



SchwartzReport

What happens when politicians not physicians make the medical decisions?



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The SchwartzReport tracks emerging trends that will affect the world, particularly the United States. For EXPLORE it focuses on matters of health in the broadest sense of that term, including medical issues, changes in the biosphere, technology, and policy considerations, all of which will shape our culture and our lives.

The United States is now in the throes of a strange and benighted trend that is negatively affecting half the population because in the Republican controlled states politicians, not physicians, are making the medical decisions for females. According to a study published in the *Journal of the American Medical Association*, as of July 7, 2022, across the entire United States there were only 17 federal physician-legislators (3.1 %, 17/541) and 86 state physician-legislators (1.1 %, 86/7552).¹ So it is irrefutable that the laws being passed to control women are being passed by non-medically trained politicians. It started on 24 June 2022 when the extreme far right majority on the Supreme Court issued the *Dobbs v. Jackson Women's Health Organization* decision that abandoned almost 50 years of precedent established by the *Roe v Wade* decision and took away the national right to abortion, leaving it up to the individual states as to whether they would permit legal abortion.

Almost immediately 14 states, in perhaps the most blatant example of the Great Schism Trend I have ever reported on in these columns, took the privilege the *Dobbs* decision conferred and passed laws outlawing

abortion.² There has been a lot of coverage about this in media, but I haven't seen anything that makes what I think is a major critical point. I want to address an issue that I have not seen discussed elsewhere: Just how bizarre medically this trend is.

To quote a paper published in *The Lancet* in May 2024, two years after the *Dobbs* decision, "This shift has had immediate health and equity repercussions, but it is also crucial to examine the broader impacts on states, health-care systems, and society as a whole. Restrictions on abortion access extend beyond immediate reproductive care concerns, necessitating a comprehensive understanding of the ruling's consequences across micro and macro levels."³ This control of women has morphed into a fetal-personhood movement, a nationwide crusade to endow fertilized eggs, embryos, and fetuses with constitutional rights. What makes this particularly bizarre is that the same states in which politicians are endowing fertilized eggs with the full rights of a living person, also have the worst childcare statistics in the country. State law made by politicians with little or no understanding of medicine, protects you as a fertilized egg; but once you are born, you are on your own.

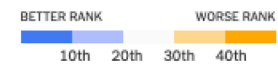
The differential between how states that allow women to control their own body and those that do not are so different, they are striking. I have discussed this in early essays in

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<https://doi.org/10.1016/j.explore.2024.103025>

How States Rank on Measures of Well-Being for Women and Children

Poverty and mortality measures for mothers and babies are worse in states that have banned abortion or are likely to do so.



Banned or likely to ban abortion

STATE	UNINSURED WOMEN	MATERNAL MORTALITY	INFANT MORTALITY	CHILD POVERTY
Miss.	48th	45th	50th	50th
Okla.	49th	37th	46th	41st
Ala.	38th	48th	48th	45th
Ga.	45th	43rd	45th	38th
Ark.	33rd	50th	47th	46th
La.	28th	46th	49th	49th
S.C.	37th	44th	44th	42nd
Tenn.	34th	47th	43rd	43rd
Texas	50th	34th	21st	39th
S.D.	42nd	25th*	37th	26th
Mo.	40th	38th	34th	30th
W.Va.	13th	32nd*	40th	44th
Ariz.	39th	42nd	20th	37th
Wyo.	47th	16th*	35th	13th
Ohio	16th	28th	42nd	36th
Ind.	30th	41st	39th	23rd
Ky.	15th	49th	18th	47th
Mich.	9th	23rd	36th	34th
Idaho	44th	19th*	10th	15th
Wis.	11th	4th*	29th	22nd
N.D.	19th	33rd*	38th	2nd
Neb.	26th	40th	19th	7th
Utah	31st	7th*	17th	3rd
Iowa	2nd	8th*	14th	16th

May ban abortion

STATE	UNINSURED WOMEN	MATERNAL MORTALITY	INFANT MORTALITY	CHILD POVERTY
N.C.	43rd	27th	41st	40th
Fla.	46th	29th	30th	33rd
Kan.	36th	30th	33rd	24th
Pa.	10th	15th	25th	32nd
Va.	25th	31st	24th	18th
Mont.	23rd	35th*	12th	25th

Unlikely to ban abortion

STATE	UNINSURED WOMEN	MATERNAL MORTALITY	INFANT MORTALITY	CHILD POVERTY
N.M.	32nd	14th*	23rd	48th
Nev.	41st	22nd	26th	31st
Ill.	20th	9th	32nd	29th
Del.	14th	17th*	31st	28th
Alaska	35th	39th*	16th	14th
Maine	27th	3rd*	15th	20th
Calif.	22nd	6th	4th	27th
Md.	12th	21st	28th	9th
R.I.	5th	18th*	22nd	21st
N.Y.	7th	24th	5th	35th
N.J.	29th	36th	3rd	11th
Ore.	17th	12th*	8th	17th
Colo.	24th	11th	11th	5th
Hawaii	4th	10th*	27th	8th
Wash.	18th	26th	7th	12th
Conn.	8th	20th*	6th	19th
Minn.	6th	5th*	13th	6th
N.H.	21st	1st*	1st	1st
Vt.	3rd	2nd*	9th	4th
Mass.	1st	13th	2nd	10th

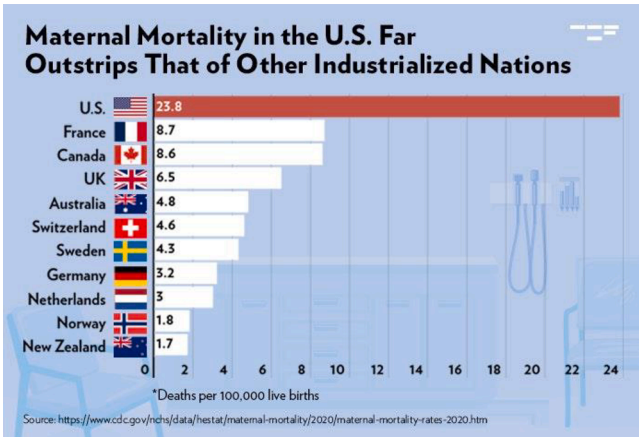
Ranks with asterisks are based on fewer than 20 deaths and may be unreliable. States with identical values are assigned sequential rankings in alphabetical order.

these pages.⁴ However, I want to emphasize this difference again from another source to further validate what I am saying. In 2022, *The New York Times* explored, in each state and in great depth, the correlation between what politicians who won't allow women to control their own body and the quality of post-birth child health they created. This chart (see Figure One) is what they discovered, and this was two years ago in 2022.⁵ Look at the difference. The states where politicians have banned abortion have grossly inferior poverty rates, maternal mortality, and infant mortality numbers, compared to the states that let women control their own body.

What does this reveal? I think it makes the reality of the anti-abortion movement very clear, and also illustrates what happens when politicians not physicians address these issues. The social outcome data shows this

is not about protecting the life and wellbeing of children. The data would not look like this if that was the real purpose of the anti-choice movement. The politicians of the anti-choice states love you as a fertilized egg, but they don't seem to care about you once you're born.

That is only part of the story, however. There is much more to these trends being created by non-medical politicians. So much more, in fact, that it would require a book not a paper like this to cover it all; thus, I am going to limit myself to just some of the major aspects. And I will start with this. The United States has the worst maternal mortality in the developed world, almost grotesquely so (See Figure Two), and it is worst in states with laws limiting a woman's right to control her body. It is also very racist (See Figure Three). Why? Because the states that seek to control women are also the most racist.



But it is only when social data becomes personal that its full impact can really be appreciated. So let me do that. According to the Johns Hopkins School of Medicine, “Most pregnancies progress without incident.”⁶ But approximately 8 percent of all pregnancies involve complications that, if left untreated, may harm the mother or the baby. While some complications relate to health problems that existed before pregnancy, others occur unexpectedly and are unavoidable.”⁷

So what does a woman in a Republican controlled state do if she is pregnant and develops complications that may require a dilation and curettage – D&C as this procedure is usually called. It is a decades old standard medical procedure to help diagnose or treat growths such as fibroids, polyps or endometriosis, hormonal imbalances, or uterine cancer and involves the removal of tissue from the uterus. We have a clear example.

In Texas the State Supreme Court has just confirmed laws passed by the nonmedical legislators that say all preborn children have full human rights from the moment of fertilization. Therefore, a D&C pregnancy termination in Texas is abortion not healthcare, and could be considered homicide, which would criminalize both physicians, nurses, and patients as murderers. Basically, a woman in such a situation would have two choices: leave Texas or die.



Not surprisingly, such laws by nonmedical politicians are having a profound effect on medical practice in states where such laws are passed. Louisiana significantly falls below the already very poor national average on maternal mortality, particularly with Black women, who represent 37 percent of pregnancies but 62 percent of pregnancy related deaths in the state, according to the Louisiana Department of Health.⁸ In 2019, Louisiana health officials reported that “four black mothers die for every white mother and two black babies die for every one white baby.”⁹ Part of the reason for this poor data is that the state’s healthcare has been manipulated by nonmedical politicians to a point that few physicians want to practice in the state and, as a result, it has a dire shortage of doctors.

Nonmedical politicians have taken this control of a woman’s body even further. In May 2024, the Republican majority on the House Committee on Criminal Justice voted to eliminate the right of girls impregnated through rape or incest from getting abortions claiming they were protecting the “innocence” of fetuses. “That baby [in the womb] is innocent ... We have to hang on to that,” GOP state Representative Dodie Horton, a woman, said.¹⁰

How big an issue is this rape and incest? The number is frankly astounding. A study of just the 14 states, which at that time had political bans on abortion, found that between July 2022 and January 2024 there were more than 64,000 pregnancies resulting from rape.¹¹ This is the current state of affairs after the Dobbs decision. (See Figure Four)

STATES THAT VOTED TO BAN ABORTION AFTER DOBBS SUPREME COURT JUNE DECISION	
STATE	STATUS
Alabama	No exceptions for rape or incest
Arkansas	No exceptions for rape or incest
Idaho	No exceptions for rape or incest
Indiana	Near total ban
Kentucky	Near total ban
Louisiana	No exceptions for rape or incest
Mississippi	No exceptions for rape or incest
Missouri	Exceptions for rape but not incest
North Dakota	Exceptions for rape or incest in first six weeks
Oklahoma	No exceptions for rape or incest
South Dakota	No exceptions for rape or incest
Tennessee	No exceptions for rape or incest
Texas	No exceptions for rape or incest
West Virginia	Near total ban
Arizona	Legal with gestational limit of 6-18 weeks

But that isn’t the end of what the nonmedical politicians have done in Louisiana. That same May the Louisiana’s Republican Governor Jeff Landry became the first governor in the United States to put his name to legislation criminalizing Mifepristone and Misoprostol.¹¹ Like the Dobbs decision it was a stunning reversal. Misoprostol was approved by the

FDA on 27 December 1988, and Mifepristone was approved on 28 September 2000. The drugs have been considered by the medical community to be safe and effective even in low and middle income countries, let alone the United States, at up to 10 weeks of pregnancy and are also used to treat ulcers and naturally occurring miscarriages at home.¹² Not anymore in Louisiana.

In Alabama, after studying what the nonmedical politicians have done in that state, Georgetown University law professor Michele Goodwin concluded, “The perfect storm emerged. It started with prosecutions... blessed by the state’s Supreme Court. Then, in 2018, Alabama became the first state in the country to pass an amendment to its constitution recognizing fetal personhood.”¹³

As I write this, nonmedical politicians in 20 U.S. states are passing laws similar to what I have described, all predicated on some kind of nonmedical religiously or politically based limitations to a woman’s right to control her own body. I could cite many other examples with this, but I think the point should be clear.

But these laws are affecting even more than a woman’s right to control her own body. The Dobbs decision and the post-Dobbs laws the Republican controlled states have passed have changed and are continuing to change medical practice in those states in dramatic ways.

A team of physicians led by lawyer-physician Professor Amirala Pashaof, all affiliated with the Mayo Clinic published a study predicting the medical impact shortly after the Supreme Court issued its judgment: “The Dobbs decision will directly affect patients and reproductive rights; it will also impact patients indirectly in many ways, one of which will be changes in the physician workforce through its impact on graduate medical education. Current residency accreditation standards require training in all forms of contraception in addition to training in the provision of abortion. State bans on abortions may diminish access to training as approximately half of obstetrics and gynecology residency programs are in states with significant abortion restrictions.”¹⁴

And what they predicted is exactly what is happening.

These bans are affecting the entire country. After Missouri banned abortion the state saw a 25 % drop in OB/GYN residency applicants. As the *Missouri Independent* reported when they studied the effect, they found that all of the 14 states that had passed abortion bans saw a decrease in OB-GYN residency applications, “despite a slight overall increase in physicians applying for OB-GYN residency programs nationally, the study found. Missouri was second only to Arizona for the largest decrease in applicants.”¹⁵

Kendal Orega and Atul Grover, with the Research and Action Institute of the Association of American Medical Colleges, surveyed medical colleges in states with abortion bans and reported in May 2024, “A 2023 analysis by the AAMC Research and Action Institute found that fewer new graduates of U.S. medical schools applied to residency programs in states that banned or restricted access to abortion than to residency programs in states where abortion remained legal.... (a) new data analysis finds continued reductions in applicants to residency programs located in states with abortion bans two years after the Dobbs decision (during the 2023–2024 application cycle).¹⁶ And this decline was particularly centered on OB/GYN residencies where the drop was 10.5 %.”¹⁷

But it isn’t just medical residencies that are being affected. *The Idaho Capital Sun*, in April 2024 reported, that Board Certified specialists are also leaving. “Idaho has lost 55 % of its high-risk obstetricians,

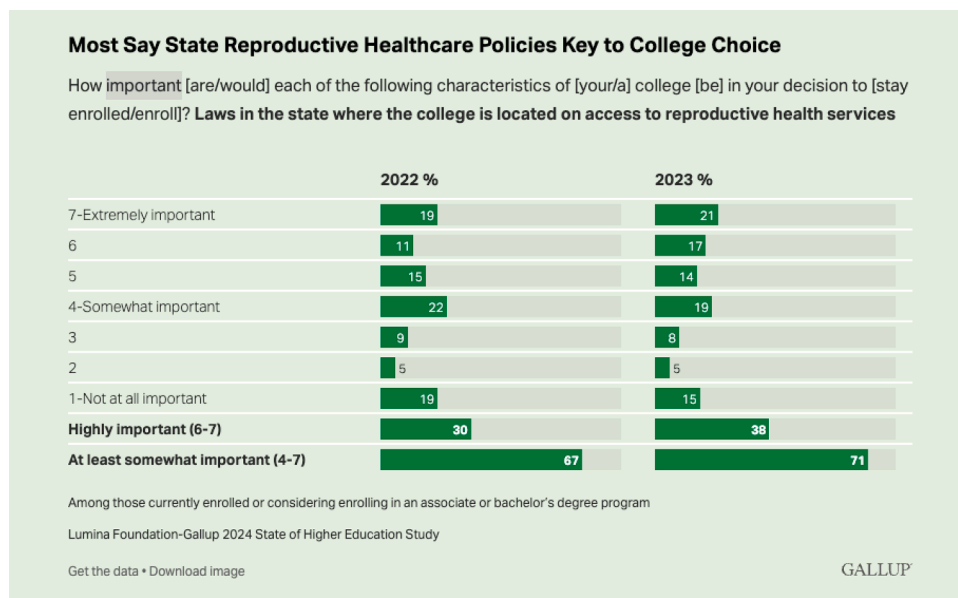
according to the report by the Idaho Physician Well-Being Action Collaborative. That has left Idaho with less than five of those specialists full-time, which are called maternal-fetal medicine doctors, the report found.... As those doctors have left, ‘family physicians and OBs across the state are asking if it’s still safe — personally and professionally — to be providing obstetrical care,’ Souza said.”¹⁸

To give some context to what this means, consider that the female population in Idaho in 2022 was 961,894.¹⁹

The population of OB/GYNs is aging and feeling increasing overworked. And its isn’t just OB/GYNs. General practitioners, particularly in rural areas, are leery of taking on women who are or might become pregnant. What are called “medical deserts,” areas where doctors are few and waiting times long, are emerging all over the country, but again particularly in states where politicians not physicians are setting standards for practicing medicine. According to the March of Dimes, which has been studying and reporting on healthcare in the United States since 2018, “Where You Live Matters... Maternity care deserts are counties

where there’s limited or no access to birthing hospitals, birth centers offering obstetric care, or obstetric providers. Areas with low or no access to maternal care affect over 5.6 million women and nearly 350,000 births across the U.S.”²⁰ That means that one in 12 women in the U.S. are affected.

What nonmedical politicians have done to healthcare for women in their states is rippling out across the culture and society of those states in ways no one even considered. What politician predicted or understood, for instance, the effect non-medically based laws to control women would have on the colleges in their states? The Gallup Organization studied this effect and reported, “Seventy-one percent of currently enrolled and prospective college students say that states’ reproductive healthcare policies are at least somewhat important in their enrollment decisions. 71 % say state reproductive healthcare policies impact college choice. 80 % of all current/prospective students prefer states with greater access. 86 % of Democrats and 63 % of Republicans prefer states with greater access.”²¹ (See Figure Five)



In states that have enacted such laws corporations are finding it harder to recruit women. As *The New York Times* reported "...the political and legal landscape is radically different. And a Supreme Court decision that abolished the right to an abortion is now threatening to reshape the lines of economic competition between conservative and liberal states."²²

With the Dobbs decision and states laws passed in Republican controlled states immediately after its announcement, the Great Schism Trend that has been breaking the United States into two countries in a single nation has taken on much more emphatic and dramatic dimension. Healthcare for women is being determined on the basis of religious and philosophical grounds with no consideration for good medical practice, and it is already clear that the effects are going to be much more complex than was at first apparent and are extending far beyond the abortion issue. And what is next. On the 5th of June 2024, just to test that question, the Democrats in the Senate introduced a Motion to Invoke Cloture on the Motion to Proceed to the Consideration of S.4381, the Right to Contraception Bill. It required 60 votes to go forward with the bill. The vote was 51 Democrats voting for the Motion, 39 Republicans voting against letting the bill to protecting contraception go forward. The saga of politicians not physicians making medical decisions is far from over.²³

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