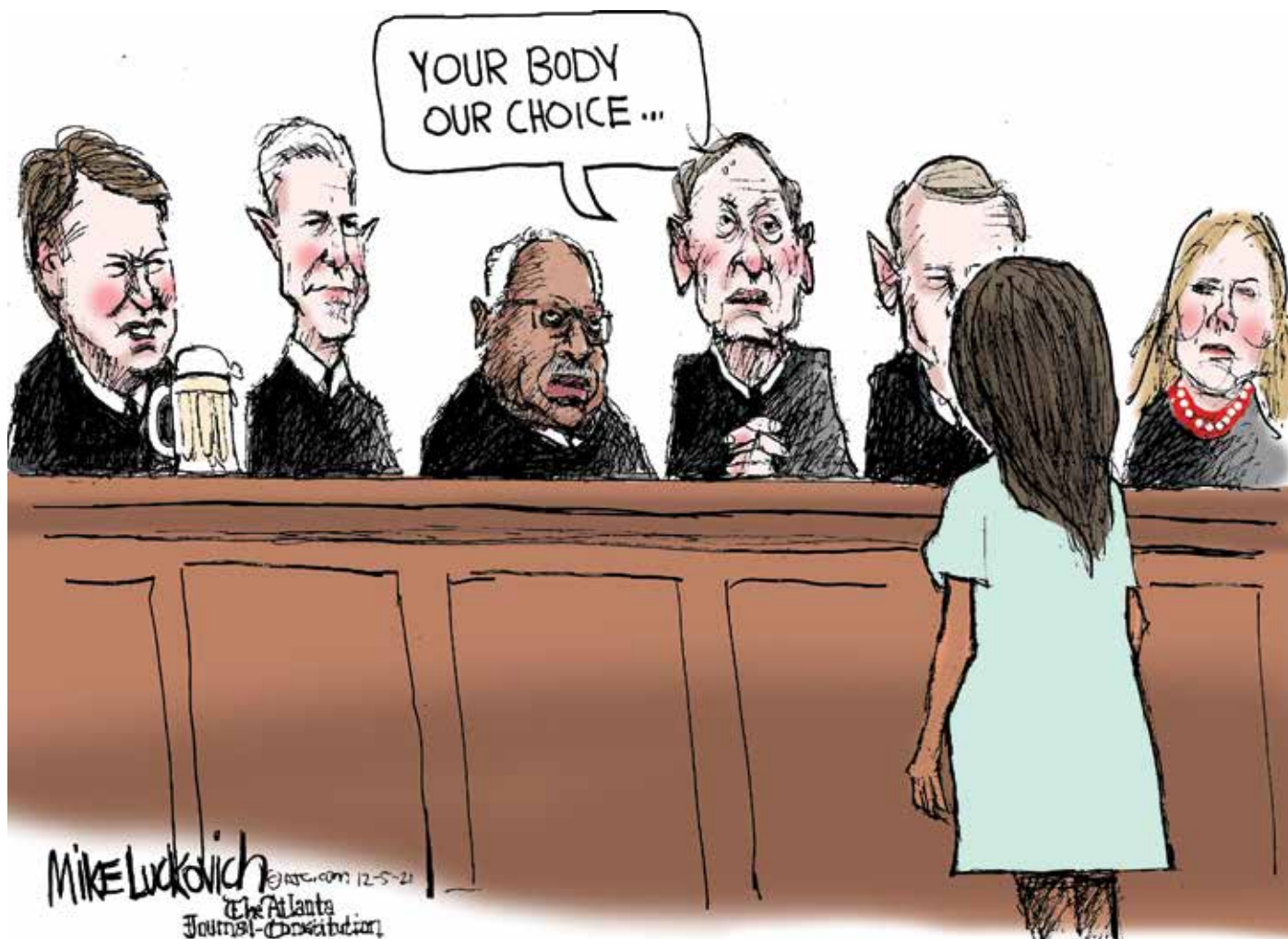
One of the outcomes of an LCA is to gain a keener appreciation for the stuff that we acquire and to make informed choices as consumers, considering both sustainability and ethics. Some students have taken their learning a step further by advocating for changes in product

development, marketing, and disposal through their videos submitted to our World of 7 Billion contest. Last year's winners included videos on “carbon tagging” everyday consumer items, child labor used in mining mica for cosmetics, and ways to cut down on e-waste.

PopEd is continuing to add to our teaching resources related to personal consumption. New student readings on the impacts of “fast” and “ultrafast” fashion are now part of our middle and high school curricula, as is an updated case study on the world's largest e-waste dumping site. 

For more information about PopEd curriculum, visit PopulationEducation.org.

CARTOON



Mike Luckovich Editorial Cartoon used with permission of Mike Luckovich and Creators Syndicate. All rights reserved.



Los Angeles Times

How the U.S. Supreme Court will rule in a case over a restrictive Mississippi abortion law is not just about abortion rights, because abortion rights are about so much more.

The loss or curtailment of a woman's right to choose whether or not to end a pregnancy is a matter of sweeping consequence for women, children, families, the U.S. economy, and state and federal budgets. It would have consequences, too, for the legitimacy of a court that would infringe on a right that half the population has had for nearly half a century. ...

Even if abortions and longer limits remain intact in some states, women in states with restrictions or bans would have to bear the costs of travel, lodging, care of children left at home, and time off from work. For women with low incomes, those costs and considerations could be onerous to the point of making it virtually impossible to obtain an abortion.

It means more unwanted children being born, many of them to women and families who cannot afford it. It means more families and children in poverty. It means more women out of the workforce—a workforce struggling now to find enough people to fill jobs.

And it means further demand on governments and taxpayers—for child health and nutrition programs, family food programs, social welfare support systems. For schools and day care. For police and courts and jails and prisons that must deal with the crime that poverty fosters. And on and on—literally, because poverty is a cycle that is hard to break from generation to generation.

... Justice may be blind, but the Court must not be oblivious to all this case is about.

—December 5, 2021

... If Roe is overturned, it would be left to the states to set their own laws. While some states such as California and New York will protect access to abortion, many others have abortion bans on the books ready to go. To put control over abortion access completely in the hands of capricious, politically motivated state legislators would be a devastating blow to women and their ability to control their own bodies.

Access to abortion has been hobbled even under Roe, but a swath of states banning it outright is a step back from modernity that, frankly, a decade ago would have seemed unthinkable. The addition of three conservative justices during the Trump administration has encouraged states like Mississippi to pass blatantly unconstitutional bans on abortion in the hope that the Supreme Court would hear their appeals. Now, for the first time in nearly three decades, the Court is hearing a challenge to Roe. ...

Opponents of the Roe decision argue that there is no explicit right to abortion in the U.S. Constitution. Of course there isn't. But the 14th Amendment guarantees a right to a broad range of personal liberties. ...

The one thing Roe has guaranteed is an abortion up to the point of viability. Take that away and a state could ban abortion at, say, three weeks of gestation—a point when almost no woman knows she is pregnant.

If that happens—and it could—women in half the country will have to travel to another state to get an abortion, no matter the cost, obtain abortion medication pills surreptitiously, or risk a dangerous do-it-yourself abortion. Handing power to state legislatures to set the rules for abortion is the equivalent of returning to a day when gay and interracial couples were not allowed to marry in certain states.

That would be terrible for the nation and for the health and safety of American women. The Supreme Court should do the right thing and uphold Roe once again.

—November 29, 2021

IS THE TAX-FREE IRA QUALIFIED CHARITABLE DISTRIBUTION RIGHT FOR YOU?

If you are at least 70½ years old and have a traditional IRA, you may make a qualified charitable distribution to Population Connection of up to \$100,000 a year.

Contact us to learn how a qualified charitable distribution from your traditional IRA will reduce your taxable income while supporting Population Connection's critical mission.

iStock Photo Credit @ hadynyah



Learn how you can make a qualified charitable distribution from your IRA!

Visit popconnect.org/ira or
contact our development team for more information:
giving@popconnect.org
877-319-9880