#1609 The Post-Roe World is Bad But it Could Still Get Worse

JAY TOMLINSON - HOST, BEST OF THE LEFT: [00:00:00] Welcome to this episode of the award winning Best of the Left Podcast, in which we take a look at stories of those directly impacted by abortion bans to demonstrate the extreme stances taken by anti-choice politicians. But we also look ahead to potential ways the situation could be made even worse, as well as some efforts to relieve the suffering.

Sources today include *Amicus, The Nocturnists, The Thom Hartmann Program, The Majority Report, CounterSpin*, and *Ring of Fire*, with an additional members only clip from *The Majority Report*.

Texas Abortion Laws Cruel Outcomes - Amicus With Dahlia Lithwick - Air Date 12-16-23

DAHLIA LITHWICK - HOST, AMICUS: So this week's show is about the impact of a single case from 2021, and the case is Dobbs v. Jackson. In the event that that Dobbs decision is not fresh on your mind, on Friday, the New York Times dropped a thoroughly reported timeline of how that long shot appeal coming almost minutes after Amy Coney Barrett had been seated on the court was taken [00:01:00] up, broadened and decided for perfectly political reasons. The New York Times piece also confirms that the cert and decision process in Dobbs was precisely as ends driven, corrupt, and mindlessly violent toward women as we all imagined it to be. And that is where we are laser focused this week, not on the unnamed sources who confirm that Samuel Alito maneuvered the toppling of Roe or that Brett Kavanaugh is fundamentally useless or that Amy Coney Barrett is ultimately just a coward.

We are not focused on those things. We are focused on the primal scream from so many of us this week as we watched Kate Cox's case unfold in Texas, because regardless of how craven and broken the system was that allowed Dobbs to be decided, women are going to keep dying. They're going to keep bleeding out. They're going to keep going septic in hospital parking lots. [00:02:00] And that's going to happen all as a result of abortion restrictions that were allowed by Dobbs.

The five to four decision in Dobbs overturning Roe v. Wade formally returned the question of abortion regulations to the States -- partially, allegedly, in the hopes that judges could get out of the abortion arbitration racket. But this week, the Texas Supreme Court, in a nine to nothing unanimous decision, very much got itself back into the abortion arbitration racket in the case of Kate Cox. Cox was challenging the hot mess that is current Texas law regarding medical exceptions to its unbelievably draconian abortion restrictions. She was carrying a non-viable pregnancy that would likely end in the death of her fetus, and also possibly impair her ability to bear future children. And yet Cox was forced to leave the state in order to terminate that pregnancy, after [00:03:00] Texas's high court determined that her physician's good faith belief that she deserved the exception would not shield her from huge fines and up to 99 years in prison or the loss of her medical license.

Cox faced almost exactly the same barriers as the plaintiffs in a massive lawsuit called Zurawski v. Texas that was filed last summer by a group of women and physicians asking whether Texas law actually demands that pregnant people lose their lives or future fertility in order to satisfy the new state laws.

Joining us today is the lead plaintiff in that lawsuit, Amanda Zurawski. She lives in Texas with her husband, Josh, whom she met in preschool in their home state of Indiana, and they live with their dogs, Paisley and Millie. We're also joined for this conversation by trial attorney Jamie Levitt, who, alongside counsel from the Center [00:04:00] for Reproductive Rights, brought the Zurawski case last summer. Jamie and the Center also represent Kate Cox. She is managing partner of the New York office of Morrison Foerster.

Jamie, Amanda, it is such a pleasure to have both of you on the show this particular week. And before we even start, I want to thank both of you for your great big voices on an issue that has been breaking all of our hearts the last few days.

AMANDA ZURAWSKI: Thank you. Thank you so much for having us.

DAHLIA LITHWICK - HOST, AMICUS: So Amanda, I want to start with you. And I kind of hate doing this to you, but I think folks need to hear this story of your pregnancy loss, your efforts to be treated in increasingly hellish conditions. And as I said, I hate that you have to tell and retell this story that becomes one of the prongs of your lawsuit, but it's almost impossible, I think, to understand the stakes of what this litigation means without your voice humanizing it. So do you [00:05:00] mind, yet again, reliving your story for us?

AMANDA ZURAWSKI: Sure. I think it is important. I think it helps to illustrate what these laws are doing and what they can do. And so even though it's terrible to relive it over and over again, I think it's important that we do.

So, essentially what happened was, after about a year and a half of trying to get pregnant, lots of rounds of fertility treatments, different tests, exams, procedures, I was finally pregnant last spring and everything was going really well until about the 18 week mark, at which point I was diagnosed with a condition called incompetent cervix or cervical insufficiency. Basically what that means is I was dilating prematurely. Obviously a baby can't survive outside the mother's womb that early. So we were told that there was nothing the doctors could do to save the pregnancy or save the baby. And so it was inevitable that we were going to lose her.

Now at [00:06:00] that point, what would have happened or what should have happened pre-Dobbs, my doctor should have been able to intervene. She should have been able to induce labor and I should have been able to deliver the baby and begin the healing process. But because the baby's heart was still beating, had she induced labor, it would have been considered an illegal abortion. And so she couldn't do anything. So we just had to sit and wait until either the baby's heart stopped beating or until I met the medical exception in Texas, which states that my life is at risk, at which point our doctor could intervene.

So we were locked in this hell, waiting for one of those things to happen, and what happened in my case is my life finally became at risk after three days when I went into septic shock. At that point, my doctor could finally provide healthcare, and it landed me in the ICU for three days, and then the hospital for another four days after that.

Post-Roe America 5. Culture of Silence - The Nocturnists - Air Date 10-19-23

ALI BLOCK - HOST, THE NOCTURNISTS: Soon after the Dobbs decision, the state of Indiana started talking about passing a near total ban on abortion, but they didn't [00:07:00] make a decision. Three days later, on June 27, 2022, Caitlin received a call from a child-abuse doctor in Ohio. He had a 10-year-old patient who was six weeks and three days pregnant. Because of a trigger ban that had gone into effect in Ohio, hours after the Dobbs ruling, the patient was unable to receive an abortion in her home state. Caitlin performed the abortion days later in Indiana, where it was still legal up to 12 weeks. Soon after, she went to an anti-abortion rally, where a reporter from the Indianapolis Star

overheard a conversation she was having with another doctor and asked for comment. Caitlin shared that in the previous days, she had performed an abortion on a 10-year-old from Ohio who was unable to access care. This story rapidly became national news.

Media Clip: O'Donnell sat down with someone who's become a symbol of this debate. That's Dr. Caitlin Bernard who's an OB/GYN in Indiana, who according to state records obtained by CBS News, provided a [00:08:00] medication abortion to a 10-year-old rape victim from neighboring Ohio. That's the...

CAITLIN BERNARD: Part of the initial retaliatory statement about me was that I am an activist. So I was an activist acting like a doctor.

Ali Block: That statement came from Indiana Attorney General Todd Rokita. "She's lying," he suggested. "There's no way Caitlin was telling the truth." That there weren't any 10-year-olds in need of abortions, that she was just an activist trying to manipulate people into sympathizing with her pro-abortion agenda. At first, Caitlin wasn't worried.

CAITLIN BERNARD: I mean, the biggest thing that I remember from that whole experience was just like, "How could people not know that little girls get raped and pregnant?" Like, how could they not know that this was literally the natural course of an abortion ban? I felt less concerned about my own personal, retribution, like crazy people calling me or something like that. It just didn't occur to me. It was much more of I just don't understand how they could not realize what [00:09:00] was going to happen.

Ali Block: But as time progressed, Rokita's tactics evolved.

Media Clip: Attorney General Todd Rokita alleges that Dr. Bernard broke the law. He alleges that she violated patient privacy laws, by sharing that story with the Indianapolis Star, and he alleges that she failed to report the abuse of that child. Those are allegations she and her legal team deny.

Ali Block: Caitlin's story was bad press for the anti-abortion agenda. And, because the abortion that she performed was still legal, Todd Rokita had to find a different way to take her down. So he came after her medical license. In an unprecedented move, he brought charges against her to the State medical licensing board. He suggested that she had failed to report the incident of child abuse to the proper authorities, despite the fact that there was official documentation proving otherwise. And he suggested that she had broken privacy laws when she shared the age and home state of her patient with the

Indie Star. All of a sudden, Caitlin was facing the real possibility of thousands of dollars of fines, [00:10:00] and losing her medical license—all for having talked about performing a legal abortion.

CAITLIN BERNARD: So at the beginning of the hearing, they had to go through these procedural processes, and one of them is that they wanted to force me to answer the questions about my tattoo, which is of a hanger. And so the first twenty minutes of the hearing, with everybody in the room, all the cameras, everything... was like, "We want to force her to answer these questions about her tattoo." And so, there was this back-and-forth about, "Well, what is that tattoo?" And "What does it say?" And, "Why would that be relevant?" And, "How is this... Is this important?" and... So fucking bizarre. And then, to the right is twenty cameras just trained on me. This wasn't like an administrative process, it was really just a personal attack.

Ali Block: It wasn't just the personal nature of the attack that set this hearing apart. It was the legal tactics, too, [00:11:00] that were unlike any medical board hearing Caitlin had ever heard of.

CAITLIN BERNARD: Literally, they used our taxpayer dollars to pay lawyers from Washington D.C. to come and prosecute me, which is just unheard of in a medical licensing board hearing. It just felt like the government of my state is against me.

Ali Block: The hearing lasted 15 hours. A wall of cameras followed Caitlin's every move, filming her testimony, her pauses, even snapping photos of her while she ate an apple during one break. And, I can tell you personally, this is every physician's worst nightmare—being brought in front of a medical board and deemed incompetent, or unfit to perform the job you've trained for your whole adult life. In the end, the board unanimously agreed that Caitlin had reported the case to the proper authorities, but they found her guilty of violating privacy laws when she shared the age and home state of the patient, [00:12:00] despite the fact that neither of these pieces of information are listed in HIPAA. She got to keep her medical license, but they fined her $3,000 and issued a letter of reprimand.

Caitlin's continued working as clinician this whole time, it's what she would rather be doing, she says, than defending herself against the state. But although she tries not to let the legal mess affect how she shows up with her patients, Indiana's legal and political climate have fundamentally shifted what it means for her to provide reproductive health care.

CAITLIN BERNARD: I mean, already, in literally the last two days, it's like trying to figure out if somebody will meet our criteria for an abortion in Indiana, I had a patient who called and, in her last pregnancy, during her labor, she ruptured her uterus. Does that count as life-threatening enough that this could happen again to [00:13:00] her? Who decides that? Who's gonna second guess my medical opinion, the medical opinion of the MFM? What happens if we do her abortion, and we put it on the terminated pregnancy report? It gets sent to Indiana Right-to-Life... They send a complaint to the Attorney General's office... I'm back in a hearing again. On my to-do list is to call my County Prosecutor to find out what he's gonna do if somebody calls in a complaint against me. Am I gonna go to jail? I mean it's a Level 5 felony, if I perform an illegal abortion. What does that process look like? My hospital security brought up on a, planning implementation call, for this new law... If somebody complains to us, we're a police force, are we supposed to arrest her? In her office? How does that [00:14:00] work?

I was at a conference. Sometime this Spring, I guess, and my mentor and friend Colleen McNicholas said, I gave an advocacy grand rounds at this hospital. And this person stood up and was like, that Caitlin Bernard did everything that you're telling us to do, and look what happened to her. How could we possibly do these things if that's what's gonna happen to us?" And she was like, "I'm sorry, do you know her? Because I know her personally, and I can guarantee that that is the last thing that she wants to come out of this." And, it's absolutely true. That is literally... would be the worst-case scenario. It just allows them to win. That is exactly what they are trying to do. [00:15:00] And, if that's the lesson that everybody learns from this, then it feels like it was not worth any of that, personal risk.

Texas Abortion Laws Cruel Outcomes Part 2 - Amicus With Dahlia Lithwick - Air Date 12-16-23

DAHLIA LITHWICK - HOST, AMICUS: I'm gonna now ask you to tell us about just a couple of the other plaintiffs in this suit. There's been a sort of different tranches of plaintiffs added as you went along. And I wonder if you can tell us about one or two others, the stories, the testimony has been just harrowing. But just give us a sense of a couple of the other people that you've formed common cause with in order to tell these stories together.

AMANDA ZURAWSKI: Yeah, there are a few that had an instance similar to mine. I think there's a handful of us that have a similar story. There are two in

particular that were carrying twins. One of the twins in both cases was diagnosed with a fatal fetal anomaly, meaning it wasn't going to survive. But the other twin was healthy and was going to be fine. [00:16:00] Continuing to carry the unhealthy twin would have put the healthy twin's life at risk. But those two women were not able to get an abortion for their unhealthy twin because it would be considered an abortion, even though it would have protected the life. It was necessary to protect the life of the other twin. So that's a harrowing example, I think.

And then there's another one that a lot of folks have probably heard of who her child was diagnosed with a fatal fetal anomaly as well. She couldn't get an abortion, she couldn't leave the state, so she had to carry to term. This just breaks my heart. She had to carry to term knowing that the baby wasn't going to live, and then once the baby was born, she had to watch her slowly essentially suffocate to death.

And these lawmakers say this is pro-life, I just don't understand what's pro-life about any of those instances.

DAHLIA LITHWICK - HOST, AMICUS: So amidst all of this just relentless trauma, Jamie, [00:17:00] the C. R. R. lawyers at your firm and several other firms come together to file the case that becomes Zorawski versus Texas. As I said, Amanda's the name plaintiff, and this is supposed to be a challenge about parsing this murk of these overlapping Texas statutes that don't make any sense and then trying to parse the fuzzy exceptions to the murky statutes. So I'm going to just take a crack. -- Amanda's already flicked at it. Let me take a crack at explaining what the law seems to say, and then you're going to try to make clear the mess that you are sitting in right now.

Texas imposed a full criminal trigger ban that would have punished providers, including revoking licenses, a penalty of at least $100,000 per violation, up to 99 years in prison. Let me say that again: 99 years in prison. And there's no exceptions for cases of rape or incest or severe fetal abnormality. There's a carve out, as Amanda just said, for medical emergencies that is somehow vaguely described [00:18:00] as "a risk of death or substantial impairment of a major bodily function." So I'm just going to ask you, A, have I basically got it? B, what does any of that even mean? And where these women and their physicians are trapped, could you just explain as one of Amanda's team of lawyers, how it is that you're supposed to navigate what her physicians were trying to understand in real time as somebody is on the table in front of them?

JAMIE LEVITT: Thank you, Dahlia and Amanda, of course, for telling your story and some of the other plaintiffs. I will say that you did get the statutes

right. There are three overlapping statutes, pre-Roe ban, trigger ban, SB8. All of them have a similar exception, which you noted, which is death or substantial impairment of a major bodily function. Those words read in black and white, but no doctors can understand what they mean. In fact, the state's own expert in Amanda's case, in the Zowarski case, testified that doctors do not understand what it means, that it's [00:19:00] unconscionable that the Texas medical board hasn't come in to clarify. And the Supreme Court of Texas did nothing to help with respect to clarifying the language in Kate Cox's case in their recent *per curiam* decision.

I guess in terms of parsing, what we did in filing this case was try to ask the courts to finally give some clarification because it's been almost two years. And as I said, the Texas Medical Board, no one is providing clarification. But what makes these cases so unique and so important is that real women, real families are telling real stories. These aren't hypotheticals. It's showing the life-threatening crises that these very laws are putting women in, and the fact that doctor's hands are tied. We do have, as you know, 20 plaintiffs in Amanda's case, as well as 20 women who've gone through horrible, heart-wrenching situations like the one Amanda described and others; and two doctors, because doctors do face, as you said, 99 years in prison and loss of license and [00:20:00] fines, and their hands are tied because, as we learned in the Texas Supreme Court decision and in Amanda's case, the Texas Attorney General does believe it has the right to come in and second guess women's doctors, to second guess the good faith medical judgment of doctors. And none of us want Attorney General Paxton in our doctor's offices, I can assure you of that.

And so that's really the point of these cases: to bring to life the effect of these statutes, to try to clarify them, but also say, to make incremental change. I must say that it is the absolute honor and privilege of my legal career to help represent these dozens of women who are standing up to tell their stories, because we are taking back the narrative. That's a really important way to start making change.

DAHLIA LITHWICK - HOST, AMICUS: I want you to be crystal clear, both of you. The relief sought in this case is just to clarify the stinking exception, right? you are not asking to overturn the laws. You are not asking for new laws. You are essentially saying, please [00:21:00] tell our doctors what this means, right? That's the relief sought.

JAMIE LEVITT: You're exactly right. And, as one of my other attorneys, Molly Duane, often says, we are literally asking for the bare minimum. And it's outrageous that it's gotten to this point that we even have to ask for this. But it's literally the bare minimum.

Did Kate Cox Expose GOP Plan To Turn Women into Property - Thom Hartmann Program - Air Date 12-14-23

THOM HARTMANN - HOST, THOM HARTMANN PROGRAM: So yesterday the Supreme Court said, okay, we're going to hear these arguments in this Mifepristone case. Now, just to backfill here, just to give you the backstory, a right wing, a group of right-wing, fundamentalist religious doctors incorporated in Amarillo, Texas, specifically so that they could go before Judge Matthew Kacsmaryk, a Bible thumping right-winger, a Trump appointee, and argue that someday, one of these doctors may end up with a patient [00:22:00] who had an abortion that caused some sort of long lasting consequence to them, and now this doctor is going to have to treat them and it will cause them mental anguish.

None of them have ever treated anybody who's had a problem with an abortion. There should be no standing here at all. This group has no legitimate complaint. They're anticipating a future complaint, which you can't do. But the judge took the case, and then the Fifth Circuit took the case very seriously and said, yes. And what Judge Kacsmaryk said was Mifepristone... he said two things. One, that the FDA didn't have the authority to make it legally available in the way that they did, that part of the argument the Supreme Court was largely struck down by the Fifth Circuit, and the Supreme Court is waiving, they're not going to get into that. That's kind of a Chevron deference argument that actually the Supreme Court's got another case this year that they're going to use to [00:23:00] take that one up and we're all holding our breath on that one.

But the second argument that Matthew, or that was made to him and with which he agreed, this Amarillo, Texas judge, was that in 1873, when Congress passed the Comstock Act, that law outlaws the distribution through the mail, and it was updated in 1997 to include FedEx and UPS and any other common carrier. In other words, the shipping, via any means, of two categories of stuff. Number one, any product that could be used to produce an abortion, and number two, any product that could be used for lewd purposes.

Now, lewd purposes was interpreted by the Supreme Court itself, as well as the other courts, right up until relatively recently, as including birth control [00:24:00] devices. This only ended in 1965 with the Griswold case, the Griswold v. Connecticut, before the U. S. Supreme Court, in which the Supreme Court, in '65, legalized birth control for married couples. It was still considered lewd and illegal to send birth control through the mail by the Comstock Act

right up until 1972 when the Supreme Court, the year before Roe v. Wade, the Supreme Court ruled that even unmarried people should have legal access to birth control. So that's, that's how relatively recent this stuff is.

So anyhow, Matthew Kacsmaryk, this judge, says, the Comstock Act says you can't ship Mifepristone through the mail. It's for lewd purposes, and it's for abortion. And the logical extension would be, if you can't ship it through the mail, then hospitals can't receive it, doctors offices can't receive it, pharmacies can't receive it, and you sure as heck, can't receive it.

Now, there [00:25:00] are a number of groups, including the wife of Josh Hawley, who argued this before the Fifth Circuit Court of Appeals, who are even going so far as to suggest, imply, or even sometimes outright say that not only should we ban Mifepristone from being mailed, but we should ban all birth control devices from being mailed. This is like the ultimate Catholic argument. And although it's not unique to the Catholic Church any longer, but, it's been their argument for 50 years.

So, the question is, will the Supreme Court uphold the Comstock Act? And the simple reality is that the Supreme Court has never ruled on the Comstock Act. It's still on the books. It's been there for literally one hundred and fifty years this year. Back a couple of decades ago, one of the circuit courts, I believe it was the second circuit court, took a look at it and said this the ban on sending legal things through the [00:26:00] mail—this was a lawsuit in the 1930s or 40s that had to do with a company called Young's Rubber. And Young's Rubber manufactured condoms out of rubber, out of latex. And they sued because the Comstock Act said that they couldn't ship their products—they couldn't ship it to their customers, they couldn't ship it to stores. —they were very concerned about this. And the Supreme Court agreed with them and said, condoms were legal, or are legal now, and so the Comstock Act doesn't apply to them.

But that has not been upheld by the U. S. Supreme Court. So the Supreme Court could very easily just say, "Well, that 1930s decision for Young's Rubber, we're going to reverse that. And we're going to say the Comstock Act still stands. It's on the books. It, it clearly reflects Congress's intent. And if Congress doesn't want the Comstock Act to be on the books, Congress should repeal it."

[00:27:00] Now, in all probability, Congress would then get about repealing the Comstock Act, but I'm not sure that it would do it with this Congress. I don't think that MAGA Mike Johnson, who's guided by God and the Bible exclusively, is gonna say oh yeah, we're fine with mailing birth control and abortion and lewd purposes things through the mail.

I mean, Anthony Comstock was just one weird cat. His mother died when he was ten and he never again met a woman who lived up to his mother's standards. He used to travel around the country visiting pornography shows, visiting peep shows and belly dancers, and he had a huge collection of the hardest hardcore pornography that whenever he came to Washington, D. C. to lobby for things like the Comstock Act, he would invite all these male senators and members of the House of Representatives to these showings of his hardcore pornography. And they'd all go, and they'd go, "Oh, [00:28:00] this is terrible. I can't believe that. We gotta write a law that says, Hey, can we come back tomorrow night and watch this again, please?"

Literally, this is what happened. It was like Ed Meese's commission, during the, was it the Reagan administration or Nixon? I forget which one. Ed Meese was the Attorney General and he watched some 600 hours of hardcore pornography and then said, "this stuff damages your brain. We need to outlaw it." yeah, tell us about it.

So anyhow, this is the bottom line. If the Comstock Act is upheld by the Supreme Court, and I frankly expect them to do so, I realize that I'm probably the outlier here, most don't. Dahlia Lithwick and Mark Joseph Stern are also writing about this over at Slate, where they say that even if the court just says, hey, go ahead and mail the stuff. More dramatically, such a move could leave open the possibility that a future Republican president could ban abortion nationwide without enacting a single new law by exploiting the Puritanical Comstock Act of [00:29:00] 1873.

Abortion Pills For All w/ Sydney Calkin - The Majority Report - Air Date 1-6-24

SYDNEY CALKIN: You know, when I started this work, *Roe v. Wade* was still the law of the land of the U. S., Ireland had a constitutional abortion ban, Northern Ireland had a near total abortion ban, and Poland had restrictions, but fewer than it does now. Fast forward to 2024 and we see, you know, in the U. S., increasing numbers of state total abortion bans or near total abortion bans. Poland tightened its laws. By contrast, in Ireland, there is a relatively progressive abortion law that allows abortion without regard to reason, up to 12 weeks. And in Northern Ireland, it's been decriminalized. So, these countries have seen a transformation in the years during which I studied them. And I make the case in the book that medication abortion has been an important driving factor in changing the politics of abortion in those countries where we've seen progressive changes. And in countries where we've seen the rollback of reproductive rights, medication abortion has been a lifeline for people that

has allowed them to continue to [00:30:00] access abortion, you know, regardless of what their local laws say.

EMMA VIGELAND - CO-HOST, THE MAJORITY REPORT: It reminds me a bit of how, you know, AIDS drugs were smuggled into the country in the late 80s and 90s, I believe, in the United States over the Mexico-U.S. border, because the FDA was dragging its feet essentially on treating people who were dealing with HIV/AIDS because of homophobia and then also, you know, administrative issues as well. But like, you know, these are drugs that can save people's lives and change people's lives that are subjected to these kinds of moral, religious, fundamentalist - and I say moral in, like, their terms, not in reality - kind of handcuffing that is completely needless, but we're still dealing with these kinds of religious fundamentalist perspectives [00:31:00] decades out.

SYDNEY CALKIN: I think it's a fascinating parallel, the one you make with AIDS drugs. And in fact, it's one of the things that sparked my interest in this topic. I was interested in how these medications move. Where do they originate? Who makes them? How do they get from A to B? And the, kind of the buyers clubs that you talked about who we associate with moving those drugs for HIV/AIDS have a lot in common with the self-managed abortion movement today, in the way that they develop fairly sophisticated systems for identifying where drugs are manufactured, quality, reliable producers of those drugs, routes through which they can be moved, and very sophisticated systems for understanding the different customs and border regimes and the geography of abortion through which these pills can get to people who need them.

EMMA VIGELAND - CO-HOST, THE MAJORITY REPORT: Right. And you highlight a lot of these groups as well: these feminist groups, others, organizations led mainly by [00:32:00] women in order to source these medications, procure them, provide them for people in need. What was it like covering some of these groups and what were some of the people that you interacted with in your journey in writing this book?

SYDNEY CALKIN: In the book I talk about a few different feminist activist networks, some of whom will probably be familiar to your viewers because they've been in the news a lot in the U. S. Like, one of them is Aid Access, which is the sort of American-facing branch of the Women on Web, Women on Waves organization, but there's others like Women Help Women, the Abortion Without Borders Coalition, etc.

They're fascinating groups of activists and they are linked up across borders in such interesting ways. A lot of the same faces reoccur in a lot of these different

groups because the needs for abortion pills are so similar across borders and the kind of tactics that people develop in one place to move pills [00:33:00] can be useful in other countries when that legal landscape changes.

The thing about the self-managed abortion movement that I think is maybe the most kind of revolutionary that I want to share with your viewers is this idea that, the self-managed abortion movement is grounded in this sense that access to pills today creates a legal change in the future. So, these activists are quite skeptical of an approach that prioritizes the courts or legislatures because they think that... well, first of all, they don't think that really any abortion laws are good abortion laws. They think they always end up criminalizing someone, but they also think that creating access to pills on the ground right now will trigger change in public attitudes, change in beliefs about abortion, will trigger realization that abortion is a normal, you know, fact of life, many people go through it, and that will eventually [00:34:00] lead to legal change. So, they want to have change now, access now, and produce better laws and better legal outcomes in the future, but they don't want to wait for that to happen.

EMMA VIGELAND - CO-HOST, THE MAJORITY REPORT: Right, and I mean, it's not just, I would say, normalizing self-medicated abortion, but for me, I hope this is not too radical, but it's just normalizing illegal abortion, and normalizing this kind of process where, you know... we're, um, later in our program, we'll probably cover some of the claims by Republican Speaker of the House Mike Johnson about fentanyl smuggling where that he claims it's coming over the Mexico border where the overwhelming comes through normal ports of entry in the United States because you could just send stuff through the mail, and obviously fentanyl is a very dangerous drug that does not have this kind of usage, but you can kind of apply some of those networks to circumventing some of these religious fundamentalist controlling laws in states in the United States. [00:35:00]

SYDNEY CALKIN: It's another interesting parallel, and it's also one that I thought through in the research for the book because I was interested in, How do medication abortion pills move through border control points in the US? And how is it the case that these pills pretty reliably get to their destinations in the U. S.? There's simply too much mail to be searched, the medication simply can't be stopped. We hear a lot about this in a kind of narcotics and opioids control situation, but in fact Americans rely so much on medications that come through the mail, we hear so much about people traveling to Canada or to Mexico to get drugs or medications or, you know, using mail order pharmacies. It's already quite an established, inbuilt part of the way that people manage in the American healthcare system, is to look abroad for their medications.

EMMA VIGELAND - CO-HOST, THE MAJORITY REPORT: And to your point, I mean, medication abortion as well means that in these states and [00:36:00] in other places as well, where there are these restrictions, or if they're in a rural area, people who may not be able to travel, people who may be disabled, or people who do not have the funds and the ability to take off time for work, to go to multiple doctor's visits, or to go out of state... If you're in a very restrictive state, medication abortion being sent through the mail does solve those problems to a degree.

SYDNEY CALKIN: Yes, and that goes to a point you made earlier I didn't address, which is the self-managed abortion movement. They're also quite critical of medicalization of abortion that imposes a lot of different forms of control by doctors, or puts in new forms of gatekeepers who can decide whether an abortion request is legitimate or whether it's not legitimate. Part of what's revolutionary about self-managed abortion is that it lets people make their own decisions about if they want to have an abortion, how they want [00:37:00] it to proceed, where they want it to happen, etc.

Melissa Gira Grant on Abortion Rights & Politics - CounterSpin - Air Date 12-1-23

MELISSA GIRA: Yeah, it really says something about mainstream political media's value of the lives of women or anyone who has an abortion, how reproductive rights are seen within the broader context of politics in the United States, that this has truly been treated as a separate special issue that doesn't have very much to do with people who actually need abortions. It's mostly about voters, right? Or it's about the Supreme Court and what voters think about what's going to happen at the Supreme Court. It's about something transactional that has nothing to do with the actual abortion itself. Maybe that's because there's still places in media where there's a reluctance to even say the word abortion. We have a president who's reluctant to say the word abortion. So the reality of what it is to even have an abortion, what that entails, is something that has to be consciously brought into every story about this.

One of the people that I really admire in how she does this is Renee Bracey Sherman, who [00:38:00] is the co executive director of a group called We Testify that does abortion storytelling work. That's how they do their advocacy. And when she testified in Congress earlier this year - or it may have been the end of last year, I'm not 100 percent sure - but sometime since the *Dobbs* decision came down. In her testimony, she actually verbally gave the instructions for how to use medication for an abortion, how do you use mifepristone / misoprostol. And so that's in the congressional record now. That's

on C-SPAN. Like, that is information that could be considered against the law to share in some states.

The degree to which information is powerful here, I think, isn't quite fully appreciated. And what that also means is that every story kind of feels like people are reinventing the wheel, particularly mainstream outlets, that, you know, there has been incredible reporting from outlets like *Rewire*, formerly *RH Reality Check*, from outlets like *Bitch*, which is no longer, outlets like *Jezebel*, which [00:39:00] we'll see. I think they just got revived today, maybe. There's been incredible reporting, you know, under the umbrella of "women's media" that has gotten to this nuance and that was really marginalized right up until the moment *Roe* was a big story, in 2022 or, you know, whenever there's an election and abortion becomes a story for 5 minutes.

So, the information is out there. It just needs to become part of the practice, particularly in legacy media and to realize that this is a story that has implications for people in their day to day lives, not just every four years or when a Supreme Court seat opens up.

JANINE JACKSON - HOST, COUNTERSPIN: Exactly. And, you know, I'm just following on from that to say how galled I am by pieces... like, okay, this one's from Steven Roberts, you know, but still it's reflective of, I think, a pervasive kind of beltway media attitude. And it's a column, syndicated column, the headline's "Why [00:40:00] the abortion issue matters". All right. So, already I read "issue", so I know that my human rights are, first and foremost, a political football, like an issue to be considered. And then in the same breath, there's the idea that somebody needs to have it explained why it matters. You know, like somebody needs. doesn't understand why it's important, but then he goes on to explain that why it matters has to do with what's damaging to Joe Biden and whether Trump might be able to finesse a new line on abortion. But I guess what maybe bothered me most was that Steve Roberts says that polls show U. S. public opinion is clear, and it's unchanged: Americans want legal abortion. They want access to abortion. And he then says that since *Roe*, "abortion remained an abstraction to pro-abortion [00:41:00] rights voters. Their rights were protected, and their attitude was complacent" .

Now, I don't doubt that Steven Roberts had a lot of cocktail parties with some complacent White women, right? But reporting is not supposed to be, as my mother-in-law used to say, something that happens to or near an editor, you know? You're supposed to seek out the views of the people who are affected by the things that you're talking about. And reproductive justice, of course, extends beyond the right to abortion, the right to have a pregnancy and a child and a safe, healthy environment. It just seems like reporting about abortion has so

much to do with who they talk to, or who they listen to, and that defines their understanding of what the meaning of access to this right means.

I guess I just want to say, uh, you know, you're a reporter: what would you like to see more or less [00:42:00] of in this coverage?

MELISSA GIRA: I mean, one thing that's maddening about that kind of coverage is It feels like, at its best, when somebody who has that kind of perspective does decide to actually reach outside their, you know, small network of friendly sources, and maybe try to contact somebody who, you know, works in a clinic or is a provider or is involved in some direct way with the provision of abortion, they tend to not treat those people with a lot of respect, right? This comes down to who they listen to and who they believe. The best reporting on abortion comes from people who are not treating their sources like a pump that they can just hit at will and get what they need out of them.

The stories I was hearing from people who work in clinics leading up to *Dobbs* and immediately after, you know, hearing from reporters they had never heard from before, reporters who wanted to come by in, like, two hours and talk to someone who just had an abortion. I mean, just outrageous stuff that [00:43:00] like, I can absolutely hear an editor telling them, like, that would be a great idea. But it is your job to push back and say, like, I don't know, like, I think that maybe a better time to interview someone about their personal experience of abortion isn't an hour after they've had one, when it might be illegal.

Like, there hasn't been a full appreciation of people's ability to speak out about this. It's going to be shaped by who is worried about the legal consequences of abortion, right? Like, we are disproportionately probably going to see people in states that have legal abortion access, people who might not fully appreciate the criminal risks that they're having abortions under, which does include a lot of those White cocktail party women, wherever they live.

It's a lot, I understand, to ask of sort of the way that news is really kind of political news that treats abortion as just like an issue that we return to when it's time to talk about elections or what voters want. But that kind of reporting feels so unnecessary and so out of pace with where we're [00:44:00] at right now. Like, we need stories about this gap between the rhetoric of politicians in places like Texas and Montana about valuing mothers and showing that that's not actually playing out in the lives of people in those states, who are having huge maternal mortality rates, who aren't able to get access to childcare. Like, all of these women that they say they're going to support because they're taking abortion away from them, but don't worry, we'll support you when you're pregnant and parenting. And that support is not showing up. It was never that

great before this moment and it's not great now. And those are the people that need more scrutiny. Those are the people who should be held to account.

Biden's Team Finding Ways Around Brutal Abortion Ban - The Majority Report - Air Date 1-16-24

SAM SEDER - HOST, THE MAJORITY REPORT: Okay, let's move to Idaho. They have a complete ban on abortion essentially. And the Biden administration, in an attempt to at least have some leeway for women to get an abortion, even in those states that are not, that have banned it, [00:45:00] essentially reminded states that if you have a hospital that operates and receives Medicare money, which is just about every hospital in the country, that there is a provision there that emergency care must be given if necessary, and that includes abortions, if a doctor deems that a woman is in a state of emergency.

Now in practical terms, that's difficult because in the same way that these supposed exceptions in abortion laws are so vague that it puts doctors in a position where they're like, this is never a binary cut and dry thing; I'm going to have to go and make an argument that a 60 percent emergency, a 50 percent emergency, a 70 percent emergency is a real emergency or 30 percent or 40 percent, whatever; and I could lose my license, I could go to jail, if I do this. So from a practical standpoint it's a little bit secondary, [00:46:00] but as a legal standpoint, this is the case that the Supreme Court is going to have to look at, right?

MARK JOSEPH STERN: Yes, the Supreme Court has taken up this case and will decide exactly what federal law requires. I think you described the facts well. I would just say this statute says that hospitals have to provide stabilizing care to a patient in emergency distress to resolve their medical emergency. Idaho law, like a bunch of other abortion bans, says that you can't terminate a pregnancy until basically the patient is dying. They're either very close to death, or very close to permanent impairment of organs or other major bodily functions, which is another way of describing close to death, right? So there's a delta between those two standards. You stabilize a patient before they're that close to death. And what the Biden administration is saying is, look, federal law is supreme over state law. So Idaho law might say you can't terminate a failing pregnancy until the patient is dying. [00:47:00] But federal law says that you have to provide stabilizing care when they're in distress, but not yet at the point of death. So we think that federal law reigns supreme. Constitution says so as well. And we think that it preempts any kind of state law, whether it's Idaho or

Texas or some other red state that forces women much closer to the brink of demise.

A federal judge in Idaho agreed with the Biden administration. Different federal judges in Texas disagreed with the Biden administration. The Supreme Court has now stepped in and will resolve the case. A rather ominous sign, though, is that while doing that, the Supreme Court actually stayed the Idaho decision that had sided with the Biden administration.

So for the past year plus, if you had a failing pregnancy in Idaho, you had a right to stabilize in care, including an abortion when necessary, because of this ruling. The Supreme Court just lifted that ruling, which means that Idaho law kicks back in and you have to be much closer to the point [00:48:00] of serious organ impairment or death before you can obtain emergency treatment.

I am not optimistic about how this case will turn out at the Supreme Court. The signs are pretty bleak, but I guess hope springs eternal.

SAM SEDER - HOST, THE MAJORITY REPORT: Can we just talk about how much BS is involved in the idea that you can stabilize someone on the brink of death? What does that mean? Like at what point? If we just look at this, this is the whole fallacy of this whole thing too. When is someone about to fall off a cliff? Are they one foot over? Is it 90 percent of their body weight that is over that cliff? This is all subjective.

EMMA VIGELAND - CO-HOST, THE MAJORITY REPORT: And if there's also this legal threat to the person who's supposed to pull you back from the cliff, that if they are not sufficiently close to falling off the cliff, that you could face literal prosecution or loss of your license if you don't let that percentage get a little high to meet that threshold.

MARK JOSEPH STERN: So this is the problem and vividly illustrated in Texas, which has a 99-year prison sentence for any doctor who provides an abortion that does [00:49:00] not fall under the state's extremely narrow medical exception. Doctors are looking at patients coming in. They have infections. They are bleeding out. They have amniotic fluid leaking. Their pregnancies are clearly doomed. And the doctors say, look, I don't want to go to prison for 99 years. So I am legally obligated to wait until you develop sepsis or you are hemorrhaging before I can legally terminate that pregnancy. The state has come back and said, "That's not true. These doctors are misreading the law. We would never pass a law like that." But then when Kate Cox actually went to court and said, "I have a failing pregnancy, I am bleeding, I have amniotic fluid dripping

down my legs, I need an abortion," the Texas attorney general swiftly went to court to block her abortion. And in fact, issued a threat to every medical professional in the state of Texas and said, if you provide an abortion to Kate Cox, we will prosecute you to the fullest extent of the law.

Republicans Are Deleting Mentions Of Abortion From Their Campaign Websites - The Ring of Fire - Air Date 2-3-24

FARRON COUSINS - HOST, THE RING OF FIRE: There's no other way to [00:50:00] say it, abortion is now a losing issue for Republicans. And part of the reason we can say that of course is because Republicans have admitted through their autopsy report and this initiative being headed by Kellyanne Conway, that abortion is in fact a losing issue for Republicans. Even in deep red States like Kansas abortion bans, when put to a vote for the public, do not and cannot pass.

So Republicans know this year and election year, a very important election year, if they campaign on abortion, they're going to lose, which is why according to a new report from The Independent over in the UK, a lot of Republicans are actually starting to scrub their campaign websites of any mention of the word abortion, any mention of being pro-life, any mention at all that really has to do with women's reproductive health freedom.

Here's what's happening. You have Congress people such [00:51:00] as Republican representative, Monica de la Cruz, Ohio Republican representative, Troy Balderson, Congresswoman, Laura Chavez de Riemer and Congressman Blake Moore. All four of these individuals in the past on their campaign websites actually had mentions of supporting pro-life policies, of restricting access to abortions for women. But now, somehow magically, all four of them no longer have any mention of any of those things anywhere on their websites. It's almost as if they're trying to convince the voters that they don't actually have a stance on this issue.

Here's the thing. The Independent found these other three, in addition to Dela Cruz, removed all vestiges of their once vocal pro-life stance, eliminating terms like abortion or pro-life or protecting the unborn from their reelection campaign websites. [00:52:00] Gee, it's almost like y'all think voters are stupid or that they all suffer from short term memory loss, which of course is what these Republicans are hoping. They're hoping the public is stupid enough to forget that Republicans took away women's rights to decide what to do with their own body. Hopefully that doesn't happen, and to be honest, I don't think it's going to

happen because I don't think the public is as stupid as Republicans think. Here's another reason why.

Right now, the White House has vice president Kamala Harris. She is traveling the country, I think it was Tuesday or Monday this week, she was in California giving a speech on women's reproductive health freedom, including her stance on abortion. They're keeping the issue alive with this administration. And I think it's a good thing. Now, I don't think they should be hyper focused on it because according to polls, it's way, way down the list of things that are important to voters right now. [00:53:00] But as we get closer to the election, it's going to become more of an issue. Republicans have captured certain narratives and that's why things like immigration... immigration is the number one issue for voters right now. Which by the way, doesn't affect like 99 percent of the country. Like nobody is actually being affected by it in 99 percent of the country, but Texas has taken center stage, so voters in places where immigration's not even a thing are now freaked out about it. It's just the way it is.

But abortion right now is not the top of voters concerns, but when we get closer to the election, it will be. So it is good that Democrats are keeping it alive right now. I do think there's other issues they've got to talk more about as well, but Democrats aren't letting it go. They're not going to let voters forget. So you can scrub your website all you want, but it's not going to change the fact that your party did this, and more importantly, your party's campaigned on it for 60 years, basically. [00:54:00] So yeah, you want to erase 50, 60, I think 50 actually years of history, do your best. The voters remember. There's one party that wants to strip away your right to choose, and it's not the Democrats.

Abortion Pills For All w/ Sydney Calkin Part 2 - The Majority Report - Air Date 1-6-24

EMMA VIGELAND - CO-HOST, THE MAJORITY REPORT: So, of course, you know, we're in a post-*Dobbs* era, and many women, people who can get pregnant, are feeling anxiety about the future of their health care, particularly if they live in red states, and in this country in particular, you know, I think a lot of women are starting to think, like, What if I need to get an abortion? What if I need to get an illegal abortion? And you know, when people hear this, I think they think of the 1950s or the movie *Revolutionary Road* of coat hanger abortions and bleeding and pushing yourself downstairs. I mean, not to be glib about it, but that is, like, I think the image that gets evoked. But as

you write, that does not need to be the case [00:55:00] anymore with abortion pill access.

SYDNEY CALKIN: Yeah, absolutely. The, so much of the research that I did for this book actually took place before the *Dobbs* decision. And basically the work that I was doing was looking at, in a country when *Roe* was in place, abortion was constitutionally protected, and yet it was unavailable in practice for so many people. So, self-managed abortion was already a reality in the U. S. before the *Dobbs* decision. The post-*Dobbs* bans that we're seeing and the restrictions that will continue to come down are going to make it the go-to method of abortion for many people, but it was already the reality for many, many Americans who were seeking abortions before the *Dobbs* decision.

But as you say, self-managed abortion is not the so called coat hanger abortion of the past. In fact, it's a very safe and accessible method of abortion that's used across the world. And medication abortion pills were themselves the majority of abortions before the *Dobbs* decision.

EMMA VIGELAND - CO-HOST, THE MAJORITY REPORT: Can you [00:56:00] explain the pills themselves, what the medications are and their safety and compared to, you know, say other medications?

SYDNEY CALKIN: Sure. So medication abortion in the US generally takes place with two pills. One is called mifepristone, the other is misoprostol. Mifepristone is known as Mifeprex, or RU486 in the U.S. These two medications are usually used in combination. In other countries where mifepristone isn't available and, perhaps in the future, if, mifepristone is further restricted in the U. S., people use misoprostol by itself. But for the most part in the U. S., we're talking about mifepristone plus misoprostol. These medications are extremely safe.

The safety has been what's been an issue in this Supreme Court case, well, it's been working its way through the courts, it'll be at the Supreme Court soon. But these drugs are as safe as any other medication that the FDA approves. By a lot of measures, they're safer than medications like Viagra for instance. But [00:57:00] of course, they're subject to much, much more regulation. The kind of medications that people use to self manage abortion, when they do it outside of the law, are often the same pills that are available in other countries across the world. It's just that people in the US, when they live in restrictive states, they have to get them through other methods that might be online or might be through activist groups.

EMMA VIGELAND - CO-HOST, THE MAJORITY REPORT: Yeah, I mean, that Supreme Court case, when you see actually what the text of the claim is against mifepristone in particular, it's essentially a ton of hypotheticals about what could happen in this scenario and wildly inaccurate claims about the dangers surrounding it, which is not backed up, in my understanding, by any of the data when it comes to these drugs.

SYDNEY CALKIN: No, definitely. I mean, the irony is that the claims about safety in this case, as you say, they're very overblown. The irony is that medication abortion [00:58:00] for self-managed abortion has dramatically transformed the safety of illegal abortion around the world. So people who live in countries with restrictive laws can use medication abortion for self-managed abortion, even if they're, you know, not able to go into a hospital or a clinic for that abortion because of their local laws. And the availability of these pills and this method has produced a dramatic fall in injury and death from illegal abortion.

So, not only is it not the case that the pills are unsafe, but actually they are so much safer than the kind of abortion methods that people were using before. And, you know, medication abortion was used in 53% of all abortions in the U. S. in 2020, before the *Dobbs* decision came down and before these statewide bans started to come through. So, it's a highly safe method that was developed decades ago, approved in countries around the world since the late '80s, and, you know, approved by the US [00:59:00] FDA because of the evidence of its safety.

Summary 2-10-24

JAY TOMLINSON - HOST, BEST OF THE LEFT: We've just heard clips today, starting with *Amicus*, going over the details of the Kate Cox case in Texas that made national news, as well as another personal story of medical trauma brought about by an abortion ban. *The Nocturnists* told the story of one doctor being targeted for performing a legal abortion for a 10-year-old girl. *Amicus* looked further into more stories from both patients and doctors. *The Thom Hartmann Program* looked at other legal avenues anti-abortion extremists could use to attempt to ban abortion medication nationwide. *The Majority Report* focused on a policy around abortion pills. *CounterSpin* discussed the way abortion gets talked about, abstracted through politics rather than impacts on people. *The Majority Report* looked at some efforts being made by the Biden administration to soften some abortion bans where possible. And *Ring of Fire* explained how all of this is playing out politically.

That's what [01:00:00] everybody heard, but members also heard a bonus clip from *The Majority Report* diving deeper on the safety of the medical abortion pill for self-managed abortions.

To hear that and have all of our bonus content delivered seamlessly to the new members-only podcast feed that you'll receive, sign up to support the show at BestOfTheLeft.com/support, or shoot me an email requesting a financial hardship membership, because we don't let a lack of funds stand in the way of hearing more information.

And now, we'll hear from you.

Potential concerns about walkable towns - Jeff from Charlotte, NC

VOICEMAILER JEFF FROM CHARLOTTE, NC: Jay, how are you? This is Jeff. Long time, no call. I'm in Charlotte, North Carolina.

I was giving you a call in response to your most recent episode regarding the smaller cities, and they also talked about the 15 minute city. And I just want to say the concept is good, sounds good on the surface. However, there are some points that you have to take into consideration.

It's just these small communities might not be for everybody. Some people [01:01:00] enjoy their space. Some people like to be left alone. Some people also have, by, nature,\ of who they are, do not have the luxury of working close to where they reside, which in turn, a lot of times these people who live in these smaller communities, they live and work close to where they reside, and so do all their friends and everyone they communicate with. So they're actually creating a smaller group within themselves, and they're also, in the long term, being exposed to less people.

Another challenge I will say about these walkable communities and these common communities is many are not handicap accessible, because [01:02:00] I recently had a elderly person living with us, and when we would go out to dinner, we would go to so many shopping centers that they say, oh, they're walkable, they're a community and yes, they were, however, the handicap parking was so far away from the restaurants where the person who could barely walk 50 feet was out of breath by the time we got to our location at the restaurant.

So these are some points that we have to consider. Again, it sounds good to have these small walkable communities, and it sounds like you have less isolation because you have community around you, but there are some drawbacks. Thank you. Have a great day.

Final comments on addressing concerns regarding the 15-minute city concept of walkable towns

JAY TOMLINSON - HOST, BEST OF THE LEFT: Thanks to all those who call into the voicemail line or write in their messages to be played as VoicedMails. If you'd like to leave a comment or a question of your own to be played on the show, you can record or text us a message at (202) [01:03:00] 999-3991, or send me an email to jay@bestoftheleft.com.

And thanks Jeff, for his message. However, I just want to reframe what he said, like only slightly, but I think it is going to make a big difference. He mentioned a couple of elements of walkable communities that could be downsides or drawbacks, but I would describe them more as things to think about when designing and building a community, as opposed to an inherent problem. There's a big difference between an inherent problem, something that cannot be avoided, and an implementation problem—say, something that could be solved if you came up with some thoughtful design considerations.

For example, on a recent bonus show for members, we were having a discussion about the idea of banning phone use for kids in schools. We went over some of the pros, there are a lot of them, but we also looked at some of the arguments people were making against bans. And a lot of them ran into the same [01:04:00] issue of confusing, inherent and implementation problems. And the best example was the very real, very unsurprising and definitely serious problem of how phone bans are sometimes administered inequitably.

At least in some cases, schools with more Black and Brown kids were doling out punishments for phone use that far exceeded the kinds of punishments being used at schools with similar bans, but a greater proportion of white students. So, it was argued, that the problem of inequitable punishments being given was a reason to repeal the phone bans.

But, inequitable punishments, while an obvious problems, something that definitely needs to be addressed, it's not an inherent problem to the idea of banning phones in schools. That's just an implementation problem. And that's

what I thought of when Jeff described an area where a person with limited mobility had trouble reaching the destination on [01:05:00] foot. That's not necessarily an inherent problem with 15 minutes cities, but it is absolutely an important thing to consider when designing them. There are definitely critics who say that the 15 minutes city concept is too dependent on abelist assumptions of how people's bodies work.

Like, we think that people can all walk for 15 minutes or use a bike to get around. But design considerations that really focus on accessibility can go a long way toward alleviating those problems. The most obvious is public transit, which is already at the heart of all 15 minutes city concepts. The idea is to create spaces where private cars are removed and replaced with other mobility options—most notably walking or riding a bike, but public transit is always part of the plan as well.

Also really good sidewalk networks with wheelchair access being kept in mind are [01:06:00] super critical for accessibility. I found a counterpoint article about how to build walkable cities. With accessibility in mind, and sidewalks are at the heart of it. You have to have a really, really high quality sidewalks.

But there's also the option of designing carve-outs for those in need, rather than trying to design a system that works for literally everyone. For instance, we already have disability placards to access parking spots set aside for disabled people. There's no reason disability placards couldn't also be used to access public transit only areas of 15 minutes cities, because some people just really need that carve out—there are going to be those circumstances.

And there was a similar argument made about cell phone bans. Some people may expect for themselves or someone in their family to have a medical emergency, it was argued, and in a situation like that, communication is extremely important. [01:07:00] And so they said that every kid in school should have access to their phones, because of the very small number of cases who would reasonably expect to have to deal with an emergency like that.

Now, what seemed obvious to me is that there should be medical waivers for kids in that kind of a situation, just like there are for disability placards issued to people who absolutely need to park. In the front of a parking lot. It's not that complicated.

Now Jeff mentioned that they actually did park in the disabled parking spot and still had a long way to walk. Now without more information, I'm going to have to speculate a bit, but what's coming to mind is not so much a 15 minute city

center concept, but more like maybe one of those outdoor pedestrian malls with a huge parking lot on the outside, and then only walking paths in the middle. Maybe that's what it was, maybe it wasn't, but that's what's in my head. In a case like that there wouldn't be any public transit option like a boss, because there are no roads to [01:08:00] drive on. You've got the parking lots and the outside and then nothing but pedestrian walkways throughout.

Although, you know what that scenario reminds me of airports. They're huge spaces—without vehicle access—where people of all physical abilities need to be able to get around. So what airports do is provide mobility options, either wheelchairs available to borrow which, may or may not be a viable option in a pedestrian mall scenario. Or there's those little electric carts with drivers who cruise around giving rides to anyone who needs a lift. I would love to see something like that implemented in pedestrian only areas to help maximize accessibility, while maintaining the peacefulness of car-free spaces.

Now, I know Jeff mentioned other things, there's the people who would simply prefer to be farther away from others, and people who simply won't be able to work near the city center, meaning that they'd still have [01:09:00] to commute. And sure, there's always going to be those cases, but the idea of rethinking our urban planning is to move the needle on meeting people's needs, not to magically meet literally everyone's different desires.

In fact on the personal preferences, front-end there are conspiracy theories about 15 minutes cities saying that they're not just a design idea to create better lives for people and reduce climate change, but that they're an evil plot to trap people inside small cities and not let them out, because, something, something, evil plans, something, control people, et cetera. It's not really clear. We intentionally did not address those in the show because there were ridiculous distraction to be clear. I know that's not what Jeff was referring to, but we did have a conversation about it on a bonus show. Uh, episode 2 67. bonus episode 2 67, if you're interested.

So anyway, the point is that I think it's really important to be clear on [01:10:00] the difference between inherent problems and solvable problems that should be addressed. When I heard Jeff describe walkable communities as having drawbacks, like when the elderly person living with him had a hard time walking to the restaurant, it sounded like an immutable problem, right? Like, well, that's a drawback and when it gets framed that way, people just start to do the math. They're like, well, okay. So, there was some benefits to this idea, but don't forget those drawbacks. So. You know, when it all hashes out is the idea of worth or not. But that only makes sense if you're faced with an inherent problem.

So it's much more beneficial to get everyone into the problem solving mindset. And the article that I found detailing the criticism of walkable towns from an accessibility perspective, closed with this. "Disability is often an afterthought in planning, education, and practice. Perhaps this reflects a lack of representation of disability and disabled persons in planning, education, and professional practice. Designing [01:11:00] sustainable inclusive, urban futures, however, requires inclusive education, thinking, rhetoric, and design from the beginning. My challenge to those involved in urban design and planning. Including planners, engineers, geographers, and architects, is to consider what cities or neighborhoods might look like when designed with disability in mind."

Damn straight. We absolutely need to do that. And as we know from the curb cut effect, when we design with disability in mind, we ended up creating systems and features that provide benefits that stretch far beyond the disabled community. So it's important to keep those concerns coming, but they're not necessarily drawbacks. They may be problems to be solved, challenges to be met.

As always keep the comments coming in. I would love to hear your thoughts or questions about this or anything else you can leave a voicemail or send us a text at [01:12:00] (202) 999-3991, or simply email me to jay@bestoftheleft.com.

Thanks to everyone for listening. Thanks to Deon Clark and Erin Clayton for their research work for the show and participation in our bonus episodes. Thanks to our transcriptionist Trio, Ken, Brian and Ben for their volunteer work, helping put our transcripts together. Thanks to Amanda Hoffman for all of her work on our social media outlets, activism, segments, graphic designing, web mastering, and bonus show co-hosting. And thanks to those who already support the show by becoming a member or purchasing gift memberships. You can join them by signing up today at bestoftheleft.com/support, through our Patreon page or from right inside the Apple Podcast app.

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[01:13:00] So coming to from far outside, the conventional wisdom of Washington DC, my name is Jay!, and this has been the *Best of the Left Podcast* coming to twice weekly, thanks entirely to the members and donors to the show from bestoftheleft.com.