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Social Work in the Post-Dobbs Era with Gretchen Ely, PhD

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Peter Sobota [00:00:05] Hi and happy New Year from the University of Buffalo School of Social Work. Welcome back to the Social Work podcast. I'm Peter Sobota. It is good to have you along, everybody. Back in July of 2022, we feature two social work scholars and asked them to react to the just announced Supreme Court decision that overturned the previous 1973 decision in Roe versus Wade that established a constitutional right to have an abortion in the United States. Essentially, the Dobbs versus Jackson decision ruled that the Constitution does not confer a right to abortion, effectively overturning Row and allowing individual states to regulate abortion access. We wanted to follow up on that decision. Now, two and a half years plus years later to learn about the impact so far on reproductive rights and health care access in this new era, we turn to an old friend and colleague, Dr. Gretchen Ely to examine the new landscape of uncertainty and the ways women and health care providers are navigating. We suspected that the impacts would be beyond the simple ability to choose to have an abortion. And Dr. Ely will discuss the various effects on women's lives, well-being and health. Finally, Dr. Ely will discuss the role social workers can play in acting in accordance with our ethics and practicing within a reproductive justice framework. Gretchen Ely, Ph.D., MSW is Professor and the Ph.D. Program Director at the University of Tennessee Knoxville College of Social Work. She is a faculty affiliate at the UK Women Gender and Sexuality Studies Program. We miss her as our past colleague here at the movie School of Social Work. Hi Gretchen. Welcome to In Social Work. It's great to see you again.

Gretchen Ely [00:02:00] Thank you so much for having me today. It's a pleasure to be here.

Peter Sobota [00:02:04] You may or may not know that back when the the Dobbs decision was announced, we did a podcast with Mary Diaz and Erika Goldblatt, and they were just reacting. We thought it would be a good idea where I think probably more than two and a half years in now, we wanted to do a podcast on what is this new landscape like and what have been the impacts? I mean, certainly there's been a lot of uncertainty that has been jumpstarted for reproductive rights and health care for women. And I have to bElyeve that these consequences extend way beyond just an ability, whether or not to choose an abortion or not. And I hope that's what we can talk about today. Could we begin just maybe by laying out the playing field a little bit in terms of two and a half years in? We we know that states have we some states have wasted no time in legislating based on the decision. So as best you can to start us off, could you tell us about the landscape of the number of states that have implemented bans or restricted abortion access?

Gretchen Ely [00:03:24] We have huge clusters of states that are that tend to be grouped together, that have banned abortion. And I think it varies frequently. You know, like one month it can be this many and then something can change. They change by maybe instituting, you know, greater bans or they'll be like a court case that could put a stay on a ban, which means that it's temporarily lifted or it's temporarily enforced until there's some

kind of a, you know, falling out of a legal some kind of legal, you know, case or whatever. And then there are also states that put it on the ballot and vote whether or not to take a ban away or put a ban in place. And so all those is changing. And there were several that were you know, there were several votes in November that went positively to overturn a ban.

Peter Sobota [00:04:19] Yeah, I think that's what's interesting, isn't it? Yeah. Yeah. Okay. We'll look. We might get to that later, but. Okay. Yeah. And there are I mean, there are a number of states now probably in the double digits at least, that have pretty much banned abortion. Is that accurate? Yeah.

Gretchen Ely [00:04:38] Yes. And so, like, I'm in Tennessee and Tennessee has a complete ban for the most part, and most of the states around me do. And then Florida did have it on the ballot and it was voted, for example, in Florida. A majority of people voted to overturn the ban. But because of the way the legislature is structured. There, it had to be over 60% and they didn't quite achieve that. So they still upheld the band. And so all that's all that legal stuff is kind of going on in the background all the time. And so sometimes it's hard to answer the question about how many states have banned abortion outright, but there's a lot of them, and they're clustered together. They tend to be in the Southeast and the Midwest. And and then what that has done is created not just a ban and from one state to the, you know, in one state, but it also has created a cluster of states where if somebody, say, was living in Louisiana and needed to travel to a state where abortion was legal, they have to go across multiple states to get to a place where they can access legal, legal services. And I think we tend to be referring to that as abortion deserts, you know, clusters of states where if you're like in Tennessee, you can get somewhere fairly easily because you can get to Virginia, say, from from Tennessee. But if you're down in Louisiana, you're going to have to go through a couple of states before you can get over to somewhere. So for some, some people, it creates more of a burden than others, although it is a burden for anyone who has to travel outside of their home community to access a health service.

Peter Sobota [00:06:17] And this is where I think the systemic issues and impacts come in, because I think that yeah, so we will get to that. But I wanted to get your sense of, of of kind of where we were two and a half plus years in. And also now this might be surprising, a surprising question for some of our listeners, but I'm sure not for you. Before we go any further. Talking about abortion. Let me just ask you this. What is abortion?

Gretchen Ely [00:06:50] Well, you know, in the general sense, it's the termination of a pregnancy in a in a way that doesn't happen completely naturally. So I think when people hear the word abortion, they may associate that word with in what we would call an elective abortion in an early term for someone who just doesn't want to be pregnant anymore. But an abortion is also a medical term. And so it counts as the termination of a pregnancy for any reason, even if it's a medically necessary procedure to keep somebody from getting an infection or to save their life. And it can also be associated with a pregnancy that somebody wanted but has gone awry in some way. And I think that's an important distinction, because when people tend to talk about being against abortion, oftentimes, I think they mean they're against elective abortions that they bElyeve are not acceptable in some way. But it actually is a term that has something to do with a medical procedure and it can apply to people having miscarriages or because they've had a pregnancy that has a medical problem as well.

Peter Sobota [00:08:03] And my guess would be that most women know the difference because this is part of their overall health, not just a. Yeah. Yes. All right. Well, thank you. Thank you for for for clarifying that before we go further. So now let's let's kind of get into let's get into it here. So from where you sit and and based on your your scholarship. So this will be like a 360 view, I guess. What, in your opinion, have been the most consequential impacts so far? Of the Dodds decision. I know that's a bribe, but let's do the best we can.

Gretchen Ely [00:08:48] Yeah, but first and foremost, you know, abortion is not available in every state anymore, so it means that people who want to get abortions either have to travel. Many people have to travel out of state to get one if they want a surgical abortion. There are two types of abortion available in the United States. One is surgical, which requires a medical providers presence and expertise in order to perform. And then one is medication based, which means you can obtain pills to do an abortion in the comfort of your own home without. With or without a medical person being involved. And so those are the two types. And so if somebody wants to get a surgical abortion, they often have to travel out of state now. Now, I do want to offer a caveat. In the Southeast and Midwest in particular, before Rofl, which is the Dobbs decision, was the repeal of the of Roe versus Wade, which which stood at the federal level for 50 years. And that is what made it technically legal for each state to offer abortion services. And now, because the when the decision was made to repeal Ro, it turned that the abortion decision back to the states. And so now it varies from state to state. That's the biggest difference in, you know, post post jobs or post row. And so people are either forced to travel if they're in a state where abortion is banned or they have to find some way to obtain abortion medication, which they used to get by going to a clinic or talking with a provider. And now they may be, you know, seeking services that aren't legal over the Internet or through different agencies, you know, to have abortion pills mailed to them. And then there's a. So so what that's also created is tension between states where they are providing abortion medication to people and perhaps mailing those. And then states where abortion is banned and people are receiving medication. And the the other thing I think that's important to note about the post Roh era is that rates of abortion have not fallen. In fact, they've increased a little bit. And as a person who's been involved with the scholarship for 20 plus years now, we've we've always known that making abortion illegal has never impacted the rights of abortion anywhere. So when we looked in, for example, they would do studies in Latin America where it was widely illegal and people were still getting virtually the same number of abortions as they were in countries where abortion was legal. The only difference it makes is that people have to struggle and use more resources to obtain an abortion. And the example, you know, here is the people have to now make travel arrangements to go out of state. Or to get pills, you know, shipped into them or it drives, you know, abortion into a clandestine situation where people are perhaps self-managing and doing abortions on their own. Sometimes those might be safe and sometimes they may not be. But it hasn't changed the fact that people are still getting abortions and it's unlikely to to impact that. That research was long standing from other countries. And it certainly applies here. You know, at the current status where we found ourselves in the U.S. now.

Peter Sobota [00:12:16] While there's whole lot we could pick, we could pick at some of that for a while. But I think we can kind of maybe just let that stand. Let me just ask a silly question. Perhaps if you're in Tennessee and you obtain. Medication to do. I don't know if it's if it's correct to call using medication a self-managed abortion. It is. Okay. Is that legal in Tennessee?

Gretchen Ely [00:12:54] I mean, it's really not you know, there's a big show.

Peter Sobota [00:12:57] That needs to be done clandestinely. And with anxiety.

Gretchen Ely [00:13:02] And so. Yes. And I think, you know, there's a couple of important points around that. The research shows that people can do abortions on their own with pills and they're effective and safe. And so there's really not a reason why people shouldn't do it if that's the only option. And if and, you know, if we're thinking about social work clients is how I think about it. Like if clients are seeking abortion services and this is the only way they can get one. It has been shown to be safe. It's something that the research indicates people can do on their own. So really, in that case, maybe it hasn't changed. That much. The the main difference is people. And if we use Tennessee as our example, they used to go to a clinic, a family planning clinic, and they would obtain the medication from a licensed provider and at that time the provider would distribute the medication and also talk with the patient about how to administer the medication and then give somebody a hotline they could call if they had questions or problems. And so what you're what you know, if you're doing an a, a self-managed abortion with medication in a more clandestine way, you may not have access to a medical provider to with the hotline to ask questions or to check in about your symptoms in case something's not going right, or even if you just want to ask to make sure that it's going the way you are supposed to be going. Right?

Peter Sobota [00:14:37] Reassurance.

Gretchen Ely [00:14:38] Yeah, right. And so it can create anxiety. And then you also, if there is a problem, you know, there may be a delay in the time it takes for somebody to figure out that they need to go ahead and seek medical attention. So there's both an anxiety that can be created and then also just a lack of a connection to a medical provider. And it's really an unfair and unjust position to be putting a patient in when there isn't really any reason that somebody shouldn't be able to get abortion medication where they live and have access to a medical provider. But at the same time, I don't want to be sounding like I'm saying that it isn't safe to do so because the research shows that it's that it's safe. And there was even a pretty extensive study about ordering medications online. They would they ordered those and tested them before Rofl actually, and found that usually people do get abortion medication when they order it off the Internet. And it was within some sort of dosage that would provide a medical abortion. But it's just unfortunate, you know, that people can't access the medication in a clinic like they used to be able to do.

Peter Sobota [00:15:52] Like most health care, you mean?

Gretchen Ely [00:15:53] Yes, like all other health care, for the most part, you wouldn't be trying to get medication and and giving it to yourself without, you know, pretty constant contact with a medical provider. But it but I don't want people to think it's not safe to do so. It's certainly safe to do so. The research shows that it is There are some international and national organizations now that are helping people figure out how to get abortion medication. And one of those websites is is like an example is the Plan C website where people can go and look to see, you know, how to order pills online and where they're available and what to do. So there are like advocacy organizations that have stepped in to provide the information that patients might need to get pills if even if abortion is banned in their state. But that also means that clients have to figure out where those websites are and which ones they can trust in order to. Be able to go to those websites. It's not just a given that everybody knows which website is appropriate and which one to go to.

Peter Sobota [00:16:56] Yeah. And, you know, I planned on bringing this up a little bit later, but I think it's also, you know, with some of the impacts that year and the extra steps and the uncertainty and the unnecessary, seemingly to me, unnecessary anxiety and isolation that the the procedure involves. I think, you know, most social workers know that it's always the most vulnerable populations that are most impacted. I mean, people who have resources. Whoops. I don't mean that the way it sounds, but these hoops are easier to navigate. So so, yeah, that leads into me to my next question. And I unless you wanted to say more about impacts and you know, I don't want to move on prematurely.

Gretchen Ely [00:17:52] Yeah, I think it's really important if we are and we are looking at this today from a social work perspective that we think about who is vulnerable and who is most impacted. And, you know, thinking about why people choose abortion in the first place. The not the most common response to that question is that people have economic concerns and they aren't confident in the ability to be able to take on another parenting role. Most abortion patients are in their 20s and already have at least one child, so there must be a they're likely aware at that time that that what the economic and emotional and physical resources are required in parenting. And so they choose either wanting to choose not to parent again. And so those are the people who are economically vulnerable, which means that if people are economically vulnerable and they have to put a lot of resources into travElyng outside of their state or ordering, you know, medication online, that might be more expensive than it would have been before, those people are going to be more at risk for not being able to access a wanted abortion, which means then they maybe have a child that they they aren't financially prepared to care for or it causes them to not be able to get an abortion at all, or it pushes them up to the, you know, cutoff point where they would have been able to access an abortion early and then they end up, you know, having to go further along into the pregnancy, which causes, you know, more financial. Distress and also maybe just, you know, emotional distress in the delay because it's obviously something that you have to do in a timely manner. And so it it it creates a strain when you're up against a deadline. And so all of those things are occurring and it's unnecessary. And it's more likely that people who are financially vulnerable will, you know, have more difficulty overcoming these barriers.

Peter Sobota [00:19:55] Yeah, not everybody has a ton of paid time off either.

Gretchen Ely [00:20:00] So. Exactly.

Peter Sobota [00:20:02] I mean, it just it just keeps rolling and rolling into more and more obstacles.

Gretchen Ely [00:20:08] And it's it's I'm imagining there are many clients who look at all these obstacles and and feel that they're unsurmountable to their. And so they because it's just it's not just travel you have to you have to find money to travel. You have to get a place to stay overnight at least one day, maybe more than that. Sometimes you have to get a babysitter. Sometimes you need a pet sitter. You know, you have to. Get time off from work. Maybe you're you feel like you don't want to disclose why you're leaving, so you have to lie about or make up a reason, you know, for missing work. What people or missing school people, you know, then are faced with maybe getting fired because they've missed too much time. You just never know what's going on with people. And then it disproportionally impacts people of color who. Prior to the Dobbs decision, people of color tended to get more abortions than than other than white women. And so then we know as social workers that almost everything that happens is disproportionately laid upon

economically vulnerable people and other historically marginalized groups. And that applies, you know, with this as well.

Peter Sobota [00:21:18] Thanks. You know, I wanted to move beyond the outcome, the women or the patients themselves. But before we do that, I know that you your scholarship, especially recently, relatively recently, has focused a lot on women in some of the most in one of the most impoverished areas of the country. And. Can you talk a little bit about the impact of the Dobbs decision? And the impact on women's choices for women who are in relationships that include interpersonal violence.

Gretchen Ely [00:22:08] I think that's a really good question and I haven't actually done the studies, you know, as much myself. But there's a body of literature in which case that indicates all kinds of of reasons for people wanting to terminate a pregnancy. And one of them could be that they're not wanting to stay tied permanently to a violent partner. And so I think this ties into to what we were talking about before, just navigating the hoops or the barriers that we were talking about. If you're navigating a violent relationship, there may be a very short window for you to sneak away and terminate a pregnancy. And so when you are faced with having to travel out of state or even just if you order medication online and have to, you know, stay isolated and in bed for 2 or 3 days while the process is working itself out, those are the kinds of things that it would be much more difficult to hide from a a violent partner if you are also trying to navigate laws that include a complete ban on abortion in your state. So you can we get it doesn't take a lot to imagine the complexities of violent relationships anyway and then being able to access health care service perhaps secretly is is putting a lot of people, I would say, at higher risk than they even were in the first place.

Peter Sobota [00:23:32] Exactly. All right, thanks. And how about the impact, both currently and in the future, in your opinion, on contraceptive care?

Gretchen Ely [00:23:43] I think this is a really important question. And I was looking at some of this, you know, before we got on today of the application of the Comstock Law, which is a really old law from the 1800s that banned the distribution of contraceptive. Materials and literature and also to be sent through the mail. It couldn't be mailed to people.

Peter Sobota [00:24:09] With sounding familiar.

Gretchen Ely [00:24:11] And and it and it actually, you know, is still on the books. So the people that advocates against abortion have have hit really hard about the Comstock Law and trying to reinstate some of it. I don't think it was it was very generally applied. And it because it was so general, it became less and less possible to enforce it. And I think the last time that we've really applied Comstock Laws in some kind of meaningful way was probably around the 30s. But there's a pretty big push to Elyminate access to abortion medication, even in states where it remains legal. And one of the the tactics for the anti-abortion advocates has been to apply the Comstock Law to abortion medication. And the argument there is that we shouldn't have approved the abortion medication in the first place because it was a violation of the Comstock Law. So if we think about, you know, at the beginning, we talked about how it might be difficult to say how many states have banned abortion because it changes. This is something else that's ongoing in the courts. And I think a legal expert could speak probably more astutely to it than I can. But there's a kind of a constant push here to apply the Comstock Principles. And one of the main things that's going on currently is trying to use it to say that the abortion medication should never

have been, you know, legal in the first place. Yeah. And so that is a pretty scary if you think about a law from 1837 and how applicable it in modern times, because it had to do with obscene material too, and anything that could be used to do an abortion. So that could apply to, you know, a surgical mask. I mean, you know, it doesn't have to necessarily be the medication itself. So it's pretty startling and disturbing to think about. If we were to reinstate Comstock in its original intention, you know, then that means that people wouldn't be able to access contraception as well, not just abortion services.

Peter Sobota [00:26:27] Yeah. And in addition to that, I've also read some things where. And this and this. A scholarship where providers. Seem to be very willing to almost like impose or argue for contraception when they are engaged with women of color and women who come from low socioeconomic backgrounds. And that. Seems to be taking us backwards in time to times where we probably should be doing some critical thinking about to say, to say the least. I think the other thing that came to mind while while we were talking is that I think it's. It's telling that research suggests that abortion itself is not a source of trauma for the majority of women who utilize that option. But it does really seem like seeking or accessing one is.

Gretchen Ely [00:27:49] All right. I appreciate that point because. Prior to the fall of Roh, there was a lot of work being done by anti-abortion advocates to justify getting rid of access to abortion And one of those efforts. You know, if we go back to like the early 2000s was the post abortion syndrome. So I think in 2008, the American Psychological Association had collected all the literature around whether or not there is such a thing as post-abortion syndrome. And their conclusion was and they and they issued a special statement about it that one early elective abortion did not equate to psychological distress afterwards. In fact, the common most common emotion experienced after seeking and obtaining an elective abortion is rElyef. That's what was reported. And so the American Psychological Association decided to issue one of their main statements saying, you know, let's put this to rest, because a lot of the literature that indicated there was something like a post-abortion syndrome turned out it wasn't very methodologically sound. And so that is important. And I and I have done some work looking at trauma informed. Abortion access. And as we have talked today, so far, we've talked a lot about the barriers and the strain that that may be involved. I don't think for social workers it's a large it doesn't take a lot of extrapolation to think about how stressful and what kind of strain it would be to try to arrange to seek an abortion in this current climate. Where. The average person may not know what we're the things that we're talking about here today. They may not know if it's legal in their state. They may not know if they can be prosecuted. There have been some grumblings about trying to make it illegal for people to even leave a state to access abortion. You know, what are what are clients thinking about? What do they know? What do they not know? What are they confused about? They may be hearing information that that doesn't even apply to the state where they live, but they may not know that because all this rhetoric is very inflamed and it's hard if this isn't your area of expertise to keep track. Of what's really applicable to you. And most clients don't think about abortion until they need to access one. So it's not like they're gathering this information all their lives and then all then they're prepared for it when they need to. Because most I mean, unplanned pregnancy is such that people are not planning for that, which is why, you know, I think social workers need to be prepared as well as they can be with this information, even if it's not the area of social work that they do, because clients. Or in a situation about abortion right now where they may not know who to turn to. So even if you're working with a client in a different setting, you may find that you have a conversation with them about how to access the service because they view you as an expert in other areas. So they're going to make maybe assume that you, you know, would know about this, too. So I think one of the

most important things about the post role environment for social workers is that social workers need to understand as best they can what's happening, what they can do to provide resources for clients, what they're allowed to say legally in their state. And this requires, you know, learning more about abortion probably than many social workers know, you know, more information than they know. I did do some research years ago about, you know, a level of knowledge about abortion and the social work perspective on abortion from the NSW policy statements. And it was it was pretty indicative that the this the people that we surveyed and they were all social work students, they weren't very well informed about abortion. And so they would not have been in a position if they were talking with a client about it that they would have been able to provide. You know, very robust or comprehensive information, and that is likely not changed very much. And so I think something that's really important is for social workers to become involved in this, at least to the extent that they know what they can do to help people if they're ever asked about it.

Peter Sobota [00:32:19] Yeah. Which which is interesting in that social workers are on in many ways on the front line of being in relationships with people who could be affected by this. But at the same time, it raises the question, how many of us are on the front lines of advocating for reproductive justice in an informed way? And it sounds like we have tremendous room for improvement.

Gretchen Ely [00:32:47] I did that study a long time ago. That's a great point. And then then we had other people who who did similar studies that found similar things that that social workers just weren't very prepared. And one of the reasons is they weren't receiving the information in their social work educational curriculum. And so they had no, no or very little exposure to the issue. It is so stigmatized, so controversial and such a hot button issue that even social work has been has has been a little bit. Perhaps hesitant to get involved and or, you know, discuss it or make it a primary component of the things that we talk about and advocate for, even though. In many ways, reproductive health care affects everything. And I had this I sort of have this thing that I always used to talk about with students. If we could just have like a decade of adequate family planning, we would see a lot of social problems improved, you know, and and so it is a huge component of. Social work care across the whole entire, you know, milieu of the things that social workers do. But if you I think something very telling is it's completely absent from our grand challenges. There's no mention at all. We have closing the health gap and getting rid of racism, but we don't have any acknowledgment of the. The need to bring social workers on board with this. There's no possible way we're going to be able to close the health gap without some kind of engagement from social work in a deeper level. And something that you mentioned. Earlier was about. We're also kind of falling backwards towards telling everybody who can be pregnant and who can't and a part of reproductive justice. It has basically three components the right to have a child, the right not to have a child and the right to parent that child in safe and peaceful conditions. And so when we start to Elyminate access to reproductive health care in one area, then we inevitably. Elyminate access to reproductive health care and other areas. So what you're you are seeing is kind of this. Sort of political. Push to get people to have children. But at the same time, there are. The people we that those same politicians seem to have a worldview about who should be having children and who shouldn't be. And that is a slippery slope, Right. And it certainly doesn't align with these three principles of reproductive justice. And yet it should be a forefront of the concern for social workers, because we are most of the frontline workers in this in these sorts of areas. And we have this commitment to social justice that other professions don't have. So we really ought to be leading the way towards, obviously, education and resources. Right now when we're in this environment where some people have access and some people don't. And then we need to be also at the forefront of

making sure that the rights are restored at the federal level as soon as we can possibly accomplish that.

Peter Sobota [00:36:11] Yeah. Okay. So I heard and I can see you. So I saw you, I think is thinking about the best way you could say some difficult things. And I do appreciate that. You know, my own take is that at least from where I sit and based on who I am, the profession seems to have been, I think, relatively silent. And I think primarily, you know, we know you, number one. But the other thing is, we know you and we know that you are one of the few scholars in social work who has been addressing this issue for a long time. And I think, you know, that goes to your to your point. The other thing that I wonder you kind of touched on, but I want to make this a little more explicit. Remember, do you remember when reproductive rights and abortion were supposed to be a a like a big, massive issue in the general election, that women were going to come out in droves. And, you know, this was supposed to be a major talking point of especially the Democratic Party. It didn't turn out that way. Any thoughts on what do you think happened there?

Gretchen Ely [00:37:42] I'm not a political scientist, so. So, you know, I guess I think about it from a social work perspective. I think for a lot of people it was it is a hot button issue for a lot of people. You know, the price of eggs is more important than and at the forefront of their considerations. So perhaps it is a hot button issue for them. But they are so worried about getting by at a basic level that it just those sort of things supersede, you know, people's concerns now. But I think we can point to the times when it's gone on the ballot at the you know, when they let the citizenry vote for it. It almost always has been. A majority of people voted not to have an abortion ban. And like we mentioned at the beginning, even in Florida, it was a majority, but it was only 57% and it was required to be 60 because of the way they have their process structured. It wasn't because it wasn't a majority vote. And I feel like maybe only North and South Carolina. So excuse me, Dakota, North Dakota and South Dakota have voted no in the majority. But everybody else, including very surprising states like Ohio and and Kansas, you know, because they understand how important it is and at the same time still support other things that maybe are more conservative. So they voted for conservative candidates because because they prefer their stance on different things. But at the same time, they made their voices heard that they want abortion to remain legal and accessible in their state. And I think that a lot of people, including myself, are struggling to explain, you know, the dichotomy between those two things. And it could just be that people, again, are not super informed about what's the connection between who you vote for and what abortion laws are may be lost on people sometimes. I don't know. So that's something that we should be exploring, I think, in the research going forward as we just think about, you know, what are these election results meaning to the United States in general and and what is it that makes people vote for what we often talk about in social work as against their own interests? Yeah. You know. I mean, that's a good question and I'm not sure I can answer.

Peter Sobota [00:40:14] Yeah. Well, thanks for even taking a crack at that, quite frankly. And, you know, I suspect that if we if we interviewed a bunch of women, I and I've kind of done this informally, I think a lot of them would might say, well, have said to me that they did vote in their best interests, which I think and I think it goes back to what you were saying earlier in terms of immediacy and priority in their lives. So. All right. So, you know, we're social workers. So let's we've been talking a lot about the individual and the women or the patients, if you will. But when I think about some of the systemic impacts of the post jobs era so far, I think about the influences beyond the the women and the patients. So could could we talk a little bit about your your thoughts about what have been the impacts on providers?

Gretchen Ely [00:41:20] I think they're struggling. And if you know, and that's maybe, you know, to say the least. Yeah. And I mean, there are states like conservative states, like I did read about Idaho, for example, who have been losing OB-GYNs because they're not able I mean, medical, particularly an M.D. or a doctor, has gone to school a really long time. And they need the flexibility to practice because they save people's lives on a regular basis. And so if you're thinking about a provider and ObGyn and there are lots of people who are providers who aren't doctors, but we're going to use them as an example, you know, if they're faced with somebody comes in and this is what's been happening and people have died, they come into a place, they're having a miscarriage, the miscarriage, the fetal contents still have a heartbeat. They can't go ahead and do what would be technically an abortion, even though. Right. I think the general public doesn't understand that helping somebody with a miscarriage is the same as an elective abortion from a medical standpoint. Right. And yeah.

Peter Sobota [00:42:27] And if you I'm sorry for interrupting, but if you think well, if I think about the challenge in emergency care medicine. Where and and what I've been reading now, you know, this is The New York Times, not a journal, I think, but it's pretty much, you know, the language, the policy, the wars are changing and vague, but they've got a life threatening emergency in front of them.

Gretchen Ely [00:42:56] So they have a patient with a life threatening emergency. They they can't give them the care they need. And then if they do give, then they're faced with, do I let this person become even more ill? Or do I risk my own licensure and therefore well-being myself to help this person? Would you I mean, and then the question is, would you want to continue to practice in a state where you had to worry about that? And so, you know, you're losing OB-GYNs out of these states and other, you know, professionals who work in this area who feel like that they're too constrained and or maybe they don't feel like they're too constrained. Maybe they're just worried about losing their license and the opportunity to practice after they've, you know, spent their whole lives developing this sort of career. I think it's really important to for people to understand one of the things that was interesting to me, if I might give a caveat about moving from Kentucky to New York State, which is what I did, I don't think people realize the difference in in health access across the board from one state to another, because if you live in New York State and you can get health care when you need it and people can get insurance, they could get insurance before the Affordable Care Act even, you know, And so just health care access in general. It's like night and day between New York State and Tennessee, for example, which Tennessee is one of the states that didn't even expand Medicaid access under the Affordable Care Act, and Kentucky did. And so there are now more people in Kentucky that can get health care than in Tennessee. So if you think about the difference between New York State and Tennessee, then you're you're the the vast the disparities are almost there. Very difficult, I think, for people who live in states where you can get the help that you need. It's hard to understand how people down here, I'm going to say down here, can't get the help that they need. Right. And so getting your head around that, I think, is one thing that needs to be done. And then the the actual risk to being attacked in some way when you're associated with a stigmatized. Health care procedure like this is also very high. So if I think about the OB-GYNs that I'm familiar with here, just in Knoxville, where I live, who do the work, who go out and talk on the news, who make it clear that they would give an abortion if they could, or that people should. Now that all they can say is that people should have access to abortion. I mean, they're not just making practice decisions, but they're putting their own well-being at risk. And I bElyeve that, you know, there's a time when people just kind of get tired and they're ready to stop doing that. And so your original

question was, you know what? How does it impact providers? I think for medical providers, sometimes they have to make a decision to move to a place where they can provide care the way they see their Hippocratic oath guiding them to do so. And you can't do that if you're sending somebody who's having a miscarriage back to the parking lot and telling them to come back when their fetal heartbeat is gone because you can't help them until then. Would you want to stay here and practice under those conditions and then worry about being either, you know, harming someone or getting arrested?

Peter Sobota [00:46:24] Yeah.

Gretchen Ely [00:46:25] And I don't think they're talking about that at the level that we need to be talking about it. And you asked me, Peter, earlier about the strain, you know, of seeking abortion. Can you imagine the strain of being an Ob-Gyn in one of these states and having to worry about that every day and what that does to their well-being?

Peter Sobota [00:46:44] No, I can't. And I also wonder I'm extrapolate it for extrapolated further. I would love to know how many people are signing up for Ob-Gyn specialty practice in med school. My hunch would be fewer and.

Gretchen Ely [00:47:02] Fewer in states like this. Maybe. And also just it's a specialty that we need more of anyway, before all this happened, you know? You know?

Peter Sobota [00:47:11] Yeah.

Gretchen Ely [00:47:12] So it's creating this, like, soup of misery that with these what we call in social work policy analysis, the unintended consequences that although these consequences maybe be maybe very much be intended by, you know, people but but addicted to it. Right. But actually, you know, I'm not sure if people realize you're if you just found someone that was not that was an anti-abortion person. Because you asked me earlier about women, you know, voting. There are a lot of women who are anti-abortion. So we we know that. And there are very many of them here. And it's often affiliated with rElygiosity, which is which certainly bears. Every time I do a study and ask a question about rElygiosity, it is it is correlated with an anti-abortion you know, higher levels of rElygiosity tend to be more anti-abortion. But if you but if you ask even those folks, if they realize that their family member who was having a miscarriage also wouldn't be able to get care. I don't think they knew that.

Peter Sobota [00:48:17] Yeah.

Gretchen Ely [00:48:18] So maybe part of unfolding all this is to just do a better job as social workers with educating people about which is part of the reason we're doing this podcast today so that people can can better understand how complex it is. It's not just whether or not abortion is allowed in Tennessee. It's it's a much broader and much more complicated picture.

Peter Sobota [00:48:42] Absolutely.

Gretchen Ely [00:48:43] And it's driving down your doctors away from your state.

Peter Sobota [00:48:46] Yeah. And and even to just go further, I'm trying to get granular here because I'm like trying to walk myself through the process. Given everything you've said, that's that means longer waiting lists. Nobody likes that. I can't imagine you would

want to deal with that in this circumstance. It just keeps feeding the same beast of just making this more and more risky for for women's health.

Gretchen Ely [00:49:18] It's it's risky, I think, physically and it's also emotionally wrenching. And and if you think about there's a lot of things like the clinics that are still doing abortions. So if we think about the places that you can get to, you can go like in the Midwest, Illinois is a pro pro abortion access state. So a lot of people clustered all over, have to go to Illinois to get appointments. That means that the clinics that are in Illinois are now doing the appointments for half of the United States. And so the people that live in Illinois now can't get an appointment or people that normally would have been able to get an appointment in 2 or 3 days are having to wait two, three, four weeks. And you're up against a time clock as well, which we mentioned before. So it's not fair to the clinics that are allowed to remain because they're having to serve way more patients than they did before. And that means if you live there, you can't get an appointment either because you are competing with everybody. And in places like New York City, where it's easy to get to by plane. So even when it may be closer to go, say, to Virginia, but it's easier maybe to just hop on a plane to New York City. Now, people going there and they're taking appointments away from residents that live there, which is a you know, a lot of. Then on the positive side, we have a lot of advocacy and people doing. One of the things I did do a lot of work on, especially while I was at you, B is looking at people who access abortion funds, which are charitable organizations that provide financial and other types of assistance to help people with the barriers to abortion care. So a lot of times it's helping them, you know, pay for the out of pocket costs or navigating travel or whatever. Those organizations now have had to step up their game to put together an entire network of, you know, helping people figure out how to get from the airport to the clinic. And then they help them with appropriate lodging and different things they've had. So now that what maybe the resources that those charitable organizations were using to just give people to pay for out of pocket cost, you know, now people's cost have tripled in terms of being able to get access to an appointment. So those organizations have had to really step up and put absolutely a lot more effort towards something that they were able to help people with, with a lot less, you know, funding before. So it's impacting those organizations that provide assistance to people, which also oftentimes social workers are working in those organizations. And so then it's impacting social workers again. And we're back to that. You know, it's almost a big circle.

Peter Sobota [00:52:03] Yeah, well, we're bumping Gretchen. We're bumping up against our kind of time limit here, and you've kind of broached this a little bit along the way, but I do. I enjoy watching John Oliver because he. He goes on these, like, 25 minute rants about a problem, but he always gets you. So what do we going to do about it? What's what's the way forward? So that's what I that's what I would like to do. You've already done a little bit of this, but with the time we have left, could you maybe sum up by talking about or even re-emphasizing the role that you think social work and social workers can play? And then just so I would if you save some time and some energy, I really want to know what keeps you hopeful.

Gretchen Ely [00:52:48] So from a social work perspective, I think we need to do a better job of allowing the topic of access to health care in general and reproductive health care, including abortion, to be part of our curriculum. We have to be teaching our students the importance of understanding this even if they think they're going to go work in child welfare and never have to talk about this because it comes up all the time. And it's actually a part of child welfare and many other aspects of social work. And if they don't understand it and they can't get to the point where they're comfortable even saying the word abortion, then

they're not going to be able to help people. So that's one one thing. And they need to be prepared for the kind of help that they can provide legally in their state. So for in one state, it might be perfectly fine to counsel people about it. There's just no access to services. So in that state, you would be able to tell people where they can go in another state, you might not even be able to talk about it, but there has to be a way you can hand somebody a website or an 800 number or say, you know, then then you you know, and we as social workers need to figure out what can we say and do within the confines of keeping ourselves safe. Because as we just talked about before, we use the example of the OB-GYNs. But it's really anybody that's helping anybody with this has to be aware of the legal implications for the things that they say and do. And it's really important because we don't want social workers being taken out of their positions because they've been trying to help people. So so we've got we have to teach that in social work, educational programs. How do you find out what's going on in your state that's important to your clients and what do you do and how do you keep up with it? So and then we have to we have to get together and and create a sense of urgency around this that encourages us to advocate. And it's not because we I this is something I want to say. I don't advocate to say that every social worker should be a pro-abortion social worker. I think abortion is a complex issue that gets at people emotionally. And I have a lot of respect for that. As a social worker, I have to I feel like because social workers and everybody is are there all feel free to feel about this, how they want to and what they need, how they need to and how it aligns with their own personal values. But if we look at, you know, the right to self-determination and our code and our principles and even in the.

Peter Sobota [00:55:22] Exactly.

Gretchen Ely [00:55:23] In the social work policy statements, you know, there's a very clear statement that they interpret the right to self-determination as, you know, the ability to access family planning in all forms, which which includes abortion. So you got to also be I think we need to make students aware that they're practicing in a profession that has a code of ethics that supports this, not because we are comfortable or not comfortable with it, but because it is what's best for the well-being of our clients. And so if we if we remember to emphasize that and then give people the tools that they need, then maybe we can break through the stigma a little bit more so that we can have a better presence in social work pushing for policy that is humane and aligns across the board, not just in the area of abortion, but across the board for people so that they can make decisions about when and if to have children and when to have those children, and then have a safe safety net environment where they can parent those children with peace and in safe environments. And if we leave one piece of that out, then we're not going to be able to achieve it in the other areas. So I feel like, you know, in a lot of ways it's it's social work educators that have a lot of responsibility for helping people understand the importance of this and why it and how it impacts social work and all the other areas that people care about. So did that. Yeah.

Peter Sobota [00:56:58] it does. It does. It is. I mean to me it. Is a it's not a heavy lift. If you consider this literally from our ethical standards, you know, around self-determination and dignity and worth and even equity. So it makes perfect sense. So, yeah, I don't I don't want to ruin what you said there because that was just quite inspiring. The last question is. If you are assuming you are, what keeps you hopeful? Why do you keep doing this? You've been at it for a while.

Gretchen Ely [00:57:41] Well, you know, sometimes it's it's hard, I think, sometimes to stay hopeful when you work in something that is so very misunderstood. It's not the things

are grim that make me feel hopeful. It's that there's so much just disinformation or misinformation, whatever you want to call it, or a lack of knowledge around this. And because the stigma is so strong, it keeps people from being able to freely discuss it in ways that they would be comfortable talking about child welfare issues or other issues that are social work, you know, related. So that that can be hard. But I do think that you will find so many social workers and other advocates who do not allow this to get them down and they push and they agitate and they keep doing the work in spite of how grim it can work. And I think what makes me hopeful is that we have to remind ourselves that that's the way that change is achieved in every area, that people just can't, you know, give in to our exhaustion until we get the results that we need. And if we're not getting those results, then we have to think of new ways to frame, discuss and push forward. And I'm very motivated, especially when I talk to young advocates who, you know, have just become adults or are just getting into this because people are very committed to making sure that that we do a better job than we've done so far. And so that's what keeps me hopeful. And I think having done the work for a long time now, I'm at the point where I can maybe share information. I don't necessarily have the energy to keep doing it, but I'm sure I can share the information to help people who. Are hopeful and energetic about it to keep moving forward. And so as long as we keep moving forward, I don't. Or at least trying to, you know, and then there's still hope.

Peter Sobota [00:59:41] Got it.

Gretchen Ely [00:59:42] And as long as there are still social workers know, there's always going to be people who want to do something about it.

Peter Sobota [00:59:48] Yeah. Perfect. Gretchen, thank you so much for talking with us and agreeing to do this. I miss your voice around the halls and, and in our meetings and discussions, but it was absolutely wonderful to talk with you. Thanks so much.

Gretchen Ely [01:00:06] Thank you for having me. And I hope this gave you, you know, the information that you were looking for.

Peter Sobota [01:00:11] The In Social Work podcast team is Steve Sterman, our tech and web guru. Ryan Troth, our Gia production assistant. And I'm Peter Szabo to Thanks for listening and I'll see you next month everybody.