

DOBBS’ ATTACK ON RURAL COMMUNITIES: HOW RESTRICTIONS ON REPRODUCTIVE HEALTHCARE WILL EXACERBATE RURAL FLIGHT AND FURTHER DEplete AGRICULTURAL WORKFORCES

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ABSTRACT

In 2022, the Supreme Court case Dobbs v. Jackson Women's Health Organization launched an attack against rural communities when it revoked abortion as a constitutional right. Overturning nearly fifty years of precedent set by Roe v. Wade, this note explores how the Court's ruling will exacerbate rural flight and further deplete agricultural workforces throughout the United States, using Iowa and Indiana as examples, and proposes solutions. Outlining the difficult legal and social history of abortion, this note highlights the rural struggle of accessing reproductive healthcare and how these unlivable situations have and continue to force masses of people out of rural communities and agricultural labor. Rural women face many threats in seeking reproductive healthcare, even death, especially those in anti-abortion states which reap some of the highest maternal deaths in the United States. Anti-abortion states like Iowa and Indiana demonstrate this decades-long butterfly effect as scarce reproductive healthcare led to increased rural flight which forced farms to shut down and left grocery shelves empty. The states across the nation that introduced hundreds of anti-abortion bills since Dobbs shows the danger this case presents to not only women, but rural communities, agricultural labor, and the United States' wellbeing as restrictive policies only increase obstacles and exacerbate rural flight. Without a healthy and abundant rural America, our nation will grow weak. Proposed solutions like telemedicine, citizen initiatives, and incentives for healthcare professionals to work in rural areas can help increase reproductive healthcare quality and save millions of lives. Society and government members must implement these solutions to protect our women, rural communities, and nation.

I. INTRODUCTION

The United States Supreme Court's revocation of the constitutional right to abortion in *Dobbs v. Jackson Women's Health Organization* attacks many vulnerable groups, particularly rural communities.¹ Although such communities are inherently isolated, this remoteness leads to improper healthcare because most medical professionals and facilities are located in urban areas.² This lack of necessary resources in rural communities imposes numerous obstacles on women,

1. See THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, HEALTH DISPARITIES IN RURAL WOMEN 2 (2014), <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2014/02/health-disparities-in-rural-women.pdf> [<https://perma.cc/5HCM-PFMC>], aff'd by comm. 2016; see also *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228, 2242 (2022).

2. THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *supra* note 1.

including increased expenses, health risks, and even death, as they are forced to travel significant distances in search of proper reproductive healthcare.³ These burdens eventually cause large amounts of people to leave rural communities for urban areas with better resources.⁴ This phenomenon of rural flight threatens America's sustenance as the depletion in these communities produces inadequate agricultural workforces.⁵ Farmers in important agricultural states, such as Iowa and Indiana, continue to struggle to find sufficient labor, resulting in the shutdown of farms and empty grocery shelves.⁶ The ruling in *Dobbs* will only exacerbate America's rural flight and further deplete agricultural workforces as states restrict reproductive healthcare with policies that increase obstacles and force rural individuals to leave.⁷ *Dobbs'* attack on rural communities has already commenced as states across America introduced hundreds of anti-abortion bills in 2022 alone.⁸ Policy solutions to improve access to adequate reproductive healthcare, including telemedicine, citizen initiatives, and incentives for medical professionals to practice in rural areas, would not only protect rural communities from extinction, but also maintain agricultural labor and America's well-being.⁹ To save our rural areas and employees, local governments must improve access to reproductive healthcare.

3. *Id.*

4. KENNETH M. JOHNSON, UNIV. OF N.H. CARSEY SCH. OF PUB. POL'Y, RURAL AMERICA LOST POPULATION OVER THE PAST DECADE FOR THE FIRST TIME IN HISTORY 4 (2022), <https://scholars.unh.edu/cgi/viewcontent.cgi?article=1446&context=carsey> [<https://perma.cc/5EJK-XEDX>].

5. Alexander Marre, *Rural Population Loss and Strategies for Recovery*, ECON FOCUS, First Quarter 2020, at 27, 27, https://www.richmondfed.org/-/media/RichmondFedOrg/publications/research/econ_focus/2020/q1/district_digest.pdf [<https://perma.cc/A2RJ-TYZB>].

6. Jim Baird & Steve Obert, *Op/Ed: Hoosier Farmers Need Congress to Enact Legislation to Help End Worker Shortage*, INDYSTAR (Aug. 27, 2022, 5:01 AM), <https://www.indystar.com/story/opinion/2022/08/27/farmworkers-needed-shortage-at-indiana-farms-now-at-crisis-levels/65459098007/> [<https://perma.cc/Q3XG-Q7NY>]; see IOWA WORKFORCE DEV., IOWA CAREER, INDUSTRY & POPULATION REPORT 2012-2022 (2014).

7. See Janice Hopkins Tanne, *Abortion: Indiana Becomes First US State to Enact an Almost Total Ban*, THE BMJ (Aug. 10, 2022), <https://www.bmj.com/content/378/bmj.o1998> [<https://perma.cc/CM55-W79E>].

8. Larissa Jimenez, *60 Days After Dobbs: State Legal Developments on Abortion*, BRENNAN CTR. FOR JUST. (Aug. 24, 2022), <https://www.brennancenter.org/our-work/research-reports/60-days-after-dobbs-state-legal-developments-abortion> [<https://perma.cc/G6VH-FFR9>].

9. See GABRIELA WEIGEL ET AL., HENRY J KAISER FAM. FOUND., TELEMEDICINE IN SEXUAL AND REPRODUCTIVE HEALTH 1 (2019), <https://files.kff.org/attachment/Issue-Brief-Telemedicine-in-Sexual-and-Reproductive-Health> [<https://perma.cc/3Y3X-ADV5>].

II. AMERICA'S REPRODUCTIVE HEALTHCARE HISTORY AND LAW

Abortion and reproductive healthcare carry a long, controversial history in the United States.¹⁰ In the nineteenth century, the medical profession campaigned to criminalize abortion.¹¹ The campaign succeeded as multiple states passed anti-abortion laws that imprisoned women for seeking reproductive healthcare.¹² Despite the states' goals of protecting life, these prohibitive laws did the exact opposite.¹³ In fact, such laws did not get rid of abortion, they merely got rid of safe, legal abortions and left more than 1,000 women dead from unsafe abortions in the United States every year since the 1940s.¹⁴ These deaths and restrictive healthcare laws continued until the Supreme Court changed history by holding that abortion was a constitutional right in *Roe v. Wade*.¹⁵ Later in *Planned Parenthood v. Casey*, the Court reaffirmed *Roe* and even banned any undue burdens on a woman's right to abortion.¹⁶ Unfortunately, in June 2022, the conservative Supreme Court overruled nearly fifty years of precedent by revoking abortion as a constitutional right in *Dobbs v. Jackson Women's Health Organization*.¹⁷ Now, federal law codifies the unconstitutionality of abortion and the states may choose to pass restrictive or supportive reproductive healthcare laws.¹⁸ The states' abilities to ban abortion threatens not only women, but rural communities and agricultural labor as poor access to reproductive healthcare will force individuals to leave these areas in search of a better life.¹⁹

A. Dark Beginnings: Abortion's Social History

Although an abortion is a simple medical operation, healthcare professionals campaigned for its criminalization centuries ago.²⁰ Doctors argued several reasons for the enactment of criminal abortion laws, such as protecting prenatal life and

10. Reva Siegel, *Reasoning from the Body: A Historical Perspective on Abortion Regulation and Questions of Equal Protection*, 44 STAN. L. REV. 261, 280-81 (1992).

11. *Id.* at 282.

12. *Id.* at 315.

13. NAT'L WOMEN'S L. CTR. REP., REPRODUCTIVE RIGHTS & HEALTH: "SHE'S NOT FREE:" DOCTORS REFLECT ON A PRE-ROE WORLD 1 (2018), <https://nwlc.org/wp-content/uploads/2018/08/Roe-Report-Part-I-2.pdf> [<https://perma.cc/EPN6-SR2G>].

14. *Id.*

15. *See* *Roe*, 410 U.S. at 154.

16. *Planned Parenthood v. Casey*, 505 U.S. 833, 879 (1992).

17. *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228, 2243 (2022).

18. *Id.* at 2284.

19. Marre, *supra* note 5.

20. Siegel, *supra* note 10, at 282.

women's health.²¹ Despite these concerns, racist and sexist purposes fueled this anti-abortion campaign as doctors sought to "ensure women's performance of marital and maternal obligations and to preserve the ethnic character of the nation."²² This history demonstrates that constitutionally illegitimate concerns contribute to restrictive reproductive healthcare laws.²³ These disturbing purposes highlight the attack on vulnerable communities, especially women and those in rural areas, through anti-abortion regulations.²⁴ Unfortunately, the medical profession succeeded in their criminalization campaign as several states, including Ohio, would imprison women for up to seven years for merely attempting to obtain an abortion.²⁵

B. A Brighter Day: Roe v. Wade and Planned Parenthood v. Casey

States continued to pass restrictive reproductive healthcare laws that negatively impacted women until the Supreme Court held abortion as a constitutional right in *Roe v. Wade*.²⁶ In this monumental case, Jane Roe challenged Texas' statute criminalizing abortion at any stage of pregnancy except to save the life of the mother.²⁷ The Court held that such a statute violated the Due Process Clause of the Fourteenth Amendment because it intrudes on a woman's liberty, specifically their constitutional right to privacy.²⁸ The Texas government took away a woman's free will in conducting her own body and life trajectory without any regard to pregnancy stages, complications, or other interests involved.²⁹ Due to these constitutional infringements, the Court made history and held abortion to be a constitutional right.³⁰ To better balance a woman's right to privacy and a state's interest in preserving life, the Court also provided statutory guidelines on how early states can intervene in a pregnancy.³¹

Nearly twenty years later, the Court affirmed a woman's right to abortion and condemned undue burdens imposed by state policies in *Planned Parenthood*

21. *Id.* at 277–78.

22. *Id.* at 279.

23. *See id.*; U.S. CONST. amend. XIV, § 1.

24. Siegel, *supra* note 10, at 300; THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *supra* note 1, at 2.

25. Siegel, *supra* note 10, at 315.

26. *Roe v. Wade*, 410 U.S. 113, 154 (1973).

27. *Id.* at 120.

28. *Id.* at 164; *see* U.S. CONST. amend. XIV, § 1.

29. *Roe*, 410 U.S. at 164.

30. *Id.*

31. *Id.* at 164-65.

v. Casey.³² The Court found Pennsylvania's statute requiring spousal notification of one's abortion unconstitutional because it placed an undue burden on a woman's right to abortion.³³ Such a requirement would likely prevent many women from obtaining an abortion due to safety concerns, including domestic violence and murder.³⁴ Thus, *Casey* solidified *Roe* by protecting a woman's constitutional right to abortion from undue interference.³⁵ These two cases defined abortion law within the United States for nearly fifty years, allowing better access to reproductive healthcare and saving thousands of lives.³⁶ Because of these landmark cases, abortions have saved over 63,460,000 women from an untimely death or unreachd potential as a result of an unexpected pregnancy.³⁷ Whether a farmer or production manager, abortion protects women and gives them the freedom to prosper in whatever line of work they choose.³⁸

C. Complicated Times: Dobbs v. Jackson Women's Health Organization and President Biden's Pro-Abortion Executive Order

In June 2022, the conservative Supreme Court revoked women's constitutional right to abortion.³⁹ In *Dobbs v. Jackson Women's Health Organization*, the Court upheld Mississippi's Gestational Age Act that banned all abortions after the first fifteen weeks of pregnancy.⁴⁰ The Court emphasized textualist arguments that the constitution fails to mention abortion and is not an implicit liberty deeply rooted in America's history or tradition.⁴¹ By overruling *Roe* and *Casey*, the *Dobbs* holding altered history through its federal ban on abortion and empowered the states to arbitrarily restrict this medical procedure.⁴²

32. *Casey*, 505 U.S. at 876.

33. *Id.* at 895.

34. *See Id.* at 893-94.

35. *Id.* at 846.

36. *See* NAT'L RIGHT TO LIFE EDUC. FOUND., ABORTION STATISTICS: UNITED STATES DATA AND TRENDS (2022), <https://nrlc.org/uploads/factsheets/FS01AbortionintheUS.pdf> [<https://perma.cc/LZQ6-BJZW>].

37. *Id.*

38. *See* U.S. DEP'T OF AGRIC. NAT'L AGRIC. STATS. SERV., 2017 CENSUS OF AGRICULTURE, CENSUS TABLE 47- FEMALE PRODUCERS, https://www.nass.usda.gov/Quick_Stats/CDQT/chapter/2/table/47/year/2017 [<https://perma.cc/3NXY-PXUU>].

39. *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228, 2242 (2022).

40. *Id.* at 2284.

41. *Id.* at 2242-43.; *See* U.S. CONST. amend. XIV, § 1.

42. *Dobbs*, 142 S. Ct. at 2242.

A few months later, in response to the Court overruling abortion, President Biden issued an executive order on securing access to reproductive and other healthcare services.⁴³ Although this executive order empowers the Health and Human Services in a variety of ways, such as the authority to promote research on maternal health outcomes and advance access to reproductive healthcare services, it falls short of substantially impacting abortion rights within the states.⁴⁴ The executive order does not overrule the federal ban on abortion, nor does it stop states from limiting abortion access.⁴⁵ Despite the executive branch's efforts to preserve reproductive healthcare, *Dobbs* remains superior, and the states may freely follow suit by restricting or banning abortion.⁴⁶ *Dobbs'* attack on reproductive healthcare has already commenced as legal abortions completed across the United States decreased by 10,670 merely two months after the ruling.⁴⁷ This immediate decline in abortion after *Dobbs* demonstrates the extensive power of its holding over reproductive healthcare and the dangerous restrictions it imposes on rural areas.⁴⁸

III. SCARCE REPRODUCTIVE HEALTHCARE IN RURAL COMMUNITIES

A. National Trends and Obstacles Rural Women Face in Seeking Reproductive Healthcare

Dobbs threatens vulnerable communities already struggling with access to reproductive healthcare, especially rural areas.⁴⁹ Across the United States, women in rural communities have faced several obstacles imposed by lack of resources,

43. *Fact Sheet: President Biden Issues Executive Order at the First Meeting of the Task Force on Reproductive Healthcare Access*, THE WHITE HOUSE (Aug. 3, 2022) [hereinafter *President Biden Issues Executive Order*], <https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/03/fact-sheet-president-biden-issues-executive-order-at-the-first-meeting-of-the-task-force-on-reproductive-healthcare-access-2/> [<https://perma.cc/8UCB-M6EE>]; see *Securing Access to Reproductive and Other Healthcare Services*, 87 Fed. Reg. 49505 (Aug. 3, 2023).

44. President Biden Issues Executive Order, *supra* note 43; *Securing Access to Reproductive and Other Healthcare Services*, 87 Fed. Reg. 49505.

45. Shirin Ali, *What President Biden's Executive Order on Abortion Does Not Address*, THE HILL: CHANGING AM. (July 8, 2022), <https://thehill.com/changing-america/respect/accessibility/3550413-what-president-bidens-executive-order-on-abortion-does-not-address/> [<https://perma.cc/A87Y-665F>].

46. *See id.*

47. Gianna Melillo, *Legal Abortions Dropped 6 Percent in Months After Roe was Overturned: Research*, THE HILL: CHANGING AM. (Oct. 31, 2022), <https://thehill.com/changing-america/respect/accessibility/3712250-legal-abortions-dropped-6-percent-in-months-after-roe-was-overturned-research/> [<https://perma.cc/5BSC-QZJ2>].

48. *See id.*

49. *See* THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *supra* note 1, at 2.

finances, and spatial privilege.⁵⁰ Due to the natural isolation of rural areas, amenities are spread out across lengthy distances and force residents to spend significant costs on traveling.⁵¹ This difficulty in obtaining basic resources in rural communities highlights the spatial privilege of those in urban areas.⁵² Spatial privilege defines the increased benefits and decreased obstacles of living in urban communities where amenities are abundant and easily accessible.⁵³ This spatial privilege, the benefits of saving time, expenses, and avoiding risks of injury, when obtaining resources like healthcare in an urban community does not equally apply to rural areas.⁵⁴ Rural communities lack spatial privilege—an issue that is extremely apparent from the scarce medical professionals, facilities, and services in their reproductive healthcare.⁵⁵ Research compiled by the American College of Obstetricians and Gynecologists (American College), the premier professional membership organization for obstetricians and gynecologists, highlights this lack of spatial privilege and the struggles rural communities face over urban ones.⁵⁶ In 2008, merely “6.4% of obstetrician-gynecologists practiced in rural settings.”⁵⁷ Also in 2008, the American College discovered that 87% of United States counties had no abortion provider, with the majority of rural areas suffering.⁵⁸ This percentage increased in 2017 to 89% of counties left without any abortion provider.⁵⁹

Poor access to reproductive healthcare resulting from a lack of spatial privilege forces rural individuals to travel excessive distances for simple medical appointments.⁶⁰ The American College found that “[l]ess than one half of rural women live within a 30-minute drive to the nearest hospital [with] perinatal services.”⁶¹ 87.6% of rural women live within a 60-minute drive to the nearest hospital with perinatal services, leaving the last 12.4% of rural women traveling

50. Lisa R. Pruitt & Marta R. Vanegas, *Urbanormativity, Spatial Privilege, and Judicial Blind Spots in Abortion Law*, 30 BERKELEY J. GENDER L. & JUST. 76, 77 (2015).

51. See THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *supra* note 1, at 2.

52. See Pruitt & Vanegas, *supra* note 50.

53. *Id.* at 105.

54. *Id.*

55. *Id.* at 116.

56. See THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *supra* note 1, at 2.

57. *Id.*

58. *Id.*

59. *State Facts About Abortion: Iowa*, GUTTMACHER INST. (June 2022) [hereinafter *Iowa Facts About Abortion*], <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-iowa> [<https://perma.cc/L8QV-MTE4>].

60. *Id.*; see also THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *supra* note 1, at 2.

61. THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *supra* note 1, at 2.

over an hour.⁶² These significant distances pose many dangers to pregnant women, especially in emergencies.⁶³ Moreover, nonrural women often do not face the same struggles as rural women due to their abundant access to reproductive healthcare in metropolitan communities.⁶⁴ In 2008, the American College found that 42.9% of rural women traveled between 50 to 100 miles for the nearest hospital while only 7% of nonrural women had to travel such distances.⁶⁵ Likewise, 31% of rural women traveled more than 100 miles to access healthcare compared to only 3.8% of nonrural women.⁶⁶ These statistics demonstrate only some of the obstacles rural communities face in obtaining reproductive healthcare due to their lack of spatial privilege, issues that urban areas often do not struggle with.⁶⁷

Not only do rural women suffer from a lack of spatial privilege, but such insufficient resources leave them especially vulnerable to obstacles imposed by restrictive reproductive healthcare laws.⁶⁸ These prohibitive laws aim to make obtaining proper reproductive healthcare more difficult or nearly impossible socially, mentally, financially, and physically.⁶⁹ The obstacles these laws impose present life-threatening risks, including pregnancy complications, disease, and even death.⁷⁰ Anti-reproductive healthcare laws worsen these life-threatening risks by limiting abortion access through a variety of mechanisms such as: mandatory waiting periods and multiple appointments before an abortion, anti-abortion counseling, ultrasounds with the option to view the image, parental/spousal notifications and approval of abortions, limitations on public funding and admitting privileges for abortion providers in hospitals, criminal consequences for abortion users and providers, authorized state intervention with a woman's pregnancy as early as six weeks, and more.⁷¹ Unfortunately, these restrictive laws

62. *Id.*

63. See *Reproductive Health: Pregnancy Mortality Surveillance System*, CTRS. FOR DISEASE CONTROL & PREVENTION (Mar. 23, 2023) [hereinafter *Pregnancy Mortality Surveillance System*], https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm [https://perma.cc/643P-B6PH].

64. THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *supra* note 1, at 2.

65. *Id.*

66. *Id.*

67. See *id.*

68. Pruitt & Vanegas, *supra* note 50.

69. See *Iowa Facts About Abortion*, *supra* note 59.

70. Pruitt & Vanegas, *supra* note 50.

71. See *id.* at 94; *Iowa Facts About Abortion*, *supra* note 59.

negatively impact low income, rural women the most.⁷² Because rural women are more likely to be lower class, left without spatial privilege, and lack health insurance, maneuvering prohibitive reproductive laws hurts this group more than others.⁷³

Most strikingly, such arbitrary reproductive laws kill, have killed, and will continue to kill hundreds of rural women.⁷⁴ Due to significant travel burdens imposed by these laws, risks of mortality and pregnancy complications substantially increase in rural women populations compared to nonrural women.⁷⁵ According to the Center for Disease Control and Prevention's pregnancy mortality surveillance system, national research shows that rural women have a 9% greater probability of severe maternal morbidity or mortality than nonrural women.⁷⁶ Even New Mexico, a pro-abortion state almost completely surrounded by anti-abortion states, demonstrates the increased risks traveling presents to rural individuals as car accidents kill one in three people who die during pregnancy and the weeks following childbirth.⁷⁷ Furthermore, states with intense anti-abortion laws have high maternal mortality rates compared to states with pro-abortion laws.⁷⁸ For example, Indiana, a restrictive anti-abortion state with poor reproductive healthcare, has the third highest maternal mortality rate in the country.⁷⁹ Louisiana, the state with the strictest anti-abortion laws in the United States, ranks the highest

72. Pruitt & Vanegas, *supra* note 50.

73. *Id.*; Hanna Love & Tracy Hadden Loh, *The 'Rural-Urban Divide' Furthers Myth about Race and Poverty – Concealing Effective Policy Solutions*, BROOKINGS: THE AVE. (Dec. 8, 2020), <https://www.brookings.edu/blog/the-avenue/2020/12/08/the-rural-urban-divide-furthers-myths-about-race-and-poverty-concealing-effective-policy-solutions/> [<https://perma.cc/LV44-VER3>] (rural counties make up 84% of American places struggling with persistent poverty).

74. *Pregnancy Mortality Surveillance System*, *supra* note 63.

75. *Id.*

76. *Id.*

77. Martha Hostetter & Sarah Klein, *Transforming Care: Restoring Access to Maternity Care in Rural America*, THE COMMONWEALTH FUND (Sept. 30, 2021), <https://www.commonwealthfund.org/publications/2021/sep/restoring-access-maternity-care-rural-america> [<https://perma.cc/QH2S-3AFR>].

78. John A. Tures, *States with Strong Antiabortion Laws have High Maternal and Infant Mortality Rates*, MO. INDEP. (July 6, 2022, 10:59 AM), <https://missouriindependent.com/2022/07/06/states-with-strong-antiabortion-laws-have-high-maternal-and-infant-mortality-rates/> [<https://perma.cc/U59K-WA2V>].

79. Shari Rudavsky, *'Abortion is Healthcare': What Supreme Court Reversal Means for Doctors, Nurses, Patients*, INDYSTAR (June 30, 2022, 6:58 PM), <https://www.indystar.com/story/news/health/2022/06/30/indiana-doctors-nurses-medical-students-rally-abortion-rights-downtown/7777837001/> [<https://perma.cc/BM4K-9WLM>].

with 58.1 maternal deaths per 100,000 births.⁸⁰ In comparison, California, arguably the most liberal state in the nation, has the lowest maternal mortality rate with 4.0 maternal deaths per 100,000 births.⁸¹ These statistics illustrate that prohibitive reproductive healthcare laws not only kill women, but they also threaten rural communities and fail to completely stop abortions from happening.⁸²

When states revoke a woman's rights to a local, safe, and legal abortion, they do not rid the practice but merely threaten further injury and death upon women.⁸³ To obtain reproductive healthcare, women have resorted, do resort, and will continue to resort to desperate measures, even risking their lives by performing self-abortions with knitting needles or shooting themselves in the uterus.⁸⁴ Legal abortions save lives.⁸⁵ Between 1972 and 1973 when the Supreme Court decided *Roe*, maternal deaths caused by abortion dropped by 56%.⁸⁶ Compared to the five years before *Roe*, the maternal deaths caused by abortion decreased by 80% in the five years post-*Roe*.⁸⁷ Not only do legal abortions protect women from deadly practices, but they also save victims of violence from further injury.⁸⁸ An abortion saved a 10-year-old girl pregnant by rape from the trauma of possibly losing her life and free will as a result of another's criminal act.⁸⁹ Forced by Ohio's anti-abortion laws, the young child traveled 175 miles to Indiana to receive an abortion.⁹⁰ Despite the abortion saving the child's life and the successful arrest of the 27-year-old rapist, members of society ignored these benefits and threatened

80. Tures, *supra* note 78.

81. *Id.*

82. Hannah Haksgaard, *Traveling for Abortion Services and the Rural Women "We Must Not Forget"*, 65 S.D. L. REV. 1, 3 (2020).

83. NAT'L WOMEN'S L. CTR. REP., *supra* note 13.

84. Haksgaard, *supra* note 82, at 1; NAT'L WOMEN'S L. CTR. REP., *supra* note 13 (physicians caring for women in a pre-*Roe* world tell their stories: Dr. P states, "I went to two funerals of two women that had illegal abortions. One rolled into our emergency room with a couple feet of intestines coming out of her vagina, and the other died under our care whose sister tried to abort her with knitting needles." Dr. Warren Hern speaks about her medical student experience where a "woman who had been turned down for an abortion at a nearby hospital" went back home and "shot herself in the uterus and then drove herself back to the hospital.").

85. *See generally* NAT'L WOMEN'S L. CTR. REP., *supra* note 13.

86. Jeremy Faust, *Four Key Facts that Show Legalized Abortion Saves and Improves Maternal Lives*, INSIDE MED. (May 2, 2022), <https://insidemedicine.substack.com/p/four-key-facts-that-show-legalized-22-05-03> [<https://perma.cc/3W8U-YADG>].

87. *Id.*

88. *See* Haksgaard, *supra* note 82, at 1.

89. *Id.*

90. *Id.*

the performing doctor with lawsuits.⁹¹ These attacks against rural women and children demand access to proper abortion.⁹² Overall, the inadequate access to reproductive healthcare threatens our women, rural communities, agricultural workforces, and America's wellbeing. Poor reproductive healthcare in rural communities is overrun with death and is among the many causes contributing to rural flight.⁹³ *Dobbs*' denial of abortion as a constitutional right will only increase restrictions on reproductive healthcare, force more rural residents to urban areas, and further deplete agricultural labor.⁹⁴

IV. AMERICA'S RURAL FLIGHT AND ITS NEGATIVE IMPACT ON AGRICULTURAL WORKFORCES

A. National Rural Flight Trends

Dobbs will unintentionally decrease rural populations and further deplete agricultural employees.⁹⁵ Rural flight has plagued America for decades as the country becomes more urbanized and masses of people leave rural communities for metropolitan areas with greater resources and opportunities.⁹⁶ Most Americans, namely 86.3%, live in urban areas and do not suffer the same struggles rural communities do.⁹⁷ Due to lack of spatial privilege and poor reproductive healthcare, approximately 52% of American rural counties suffered population declines from 2010 to 2020.⁹⁸ Multiple states with strong agricultural influences, including Missouri and Illinois, have suffered decreases in rural population for over ten years.⁹⁹ Kansas, the leading state in winter wheat production, has suffered

91. Janice Hopkins Tanne, *After Roe v Wade: US Doctors are Harassed, Confused, and Fearful, and Maternal Morbidity is Increasing*, THE BMJ (Aug. 1, 2022), <https://www.bmj.com/content/378/bmj.o1920> [<https://perma.cc/KS4X-EZ37>].

92. *See id.*

93. Marre, *supra* note 5, at 30.

94. *See id.* at 27.

95. *See generally* *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228 (2022); Natalie Musumeci & Madison Hoff, *A Striking US Census Map Shows How Much Rural America Has Shrunk in the Past Decade*, INSIDER (Aug. 12, 2021, 4:36 PM), <https://www.businessinsider.com/us-census-map-widespread-population-declines-in-rural-areas-2021-8> [<https://perma.cc/7Y65-E8GY>].

96. Musumeci & Hoff, *supra* note 95.

97. *Id.*

98. *Id.*

99. *Id.*

from rural population declines for 50 years.¹⁰⁰ The agricultural heartland of the Corn Belt, Great Plains, and Mississippi Delta also suffered significant population losses from 2010 to 2020.¹⁰¹ Nationally, in only four years from 2010 to 2014, 350,000 people moved out of rural counties while only 250,000 people were born in those areas.¹⁰² These statistics amount to nothing compared to national urban populations with almost 6 million births and 4 million people that moved to such communities from 2010 to 2014.¹⁰³

National rural flight threatens agriculture because such population declines lead to depleted workforces.¹⁰⁴ Most agricultural states, including Iowa and Indiana, feel the toll rural flight imposes on human labor as farmers struggle to meet demands.¹⁰⁵ Such agricultural staffing shortages threaten America's overall health and future with an "impending, massive agricultural economic crisis."¹⁰⁶ *Dobbs'* authorization for states to ban abortion will only exacerbate this agricultural crisis as poor reproductive healthcare has forced people out of rural communities for years and further restrictions will likely increase this flight.¹⁰⁷

Dobbs threatens our rural communities and labor because it endorses state policies that restrict abortion.¹⁰⁸ For decades, especially post-*Dobbs*, states have restricted abortion by imposing bans and unnecessary obstacles.¹⁰⁹ As previously mentioned, some of the burdens designed to deter women from obtaining abortions

100. Tim Henderson, *States Try to Counter Rural Flight*, PEW (Aug. 20, 2015, 12:00 AM), <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/08/20/states-try-to-counter-rural-flight> [<https://perma.cc/7CQN-NMJK>].

101. JOHNSON, *supra* note 4, at 2.

102. Henderson, *supra* note 100.

103. *Id.*

104. *The Rural Phlight*, THE WASH. POST (Apr. 13, 2023, 3:35 PM), <https://www.washingtonpost.com/archive/politics/1985/02/16/the-rural-plight/9745de80-5ea4-4902-818f-5dd2f52e1012/> [<https://perma.cc/HV4K-BM9A>].

105. SRIKANT DEVARAJ ET AL., BALL STATE UNIV., *THE STATE OF THE RURAL ECONOMY IN INDIANA 67* (2022) (Indiana's agricultural sector loses hundreds of thousands of workers over the past fifty years); Kendall Crawford, *Iowa's Dairy Industry Faces Challenges from Supply Chain Disruptions*, IOWA PUB. RADIO (Nov. 18, 2021, 5:45 PM), <https://www.iowapublicradio.org/agriculture/2021-11-18/iowas-dairy-industry-faces-challenges-from-supply-chain-disruptions> [<https://perma.cc/8V6B-E4FC>] (Iowa lost 80 dairy farms in 2018, a trend that continues today. Surviving dairy farms still struggle with insufficient staffing and milking equipment shortages).

106. *The Rural Phlight*, *supra* note 104.

107. *Id.*

108. See *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228, 2242 (2022).

109. See Jimenez, *supra* note 8.

include mandatory spousal consent requirements and criminal punishment.¹¹⁰ Even with *Roe*'s protection of abortion, several states sought its demise by passing trigger laws that would ban abortion upon its overruling.¹¹¹ After *Dobbs*, these prohibitive laws increased as states across the nation implemented their trigger bans and introduced over 100 bills restricting access to abortion.¹¹² These trends in restraining abortion access will only force more people out of rural communities struggling with proper reproductive healthcare and further deplete agricultural labor.¹¹³ With 1.2 million women employed on farms across America, anti-reproductive healthcare laws can wipe out these women from workforces and deplete massive sectors of agricultural staffing.¹¹⁴ Iowa and Indiana, impactful agricultural states that passed anti-abortion laws after *Dobbs*, demonstrate the negative affects restrictive reproductive healthcare laws impose on rural flight.¹¹⁵ Because the future of America is inherently connected to the overall health of our rural communities and workforces, we must protect these areas by providing adequate reproductive healthcare.¹¹⁶

B. Anti-Abortion States' Shrinking Populations and Struggling Agricultural Workforces

1. Iowa

Like many other states, Iowa's restrictive reproductive healthcare laws will only worsen the state's suffering from rural flight and inadequate agricultural staffing.¹¹⁷ Before *Dobbs*, Iowa granted women their constitutional right to abortion.¹¹⁸ A few years later, the Iowa Supreme Court deemed the legislature's

110. *Id.*

111. *Id.*

112. *Id.*; see generally *State Legislation Tracker: Major Developments in Sexual & Reproductive Health*, GUTTMACHER INST. (Mar. 15, 2023), <https://www.guttmacher.org/state-policy> [<https://perma.cc/ER5T-MYTY>].

113. See *The Rural Phlight*, *supra* note 104.

114. Jessica Drake, *How Iowa is Celebrating Women in Agriculture*, DSM USA (Mar. 25, 2021), <https://www.dsmpartnership.com/news-media/blog/how-iowa-is-celebrating-women-in-agriculture> [<https://perma.cc/LH6T-5EN5>].

115. See generally Chris Gothner, *80 Iowa Farms Lost Last Year; Anxiety Remains Among Farmers*, KCCIDES MOINES (Oct. 4, 2019, 6:48 PM), <https://www.kcci.com/article/80-iowa-farms-lost-last-year-anxiety-remains-among-farmers/29371068#> [<https://perma.cc/GL8B-WHUU>].

116. *The Rural Phlight*, *supra* note 104.

117. See *id.*

118. *Planned Parenthood of the Heartland Inc. v. Iowa Bd. of Med.*, 865 N.W.2d 252, 254 (Iowa 2015); see IOWA CONST. art. I, § 1.

fetal heartbeat law unconstitutional, ordered an injunction on the law's enforcement, and affirmed women's constitutional right to abortion until week 20 of pregnancy.¹¹⁹ Unfortunately, women's access to reproductive healthcare in Iowa, like many states, drastically changed after *Dobbs*.¹²⁰ The Iowa Supreme Court revoked abortion as a constitutional right and upheld the 24-hour waiting period restriction on legal abortions.¹²¹ Iowa has not ceased its attack on women as the conservative Governor filed a motion to lift the injunction against the enforcement of the fetal heartbeat law that bans abortion at merely six weeks of pregnancy.¹²² State-directed counseling, 24-hour waiting periods, and mandatory ultrasounds already burden women navigating Iowa's reproductive healthcare system.¹²³ More restrictions, such as the enactment of the fetal heartbeat law, will only exacerbate rural communities' poor access to abortion.¹²⁴ Furthermore, Iowa's crumbling medical facilities amplify this legal attack on reproductive healthcare.¹²⁵ In the number of OB-GYNs per capita for the United States, Iowa ranks last of all 50 states, with two-thirds of Iowa counties lacking even a single OB-GYN.¹²⁶ Since 2000, rural Iowa has suffered 34 closures of maternity units.¹²⁷ Additionally, Iowa lacks sufficient abortion-providing facilities, a pressing issue as the state already lost 33% of these locations.¹²⁸ As a result of Iowa's poor healthcare system and restrictive abortion laws, women must travel hours to give birth or merely access adequate reproductive healthcare.¹²⁹

Due to Iowa's history of suffering from poor reproductive healthcare and rural flight, the revocation of abortion will only aggravate these issues and further

119. *Planned Parenthood of the Heartland Inc. v. Reynolds*, 915 N.W.2d 206, 237 (Iowa 2018); IOWA CODE § 146C.2 (2022).

120. Jimenez, *supra* note 8.

121. *Planned Parenthood of the Heartland Inc. v. Reynolds*, 975 N.W.2d 710, 716 (Iowa 2022).

122. *Gov. Reynolds Files Motion to Challenge Injunction on Fetal Heartbeat Bill*, OFF. OF THE GOV. OF IOWA KIM REYNOLDS (Aug. 11, 2022), <https://governor.iowa.gov/press-release/gov-reynolds-files-motion-to-challenge-injunction-on-fetal-heartbeat-bill%C2%A0> [<https://perma.cc/6877-923Q>]; IOWA CODE § 146C.2 (2022).

123. IOWA CODE § 146A.1 (2022).

124. *See generally* IOWA CODE § 146C.2 (2022).

125. *See* Kylie Spies, *Rural Iowa's Maternal Health Crisis: A Doctor's Perspective*, IOWA SENATE DEMOCRATS (Feb. 18, 2020), <https://www.senate.iowa.gov/democrats/2020/02/rural-iowas-maternal-health-crisis-a-doctors-perspective/> [<https://perma.cc/9WLV-LVM2>].

126. *Id.*

127. *Id.*

128. *Iowa Facts about Abortion*, *supra* note 59.

129. *Id.*

deplete Iowa's agricultural workforces.¹³⁰ Iowa's rural flight is so severe that over the span of merely seven years, from 2010 to 2017, two-thirds of rural counties lost population.¹³¹ This rural flight continues as the 2020 Census showed "phenomenally fast growth rates" in urban areas and "an exodus of people in most of rural Iowa."¹³² Iowa's declining rural population has already struggled to maintain agricultural labor.¹³³ According to Iowa Workforce Development's research, the state agency dedicated to employment services, the expected growth rate of farming and ranching professions lands on Iowa's top ten fastest declining occupations because of continuous depletions in human labor.¹³⁴ In fact, the farm management occupation will account for 78% of the jobs expected to be eliminated in 2022.¹³⁵ Additionally, Iowa has lost dairy farms for years, a billion-dollar blow to the state's economy as dairy constitutes its fifth largest agricultural sector.¹³⁶ Insufficient human labor poses the biggest issue to dairy farmers, causing equipment shortages, late deliveries, and scarce staffing.¹³⁷

Depletion in agricultural workforces on dairy farms will not only affect Iowa, but also America's overall economy.¹³⁸ Iowa dairy farms remain a "strong economic driver" in the Midwest.¹³⁹ Such farms create a \$5.6 billion economic impact, supply almost 16,000 jobs, and represent 2.45% of America's total milk production.¹⁴⁰ A struggling dairy industry could result in the loss of thousands of jobs, dollars, and sustenance for the nation.¹⁴¹ Iowa's fragile agricultural labor will only continue crumbling with *Dobbs*' support of anti-abortion laws. With 51% of

130. See generally Kevin Hardy & Yuejun Chen, *This Map Shows the Stark Reality of Rural Iowa's Population Loss*, THE DES MOINES REG. (July 6, 2018, 8:14 AM), <https://www.desmoinesregister.com/story/news/2018/05/29/map-shows-stark-reality-iowa-rural-population-loss-depopulation-metro-urban/652175002/> [<https://perma.cc/6H5K-9BJA>].

131. *Id.*

132. James Q. Lynch, *2020 Census Shows Iowa Urban Areas Grow, but Population Decline Continues in Rural Areas*, THE GAZETTE (Aug. 13, 2021, 5:43 PM), <https://www.thegazette.com/government-politics/iowa-urban-areas-grow-but-population-decline-continues-in-rural-areas/> [<https://perma.cc/BAG8-J5SU>].

133. IOWA WORKFORCE DEV., *supra* note 6, at 2.

134. *Id.*

135. *Id.*

136. Gothner, *supra* note 115.

137. See Crawford, *supra* note 105.

138. See IOWA STATE UNIV. EXTENSION & OUTREACH, A COMPREHENSIVE REVIEW OF IOWA'S DAIRY INDUSTRY 3 (2020), <https://www.iowadairy.org/media/sites/9/2020/12/A-Comprehensive-Review-of-Iowas-Dairy-Industry.pdf> [<https://perma.cc/V4JX-QXNY>].

139. *Id.*

140. *Id.* at 3-4.

141. See *id.*

Iowa's farmland owned or partially owned by women, anti-reproductive laws can wipe out thousands of women and farms from the industry due to unexpected pregnancy or rape.¹⁴² Even worse, because most Iowans support abortion and face substantial obstacles in obtaining such reproductive healthcare, further restrictions will motivate more people to leave rural Iowa which perpetuates agricultural staffing shortages.¹⁴³ Iowa's struggling dairy industry and declining rural population serve as examples of the dangers prohibitive reproductive healthcare laws pose to not only the state, but America's economy in general.¹⁴⁴

2. *Indiana*

Like Iowa, Indiana will only heighten their rural flight and further deplete agricultural labor by implementing restrictive reproductive healthcare laws. Indiana, one of the strictest anti-abortion states in America, has always found a valid state interest in the unborn—an interest that begins as early as conception.¹⁴⁵ Since *Dobbs*, Indiana became the first state to ban abortion almost entirely.¹⁴⁶ Despite Indiana's claim of the inalienable right to liberty, the state criminalizes abortion in all instances with only a few exceptions that require significant stipulations.¹⁴⁷ These exceptions grant an abortion in limited situations where the pregnancy is a result of rape or incest, the procedure is necessary to prevent serious health risks or death to the mother, or when the fetus is diagnosed with a lethal anomaly.¹⁴⁸ Indiana imposes even more obstacles to some of these exceptions as the abortion must occur before week 20 of the pregnancy, be executed by a physician in a state-licensed hospital, and the woman must view an ultrasound image.¹⁴⁹

142. See Rekha Basu, *Iowa Women Bring Their Muscles, Minds and Morality to Farming*, THE DES MOINES REG. (Oct. 7, 2017, 8:11 AM), <https://www.desmoinesregister.com/story/opinion/columnists/rekha-basu/2017/10/07/iowa-women-farmers-muscles-minds-morality/736157001/> [<https://perma.cc/F8G5-3LXN>].

143. See Stephen Gruber-Miller, *Iowa Poll: Majority of Iowans Believe Abortion Should be Legal in Most or All Cases*, THE DES MOINES REG. (Sept. 25, 2021, 7:37 AM), <https://www.desmoinesregister.com/story/news/politics/iowa-poll/2021/09/25/majority-iowans-believe-abortion-should-be-legal-most-all-cases-iowa-poll/5813280001/> [<https://perma.cc/2WGM-52ER>]; THE AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *supra* note 1, at 2.

144. See Gothner, *supra* note 115; Lynch, *supra* note 132.

145. See IND. CODE ANN. § 16-34-1-1 (LexisNexis 2022); *Cheaney v. State*, 285 N.E.2d 265, 270 (Indiana 1972).

146. Tanne, *supra* note 7.

147. IND. CONST. art. I, § 1; IND. CODE ANN. § 16-34-2-1 (LexisNexis 2022).

148. § 16-34-2-1.

149. *Id.*

Such confining reproductive healthcare laws attack women and even kill them by forcing births without proper resources.¹⁵⁰ The Indiana Maternal Mortality Review Committee, an organization dedicated to utilizing research to improve community health and safety, placed Indiana in third place for the highest maternal mortality rate in the country in 2020 with 117.1 maternal deaths per 100,000 live births.¹⁵¹ Despite these disturbing statistics, healthcare professionals warn that limiting access to abortion will likely lead to dramatic increases in maternal mortality.¹⁵² Even worse, these studies found that 79.3% of deaths were preventable by reasonable changes to certain factors, particularly in the quality of care.¹⁵³ Sadly, Indiana's lack of reproductive healthcare facilities, providers, and resources all contribute to these deaths.¹⁵⁴ In 2017, the Guttmacher Institute found 96% of Indiana counties did not have any clinics with abortions services, leaving the 70% of Indiana women in those counties without proper reproductive healthcare.¹⁵⁵ Furthermore, the few facilities that do provide abortions continue to decrease.¹⁵⁶ Since 2017, the entire state of Indiana provides merely nine facilities with abortion services, a 33% decline in locations since 2014.¹⁵⁷ Additionally, the Indiana Maternal Mortality Review Committee identified 34 Indiana counties without a single inpatient delivery services hospital.¹⁵⁸ These counties, known as "maternal care deserts," leave many with limited to no reproductive healthcare as women cannot stay overnight to give birth in such hospitals.¹⁵⁹ Not only does rural

150. IND. DEP'T OF HEALTH, INDIANA MATERNAL MORTALITY REVIEW COMMITTEE 2022 ANNUAL REPORT 44 (2022) (79.3% of the 117.1 maternal deaths per 100,000 live births in 2020 were preventable by reasonable changes to certain factors, particularly in the healthcare provider or facility. The overall quality of care and clinical skill ranked as the top contributing factor to these preventable deaths).

151. *Id.* at 21; AM. C.L. UNION OF IND.: LET'S TALK ABOUT ABORTION (Mar. 30, 2023, 5:34 PM) [hereinafter LET'S TALK ABOUT ABORTION], <https://www.letstalkabortionindiana.org> [<https://perma.cc/JK23-6Y34>].

152. Rudavsky, *supra* note 79.

153. IND. DEP'T OF HEALTH, *supra* note 150, at 42.

154. *See id.* at 19.

155. *State Facts About Abortion: Indiana*, GUTTMACHER INST. (June 2022) [hereinafter *Indiana Facts About Abortion*], <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-indiana#1> [<https://perma.cc/WPG2-XBCY>].

156. *Id.*

157. *Id.*

158. IND. DEP'T OF HEALTH, *supra* note 150, at 14.

159. Lauren Chapman & Violet Comber-Wilen, *What Will Indiana's New Abortion Law Mean for the State? Law Takes Effect Sept. 15*, WFYI INDIANAPOLIS (Sept. 13, 2022), <https://www.wfyi.org/news/articles/what-will-indianas-new-abortion-law-mean-for-the-state-law-takes-effect-sept-15> [<https://perma.cc/6NZS-QFDP>]; *see* IND. DEP'T OF HEALTH, *supra* note 150, at 28.

Indiana lack the resources for women to safely give birth,¹⁶⁰ but it suffers from a multitude of issues that force individuals out, including the fact that 50% of counties are a “childcare desert” without any resources to properly care for children.¹⁶¹ For years, these issues have forced thousands of individuals from rural communities into urban areas in hopes of a better life.¹⁶²

Based on this history, increased restrictions on Indiana’s reproductive healthcare laws will only aggravate their rural flight and further deplete agricultural workforces. Like many states, Indiana has suffered from rural flight for decades.¹⁶³ According to the 2020 United States Census Bureau, Indiana suffered its most significant decrease in population growth since 2015.¹⁶⁴ Over the last ten years, 49 out of the 92 Indiana counties decreased in population, with mostly rural counties suffering.¹⁶⁵ These rural declines especially affect agriculture; the 2020 Census found significant population losses in large segments of Indiana’s agricultural and industrial belt.¹⁶⁶ In 2021, Indiana’s total population gained a mere 21,000 residents.¹⁶⁷ Thus, over the last ten years, Indiana’s population increased by only 4.7%.¹⁶⁸ Even Indiana’s Marion County, the county with the largest population, only increased by 8.2% over the last decade.¹⁶⁹ This rural flight stems from numerous issues, including unemployment and poor healthcare.¹⁷⁰

160. See IND. DEP’T OF HEALTH, *supra* note 150.

161. Tanne, *supra* note 7; Meghana Rachamadugu, *U.S. Census Bureau Findings Show Indiana Faces a Significant Decline in Population Growth*, IND. DAILY STUDENT (Mar. 30, 2022, 4:05 PM), <https://www.idsnews.com/article/2022/03/u-s-census-bureau-findings-show-indiana-faces-a-significant-decline-in-population-growth> [<https://perma.cc/G9FJ-2HPB>].

162. See generally Margaret Menge, *Flight to Cities as Most of Indiana’s Rural Counties See Population Declines*, THE CTR. SQUARE IND. (Aug. 13, 2021), https://www.thecentersquare.com/indiana/flight-to-cities-as-most-of-indiana-s-rural-counties-see-population-declines/article_bd3183a4-fc5e-11eb-8a87-0787d1ed13c1.html [<https://perma.cc/C3S6-JXRK>] (Roberto Gallardo, head of Purdue University’s Center for Regional Development, cites several reasons for rural flight, including lack of well-paying jobs and healthcare options.).

163. *Id.*

164. Rachamadugu, *supra* note 161.

165. Menge, *supra* note 162.

166. JOHNSON, *supra* note 4, 1-2, 4.

167. Rachamadugu, *supra* note 161.

168. Menge, *supra* note 162.

169. *Id.*

170. *Id.*; see *The Future of Abortion Access in Indiana*, AM. C.L. UNION OF IND. (May 12, 2022, 2:00 PM), <https://www.aclu-in.org/en/news/future-abortion-access-indiana> [<https://perma.cc/H7MZ-EV6A>].

Furthermore, people will continue leaving rural Indiana not only because of systemic barriers to healthcare, but because they do not agree with such arbitrary control of their fundamental rights.¹⁷¹ Indiana residents find the state's recent ban on abortion "immensely" misguided.¹⁷² In fact, 88% of Indiana residents believe individuals deserve equal access to abortion and the freedom to decide if and when to have children.¹⁷³ Additionally, 78% of Indiana residents believe people deserve the healthcare they need, especially safe abortions, without political interference.¹⁷⁴ This extreme misalignment between Indiana's laws and community values will force more people out and further deplete agricultural staffing. This negative "butterfly effect" will directly impact Indiana women who farm over 9,104,000 acres across the state, and it would take away any positive progress in improving labor, including the 30% increase in female producers from 2012 to 2017.¹⁷⁵ Banning abortion threatens the women in agriculture both now and in the future, particularly the over 51.9% female student body at Purdue University of Agriculture, the third best agricultural university in the United States.¹⁷⁶

Eli Lilly, one of Indiana's largest employers, warns of the dangers banning abortion will bring to the state, especially to workforces.¹⁷⁷ Eli Lilly recognizes that these restrictive laws will turn people away, along with their talent and economic benefits.¹⁷⁸ This phenomenon remains especially true for agricultural employees.¹⁷⁹ According to the Bureau of Economic Analysis, over the past 50 years, Indiana employees in agriculture declined from 221,000 workers to 108,000.¹⁸⁰ Trucking companies, agricultural processors, and rural areas all

171. *See id.*

172. *See id.*

173. LET'S TALK ABOUT ABORTION, *supra* note 151.

174. *Id.*

175. DEP'T OF AGRIC. NAT'L AGRIC. STATS. SERV., *supra* note 38; Karen Caffarini, *Women and Minority Farmers a Growing Population in Indiana, Census Shows*, CHI. TRIBUNE (May 5, 2019, 6:00 AM), <https://www.chicagotribune.com/suburbs/post-tribune/ct-ptb-indiana-farm-census-st-0505-story.html> [<https://perma.cc/Q2UF-JJSE>].

176. *See* Maureen Manier, *Purdue's College of Agriculture Rises in National and International Rankings*, PURDUE UNIV. COLL. OF AGRIC. (Mar. 27, 2023), <https://ag.purdue.edu/news/2023/03/purdues-college-of-agriculture-rises-in-national-and-international-rankings.html> [<https://perma.cc/4LMT-T2YG>]; *Student Demographics*, PURDUE UNIV. COLL. OF AGRIC. (Sept. 14, 2022), <https://ag.purdue.edu/department/omp/student-resources/student-demographics.html> [<https://perma.cc/MZ8Q-YCQ6>].

177. Chapman & Comber-Wilen, *supra* note 159.

178. *Id.*

179. *See generally* DEVARAJ ET AL., *supra* note 105, at 9.

180. *Id.* at 66.

struggle to find staffing.¹⁸¹ Since 2001, Indiana farm employment has declined by more than 7,000 workers.¹⁸² These declines lead to insufficient labor and leave farmers struggling to find employees.¹⁸³ This farmer labor shortage has reached “crisis levels,” causing supply chain bottlenecks, wasted crops, and inflated prices at unprecedented levels.¹⁸⁴ Since just 2021, food prices increased by 10%, ranking as the fastest rate of inflation in forty years.¹⁸⁵ As the ninth most productive farming state in America, these labor shortages greatly threaten Indiana and the United States’ wellbeing.¹⁸⁶ A secure nation cannot survive if it cannot feed itself.¹⁸⁷ Indiana’s struggling farm industry and declining rural population demonstrate the dangers anti-reproductive healthcare laws pose to not only the state, but America’s economy in general.¹⁸⁸

V. PATHS TO BUILDING A SAFER, HEALTHIER, AND ABUNDANT RURAL AMERICA

America needs help in protecting our rural communities and agricultural workforces. Prohibitive reproductive healthcare laws harm women, force individuals out of rural communities, deplete agricultural staffing, and threaten America’s economic safety.¹⁸⁹ Despite *Dobbs*’ negative impact on these issues, state governments may implement several solutions to protect their communities’ wellbeing. These solutions include providing telemedicine, citizen initiatives, and motivating medical professionals to work in rural communities.¹⁹⁰ Such complicated issues require unique solutions for the various contributing factors,

181. Eric Pfeiffer, *Labor Shortage Continues to Hurt Indiana, US Farmers*, HOOSIER AG TODAY (June 2, 2022), <https://hoosieragtoday.news/labor-shortage-continues-to-hurt-indiana-us-farmers/> [<https://perma.cc/8JQH-WLRB>].

182. DEVARAJ ET AL., *supra* note 105, at 9.

183. Baird & Obert, *supra* note 6.

184. *Id.*

185. *Id.*

186. Daniel Bradley, *Hoosier Farmers Struggle with High Costs, Low Supplies, Little Rain*, INDIANAPOLIS BUS. J. (July 15, 2022), <https://www.ibj.com/articles/hoosier-farmers-struggle-with-high-costs-low-supplies-little-rain> [<https://perma.cc/PC8Y-E7TQ>].

187. Baird & Obert, *supra* note 6.

188. See Gothner, *supra* note 115.

189. See Musumeci & Hoff, *supra* note 95; *Pregnancy Mortality Surveillance System*, *supra* note 63; See Devaraj, *supra* note 105; Baird & Obert, *supra* note 6.

190. See WEIGEL ET AL., *supra* note 9, at 18; *Advantages and Disadvantages of the Citizen’s Initiative Instrument*, ACE PROJECT (Mar. 30, 2023, 5:39 PM) [hereinafter *Citizen’s Initiative*], https://aceproject.org/ace-en/topics/es/ese/ese08/ese08b/ese08b03/mobile_browsing/onePag 9 [<https://perma.cc/23QM-SNC9>]; WORLD HEALTH ORG., INCREASING ACCESS TO HEALTH WORKERS IN REMOTE AND RURAL AREAS THROUGH IMPROVED RETENTION: GLOBAL POLICY RECOMMENDATIONS 1 (2010), <https://www.ncbi.nlm.nih.gov/books/NBK138626/> [<https://perma.cc/6S7G-G7AH>].

especially politics; one solution will likely not solve everything.¹⁹¹ However, many states that implement one or all three of these solutions enjoy many benefits, such as improved access to healthcare and representation of the people within law.¹⁹² While each of the following solutions are not perfect, a holistic plan of all three would benefit rural Americans the most.

A. Telemedicine

The unique benefits of telemedicine can protect rural communities and labor because it bridges the gaps between people and healthcare resources.¹⁹³ “The World Health Organization defines telemedicine as the provision of health care services by health care professionals, utilizing technology to exchange information in the diagnosis, treatment and prevention of disease.”¹⁹⁴ Telemedicine or telehealth comes in three modalities: videoconference, store and forward, and remote patient monitoring.¹⁹⁵ Videoconference is real-time interaction with a clinician and patient through video.¹⁹⁶ Store and forward involves an online consultation where the clinician receives patient information and sends back treatment recommendations.¹⁹⁷ Remote patient monitoring entails a patient’s home monitoring device that sends the clinician data, such as blood sugar levels.¹⁹⁸ Although telemedicine’s availability depends on the state’s politics, its diverse functions solve many issues facing rural women, including lack of transportation, finances, and childcare.¹⁹⁹

State governments should listen to healthcare experts and leading medical groups, including the American Academy of Family Physicians who endorse telemedicine to improve reproductive healthcare services and expand access for rural women.²⁰⁰ In 2022, telemedicine helped 27.6 million people and 80% of

191. See Menge, *supra* note 162.

192. WEIGEL ET AL., *supra* note 9, at 16; *Citizen’s Initiative*, *supra* note 190.

193. WEIGEL ET AL., *supra* note 9.

194. *Id.*

195. *Id.* at 2.

196. *Id.*

197. *Id.*

198. *Id.*

199. *Id.* at 2, 7.

200. *Id.* at 1; AM. ACAD. OF FAM. PHYSICIANS CONG. OF DELEGATES, RESOLUTION NO. 502 (NEW YORK STATE E) - OPPOSE NON-EVIDENCE-BASED RESTRICTIONS TO TELEMEDICINE ABORTION 1 (2017), <https://www.teachtraining.org/wp-content/uploads/2013/10/Resolution-No.-502-New-York-State-E-. . . cine-Abortion-Congress-of-Delegates.pdf> [<https://perma.cc/4SZX-E7U4>].

doctors used these resources in their practice.²⁰¹ This improved access also facilitates better patient qualities and outcomes as telemedicine provides abundant services in reproductive healthcare ranging from medication abortion, hormonal contraception, sexually transmitted infection care, prenatal care, and evaluation risk for cervical cancer.²⁰² These benefits even help anti-reproductive healthcare states, like Iowa, where telehealth programs increase the odds of obtaining abortion care in the first trimester by helping patients get care sooner and closer to home.²⁰³

Most importantly, telemedicine saves lives.²⁰⁴ Research demonstrates how implementing telemedicine decreases mortality and the length of stays in the hospital and ICU.²⁰⁵ Over the course of merely two years, a clinical practice study of 6,290 patients from seven different ICUs and hospitals found that mortality rates decreased from 13.6% to 11.8% upon implementation of telemedicine.²⁰⁶ These results demonstrate how telemedicine's diverse functions have and will continue to solve healthcare access, disease, and mortality issues facing rural communities.²⁰⁷ This newfound access to reproductive healthcare from state implementation of telemedicine will provide people with a reason to stay in rural communities and maintain our agricultural workforces.²⁰⁸

B. Citizen Initiatives

Like telemedicine, citizen initiatives can prevent rural flight and labor shortages by granting communities better control over their laws.²⁰⁹ These powerful initiatives enable citizens to sidestep state legislatures and place proposed

201. Steven Zauderer, *Top 10 Telehealth Statistics*, CROSS RIVER THERAPY (Mar. 15, 2023), <https://www.crossrivertherapy.com/research/telehealth-statistics> [<https://perma.cc/QCZ5-SJPD>].

202. Donna Lee Armaignac et al., *Impact of Telemedicine on Mortality, Length of Stay, and Cost Among Patients in Progressive Care Units: Experience from a Large Healthcare System*, 46 *CRITICAL CARE MED.* 728, 728 (2018).

203. Megan K. Donovan, *Improving Access to Abortion via Telehealth*, 22 *GUTTMACHER POL'Y REV.* 23, 24 (2019).

204. See generally WEIGEL ET AL., *supra* note 9, at 2.

205. Armaignac et al., *supra* note 202.

206. Craig M. Lilly et al., *Hospital Mortality, Length of Stay, and Preventable Complications among Critically Ill Patients Before and After Tele-ICU Reengineering of Critical Care Processes*, 305 *J. AM. MED. ASS'N* 2175, 2175 (2011).

207. See *id.*; Pruitt & Vanegas, *supra* note 50, at 33-34.

208. See generally Menge, *supra* note 162; Chapman & Comber-Wilen, *supra* note 159.

209. See *Citizen's Initiative*, *supra* note 190.

statutes or constitutional amendments on voting ballots.²¹⁰ Such initiatives give citizens a voice, an opportunity to directly influence their state laws through revocation or amendment to existing laws, and even push for the adoption of new laws.²¹¹ The political nature of these initiatives makes them great vehicles for implementing telemedicine and other pro-reproductive healthcare laws.²¹² This solution answers the desperate prayers of rural communities and labor for “better policies to meet workforce demands.”²¹³ In addition to providing a voice, citizen initiatives check state legislatures and make them more responsive to their communities’ needs, particularly reproductive healthcare.²¹⁴ Although citizen initiatives involve many characters and require guidance from government lawyers to avoid poor drafting, they help states enforce laws that protect their people when policies grow out of sync with society.²¹⁵ Implementing citizen initiatives can help pass expansive reproductive healthcare laws in states, like Iowa and Indiana, that struggle with misalignments between their policies and community values.²¹⁶ These reproductive initiatives would empower the people, protect rural communities, and maintain agricultural staffing.²¹⁷ Kansas provides a great example of these benefits.²¹⁸ In the wake of *Dobbs*, Kansas included a constitutional amendment to remove abortion rights on their ballot.²¹⁹ Despite notions of Kansans leaning towards conservatism, the state defeated this extreme anti-abortion amendment with 59% of the electorate voting against this constitutional change.²²⁰ Interviews with voters regarding their decisions revealed themes of trusting women and trying to keep the government out of such important, personal decisions.²²¹ Kansas’ “political earthquake” highlights the power of

210. *Initiative and Referendum Overview and Resources*, NAT’L CONF. OF STATE LEGISLATURES (Jan. 4, 2022), <https://www.ncsl.org/elections-and-campaigns/initiative-and-referendum-overview-and-resources> [<https://perma.cc/J5VM-DVJ3>].

211. See *Citizen’s Initiative*, *supra* note 190.

212. See *id.*

213. Baird & Obert, *supra* note 6.

214. *Citizen’s Initiative*, *supra* note 190.

215. *Id.*; see Alesha E. Doan, *Kansas’ Vote to Maintain Abortion Access Shows the State is Less Red than Many Think*, THE LONDON SCH. OF ECON. & POL. (Sept. 8, 2022), <https://blogs.lse.ac.uk/usappblog/2022/09/08/kansas-vote-to-maintain-abortion-access-shows-the-state-is-less-red-than-many-think/> [<https://perma.cc/Y6KQ-7TB6>].

216. See LET’S TALK ABOUT ABORTION, *supra* note 151; Gruber-Miller, *supra* note 143; *Citizen’s Initiative*, *supra* note 190.

217. See generally Doan, *supra* note 215.

218. See *id.*

219. *Id.*

220. *Id.*

221. Ailsa Chang et al., *Why Conservative Kansas Handed Victory to Abortion Rights*, NAT’L PUB. RADIO (Aug. 3, 2022, 4:24 PM),

citizen initiatives in bridging the divide between state laws and community values.²²² With such power to control state laws, individuals can form the policies they need to survive in rural communities and maintain agricultural labor.

C. Incentivize Medical Professionals to Work in Rural Communities

A final solution to prevent rural flight and staffing shortages involves motivating medical professionals to work in rural communities.²²³ Unfortunately, many rural areas remain stuck in an endless cycle of insufficiency as low populations lead to poor funding that leads to poor healthcare facilities that results in medical professionals pursuing other areas that pay better.²²⁴ In fact, economists endorse attracting and retaining new workers to end rural flight.²²⁵ Population growth plays a key role in a prosperous economy, raising standards of living, and keeping individuals happy.²²⁶ These benefits of a growing society will attract and keep individuals in rural communities, especially young people, the largest group most likely to leave such areas to seek new opportunities elsewhere.²²⁷

Indeed, rural counties that offered higher salaries and jobs were “especially effective” in attracting workers.²²⁸ Out of all the possible incentives hospitals offered, like access to advanced technology, offering higher compensation proved the most effective in attracting high-talent physicians to rural communities.²²⁹ Such success demonstrates how healthcare facilities should offer higher salaries to attract medical professionals, open more facilities, and inherently improve access to reproductive healthcare.²³⁰ Although this solution requires long-term changes in state laws and funding, the desperate need for medical facilities in rural communities makes such actions worth the sacrifice.

Additionally, university programs can train medical professionals and offer scholarships through rural training tracks to increase access to healthcare in such

<https://www.npr.org/2022/08/03/1115455939/why-conservative-kansas-handed-victory-to-abortion-rights> [<https://perma.cc/3A22-ASDE>].

222. Doan, *supra* note 215.

223. See Marre, *supra* note 5.

224. See generally *id.*

225. *Id.* at 28.

226. *Id.* at 27.

227. *Id.* at 28.

228. *Id.*

229. Andrew M. Challenger, *Rural Companies Must Show Workers the Money, Tech to Bring in Talent*, THE HILL (Oct. 10, 2017, 12:40 PM), <https://thehill.com/opinion/finance/354699-rural-areas-must-show-workers-the-money-tech-to-bring-in-talent/> [<https://perma.cc/LL4J-UW2M>].

230. See Marre, *supra* note 5.

areas.²³¹ Research shows that a large percentage of people practice in the same community they completed residency, so universities found success in using these programs to increase student exposure and instill passion for rural work.²³² For example, the University of Wisconsin School of Medicine and Public Health is launching the nation's first official obstetrics-gynecology residency program for "very rural" areas.²³³ Some universities begin these recruitment efforts even earlier, like the University of Kansas School of Medicine, with programs that encourage promising undergraduate students from rural parts of the state to apply to their school during their sophomore year with a guaranteed admission contingent on successfully completing college.

Even the Oregon Health & Science University School of Medicine (OHSU) visits colleges to connect with students already interested in healthcare and provide guidance on navigating the medical school application process.²³⁴ Students found the program so helpful that OHSU now offers the program three times a year.²³⁵ These universities demonstrate how various rural training track programs can successfully and organically increase healthcare workers in rural areas.²³⁶ Motivating medical professionals to work in rural communities through funding, job opportunities, and university programs will expand access to reproductive healthcare and contribute to the overall economy.²³⁷ Such benefits will only help prevent rural flight and labor shortages.²³⁸

Thus, restrictive reproductive healthcare laws contribute to rural flight and declining agricultural labor, complicated issues unsolvable by one solution. A holistic implementation of all three proposed solutions—telemedicine, citizen initiatives, and motivating medical professionals to work in rural areas—would help rural communities thrive and preserve America's wellbeing the best.²³⁹

231. Dina Fine Maron, *Maternal Health Care is Disappearing in Rural America: Many Women Travel an Hour or Longer to find a Hospital Where They Can Deliver their Babies*, SCI. AM. (Feb. 15, 2017), <https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-america/> [<https://perma.cc/W67F-BGC7>].

232. *Id.*

233. *Id.*

234. *Id.*

235. *Id.*

236. *See id.*

237. *See Marre, supra* note 5, 28-29.

238. *See id.*

239. *See id.*; Doan, *supra* note 215.

VI. CONCLUSION

To save our suffering rural communities, agricultural labor, women, and nation from the negative butterfly effect of *Dobbs* on reproductive healthcare laws, states must implement various solutions. Telemedicine, citizen initiatives, and rural incentives for healthcare workers will help counteract *Dobbs*' exacerbation of the rural flight and shrinking workforces plaguing America for the past decades.²⁴⁰ Poor access to reproductive healthcare kills our women and reigns among the many reasons forcing individuals out of rural areas in search of a better life.²⁴¹ *Dobbs*' revocation of abortion as a constitutional right will only increase these dangers and obstacles already plaguing rural communities.²⁴² Anti-abortion states, like Iowa and Indiana, that impact American agriculture demonstrate the negative butterfly effect of implementing prohibitive reproductive healthcare, including: increased mortality rates, mass migrations from rural areas, agricultural labor shortages, unharvested crops, supply chain bottlenecks, empty grocery shelves, and increased food prices.²⁴³ These issues present detrimental consequences as our nation depends on healthy rural communities and workforces.²⁴⁴ States must implement these solutions to improve standards of living in rural areas, provide individuals with a reason to remain in agriculture, and prevent further self-abortions with knitting needles.²⁴⁵ For America to prosper, states must nurture their rural communities. That long journey begins with providing proper access to reproductive healthcare.

240. *The Rural Phlight*, *supra* note 104; Tanne, *supra* note 7.

241. *See generally* Menge, *supra* note 162; *Pregnancy Mortality Surveillance System*, *supra* note 63.

242. *See generally* Tanne, *supra* note 7; IND. DEP'T OF HEALTH, *supra* note 150, at 42.

243. Baird & Obert, *supra* note 6; IOWA WORKFORCE DEV., *supra* note 6, at 2; Tures, *supra* note 78.

244. *The Rural Phlight*, *supra* note 104.

245. *See generally id.*, WEIGEL ET AL., *supra* note 9; Marre, *supra* note 5; NAT'L WOMEN'S L. CTR. REP., *supra* note 13.