

To: The University Senate
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Subject: The negative impact of Indiana Senate Bill 1 on Purdue students, staff, and faculty.

Reference: Indiana Senate Bill 1:
<http://iga.in.gov/legislative/2022ss1/bills/senate/1>

Disposition: University Senate for Discussion and Adoption

Rationale: In special session in June/July 2022, the Indiana Legislature passed SB-1 [1], eliminating almost all abortion care provided in the State of Indiana, endangering the health, safety, and lives of Hoosier citizens who can gestate and give birth, their families, and communities. Indiana currently has the 10th highest maternal mortality rate in the nation [2], and research indicates that states with more abortion restrictions have increases in the total maternal mortality rate [3]. The World Health Organization has stated that being able to obtain a safe abortion is a crucial part of health care. [4]

Since the passage of SB1 and signing by the governor into law, it has become increasingly clear the threat the bill's passage brings to the state's economy and to the health and wellbeing of the citizens of Indiana, including the students, staff, and faculty at Purdue University-West Lafayette campus.

Experts predict a number of deleterious effects of this bill, some of which have already begun to occur.

Reducing access to abortion disproportionately affects university students more than the general population.

University students as a population experience significant barriers to healthcare, including inexperience navigating the healthcare system, dependence on distant healthcare networks (e.g. in their hometown), avoiding seeking healthcare due to cost concerns, and the unregulated and variable care offered by campuses [5-6]. University students are also at high risk of sexual violence and sexual assault [7], so have a higher need for access to emergency contraception and abortion care for those students who would choose it.

Over half of all abortion patients in the US are in their twenties, and one-fifth of all abortion patients are active students seeking post-high school degrees.

Students often seek abortions to ensure they can complete their schooling successfully. Students who have a child while at university are less likely to graduate than those who do not, and students report that having a child would disrupt their educational goals [8]. Patients denied an abortion are less likely to have aspirational life plans for the coming year [8]. Patients who receive an abortion are six times more likely to have positive one-year plans are more likely to achieve them, compared to those denied an abortion [8]. These references are not limited to students as patients, but indicate particularly grievous impacts on students.

Restricted access to abortion requiring students to travel out of state increases out-of-pocket expenses, causes delay in receiving care, causes students to miss class, and limits students' options in finding an appointment that works with their schedule.

Access to abortion care for vulnerable populations will decrease, and associated healthcare costs will increase.

The groups most affected by restricted access to abortions, including women, people with low income, people of color, and transgender, nonbinary, and gender-expansive (TGE) people are groups who are already minoritized at Purdue [9-10].

The negative impacts of abortion restrictions fall disproportionately on people with low income and communities of color [11]. These occur within a broad context of healthcare disparities experienced by these groups on a systemic level [12].

Abortion restrictions also exacerbate structural barriers to abortion care faced by transgender, nonbinary, and gender-expansive (TGE) people. These existing barriers include policy

restrictions, healthcare refusals, discrimination, and misgendering [9].

Abortion denial compounds existing social and health inequities by creating economic hardship, e.g., increased household poverty, long-term loss of income, and increased debt. This insecurity lasts for years. [13]. Not being able to afford a child is one of the most common reasons for seeking an abortion [14].

The cost of healthcare for students who need to travel out of state for abortion care will increase [14]. When patients have to travel out of state to receive abortion care, a number of negative, compounding consequences occur: delays in care, negative mental health impacts as a result of the barriers to care, and considering self-induction. [15] In Indiana, patients who traveled out of state had abortions about three weeks later than those in-state [15], which further reduces access to abortions due to gestational age limits for care.

Candace Shaffer, Senior Director for Human Resources, confirmed to the University Senate on 9/12/22 that Purdue is not anticipating not changing any aspects of the existing healthcare plan in light of SB1 [16].

That abortion care is eliminated in Indiana has consequences for other aspects of health care.

Reports are already being published across the country how people who have health conditions whose treatment requires essential medication that can also be used to induce abortions are having difficulty accessing that medication. [17]

Treatment for miscarriage is clinically identical to abortion care. Restricting access to abortion creates a false distinction between abortion care and miscarriage care and can lead to healthcare providers being hesitant to provide time-sensitive care in circumstances where the line between miscarriage treatment and abortion is blurry. It also limits access to the medication mifepristone, which can be used in both abortion and miscarriage care. [18]

Students and faculty in healthcare-related areas at Purdue (such as in the School of Nursing and College of Pharmacy) need their academic freedoms affirmed and protected around topics relating to abortion.

Abortion training is, both, required for accreditation, and seen as one of the “best predictors of a physician’s providing the full range of miscarriage-management options.” [19-20]

Faculty at the University of Idaho are having their academic freedom of what to teach in the classrooms restricted by an abortion ban in Idaho. Instructors who express their own beliefs, informed by their expertise, about abortion in the classroom risk prosecution. In addition, the university is prevented from providing condoms for birth control purposes, and only for prevention of STDs. [21]

SB1 will cause Purdue to have more difficulty recruiting, retaining, and helping succeed more diverse groups of students, staff, and faculty.

Given the people who can get pregnant, and those groups who seek out abortions more frequently, that Indiana has eliminated abortion care statewide will have consequences for the recruitment of diverse students, staff, and faculty to Purdue, particularly from out of state. Without affordable options for contraception and abortion, students who might get pregnant will think twice about coming to Purdue. [22] Parents will think twice about sending their children to Purdue. Like employees at other businesses in Indiana [23-24], staff and faculty recruited from out of state, whether they themselves are capable of getting pregnant, or have partners who can, or have children who can, will think twice about coming to Purdue.

SB1 will limit Purdue’s in-state industry partners, reducing opportunities for students, staff, faculty, and advancement of such collaborations.

Eli Lilly and Co., one the largest employers in Indiana and a strategic research partner of Purdue, announced that it is looking to expand outside Indiana as a result of SB1 [23]. Indiana businesses have expressed that SB1 will impede their ability to attract and retain top talent [24].

Proposal: From the University Senate bylaws [25]: “...subject to the authority of the Board of Trustees and in consultation with the President, [the University Senate] has the power and responsibility to propose or to adopt policies, regulations, and procedures intended to achieve the educational objectives of Purdue University and the general welfare of those involved in these educational processes.”

The University Senate is the representative body of the Faculty at Purdue-West Lafayette, and speaks with the voice of this Faculty. Here, this document is offered in the spirit of commenting about the general welfare of those at Purdue involved in these educational processes.

The University Senate expresses its gravest concern about how SB1 will affect the recruitment, retention, and success of a diverse array of students, staff, and faculty. It makes the following requests:

1. The Senate requests the administration to find sustainable ways to improve access to affordable or free contraception for students, staff, and faculty, and increase benefits to cover anticipated increased costs for receiving reproductive healthcare out of state.
2. The Senate requests the Educational Policy Committee to revise Academic Regulation [26] on class attendance and parental leave (A.7) or on medical excused absences (A.8) to include travel needed for abortion care or time at home needed for a medication abortion. The Senate cautions that policy revisions should focus on the time needed for recovery, or on including the type of facilities that can provide said care, rather than the specific reasons for the need for care.
3. The Senate requests Human Resources and the Vice Provost for Student Life ensure that the Center for Healthy Living and PUSH provide a standard of care that ensures patients know up-to-date information about abortion services and providers, and they are part of the mix of services medical providers can prescribe.
4. The Senate requests for the administration to ensure a commitment for providing access to Plan B through PUSH, the Center for Healthy Living, and the forthcoming micro-hospital serviced by Ascension-St Vincent Hospital, a faith-based health-care provider, in the Discovery Park District. [27]
5. The Senate requests the administration make a public statement as part of its aggressive protection of academic freedom, asserting the right of healthcare faculty and students to teach and study the material judged worthy given their professional standing and by the standards of their field.
6. The Senate strongly requests the administration to assess the health risks for students, staff, and faculty at the Purdue-Northwest and Purdue-Fort Wayne campuses in terms of access to contraception and healthcare providers who will provide a

standard of care that ensures patients know up-to-date information about abortion services and providers, and they are part of the mix of services medical providers can prescribe.

The Senate acknowledges and appreciates the Purdue-Fort Wayne Senate's SD 22-1 [28] and urges faculty at Purdue-West Lafayette to become familiar with and adopt the principles referred therein.

While there is currently an injunction against SB1 [29] that has temporarily suspended its implementation, we do not trust that this ban will be overturned and not come back. We stand together, irrespective of how we personally feel about abortion, to push back on the increased healthcare costs that our community members face and that we all bear because of SB1, and to protect the academic freedom of our students, staff, and faculty.

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