LEST WE FORGET

Three Deans Symposium at Hopkins School of Public Health -- 29 January 2010

Today, we take many things for granted – forgetting that an earlier time -- a time well within the memory of our parents and some of us here – attitudes and expectations were vastly different than now. We take for granted that potable water will flow from the tap; that we can trust the drugs we purchase; that the outcome of a pregnancy will almost always be a healthy mother and baby; that families can decide how many children they can nurture to adulthood.

We have every reason to be optimistic about a brighter world. But it is critical to recall a not too distant past and the efforts that were needed to effect these major changes and to sustain them. Water quality standards must be constantly policed and those who would pollute it forced to stop. Opponents of fluoridation and of milk pasteurization regularly emerge to argue those benefits. Today, with respect to reproductive health services, there are a comparable set of problems – specifically, those who would have us return to a sort of late Victorian era when sex education was unknown and contraceptive devices and abortions were illegal under any circumstances. We forget that this was a reality in our own country not that many years ago, it is a reality today in many parts of the world. We need to be regularly reminded of this.

For those of us in the smallpox program, it was immensely gratifying to witness the steady decline in cases of this ugly, painful and fatal disease. But one could never ignore the ever-present mass of ill-fed, uneducated children with little access to medical care; surviving in families that could not provide even minimal shelter – and gangs of children who knew no parents at all. The pictures from Haiti express a part of this sad panorama.

A meaningful poignant phrase to me has been "the tyranny of excessive, unwanted fertility". During the latter part of the 20th century family planning services were gradually expanding and encouraging progress was being made. And then came the dark ages of the past decade. It has seemed to me that discussion has been muted about the urgent needs for support, let alone growth of family planning, of reproductive health and even of the rights of women. This has abruptly changed with the election of President Obama and for this we should be grateful.

But lest we forget, I would propose to go back to an earlier time in this country so that we may appreciate how thin is the veneer of change; how recent it was that unbelievably conservative policies prevailed even in this country.

I go back just to 1927, about the year I was born. That year a meeting was convened in the office of Dr. William Howell, Dean of this School and 3 other Hopkins faculty. The reason -- to form a Baltimore Committee for Contraceptive Information—to provide a place where contraceptive

advice and supplies could be provided. For 50 years, federal law held that it was illegal to sell contraceptive devices or to distribute information on abortion. The post office was ordered to confiscate any mail containing material relating to sex education or contraception or which was intended for other indecent or immoral purposes. The postal inspectors were empowered to prosecute the sender and the recipient.

Our Hopkins trustees refused to house such a controversial clinic and so the Committee, with other Baltimore leaders, established a privately funded facility in a house at 1028 North Broadway. It was directed by a recent Hopkins medical graduate, Dr. Bessie Moses. But they did so only after the Maryland State's Attorney promised not to interfere in what was a law-breaking act. The clinic accepted only married women as patients. They had to be referred to the clinic by physicians. And the women could only be seen if, because of mental or physical health, pregnancy had to be avoided. Records show that among the first 1152 patients, 1008 abortions had been performed. Some had as many as 10 or 15. Half had borne more than 5 children and one woman had borne 26. The clinic grew and gradually expanded to provide a range of reproductive health services. It was the beginning of Planned Parenthood of Maryland Not until 1936 did the government agree to stop interfering with physicians distributing contraceptives. But, until 1965, mails deliveries remained subject to confiscation.

When I was growing up, contraceptives were available if prescribed by a physician. Sex education was essentially nil. Condoms were a taboo subject. A number of states banned or restricted abortions. My own involvement with the question of abortion occurred during my residency in internal medicine in rural New York State. During the 1957-59 period, we regularly saw young, unmarried women who were pregnant and sought help. Especially in a closely knit rural society, the stigma of birth outside of wedlock was devastating. Many of the women were essentially ostracized from family and community and the families emotionally destroyed. In urban areas, unmarried mothers-to-be were often secretly sent to special resident homes until the baby had been born and adopted. The alternative was an illegal abortion. For the young women and their families, the decisions were agonizing. Every one of these cases was, for each of us, a searing experience and a haunting memory even now.

In 1973, the case of Roe v. Wade was brought to the Supreme Court. Among other determinations, the Court recognized that it was a woman's right to decide whether or not she wanted to carry a pregnancy beyond the second trimester. It permitted a considered decision to be reached balancing abortion against an often destructive outcome for the pregnant woman and her family. This nullified the various restrictive laws of the states. But, as you know, overturning this decision is now a central objective of one of our political parties

An increasingly educated, more sophisticated population seemingly should progress unabated toward equity and a full recognition of women's rights. Instead, the past decade has witnessed the emergence of a conservative, orthodoxy that has threatened to turn the clock back many decades. Federal funds for domestic family planning services all but disappeared; so-called pro-life groups fought to have abortion services terminated altogether; family planning clinics were attacked and, physicians providing abortion services were murdered; stem-cell research was seriously retarded; and the abortion views of candidate federal judges became a litmus test for appointment. It has troubled me, in fact, that the phrase "family planning" became increasingly scarce.

The effect on the international scene was especially damaging. No U.S. foreign assistance funds could be provided to any organization if it simply advised or counseled about abortion. The multibillion dollar AIDS prevention programs were severely constrained. Half of the funds were earmarked to promote abstinence education even though none of those programs proved to be effective. None of the money could be used to promote the use of condoms even though their use was an important component of AIDS prevention strategy. No funds whatever were provided to the United Nations Population Fund.

January 2009 brought a new administration. It reminded us of commitments made at the 1995 International Conference on Population and Development – that reproductive healthcare is critical to the health of women, and that women's health is essential to the prosperity of all, to the stability of families and communities and the sustainability and development of nations. That Conference resolved that all governments must make access to reproductive healthcare and family planning services a basic right and that the doors of education must be open to all citizens, especially to girls and women.

Impediments remain, however. In this country in particular, there remains a cadre who will not be content without a return to the world of the early 1920s – when all abortions were illegal and when it was impossible to purchase contraceptives. Underlying this veneer is the fact that many in this male-dominated cadre fear being challenged by women –who have rightfully sought and have succeeded as judges, Senators, university presidents; scientists, ministers and even Deans.

But lest we forget, the progress we have made took both work and courage. More is needed if it is to be sustained.

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