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State Abortion Bans Harm More Than Three Million Disabled Women

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Nearly two years later, the Supreme Court's decision to overturn *Roe v. Wade* continues to undermine disabled¹ people's reproductive freedom and dignity, threaten their economic security, and endanger their health and lives.

Disabled people need and deserve access to abortion to exercise full autonomy over their own bodies and lives on their own terms. Yet disabled people, particularly disabled women and disabled people of color, have long faced systemic challenges to accessing abortion care; asserting their right to make decisions about whether, when, and how to have children; and parenting their children safely — free from discrimination and violence. This structural oppression is grounded in the enduring reverberations of eugenics — especially the Court's decision to allow the forced sterilization of disabled people in *Buck v. Bell*,² which has never been expressly

overturned. Today, attempts to control disabled people's bodies, attack their reproductive choices, and ban abortion care reflect this horrific legacy of reproductive control, especially for disabled women of color.

The *Dobbs v. Jackson Women's Health Organization* decision has only compounded the longstanding barriers to abortion care that disabled people face, including provider discrimination and lack of training or experience with disabled patients, guardians dictating decisions about their reproductive care, denials of care and assistance among religiously-affiliated service providers and intermediate care facilities, transportation difficulties, inaccessibility in health care facilities, and layers of economic obstacles to affording the costs of care.³ Now, National Partnership for Women & Families research shows that more than 3 million disabled women of reproductive age⁴ live in states that have banned or are likely to ban abortion — exacerbating the grim reality of reproductive coercion and inequities in the health care system that distinctly impact disabled people.

New analysis from the National Partnership for Women & Families reveals the harms that *Dobbs* has unleashed for disabled women. We find that:

- **More than 3 million disabled women of reproductive age** (15-49)⁵ live in the 26 states that have banned or are likely to ban abortion since *Dobbs*.⁶ That accounts for more than half of all disabled women in the U.S. Restrictions on abortion care are part of a broader set of policy choices that systematically oppress disabled people, especially disabled people of color, creating a web of compounding barriers to health equity and democracy access.⁷
- **Roughly 6 in 10 Black disabled women and 6 in 10 American Indian/Alaska Native disabled women** live in these states.⁸
- **More than half of disabled women in the Midwest** and nearly 90 percent of disabled women in the South live in states that have banned or are likely to ban abortion.⁹ At the same time, the South has the highest rates of disability in the country.¹⁰
- **More than half of all disabled women** who are economically insecure live in states that have banned or are likely to ban abortion.¹¹ Disabled women are more likely than white nondisabled men to live in poverty, with disabled women of color experiencing particularly high rates of poverty.¹² Furthermore, women who are denied abortion care are significantly more likely to be pushed deeper into poverty as a result.¹³

- **Close to 6 in 10 disabled women** living in institutional group quarters, which include jails, prisons, intermediate care facilities, and nursing facilities, live in these 26 states.¹⁴
- **The majority of disabled women** who are already mothers live in the 26 states that have banned or are likely to ban abortion.¹⁵ Research indicates that denying mothers access to abortion care has negative impacts on the economic security and development of their existing children.¹⁶
- **The majority of disabled women** across each disability type — those with cognitive, visual, hearing, independent living, self-care and ambulatory difficulties — live in states that have banned or are likely to ban abortion.¹⁷
- **Nearly 6 in 10 disabled women veterans** in the U.S. live in states that have banned or are likely to ban abortion.¹⁸ This abortion access crisis has far-reaching impacts on disabled veterans’ health and lives, especially given the military sexual trauma epidemic¹⁹ and numerous other barriers²⁰ to care. Though the U.S. Department of Veterans Affairs (VA) has expanded access to abortion in certain cases,²¹ federal bans on TRICARE (the military health insurance program) coverage of abortion and on abortion provision in military treatment facilities put care out of reach for many.

Disabled Women of Reproductive Age Living in States That Have Banned or Are Likely to Ban Abortion after *Dobbs*

	Total Number in the Ban/Likely Ban States	Total Number in the United States	Share of Community in the Ban/Likely Ban States
All disabled women	3,001,100	5,733,200	52.3%
Disabled mothers	1,038,400	1,909,600	54.4%
Disabled women who are economically insecure	1,303,000	2,327,800	56.0%
Disabled women veterans	62,500	106,100	58.9%
Disabled Latinas	454,900	1,056,000	43.1%
Disabled Black women	531,400	896,100	59.3%
Disabled Asian, Native Hawaiian or Pacific Islander women	49,300	177,700	27.7%
Disabled American Indian/Alaska Native women	29,200	48,500	60.2%
Disabled multiracial women	139,000	291,900	47.6%
Disabled white women	1,785,300	3,233,700	55.2%

	Total Number in the Ban/Likely Ban States	Total Number in the United States	Share of Community in the Ban/Likely Ban States
Disabled women in institutional group quarters	47,100	80,500	58.5%
Women with a cognitive difficulty	1,666,500	3,243,500	51.4%
Women with an ambulatory difficulty	923,300	1,687,300	54.7%
Women with an independent living difficulty	1,138,700	2,220,500	51.3%
Women with a self-care difficulty	403,700	776,400	52.0%
Women with a vision difficulty	651,300	1,170,500	55.6%
Women with a hearing difficulty	375,500	707,200	53.1%
Disabled women in the Northeast	0	918,500	0.0%
Disabled women in the Midwest	697,600	1,241,600	56.2%
Disabled women in the South	2,048,800	2,318,000	88.4%
Disabled women in the West	254,700	1,255,100	20.3%

Source: Authors' calculations using 2018–2022 American Community Survey 5-Year Estimates via IPUMS. Figures are for women of reproductive age (15–49). See methodological note for additional information. Racial groups do not include women who identify as Latinas. People may have multiple kinds of disabilities

Dobbs' Impact on the Health, Safety, and Economic Security of Disabled People

In the last two years, many disabled people have not been able to receive the abortion care that they have sought, with severe, negative consequences for their futures, health, and economic security. *Dobbs* deepened legal, logistical, and financial constraints on disabled people's abortion access, heightening the risks of abortion bans to disabled people and their families, especially for multiply marginalized disabled people.

The restrictive landscape of state abortion bans puts disabled people at risk of harm, and even death, by exacerbating existing disparities pregnant disabled people face. Abortion bans increase exposure to pregnancy risk and worsen the ongoing crisis in maternity care, compromising patient access to all obstetric and gynecological care.²² Disabled women are at 11 times greater risk of maternal mortality²³ and face an increased risk of maternal morbidity.²⁴ Disabled people frequently receive care from health care practitioners who lack knowledge or comfort in managing their pregnancies, which increases the already heightened risk for complications.²⁵ The lack of disabled medical professionals with diverse lived experiences contributes to this concern. Similarly, Black and Indigenous women and birthing people are more likely to

die from pregnancy-related causes than their white counterparts,²⁶ and abortion bans will only continue to worsen conditions for Black and Indigenous disabled people. These disparities are not an accident or coincidence; deliberate policy choices that are keeping people of color in poverty, establishing barriers to affordable and high-quality health care, affecting educational opportunities, and limiting access to safe and affordable housing, among other factors, play a role in pregnancy risk.²⁷ The disparities that these policies drive are compounded by the abortion bans and likely bans,²⁸ under which 60 percent of both disabled Black and American Indian/Alaska Native women live.²⁹

Given the increased economic resources required to access abortion care post-*Dobbs*,³⁰ disabled people who face barriers to economic security are also particularly likely to bear the brunt of abortion bans. Disabled people — especially multi-marginalized disabled women — have long faced financial barriers to accessing abortion.³¹ *Dobbs* has only intensified these hurdles for the majority of disabled women who are economically insecure living in states that have banned or are likely to ban abortion.³² Seeking abortion care out-of-state can require lodging, transportation, child care, and other resources that many economically insecure disabled women simply cannot afford. Transportation access and safety concerns,³³ mobility challenges,³⁴ and travel-limiting disabilities layer onto these concerns and can be prohibitive for disabled people that need to leave their state for abortion care.

Due to the Hyde Amendment's prohibition on using federal funds to cover abortion in most cases, disabled people who are insured through Medicaid, Medicare, and the Indian Health Service may be forced to pay the full cost of abortion care out of pocket or carry a pregnancy against their will.³⁵ More than 16 million women of reproductive age are enrolled in Medicaid alone.³⁶ This federal ban on abortion coverage disproportionately impacts disabled women of color, who are much more likely to be insured through programs like Medicaid due to systemic racism and structural economic inequities.³⁷

Research has found that people who were denied an abortion were significantly more likely to fall into poverty.³⁸ Disabled women, in general, are more likely to work in low-wage, part-time, or service positions and face pay disparities due to employment

discrimination, occupational segregation, and employers' ability to pay disabled people subminimum wages.³⁹ Disabled people may also be subject to strict asset and/or income limits if they receive Supplemental Security Income (SSI),⁴⁰ Medicaid⁴¹ and/or Home- and Community-Based Services (HCBS) to live and work in their communities.⁴² At the same time, policies disincentivize recipients from working to supplement these benefits.⁴³ Low and unfair wages undermine disabled people's ability to make decisions about their own health and reproductive lives and how to make a better life for themselves and their families — challenges that the abortion bans that have proliferated in the wake of *Dobbs* only worsen.

Occupational segregation is when women, people of color, disabled people, or people from other marginalized backgrounds are funneled into low-paying, undervalued occupations as a result of deliberate policy choices rooted in discriminatory stereotypes.⁴⁴ Disabled people in particular were quite literally segregated — they were relegated to institutions and forced to work.⁴⁵ While the deinstitutionalization movement allowed for some progress, even today, subminimum wages and segregated employment are still a reality for many disabled workers. And while disabled people are forced into undervalued jobs deemed to be “for disabled people,” disabled women are also forced into undervalued jobs “for women,” compounding the effects of occupational segregation to limit potential earnings.⁴⁶

Disabled People in Institutional Settings Face Increased Attacks on Bodily Autonomy

Dobbs has only exacerbated disparities in abortion access for disabled people in institutional settings. A striking 58.5 percent of disabled women in institutional group quarters live in states that have banned or are likely to ban abortion.⁴⁷ Disabled people are disproportionately represented in jails and prisons. Half of those in women's state prison on a given day have a disability, and four percent of women who enter women's prisons — disproportionately women of color — report having been pregnant at admission.⁴⁸ The health and safety of pregnant people — especially disabled people — who are incarcerated is at risk, as a consequence of failures in screening and care inherent in our carceral system.⁴⁹ In states that have banned or are likely to ban abortion since *Dobbs*, these failures are even more likely to be life-threatening.

Dobbs has only further diminished the bodily autonomy of many disabled people in institutions. The U.S. health care system pushes many disabled people into institutions. Inadequate funding for Home- and Community-Based Services (HCBS) leaves disabled people unable to live and work in their communities. Disabled people may remain in institutions for years while on HCBS wait lists,⁵⁰ meaning that even if someone is eligible for HCBS, they do not receive appropriate supports. Out of states with the top 25 longest HCBS wait lists, 60 percent are states that have banned or are likely to ban abortion post-*Dobbs*.⁵¹ For disabled people who live in any kind of institutional setting, especially disabled women of color, *Dobbs* has only escalated barriers to abortion care.

People with Varying Disabilities Experience Unique Barriers to Abortion Care

It is imperative to emphasize that the disabled community is not monolithic — people with different types of disabilities, and even those with the same disability, may need different supports or face unique obstacles to abortion care, especially post-*Dobbs*. Fifty three percent of women with hearing difficulties live in ban states.⁵² Deaf and Hard-of-Hearing women experience communication challenges with health care providers who are not fluent in American Sign Language (ASL) or do not have qualified interpreters, and there is little reliable information in ASL about abortion access following the overturning of *Roe*.⁵³ *Dobbs* has also further stymied abortion access for those with cognitive difficulties. Over half of women of reproductive age with a cognitive difficulty live in ban states.⁵⁴ Health care providers have issues effectively communicating with people with intellectual disabilities about abortion and reproductive health care, often resorting to relying on family members, friends, or caregivers in a way that strips disabled people of their autonomy.⁵⁵ Those with intellectual and developmental disabilities are also at a greater risk of maternal morbidity, and this risk has only risen with abortion bans.⁵⁶

People with mental health disabilities face stigma in trying to access abortion care, as well.⁵⁷ Many states that have banned abortion post-*Dobbs* have no exceptions related to mental health to protect the life or health of the pregnant person.⁵⁸ Furthermore, many bans do not include exceptions for rape and incest, and those that do contain narrow, unworkable provisions that cut survivors off from care.⁵⁹ While all disabled women are more likely than nondisabled women to experience sexual assault and intimate partner violence,⁶⁰ people with multiple disabilities and intellectual disabilities

experience sexual assault at even higher rates.⁶¹ These risks magnify bodily autonomy concerns for disabled people who are subject to abortion bans and expose them to compounded trauma.

Given the severity of *Dobbs*' far-reaching harms on disabled people, we urge state and federal policymakers to do everything in their power to expand access to sexual and reproductive health care, including abortion, and mitigate systemic challenges to disabled people's bodily autonomy. Disabled people will not be able to truly experience equitable access to reproductive health care or assert their reproductive rights until we take steps to address structural drivers of health inequities and combat discriminatory attacks on their self-determination. It is essential that our national policy captures the ways in which disability shapes access to reproductive health care and responds to those lived experiences — dismantling legal, logistical, and financial barriers to care; rectifying regressive policies that inhibit disabled people's decision-making about reproductive health care and parenthood; and asserting an inclusive vision for protecting the health and freedoms of those most affected by abortion restrictions and reproductive oppression.

Methodological note: This impact analysis uses the 2018–2022 American Community Survey accessed via IPUMS USA, University of Minnesota. We use a five-year dataset to have a sufficient sample size to analyze state-level data. Racial categories in this analysis exclude women who identify as Latina and/or Hispanic, who are analyzed separately. Not all women of reproductive age have the potential to become pregnant — many of them may not be able to for medical reasons or they may not participate in sexual activities that could result in pregnancy.

*Due to data limitations, this analysis does not include people who do not identify as women but may become pregnant, including transgender men and nonbinary people. The 1.6 million transgender people 13 and older and 1.2 million LGBTQ nonbinary people age 18–60 in the U.S. are deeply impacted by *Dobbs*.⁶² Many transgender and nonbinary people can become pregnant and are directly impacted by this ruling. The harms are more severe for transgender and nonbinary people of color, those who are disabled, and others who are members of multiply marginalized communities. The transgender and nonbinary communities are not mutually exclusive.*

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Overview of Reproductive Age-Disabled Women in States That Have Banned or Are Likely to Ban Abortion after *Dobbs*

State	All disabled women	Disabled mothers	Disabled women who are economically insecure	Disabled women veterans	Disabled women in institutional group quarters
Alabama	113,400	38,900	53,800	2,600	2,400
Arizona	124,700	42,900	47,800	2,800	1,400
Arkansas	72,400	27,600	37,000	1,200	1,200
Florida	319,700	103,600	124,800	7,900	3,900
Georgia	194,500	68,100	83,200	5,900	2,900
Idaho	37,000	12,400	15,200	-	1,000
Indiana	134,300	46,800	59,300	1,800	2,100
Iowa	54,500	18,000	22,100	-	1,000
Kentucky	114,300	41,300	56,200	1,700	2,400
Louisiana	103,500	37,400	49,000	2,300	1,400
Mississippi	73,800	27,600	40,400	-	1,100
Missouri	120,500	42,500	56,800	1,600	2,000
Montana	20,000	5,400	7,500	-	-
Nebraska	32,000	11,800	12,800	-	500
North Carolina	179,500	59,400	78,600	5,100	2,000
North Dakota	12,600	4,700	4,700	-	-
Ohio	236,000	80,400	108,400	2,600	3,500
Oklahoma	96,900	38,000	46,400	2,100	1,900
South Carolina	93,100	32,100	40,400	2,800	900
South Dakota	13,200	4,700	4,600	-	-
Tennessee	143,100	49,700	66,800	2,400	2,300
Texas	500,000	179,500	203,600	12,300	9,600
Utah	63,000	21,300	20,100	-	700
West Virginia	44,400	14,300	23,100	-	900
Wisconsin	94,600	27,000	36,400	1,400	1,000
Wyoming	10,000	3,200	4,100	-	-
Total	3,001,100	1,038,400	1,303,000	62,500	47,100

Source: Authors' calculations using 2018–2022 American Community Survey 5-Year Estimates via IPUMS. Figures are for women of reproductive age (15–49). Figures are unavailable due to small sample sizes for certain groups in certain states, though totals include women from all ban states. People may have multiple kinds of disabilities. See methodological note for additional information.

Reproductive Age-Disabled Women in States That Have Banned or Are Likely to Ban Abortion after *Dobbs* by Race/Ethnicity

State	Disabled Latinas	Disabled Black women	Disabled Asian, Native Hawaiian or Pacific Islander women	Disabled American Indian/Alaska Native women	Disabled multiracial women	Disabled white women
Alabama	4,900	35,100	-	-	3,900	67,800
Arizona	43,500	6,600	2,200	5,700	6,300	59,900
Arkansas	4,600	14,000	-	-	4,300	48,400
Florida	79,800	56,400	5,900	1,300	14,300	160,100
Georgia	17,300	70,100	4,700	-	7,400	93,500
Idaho	5,300	-	-	-	1,900	28,800
Indiana	9,400	17,800	2,000	-	5,800	98,300
Iowa	4,300	2,500	-	-	2,400	44,200
Kentucky	2,900	9,200	-	-	5,600	95,300
Louisiana	4,800	36,400	1,300	-	4,700	55,400
Mississippi	2,200	31,400	-	-	2,300	37,000
Missouri	5,900	16,700	1,500	-	6,400	89,100
Montana	-	-	-	1,700	1,000	15,600
Nebraska	5,100	1,600	-	-	1,500	22,700
North Carolina	14,100	42,500	3,000	2,100	9,200	107,800
North Dakota	-	-	-	1,200	-	9,000
Ohio	12,100	36,700	3,200	-	12,400	170,200
Oklahoma	9,600	8,200	1,900	7,600	9,900	59,500
South Carolina	5,500	29,500	-	-	3,200	52,600
South Dakota	-	-	-	1,200	-	9,200
Tennessee	6,500	24,800	1,800	-	5,800	103,300
Texas	194,900	78,300	11,000	1,300	19,200	193,700
Utah	10,300	-	1,400	800	2,700	47,000
West Virginia	-	1,900	-	-	1,800	39,600
Wisconsin	7,100	9,300	2,100	1,100	4,800	69,800
Wyoming	-	-	-	-	-	7,500
Total	454,900	531,400	49,300	29,200	139,000	1,785,300

Source: Authors' calculations using 2018–2022 American Community Survey 5-Year Estimates via IPUMS. Figures are for women of reproductive age (15–49). Figures are unavailable due to small sample sizes for certain groups in certain states, though totals include women from all ban states. Racial groups do not include women who identify as Latinas. People may have multiple kinds of disabilities. See methodological note for additional information.

Reproductive Age-Disabled Women in States That Have Banned or Are Likely to Ban Abortion after *Dobbs* by Disability Type

State	Women with a cognitive difficulty	Women with an ambulatory difficulty	Women with an independent living difficulty	Women with a self-care difficulty	Women with a vision difficulty	Women with a hearing difficulty
Alabama	60,800	40,400	43,200	16,100	26,000	15,100
Arizona	65,900	35,600	47,000	15,600	27,400	16,800
Arkansas	40,700	26,300	28,000	11,300	16,100	9,800
Florida	178,100	99,400	123,900	45,300	67,100	40,600
Georgia	106,600	59,800	71,400	24,600	42,100	22,800
Idaho	23,000	9,000	15,300	4,500	6,900	4,700
Indiana	76,800	44,100	56,500	18,900	23,600	15,500
Iowa	32,900	14,000	20,800	7,100	9,300	7,100
Kentucky	65,000	36,800	44,600	15,500	25,300	15,100
Louisiana	55,900	30,500	35,700	13,100	27,500	11,600
Mississippi	36,800	26,500	26,800	9,900	20,900	8,600
Missouri	70,800	37,400	48,300	16,300	23,300	13,100
Montana	12,300	5,600	8,500	3,000	3,300	2,200
Nebraska	18,300	7,700	12,200	4,400	6,600	4,200
North Carolina	100,300	58,800	69,500	25,400	37,500	20,700
North Dakota	7,200	3,100	4,400	1,400	2,500	1,800
Ohio	141,700	71,600	90,200	30,400	40,400	28,400
Oklahoma	52,500	31,700	36,900	11,300	23,200	12,800
South Carolina	47,200	30,500	34,100	12,800	21,800	11,400
South Dakota	7,300	3,500	4,900	1,400	2,400	1,600
Tennessee	79,600	49,800	54,600	20,100	31,400	18,200
Texas	259,800	138,900	173,600	65,400	130,000	67,100
Utah	37,900	16,000	25,900	7,100	11,100	7,400
West Virginia	24,100	16,200	18,700	7,300	9,800	7,100
Wisconsin	60,000	27,200	39,800	14,500	13,600	10,200
Wyoming	4,900	3,000	3,800	1,200	2,200	1,600
Total	1,666,500	923,300	1,138,700	403,700	651,300	375,500

Source: Authors' calculations using 2018–2022 American Community Survey 5-Year Estimates via IPUMS. Figures are for women of reproductive age (15–49). Figures are unavailable due to small sample sizes for certain groups in certain states, though totals include women from all ban states. People may have multiple kinds of disabilities. See methodological note for additional information.

Endnotes

¹ Many in the disability community have reclaimed identity-first language (i.e., “disabled”) to acknowledge disability as a critical part of identity. However, not all members of the disability community prefer identity-first language. Others may prefer person-first language (i.e., “person with a disability”). Preferences may also vary by disability. The National Partnership uses identity-first and person-first language interchangeably. However, the National Partnership will always honor the language a disabled person chooses for themselves.

² *Buck v. Bell*, 274 U.S. 200 (1927).

³ Mhatre, N. (2021, September). *Access, Autonomy, and Dignity: Abortion Care for People with Disabilities* (pp. 9–14). Retrieved 15 April 2024 from National Partnership for Women & Families website; Schroeder, R., Muñoz, I., Kaller, S., Berglas, N., Stewart, C., & Upadhyay, U. (2022). *Trends in Abortion Care in the United States, 2017–2021* (pp. 13–17). Retrieved 15 April 2024 from University of California, San Francisco website; Ditekowsky, M. (2023, July). *Systems Transformation Guide to Economic Justice for Disabled People: Jobs and Employment*. Retrieved 15 April 2024 from National Partnership for Women & Families website; Ditekowsky, M. (2023, November). *Systems Transformation Guide to Economic Justice for Disabled People: Food Insecurity, Housing and Transportation*. Retrieved 15 April 2024 from National Partnership for Women & Families website; Ditekowsky, M. (2024, March). *Systems Transformation Guide to Economic Justice for Disabled People: Public Benefits*. Retrieved 15 April 2024 from National Partnership for Women & Families website.

⁴ Authors’ analysis of 2018–2022 American Community Survey data via IPUMS retrieved 15 April 2024. See Methodological note for additional detail.

⁵ See note 4. People are identified as having a disability in this analysis if they responded that they have difficulty in one or more of the following realms: vision, hearing, cognitive, ambulatory, self-care and independent living. This is a limited definition of disability that excludes a portion of disabled people. For more information on how disability is measured in the American Community Survey please see, U.S. Census Bureau. (2021, November 2). *How Disability Data are Collected from The American Community Survey*. Retrieved 15 April 2024 from U.S. Census Bureau website. While people of many ages can become pregnant, in this analysis we use ages 15–49 to align with the Guttmacher Institute. See Guttmacher Institute. (2020, July). *Investing in Sexual and Reproductive Health in Low- and Middle Income Countries*. Retrieved 15 April 2024 from Guttmacher Institute website, and World Health Organization. (n.d.). *Maternal, Newborn, Child and Adolescent Health and Ageing Data Portal*. Retrieved 15 April 2024, and others.

⁶ We classify a state as having banned or being likely to ban abortion if they meet at least one of the following criteria: (1) there is “trigger” ban that took effect post-Dobbs; (2) they have gestational limits banning abortion between six and twenty weeks; (3) there is an abortion ban with legal challenges pending in state courts; and (4) there have been significant legislative attempts to ban abortion, even if such attempts have not yet resulted in a ban or a state court has overturned a ban. As of the publication date of this analysis, these states are Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin, and Wyoming. See Nash, E. & Guarnieri, I. (2023, January 10). *Six Months Post-Roe, 24 States Have Banned Abortion or Are Likely to Do So: A Roundup*. Retrieved 15 April 2024 from Guttmacher Institute website; The New York Times (2023, May 26). *Tracking the States Where Abortion Is Now Banned*. Retrieved 15 April 2024, for additional details regarding specific states.

⁷ *New Disabled South*. (n.d.). *Priorities*. Retrieved 15 April 2024.

⁸ See note 4.

⁹ See note 4. For details on which states fall in which region see IPUMS USA. (n.d.). *Region*. Retrieved 15 April 2024.

¹⁰ Crankshaw, K. (2023, June 26). *The South Had Highest Disability Rate Among Regions in 2021*. U.S. Census Bureau. Retrieved 15 April 2024.

¹¹ See note 4. While people across the income spectrum may have difficulty making ends meet, in this analysis we define “economically insecure” as living in a family below 200 percent of the federal poverty line.

¹² See note 3, *Systems Transformation Guide to Economic Justice for Disabled People: Jobs and Employment* (pp. 1–2.)

¹³ *Advancing New Standards in Reproductive Health*. (2018, August). *Socioeconomic outcomes of women who receive and women who are denied wanted abortions*. Retrieved 15 April 2024 from University of California, San Francisco website.

¹⁴ See note 4. Institutional group quarters include things like correctional facilities, nursing facilities and mental hospitals. See IPUMS USA. (n.d.). *GO Type*. Retrieved 15 April 2024. See also *Group Quarters and Residency Rules for Poverty*. (n.d.) Retrieved 15 April 2024 from U.S. Census Bureau website.

¹⁵ See note 4. This analysis defines “mother” as having at least one own child (including step, adopted, or biological) under the age of 18 in the household. Due to data limitations, there are mothers who are not included in this definition, including those who have non-resident or older children or those whose children have passed away.

¹⁶ Greene Foster, D., Raifman, S., Gipson, J., Rocca, C., Biggs, M.A. (2018, October 30). Effects of Carrying an Unwanted Pregnancy to Term on Women’s Existing Children. *Journal of Pediatrics* 205, 183–189. DOI: 10.1016/j.jpeds.2018.09.026.

¹⁷ See note 4.

¹⁸ Ibid.

¹⁹ Wenner Moyer, M. (2021, October 11). *‘A Poison in the System’: The Epidemic of Military Sexual Assault*. *NY Times*. Retrieved 15 April 2024.

²⁰ U.S. Department of Veterans Affairs. (2015, April). *Study of Barriers for Women Veterans to VA Health Care*. Retrieved 15 April 2024.

²¹ Reproductive Health Services, 89 Fed. Reg. 15,451 (Mar. 4, 2024) (to be codified at 38 C.F.R. pt. 17).

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