

Cross-sectoral community and civic engagement after *Dobbs v. Jackson*

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On June 24, 2022, the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* reversed the constitutional right to abortion set forth by *Roe v. Wade* nearly half a century ago. Although still nascent, significant disruptions to clinical services and healthcare systems have already been observed in more than a dozen states that enacted complete or partial abortion bans after *Dobbs*, with further restrictions looming.¹ In the existing literature, such consequences have been predominantly described for three key stakeholders—patients, providers, and legal systems—but there is a fourth member whose critical role must not be overlooked: communities.

Community engagement, public activism, and social solidarity represent powerful tools to support people with the capacity for pregnancy in the aftermath of *Roe v. Wade*. These strategies have the potential to bridge disparities in access to the full spectrum of reproductive health services amidst the legal barriers newly imposed on clinicians in restrictive states, in a manner that is culturally-sensitive and tailored to specific local needs. Historically, myriad social movements and non-governmental organizations (NGOs), such as Trust Black Women and Planned Parenthood, have successfully safeguarded patients' access to essential resources such as abortifacients, contraception, support groups, and more.^{2,3} Such community-driven solutions help to not only preserve existing health services but may also play a vital role in delaying or avoiding further encroachments on abortion rights through protests and campaigns.

However, achieving this in practice may prove difficult due to the complex interplay of social, ethical, and policy challenges at the root of this issue. In recognition of this, I outline three practical opportunities for galvanizing greater community and civic engagement in the fight for reproductive health equity under *Dobbs*.

First, framing *Dobbs* as a public health crisis is imperative. This shift in narrative moves the focus beyond the four walls of a courtroom and towards mobilizing resources and public health infrastructure to support patients at the population level. Therein lies a formidable opportunity for community-based initiatives and NGOs to intervene. Even before *Dobbs*, people denied access to

abortions experienced disproportionately higher rates of maternal mortality, pregnancy and childbirth complications, and exposure to intimate partner violence (IPV).^{4,5} To forestall these health disparities from widening after *Dobbs*, NGOs can help to make contraception more widely accessible for people with the capacity for pregnancy, as well as expanding physical infrastructure (e.g., women's shelters to mitigate IPV) and transportation networks to clinics in abortion-protected states.

Second, community engagement should incorporate a health equity lens recognizing the unequal impact of *Dobbs* on historically marginalized and medically-underserved populations. A recent study estimated that a nationwide abortion ban in the United States would increase maternal mortality from childbirth or pregnancy complications by 21% in the general population and 33% among Black Americans.⁵ Further, more than 19 million women in the United States currently live in contraceptive deserts, which tend to coincide with the most abortion-restrictive states and predominantly consist of Black, Latinx, Indigenous, low-income, and uninsured populations.⁶ Demand for various forms of emergency contraception surged after *Dobbs*.⁷ Community-based activism and social movements should address these fundamental causes of reproductive health disparities to serve as a bulwark against the rising tides of intersectional oppression under *Dobbs*. This can be achieved by bridging gaps in access to providers, health insurance, mutual aid networks, emergency contraception, and birth control pills through strategic access points in historically marginalized communities.

Third, amidst the constantly evolving state laws governing abortion after *Dobbs*, the role of communities in public health education is crucial to help patients navigate abortion care, contraception, and other reproductive health services. In response to some states restricting access to misoprostol and mifepristone, NGOs such as Aid Access and Women on Web stepped in to comprehensively describe, and connect patients with, overseas providers who can mail abortifacients to their homes.^{8,9} Moving forwards, there is a need for centralized, live-time, community-based platforms to inform patients about their reproductive healthcare options, including where and how to book these services. In addition, public health education programs should enlist trusted community members, such as doulas and community health workers,¹⁰ to improve uptake in communities that may be ambivalent or hostile to



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abortion. Building social capital, mitigating abortion stigma, and combatting misinformation will be necessary to overcome barriers to implementation in abortion-hostile communities.¹⁰

Leveraging communities, NGOs, and public activism is no silver bullet to the future of abortion care and rights after *Dobbs v. Jackson*. Nevertheless, it represents a promising solution to bridge gaps in reproductive healthcare access, resources, and infrastructure, warranting further research.

Contributors

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Declaration of interests

I declare no competing interests.

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