



Policy on Purpose

Episode 5: Assistant Professor Abigail Aiken

ANGELA EVANS: Welcome to “Policy on Purpose.” My name is Angela Evans and I'm the dean of the LBJ School of Public Affairs at The University of Texas at Austin. My guest today is a very special person to me. Her name is Abigail Aiken. She is an assistant professor of public affairs here at the LBJ School, and has dedicated her career to researching factors that affect sexual and reproductive health, including one of the most highly charged issues in society: access to abortion.

Abigail comes at this issue from a rich background in biomedical sciences, public policy, demography and public health and democracy, too, in terms of equal access to this. In addition to her Ph.D. in Public Policy, Abigail holds an M.D. from the University of Cambridge and a Master of Public Health from Harvard. So you can see this rich background has just come to fruition at a time where the LBJ School can make a difference in the world, working on a very complex, controversial problem where Abigail can bring some really great facts and her expertise and background. So information can be used in making really difficult decisions. So her research is not only impactful in terms of Texas, it's been impactful around the world. Last year, she testified before the Irish Parliamentary Committee responsible for deciding the scope of the 2018 referendum to legalize abortion in Ireland. At a time when women's issues are so in the forefront of our national conversation, I want to bring Abigail in to talk about her research and how she uses it to inform policy. Welcome, Abigail.

ABIGAIL AIKEN: Thank you very much. Glad to be here.

EVANS: Abigail, tell everybody what inspired you to jump from clinical – your clinical perspective in health to the policy focus.

AIKEN: Well, I think that clinical medicine brought two things to life for me. One was how often we make decisions without really any good evidence at all. And that could be at a legislative policy level or it could be at the clinical level that I was at. Looking at some of the guidelines that we had and asking the question of, "Wait what's the evidence behind this?" And sometimes we find ourselves in the clinical setting really working in the dark. And I think that's not that different somehow to how people often work in the legislative environment too. That was something I cared about throughout my entire time at clinical school. The second thing, I think, that you get from clinical medicine is the real experience that people go through. So when you're interacting with patients one-on-one, when you see them come through clinics, when you're responsible for their care, you also understand the human piece of the stories and the things people go through. And when you think about policy, that's always something I think is really important to have in mind.

EVANS: I think that's really important. You're talking about the clinical perspective, not only knowing the medicine and the discipline of that, but also looking at from the client perspective, from the patient perspective. So talk to us a little bit. You've been moving through these policy communities even though you're young and new in your career, relatively new in your career. You've worked at the very high levels. You're talking about the Irish Parliament. You're talking about serving on Central Health here in Texas. What have you seen as some of the obstacles to the policymakers, in terms of their ability to understand and know who to go to, to get this kind of information that's based on fact and data and research?

AIKEN: That's very interesting. And it's something that I actually have thought quite a bit about. Because sometimes, when you see people operating in the legislative space, you wonder if they have a sense for the fact that you could base this policy on evidence — you could actually go and ask an expert and you could see what the evidence base looks like. And I think, sometimes, when you're dealing with issues — particularly these very sensitive issues like abortion — people are not necessarily thinking of them as having an evidence base or not thinking about that as an aspect of medical care. They're not thinking about that as really a service that you might provide to someone. They're thinking of it as a very moral or ethical issue only, and not to say it doesn't have that component to it, but by taking a very one-dimensional view to it, the idea that there could be some evidence you might ask for or look for maybe it doesn't occur to them. And one of the interesting experiences about talking with the Irish Parliament was that moment of recognition for some of the people in the room that, "Wait, there actually is an evidence base that we can explore here." And one of the really cool things about that experience was people's willingness to do that.

EVANS: Now, I think that there is just an example of how our work in public policy schools can be used by people just to make a determination. You are making an informed decision which is — a lot of us use that phrase, but we don't always go behind what the phrase means. The other thing I want you to talk to us a little about: You are very comfortable with and engage with a lot of different disciplines. So when you're in the field of public policy, it's really important for us to go out and seek the input and advice and counsel of other disciplines. You've worked with statisticians, clinicians, economists, sociologists. And talk to us a little bit about it if you can. Give us some magic recipe of how you work with a lot of disciplines, bringing their focus, their methodology end together, so you can have a cogent kind of approach to a policy. So we're not confusing people with complexity.

AIKEN: Yes. I think, to me, it's a very natural thing in policy to want to do that, to bring these different lenses to a problem. Because when you think about any issue of public policy, it's really hard to pin it down into one particular area. Very, very rarely is some policy issue just an issue of economics or just an issue of culture or just an issue of medicine, right? And so to me, it's very natural to go looking for all those different pieces of the puzzle, and I enjoy putting them together to kind of bring a holistic view to a policy issue. I think you get a better solution that way, when you search outside of your own particularly narrow track.

I also think that it's very important to know what you don't know. And when you're thinking about an issue and you're thinking about it from someone else's perspective, you want to ask yourself, "Am I analyzing these data in the very best way possible, or am I leaving out a certain piece of the puzzle here that could really make this better?" And so for me, because I think part of the reason I'm sensitive to this is that I have been through many different disciplines of my own kind of meandering track to get to where I am now. So I think it's often [that] I have an awareness in my mind of I want to consult with that person. I want to bring them on board, I want to find a solution that works for the most people possible.

And you do that by making these cross-disciplinary cooperations. Plus, they're also really fun. You get to meet a lot of interesting and very smart people by doing this. And they don't even often know much about the policy world, but they love the idea that their research can be applied to the problems of the society in trying to make life better for people.

EVANS: Your answer is wonderful because what it does it has two sides to it. One side is if you are going to be informing policy in a very high-stakes level that is going to affect a lot of people, wouldn't you want the best information? And the best information doesn't always reside in one discipline. So bringing the other disciplines is important. And the other is different methodologies in the different ways of thinking about it. So the problem can be attacked from a lot of different angles, and I think that's really important. But some people are just not comfortable doing that. So can you say, can you give any kind of helpful hints for people who are a little nervous about that, because I think what you've had is you've had success in people wanting to work with you? So part of that is your openness and part of it is your ability to collaborate. Are there other tools or other helpful hints that you can give to people who are a little nervous about taking on other disciplines in terms of their research?

AIKEN: I think it's important to sort of dip the toe in. Go over and see what people are doing in other departments, attend some talks. I knew it was always hard to find the time to do this. But also when you go down to the legislature or when you go to wherever it is that policy gets made, and you see who else is there. Part of that helps you to understand who's not there, and maybe you can go and help bring them into the fold. And then sometimes you'll meet other people who are just dying to get a toe in the water, but they don't know how to go about it themselves and you can help them to do that. So I think that a lot of it is about sort of being brave and thinking that you can get a better solution if you go do this. So just being aware of what's out there, and you'd be surprised how many people when you talk about the policy relevance, they go, "Oh, I wish we had that in my field." And you can say "You do." You just got it [*overlapping*] and I can help you do that because I am connected to that world. So I think it's partly the awareness and then also the willingness to just to go forth and talk to people.

EVANS: You are what you are because of your past. And the fact that you had that clinical experience and you actually could see patients and folks who were supposed to be helping either through our policy, through our application of medicine, really adds a dimension that we're trying to do with our students — which is telling the students to go out and actually meet and talk to the people that they think they're helping. And I think that's an important part of what's grounded you and made you, as you say, courageous or a little fearless in going outward, because you see the end, you see the patient. Can you embellish on it a little bit about what it meant to you to have that clinical background before you went into the policy — perspectives in the arena in your work?

AIKEN: Yeah, I can. And I think for me it started almost even before that. I grew up in Northern Ireland, and Northern Ireland is an interesting place — it's a lovely place, it's very close to my heart. But it's one of the few places in Europe where we still have laws that govern sex and reproductive health dating to Victorian times — 1861 is where our abortion law in Northern Ireland dates to. So, I grew up with a sense of the human experience of what it's like to be an individual who might be marginalized, who might have a difficult time being a female, and in environment where being a female is a tough thing to be. So, that put me into clinical medicine in the first place. I wanted to be able to connect with people who needed health care, and try to understand from their own life experience what it's like to go through that.

Even if you don't go through it yourself, you can still have empathy, and you can have understanding of the experiences of others. And when you get into clinical medicine, that's the place where you really see that because you see people come through the system. You also see not just what happens to them once they're there, but if you take the time, you also see how they got their — walk with the barriers to getting here today what have you gone through. And often you'll find those conversations in the clinical sphere — a lot of what people talk about is that they talk about the experience to the illness, and not just the solution to the illness or the condition or whatever they're dealing with. And I found that inspiring, that made me think about how could we have kept you out of hospital in the first place? *[overlapping]* And how could we have made these services more accessible for you? So that was something that I really drew from my clinical experience. I think it's a wonderful thing to be a clinician and to treat people and help them and treat disease. But for me, the direction it made me move in was let's see how we can look at this from a sort of a bigger picture and try to make these services better, and more accessible, and more responsive to the needs of the person.

EVANS: Thank you. Great answer. We know that you're doing some really important work in Ireland to support the Irish Parliament and the people moving forward with legalization of abortion. But what should Americans know about the state of reproductive health here? When we think about women and women's health, a major part of women's physical health is the fact that they're childbearing. So we have the pregnancy — the pre-pregnancy, the pregnancy and then we have our record [which] is not very good in terms of postpartum health. So tell me a little bit about what you see that the dimensions of the policy debates that are coming along? That might be a little bit different than they were in the past.

AIKEN: Yeah, there's several big ones. And I'll use Texas as an example, because this is something we haven't talked about much yet which is the maternal mortality issue. And so we've heard a lot, we've seen a lot about maternal mortality rates rising in Texas, and really now being they were already unacceptably high but now really high. And there's a lot to investigate on that issue.

Coming at it from a scientist's perspective, the first thing you want to know is let's look at the consistency of those data over time. We want to know are we seeing a real increase or are we seeing a difference in say how records were collected, or how deaths were reported, or what we now count as a death in Texas? That's the first question that a scientist is going to ask. Then after having done that analysis, if we still find that these increases are real, then we're worried and we want to figure out what are all the moving pieces that might have contributed to that? That's incredibly complex. When we think about all the different contributors, you've got the fact that people don't have good access to care if you qualify for Medicaid — you have that during your pregnancy, you have it for six weeks afterward. Then it goes away and any other problem you have — you're still postpartum by the way — is then going to be your own problem. You don't have the insurance to cover it anymore. That's something we think about a lot. And my role in Central Health as well is how do we then step in to try to cover that gap? Then you've got to think about issues like mental health.

So not all the things people are experiencing post-pregnancy that might contribute to a maternal mortality or physical things. Some of those will also be postpartum depression, which can be really very serious — say postpartum substance use. And those things we don't really have sometimes the capacity to, first of all, identify all of those people. And second of all, understand what to do with them to help them. We really need a robust service that can do that. So I think that's going to be one of the big issues that is not going away in Texas anytime soon; it's got to be addressed.

We also know that it particularly affects different communities. We know that even if maternal deaths have started to be reported differently, they were higher and are still higher among women of color, in African-American women in particular. And that is an issue of equity and something that we really have to think hard about. So I would say that something coming up for the next legislature, kind of thinking ahead another year. We also have to think about the fact that I've been working there and we talked about that, and how you're looking there at a situation where abortion is not available. It's not a right. You're looking in the United States, where you've got a completely different environment. It's legal here. And yet many, many people, especially in our state here, struggle to access it for financial reasons, for the reasons of having to travel a long way, for the reasons of having to go through medically unnecessary obstacles before they can have an abortion. And so what happens to people in that environment is a question that I'm actively researching right now: What happens to someone who can't get to an abortion clinic in Texas or in Ohio or in Alabama or any of the states in America where clinic access has gotten harder and harder? That's something that we need to start grappling with. It's a very difficult thing to research. It's a difficult thing for us all to come to terms with, but it's going to I think become a really important policy issue moving forward.

EVANS: I think you've had another important message here about the role of public policy in terms of — it's not only is a driver of debate and legislative consideration and deliberation. But the fact that it's grounded — it has to be grounded in fact and has to be grounded in research. And like you said earlier in an answer, a good thing to tell people of what we know and what we don't know. And if we don't know it, what are we going to do about collecting it so that we don't continue not to know this. So, this is a very important part of our work here at the LBJ School both in terms of the research, but also instilling in our students the need to understand this important aspect of their careers when they leave, they leave us.

So, you knew you've done so much in terms of your research. You're well published, you're a scholar, you've done a lot of work in terms of being on boards and involved in the community. So tell me a little bit about some of the specific impacts you've been able to make in the area of reproductive health. And we know — I don't know if you've actually told people about what you've done with the Irish Parliament, but we can start there and then you can talk about other issues. But I'd like people to really see the impact of research from your perspective.

AIKEN: Certainly. I don't know if it will always be the most surprising and yet satisfying part of my career that may have already happened (*laughter*) — I may not be able to ever top this. But having gone to the Irish Parliament and to give the background there — the situation in Ireland with abortion is that it is governed by what's called the Eighth Amendment. And that is a constitutional amendment that gives fetuses equal rights to pregnant people. And that means that when someone is pregnant and they suffer a threat to their health that may also be a threat to their life, but you've got a fetus that has a beating heart, there's nothing a doctor can do. You really are in a situation where your hands are tied, and [it's] because of the Constitution.

There was a terrible incident where (*inaudible name*), she was a 35-year-old woman who died in Ireland because doctors felt they couldn't intervene. And so the law has changed a little since then. In 1995 they introduced a clause saying, OK, if death is imminent you may do something to help the woman, but that's as far as the law has gone. Now, that constitutional amendment was enacted in '83 — that's the year that I was born. So if you think about that, there's a generation of women in Ireland who have never had a say over their own reproductive rights, and there was a movement basically in Ireland to change this. This policy debate really grew out of a lot of on-the-ground advocacy and speaking out.

When I was growing up in Ireland no one could mention the word abortion. It's very much now something that people are in the streets demonstrating about. So, there's been a really big — *[overlapping]*

EVANS: Sea change just in your lifetime.

AIKEN: Yes, exactly. So it's been interesting to see that. So the reaction to this in Ireland is, OK, let's take this up as a policy issue. Let's decide should we let the Irish people vote on whether they want to keep the Eighth Amendment or not. And if not what would you like to replace it with. And the way that Ireland went about this to me as a policy scholar it is fascinating. They decided, let's get 99 Irish citizens in a room, that's randomly selected.

EVANS: Ninety-nine.

AIKEN: Ninety-nine. So they came from all over Ireland. They came into this with all kinds of different opinions and life experiences about all kinds of things not just abortion. And they put them in a room for five weekends and they had experts, doctors, researchers come to testify to them and tell them a bit about abortion in Ireland, about abortion in the world and abortion in general. At the end of this process, those 99 people made a recommendation to what's called the Oireachtas Committee, and that's the Irish parliamentary committee that was responsible for deciding what to do about the Eighth Amendment. And the Parliament said, OK, the Citizens Assembly — these 99 people — have recommended repeal. So we'll go ahead and allow the referendum and replace it with abortion on request up to 12 weeks.

We now as the Oireachtas Committee have got to decide what to do with that recommendation. So they also called in experts. They called in doctors and researchers, and luckily we were very fortunate our research team to be asked to come and testify. And we were asked because what we've been doing is looking at the impacts of the law, you got a law that basically says no abortion in Ireland, but is that the reality? Are people in Ireland finding ways to have abortion even though it's not allowed? And the answer from our research is, absolutely. They do two things. They either travel abroad to England usually, or they use what's called online telemedicine. And that's a service where they can purchase the medications they need to do a medication abortion at home up to 12 weeks using online services called Women on Web. And we partner with Women on Web; they're a nonprofit organization. They allowed us to use anonymized data from their clients and we were able to actually track what was happening with abortion over time in Ireland. We found that the number of people traveling declined, and the number of people turning to the online service increased to the point where you have more than 2,000 women a year doing their own abortions at home in Ireland despite a law that says there's no abortion in Ireland. So we came to the Oireachtas Committee — we presented these findings. We did not know what the reaction was going to be.

EVANS: Yes.

AIKEN: But the reason I say this and the reason I wanted to talk about it is because the reaction in the room. Now, a lot of these politicians they have very strong opinions. Some of them were already very supportive of abortion; some of them were very nonsupportive of abortion. They believed it was very wrong. But everybody in the room was interested in the fact that it's happening. And they wanted to confront the fact that, OK, if the law is not having its intended impact, what does that really mean? And what are we going to do about the fact that people are doing this? They may be doing it safely. The

service we've looked at the numbers — it's pretty effective, it's pretty safe. But they can't get the follow-up care that they knew all the time. They don't feel safe going to a doctor. They don't feel they've got anyone to talk to about the decision, and they feel like the whole thing has got to be completely covert because it's technically against the law. So the committee were interested in asking the question of what is someone's experience in Ireland when they go through this? And do we really think we can support a law that allows this to happen, or should we change — should we let the people decide what to do? And so, after having heard a lot of different testimony, they decided to go ahead with the referendum and it will be happening in May of this year.

EVANS: So, we'll see *[overlapping]* what happens with that decision which will be a major decision for the Irish people for sure.

AIKEN: Yeah.

EVANS: We talk about President Johnson and his legacy of getting in the middle of the most complex public policy problems and working across the aisles, and talking to people in compromising and finding areas where people agree. But this year you're confronting a policy and you're working on a policy that has a lot of emotion around it, it's an emotionally charged issue. How do you deal with it in your work and how do you keep your eye on the ball and not be just distracted as a researcher from that and keep steady on the course of trying to find information that is a foundational source for people on both sides of these issues?

AIKEN: It's interesting. I think one thing that helps me is my training as a scientist. I started life as a medical scientist. I went to medical school. And for me, I recognize that I'm not a neutral being. I obviously have opinions about the stuff that I'm researching, but that's very different. I know the research questions I pick. I pick them because they're interesting to me, but I never assume that I know what the data are going to tell me. So I remain neutral when it comes to the analysis of the data and the interpretation of it, even though I know that in my own life I'm not in on the subject. I don't feel like I have to be. I think a lot of people come into policy, [and] they work on an issue because they really care about it, but that doesn't mean that what you're gonna find. You always want to keep your mind open and your methods scientific.

On the question of talking to people — it's very interesting. I know people, I'm close to people, I love people who don't agree with me. They're very opposed to abortion. They think it's a morally very problematic thing. And I think that when you are close to someone or know someone that doesn't agree with you, it's a very different ballgame than thinking of, oh, the others that are out there that don't agree with me. It's very easy to demonize people *[overlapping]* who don't agree with you when you don't know any of them. And when you do, you are forced to reckon with the fact, here's a person that I love and respect. They don't agree with me on something that I might feel strongly about. And I think that being respectful and tolerant of those opinions is incredibly important. You are more likely to get somewhere with someone who doesn't agree with you if you can try to understand where you're coming from rather than simply disagree. You can disagree but disagree with respect and with tolerance for their viewpoint. So I find that's one way of reaching compromise sometimes in a policy arena, but also even if you don't get to a place of compromise, you'll learn something. You'll learn something about how other people work. And I think it's always worth doing that.

EVANS: I think that's the key. And this what we're talking about right now in terms of discourse — the ability to talk and understand. You said not demonize, but I think it becomes a challenge because people

want yes, no, black, white. And often in these kinds of situations, No. 1, they're complex, and No. 2, it's almost like you have to say accept this but I don't accept this. It comes almost to a gut after you have a lot of information.

But the other important point you made is to seek out, because these are real people. It's very easy to say, "Oh them." But "oh them" came to a conclusion about an issue either side of the issue that you ran. So what drove them to their conclusion? What are they thinking about? What were their life experiences? So why you might come out and the side that you thought you were, you are going to be much more informed about the other. So one of the things that the LBJ School that we try to do, too, is ensure that students have the ability to understand the bottom foundational analytic underpinnings of issues, because once you have that set, then you can advocate. But if you can't get that, an analytic approach, that analytic was where as a keystone of any kind of decision, then it's very hard to advocate because then you become at risk of becoming an echo chamber. And I think you've maneuvered through that very well, because this is, again, a very highly charged policy. So, Abigail, I want to thank you so much for joining me today and I hope everyone can really see how articulate and thoughtful you are and we are so proud that you're here at the LBJ School. Thank you for joining me.

AIKEN: It's a pleasure. Thank you so much.