

Mississippi governor signs the nation's most restrictive anti-abortion measure

Shelley Connor
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On Monday, Mississippi Governor Phil Bryant signed into law the United States' most stringent abortion restrictions. That same day, Mississippi's only remaining abortion provider filed a suit to block the law.

On Tuesday, a federal judge in Mississippi blocked the law for 10 days. US District Court Judge Carlton Reeves in Jackson, Mississippi is currently considering arguments for and against blocking the law before it takes effect, after which it would have to be challenged on its constitutional merits.

In his two-page ruling, Judge Reeves wrote that women are guaranteed a right to privacy about their bodies. Citing the 1973 *Roe v. Wade* ruling, he wrote, "The Supreme Court says every woman has a constitutional right to 'personal privacy' regarding her body." The temporary stay against Mississippi House Bill 1510 was warranted, he said, because its 15-week limit is outside of the medically accepted definition of fetal viability. Twenty weeks is currently agreed upon as the outer limit of fetal viability.

The Supreme Court has struck down similar laws. In 2016, the court ruled that an Arkansas law restricting abortion past 12 gestational weeks was unconstitutional. It similarly ruled against a South Dakota measure that restricted abortions after six weeks.

Even prior to the enactment of HB 1510, abortions in Mississippi were extremely difficult to access. The Jackson Women's Health Organization, located in the state capital, is the only clinic in the state that provides abortions. Few physicians dare provide abortions in a state where failing to adhere to the letter of the law can result in prison terms ranging from two to 10 years, or where a mother's death could result in a murder charge.

A minor seeking abortion must have signed consent forms from both parents before undergoing a procedure. Abortion providers are required to provide state-sanctioned counseling to women who seek abortions, giving them information expressly designed to discourage abortion. A woman must wait 24 hours after counseling before receiving an abortion. This process necessitates two trips to the clinic.

Mississippi is the nation's poorest state, with over 20 percent of residents living in poverty. The median income in Mississippi is a meager \$41,754 annually. The lack of abortion access therefore proves especially costly for Mississippi women, many of whom are likely to face significant obstacles in funding an abortion and finding transport to the state's only clinic.

On Tuesday, Governor Bryant issued a statement saying, "House Bill 1510 protects maternal health and will further our efforts to make Mississippi the safest place in America for an unborn child. We are confident in its constitutionality and look forward to vigorously defending it."

The statement is mendacious. Mississippi has historically had the nation's highest maternal morbidity and mortality rates. Between 2010 and 2012, when the rates were last measured, an average of nearly 40 maternal deaths were reported per 100,000 live births. Infant mortality, last measured in 2017, was 8.8 deaths per 1,000 births.

Nevertheless, Mississippi has consistently refused to expand Medicaid coverage in the state, which leaves over 100,000 residents—half of them women—uninsured. The state has done nothing to address a shortage of qualified physicians, which currently stands at 159.4 doctors for every 100,000 people.

Maternal and child health experts agree that most of the causes of perinatal mortality, for both mothers and

infants, are preventable. Actual prevention, however, rests upon the political will of the government. Mississippi's government has demonstrated that its interests lie, not in making pregnancy and childbirth safer for mothers, but in using pregnant women as political capital to erode the basic constitutional rights of all residents.

Mississippi is the starkest example of how political rhetoric is contradicted by policy, yet these attacks on reproductive rights are growing in both number and stringency throughout the United States.

On Wednesday, the Kentucky Senate passed a law that would make it all but impossible to obtain an abortion after 11 weeks gestation. A procedure commonly known as dilation and evacuation, or D&E, was targeted by House Bill 454. While second trimester abortions are statistically rare—accounting for only 11 percent of all abortions—most are done via dilation and evacuation, and almost all are done when the mother's life is imperiled by the pregnancy or when the fetus has a lethal deformity. In 2016, of 3,312 abortions in Kentucky, the procedure was used in 537 cases.

Prior to the bill's passage, Tamarra Wieder, a spokeswoman for Planned Parenthood Advocates of Indiana and Kentucky, told Senate Judiciary members that the bill was part of an overarching strategy to “ban abortion law by law, method by method.”

HB 454 is likely to be blocked by federal courts, as have similar laws in other states. Opponents of the bill pointed this out in debate. The measure still passed 31-5. Kentucky Governor Matt Bevin, who has worked to strip Medicaid coverage from hundreds of thousands of poor Kentuckians, is likely to sign it into law.

The United States' maternal and infant mortality rates are some of the worst among industrialized nations. American women face multiple obstacles, including poverty, unavailability of care, and poor overall health when they become pregnant. These issues require focused attention, funding and prioritization. However, this past week, legislators in Mississippi and Kentucky indicated that the nation's lawmakers would rather waste time and money in passing measures to restrict abortion than tackle the poor odds facing mothers and infants in the nation's poorest areas.

These measures, moreover, do not pose a threat only to women. *Roe v. Wade* rests upon the right to privacy.

The erosion of reproductive rights, therefore, gives impetus to other measures that would subordinate constitutional rights to the will of the state.



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