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**Clinics in the Rio Grande Valley break away from Planned Parenthood
to access state funds**

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Report

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Dedication

Para mis papás, por enseñarme que hay que vivir, no sobrevivir. Y para mis hermanos, por llenar el camino de risas.

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Abstract

Clinics in the Rio Grande Valley break away from Planned Parenthood to access state funds

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The University of Texas at Austin, 2015

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This report explores the impact that the 2011 family planning budget cuts in Texas had on women's health clinics. Specifically, the report focuses on how Hidalgo County Planned Parenthood broke away from the national organization as a result of these cuts, in order to better serve the community. In 2014, the clinics re-opened as an independent nonprofit: Access Esperanza. The report looks at several factors dealing with the broader issue of reproductive healthcare in the Lower Rio Grande Valley: barriers faced by women when accessing healthcare, abortion as an ideology, government accountability and the evolution of Access Esperanza's disaffiliation from Planned Parenthood.

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CLINICS IN THE RIO GRANDE VALLEY BREAK AWAY FROM PLANNED PARENTHOOD TO ACCESS STATE FUNDS

On a cold Wednesday morning in February 2015, community health worker Dora Proa walks around the waiting room of an Access Esperanza clinic, placing her hand on clients' shoulders and stopping to greet them in Spanish. Once a week, the clinic sets up inside a community center in San Juan, 10 minutes from McAllen, Texas, to provide health services free of charge for women that don't qualify for state or federal programs.

The center, open from 8 a.m. to 2 p.m. on most Wednesdays, sees the poorest women of the community – most of them make their way from nearby “colonias,” residential areas that lack basic necessities like electricity and running water. Families living there reside in small trailers, often with many children, and typically have only one car for transportation. One woman recently showed up at the center saying she had 10 children and couldn't take any more – she was desperate for help. Another woman had no alternative but to walk miles home after being dropped off by her husband that morning.

“It's a battle for people to come out here,” said Proa, who works the community center clinic and recruits clients from low-income neighborhoods.

Access Esperanza, previously the Hidalgo County Planned Parenthood, had a difficult choice in preserving any level of service after the state cut funding for family planning in

2011. In a desperate bid to stay open, the area's five Planned Parenthood clinics broke away from the national organization and reopened as an independent nonprofit, Access Esperanza, in 2014. The clinics gave up the recognition of an established brand name in order to access funds through state programs and grants.

"We had to change our clinic name to be able to remain in the community," said Kathryn Hearn, Community Services Director at Access Esperanza Clinics. "Nothing is going to stop us from providing services for women."

Reproductive healthcare clinics in Texas have faced a rough four years since the 2011 state legislature voted to cut \$73 million dollars from the family planning budget. That year, 146 clinics statewide lost access to funds as a result of these cuts, with more than 76 clinics closing their doors for good. Representatives who voted in favor of the cuts said it was an attempt to bar Planned Parenthood and other clinics with abortion services from receiving government assistance.

"We were concerned that taxpayer funds were going to support elective abortions," said Representative Bryan Hughes, a Republican from Mineola.

Individuals affected by the cuts, however, said it was a violation of their human rights. Reproductive rights groups like the National Latina Health Institute for Reproductive Health, NARAL Pro-Choice Texas and Progress Texas lobbied against the legislative action.

“Conservatives don’t want women to get abortions or have access to reproductive health, but when someone gets pregnant, they don’t want us to get welfare or public assistance,” said Marisol Rincon, a single mother of three who lives in McAllen. “They can’t have it both ways.”

During the 2011 legislative session, in addition to slashing the family planning budget by two-thirds, state lawmakers redistributed this money and attempted to ban Planned Parenthood and its affiliates from participating in the Medicaid Women’s Health Program. When the federal government deemed the ban a violation of the Social Security Act, Republicans built a new, state-financed program instead: The Texas Women’s Health Program (TWHP). The result: Planned Parenthood clinics throughout Texas, seven affiliates in all, lost their state funding. The only funds left came from the national organization, donations from the community and some federal funds.

One of the areas hardest hit by the cuts was the Lower Rio Grande Valley, which runs along the Mexican border and consists of Starr, Hidalgo, Willacy and Cameron Counties. The region is one of the poorest in the state, with one-third of its residents living at or below the poverty line. Once the cuts were implemented, Planned Parenthood in Hidalgo County, a county with the highest percentage of uninsured women of reproductive age in Texas at 56 percent, lost \$32 million in state funding. This money represented the capacity to see some 13,000 patients and made up 60 percent of the affiliate’s entire budget. Four of its eight clinics were closed in 2011, none of which provided abortions.

They were, however, all affiliated with Planned Parenthood – enough to be affected by the exclusion of funds.

The decision for Hidalgo County Planned Parenthood to break away from the national organization was the clinics' last resort. Mara Posada, Director of Communications for Planned Parenthood of South Texas, said she trusts that the board of directors made the right decision for the community, especially given all the recent political pressure. So far, no other Planned Parenthood affiliate in Texas has broken away from the national organization to access state funds.

“We’re saddened by the move, but we understand it,” she said. “When you have limited resources, you do what you can.”

From 2011 to 2014, Hidalgo County Planned Parenthood tried various tactics to stay afloat: From charging women low fees to only seeing people with private insurance. After three years, however, they found they weren’t meeting the community’s needs.

“They were very dark days,” said Patricio Gonzalez, CEO of Access Esperanza. His office is spacious, and although it seems new, it’s the same space he occupied as CEO of Hidalgo County Planned Parenthood. “We were committed to keeping the agency open, but couldn’t raise \$5 million a year in order to do so. We had to take a business approach and disaffiliate.”

Severing ties with Planned Parenthood allowed Access Esperanza to serve more women than prior to the move, but significantly less than they were serving before the 2011 budget cuts. Hidalgo County Planned Parenthood clinics saw approximately 24,000 women in 2011. That number went down to 10,000 in 2014, the last year of affiliation with the national organization.

Hearn says they plan to serve 15,000 women in 2015. Breaking away from Planned Parenthood meant Access Esperanza could qualify for the new state program, TWHP, and receive a grant from the Department of State and Human Services for the Expanded Primary Healthcare Program. These funds are estimated to bring in \$1.2 million for all of 2015, a far cry from the prior \$3.2 million they received in state funds before the budget cuts.

Nevertheless, Hearn believes it is a step in the right direction.

“There is a lot happening to change the situation in the Valley,” said Joseph Potter, Principal Investigator for the Texas Policy Evaluation Project (TxPEP), a five-year comprehensive effort to document and analyze the impact of the 2011 and 2013 legislative sessions on reproductive health. “The area was hit very hard, but Patricio is coming back. The world is different now than it was two years ago.”

IMMIGRATION, ISOLATION AND POVERTY

The Valley is one of the poorest areas in the U.S., with nearly half of the population having less than a ninth-grade education. The uninsured rate for women of reproductive age in Texas is 34 percent – compared to the national average of 22 percent – and even higher for women in the Valley at 56 percent.

“[Limited] access to healthcare has always been a huge issue in the Rio Grande Valley and it’s exacerbated now,” said Paula Gomez, executive director at the Brownsville Community Health Center. In her 40 years working in the area, Gomez says she has seen too many young women die of cervical cancer simply because affordable, preventive care was not available.

Before the 2011 cuts, and while still affiliated with Planned Parenthood, services at the San Juan community center were available every week, sometimes even twice a week. After the cuts, however, the organization could only afford to send staff once a month, if that. With a decrease of affordable services available, women had nowhere to turn – not just for reproductive health, but for all-encompassing healthcare.

“So many women counted on our clinics as their only source of healthcare,” said Hearn, adding that 90 percent of her clients live in poverty. “They can’t qualify for other programs and live in an area where there are a lot of barriers, like transportation.”

After closing four clinics in 2011, Hidalgo County Planned Parenthood was able to re-open one of the clinics in 2013 thanks to a federal family planning grant that came in.

When the fifth clinic, located in Mission, reopened, its former clients returned. According to Hearn, the clinic saw as many patients with abnormal pap smears – indicating possible cervical cancer, STDs, or other health problems – in the first three months as they would in an average year at that clinic. This proved what they had feared: When clients have nowhere to go for preventive healthcare, they simply don't get it.

“The land of the poor is a trap,” said Liza Fuentes, Senior Project Manager at Ibis Reproductive Health. “They're basically trapping people in their own communities by reducing healthcare services where they can't go north or south.”

Indeed, U.S. Border Patrol interior checkpoints have a big impact on the lives of those living in the Valley. They're set up between 25 to 75 miles north of the border, checking every car that passes through for the passengers' immigration status. Even if someone has legal documentation, these checkpoints can be a scary feat – their presence alone intimidates people from traveling north.

“The Valley is socially unique,” said Fuentes. “It's almost 100 percent Latino. There's a high level of mixed immigration-status households. There's poor access to transportation. There's an unconscionable level of neglect from politicians. All these facets come together to make it hard for women to access healthcare.”

THE CUTS THAT TOOK AWAY FAMILY PLANNING

The number of anti-abortion bills introduced in the Texas legislature increased in the years leading up to the 2011 legislative session, from five in 1991 to 17 in 2011, said Dr. Abigail Aiken, postdoctoral research associate at the Office of Population Research at Princeton University. In 2003, despite the Texas House of Representatives being majority Republican, family planning funds were increased. There was a shift in attitude between then and the 2011 session, a trend that was also seen at the national level, said Aiken.

According to Cal Jillson, professor of political science at Dedman College of Humanities and Sciences, the rise of the Tea Party in 2009 contributed to this shift. The movement, which was a direct response to President Barack Obama's agenda, caused the Republican Party at the national and state levels to move considerably to the right, he said. The new, more conservative rhetoric entangled abortion and family planning issues, so Republicans grew increasingly opposed to publicly funding family planning. But Republicans weren't the only ones – Democrats from South Texas voted across party lines in 2011 in an effort to “win political gain,” said Aiken.

In the 2011 Texas House of Representatives, 97 legislators voted in favor of the family planning budget cuts, while 53 voted against. What many call the “defunding” of Planned Parenthood was in reality the diversion of roughly \$73 million out of the state's family planning budget to other services. Texas receives three types of family planning funding from the federal government; while one of the grants can never be moved out of family planning funds, Republican sponsors of the legislation worked with the two that they could redistribute. State Representatives moved millions of dollars from the family

planning budget to things like abstinence-only sex education programs and mental health services for children.

Hughes was one of the 97 Representatives to vote in favor of the cuts and support the redirection of funds. Seated in a dark-brown leather chair inside his office overlooking the front steps of the Austin Capitol, he speaks matter-of-factly as he cites polling that “showed even pro-choice individuals do not want taxpayer money to fund abortions.”

“Through some research, we learned that much of that money was federal family planning funds,” he said, shifting in his chair to let a cardboard cutout of Ronald Reagan peek over his shoulder. “That money could be redirected.”

Abortions, however, are not funded by taxpayer money. With the exception of Medicaid, and only in cases of rape, incest or life-endangering pregnancies, federal and state funds have not been used for abortion services in almost 40 years. But Hughes says that’s not the issue: He and others claim that funding clinics that provide abortions for other types of services help them stay in business. If the state and federal government provides funds to help with family planning, he said, it frees up the clinic’s dollars to support other services, like abortion.

“If a facility is doing family planning and is also doing abortions, those dollars that that facility receives are fungible,” said Hughes.

Representative Carol Alvarado, a Democrat from Houston, voted against the budget cuts. She believed it would be detrimental to women in the Latino community and to those living in rural areas that would have to drive long distances to get healthcare.

“I thought it was a vendetta against women,” said Alvarado. “It was very blatant, the cuts were very severe. I think you can have your position on abortion, but when it comes to the overall healthcare of women, this went right to the heart of the issue.”

The fully state-financed Texas Women’s Health Program, which replaced the Medicaid Women’s Health Program, was intended to keep Planned Parenthood and any other organization providing abortion services out, as well as clinics affiliated with or sharing a name with such organizations. Clinics participating in the Medicaid program had to re-apply for the new state program, or if they didn’t qualify – as was the case for Hidalgo County Planned Parenthood – they went without those funds.

“There were lots of organizations in Texas that felt strongly it would do irreparable damage to reproductive healthcare in the state,” said Anna Chatillon of Texas Women’s Healthcare Coalition, which was founded in response to the budget cuts. “Every time programs get changed, another round of providers can’t keep up and have to drop out.”

Access Esperanza’s decision to break away from Planned Parenthood to access state funds may be a win for Republican lawmakers in Texas. According to Rep. Hughes, it is “exactly what we want to see.”

GOVERNMENT ACCOUNTABILITY

As a result of the redistribution of funds, one-fourth of family planning clinics in the Rio Grande Valley shut down. Marisol Rincon, who was working on her bachelor's degree after being out of school for 15 years, lost access to the Medicaid Women's Health Program when it ceased to exist. A divorced mother of three, she received services from the Planned Parenthood in McAllen on a regular basis. But when the clinics could no longer see her, she was left with two options: apply for the new state program to be used at a TWHP-compliant clinic or go without healthcare services. Between a full-time school schedule, her full-time job and her elementary-age children, she never found the time to apply for the Texas Women's Health Program.

“One barely has time to pay the bills,” said Rincon, switching between English and Spanish. “For a person who is already struggling to get by, all that paperwork is a big mountain.”

As a result, she was uninsured for three years. Rincon, who was a migrant farm worker for most of her life, fell into the gap of making too much money to qualify for Medicaid and making too little to pay for private insurance. In January, for the first time since the cuts and since she graduated with her bachelor's degree in Social Work, Rincon was able to get health insurance through her new job as a social worker.

“Before I started my job, my healthcare was totally random,” said Rincon. “We either had it or we didn’t, whatever the state threw at us. They didn’t know what I was going through, it was the only type of healthcare I had.”

In 2013, Texas lawmakers attempted to fix the gap created by the budget cuts. They restored \$60 million of the \$72 million that was removed from family planning funds in 2011 and put an additional \$100 million into women’s primary and reproductive health services. According to Hughes, they did so only after creating strong language in the budget that specified none of those taxpayer dollars could go towards clinics that provided abortions, or even their affiliates.

“We want to make sure the access is there,” said Hughes, emphasizing the importance of women’s healthcare as long as providers don’t offer abortions.

The restoration of funds helped close the gap created by the cuts, but “not completely since not all providers were beneficiaries,” said Potter.

The \$100 million allocated towards women’s health went towards the new Expanded Primary Healthcare Program, intended to cover women who don’t qualify for other programs. According to a 2015 research brief by the Texas Policy Evaluation Project, the program has both strengths and limitations. Although the money allows clinics to provide an expanded scope of services, the program prioritizes primary care services over family

planning. It also increased administrative burdens: Billing “required enormous amounts of staff time to integrate ... into existing accounting systems,” the brief stated.

“It created an administrative nightmare,” said Gomez at the Brownsville clinic.

“Ultimately, we need more money and a more realistic way to pay for services.”

But despite new money funneled into family planning, the situation at Hidalgo County Planned Parenthood in 2013 stayed the same, simply because of its name. Its affiliation with the largest reproductive healthcare provider in the country meant that none of the \$160 million went toward their clinics.

Fuentes thinks the government could be doing more to provide reproductive healthcare services for the Rio Grande Valley and other underserved communities.

“The level of neglect is an embarrassment for the state of Texas,” she said.

Chatillon says the state must improve on three main things regarding reproductive healthcare: Provide more funding to reach more women, make billing easier for providers and ensure the most effective forms of contraception are available to clinics and women.

“The population continues to grow, yet clinics continue to serve the same number of women,” she said. “That means they’re reaching a smaller percentage.”

THE IDEOLOGY OF ABORTIONS

Sofia Peña, now a 27-year-old single mother, became pregnant with her second child in 2009, shortly after splitting up with her boyfriend with whom she had a daughter, then one year old. At first, she was afraid of how her former partner might react to her decision to end her second pregnancy, since he had been against an abortion for the first.

“I didn’t want to hear [criticism] from anybody, especially someone who thought they would have a stake in the decision,” said Peña. “I didn’t want to be judged and was very protective of myself.”

Instead, she resolved to seek an abortion on her own.

Peña was on the birth control pill when she conceived her second child. An undergraduate Social Work student at the University of Texas Pan-American, she knew she couldn’t afford to bring another child into the world – it would mean stopping her studies and providing for two children on her own. After a Planned Parenthood visit confirmed her pregnancy, she looked to a clinic in McAllen that took referrals from the national organization, Whole Woman’s Health, to end it.

According to the Planned Parenthood website, only three percent of the organization’s services go towards abortions, while 75 percent of their services account for contraception and STD testing and treatment. Despite the emphasis on preventive care,

many people, including some lawmakers and abortion-rights opponents, equate the organization solely with abortion.

“We don’t think Planned Parenthood is a healthcare provider, they’re in the abortion business,” said Becky Visosky, director of communications at Catholic Pro-Life Committee, a diocesan-based pro-life group based in Dallas. The group lobbied in favor of the budget cuts during the 2011 legislative session.

“The main goal was to see the funds that Texas was providing to support women’s healthcare go to providers other than Planned Parenthood,” she said.

In the 50 years that they were in business, Hidalgo County Planned Parenthood didn’t perform a single abortion. They received a waiver from the national organization allowing them to operate without those services.

“It’s crazy that they were being excluded from participating in the Texas Women’s Health Program and other funds, especially since they weren’t doing abortions,” said Potter.

The affiliation – the name, really – was the only thing hurting the clinics after the 2011 budget cuts.

“The board of directors wanted to focus on preventing pregnancies,” said Gonzalez.

“Private doctors were doing [abortions] when Planned Parenthood opened in Hidalgo County, so there was no need for it.”

Lacking the necessary funds to pay for the \$600 abortion, Peña eventually turned to her former partner for help. To her relief, he supported her decision and provided the rest of the money needed in order to move forward.

“It was one of the best decisions that I could’ve made,” said Peña. “It’s evident in my everyday life, I couldn’t imagine it any other way.”

Abortion is a hard topic for anyone to discuss, since it can be very personal and political. But Fuentes says that it is nonetheless a part of reproductive healthcare, and not talking about it can hurt low-income communities in particular. She argues that wealthy areas tend to have better access to these services, so the cost of avoiding the topic in places like the Valley is much greater because access is more limited.

A NEW MODEL

After 50 years of services, Planned Parenthood can no longer be found in Hidalgo County. The only remnants left are the buildings it once occupied. On a grey morning in February 2015, where the clouds hang low and an occasional drizzle dampens people’s

hair, an older woman at the San Juan community center asks a younger one, who seems lost: “Are you looking for Planned Parenthood?”

As the first woman gestures towards the entrance of the clinic operating inside the community center, the signage reads: “Access Esperanza.” She smiles at the client and looks as if nothing she said was wrong. There it is. Planned Parenthood. It’s a ghost of a name that still lingers.

The waiting room is not busy, only a few women came by the clinic this Wednesday to receive free services. There’s a toddler being crooned to sleep and two mothers conversing in Spanish.

In March, six months after its move, Access Esperanza was still working to get back on its feet. The reconstruction wasn’t expected to be easy – they lost the national presence of a well-regarded but controversial organization. At face value, it may seem the same as before: Same space, same staff, same board of directors. But it’s only when one takes a closer look that the cracks come to view: Women in the area are still underserved.

“The infrastructure took 40 years to build, and it was destroyed in a day,” said Hearn. “It will take years to go back to where we were.”

There are only five clinics operating today, when at the start of 2011, there were eight. Fifteen new staff members were hired, but only 15,000 of the 24,000 former clients will be seen in 2015 – that is, if all goes as planned.

This new model is unique to Hidalgo County. According to Potter, no other Planned Parenthood in Texas is planning to follow suit. There may be a reason for that, too: No other area in the state is in the same socioeconomic and geographic situation that the Valley finds itself in. But despite the helpless feeling that poverty can produce, the strength of the community endures through rallies, public outreach and activist groups.

“Information is empowerment,” said Rincon, who volunteers with the McAllen Collective Action Committee to try to fill the gaps in reproductive healthcare in low-income communities. “Once women receive the proper information and take control of their bodies, it makes a huge difference.”

The fight couldn’t be done without the commitment of the clinics either. Hearn was touched by the dedication the staff showed when the budget cuts came. Very few resigned, she said, despite having troubles of their own, like bills to pay and families to support.

“They believed in the management enough to stick with the clinics,” said Hearn. “I’m constantly amazed because it speaks to how much our staff believes in what they do and how much they love it.”

The goal for Access Esperanza is to serve as many women as it did under Planned Parenthood before the budget cuts. In the next year or two, the board of directors hopes to re-open the three clinics that closed and, down the line, open up brand new ones.

“The county is growing, and we need to expand with it,” said Gonzalez. “We’re not going anywhere any time soon.”