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# OPINION

## Battlegrounds in the War on Women's Bodies

### Public health standards take a hit

BY JOYCELYN ELDERS, M.D.

As Americans, we strive for safety -- the safest medicines, cars and toys. But when it comes to women's reproductive health, state legislatures have passed about 250 laws since 2011 that put women's health at risk. And they do it under the guise of "women's safety." Women of color are disproportionately affected by these policies throughout the Southern states where I live and spend much of my time mentoring young physicians and health professionals.

Politicians are cutting access to family planning services and telling doctors how to practice medicine, especially concerning procedures that terminate pregnancies.

Clinic licensing standards, invasive ultrasound procedures and mandatory waiting periods are unnecessary because legal abortion



is one of the safest surgical procedures. Nearly 90 percent are done in the first trimester, when abortion is safest.

Texas is one battleground in this war on women's bodies. A few years ago, Texas had 41 abortion clinics but a recent court decision to uphold restrictions may mean only 9 will stay open. The public health community knows what's likely to happen: more unintended pregnancies, since many of these clinics also provide contraceptive services.

Guttacher Institute research shows unintended pregnancy is highest among the poor, youth and women of color. Eliminating barriers to culturally and linguistically appropriate health information and services would help reduce these disparities, as would

age-appropriate sexual health education in our schools. Yet funding for these programs is being cut. Again, it's politicians making these decisions, not health professionals.

The Affordable Care Act resolves disparities by requiring that preventive services, including contraception, be provided at no cost. Congress' attacks on Obamacare, coupled with the Supreme Court's pending decision concerning access to insurance plans, stand to jeopardize these gains.

Ironically, some legislators talk about the "sanctity of life" while railing against affordable contraception and prenatal care, which serve to enhance women's quality of life.

Consider a young woman making minimum wage who finds herself pregnant and not yet ready to raise a child. Or an older woman with health conditions that could become life-threatening if she

stays pregnant. Because at least 93 percent of Texas counties do not have an abortion provider, she may have to travel long distances, take time off work that likely has no paid sick leave and arrange transportation. With Texas' waiting period, she will have to find a place to stay overnight. Once at the clinic, she will hear state-mandated pseudo-science about the "risks" of abortion.

Research shows that 42 percent of women obtaining abortions have incomes below the poverty level. And because of the federal Hyde Amendment, Medicaid funding for abortions is prohibited under most circumstances and in most states.

The irony is that the U.S. ranks 47th among 183 countries for maternal deaths from pregnancy-related conditions. And childbirth is 14 times more likely to result in death than an abortion. These rates go up for women with diabetes and other health conditions.

Before the 1973 Supreme Court decision in Roe vs. Wade, the public health community expressed concern about high rates of maternal deaths in the U.S. and the need for universal access to a full range of reproductive health services, including abortion.

The recent restrictions, rollbacks and de-funding of reproductive health services will inevitably drive up maternal morbidity and mortality rates, again placing women's health at risk.

As a nation, I hope we take a hard look at how our public policies stand to jeopardize the health of women and prevent this from happening.

We must have healthy mothers and healthy babies if we expect to have a healthy nation.

Joycelyn Elders, M.D. is a professor at the School of Public Health, University of Arkansas, and served as Surgeon General of the United States from 1993 to 1994.

## Companies like Uber Could Do More for Workers

### Supporting the information-age workforce

BY ISIAH J. POOLE

I have a love-hate relationship with ride-sharing services like Uber and Lyft.

I love the convenience and level of service that traditional taxis don't offer. But I hate what they portend for the future of work with their rapidly expanding business model that pretends regular workers are franchisees.

For one thing, casting employees as entrepreneurs offloads risks, along with the security and benefits that a traditional job used to offer.

Workers toiling in the so-called sharing economy get no paid vacation or sick leave, no company match for a 401(k) retirement plan, and no employer-paid health insurance. They may benefit from greater flexibility that they need for family obligations or even some fun, but these folks are missing out on big swaths of the safety net.

What's more, the chief executive officers and investors who are driving this share of our economy can get pretty stingy when it comes to sharing the profits with those who made those profits possible.



That prompted venture capitalist Nick Hanauer — a billionaire who made most of his fortune by investing in start-up technology ventures — to propose a way for workers in these nontraditional employer-employee relationships to have what he calls "shared security." These kinds of supports would restore more stability to the growing information-age workforce.

"shared security accounts" and "shared security standards."

These accounts would encompass "all of the employment benefits traditionally provided by a full-time salaried job," including health insurance, sick leave, paid vacation, unemployment insurance and workers' compensation insurance, Hanauer and Rolf explain in the journal Democracy.

"Shared security benefits

today's increasingly contingent, on-demand workforce.

"It makes little sense to pay less for an Uber ride but more in taxes for the poverty programs that that Uber driver now requires," he says. "This is a very inefficient way of doing business."

All employers — regardless of the nature of their relationship with a given employee — would be legally required to meet these proposed shared security standards. They include paid sick leave, a living wage, and overtime pay for workers earning less than \$69,000.

"In the near term, that means that some of the outsized profits that corporations are currently earning will go to workers, and

there will be people who will squawk about that, but in the long run that will be better for everybody," Hanauer says.

Our national labor standards were built for the industrial era and aren't meeting the needs of today's wired economy. The creators of this app-driven world pride themselves on their disruption of the old business order — and sometimes disruption is good. But we can't keep disrupting the paths to middle-class economic security — and this 1 percenters' proposal deserves serious attention.

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"In the old economy, you'd go to work for a company, and it's entirely possible you'd stay there for your entire career," Hanauer told me in an interview. "And all of the things that defined a decent and dignified middle-class life were negotiated with that company, probably through a union. But in an economy in which somebody may have as many jobs in a year as their parents had in their lifetime, obviously negotiating these things, employer to employer, job to job, becomes impossible."

Hanauer has teamed up with David Rolf, vice president of the Service Employees International Union, to spell out his concept of

would be earned and accrued via automatic payroll deductions, regardless of the employment relationship, and, like Social Security, these benefits would be fully prorated, portable, and universal," they write.

Hanauer, who lives in a Seattle suburb, estimates that the costs would be modest. A company like Uber or TaskRabbit, where people can hire themselves out for domestic work, would only have to pay an additional 8 cents per employee to cover the cost of 20 days of sick and annual leave. But Hanauer sees far greater costs in the uncertainty that is growing amid

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