Literature

"October" by Robert Frost, 1874-1963

O hushed October morning mild, Thy leaves have ripened to the fall; To-morrow's wind, if it be wild, Should waste them all. The crows above the forest call; To-morrow they may form and go. O hushed October morning mild, Begin the hours of this day slow, Make the day seem to us less brief. Hearts not averse to being beguiled, Beguile us in the way you know; Release one leaf at break of day; At noon release another leaf; One from our trees, one far away; Retard the sun with gentle mist; Enchant the land with amethyst. Slow, slow! For the grapes' sake, if they were all, Whose leaves already are burnt with frost, Whose clustered fruit must else be lost-For the grapes' sake along the wall.

This poem is in the public domain.

Washington Post article:

"A young teen gives birth. Idaho's parental consent law snags her care"

The state's new law requires parental permission for nearly all health care a minor receives. A 13-year-old's pregnancy gets caught up in the consequences.

By Karin Brulliard

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McCALL, Idaho — The patient, 36 weeks pregnant, was having mild but frequent contractions. She had come to the emergency room in this small lakeside town because she was new to the area and had no doctor. In most cases, physician Caitlin Gustafson would have begun a pelvic exam to determine whether labor had started. This time, she called the hospital's lawyers.

Mom-to-be Aleah was only 13 years old. And under a new Idaho law requiring parental consent for nearly all minors' health care, Gustafson could be sued for treating her because the girl had been brought in by her great-aunt.

What followed were more than two frantic hours of trying to contact Aleah's mother, who was living in a car, and her grandmother, who was the teen's legal guardian. The grandmother finally gave verbal consent for the exam — from the Boise-area jail where she was incarcerated on drug charges.

"I was freaking out," said Anna Karren, the relative who had taken Aleah into her home just days before. *What if the hospital couldn't reach the right person?* "They want guardianship papers, and I don't have them." The nerve-racking scene reflected the consequences of a law that physicians, therapists, adolescent advocates, school officials and <u>some law enforcement</u> authorities call misguided and dangerous, another attempt to legislate health care in a state where one of the nation's strictest <u>abortion</u> bans already has doctors on edge. Critics say the law — which also grants parents access to minors' health records, doing away with confidentiality that providers and teen advocates call crucial — ignores the reality that parents aren't always present or trustworthy. Three months after its implementation, they contend it is hindering adolescents' ability to access counseling, limiting evidence collection in sexual assault cases and causing schools to seek parental permission to treat scrapes with ice packs and Band-Aids.

"It has been a terrible bill with terrible outcomes for the youth, especially those who are the victims of their parents' abuse. I have seen youth not want to participate in therapy for fear their abuser would gain access to what they are talking about," state Rep. Marco Erickson (R), a youth organization director who voted for the measure despite misgivings, said in an email. "I tried to warn my fellow legislators ... but I was one Republican voice among a group of people who do not understand how things work on the ground."

Proponents of the law, which allows for emergency treatment, call it a reasonable step to prevent adolescents from discussing issues such as birth control and gender identity with doctors, counselors and other adults unless their parents are informed first. Such legislation is another front in the parental rights movement that has pushed for book bans and school curriculum restrictions. It was supported by the Alliance Defending Freedom, a conservative Christian group that has <u>notched several U.S.</u> Supreme Court victories and points to gender-affirming school counseling as an example of youth health care gone awry. The group says seven states, including Idaho, now "fully" protect parental rights in health-care decisions.

Many states limit minors' autonomy, often allowing them to procure contraceptives or receive treatment only for sexually transmitted infections, mental health problems and substance abuse without a parent's involvement. That is still too permissive for parental rights advocates. A federal appeals court <u>recently ruled</u> that a Texas law requiring parental consent applies to federally funded Title X clinics that have for decades confidentially provided contraception to minors, a case that the <u>Congressional Research Service said</u> has "potentially broad implications" for other states. The plaintiff was an Amarillo father who is raising his daughters to be abstinent before marriage and who argued that the federal program violated his rights under the Texas Family Code.

"We don't let kids drive, we don't let them get tattoos, we don't let them drink, but we're going to allow them to make medical decisions that affect the rest of their lives without their parents?" said Rep. Barbara Ehardt (R), the Idaho bill's sponsor. "The most trusted bond that we can have is that between a child and their parent, and it's everyone else who is getting in the way. ... It needs to stop."

Fears about the law impeding sexual assault exams are a "ridiculous" misreading, according to Ehardt. Idaho Attorney General Raúl R. Labrador (R) has accused critics of trying to "stir up unnecessary strife and conflict" with extreme interpretations of the law, Idaho Education News reported.

Attorneys for providers disagree, saying the statute's broad language leaves the door open for civil action over basic health-care services, even those rendered by coaches or teachers. Boise lawyer Kim Stanger said he is advising physicians and hospitals: "Just assume you want to get parental consent."

Aleah's contractions on that afternoon in August turned out to be a false alarm. When she went for a follow-up days later, hospital staff again had to seek consent from her jailed grandmother. By her next appointment, her grandmother had signed a power-of-attorney form granting Karren, 52, permission to make decisions about the girl's health care — "and for baby as well," she wrote.

Those extra words were unnecessary. One of the new law's quirks is that while Aleah cannot consent for her own care, she is the parent who can do so for her baby. She had been living with an aunt three hours south until the woman was threatened with eviction. That's when Karren, a construction worker at a ski resort, got a panicked call. She had not been in touch with Aleah's grandmother — her sister — for some time. Yet she didn't hesitate.

"I said I will take her," Karren recounted. "I will go get her and bring her here and take care of this and be a guardian."

Aleah, who is being identified by only her first name because of her age, had been moved around her whole life. That included spells in foster care and a halfway house, separated from her six siblings. She only briefly lived with her mother several years ago. Her father had long been absent.

As for her baby's teen dad, he now was in juvenile detention. The pair hadn't thought about contraception, Aleah conceded, and she never considered an abortion, which would have required a trip to another state anyway.

Aleah arrived at Karren's home — a modest townhouse at an RV park in the tiny town of Donnelly — with little more than a couple of backpacks.

"Every time I go to a new house, I end up not having much. I slowly keep losing it," she said two weeks before her due date, her belly concealed under a baggy black sweatshirt, her bitten nails painted pink. Her great-aunt was planning a shower for her, inviting co-workers she hoped would help Aleah feel supported in this new place and ready with a few nice baby things.

A pregnancy crisis center referred Karren to a lawyer to help with guardianship papers. She spoke to the attorney days after Aleah arrived, bracing herself to pay the \$2,000 retainer.

Hours later, a panicked Karren was calling the lawyer again from the hospital. She knew nothing about the new law and was baffled when she was asked to sign forms about plans for Aleah's labor.

"The doctor wasn't asking her these questions, even though it's her body and what's going to happen to her — her placenta, her labor, how she's going to manage her pain in labor," Karren said.

Gustafson, a family medicine doctor who often provides obstetric care, consulted the hospital's lawyers in Boise. They confirmed that Aleah's chart did not mention Karren. So Gustafson waited for an inmate to make a medical decision for Aleah. In committee hearings, several members of Idaho's Republican-majority legislature had raised concerns about <u>S.B. 1329</u>. One said it could provide further defense to parents who believe only in faith healing. Another worried about a "chilling effect" on treatment of sexually transmitted infections. Others suggested it could keep teenagers from accessing mental health care in a state with a <u>high teen suicide rate</u>. Speaking for the bill, a mother tearfully described how her family had been "severely affected" by school policies that kept confidential her child's counseling about gender identity. She testified that the teen had been prescribed testosterone without her permission.

Confidential conversations with adolescents are considered standard of care and endorsed by national family practice and pediatric associations. Doctors typically ask parents to step out during appointments so they can ask teens about reproductive and mental health, safety, and substance abuse. It helps teach adolescents to take ownership of their health, Boise pediatrician Jessie Duvall said, with the goal of sharing what is discussed with parents.

"We all remember being a teen and you don't want to say things to your parents. Sometimes it's nice to have a first pass with a safe adult," Duvall said. "Now I have to tell kids that what we say in here is confidential — but it's also not, because of this new law."

The Parental Rights in Medical Decision-Making Act passed on party lines and was signed, with some qualms, by Republican Gov. Brad Little. In a statement, he encouraged monitoring for "unintended barriers" to behavioral health services and noted that conflicting laws might "create confusion" for medical professionals. Doctors are concerned that young lives will be put at risk. Crystal Pyrak, board president of the Idaho Academy of Family Physicians, has already heard of several cases.

In one, a 17-year-old with a hornet allergy was stung but was unable to get a new EpiPen from his primary-care physician or urgent care because his parents were traveling; by the time he arrived at a hospital, he was in anaphylaxis. In another case, Pyrak said, a 16-year-old was treated at an emergency department for a suicide attempt, but the parents refused to allow follow-up.

Some providers, fearing litigation, are now offering parents the chance to decline areas of care that were seen as routine, such as reproductive health or communicable diseases. The Boise School District has asked parents to provide consent for basic first aid. And at a youth resource center and shelter for abused and homeless teens in the town of Lewiston, Michelle Lewis's employees screenshot every call and text they make in attempts to obtain parental consent for distributing tampons or talking with teens about setting goals.

The Idaho Coalition for Safe Healthcare, which is co-led by Gustafson and has vocally opposed the state's abortion ban, plans to advocate for an exemption to the law for pregnant minors. Erickson, the Republican state representative, said he expects several legislators to propose changes to the law during the next session because of its "negative effects."

Oaklie Rayne was born Sept. 9, a healthy eight pounds. Aleah had been induced the night before, which Karren consented to. Aleah had an epidural, which Karren also consented to.

The 13-year-old had spent weeks worrying about the epidural and that the long needle might break. In the end, the injection came too late to help. "It was painful," Aleah said of childbirth. At Oaklie's two-week checkup with Gustafson — now the doctor for both mother and child — the new mother gingerly undressed her daughter. A scale showed she was gaining weight well.

"They should not do this for newborns!" Aleah said of a tricky buttonhole as she struggled to put Oaklie's floral dress back on. Karren stood to the side, smiling. Gustafson asked Aleah a battery of routine questions — about the baby's behavior, her eating, her sleep schedule. Aleah gave short, quiet answers. Gustafson also asked Aleah about her own pain and moods, categories of care for which Karren's consent was required.

"Sometimes, it just feels a little overwhelming to have a baby always need to feed, always hungry, always needing you," Gustafson offered. "Yes," Aleah said. "Pretty much."

Karren became Aleah's legal guardian on Oct. 1. "She makes all the rules about the baby," Karren said. But when it comes to Aleah: "I will be making the decisions about school and the doctors and all that stuff."

Aleah has not gone to school since the spring, when she was in the seventh grade, though the plan is for her to enroll soon in online classes. For now, she's mainly at home, adjusting to motherhood. Aleah and Oaklie share a room with Karren's 12-year-old daughter, and that is where the pair spend most of their time. She is nurturing and natural, Karren said. Aleah attributes it to learning how to change diapers as a toddler.

"It's pretty much just like taking care of my siblings, except 24-7," she said. And, she added, "I like being in charge."

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