A New Deal for Youth Responds to the Dobbs Decision Overturning Roe v. Wade

The Supreme Court's decision to overturn Roe v. Wade in their Dobbs v. Jackson’s Women’s Health Organization ruling threatens the health, wellbeing, and basic human rights of young people. In 2019, 57 percent of legal abortions in the United States were provided to patients ages 20-29.¹ We urge Congress and the Biden Administration to take immediate steps to protect bodily autonomy, privacy rights, reproductive rights and all other constitutional rights secured under the Court’s substantive due process and equal protection doctrines — constitutional protections that are essential to safeguard the basic human rights of young people. This decision cannot be separated from the Court’s other attacks on inclusive democracy in the United States. Dobbs represents one of the Court’s boldest efforts to-date to erase the hard-earned civil and human rights victories secured through the freedom struggles of the 20th century. Given these concerns, we urge Congress to codify these rights in law.

The Dobbs decision harms the economic opportunity of people seeking abortions. Being denied an abortion can lead to long-term financial distress, including having a a higher chance of living in poverty, a lower likelihood of being employed full time, and more unpaid debt. Additionally, many of the states with “trigger bans'' already have low wages, underfunded public services, lack of access to paid leave or parental support, and high rates of incarceration.²

Restricting and/or banning access to abortion also impacts necessary healthcare access. Doctors and other providers testified to the “chaos” that ensued after the ruling, with providers and patients unaware of what medical care remained legal. Pregnant people are now unable to get the medical care that they need, being forced to carry dangerous, unwanted, or unviable pregnancies, and patients seeking miscarriage or contraceptive care are afraid of being criminalized.³

How are our Priority Populations Impacted by the Dobbs Decision?

Minors

Young people under 18 face additional barriers to abortion care in states that require parental consent for abortions.

People living with low incomes and people of color

These populations already have the greatest access barriers to reproductive healthcare and are more likely to be prosecuted and arrested for pregnancy-related reasons.⁴

Black and brown folks living in economically marginalized communities in states that are hostile to abortion rights have already had diminished access to health care due to SCOTUS precedent from the 1980s that allowed the federal government or states to ban abortions for anyone unable to afford them.⁵
Attacks on Black people living with low-incomes (especially Black women) often foreshadow larger societal crises.

Black women
Black women seek abortions at higher rates, have a higher risk of pregnancy-related death, and are more likely to be uninsured than white women. They are also more likely to live in “contraception deserts.”

Due to medical racism, Black women face barriers to effective care. Encounters with racism have been linked to Black women’s high rates of preterm birth and low birth rates. 6

Combined, these factors result in Black women being disproportionately harmed by the Dobbs decision. A 2021 analysis predicted that banning abortions would, in the first year, lead to a 12 percent increase in deaths for Black women and in the following years lead to a 33 percent increase.7

Conversely, legalizing abortion is associated with reducing maternal mortality among Black women. 8

People who are disabled
Not all pregnant people can give birth. There are many conditions/disabilities that interfere with safe pregnancy. Even policies that make exceptions for life-threatening medical conditions and for abortion often disregard the existence of non-life threatening but extremely painful/disabling medical conditions. Further, these laws assume that life threatening conditions will be caught, despite the fact that women, especially marginalized women, often have their pain dismissed — even when they are aware of their symptoms and voice those symptoms to doctors.

Additionally, the Roe decision laid the basis for many other rights that impact people with disabilities, including rights around marriage, intimacy, sterilization, and medical care. Contesting these rights disproportionately impacts marginalized people.9

Finally, many people over 18 who are disabled may be required to have a caretaker involved in medical decisions, which poses both privacy and access issues.

What Can Congress Do?

● Pass existing legislation that protects pregnant people including:
  ○ Women’s Health Protect Act
  ○ Black Maternal Mental Health Momnibus

● Introduce new legislation focused on bodily autonomy more broadly, including:
  ○ protecting reproductive choices
  ○ allowing minors to make reproductive and other healthcare decisions without parental consent
  ○ addressing the history of forced sterilization including through reparations
  ○ ensuring disabled people are not left out of conversations around reproductive choices and sexual education
  ○ ensuring that people experiencing a mental health emergency don’t have their bodily autonomy taken away

● Pass comprehensive data privacy legislation that ensures big tech companies and law enforcement cannot weaponize personal data against pregnant people.
- This includes reclassifying third-party apps collecting health data as covered entities under HIPAA — they meet the definition of a “health care clearinghouse”
- Third-party apps collect the same sensitive data, and thus should be subject to the same confidentiality standards as other covered entities.

- Codify other rights threatened by this decision, including marriage equality, interracial marriage, and access to contraception, and the right to engage in private sexual acts.
- Pass legislation that strengthens economic security and access to healthcare for young people, people living with low incomes, people of color, Black women, and people who are disabled.

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1 https://www.kff.org/womens-health-policy/state-indicator/distribution-of-abortions-by-age/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
2 https://www.epi.org/blog/abortion-rights/
4 https://www.washingtonpost.com/politics/2022/05/12/roe-dodds-black-women-color-healthcare/
5 https://www.oyez.org/cases/1979/79-1268
8 https://www.epi.org/blog/abortion-rights/