

Society for Medical Anthropology Statement on Supreme Court *Dobbs v. Jackson Women's Health Organization* Decision

The Society for Medical Anthropology registers its profound concern about the recent Supreme Court decision in *Dobbs v. Jackson*, which disregards evidence about the harmful consequences of inadequate abortion access. As researchers who study the ways that health and sociopolitical structures are connected in people's lives, we are attentive to the effects of laws that target reproduction. Even prior to *Dobbs*, opponents of abortion made it tremendously difficult to access abortion care by forcing through Targeted Regulation of Abortion Providers (TRAP) laws in many US states. These laws exacerbated access barriers, imposed medically unnecessary delays and restrictions, and intensified harassment and intimidation of patients and clinic staff.¹⁻³ Anthropological research in US states with TRAP laws and in nations with legal bans on abortion shows us what to anticipate from the *Dobbs* decision and the state restrictions that it unleashes.⁴ As we detail below, the ruling allows legislators to take actions that will worsen maternal health, increase preventable deaths, undermine women's autonomy and opportunities for equal participation in society, render families more precarious, constrain healthcare providers from providing ethical care, and exacerbate serious and longstanding health inequities that harm women living in poverty, women of color, and gender-nonconforming people.*

Worsened maternal health and survival

- **Abortion complications.** The *Dobbs v. Jackson* decision will cause serious harms by pushing once-legal healthcare into the clandestine realm. Countries in which abortion is prohibited do not have lower abortion rates than those in which it is legal.^{5,6} Instead, illegality ensures that many more abortions are traumatic, delayed, stigmatized and dangerous.⁷⁻¹¹ Self-managed medication abortion can be safe and effective, especially in early pregnancy and when embedded in a strong referral system, should complications arise.^{12,13} However, many women induce abortions on their own with limited information on how to do so safely, using techniques that are unsafe or unproven.^{7,10,11} These improvised abortions can result in sepsis, hemorrhage, poisoning or other kinds of bodily damage, infertility, and death—in addition to the danger, stigma, and emotional distress of seeking an illegal service.^{10,11}
- **Maternal death.** The United States already has the highest rate of maternal mortality in the Global North; that rate is rising.^{14,15} Maternal mortality increases when pregnant people are forced to continue unwanted or medically dangerous pregnancies, when legal restrictions result in inappropriate or delayed care for miscarriage and other pregnancy complications, and

* This statement blends gendered language (women, maternal) with language that recognizes that people capable of pregnancy are not all women: trans men and non-binary people also seek abortion care. Anthropological scholarship has shown how often women are rendered invisible in reproductive-health policy and practice. In using both inclusive and gendered language, we refuse to pretend that transgender people do not matter, and refuse to make women disappear from a set of decisions that enforce patriarchy and codify sexism.

when severely limited access to safe abortion methods results in improvised and sometimes dangerous practices.^{16,17} Public health researchers estimate that a complete abortion ban would increase U.S. maternal mortality by 21%, with even larger death tolls among poor women and women of color.^{18,19} Anthropological research on practices of reporting and categorizing deaths shows that these figures are almost certainly substantial underestimates.^{5,10}

- **Suicide and homicide.** The anticipated increases in maternal death do not include deaths by suicide or homicide. Suicides were so numerous among young women with unwanted pregnancies in El Salvador that they became a leading cause of maternal mortality after a total abortion ban there.^{20,21} Deaths by homicide nearly double during pregnancy and the postpartum period in the United States.^{22,23} We anticipate that the Dobbs decision will increase risks of both suicide and homicide for pregnant people.

Exacerbation of inequities

- **Reproductive injustice.** Black women developed the framework of reproductive justice in 1994, rooted in longstanding activism and theory-building, and based on the Universal Declaration of Human Rights.²⁴⁻²⁶ Many anthropologists use reproductive justice to analyze intersecting forms of violence, oppression, and marginalization.²⁶⁻²⁸ Core tenets are the right of bodily autonomy, the right to have children, the right not to have children, and the right to parent in dignity. The Dobbs decision threatens these tenets in ways that further entrench interlocking inequalities based on racism, sexism, ableism, and other forms of marginalization. States that now have abortion bans already had some of the nation's highest rates of maternal mortality, infant deaths, and other poor neonatal outcomes.²⁹⁻³¹ Abortion bans will amplify these disparities, especially for low-income and historically marginalized people.³²
- **Women of color and women living in poverty.** Extensive international research shows that pregnant people who have the social and economic means to do so will travel to seek abortion care across regional and international borders.^{9,33-35} The situation is not benign even for them: the need to travel can increase risks by delaying access to time-sensitive care, and it exposes them to financial, emotional, and logistical hardships.^{4,36} Many women, however, will not be able to secure the funds, time off work, or childcare necessary to arrange abortion care across borders.³⁷ Women living in poverty and Black and Native women will be disproportionately affected by the inability to access abortion care.^{32,34}
- **Other people with limited access to health care.** Gestational age limits on abortion care disproportionately hurt women living in remote areas, people in abusive relationships, minors, those living in contexts with marked abortion stigma, and those with cognitive impairments.⁸ Legal webs of restrictions and regulations that hinder abortion access cause particular harm to people who already face difficulty accessing or trusting health care due to racism, disability, homophobia, or transphobia.³⁸ Limited social welfare and mental health services compound the problem: these supports are often inaccessible to the very communities at highest risk for experiencing the negative consequences of state abortion bans.

Constraints on the practice of health care

- **Legal repercussions for clinicians.** Criminalization of reproductive healthcare across various states now includes potential felony charges, imprisonment, fines, and suspension of professional licensure.³⁹ Criminalization places moral, legal, and emotional burdens on healthcare providers, many of whom feel forced to choose between breaking their oaths or breaking the law.^{4,40,41} It also creates fear of legal repercussions among healthcare providers—including pharmacists, midwives, genetic counselors, physicians and others—that can further limit the reproductive care that is still lawful and can create distrust between providers and patients.^{10,19,42-44}
- **Unintended consequences beyond abortion care.** Policies inevitably have unintended consequences. This ruling is already affecting women’s health care in many ways that extend beyond undesired pregnancy.^{45,46} Standard medical practices such as superovulation for infertility treatment, IUD placement, storage and selection of frozen embryos, or use of medication to treat ectopic pregnancy are curtailed or under question.^{4,19,47} Non-pregnant women have reported being denied teratogenic drugs such as methotrexate for chronic illness management.^{44,48}
- **Impact on training.** Obstetrics and gynecology residents who train in states where abortion is banned or severely restricted will either not be trained in this basic medical procedure, or will need to go to great lengths to secure necessary training. This de-skilling is likely to exacerbate longstanding inequities in reproductive healthcare caused by the maldistribution of providers. It will have a lasting generational effect on the number of trained abortion providers, and on the number of physicians available to perform complex miscarriage management and other essential reproductive health services.^{49,50}

Worsening of structural sexism and erosion of women’s autonomy

- **Criminalization of pregnancy.** Criminalization affects those who are pregnant, and not only their clinicians.^{51,52} Already, zealous officials have arrested, prosecuted, and jailed women for actions deemed likely to cause a pregnancy loss. These actions have overwhelmingly targeted low-income women of color.⁵¹⁻⁵⁴ The Dobbs decision opens the door for much more reproductive surveillance, and much more criminalization in communities that are already marginalized.⁵⁴
- **Impacts on women and families.** The inability to access an abortion has many adverse consequences for people who can get pregnant and for their families. It decreases likelihood of employment, worsens poverty for mothers and the other children in a family, and keeps women in violent relationships.⁵⁵ Being forced to continue a pregnancy can lead to anguish and violates human rights.⁴² As abortion for serious congenital problems disappears in many places, the gendered burdens of care will increase.⁵⁶⁻⁵⁸ Some state laws further isolate pregnant people by threatening—or incentivizing—civil action against any support people who help them to access abortion.⁵⁹ In others, the loss of women’s rights to abortion has been accompanied by increases in legal rights, and incentives to civil action, for rapists’ family members.⁶⁰ All of these ramifications undermine women’s opportunities for equal participation in society.

- **Subjugation on the basis of sex.** The Dobbs decision legitimizes an inequitable distribution of power and resources based on sex. When abortion is prohibited, any person capable of pregnancy occupies a subjugated status. They exist under a regime that requires them—without choice or consent—to put the full materiality and physiology of their body in service of the state’s interest in the fetus.^{51,61,62} They become legally and socially less than fully sovereign human persons.^{33,63}

In sum, the Dobbs v. Jackson decision will have far-reaching ramifications, threatening all three core tenets of reproductive justice: the right to have children, the right not to have children, and the right to parent children in safe and sustainable environments.

Anthropological research shows that state regulation of abortion and contraception typically reinforces narrow models of “appropriate” reproduction.⁶³⁻⁶⁵ In the U.S., the values reinforced include white supremacy and patriarchy: the Dobbs majority decision valorizes a historical time in which Black people, Native people and women were not full citizens and had little if any say in legislation that affected their lives in profound ways.⁶⁶⁻⁶⁸ Across a variety of cultural contexts, assaults on abortion access are frequently tethered to xenophobia, racism, backlash against gender equity, and anxieties about social and demographic change.^{7,69,70} They reflect ideals that leave little room for alternative family structures or for gender pluralism. Such regulations are often justified with language of “moral renewal” that designates certain people as unworthy, putting them in danger of harassment and violence.^{70,71} We anticipate that women, transmen, and other people seeking abortions will now be among those targets.

The dissent in Dobbs v. Jackson notes that the majority opinion “reveals how little it knows or cares about women’s lives or about the suffering its decisions will cause.”^{72p48} We concur. The Society for Medical Anthropology condemns this decision. It endangers women and others who can become pregnant, worsens health inequalities, interferes inappropriately with the practice of medicine, and violates human rights.

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