

A Proposal for Organized Civil Disobedience by Academic Medicine to the Supreme Court's *Dobbs v Jackson Women's Health Association* Decision

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In response to the women's health care crisis solidified by the Supreme Court's *Dobbs* decision, following which half of states could outlaw abortion (and potentially in-vitro fertilization, emergency contraception, and even treatment for ectopic pregnancy, partial spontaneous abortions miscarriages, and botched "back alley" abortions), the medical profession has responded with statements condemning the ruling, protest marches, research agendas to study the consequences (with easily predictable results coming years from now that will only be ignored by anti-science legislators), and by setting up workarounds (e.g., offshore boats, a modern "overground railroad," etc.) to provide abortion to those who need and/or want it.^{1,2}

While such efforts are admirable and critically important to preserving access to abortion for some, they will not be enough to prevent massive increases in morbidity, mortality, poverty,

and incarceration, especially among young girls and women of color and/or low socioeconomic status.³ Indeed, the history of attitudes toward abortion show that opposition to reproductive choice is not rooted in concern for children, but rather paternalism, nationalism, and racism. Sadly, the U.S. has the highest maternal and infant mortality in the developed world, and states with abortion bans are among the least supportive of mothers and their children.⁴

Likewise, these efforts are unlikely to prevent further damage to our profession's reputation, whose influence has eroded significantly through the dismantling of simple public health measures to combat the covid pandemic under the Trump presidency⁵ and currently through the efforts of state actors and well-funded libertarian and religious groups, among others, to limit vaccine requirements and prevent educators from teaching about racism or the mere existence of LGBTQ individuals.⁶

Consequent to the *Dobbs* decision, doctors could face a host of legal troubles related to care of patients who cross state borders, telemedicine, and determining whether (and when) continuing a pregnancy constitutes a risk to a woman's life.⁷ Doctors will be gagged, prevented from offering sound medical advice, and sometimes forced to mention "risks" of abortion not supported by sound science. All of this will increase malpractice costs, but more important damage the integrity of our profession in the U.S. and its credibility overseas.

While Nazi comparisons are sometimes overused, and not to minimize the horrors of the Holocaust, it remains noteworthy that unethical pronouncements regarding bodily integrity and

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Public Health and Social Justice Website:

<http://www.publichealthandsocialjustice.org>

<http://www.phsj.org>

Prescription for Justice Television:

<https://www.youtube.com/channel/UCJt34I9c5vT2RpZtkg6Im2A/videos>

Prescription for Justice Podcast:

<https://www.kboo.fm/program/prescription-justice>

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patient care from a central authority is how Nazi medicine became an immoral agent of the state (similarly, Soviet psychiatry).⁸ History has shown us the value of widespread resistance to immoral laws (e.g., Dutch physicians during World War II, the U.S. Civil Rights Movement, the dismantling of Apartheid, the occupations of Lincoln Hospital by the Young Lords⁹). Physicians have the right, indeed the obligation, to act when confronted with immoral laws that impact our patients' lives,^{10, 11, 12} and current and proposed legislation will harm all women (and their male partners).¹³

Because of widespread support for full reproductive health care at academic medical centers, because these institutions' respected leaders promulgate treatment guidelines, and most important because they are responsible for training the next generation of physicians to practice science-based, ethical, human-rights-oriented medicine which respects the sanctity of the doctor-patient relationship and bodily integrity, consider the following proposal: All academic medical centers in the US should commit to continuing to provide full reproductive health care, including abortion, regardless of state laws. Such a commitment, supported by Deans and Department Chairs, could be facilitated within a week, given extensive formal (e.g., Association of American Medical Colleges, Organization of Program Directors Associations, American Board of Medical Specialties) and informal links between institutional leaders. Furthermore, health professional societies should commit to moving all national meetings and board exams from any state which makes abortion illegal.

Organized groups (e.g., Planned Parenthood, NARAL) and private citizens should quickly organize protest events within the next two weeks wherein any woman who has ever had an abortion (1/4 women by age 40), their partners (1/5 men have impregnated a woman who has had an abortion),⁷ and those who have utilized assisted reproduction, march *en masse* to police stations and demand to be jailed for their "crimes."

The criminal justice system cannot incarcerate and prosecute this many Ob/Gyns, family physicians, and mid-level practitioners without an immediate, untenable shortage of health care providers needed to provide prenatal care, deliver babies, diagnose and treat STDs, screen for and manage gynecologic malignancies, and all such

services required by conservatives and liberals alike. With a well-organized effort, especially if huge numbers of providers and citizens were jailed, the economy would grind to an immediate halt, something voters and the corporate backers of our representatives would not tolerate. Within days, Congress would almost certainly pass abortion protections, such as the Women's Health Protection Act;¹⁴ regardless, *Roe v Wade* would become, *de facto*, the law of the land.

Others can contribute to this effort, for example district attorneys committing not to prosecute abortion "crimes." Corporations should, while minimizing harm to local workers, move shareholder meetings from states where abortion is outlawed and commit to providing full reproductive health care to all their covered female employees.

Granted, there are similarly disastrous situations impacting human health that require civil disobedience (e.g., global warming¹⁵, nuclear weapons¹⁶), but for these areas, while academic medicine should play a leading role, larger coalitions involving multiple stakeholders and more time are necessary to achieve significant, lasting change.

With respect to the abortion crisis, if only a few providers and institutions continue to act piecemeal, they could suffer significant financial, legal, personal, and emotional consequences, and regardless of whether or not abortion becomes legal eventually, within a short time there would be an even greater dearth of trained providers than currently exists.¹⁷ The above plan of immediate, widespread civil disobedience from our profession, will not succeed without the vocal, legal, and financial support of teaching institutions and our professions' major organizations. Academic medical centers, with their recent commitments to incorporating social justice into training and to combatting racism in health care, must not just talk, but act, or the situation will get much worse for providers, our profession, and most important, our patients.

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