

Collapse of the Abortion Care Infrastructure: There Aren't Enough Hands to Fill the Gaps

Caitlin Gerdts, PhD, MHS, Anna Rupani, JD, MSW, Kamyon Conner, MSW, and Sachiko Ragosta, BA

ABOUT THE AUTHORS

Caitlin Gerdts is vice president for research, Ibis Reproductive Health, Oakland, CA. Anna Rupani is executive director, Fund Texas Choice, Austin. Kamyon Conner is executive director, Texas Equal Access Fund, Dallas. Sachiko Ragosta is a research coordinator at Ibis Reproductive Health, Oakland, CA.

 See also Abortion, pp. 1273–1317.

The past decade has seen a steady and dramatic increase in legislative attacks on abortion access in the United States,¹ often under the perilous guise of “protecting women’s health.”² A robust body of evidence has, however, demonstrated that access to abortion is vital to the health and well-being of pregnant people and their families^{3–6} and that restrictions on abortion access threaten public health.⁷

In the years since *AJPH* published the article “The Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas” by Gerdts et al. (p. 1297)—which documents the compounding burdens of abortion clinic closures after a restrictive 2013 law—Texas has continued to serve as an extreme case study; the state suspended abortion services as “nonessential” at the onset of the COVID-19 pandemic⁸ and passed a law banning all abortions beyond the detection of embryonic cardiac activity in 2021, which a newly constituted Supreme Court let stand. In Texas, facing the collapse of routine health care provision,

abortion activists have doubled down on the essential work they have been doing for years—providing information, travel arrangements, funding, and compassion for people who cannot access abortion in Texas. The need is unprecedented—close to 1400 Texans per month now travel out of state for abortion.⁹ The scale of support that will be needed to surmount post-*Roe v. Wade* barriers is beyond what these networks can sustain. Abortion funds in every state will be called on to provide exponentially greater amounts of funding and practical support, establish relationships with more clinics, and adapt to new systems for verification and reimbursement. Clinics where abortions are provided, which are already under the strain of exponentially increased patient volume, will be required to develop new processes to work with clients and funds around the country. Ad hoc systems that, despite their imperfections, will serve many are no substitute for a functioning health care system.

With the repeal of *Roe v. Wade*, people in more than half of the country will

be forced to make decisions regarding traveling for care, navigating self-care options, or not receiving care at all.¹⁰ Traveling across state lines to access abortion is not a new phenomenon,¹¹ and it often involves taking time off from work or school, securing lodging, and arranging childcare—burdens that are compounded for minors, those who experience economic insecurity, undocumented individuals, people with non-English language preference, and those who are disabled, among others. For those who can access medication by mail or other means,¹² self-managed medication abortion may be an option if they mistrust the medical system or if they prefer the privacy of an at-home abortion. But, although self-managed medication abortion is safe and effective,¹³ its attendant legal risk will inevitably fall disproportionately on members of already overpoliced and oversurveilled communities.¹⁴ For far too many people, the financial, logistical, and legal barriers to abortion will mean they simply cannot access abortion care at all—further exacerbating structural inequities and imperiling the health, lives, and reproductive well-being of millions of Americans.^{15–18} A health care system in which people cannot obtain essential health care within the borders of their state of residence is a health care system in collapse.

The findings of Gerdts et al. (p. 1297) are, perhaps, more relevant today than ever as evidence of the consequences of restrictive abortion policies on people seeking abortion and as foreshadowing of the catastrophic nationwide public health implications of the repeal of *Roe v. Wade*. It is shameful, devastating, and utterly unsustainable that networks of activists must now re-create systems that have ceased to exist, working

around the clock to ensure that routine, essential reproductive health care remains accessible, at least to some, and collectively pressing their hands against the ever expanding cracks in the proverbial dam of our health care system, as the water rushes through. **AJPH**

CORRESPONDENCE

Correspondence should be sent to Caitlin Gerdts, PhD, MHS, 1736 Franklin St, Suite 600, Oakland, CA 94612 (e-mail: Cgerdts@ibisreproductivehealth.org). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

PUBLICATION INFORMATION

Full Citation: Gerdts C, Rupani A, Conner K, Ragosta S. Collapse of the abortion care infrastructure: there aren't enough hands to fill the gaps. *Am J Public Health*. 2022;112(9):1278–1279. Acceptance Date: June 21, 2022. DOI: <https://doi.org/10.2105/AJPH.2022.306994>

CONTRIBUTORS

All authors envisioned the framing of this comment, contributed to its writing, and reviewed drafts.

ACKNOWLEDGMENTS

We thank Kari White and Sarah Baum for sharing their insights during the writing process.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

REFERENCES

- Gaj EB, Sanders JN, Singer PM. State legislation related to abortion services, January 2017 to November 2020. *JAMA Intern Med*. 2021;181(5):711–713. <https://doi.org/10.1001/jamainternmed.2020.8781>
- Espey E, Dennis A, Landy U. The importance of access to comprehensive reproductive health care, including abortion: a statement from women's health professional organizations. *Am J Obstet Gynecol*. 2019;220(1):67–70. <https://doi.org/10.1016/j.ajog.2018.09.008>
- Biggs MA, Upadhyay UD, McCulloch CE, Foster DG. Women's mental health and well-being 5 years after receiving or being denied an abortion: a prospective, longitudinal cohort study. *JAMA Psychiatry*. 2017;74(2):169–178. [Erratum in: *JAMA Psychiatry*. 2017;74(3):303.] <https://doi.org/10.1001/jama psychiatry.2016.3478>
- Biggs MA, Upadhyay UD, Steinberg JR, Foster DG. Does abortion reduce self-esteem and life satisfaction? *Qual Life Res*. 2014;23(9):2505–2513. <https://doi.org/10.1007/s11136-014-0687-7>
- Harris LF, Roberts SC, Biggs MA, Rocca CH, Foster DG. Perceived stress and emotional social support among women who are denied or receive abortions in the United States: a prospective cohort study. *BMC Womens Health*. 2014;14:76. <https://doi.org/10.1186/1472-6874-14-76>
- Chibber KS, Biggs MA, Roberts SC, Foster DG. The role of intimate partners in women's reasons for seeking abortion. *Womens Health Issues*. 2014;24(1):e131–e138. <https://doi.org/10.1016/j.whi.2013.10.007>
- Grossman D, White K, Hopkins K, Potter JE. The public health threat of anti-abortion legislation. *Contraception*. 2014;89(2):73–74. <https://doi.org/10.1016/j.contraception.2013.10.012>
- White K, Kumar B, Goyal V, Wallace R, Roberts SCM, Grossman D. Changes in abortion in Texas following an executive order ban during the coronavirus pandemic. *JAMA*. 2021;325(7):691–693. <https://doi.org/10.1001/jama.2020.24096>
- White K, Daneel A, Vizcarra E, et al. Out-of-state travel for abortion following implementation of Texas Senate Bill 8. 2022. Available at: <https://sites.utexas.edu/txpep/files/2022/03/TxPEP-out-of-state-SB8.pdf>. Accessed July 1, 2022.
- Nash E, Cross L. 26 States are certain or likely to ban abortion without Roe: here's which ones and why. October 28, 2021. Available at: <https://www.guttmacher.org/print/article/2021/10/26-states-are-certain-or-likely-ban-abortion-without-roe-heres-which-ones-and-why>. Accessed June 16, 2022.
- Barr-Walker J, Jayaweera RT, Ramirez AM, Gerdts C. Experiences of women who travel for abortion: a mixed methods systematic review. *PLoS One*. 2019;14(4):e0209991. <https://doi.org/10.1371/journal.pone.0209991>
- Aiken ARA, Starling JE, Gomperts R. Factors associated with use of an online telemedicine service to access self-managed medical abortion in the US. *JAMA Netw Open*. 2021;4(5):e2111852. <https://doi.org/10.1001/jamanetworkopen.2021.11852>
- Moseson H, Jayaweera R, Egwuatu I, et al. Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria (SAFE): a prospective, observational cohort study and non-inferiority analysis with historical controls. *Lancet Glob Health*. 2022;10(1):e105–e113. [https://doi.org/10.1016/S2214-109X\(21\)00461-7](https://doi.org/10.1016/S2214-109X(21)00461-7)
- Paltrow LM, Harris LH, Marshall MF. Beyond abortion: the consequences of overturning Roe. *Am J Bioeth*. 2022; Epub ahead of print. <https://doi.org/10.1080/15265161.2022.2075965>
- Foster DG, Biggs MA, Ralph L, Gerdts C, Roberts S, Glymour MM. Socioeconomic outcomes of women who receive and women who are denied wanted abortions in the United States. *Am J Public Health*. 2018;108(3):407–413. <https://doi.org/10.2105/AJPH.2017.304247>
- Ralph LJ, Schwarz EB, Grossman D, Foster DG. Self-reported physical health of women who did and did not terminate pregnancy after seeking abortion services: a cohort study. *Ann Intern Med*. 2019;171(4):238–247. [Erratum in: *Ann Intern Med*. 2020;173(5):415]. <https://doi.org/10.7326/M18-1666>
- Hawkins SS, Ghiani M, Harper S, Baum CF, Kaufman JS. Impact of state-level changes on maternal mortality: a population-based, quasi-experimental study. *Am J Prev Med*. 2020;58(2):165–174. [Erratum in: *Am J Prev Med*. 2020;59(2):305–307]. <https://doi.org/10.1016/j.amepre.2019.09.012>
- Ross L. Understanding reproductive justice. In: McCann CR, Kim S-K, Ergun E, eds. *Feminist Theory Reader*. 5th ed. New York: Routledge; 2020:77–82.

Public Health CareerMart



job site for Public Health Professionals

- ✦ **Career Coaching:** Work with one of our experienced and certified coaches to better manage, plan, and develop your career goals.
- ✦ **Resumé Writing:** Take advantage of professional resumé writing for all professional levels.
- ✦ **Resumé Critiques:** Our expert resumé writer provides helpful feedback.
- ✦ **Career Tips:** Search by career stages or services you need using keywords or phrases.
- ✦ **Salary and Benefits:** Negotiation techniques and salary analysis. Learn how to negotiate effectively and confidently for a job offer or raise!
- ✦ **Reference Checking/Employment Verification:** Identify questionable references before they talk to prospective employers.
- ✦ **Social Networking/Profile Development:** Make the right connections and open up job opportunities you never knew existed.
- ✦ **You can find it all here:** careers.apha.org/jobseekers/resources/

