

From the Chair

As the summer draws to a close and we begin a new school year, I write today with a heavy heart in the aftermath of the tragic shooting of a faculty colleague at UNC-Chapel Hill, where I teach. Gun-related deaths are at an all-time high and the events that unfolded on UNC's campus have become all too frequent of an occurrence at institutions of learning in the United States. The summer also marked the one-year anniversary of the *Dobbs v. Jackson Women's Health Organization* decision of the US Supreme Court in June 2022, which held that the Constitution of the United States does not confer a right to abortion. Issue 3 of the *CSWEP News* focuses on the changed landscape a year after this landmark decision. Yana Rodgers, the Eastern representative on CSWEP's board, has curated a set of important articles with perspectives from legal and medical professionals, university administrators, and policy evaluators.

Naomi Cahn provides a brief overview of the *Dobbs*'s opinion, highlighting that the court returned the issue of abortion to the people, and surveys the impact of actions states have taken on the practice of medicine. Her piece concludes by discussing pending legal issues. Janet Levit's article provides the perspective a university administrator. She explains what universities and faculty can do to support students in states with abortion

Anusha Chari

bans. She suggests that universities need guidance for "dos" and "don'ts" within the parameters of the law and that universities lead with empathy and focus on doing what they do best, namely, to educate about topics related to reproductive rights, reproductive health, and reproductive justice.

Caitlin Myers surveys the shifting landscape on abortion access. She finds that it depends crucially on travel distance and the resources for travel, which can have heterogeneous impacts on reproductive health across socioeconomic strata implying that an interplay of complex factors will likely extend beyond a simple "ban/no ban" dichotomy.

Dr. Alison Stuebe, a high-risk obstetrician, reports from the frontlines that doctors are finding themselves in situations where they must wait for patients to be "sick enough" to provide life-saving care. She also points to data suggesting a decline in graduating medical doctors choosing to match with ObGyn residencies in states that restrict abortion care. Dr. Taida Wolfe focuses on the subject of reproductive justice. She suggests that disparities in abortion care were subject to discrimination based on race, ethnicity, socioeconomic, and LGBTQIA status even before the *Dobbs* decision and explores the historical roots of such inequities in reproductive healthcare.

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↑ From the Chair

I encourage you to read the thought-provoking articles in this issue's Focus section.

In addition to our Focus section, this issue contains information about several upcoming calls for papers and professional development opportunities. Please see a call for paper submissions to CSWEP sessions for the 2024 Eastern Economic Association meetings in Boston and the 2024 Midwestern Economic Association meetings in Chicago in March 2024. The issue lists an extensive lineup of CSWEP sessions at the Southern Economics Association meetings in New Orleans and the 2023 APPAM meetings in Atlanta in November 2023.

The Southern meetings will also host a graduate student mentoring workshop for third- and fourth-year female and non-binary students. We are also delighted to announce a new initiative and resource for graduate students going on the job market this year. Led by Gina Pieters (Oversight Editor of the CSWEP News) and Beth Watson, the Southern meetings will feature a practice session for job market interviews. Please encourage women and non-binary graduate students on the market this year to sign up! Junior scholars should consider applying to the "Adopt a Paper" mentoring program. Both programs need mentors, so please volunteer your time if you can.

This issue features our "Full Professor" Brag Box, which we have hoped to be a regular feature celebrating the achievements of women economists as they progress through their careers. Compared to last year, we had much fewer submissions, receiving news from nine women who were promoted to Full Professorships. We hope this number reflects a decline in social media reach via Twitter/X rather than a signal that fewer women got promoted over the past year. Please share your good news in the upcoming year—we want to celebrate you!

Finally, we have an important reminder about the 2023 CSWEP Survey from our Associate Chair and Survey Director, Maggie Levenstein. Since 1972, CSWEP has collected data on the gender composition of faculty and students in both Ph.D. granting and non-Ph.D. granting U.S. economics departments. These data are unique in the social sciences and beyond. The results are presented in the CSWEP Annual Report and at the ASSA meetings in January. Previous years are available at <https://doi.org/10.3886/ICPSR37118.v5>. The 2023 survey was sent to all department chairs in mid-September, and the completed survey is due October 21. CSWEP appreciates the work of the 200+ department chairs and staff and the CSWEP liaisons who work to complete these surveys promptly every year.

In addition to the opportunities detailed in this issue of the News, please check our [website](#) and [@aeacswep](#) on Twitter/X for up-to-date information about several upcoming events and opportunities. To sign up for our mailing list or volunteer as a mentor or CSWEP liaison, please email info@cswep.org. As always, we invite feedback and ideas for new initiatives.

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Introduction: The Changed Landscape of Abortion Access

Yana van der Meulen Rodgers

One year ago, the U.S. Supreme Court's overturning of *Roe v. Wade* in the *Dobbs* decision left the legality of abortion up to the states. This has resulted in about half the states enacting complete bans or very restrictive abortion laws, a major legal challenge to women's reproductive rights which has prompted the CSWEP board's decision to devote our Fall 2023 newsletter to the repercussions of the *Dobbs* decision from the medical, legal, administrative, and policy perspectives.

Even readers who know the scholarly literature on abortion and have kept up to date on the rapidly changing news about abortion restrictions across states are bound to learn something new from our brilliant guest authors who are as courageous as they are accomplished.

Professor Naomi Cahn is an expert in family law, feminist jurisprudence, and reproductive technology, and prior to joining the UVA faculty she taught at George Washington Law School, where she twice served as Associate Dean. Her piece draws on her legal experience to succinctly discuss not only the *Dobbs* decision, but also the current and pending legal issues surrounding abortion and abortion medication.

Professor Janet Levit earned her J.D. from the Yale Law School and has not only published extensively on international finance and human rights issues, she has also held a number of university leadership positions including Dean of the College of Law. She details specific steps university faculty and administrators can take, and have taken, to support their students in the post-*Dobbs* environment.

Dr. Caitlin Myers has published widely on the effects of reproductive policies and has led an amicus brief to the Supreme Court in the *Dobbs* case, detailing

the economic imperative to not overturn *Roe* signed by over 150 economists. Her piece highlights the difficulties in defining how *Dobbs* has changed abortion access when considering the impact of this major policy change (don't just add an indicator variable in your regression!).

Dr. Alison Stuebe completed her Obstetrics and Gynecology residency at Brigham and Women's Hospital and Massachusetts General Hospital in Boston, and she is a past president of the Academy of Breastfeeding Medicine and a former board member of the Society for Maternal-Fetal Medicine. As a high-risk obstetrician, she discusses both first-hand experiences and medical literature surrounding health-care provision since *Dobbs*.

Dr. Taida Wolfe received her MD from Tufts University, completed a residency in obstetrics and gynecology, and pursued a fellowship in family planning at the University of Michigan; her current research explores the stratification of reproduction, geography of abortion care, and the coloniality of medicine. Her contribution centers the reproductive justice framework to discuss how the *Dobbs* decision has stratified impacts across different communities.

I've done my share of advocacy and writing on the topic (including a series of scoping reviews on the **macro**, **meso**, and **microeconomics** of abortion) but still had so much to learn from these articles. I hope you find them useful as you think about pursuing new research projects, advising your students, and considering how to spend your time in advocacy and political engagement.

Links in this article

Macro:

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0250692>

Meso:

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0237227>

Micro:

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0252005>

The Shifting Landscape of Abortion Access or, a “ban” indicator in your regression isn’t going to cut it

Caitlin Myers

In the 1990s Bill Clinton coined the controversial “safe, legal, and rare” Democratic party platform on abortion. Whatever one might think about this as an ethical stance or political gambit, it is undoubtedly wishful thinking. In 2020, nearly 1 million abortions were performed in the United States, representing one-fifth of estimated pregnancies. Abortion is not rare.

Abortion also is no longer legal in all states as of June 24, 2022, when the Supreme Court, in *Dobbs v. Jackson Women’s Health*, revoked the constitutional right to abortion established by *Roe v. Wade* and returned the power to ban abortion to the states. Within hours of the *Dobbs* decision, “trigger bans” enacted in anticipation of that moment began to activate in some states, while in others abortion bans that had remained unenforced for decades since *Roe* again took effect. At present, 14 states—Alabama, Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, and Wisconsin—are enforcing near-total bans on abortion.

I compile and publish information on abortion facility operations and changes in driving distances. On May 1, 2022, the average American woman of reproductive age lived 25 miles from an abortion facility. Since then, 24% of women have experienced an increase in driving distance to the nearest abortion facility, mostly due to state bans, such that the average affected woman is now 300 miles from the nearest abortion facility.

Anyone who wants to treat state abortion bans as a natural experiment should pay heed that all bans aren’t created equal: their practical effects on access depend

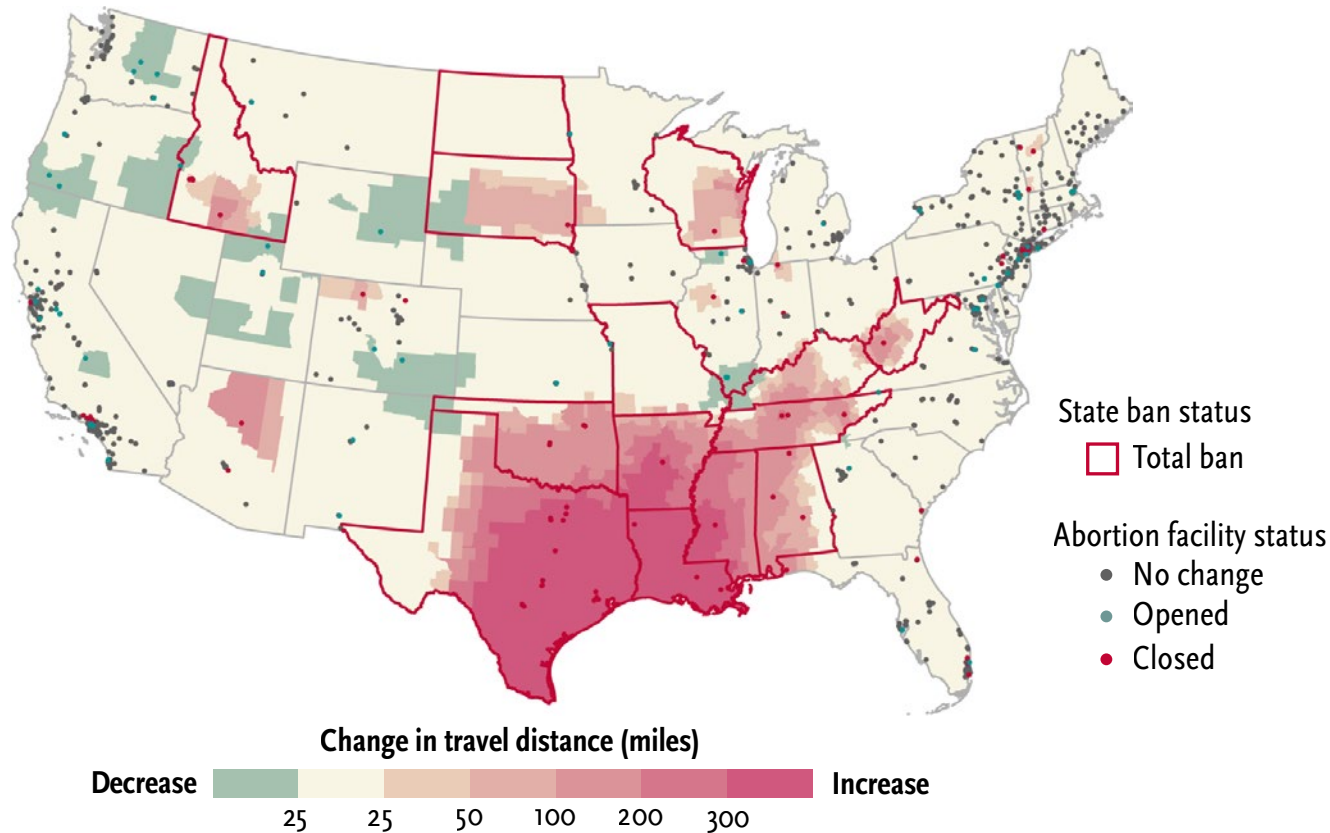
crucially on the numbers and locations of the facilities they shutter as well as facility locations and policies in surrounding states. For instance, abortion bans in Missouri and North Dakota have had no meaningful effect on driving distances to access abortion. In Missouri, years of regulatory action targeting abortion providers had already reduced the state to a single facility, a Planned Parenthood in St. Louis. When Missouri’s ban forced it to stop providing services, St. Louis residents still had two options just across the border in Illinois, while for residents of northern Missouri, the nearest abortion destinations remained in Kansas. Meanwhile, in anticipation of North Dakota’s total abortion ban, its sole abortion facility moved a few miles across the border, from Fargo to Moorhead, Minnesota. Similarly, an abortion facility in Bristol, Tennessee also moved a few miles up the street and across the state border into Virginia to avoid Tennessee’s total ban. Other regions are far from such options, however, and women living in many southern cities now find themselves more than 300 miles from the nearest abortion facility. For women in Houston, the nearest facilities are 600 miles away in Wichita, Kansas.

In this shifting landscape, whether a woman can access abortion depends crucially on where she lives and the resources she has for travel. Many pregnant people seeking abortions will make long trips, just as tens of thousands of them drove, took the bus, and even chartered abortion flights in the early 1970s to a handful of states that repealed their abortion bans in advance of *Roe*. But many others are likely to be trapped by distance, poverty, lack of childcare, abuse, and the

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Abortion Bans and Changes in Distance to Nearest Facility, May 2022 to August 2023



myriad other factors that can render travel impossible. The majority of people seeking abortions are low-income, credit constrained, and experiencing disruptive life events such as the recent loss of a job or dissolution of a relationship. It's not a stretch to imagine that traveling hundreds of miles out of ban states may prove impossible for some, and in fact a slate of recent research on the causal effects of travel distance—research from me and many other economists including Scott Cunningham, Stephanie Fischer, Jason Fletcher, Fidel Gonzalez, Jason Lindo, Troy Quast, Joanna Venator, and Corey White—demonstrate that even seemingly

modest increases in travel distance of 100 miles poses a substantial obstacle to about 1 in 5 people seeking an abortion.

Not all people who are trapped by distance give birth as a result. Some will spontaneously miscarry, and others will self-manage their abortion, for instance by ordering the drugs that induce medication abortion through gray-market websites like one operated by Aid Access. But shipments of these drugs into ban states often originate in India and can take 2 to 3 weeks to arrive. Not all people will be comfortable with this delay or with ordering pills through extra-legal

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websites. In a paper forthcoming at the *Journal of Policy Analysis and Management*, I estimate the effects of changes in distance to abortion facilities on both abortions and births in the decade prior to Dobbs—a period when self-managed medication abortions were available—and use the results to forecast post-Roe demographic transitions. If the recent past can predict the present, the results suggest that about one-quarter of people seeking abortions will be prevented from reaching a facility due to increasing distance, and that about three-quarters of this group will carry their pregnancies to term.

Beyond distance, other potentially important dimensions of abortion access also are changing. Working with 25 Middlebury College undergraduate students, I have regularly surveyed abortion facilities since March 2022 to collect information on the next available appointment for either a procedural or medication abortion. What we're seeing is that many of the facilities nearest to people flooding out of ban states in search of abortions are struggling to accommodate this influx. A resident of Houston who could travel 600 miles one-way to reach Wichita may still struggle to obtain an appointment there: when we contacted Kansas abortion facilities in early December, we found that four of the five facilities had no available appointments. An economist might expect that these capacity constraints will prove a short-run phenomenon, and that more facilities will open in strategic destinations to meet the increase in demand. And indeed one new facility has since opened in Kansas, as have a handful of facilities in other states that are on the frontline to receive patients streaming in from ban states. But it's striking that no new facilities have opened in other critical destinations including northern Florida, North Carolina, and southern and western Ohio. The likely explanation is that regulatory hurdles and the threat of future bans make it too financially risky to invest in an expansion of services there.

As I write this in August 2023, a challenge in Wisconsin may ultimately invalidate that state's ban. But in several other states—including Arizona, Florida, Indiana, Iowa, Michigan, Montana, Ohio, South Carolina, Utah, and Wyoming—it appears likely that bans will be enacted or allowed to take effect in the near future. Six additional states are enforcing gestational limits on the procedure, the strictest of which is Georgia's ban on abortions past 6 weeks gestational age, roughly 2 weeks after a pregnancy could be diagnosed.

Looming over all of these legislative and litigative battles is a court case from Texas regarding the drugs used in medication abortion. The ultimate outcome of this case will likely be determined by the Supreme Court and is impossible to predict, but it has the potential to be a shock to access comparable to those generated by the Dobbs decision. At present, 40% of brick-and-mortar abortion facilities exclusively provide medication abortion, while all but three of the remaining facilities provide both medication and procedural abortion. If medication abortion were effectively banned, not only would 40% of facilities stop providing abortions, but the remaining facilities would have fewer appointment slots even as demand increased dramatically. These effects would not just be felt in states that have historically been hostile to abortion, but also in more liberal states like California, where 60% of abortion facilities only provide medication abortion.

Suffice to say, Dobbs was only the beginning of a dramatic reshaping of the landscape of abortion access determined by the interplay of complex factors that will likely continue to extend beyond a simple “ban/no ban” dichotomy.

Sources for Additional Data

I publish data on abortion policies, abortion facility operations and appointment availability, and abortion counts at [Open Science Framework](#) for use by academic researchers:

[Myers Abortion Facility Database](https://osf.io/8dg7r/): <https://osf.io/8dg7r/>

[County Abortion Counts](https://doi.org/10.17605/OSF.IO/QYHgW): <https://doi.org/10.17605/OSF.IO/QYHgW>

[Appointment Availability Survey](https://osf.io/z4tcr/): <https://osf.io/z4tcr/>

[Reproductive policy coding](https://osf.io/wu56n/): <https://osf.io/wu56n/>

I also collaborate with a team at ESRI to maintain an abortion access [dashboard](#) providing up-to-date statistics on bans, distances, and appointment availability: <https://abortionaccessdashboard.org>

In the Wake of Dobbs: Abortion Practice and Reproductive Justice

Taida Wolfe, MD, Ph.D.

Earlier this year, I had to undergo retraining in different protocols for medication abortion that did not use mifepristone, commonly known as the abortion pill. For the past ten years of my practice, I, and the larger community in the United States who perform abortions, used mifepristone as the first step in the medication abortion procedure. However, in November 2022, anti-abortion groups filed a lawsuit in Texas hoping that Judge Kacsmaryk, an abortion opponent, would reverse the Food and Drug Administration's (FDA) decades-long approval of mifepristone. A ruling in their favor would require clinics to rely on alternate ways to provide the service. In the buildup to the lawsuit, I found myself completing trainings for different medication abortion protocols, attending activism meetings, taking phone calls from clinic administration, speaking at conferences, and attempting to reassure patients about procedure availability as we all prepared for the possible banning of mifepristone. In April 2023, Judge Kacsmaryk overturned the FDA's approval of the drug, setting off a flurry of legal responses that ended with the Fifth Circuit Court of Appeals overturning the ban but reenforcing the FDA's original restrictions on the drug. This included limiting its use to 7 weeks gestation (the FDA had previously extended its approval to 10 weeks gestation) and banning mail delivery of the drug (Noor 2023).

This training in different protocols, heightened surveillance, and increased community anxiety has become common since the overturning of *Roe v. Wade* via the *Dobbs v. Jackson Women's Health Organization* decision last year. Networks of reproductive justice organizers and clinics have attempted to mitigate the repercussions of the decision by getting people in need

of a procedure the resources they need, providing training on alternate medication protocols, and increasing the number of days they perform abortion. As a personal example, before Dobbs, one clinic I work at, routinely did abortions twice a week. After the ruling, they increased the days they perform the procedure to four times a week and may soon change that to five days. Despite the increase in the number of days abortions were performed, the no-show rate decreased. Anecdotally, while many patients have been thankful and showed relief at having an abortion, I have seen an uptick in patients saying that they are appreciative of the work abortion providers do. Some patients are still surprised that people willingly work in abortion care, but that rhetoric has always been present—a phenomenon that I argue elsewhere stems from seeing abortion as a disruption to normative womanhood (Wolfe 2022). Even before the Dobbs decision, certain communities bore the brunt of disparate in access to abortion and reproductive healthcare. Discrimination on the basis of race, ethnicity, socioeconomic status, gender identity, and ability are only some of the factors that contribute to disparities in abortion specifically and reproductive healthcare more generally (Fuentes 2023). For example, disparities in rates of unintended pregnancy and contraceptive use parallel disparities in abortion rates for those marginalized by race and ethnicity (Dehlendorf, Harris and Weitz 2013). LGBTQIA people are more likely to face discrimination within the healthcare system than straight people (Dawson 2020).

Such inequities in reproductive healthcare and well-being have deep historical roots in this country. Gender hierarchies, racial oppression, and economic

... reproductive justice is a movement that relies on three fundamental principles 1) the right not to have a child; 2) the right to have a child; and 3) the right to parent children in safe and healthy environments ...

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stratification generated a stratified experience of reproduction. The theory of stratified reproduction, a term coined by Shellee Colen and made famous by Rayna Rapp and Faye Ginsburg, argues that the reproduction of dominant groups has been valued over the reproduction of marginalized communities (Colen 1995, Ginsburg and Rapp 1995). An example of stratified reproduction is the “120 formula”, a midcentury 20th century sterilization guideline recommended by the American College of Obstetricians and Gynecologists, which proposed that voluntary sterilization was appropriate when a woman’s age multiplied by the number of children equaled 120. Even if she met this guideline, procedure approval still required the consent of two physicians and a psychiatrist (May 1995). This policy was targeted at middle- and upper-class white women while at the same time policies and practices of involuntary sterilization were targeted at Black, Brown, and Indigenous people as a means to decrease—what was perceived to be—these communities’ reliance on government assistance. Policies and practices of coercive contraception use for some, and contraceptive and abortion restriction for others, demonstrate the state’s investment in which communities get to reproduce and parent safely and which communities do not (Roberts 1997). This stratified experience of reproduction, and the reproductive injustices it produced, formed the basis of the movement for reproductive justice.

Reproductive justice is a human rights framework that combines reproductive rights with social justice. It moves beyond the right to contraception and abortion, the “basis” of the reproductive rights movement, but incorporates a more holistic understanding of reproductive oppression and the conditions that are needed for free reproductive futures. Reproductive organizations like *Sister Song* and activists like Loretta Ross, argue that reproductive justice is a movement that relies on three fundamental principles “1) the right not to have a child; 2) the right to have a child; and 3) the right to parent

children in safe and healthy environments (Ross and Solinger 2017 pg. 9, SisterSong 2023).

Reproductive liberation demands that people have the right to control their own bodies and to the resources that support healthy communities (Ross and Solinger 2017). The goals of the movement and the ideology of reproductive freedom understands the fractured history of reproduction in the United States and beyond. The Dobbs decision is set to exacerbate current disparities in reproductive health access that have been part of the American landscape since its foundation (Wolfe and van der Meulen Rodgers 2021, Lazzarini 2022). This necessitates a more nuanced understanding of reproductive oppression that includes, but is not limited to, the right to abortion. Eliminating reproductive health disparities requires dismantling systems of oppression (racism, sexism, and heterosexism) that prohibit free reproductive futures.

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Legal Perspective on Dobbs

Naomi Cahn

When the Supreme Court issued its opinion in *Dobbs v. Jackson Women's Health Organization* in June of 2022, the Court made clear that it was returning the issue of abortion to the **people**. Even though a draft of the opinion had been leaked almost eight weeks before the release of the final Court decision, that did little to diminish the impact of the Court's ruling. It is not hyperbolic to point out that over the past year, legal access to abortion has fundamentally changed in the United States.

This piece provides a brief overview of the Court's opinion before turning to some measures of its impact and a preview of pending legal issues.

Dobbs itself

The Mississippi law at issue in *Dobbs* banned abortion beyond fifteen weeks gestation except for cases of severe fetal anomalies or medical emergencies. The law presented a direct challenge to the Court's holdings in *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992); earlier cases had established a firm line that abortion could be *regulated* but not *banned* before fetal viability. By contrast, a fifteen-week ban directly challenged the central holding of earlier abortion cases because it banned access before viability.

Justice Alito's majority opinion made three key points. First, the Constitution does not include a right to abortion. Instead, abortion is considered a "health and welfare" regulation subject only to rational basis review. If states enact abortion restrictions, they will, as a result of the decision, be subject to rational basis review in courts; rational basis is the lowest standard of review, and there is "a strong presumption of validity" to laws enacted by state legislatures to regulate or ban the procedure. Under this standard, a law "must be sustained

if there is a rational basis on which the legislature *could have thought* that it would serve legitimate state interests." (emphasis added). Legitimate interests include preserving prenatal life at any stage of development.

Second, and as a result of the lack of a federal right, Justice Alito opined that the issue of abortion should be "returned" to "the people and their elected representatives"; he repeated that concept at least five times in his opinion. "Women", he opined, "have political power and could exercise it."

Third, the Court reiterated that regulating abortion "**is not a sex-based classification.**" Indeed, the **impact of pregnancy** itself is largely absent in the majority opinion. Justice Alito claimed that times have changed, and women now have insurance coverage for pregnancy care as well as laws that ban pregnancy discrimination, guarantee leave for pregnancy and childbirth, and allow women to relinquish their child with impunity ("safe haven" laws). Justice Alito did not, however, address the significant personal and bodily intrusion of forcing people to carry pregnancies to term.

The opinion was not unanimous. Justices Thomas and Kavanaugh, who joined the opinion fully, authored their own separate concurrences. Justice **Thomas's** concurrence called into question other issues decided under "due process," such as the right to contraception and same-sex marriage. Justice **Kavanaugh**, by contrast, wrote that the decision did not mean the overruling of birth control or the right to same sex marriage. He also observed that the constitution was "neither pro-life nor pro-choice. The Constitution is neutral" on the legality of abortion.

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Links in this article

people: <https://slate.com/news-and-politics/2023/04/mifepristone-abortion-medication-texas-dobbs-kacsmark.html>

sex-based classification: https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf

impact of pregnancy: <https://www.law.com/nationallawjournal/2022/07/01/the-disembodied-pregnant-person/?slreturn=20230629080049>

Thomas's: https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf

Kavanaugh: https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf

Chief Justice Roberts concurred in the ultimate outcome, but wrote a separate opinion. While Roberts agreed that the Mississippi law was constitutional, he would not have decided the broader question of whether to overrule *Roe*.

Justices Breyer, Sotomayor, and Kagan issued a jointly drafted dissent—which is quite rare. In addition to challenging the majority’s legal reasoning, the dissent observed that one result of the majority’s opinion would be “the curtailment of women’s rights, and of their status as free and equal citizens.” The dissenters pointed out that: “Countless women will now make different decisions about careers, education, relationships, and whether to try to become pregnant.” In noting the actual impact of the decision, the dissenters referenced the brief spearheaded by Caitlin Myers and supported by **154 economists** and researchers documenting the beneficial effects of access to abortion. And, unlike Justice Alito, the dissenters pointed out an abortion ban could increase maternal mortality rates by 13% for white women and 33% for Black women.

Where we are now

Immediately after *Dobbs*, states took varying action on abortion. A number moved to protect abortion, either through legislation or voter initiatives, while other states moved to ban abortion. Some **states** enacted **shield** laws, designed to protect health care workers who served abortion patients, trying to insulate them against criminal prosecution in other states.

As of August 2, 2023, abortion is banned in **15 states**, with most of those having no exception for rape or incest. In a few states, abortion is banned after six (or twelve or fifteen weeks) of pregnancy. Idaho has enacted a law that makes it a crime to travel out of state to help a minor obtain an **abortion, unless there is parental consent**. A few states have moved to private **citizen-enforced** abortion bans. (One in **Oklahoma** was struck down.)

The date of *Dobbs* is directly correlated with the number of abortions nationally, and there are deep variation by state. Some states experienced a **surge**. For example, in May of 2022, the month of the leaked opinion, **Illinois had 5,550 abortions**. By January of 2023, that number was 7,360, and, after a slight dip in February (6,930), it was 7,940 in March. In other states, the number of abortions dropped to close to zero. In **Tennessee**, for example, in May of 2022, there were

“Women”, [Justice Alito] opined, “have political power and could exercise it.”

1,210 abortions; from September 2022–March 2023, the monthly number was under 10 per month. Overall, however, the number of abortions **has fallen**.

The practice of medicine has also been impacted. The number of **virtual-only telehealth** abortions increased from 5% in the pre-*Dobbs* era to 9% as of March 2023. Ob-gyns in states where abortion is generally available are almost four times as likely to provide an abortion or refer patients to any type of abortion service as those in states where abortion is banned, according to a **Kaiser Family Foundation** national survey. That same survey found that ob/gyns in states with bans (16%) are twice as likely to cite safety concerns as a reason they do not provide abortion access as in states where abortion is generally available (8%). Bans are also **affecting** efforts to recruit ob-gyns.

Links in this article

154 economists: https://www.supremecourt.gov/DocketPDF/19/19-1392/193084/20210920175559884_19-1392bsacEconomists.pdf

states: <https://sports.yahoo.com/protected-shield-laws-us-health-020508704.html?guccounter=1>

shield: <https://evidence.nejm.org/doi/full/10.1056/EVIDra2200280>

15 states: <https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html>

parental consent: <https://apnews.com/article/idaho-abortion-minors-criminalization-b8fb4b6feb9b520d63f75432a1219588>

citizen-enforced: <https://www.cnn.com/2022/05/03/politics/oklahoma-heartbeat-act-abortion-governor-stitt-signs/index.html>

Oklahoma: <https://apnews.com/article/abortion-oklahoma-supreme-court-medical-emergency-74841ced6cc1f247dc9bcf0d5d2403a>

surge; Illinois; Tennessee; has fallen: https://societyfp.org/wp-content/uploads/2023/06/WeCountReport_6.12.23.pdf

virtual-only: <https://societyfp.org/wp-content/uploads/2023/06/WeCount-Release-June-2023.pdf>

Kaiser: <https://www.kff.org/report-section/a-national-survey-of-obgyns-experiences-after-dobbs-report/>

affecting: https://www.washingtonpost.com/business/2023/06/22/ob-gyns-after-dobbs-abortion-bans-put-pressure-on-doctors/a418511a-10ff-11ee-8d22-5f65b2e2f6ad_story.html

Pending issues

Returning the regulation of abortion to the states has not meant an end to legal disputes, and it has resulted in a great deal of uncertainty. A number of lawsuits are challenging state abortion restrictions on many bases, such as the need to clarify **exceptions** to potential conflicts between state and federal law on **treatment** in emergency rooms. In addition, because **state constitutions** may differ from the federal constitution, they have provided a basis for legal claims to protect abortion access both **before and after** *Dobbs*. Claims include **freedom of religion** to protections of the **right to privacy**.

Other lawsuits focus on access to abortion medication, the two-pill regime of mifepristone and misoprostol. A majority of all abortions in the country occur through what the **CDC calls** “early medical abortions,” which occur at 9 weeks or less of gestation through the use of these pills. While the FDA, which regulates the abortion pills, has been **expanding access**, the distribution of mifepristone (also known as RU-486) is under challenge. Federal courts are reviewing the FDA’s action in approving mifepristone: that initial **approval** was in 2000, after an extensive analysis of mifepristone’s safety. The Supreme Court has already weighed in on the issue, although the case is now pending before the Fifth Circuit Court of Appeals. The lawsuit raises challenges concerning both FDA authority as well as distribution of the drug under an 1873 law, the Comstock Act.

The **Comstock Act** makes it a crime to use the mail for any “lewd, lascivious, indecent, filthy or vile article” as well as any “article, instrument, substance, drug, medicine or thing which is advertised or described in a manner calculated to lead another to use of apply it for producing abortion.” Interpreted broadly, it could limit not just interstate distribution of mifepristone—that is, the mailing of pills—but anything else that *might* be used to **perform an abortion**, including routine ob-gyn implements.

By contrast, ensuring continuing access to medication abortion is the basis for a **lawsuit in West Virginia** by the pharmaceutical company that makes a generic version of mifepristone. The company claims that the state abortion ban impedes its sale and is contrary to the FDA’s approval of the drug’s distribution.

Many other issues remain unsettled. For example, even with a shield law in place in one state, a health care provider’s license might still be **attacked** in a non-shielding state. Current laws focus on abortion providers; future laws might focus on the **person obtaining the abortion**. And the abortion battles are occurring at time when public support for abortion remains **strong**, if not stronger, than before *Dobbs*. **Ballot measures** on abortion rights won in each of the six states in which they were considered in the post-*Dobbs* election season. In returning the issue of abortion to the states, *Dobbs* has ensured ongoing legal disputes in state and federal court—and increased disruption in politics, health care, and individuals’ lives.

Links in this article

Exceptions: <https://www.npr.org/2023/05/22/1177425651/texas-women-sue-abortion>

treatment: <https://www.hhs.gov/about/news/2023/05/01/hhs-secretary-xavier-becerra-statement-on-emptala-enforcement.html>

state constitutions: <https://scholarworks.umt.edu/mlr/vol84/iss1/4/>

before and after: <https://reproductiverights.org/state-constitutions-abortion-rights/>

religious freedom: <https://www.nytimes.com/2023/06/28/health/abortion-religious-freedom.html>

right to privacy: <https://www.nytimes.com/2023/01/29/us/abortion-rights-state-constitutions.html>

Links in this article *continued*

CDC calls: https://www.cdc.gov/reproductivehealth/data_stats/index.htm

expanding access: <https://theconversation.com/medication-abortion-could-get-harder-to-obtain-or-easier-theres-a-new-wave-of-post-dobbs-lawsuits-on-abortion-pills-198978>

approval: https://www.accessdata.fda.gov/drugsatfda_docs/nda/2000/20687_mifepristone.cfm#:~:text=Approval%20Date%3A%209%2F28%2F2000

Comstock Act: <https://jessica.substack.com/p/the-comstock-act>

perform: <https://www.nytimes.com/2023/05/16/us/abortion-comstock-act.html>

lawsuit in West Virginia: <https://theconversation.com/medication-abortion-could-get-harder-to-obtain-or-easier-theres-a-new-wave-of-post-dobbs-lawsuits-on-abortion-pills-198978>

attacked: <https://evidence.nejm.org/doi/full/10.1056/EVIDra2200280>

person obtaining the abortion: <https://www.cnn.com/2022/09/20/politics/abortion-bans-murder-charges-invs/index.html>

strong: <https://news.gallup.com/poll/506759/broader-support-abortion-rights-continues-post-dobbs.aspx>

ballot measures: <https://www.vox.com/policy/23784409/abortion-ballot-measure-ohio-reproductive-rights-2024>

Restrictions on Health Care Endanger Patients Everywhere

Alison Stuebe, MD, MSc

The morning of the Dobbs decision, I was working in our joint cardiology and maternal-fetal medicine clinic. We provide care for women with heart conditions, some of which put women at more than 25% risk of dying during pregnancy. I am a high-risk obstetrician, and I see these patients with my cardiology colleagues, having frank conversations about the effects of pregnancy on maternal health. Faced with a one in four risk of fatal complications, many families decide not to continue the pregnancy. Before Dobbs, a patient and her doctor could discuss risks and benefits, and the patient could decide what to do next, based on her preferences and values. On the morning of July 24, 2022, that changed for women across the United States.

In North Carolina, we did not have a trigger ban in place, but a court case that had been based on *Roe vs. Wade* was overturned, and the legal limit edged back, from 24 weeks to 20 weeks. In the fall, I cared for a patient who came for a routine ultrasound. The fetus was measuring much too small, and we could see that blood was barely able to flow through the umbilical cord. Her blood pressure was elevated, suggesting she might be developing severe preeclampsia, a complication that affects about 1% of pregnant people. The treatment for severe preeclampsia is delivery—removal of the pregnancy, and the placenta, is necessary for the pregnant person's blood pressure to begin to recover.

We explained that the fetus was far too small to survive, and was unlikely to grow, given the poor flow in the umbilical cord. We told her that the safest path forward was to have an abortion, because as her preeclampsia worsened, it could harm her liver, her kidneys, or her brain. But it was after Dobbs, and she was 21 weeks. For us to proceed with an abortion, North Carolina law stipulated that she had to be at “imminent

risk of irreversible bodily harm or death.” So we waited for her to get sicker. We kept her in the hospital, and we checked labs every 8 hours, waiting until she was “sick enough” for us to provide her with life-saving care.

It's a dangerous business when physicians must withhold care until a patient is “sick enough.” In Texas, following enactment of a 6-week abortion ban in September of 2021, care is getting worse. Researchers published outcomes at two hospitals for pregnant people at less than 22 weeks of pregnancy who had a medical reason for delivery.¹ The most common problem was pre-viable rupture of membranes, or breaking their water before 22 weeks of pregnancy. After water breaks, about half of patients go into labor within a week; while they wait, they are at risk for severe, life-threatening infection. And without amniotic fluid, the fetal lungs do not develop normally, so no matter how long the pregnancy continues, the vast majority of babies will not survive after birth. Given the high risk of maternal illness, with minimal chance of a surviving baby, the standard of care is to offer an abortion.

But after Texas enacted Senate Bills 8 and 4, the law required doctors to wait until there was an “immediate threat to maternal life” before proceeding with delivery. In the eight months after the law was enacted, 28 patients at two Dallas hospitals had a medical reason for delivery at less than 22 weeks, but their medical team was not able to offer them an abortion because there was not an “immediate threat to maternal life.” Among the 28 women, one required a hysterectomy, and 57% had severe maternal complications, compared with 33% of women who had undergone immediate induction before the abortion ban. Eight of the 28 women gave birth to an infant with cardiac activity at birth; seven

So we waited for her to get sicker. We kept her in the hospital, and we checked labs every 8 hours, waiting until she was “sick enough” for us to provide her with life-saving care.

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died within 24 hours of birth, and one remained hospitalized with severe complications.

Care is getting worse for early pregnancy problems too, affecting the one in five women who have a miscarriage.² The standard of care for miscarriage is to offer two medications—mifepristone and misoprostol—or a surgical procedure. Researchers found that patients with early pregnancy loss in states with abortion restrictions were less likely to be offered the most effective medications, or to have an office-based procedure.^{3,4} These studies are consistent with media reports of emergency rooms turning away women with heavy bleeding, for fear of violating abortion bans.^{5,6}

In Idaho, US District Court Judge B. Lynn Winmill found that the state’s total ban on abortion puts physicians in an impossible situation.⁷ The federal Emergency Medical Treatment and Labor Act (“EMTALA”) requires hospitals that receive Medicare funds to treat patients with emergency medical conditions. However, Idaho law criminalizes all abortions, with an affirmative defense for life-saving care, meaning that if charged, “an accused physician may avoid conviction when the physician determines in her good faith medical judgment that the abortion is necessary to prevent the death of a pregnant woman.”

Winmill found: “...it is impossible to comply with both statutes.” The result, for patient, is delayed care. Winmill: “The incentive to do so is obvious—delaying care so that the patient gets nearer to death and thus closer to the blurry line of the affirmative defense.” And delayed care is worse care.

To avoid these impossible situations, young doctors are choosing not to train in states that restrict abortion care. In a published survey of students planning to train in ObGyn, 82% preferred to train in states that preserved abortion access.⁸ Graduating medical students enter the residency match, a ranking process that occurs every spring. Overall applications to match in ObGyn were 5% lower in 2023, compared with 2022; in states with abortion bans, they were 10%

lower.⁹ Notably, states with abortion bans already face short-ages of ObGyn providers—in 2030, the projected ObGyn shortage in states with bans is 17%, compared with 6% in states that protect abortion access.¹⁰

In North Carolina, where the legislature overrode a veto by Gov. Roy Cooper to enact a 12-week ban this spring, we are already feeling the shift. I’ve spoken with excellent medical students planning to apply for residency this coming year, and they are prioritizing programs where they will be able to have comprehensive training. A graduating MFM fellow in our program chose to leave for California, rather than stay in North

... in 2030, the projected ObGyn shortage in states with bans is 17%, compared with 6% in states that protect abortion access.

Carolina, because she was not comfortable practicing without being able to provide full scope of care.¹¹ The bans don’t only affect ObGyns—any clinician who cares for pregnancy-capable people of childbearing age faces the prospect of weighing civil or criminal liability against acting in the best interest of their patient. North Carolina is home to leading residency programs in Emergency Medicine, Internal Medicine, Obstetrics and Gynecology, and Family Medicine, attracting the best young doctors. Faced with dangerous restrictions, many young doctors will choose to go elsewhere.

Even in states with legal protection for abortion, Dobbs is impacting care. The Society for Family Planning #WeCount project found that there were 43,000 fewer abortions performed in states with bans from July to December 2023; 11,000 of these patients sought care in states with legal protection, overwhelming clinics and providers.

A year after the Dobbs decision, I am constantly reminded that abortion is health care. And restrictions on health care endanger patients everywhere.

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What Universities and Faculty Can Do To Support Students In States With Abortion Bans

Janet K. Levit

A little over a year ago the Supreme Court stripped away the federal constitutional right to abortion care. In marking the one-year anniversary of [*Dobbs v. Jackson Women's Health*](#), many reflect on [state-by-state changes in the law](#); stark [inequities in abortion care access](#); the disconnect between [public opinion polls](#) and state policies; and the flight of [reproductive health clinics](#) and [ob-gyns](#) from restrictive states.

I marked the anniversary of *Dobbs* by examining how 24 private universities have responded to the shifting post-*Roe* landscape in three categories of states—states that are **supportive** of abortion rights (CA, MA, MI, CO); are **hostile** to abortion rights (tight gestational windows short of ban) (FL, GA, NC); and that have **banned** abortion all together (OK, TX). This is not simply an academic exercise. The battle for students is only becoming more fierce; universities now not only face [the demographic cliff](#) and post-affirmative-action admissions, but will also have to confront the reality that students are factoring the local status of reproductive rights in [deciding where to attend college](#).

My study contemplates not only what universities *are* doing but also what else they *could be* doing to support students within the bounds of the law. In general, universities, particularly in hostile and banned states, can bolster support of students in the following four ways:

Provide clear guidance to faculty

Students will be having sex. It is simply the stage of their lives that they are in, and sex is an undeniable part of college life. When students approach faculty, advisors, coaches, or counselors with an unintended

pregnancy, what is a legal response? Refer students to a local resource? Direct to publicly available web sites like [abortionfinder](#) and [PlanC](#)? Will the university indemnify a faculty member who drives a student to another state for abortion care and gets sued for “aiding and abetting” an abortion? What about lending a student money for reproductive healthcare? In our nascent and chaotic post-*Roe* world, few understand exactly what is legal or illegal—and there have been few test cases. A natural response is institutional silence or overly risk-averse behavior, otherwise known as a “chilling effect”.

University communities desperately need transparent guidance—clear “do’s” and “don’ts”. Faculty and staff deserve to know that the university will support them in assisting students if they act within certain parameters. Of the universities I examined, only Rice University—a university in the heart of arguably the most restrictive state—provides this type of [step-by-step guidance](#) for faculty and staff. First, **listen** empathetically and, where appropriate, promise confidentiality; second, **refer** students to campus health resources, all of whom can refer to off-campus resources, such as a local Planned Parenthood; and third, assure students that the university can and will make **accommodations** for pregnancy and pregnancy related conditions (including termination of pregnancy), [as required by Title IX](#). If Rice’s leadership and general counsel are comfortable with this approach, particularly in the face of Texas’ civil and criminal abortion bans, then every university in the country should be willing to offer at least this type of guidance.

Links in this article

[Dobbs v. Jackson Women's Health](https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf): https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf

[state-by-state changes](https://reproductiverights.org/maps/abortion-laws-by-state/): <https://reproductiverights.org/maps/abortion-laws-by-state/>

[inequities in abortion care](https://www.guttmacher.org/abortion-rights-supreme-court#abortion-access-inequity-research): <https://www.guttmacher.org/abortion-rights-supreme-court#abortion-access-inequity-research>

[public opinion polls](https://news.gallup.com/topic/abortion.aspx): <https://news.gallup.com/topic/abortion.aspx>

[reproductive health clinics](https://www.nytimes.com/interactive/2023/06/22/us/abortion-clinics-dobbs-roe-wade.html): <https://www.nytimes.com/interactive/2023/06/22/us/abortion-clinics-dobbs-roe-wade.html>

[ob-gyns](https://www.aamc.org/advocacy-policy/aamc-research-and-action-institute/training-location-preferences): <https://www.aamc.org/advocacy-policy/aamc-research-and-action-institute/training-location-preferences>

[demographic cliff](https://www.cupahr.org/issue/feature/higher-ed-enrollment-cliff/): <https://www.cupahr.org/issue/feature/higher-ed-enrollment-cliff/>

[where to attend](https://www.cupahr.org/issue/feature/higher-ed-enrollment-cliff/): <https://www.cupahr.org/issue/feature/higher-ed-enrollment-cliff/>

[Abortionfinder](https://www.abortionfinder.org/): <https://www.abortionfinder.org/>

[PlanC](https://www.plancpills.org/): <https://www.plancpills.org/>

[Step-by-step](https://reproductivehealth.rice.edu/frequently-asked-questions): <https://reproductivehealth.rice.edu/frequently-asked-questions>

[Title IX](https://www2.ed.gov/about/offices/list/ocr/docs/ocr-pregnancy-resource.pdf): <https://www2.ed.gov/about/offices/list/ocr/docs/ocr-pregnancy-resource.pdf>

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Double-down on contraception, pregnancy testing and women's health care on campus

Early in the COVID pandemic, universities became adept at addressing student, faculty, and staff emerging health needs. Many provided every student and employee masks, thermometers, cleaning supplies, and testing stations.

University leaders could likewise *legally* double-down on women's reproductive health and signal to students and their families that reproductive health care is a priority. At least for the moment, [the right to contraception is fully protected in the Constitution](#), and there is no legal need for universities to self-restrain or self-police in offering students a wide range of contraception options.

What could this look like on any campus? Here is a portrait of what universities in hostile and restrictive states could do to support reproductive healthcare by aggregating some of what universities are already doing.

- Designate a [reproductive health coordinator](#) and place in a position within the university where HIP-PA and/or FERPA privacy protections apply;
- [Highly subsidize contraception](#) or [offer it free of charge](#);
- Provide [contraception counseling through university health services](#) and easy access to long-acting reversible contraception either on campus or through community partnerships;
- Install [contraception vending machines](#), including over-the-counter emergency contraception (Plan B) or otherwise make emergency contraception [available 24-hours per day](#)
- Designate [emergency funds](#) to support travel for health care not available in state.

Yet, there is much more universities can and should be doing. Universities could allocate significant time during freshman orientation to discuss reproductive

healthcare on campus. Universities could distribute pregnancy tests to all students, along with very clear guidance on how to access contraception and all types of emergency contraception at all hours day or night, weekday or weekend. If the campus health clinic is not large enough to provide gynecological or other women's health care, expand offerings and access to students by partnering with a femtech company like [Kiira Student Health](#).

Do What Universities Do Best—Educate

University general counsel offices should clarify that abortion bans do not curtail classroom autonomy, including teaching reproductive rights, reproductive health, and/or reproductive justice. Freedom of speech is sacrosanct on college campuses, protected by principles of academic freedom, representations that universities make to their communities, and, for public universities, the First Amendment of the Constitution. Even in hostile and/or banned states, attorney generals have started [to clarify the difference between general advocacy and imminently aiding, abetting and/or advising](#) an abortion in violation of criminal bans.

The classroom is the perfect place to tease the false dichotomies and the mythology that infuses the abortion debate. Is it really “pro-life” to require women in states with abortion bans with the narrowest of exceptions [to suffer life-threatening illnesses](#) because the medically indicated treatment is an abortion? Or to require a woman to give birth when maternal [mortality rates are rising](#) and [child poverty rates remain high](#)? Is it true that that abortion often leads women to “experience shame, regret, anxiety, depression, drug abuse and suicidal thoughts because of the abortion,” as [stated recently by a Texas federal judge](#)? If you are a [religious person does that necessarily mean that you are anti-abortion](#)?

Links in this article *continued*

[right to contraception](#): <https://www.oyez.org/cases/1971/70-17>

[Health Care Coordinator](#): <https://www.vanderbilt.edu/about/reproductive-health-task-force/>

[subsidize contraception](#): <https://shs.wfu.edu/health-resources/health-wellness-information/morning-after-pill/>

[free of charge](#): https://utulsa.edu/wp-content/uploads/2022/03/TU_StudentFormulary.jpg

[contraception counseling](#): <https://rice.app.box.com/s/ewd2peodrklsh4rdwmoogno2ci45jfh4>

[24-hours a day](#): <https://shs.wfu.edu/health-resources/health-wellness-information/morning-after-pill/>

[emergency funds](#): <https://www.vanderbilt.edu/healthwellness/reproductive-health-and-parenting/>

[Kiira Student Health](#): <https://www.kiirastudenthealth.com/>

[to clarify](#): https://www.oag.ok.gov/sites/g/files/gmc766/f/memo_to_law_enforcement_following_dobbs_8.31.22.pdf

[life-threatening illnesses](#): <https://www.tiktok.com/@fox25news/video/7226396992493178154>

[mortality rates](#): <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>

[child poverty](#): <https://www.childrensdefense.org/the-state-of-americas-children/soac-2023-child-poverty/>

[Texas federal judge](#): <https://fingfx.thomson-reuters.com/gfx/legaldocs/myvmojgodvr/ND%20Texas%20Abortion%20Pill%20Ruling%202023-04-07.pdf>

[religious person](#): <https://www.nytimes.com/2023/06/28/health/abortion-religious-freedom.html>

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Lead with Empathy

Abortion remains a highly divisive and emotional issue in this country, and these moments present university leadership with a delicate balancing act between personal convictions and what is best for the institution as a whole. Among the private universities in the hostile and banned states in my study, the presidents of [Rice](#), [Emory](#), [Duke](#) and [Spelman](#) made eloquent and courageous public statements following *Dobbs*. The overwhelming majority were deafeningly silent.

University leaders do not have to declare themselves in favor of, or anti, abortion care to exude empathy. They can allocate (often finite) resources to support a full range of reproductive health care on campus. They can assume some risk in interpreting intentionally vague abortion bans, particularly in the face of an unintentional pregnancy on campus. And administrators and faculty can destigmatize abortion.

The [research](#) and [anecdotal data](#) shows that the collective “we”—[one in four women](#)—seek abortion care in the course of their reproductive lifetime, from law student to lawyer; from the single woman to married with several children; from struggling immigrant to the affluent; from African American to Caucasian; from victims of physical and mental abuse to the coddled; from teenager to the 40-something professional; from the highly educated to those without high school degrees.

What does this mean for the university setting? In any college-level class or above, there will be at least one student who has sought out abortion care—and likewise for any faculty or university leadership team with a modicum of gender diversity. Our micro choices—use of language, base-line assumptions, and conscious or unconscious judgments, will dictate how comfortable students and colleagues feel in our university communities.

Many universities fill their seats by promising students and their families a safe, nurturing and intellectually stimulating environment. Yet the [majority of](#)

[students](#), as well as many faculty and staff, feel more vulnerable, more exposed, less powerful, and less in control of their bodies and destiny. In our second post-*Roe* academic year, universities must redouble efforts to close the gap between their promises and the on-the-ground reality for so many in their communities.

Links in this article *continued*

[Rice](#): <https://provost.rice.edu/communications/recent-supreme-court-decision>

[Emory](#): <https://president.emory.edu/communications/2022/06/scotus-opinion-6-24-22.html>

[Duke](#): <https://president.duke.edu/2022/08/18/statement-regarding-20-week-abortion-ban-reinstatement/>

[Spelman](#): <https://spelmancollege.activehosted.com/index.php?action=social&chash=c6036a69be21cb660499b75718a3ef24.1455>

[research](#): <https://www.nytimes.com/interactive/2021/12/14/upshot/who-gets-abortions-in-america.html>

[anecdotal data](#): <https://www.chicagoreviewpress.com/you-re-the-only-one-i-ve-told-products-9781641603638.php>

[one in four women](#): <https://www.gutmacher.org/fact-sheet/induced-abortion-united-states>

[the majority of students](#): https://nscresearchcenter.org/wp-content/uploads/CTEE_Report_Spring_2022.pdf

What is CSWEP?

CSWEP (the Committee on the Status of Women in the Economics Profession) is a standing committee of the American Economic Association charged with serving professional women economists in academia, government agencies and elsewhere by promoting their careers and monitoring their progress.

CSWEP activities endeavor to raise the awareness among men and women of the challenges that are unique to women’s careers and can be addressed with a wide variety of actions, from inclusive searches to formal and informal mentoring activities. CSWEP freely disseminates information on how the profession works as well as advice to junior economists. We intend this information to be of value to all economists, male or female, minority or not.

Annually, CSWEP

- Organizes mentoring workshops, paper presentations sessions at the annual AEA Meetings, and professional development sessions at the annual meetings of the four regional economics associations (the Eastern, Mid-Western, Southern and Western);
- Conducts a survey and compiles a report on the gender composition of faculty and students in academic economics departments in the United States;
- Publishes four editions of the *CSWEP News*, containing a feature section written by senior economists that highlights career advice or other topics of interest to the economics profession; and
- Awards the Carolyn Shaw Bell Award, given to a person for their outstanding work to promote the careers of women economists as well as the Elaine Bennett Research Prize, given biennially to a young woman economist for fundamental contributions to academic economics.

Our business meeting is held during the annual AEA Meetings and is open to all economists. It is a time for us to confer awards and celebrate recipients, present the Annual Report on Women in the Economics Profession and to hear your input on CSWEP’s activities. The CSWEP Board meets three times yearly and we encourage you to attend our business meeting or contact a Board Member directly to convey your ideas for furthering CSWEP’s mission.

Visit [cswep.org](https://www.cswep.org) for more information.

Calls, Announcements, and Sessions at Upcoming Meetings

Summary

CSWEP Survey Reminder

Deadline October 30, 2023

Call for Abstracts, Papers, or Panels at CSWEP sessions

1. 88th Annual Midwest Economics Association Meeting 2024
Deadline: October 14, 2023
2. 49th Annual Eastern Economic Association Conference 2024
Deadline: October 24, 2023

Call for Applications

1. Practice Job Market Interview @ SEA, Call for Panelists and Job Market Candidates
Deadline: Review begins September 20, 2023
2. Call for Mentors and Mentees for the Adopt a Paper Mentoring program
Deadline: December 15, 2023

Call for Nominations

1. CSWEP Carolyn Shaw Bell Award
Deadline: September 22, 2023
2. CSWEP Elaine Bennett Research Prize
Deadline: September 22, 2023

CSWEP Sessions at Upcoming Meetings

1. Southern Economic Association 93rd Annual Meeting, November 18–20, 2023
2. 2023 Association for Public Policy Analysis & Management (APPAM) Fall Research Meeting, November 9–11, 2023

Remember the Fall 2023 CSWEP Survey

Deadline: October 30, 2023

Since 1972 CSWEP has undertaken the collection of data on the gender composition of faculty and students in both Ph.D. granting and non-Ph.D. granting U.S. economics departments. These data are unique in the social sciences and beyond.

The results are presented in the CSWEP Annual Report and at the ASSA meetings in January. [Previous years are available at https://www.aeaweb.org/about-aea/committees/cswep/about/survey/annual-survey](https://www.aeaweb.org/about-aea/committees/cswep/about/survey/annual-survey). The 2023–24 survey was sent to all department chairs in mid-September and the completed survey is due October 30, 2023. CSWEP is very appreciative of the work of the department chairs and staff and the CSWEP liaisons who work to complete these surveys in a timely manner every year.

Call for Abstracts, Papers, or Panels @ 88th Annual Midwest Economics Association Meeting

March 22–24, 2024
Hyatt Chicago Magnificent Mile

CSWEP Panels will be on Friday, March 22, 2024

Deadline: October 14, 2023

CSWEP is organizing **two** panels on topics related to career development at

the Midwest Economics Association Meetings. The panels will be held on **Friday, March 22, 2024**. One panel will be geared to those looking for jobs (academic and nonacademic) and the other panel will focus on mid-career issues. Each panel will have four participants who will each speak for about 10 minutes. The sessions are organized to allow for plenty of time for an active exchange of ideas and advice among the panelists and session attendees.

If you have specific suggestions regarding the topics to be covered or ideas for potential panelists (you can also suggest yourself), please submit your topics and ideas as soon as possible (no later than **October 14, 2023**) to Shahina Amin, CSWEP Midwest Rep, Shahina.amin@uni.edu. To foster the exchange of new ideas, we especially seek individuals who have not previously served as panelists.

In addition to the CSWEP panels the MEA meetings provide a great opportunity to present your own research. For those interested in presenting a paper, you can find paper submission information on [the MEA website](http://mea.grinnell.edu), <http://mea.grinnell.edu>. Note that in order to attend the MEA, all panelists must register.

Call for Abstracts, Papers, or Panels @ 49th Annual Eastern Economic Association Conference

March 1–3, 2024
Boston Sheraton, Boston, MA

Deadline: October 24, 2023

CSWEP will sponsor a number of sessions at the annual meeting of the Eastern Economic Association.

Sessions are available for persons submitting an entire session (3 or 4 papers) or a complete panel on a specific topic in any area in economics, as well as topics related to career development. The organizer should prepare a proposal for a panel (including chair and participants) or session (including chair, abstracts, and discussants) and submit by email. Please be sure to include the appropriate JEL code(s) and the names, affiliations, and emails of all participants.

Additional sessions will be organized by the CSWEP Eastern Representative. Abstracts for papers in the topic areas of **gender, health economics, labor economics and public economics** are particularly solicited, but abstracts in other areas are also encouraged. Abstracts should be approximately one page in length and include the paper title, appropriate JEL code(s), names of authors, affiliation and rank, and email contact information.

Final decisions will be made before the regular EEA deadline.

All submissions should be emailed to:

Kristine Etter
CSWEP Committee Coordinator
American Economic Association
Email: info@cswep.org

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If you have questions, specific suggestions regarding career topics to be covered, potential panelists, or ideas on how CSWEP can offer resources in career development at the Eastern meetings, please contact CSWEP using the above email address as well.

Call for Applications for Practice Job Market Interviews @ SEA

Call for Panelists and Job Market Candidates

Saturday, November 18, 2023 (tentative) New Orleans Marriott New Orleans, Louisiana

Deadline: Review begins September 20

With the assistance of Dr. Beth Watson of University of South Carolina and Dr. Gina Pieters of University of Chicago, CSWEP is hosting a mock interview session on Saturday November 18 at the Southern Economic Association's Annual Meeting. Our goal is to provide new job market candidates with the opportunity to practice their "elevator pitch" to people outside their institution in a professional setting.

How this will work:

- Each candidate will be matched with 3-4 panels, each consisting of 2-3 interviewers.
- The candidate will present their job market paper in a 5- to 10-minute talk (what is commonly referred to as "the elevator pitch", with no slides or supporting presentation materials).
- The panel will then spend 10 minutes or so providing the candidate feedback and guidance.

- The panel will then meet with their next candidate and the candidate will meet with their next panel.

The feedback that is typically provided is:

- How better to tailor their pitch to best match for the audience (liberal arts college, policy institutions, regional school, etc.),
- Whether the important points of the paper are communicated and addressed without going into too much detail.
- Which aspects of the pitch were clear and which needed work, etc.

Job Market Candidates: These mock interviews will be open to any students in Ph.D. programs for Economics or closely related fields (for example: policy, applied economics) who are currently on or plan to be on the econ job market this year. Our target population is first-time job market candidates from smaller universities who may not have had the opportunity to hone their job market talks. Therefore, if we have excess demand for the interview spots, preferential scheduling will go to candidates from smaller universities. However, if we have excess supply we will offer the slots to a broader range of candidates so we encourage all candidates who are interested to please take a few minutes to fill out the following survey. <https://forms.gle/QGj6cy5sFCsAcKfd6>

Panelists: We are looking for a few dozen economists to volunteer as panelists for this event. The ideal requirements are that 1) you have a Ph.D. in economics and 2) are currently working as an economist, and 3) you are not currently applying to positions also open

to new Ph.D.s. If you are interested in volunteering as a panelist, please take a few minutes to fill out the following 5-minute survey: <https://forms.gle/dZ9GknjUyhtjZYr66> We will verify that you are available before committing you.

Call for Mentors and Mentees for the Adopt a Paper Mentoring program

Deadline: December 15, 2023

Adopt a Paper is a mentoring program aimed at providing feedback to junior scholars in the field of economics. Most early career scholars find it challenging to receive comments on their research outputs post-graduation before submission for journal publication. The Adopt a Paper program aims to expand and diversify access to high-quality feedback.

Junior scholars in tenure-track and post-doctoral positions in research-intensive colleges and universities submit a working paper to the program and, if selected, receive comments from a senior scholar in their field, who volunteers to provide constructive feedback on the paper as well as publication advice. Mentors and mentees of all genders are welcome. We especially encourage mentee applications from women and underrepresented minorities. If you are a senior scholar, please consider providing this service to the profession.

The deadline to sign up as a mentor or apply as a mentee for Round 4 of the program is December 15, 2023. To participate, please visit www.adoptapaper.org/apply. After applying, junior scholars will send their papers to adoptapaper@gmail.com by January 15, 2024. The program is run

by Elira Kuka (George Washington University) and Danila Serra (Texas A&M University), with the help of the Adopt a Paper Program Manager, Daniel Gomez (Texas A&M University). For more information, see www.adoptapaper.org or email: adoptapaper@gmail.com.

Call for Nominations CSWEP Carolyn Shaw Bell Award

Deadline: 22 September 2023

The annual Carolyn Shaw Bell Award is given to an individual who has furthered the status of women in the economics profession, through example, achievements, increasing our understanding of how women can advance in the economics profession, or mentoring others. Nominations should include a nomination letter, updated CV and three or more supporting letters, with preferably at least two letters from mentees. Nomination letters should be focused on examples of how the nominee has fulfilled the criterion of advancing the position of women in economics, rather than strictly on academic achievements.

A CSWEP-appointed committee reviews nominations and the prize will be awarded at the January 2024 AEA Meetings in San Antonio, Texas. The Award Committee automatically retains and considers applications for a period of three years, and previous nominators are encouraged to update nomination packages if appropriate. Nominations will open in May and are due September 15, 2023. Send nominations for this award to Rebekah Loftis, CSWEP Committee Coordinator, at info@cswep.org.

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For more information and a list of past recipients of the Bell Award, visit [this link](https://www.aeaweb.org/about-aea/committees/cswep/awards/bell): <https://www.aeaweb.org/about-aea/committees/cswep/awards/bell>

Call for Nominations CSWEP Elaine Bennett Research Prize

Deadline: 22 September 2023

The annual Elaine Bennett Research Prize supports, encourages, and recognizes outstanding contributions by young women in the economics profession. Nominees should be at the beginning of their career, normally within seven years of completing their dissertation and earning their Ph.D. However, adjustments will be made for nominees who have had childrearing or medical leaves. Nominees will have demonstrated exemplary research contributions in their field. Nominations should contain the candidate's CV, relevant publications, a letter of nomination and two supporting letters. The Bennett Prize is for fundamental intellectual contributions to economics. Correspondingly, the nomination letter should describe the candidate's research and its significance and supporting letters should come from experts in the field who are best able to speak to these contributions, regardless of departmental or agency affiliation.

A CSWEP-appointed committee reviews nominations and the prize will be awarded at the January 2024 AEA Meetings in San Antonio, Texas. Nominations are due September 15, 2023. Send nominations for this award to Rebekah Loftis, CSWEP Committee Coordinator, at info@cswep.org.

For more information and a list of past recipients of the Bennett Prize, visit [this link](https://www.aeaweb.org/about-aea/committees/cswep/awards/bennett): <https://www.aeaweb.org/about-aea/committees/cswep/awards/bennett>

CSWEP Sessions @ Southern Economic Association 93rd Annual Meeting

18 November–20 November 2023
New Orleans Marriott
New Orleans, Louisiana

Applied Labor Economics I

Session Chair: Michael Stephens Kofoed, United States Military Academy
Organizers: Orgul Ozturk, University of South Carolina; and Michael Stephens Kofoed, United States Military Academy

Bullying, Negative Social Comparisons, and Adolescent Mental Health

Brandyn Churchill*, University of Massachusetts Amherst; Bijesh Gyawali, University of Massachusetts Amherst; and Joseph Sabia, San Diego State University

Unemployment Insurance and the Deaths of Despair

Isaac Swensen*, Montana State University; Andrew Hill, Montana State University; and Krishna Regmi, Florida Gulf Coast University

Punishing Financial Crimes: The Impact of Prison Sentences on Defendants and Their Colleagues

Emily Nix*, University of Southern California; Kristiina Huttunun, Aalto University; Martti Kaila, University of Glasgow; and David Macdonald, Aalto University

Specific Skills and Postsecondary Outcomes for Dual Language Learners and Immigrants

Shaun M. Dougherty*, Boston College; Julian Hayes, Harvard University; and Coral Flanagan, Vanderbilt University

College Admissions Testing and Learning about Ability: Evidence from Strategic ACT and SAT Taking

Hema Shah*, Duke University

Discussants: Jessica Brown, University of South Carolina; Melanie Zaber, RAND Corporation; and Richard Patterson, Brigham Young University; Amanda Stype, Eastern Michigan University; and Orgul Ozturk, University of South Carolina

Applied Labor Economics II

Session Chair: Gregory Gilpin, Montana State University
Organizers: Orgul Ozturk, University of South Carolina; and Michael Stephens Kofoed, United States Military Academy

Minimum Wage and the Child Care Market

Jessica Brown*, University of South Carolina; and Chris M. Herbst, Arizona State University

The Lifetime Earnings Effects of the Social Security Student Benefit

Melanie Zaber*, RAND Corporation; Daniel Schwam, RAND Corporation; and Kathryn Edwards, RAND Corporation

The Healthcare Adequacy of Older Veterans Revisited

Amanda Stype*, Eastern Michigan University

Intergenerational Effects of Occupation Choice: Evidence from the United States Army

Richard Patterson*, Brigham Young University; Kyle Greenberg, United States Military Academy; Matthew Gudgeon, United States Military Academy; Adam Isen, U.S. Department of the Treasury; and Corbin Miller, United States Military Academy

Discussants: Isaac Swensen, Montana State University; Emily Nix, University of Southern California; Shaun M. Dougherty, Boston College; and Brandyn Churchill, University of Massachusetts Amherst

Applied Labor Economics III

Session Chair: Gregory Gilpin, Montana State University
Organizers: Orgul Ozturk, University of South Carolina; and Michael Stephens Kofoed, United States Military Academy

New Evidence on the Underrepresentation of Asian Americans in Leadership Positions

Maria Zhu*, Syracuse University

A Survey Nonresponse Correction Using Nonrandom Followup with An Application to the Gender Entrepreneurship Gap

Clint Harris*, University of Wisconsin–Madison; Jon Eckhardt, University of Wisconsin–Madison; and Brent Goldfarb, University of Maryland

The Cost of Bad Timing: The Effect of Military Exit Timing on Veteran Educational Attainment

Aaron Phipps*, United States Military Academy; and Carlos Wojtaszek, United States Military Academy

An Evaluation of Income Share Agreements: The Effect of Education Insurance Framing and the Nature of Adverse Selection

Michael Stephens Kofoed*, United States Military Academy; Sidhya Balakrishnan, Jain Family Institute; Eric Bettinger, Stanford University; Dubravka Ritter, Federal Reserve Bank of Philadelphia; Doug Webber, Federal Reserve Board of Governors; Ege Aksu, Jain Family Institute; and Jonathan Hartley, Stanford University

Discussants: Charlene M. Kalenkoski, James Madison University; Ahmad Shah Mobariz, University of Pittsburgh; Gregory Gilpin, Montana State University; and Joshua Price, Southern Utah University

Applied Labor Economics IV

Session Chair: Michael Stephens Kofoed, United States Military Academy
Session Organizers: Orgul Ozturk, University of South Carolina; and Michael Stephens Kofoed, United States Military Academy

Impact of College Education in the Early 1900's

Joshua Price*, Southern Utah University; James Clark, Southern Utah University; Candace Fehr, Southern Utah University; Benjamin Funk, Southern Utah University; Mitch Halvorson, Southern Utah University; Braydon Saxton, Southern Utah University; and Mitchell Zufelt, Southern Utah University

Teen Social Interactions and Well-Being during the COVID-19 Pandemic

Charlene Marie Kalenkoski*, James Madison University; and Sabrina W. Pabilonia, U.S. Bureau of Labor Statistics

Unwelcomed Heritage of Islamic Extremists: Impact of Parents Exposed to First Taliban Rule on School Attendance of Children

Ahmad Shah Mobariz*, University of Pittsburgh; and Seung-Hun Chung, The Ohio State University

The Impact of Large-Scale Adoption of Electronic Information Content on Public Libraries and Patron Behavior

Gregory Gilpin*, Montana State University

Discussants: Maria Zhu, Syracuse University; Clint Harris, University of Wisconsin–Madison; Michael Stephens Kofoed, United States Military Academy; and Aaron Phipps, United States Military Academy

Food and Nutrition Security

Session Chair: Orgul Ozturk, University of South Carolina
Session Organizers: Orgul Ozturk, University of South Carolina, and Anne Byrne, USDA Economic Research Service

Demand Forecasting at Alabama Food Pantries Using Machine Learning Methods

Rui Chen*, Tuskegee University; Md Kamran Chowdhury Shisher, Auburn University; Thomas Orrison, Auburn University; and Yin Sun, Auburn University

Disparities in Food-Price Inflation and SNAP Purchase Power

Di Fang*, University of Florida; Qingxiao Li, Louisiana State University; and Michael Thomsen, University of Arkansas

Re-evaluating the Role of Location in Food Assistance Services, Optimizing Strategies to Address Food Deserts: Evidence from a

Study of Rural and Urban Food Pantries in Upstate New York

Minhao Yan*, Cornell University; David Just, Cornell University; Anne Byrne, USDA Economic Research Service; and Dongyue Zhang, Cornell University

Estimating Long-Run Trends in Food Insecurity: A Structural Economic Approach

Matthew P. Rabbitt*, USDA Economic Research Service; and M. Taylor Rhodes, Oregon State University

From Syringes to Dishes: Improving Food Security through Vaccination

Erkmen G. Aslim*, Grand Valley State University; Wei Fu, University of Pennsylvania; Erdal Tekin, American University; and Shijun You, Lehigh University

Discussants: Matthew P. Rabbitt, USDA Economic Research Service; Craig Gundersen, Baylor University; Rui Chen, Tuskegee University; Sabrina Young, USDA Economic Research Service; and Erkmen G. Aslim, Grand Valley State University

The Economics of SNAP

Session Chair: Orgul Ozturk, University of South Carolina
Session Organizers: Orgul Ozturk, University of South Carolina, and Anne Byrne, USDA Economic Research Service

The Effect of SNAP Benefit Increase on Food Purchase Behavior

Seung Yeon Jung*, Michigan State University

Liquidity Constraints and Buying in Bulk: Does SNAP Adoption Increase Bulk Purchases?

Hannah Wich*, Iowa State University

Estimating the Relationship between Local Broadband Access and Online Grocery Purchasing among SNAP and Non-SNAP Households: Evidence from Mississippi

Will Davis*, Mississippi State University; Jordan W. Jones, USDA Economic Research Service; David Buys, Mississippi State University; Elizabeth Canales, Mississippi State University; and Ayoung Ambrozek, Mississippi State University

Dollar Stores, SNAP Authorization, and Food Access

Charlotte Ambrozek*, University of Minnesota, and Lauren Chenarides, Arizona State University

Discussants: Di Fang, University of Florida; Charlotte Ambrozek, University of Minnesota; Katherine Yewell, University of Louisville; and Elina Page, USDA Economic Research Service

Health II

Session Chair: Manan Roy, Appalachian State University
Session Organizers: Orgul Ozturk, University of South Carolina; and Manan Roy, Appalachian State University

Health Insurance Access and Long-term Child Nutrition

Anaka Aiyar*, University of Nevada, Reno; Dilek Uz, University of Nevada, Reno; and Katherine Lacy, University of Nevada, Reno

How Do Maternal Mental Health Conditions Explain Differences in Reproductive and Neonatal Complications across Urban-Rural Areas in South Carolina? A Fairlie Decomposition Approach

Manan Roy*, Appalachian State University; Maggie Sugg, Appalachian

State University; and Jennifer Runkle, North Carolina State University

The Mental Burden of Health: Do Small Health Shocks Affect Suicidality?

Owen Fleming*, Wayne State University; Joelle Abramowitz, University of Michigan; and Shooshan Danagoulian, Wayne State University

The Long-Term Effects of Income for At-Risk Infants: Evidence from Supplemental Security Income

Amelia Hawkins*, Brandeis University; Christopher Hollrah, University of Michigan; Sarah Miller, University of Michigan; Laura R. Wherry, New York University; Gloria Aldana, U.S. Census Bureau; and Mitchell Wong, University of California, Los Angeles

Broadband Technology, Aging, and Mental Health

Vikas Gawai*, University of Wisconsin–Madison

Discussants: Melanie Guldi, University of Central Florida; Shishir Shakya, Shippensburg University of Pennsylvania; Bilge Erten, Northeastern University; Shooshan Danagoulian, Wayne State University; and Orgul Ozturk, University of South Carolina

Health III

Session Chair: Orgul Ozturk, University of South Carolina

Session Organizers: Orgul Ozturk, University of South Carolina; and Manan Roy, Appalachian State University

Evaluating the Impact of Beti Bachao Beti Padhao in India

Shubhsri Rajendra*, Georgia Institute of Technology

Divorce, Wealth, and the Older Population: Evidence from the Health and Retirement Study

Avigyan Sengupta*, University of Wisconsin–Milwaukee

Disparities in Health Care Utilization among Individuals of Middle Eastern Ancestry in the United States

Shooshan Danagoulian*, Wayne State University; Owen Fleming, Wayne State University; Daniel Grossman, West Virginia University; and David Slusky, The University of Kansas

Hidden in Plain Sight: Prevalence and Impact of ADHD Underdiagnosis

Travis Whitacre*, Southern Methodist University

Minimum Wages and Racial Infant Health Inequality: Evidence from the Fair Labor Standards Act of 1966

Kate Musen*, Columbia University

Discussants: Melinda Pitts, Federal Reserve Bank of Atlanta, Amelia Hawkins, Brandeis University, Angela Shoulders, University of South Carolina, and Lucie Schmidt, Smith College

**CSWEP Sessions @ 2023
APPAM Fall Research
Conference**

November 9–11, 2023
Hyatt Regency
Atlanta, GA

Gender, Policy, and the Labor Market

Session Chair: Melinda Pitts, Federal Reserve Bank of Atlanta

Organizer: Melinda Pitts, Federal

Reserve Bank of Atlanta and Stephanie Aaronson, Federal Reserve Board

Family-Leave Mandates and Female Labor at U.S. Firms: Evidence from a Trade Shock

Cristina Tello-Trillo, U.S. Census Bureau

The Impact of Mandated Maternity Leave Policies on the Gender Gap in Promotions: Examining the Role of Employer-Based Discrimination

Mallika Thomas, Federal Reserve Bank of Minneapolis

Telework Availability, Women's Labor Market Outcomes and Fertility

Hira Farooqi, Center for Global Development

Signalling Women's Entry into Male-Dominated Occupations: Evidence from the Gender Desegregation of the U.S. Army

Amy Cross, American University

Discussants: Orgul Ozturk, University of South Carolina, remainder TBD

Topics in Innovation and Technology

Session Chair: Salome Baslandze, Federal Reserve Bank of Atlanta

Organizer: Salome Baslandze, Federal Reserve Bank of Atlanta and Stephanie Aaronson Federal Reserve Board

Financial Innovation and Firm Dynamics

Hanna Onyshchenko, University of Michigan

Panel Competition, Firm Innovation, and Growth Under Imperfect Technology Spillovers

Seula Kim, Princeton University and Karam Jo, Korea Development Institute

The Effects of Local Bank Failures on Team Persistence in R&D

Chun-Yu Ho, Gerald R. Marschke and Kyoungah Noh, University at Albany, SUNY

Discussants: TBD

Join the CSWEP Liaison Network!

Three cheers for the 150+ economists who have agreed to serve as CSWEP Liaisons! We are already seeing the positive effects of your hard work with increased demand for CSWEP paper sessions, fellowships and other opportunities. Thank you! Dissemination of information—including notice of mentoring events, new editions of the CSWEP News and reporting requests for our Annual Survey and Questionnaire—is an important charge of CSWEP. For this key task, we need your help. Visit [CSWEP.org](https://www.cswep.org) to see the list of current liaisons and departments for whom we'd like to identify a liaison. We are also seeking liaisons from outside the academy. To indicate your willingness to serve, send an e-mail with your contact information to info@cswep.org.

Brag Box

"We need every day to herald some woman's achievements . . . go ahead and boast!"
—Carolyn Shaw Bell

We heartily congratulate all of the women below, who were promoted to Full Professor during the 2022–2023 academic year. CSWEP solicited names for this list on various social media platforms. If we missed anyone, or you have another item for a future Brag Box, please submit it to info@cswep.org. We want to hear from you!

Melanie Khamis
Wesleyan University

Lakshmi Iyer
University of Notre Dame

Orgul Ozturk
University of South Carolina

Subha Mani
Fordham University

Sathya Gopalakrishnan
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Wake Forest university

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