

Kamala Harris on abortion restrictions: 'Women will die' — here's what research says about this public-health issue

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'People need to keep their hands off of women's bodies and let women make the decisions about their own lives,' Sen. Kamala Harris, a California Democrat, said during Tuesday's debate.

By Meera Jagannathan – October 17, 2019

Restrictive abortion laws will result in the deaths of poor women and women of color, suggested Sen. Kamala Harris (D-Calif.) during a defense of women's reproductive rights at Tuesday night's presidential debate between the Democratic hopefuls.

"This is the sixth debate we have had in this presidential cycle and not nearly one word, with all of these discussions about health care, on women's access to reproductive health care, which is under full-on attack in America today," said Harris, one of 12 Democrats onstage vying for the nomination.

"There are states that have passed laws that will virtually prevent women from having access to reproductive health care," she added, presumably referring to ongoing efforts to restrict abortion

access. “And it is not an exaggeration to say women will die — poor women, women of color will die — because these Republican legislatures in these various states who are out of touch with America are telling women what to do with our bodies.”

Given that women make up more than half of the country’s population, she said, “people need to keep their hands off of women’s bodies and let women make the decisions about their own lives.”

About three in four women who obtained abortions in 2014 were poor or low-income, according to the Guttmacher Institute, a reproductive-health think tank that supports abortion rights. More than half of abortion patients are also women of color, with black women accounting for 28% of abortion procedures in 2014 and Hispanic women accounting for 25%.

Harris’s reproductive-rights comments came as a handful of states, including Missouri, Alabama and Georgia, have passed anti-abortion legislation — some of which has been challenged in federal courts.

Some states have also imposed regulations on clinics and people who provide abortions, including specifications dictating the size of an abortion-procedure room or a facility’s distance from a hospital, and requirements for an abortion provider’s certifications or hospital affiliations. Critics of such regulations argue that they go beyond necessary patient-safety measures.

Republican lawmakers say they oppose “taxpayer-funded abortion,” and anti-abortion groups say the unborn have a right to life, believe life begins at fertilization and object to abortion on moral grounds. Some abortion opponents believe abortion is wrong under any circumstances, while others believe it can be acceptable in cases of rape, incest or in cases when a woman’s life is at risk.

Meanwhile, the U.S. Supreme Court in coming months will hear arguments on the case *June Medical Services v. Gee*, which centers on a Louisiana law mandating that abortion providers have admitting privileges at a local hospital — the court’s first major abortion-rights case since Justice Brett Kavanaugh’s confirmation. The Supreme Court previously held in the 2016 case *Whole Woman’s Health v. Hellerstedt* that a similar such provision in Texas was unconstitutional.

Some states also require abortion seekers to wait a minimum time period between in-person counseling and their procedure, a measure that proponents argue is necessary to ensure that women are 100% sure they want to go ahead with a procedure.

But some critics contend that such counseling can include misleading information, and that the need to make two trips to a provider “could constitute a hardship for some women.”

These mandatory waiting periods can also drive up the percentage of women of having riskier second-trimester abortions, according to a recent study conducted by Texas A&M University researchers, one of whom has served as an expert witness in abortion-regulation litigation.

Carrying an unwanted pregnancy to term is associated with serious health risks, according to a 2016 study published in the peer-reviewed journal *Women’s Health Issues*, a publication of George Washington University’s Jacobs Institute of Women’s Health, which focuses on women’s reproductive and health issues.

“Women who gave birth reported potentially life-threatening complications, such as eclampsia and postpartum hemorrhage, whereas those having abortions did not,” the study authors wrote of their

sample. “Women who gave birth reported the need to limit physical activity for a period of time three times longer than that reported by women who received abortions.”

Meanwhile, an *Annals of Internal Medicine* study published last summer found that in the long term, “having an abortion is not detrimental to a women’s health, but being denied access to a wanted abortion likely is,” as its lead author explained in a statement.

The American Psychological Association says nationally representative samples on the aftereffects of abortion on women’s mental health are required to get an accurate picture, but they’re difficult to come by given the variety of factors that lead to women seeking an abortion and their physical and emotional state prior to getting pregnant. The APA reviewed decades of studies that came up with conflicting results on the mental health of women who had abortions.

“None of the literature reviewed adequately addressed the prevalence of mental health problems among women in the United States who have had an abortion,” it found. “In general, however, the prevalence of mental-health problems observed among women in the United States who had a single, legal, first-trimester abortion for non-therapeutic reasons was consistent with normative rates of comparable mental health problems in the general population of women in the United States.”

“Women’s psychological experience of abortion is not uniform,” it added, but depends on the women’s lives and relationships at the time that a decision was made to terminate the pregnancy was made, plus events and conditions that occur in women’s lives subsequent to an abortion “and the larger social-political context in which abortion takes place.”

Women who are turned away from having abortions also do worse on a range of economic measures, some research has shown. The denial of such services “exacerbates” the hardship of those already struggling to make ends meet, according to a 2018 *American Journal of Public Health* study.

The study received funding from three foundations, the Wallace Alexander Gerbode Foundation, the David and Lucile Packard Foundation and the William and Flora Hewlett Foundation, which support abortion rights. The researchers say they had “no role in the design and conduct of the study.”

“Laws that impose a gestational limit for abortion or otherwise restrict access to abortion will result in worsened economic outcomes for women,” its authors wrote.

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