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The Negative Impacts of the Reversal of Roe v. Wade in Missouri

The impacts of legal decisions reach beyond courtrooms, affecting lives, freedoms, and fundamental bodily autonomy. The reversal of Roe v. Wade, along with Missouri's trigger ban, has fundamentally changed women's reproductive rights, limiting their autonomy and access to reproductive healthcare choices. This legal upset is centered around Dobbs v. Jackson Women's Health Organization, closely connected to the precedent set by Roe v. Wade. In the case of Dobbs v. Jackson Women's Health Organization, the state of Mississippi contested the established abortion rights, prompting the United States Supreme Court to consider whether the Constitution protects the right to abortion. The Justices review of the case focused on Mississippi's Gestational Age Act, which prohibits most abortions after 15 weeks of pregnancy, with exceptions for medical emergencies and fetal abnormalities.

The Supreme Court voted to uphold a Mississippi law that restricted abortions, weakening Roe v. Wade precedent, with six justices favoring the state law's restrictions. The decision "returned the issue of abortion regulation to the elected branches" (Dobbs v. Jackson). The ruling contributed to Missouri's existing abortion law, the "Right to Life of the Unborn Child Act," imposing severe restrictions on safe and legal abortion procedures. Missouri's current law prohibits abortion except in the cases of medical emergencies (Section 188.017). It is important to note, the enactment of this law relied on certain conditions to be met: the overruling of Roe v.

Wade, the adoption of a constitutional amendment, or the enactment of a federal law granting the state of Missouri the authority to regulate abortion. As of June 24, 2022, the law combined with the trigger ban, restricts abortion access in Missouri, affecting women's reproductive choices and access to reproductive healthcare services.

The debate is focused on women's autonomy over their bodies. The consequences of *Roe v. Wade*'s reversal and Missouri's trigger ban, indicate a step backward in women's reproductive rights, placing women's autonomy at the mercy of the legal system. The disapproval from Supreme Court Justices Breyer, Sotomayor, and Kagan was evident in their dissenting opinion, “[w]ith sorrow—for this Court, but more, for the many millions of American women who have today lost a fundamental constitutional protection” (Center for Reproductive Rights). The minority Justices’ viewpoint expresses the gravity of the ruling's impact for women across the United States. The reversal of *Roe v. Wade*, in conjunction with Missouri's abortion law, restricts access to safe and legal abortion procedures. The abortion laws interfere with women's reproductive autonomy, obstructs access to reproductive healthcare and restricts informed decision making about their bodies and health. The circumstances adversely affect legal, maternal health, and ethical considerations, putting many women in precarious situations that endanger their well-being.

Legal Impact

In anticipation of a potential overturning of *Roe v. Wade*, states like Missouri enacted trigger laws that significantly restrict abortion access in the event of the reversal of *Roe v. Wade*. This legislative trend extends to the “Fifteen states where abortion remains legal have enacted various additional protections, such as permitting the use of state funds to cover abortion costs;

allowing non-physician health professionals to perform abortions; protecting physicians from prosecution, extradition, or other legal action by states that have banned abortion; and prohibiting the disclosure of patients' medical records without patient permission" (Winny).

Many abortion laws affect both healthcare providers and individuals seeking reproductive care, particularly in states with a hostile stance on abortion. In these states, physicians face medical care hurdles, potentially restricting access to critical obstetric and gynecological services. This situation also impacts the recruitment and retention of healthcare professionals but also introduces extreme measures. In Missouri, medical providers who perform or induce an illegal abortion can be charged with a class B felony and possibly lose their medical license. However, it protects women from prosecution for receiving an abortion (Section 188.017).

Currently in Missouri, lawmakers are pushing for a bill that would allow criminal murder charges to be filed against "anyone who gets an abortion, helps someone get an abortion or provides abortion care" (Bond), reflecting extensive legal changes that reach beyond limiting healthcare availability. These bills include exceptions for cases involving coercion, threats, or when an abortion is necessary to save the pregnant woman's life, but exclude "the victims of rape and incest, and for patients carrying fetuses with fatal anomalies" (ACLU MO). Mallory Schwarz, the executive director of Pro-Choice Missouri, points out, ". . . proposed bills not only endanger pregnant individuals but also criminalize their support systems, fostering a culture of shame and hindering open discussions about abortion" (Bond).

Missouri's abortion laws intersect with commonplace religious ideologies, prompting debates about church-state separation. Despite the proposed bills, influential anti-abortion groups have generally opposed criminalizing women for seeking abortions. Recently, a group of religious leaders in Missouri filed a lawsuit challenging the state's restrictive abortion ban,

arguing that lawmakers sought to “impose their religious beliefs on everyone through the law” (Salter). The lawsuit claims the abortion ban violates the Missouri Constitution and seeks to prevent its enforcement.

Christine Matthews, a public opinion pollster with Bellwether Research, recently conducted a survey with Missouri residents on abortion bans. The data from the study revealed, “. . . about 70% of Missourians believe abortion should remain legal in cases of rape and incest” (Rosenbaum). This statistic shows a shift away from complete opposition to abortion within Missouri. The contrast between what lawmakers are doing and what Missouri residents actually feel indicates a clear gap in understanding and views, suggesting that public opinion isn’t reflected in abortion policies.

In legislative debates on abortion laws in Missouri, the profound impact on healthcare and maternal welfare is hard to miss. The legal effects on healthcare systems, especially concerning maternal healthcare, make it difficult for women in Missouri to access the needed reproductive care.

Maternal Health Impact

In Missouri, the reversal of *Roe v. Wade* brings up justified concerns about healthcare and maternal welfare, particularly in the context of newly activated trigger laws that affect access to reproductive healthcare. To understand the inequalities of abortion laws, it is important to look at how the limitations affect individuals and marginalized communities.

The American College of Obstetricians and Gynecologists (ACOG) considers abortion a crucial part of women's healthcare, integrated into medical training and practice and recognized induced abortions as an essential piece of women’s health care. The ACOG website lists various

factors influencing a woman's choice for abortion such as “. . . contraceptive failure, barriers to contraceptive use and access, rape, incest, intimate partner violence, fetal anomalies, illness during pregnancy, and exposure to teratogenic medications” (ACOG). The website also stresses that decisions about abortion should be made between patients and their healthcare providers without external interference. According to the website when abortion is illegal or even highly restricted, “. . . women resort to unsafe means to end unwanted pregnancies, including self-inflicted abdominal and bodily trauma, ingestion of dangerous chemicals, self-medication with a variety of drugs, and reliance on unqualified abortion providers" (ACOG). Additionally alarming is “. . . approximately 21 million women around the world obtain unsafe, illegal abortions each year, and complications from these unsafe procedures account for approximately 13% of all maternal deaths, nearly 50,000 annually” (ACOG).

Statistics from a Missouri Department of Health report reveal a concerning rise in “the pregnancy-related mortality ratio, escalating from 25.2 to 32 deaths per 100,000 live births, signaling an alarming trend in maternal mortality in Missouri” (MO DEPT OF HEALTH).

Additional statistics reveal that "Black women are three times as likely, and Hispanic women twice as likely, to seek abortions than white women", according to Doctor Suzanne Bell, an expert in Family and Reproductive Health at John Hopkins University. Bell also shared that half of the women who get abortions live below the poverty line and live in states that have abortion limitations” (John Hopkins). This information magnifies existing reproductive healthcare inequalities, particularly for marginalized groups. According to the American and Civil Liberties Union of Missouri “Missouri is among the worst states for maternal mortality in the U.S., a country that has the worst maternal mortality among industrialized nations” (ACLU MO).

Abortion laws in Missouri cause economic and physical obstacles that perpetuate social inequalities, demonstrating larger social consequences that go beyond health outcomes. Missouri resident, Sam Hawickhorst recently gave testimony in front of the Missouri Senate Health and Welfare Committee in opposition of a proposed bill to criminalize women who seek abortions in other states. Hawickhorst testified, “We shouldn’t be having an economic and physical barrier caused by being forced to carry a child” (Bond). Hawickhorst’s testimony brings attention to the broader societal consequences of abortion restrictions.

Myliisa Farmer's upsetting ordeal she faced after her water broke at eighteen weeks into her pregnancy is one example of the alarming consequences of Missouri's abortion law. Farmer’s life was put in danger after she was denied necessary medical interventions due to restrictive abortion laws. Doctors informed Farmer her unborn baby's chances of survival were zero and recommended terminating the pregnancy. However, Farmer's options were limited due to Missouri’s abortion law, "Sit and wait in the hospital for however long it took for her heartbeat to either stop, or for infection to set in or for me to bleed to death” (Szuch). Despite being told by a Joplin, Missouri provider that her child was not viable, and her health was at risk, Farmer was forced to travel to a clinic in neighboring Illinois to receive critical reproductive healthcare. In Farmer’s case, medical professionals were concerned with vague language of the revised abortion law and feared providing abortion care that resulted in her health being put at risk. Her experience emphasizes the direct impact on women's health during pregnancy related emergencies and the lack of options to make personal decisions about her own health.

In the ongoing debate concerning Missouri's abortion laws, issues on female body autonomy, personal decisions, and finding ethical balance between religious beliefs and legal decisions takes center stage. Understanding the ethical challenges of the strict abortion laws

provides a comprehensive look at how the changes affect women's freedoms, reproductive healthcare access, and the well-being of women in Missouri.

Ethical Impact

Missouri's abortion laws raise ethical concerns regarding bodily autonomy and the right to make personal decisions. Even in cases of rape, incest, or fatal anomalies, the ban on abortion leads to forced pregnancies, compromising female body autonomy.

The American College of Obstetricians and Gynecologists (ACOG) website emphasizes the importance of improving women's health and autonomy through comprehensive reproductive healthcare services. The organization argues that denying essential care based on non-scientific or religious grounds jeopardizes women's well-being, "These restrictions force healthcare providers to delay crucial care until conditions worsen, ultimately harming women's health and the patient-physician relationship" (ACOG). Contrary to this ethical stance, the legal debate surrounding abortion bans based on religious beliefs contends that legislation grounded in religious convictions doesn't equate to imposing those beliefs on others (AP News Salter). This presents a facet of the ethical discourse around the influence of personal convictions on legislative decisions.

In January 2023, The National Women's Law Center (NWLC), Americans United for Separation of Church and State, and multiple religious leaders launched legal action on behalf of Reverend Traci Blackmon that contests the state's abortion bans and restrictions. The group action suit argues that Missouri abortion laws infringe upon the Missouri constitution's safeguarding of separation between religious beliefs and state legislation. Attorneys representing the diverse group of religious leaders argue that the legislative imposition of specific religious

perspectives violates the state constitution and that “Governor Michael Parson and the Missouri Legislature violated the state constitution by enshrining their personal religious beliefs about abortion into law when they enacted several abortion bans as part of House Bill No. 126, as well as earlier laws that destroyed abortion access in the state” (NWLC).

The political conflict in Missouri following the *Roe v. Wade* and *Dobbs v. Jackson Women's Health Organization* ruling reflects a contentious struggle over abortion rights. The state's ban on abortion, enacted minutes after the Supreme Court's decision, initiated a contentious ideological and ethical battle.

The American College of Obstetricians and Gynecologists (ACOG) raises an ethical concern, warning against restrictions on essential care based on non-scientific or religious reasons (ACOG). The organization emphasizes the ethical necessity of guaranteeing comprehensive reproductive healthcare free from roadblocks based in non-scientific ideologies.

The conservative religious ethos deeply rooted in Missouri's societal makeup is heavily indoctrinated by historical norms and cultural perspectives that influence attitudes on reproductive rights. Members of the Missouri legislature are often heavily influenced by conservative political ideologies and strong Christian values. These beliefs run deep in policymaking and often contribute to the debate surrounding reproductive rights. The conflict between those aiming to strengthen reproductive rights and legislators seeking to obstruct efforts emphasizes the nature of this ideological struggle. Within the legislative process is where political tactics and opposition remain central to the fight for the future of abortion.

Numerous advocates and organizations supporting abortion rights have made efforts to secure abortion protections in Missouri. Advocates pushing for reproductive rights in the state

have submitted multiple initiatives to reverse the ban and secure protections for abortion in Missouri's state constitution. This move has faced strong opposition from Missouri legislators.

Abortion rights advocates face challenges from Republican officials working to make it difficult for abortion initiatives, to make it onto the ballot. State Senator, Andrew Koenig is quoted saying he supports "gumming up the process" to prevent any measures related to abortion from reaching the public vote (Rosenbaum). He is not the only Republican politician making it difficult for women to seek reproductive healthcare in Missouri.

Missouri Attorney General, Andrew Bailey is actively working to make a significant effort to prevent abortion initiatives from making it to the ballot. In an attempt to further drag things out, Bailey is arguing an appeal to the Missouri Supreme Court that he can refuse to certify a fiscal note summary on the cost of an abortion amendment (Bates). Bailey's refusal to certify the fiscal summary obstructs the democratic process by impeding proposed ballot initiatives on abortion rights, raising ethical questions regarding transparency and the risks of misleading voters. A press release from Bailey's office announced, "We will continue to use every tool at our disposal to defend the sanctity of life" (Bailey). The actions of Bailey are more in alignment of his personal religious beliefs rather than a public servant.

A Republican abortion advocate stands out in the Missouri political scene by introducing initiatives seeking to include exceptions for cases involving rape and incest within the abortion ban. Abortion rights advocate, Jamie Corley demonstrates the departure from the original intent of Roe v. Wade. Corley's organization, Missouri Women and Family Research Fund, has proposed six ballot initiatives to allow abortion in cases of fatal fetal abnormalities, incest, or rape if reported to a crisis hotline. Some possible initiatives propose allowing abortion access

within twelve weeks of pregnancy and guarantee legal protection for both those performing and receiving abortions (Rosenbaum).

Republican State Senator Bill Eigel, who's also running for Missouri governor in 2024, has expressed no interest in creating exceptions, possibly as a strategic move to gain voter support. According to Eigel, “The fundamental belief of the pro-life movement is that all life is precious. If we get away from that very foundational, fundamental belief, then we are no longer the pro-life state that we talk about being” (Rosenbaum). Eigel's stance on abortion, like many other Republican politicians, reflects a belief system entrenched within the pro-life movement focused on restrictive abortion access.

By restricting access to reproductive care abortion laws force women to continue pregnancies against their will. The ACLU of Missouri website acknowledges, “Missouri lawmakers are forcing women to remain pregnant against their will and sometimes with dire health risks” (ACLU MO). The stance taken by the ACLU of Missouri aligns with many other advocacy groups' concerns about bodily autonomy and government intervention in reproductive choices. Groups like Planned Parenthood of the St. Louis Region and Southwest Missouri are very vocal in exposing the tension between political decisions and individual autonomy. Dr. Colleen McNicholas of Planned Parenthood emphasizes the ethical considerations, “Bottom line: the government should not be the one who's making a decision about when somebody should be able to continue, or not, a pregnancy” (Rosenbaum).

Conclusion

Since the reversal of *Roe v. Wade* and Missouri enacted its current abortion law, there has been a monumental shift in the state's stance on abortion rights. After fifty years of legal

precedent, previously protected by the Fourteenth Amendment, Missouri now stands as one of the states with the strictest abortion laws in the nation. This dramatic change has ignited debates in courtrooms within the state, raising complex questions about ideology, politics, and the fundamental rights of women.

The impact isn't confined to legal concerns in courtrooms; it affects healthcare providers and women seeking reproductive healthcare, especially in states with strict abortion laws like Missouri. The restrictive laws create challenges for doctors to provide needed abortion services, making it difficult for women to access essential reproductive healthcare.

Maternal health becomes a concern in situations in Missouri. The reversal of *Roe v. Wade* and restrictive abortion laws increases healthcare inequalities, affecting marginalized communities harder. An increase in maternal mortality rates and unequal access to abortion impact minority groups, broadening social and healthcare gaps.

Ethical debates focus on individual rights and governmental interference in personal choices. Abortion bans in Missouri infringe on autonomy, forcing women into pregnancies against their will and limiting their reproductive healthcare options. Missouri has a mixed bag of individuals who argue for laws based on religious beliefs as well as abortion rights advocates who stress the ethical dilemmas of imposing the beliefs of a few on the entire population of Missouri.

Advocacy groups, healthcare providers, and members of the public continue to fight to defend the rights of women. Their work offers hope for a future where women's choices and reproductive healthcare decisions are upheld, respected, and protected by the Constitution. The impact of Missouri's abortion laws on legal, maternal health and ethical concerns requires a better solution to remove political interference from women's autonomy and limited and

informed access to reproductive healthcare. This issue is an ongoing concern in multiple states not unique to Missouri; making it imperative that we prioritize the protection of women's rights beyond the borders of the Show-Me State.

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