

**PLANNED PARENTHOOD OF GREATER NORTHERN NEW
JERSEY**

November 5, 2008

**REMARKS OF ALEXANDER SANGER
FROM BURUNDI TO BERGEN: THE BENEFITS OF FAMILY
PLANNING**

It is a pleasure to be back at PPGNNJ. Special thanks to my old friend, Jeff Brand, and Linda Haan, Director of Development. And thanks to Janet Denlinger, Endre Balazs, Marianne Balazs and Johann Scheidt for opening their lovely home, Balden on the Hudson.

Pro-choice Homes of America.

I had two speeches written for tonight: one a Requiem and the other the Hallelujah Chorus. Like any PP audience, we have supporters of both parties. I will only remind you that it was the Republicans in New York who legalized abortion, not the Democrats. In 1970, it was a Republican Legislature and a Republican Governor that did it. In New Jersey in 1978, five years after Roe, it was the Democrats.

It appears that we won all three ballot measures last night: South Dakota's ban on abortion 55-45, Colorado's defining life at conception 73-27 and California's parental consent 52-48. This latter effort illustrates the PP conundrum ahead — Minorities supported both the pro-choice Presidential candidate and parental consent in California.

But no matter who had won the election, my message would have been the same: family planning is vital here and abroad to unleash progress and to insure social stability.

The Obama victory does not solve PP's problems. Gushers of money are not going to flow into the PPGNNJ coffers. Put that right out of your heads. PP will remain a community based organization, run by you, supported by you and serving your neighbors. Every social/medical non-profit should be trying to put itself out of business. The trick is, how do we create fewer neighbors that need PP — either because we have a public

health care system that both covers them and treats them well, or because we reduce the problem that they need PP for. We do this by changing human behavior and improving and targeting family planning services, thereby improving the human condition. Is this mission impossible? Not in the least, because we have done much of it during the 20th century. I want to make the case tonight for new, improved, targeted family planning.

Let me start with my grandmother. When she started in 1913 there was no Planned Parenthood. Our opponents' dearest wish is to return this country to that pre-lapsarian state. So, what was it like back then? My grandmother encapsulated the state of reproductive health in America in her story of Sadie Sachs.

Sadie Sachs. Tell Jake to sleep on the roof.

She saw first hand that lack of birth control was a public health disaster, a social disaster and an economic disaster for the country.

Standing in the way were the Comstock Laws, which every state had plus the Federal Government, which prohibited the sale, transport of mailing of contraceptive devices and information. In February 1926, Assemblyman Orison Hurd of Bergen County introduced a bill to repeal the NJ Comstock Law. The NJ Birth Control league was formed 10 days later and a week after that my grandmother spoke at the Woman's Club of Engelwood and secured their endorsement of the repeal of the Comstock Laws. After a hearing the following week, the bill was never seen again. My grandmother and the women of Bergen County and NJ didn't rest. In 1932, my grandmother secured an invitation to speak at the Medical Academy of NJ convention in Newark. Not only did the Catholic members object, but so did some Jews and Methodists! Her invitation was withdrawn. After much public outrage, one month later she was invited to speak before an overflow crowd at the YW - YMHA of Patterson.

Even with the rudimentary statistical collection mechanisms of the day, she was able to make the case that a high rate of fertility, what she called 'indiscriminate and irresponsible fecundity' was associated with poverty, filth, disease, "feble-mindedness" and a high infant and maternal mortality rate. She finessed the issue of which was the cart and which the horse, what was causation and what was correlation, but she had it right.

The U.S. in 1913 was eerily similar to an undeveloped nation like Burundi today, in West Africa, a country whose health statistics are among the worst in Africa. Reported infant and maternal mortality remain stubbornly high there at about US 1913 levels. No surprise: there are only 200 doctors in a country of 8 million people. Life expectancy is flat at 45 years because of AIDS. The birthrate remains at 6.8. Modern contraceptive use is at 10%. The births are for the most part wanted births because of high infant mortality and the need for children to work the farms and take care of their parents, should they survive to old age.

In 1913, in the U.S. there were 2.8 million births and about 9% of babies, or 250,000 babies, died before age 1 (the rate in Burundi is slightly higher 10%) and about 0.8% of mothers, or 23,000 mothers, died in childbirth (Burundi is again slightly higher at 1%), plus untold others from botched abortions. One estimate had the deaths from botched abortion a little less than the number of mothers dying in childbirth, or about 15,000 women annually. The U.S. in 1913 was the equivalent of a third world country today in terms of health statistics.

Infant mortality rose with poverty and with the birth order. Of first-borns of U.S. coal miners in 1913, 23% died, 2 ½ times the national average. It remained at this rate for the first four children and then it began rising. When the woman got to her 12th birth, and all too many did, 60% died.

Children were a commodity and a poor one at that. In the 1917 draft one half of men had not gotten beyond the 6th grade, 25% were illiterate and 38% were rejected for ill health. 75% of children had left school before age 16 to go to work. Child labor was a national scandal.

All this led up to a diatribe by my grandmother against charity and misuse of taxpayer dollars. Maternity associations came in for her special scorn. She said, “A woman is taught how to have her seventh child when what she wants to know is how to avoid bringing into the world her eighth.” Her answer was that public and private dollars would be better spent on birth control, on stopping the problem at its source—unwanted children.

After years of traveling around the country and lobbying, she finally convinced some states to include birth control in their public health services, starting with North Carolina in 1937. The Federal Government finally followed suit in the 1960's and 1970's with the Medicaid Program that

covered health services for the indigent and the Title X program of 1970 proposed by President Nixon and introduced by then-Representative George H.W. Bush, which subsidized birth control for many uninsured. Because of these two laws, plus our high standard of living and medical advances, including anti-biotics and improved obstetrical care, and because of Planned Parenthood, which covers most of the rest of the uninsured — the safety net is rather porous — our country has virtually eliminated the public health disaster of ‘indiscriminate and irresponsible fecundity’. American women are having two children not 8 (which was the national average at our independence), or 4 as in 1900, and they are having them, more or less, at the right time for them, except for teens and I’ll get back to them. Maternal and infant mortality are at their lowest levels ever and are a function more of residual poverty than of ‘indiscriminate and irresponsible fecundity’. Life expectancy since 1913 has almost doubled for whites and more than doubled for blacks.

America also added, early on, family planning to its foreign aid program. About ten years ago debate raged in Congress over the global gag rule debate – over what we call the Mexico City Clause -- and I went on the call-in radio show run by Bay Buchanan. That name may be familiar to some of you. Her brother Pat has run for President. She shares the same political ideology and was his campaign manager. She is a very smart and tough opponent. I was the only guest, it was an hour long and she opened the show by saying, "Welcome, Mr. Sanger. Please tell all the barbers and beauticians listening to this show in all the hair parlors around the country why their hard-earned tax dollars should pay for international family planning." She might well have asked “and domestic family planning as well.”

Well, I was prepared for the question. I took a deep breath, and in the next three or four minutes talked about what family planning does for women and children: 1) it delays childbearing until a woman is older, 2) it spaces the children so that the woman recovers from her last before she has her next, and 3) it limits the number of children so that the family can invest more in each child. The results, I stated on the air were: improved maternal and child health, preventing maternal and child mortality, preventing abortion and abortion mortality – I said 75,000 women die from unsafe abortions around the globe every year – about half, by the way, I added parenthetically, from legal abortions, half from illegal abortions. I talked about disease prevention, especially HIV prevention. I talked about

improving the status of women, reducing the anti-social behavior of unwanted children. I talked about stabilizing world population, reduced migration pressures, improving the environment through reduced population, enabling sustainable development and for good measure I threw in improving the chances of world peace.

Bay Buchanan then opened the show up for phone calls, and the first phone call came from Marlene from Tulsa, who in her best Tulsa accent, which I can't imitate, said, "Mr. Sanger, you have given us so many reasons to support international family planning that you must have no one good reason to support it. You have no credibility with me whatsoever," and Marlene from Tulsa slammed down the phone. I'm looking at my watch. This was going to be a long hour.

Undaunted, and silently amused, Bay Buchanan cued the next call. It was Herb from Macon. Herb said, "Mr. Sanger, half of those deaths from unsafe abortions are from legal abortions?" I said, "Yup. In India, abortion is legal. In South Africa, abortion is legal. They have thousands and thousands of deaths in countries like that every year — just because abortion is legal, that doesn't mean it's safe." Herb from Macon paused for a minute and said, "Mr. Sanger, thank you for admitting that. You've got great credibility with me for saying that." And I said, "Herb, would you call Marlene in Tulsa and tell her that?"

Thee economists break up family planning benefits into macro and micro.

The macro benefit is the demographic transition, caused by reducing both birth and death rates, which leads to a demographic dividend in the Third World just as it did in this country. This is caused by there being fewer young dependents i.e. fewer children born (because of family planning). With more of the population in the economically productive years, the nation can invest more in economic development and more per capita investment can be made in health care and education. This raises the productivity and standard of living of all, increases per capita income, and allows girls and women especially to be educated and economically productive.

The Asian Tigers made use of the demographic window. Not all Latin American countries did.

Now, the micro economic benefits fro women and families.

In the USA there are 6 million pregnancies a year. One half are unintended or mistimed. One half or 3 million unintended pregnancies a year. This 50% by the way is higher than the worldwide figure of 40%. This work isn't easy.

What causes these 3 million unintended pregnancies? There are 62 million women ages 15-44 in the US. 90% of this group who don't want to be pregnant use contraception, and less than 4% of them become pregnant each year. This results in 1.5 million unintended pregnancies. We need to convert women to failure-proof methods of contraception and dual methods, i.e. their partners use condoms too.

The bigger problem percentage-wise is the 10% of women 15-44 who do not use contraception and who don't want to be pregnant. They are playing Ovarian Roulette. 40% of them become pregnant annually for another 1.5 million unintended pregnancies. Collectively 42% of unintended pregnancies end in abortion. We need to get non-users to use.

What is at stake economically and socially?

California has done the most extensive study of the savings from family planning for teens and adults. **Every dollar spent saved over \$5 in medical, economic and social costs for the five years after birth.**

The savings included medical costs of prenatal care, delivery (70% of teen births are paid by Medicaid at over \$7,000 a pop), well child care, abortion provision, emergency care for ectopics and miscarriage, services for children with special needs, welfare (80% of teen moms go on welfare and less than 1/3rd of teen moms finish high school.), other social services, including food stamps, WIC and Head Start. The savings does not include the savings from early STD detection and treatment. One in 4 teens has a STD and 3 in 4 adults have had or currently have one. This would have added several more dollars of saving to the formula. It also did not calculate the savings from the effect on the health of other children in the family. The children of teen moms have poorer health, lower cognitive development, reduced educational attainment, higher rates of behavioral problems, all caused by a mix of poverty and being unwanted.

\$5 for every dollar spent is a conservative estimate of the savings to other government programs.

How do we reach the women who don't use or misuse birth control? How do we minimize contraceptive failure? Money is a part of the answer. New Jersey, like virtually every state, provides subsidized family planning because it works and saves the state money.

400,000 women in New Jersey, including 90,000 in the seven-county area of PPGNNJ, need publicly supported contraception through the state or through Planned Parenthood, because either 1) their income is under 250% of the poverty line (250,000) or 2) they are teenagers (150,000). 40% of low income women are uninsured in NJ.

There are 94 publicly funded family planning clinics in NJ, mostly PPs. They reach 130,000 women, or one-third of women who need publicly supported services. NJ spends \$26 million on contraceptive services, or \$200 per woman, including Federal Title X and Medicaid dollars annually. Because we do not have a national or state health care program, we have a two-tier system, a shadow program if you will, that includes us, funded by you and the state.

These funds prevent 30,000 unintended pregnancies each year, saving billions.

We have many more to prevent. Can we? Yes we can, to coin a phrase. Since 1960, we have the Pill and since the 1990's long lasting methods like Depo-Provera and implants, patches and new IUD's. There have also been significant cultural changes. Teens are less sexually active now, 12% fewer high school students had ever had sex in 2007 than in 1991. Condom use increased 33% in that same period. The results show, especially with teens. The teen birth rate has declined from 1991 to 2006 by 43% in NJ and 34% nationally. The NJ the teen birth rate is 25 per 1000 teens. (Texas leads the county with a rate of 63. Burundi is 50.) That said, in contrast to the falling teen birthrate in NJ from 1991-2005, the rate has *risen* each of the last two years. The reasons are unclear, perhaps service cuts in NJ..

Closer to home in Bergen County, the birthrate to teens ages 15-19 is 8.8 per 1000; only Hunterdon, Morris and Sussex counties are lower. The

state average is 43rd in the nation. Before we congratulate ourselves, the teen pregnancy rate is 16th in the nation, it is the nation's highest abortion rate for teens in NJ that brings down the teen birth rate to 43rd in the nation. So we have a lot of teens we are not reaching. For instance, nationally 61% of teens used a condom at last intercourse. 39% did not. So, along with better contraceptive use, more cultural changes are needed.

There are sub-cultures of teens even within this county. Last week in the New Yorker magazine, there was a long article entitled Red Sex Blue Sex, about the different sexual patterns between evangelicals and mainline Protestants. Evangelicals teens are more sexually active than mainline Protestants, Mormons and Jews, use contraception less, get pregnant and give birth more and marry earlier, just like a certain candidate's daughter, and get divorced more. For teens who seek advice on important matters from God or the Bible, only half use contraception every time, whereas those teens who seek advice from their parents, almost 70% do. Family values includes parents too. Parenthetically, Sarah Palin was the liberal on the McCain-Palin ticket, being in support of sex ed programs that include contraception.

There are lots of proposals out there about what to do about teens, none from candidates however, as if the issue didn't exist. Newt Gingrich last week in Business Week suggested eliminating adolescence entirely and having a young person go from child to young adult with accelerated learning systems and work and financial incentives to make it work. He didn't address how that would solve the teen pregnancy crisis but the implication was that the teens wouldn't have the time or inclination, even if they still had the energy.

The Planned Parenthood of GNNJ reaches those most at risk. The number in Bergen County eligible for WIC has tripled since 1990. 83% of patients have incomes under 150% of poverty level and 20% are teens and a full 86% are uninsured. PP reaches males too with medical services and education. It does take two to tango and to solve the problem. In addition, PP did 17,000 breast exams, 16,000 Pap tests and reached 18,000 with sex ed classes.

For PPGNNJ, The case load is up, health care costs are up, especially the cost of hiring and retaining doctors and nurses, and the uninsured are up. Title X is supposed to cover the uninsured but its funding is about 60%

lower than it was 20 years ago. The difference has to be made up by the community, by you. Facilities need repair. There is a need for a new roof in Hackensack. As if that weren't enough, there are extra expenses caused by protestors — one recently intruded inside a building and another slashed staff tires.

Family planning takes time – counseling to understand a woman's reproductive and life situation, to work with her on contraceptive use and compliance and behavior change. This is expensive. PP is a really bad business model—it offers services that no one else wants to offer to women who can't afford to pay for them. That is where you come in. To help PP reach the young, the poor, the uninsured, the immigrant, the disenfranchised—those whom society leaves out.

The problem of unintended and teen pregnancy is for this community to tackle. I know that Bergen County won't reach its potential unless your teens reach theirs. It starts with parents and then with our schools and churches and other community institutions.

Having children is too important to be left to chance. As my grandmother said in 1916, every child should be a wanted child, whether in Burundi or Bergen County. It's good for them and good for society for women to be given education, medical services and choice, so that they make smart decisions about whether and when to have children. PP turns victims of the health care system into people in control of their lives and ready to enrich the entire community.

Thank you for supporting Planned Parenthood.