

Rights Deserts: How *Dobbs* Deserted Women

Civil Rights History

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Introduction

The United States Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*¹ further entrenches social and economic inequalities into the American legal system by creating what I term geographical "women's rights deserts," thereby hindering low-income and minority communities. In a post-*Dobbs* America, women—particularly low-income and minority women—face unprecedented legal barriers to accessing abortion and reproductive health care. In this context, the *Dobbs* ruling created women's rights deserts for those who want and need abortions but cannot afford access to it. Those in women's rights deserts are typically unable to travel to access care. This mobility gap further stratifies low-income women into women's rights deserts, reinforcing the cycles of poverty that emerge "when families permanently lack the resources to meet their most basic needs."²

Dobbs does not just allow inequality to persist; it structurally produces it. Those in women's rights deserts have attempted to combat the negative effects of abortion bans and restrictions through the use of telehealth medicine to prescribe abortion medication. However, states continue to restrict access to abortion by prohibiting the use of telehealth medicine to prescribe abortion medication.³ States have the power to reduce and eliminate women's rights deserts by enacting legislation to protect abortion access, not only for in-state patients, but for out-of-state women as well. Specifically, Virginia—the only southern state that allows abortion up until the third trimester⁴—can serve as the last safe haven in the South for impoverished women seeking safe and legal abortions. The interplay between state-imposed barriers and

¹ 597 U.S. 215 (2022).

² See *What Is the Cycle of Poverty?*, OUTREACH INT'L (July 2023), <https://outreach-international.org/blog/what-is-the-cycle-of-poverty/>.

³ See Laurie Sobel et al., *The Intersection of State and Federal Policies on Access to Medication Abortion Via Telehealth after Dobbs*, KFF (Jul. 24, 2025), <https://www.kff.org/womens-health-policy/the-intersection-of-state-and-federal-policies-on-access-to-medication-abortion-via-telehealth-after-dobbs/>.

⁴ Va. Code § 18.2-73.

uneven access deepens the structural conditions that produce women’s rights deserts, but states can enact legislation to mitigate these factors.

Prior to *Dobbs*, *Roe v. Wade*⁵ and *Planned Parenthood of Southeastern Pennsylvania v. Casey*⁶ were the controlling law regarding access to abortion. *Roe* recognized that although “[t]he Constitution does not explicitly mention any right to privacy,” such a right does exist within the “penumbras,” or shadows, of the Constitution and Bill of Rights as outlined in *Griswold v. Connecticut*.⁷ *Roe* extended *Griswold*’s rationale to include a qualified right to abortion up to the “compelling point,” or after about the end of the first trimester.⁸ *Casey* reaffirmed the essential holding of *Roe* but created a new framework for when states may regulate abortion.⁹ Under *Casey* the state may not create an undue burden on a woman’s liberty to obtain an abortion before viability—within the first six months of pregnancy; however, the state may restrict abortions after viability as long as the law includes “exceptions for pregnancies which endanger the woman’s life or health.”¹⁰ These fundamental rulings acknowledged the constitutional protections for the right to abortion and guaranteed abortion access nationwide.¹¹ This federalization and liberalization of abortion rights, however, was short lived.

Although both *Roe* and *Casey* rested their holdings on the unenumerated right to privacy first articulated in *Griswold*, the *Dobbs* Court refused to accept this analysis, overturning both cases, and invalidating the constitutional protections for abortion.¹² The Court found “no firm grounding in constitutional text, history, or precedent” to establish abortion as a fundamental right.¹³ Moreover, the Court imparted a rational basis test to determine that the legitimate state

⁵ 410 U.S. 113 (1973).

⁶ 505 U.S. 833 (1992).

⁷ *Roe*, *supra* note 5, at 152-54.

⁸ *Roe*, *supra* note 5, at 154, 163.

⁹ *Casey*, *supra* note 6, at 846.

¹⁰ *Id.*

¹¹ See generally *Roe*, *supra* note 5 and *Casey*, *supra* note 6.

¹² See *Dobbs*, *supra* note 1, at 231.

¹³ *Id.* at 280.

interest—namely the “preservation prenatal life at *all stages of development*”—justifies limits on abortion.¹⁴ *Dobbs* explicitly held that “the Constitution does not confer a right to abortion” and abrogated the authority to regulate abortion entirely to the states.¹⁵ This decision had immediate health consequences for women. Although some states had codified abortion rights into their state constitutions, many states passed new laws or enacted existing ones to ban or substantially limit abortion access shortly after the *Dobbs* ruling.¹⁶ *Dobbs* paved the way for state laws preventing or prohibiting women from accessing abortion, which, in turn, created women’s rights deserts.

I begin this paper by offering an overview of the tangible and recorded effects of the *Dobbs* ruling. Specifically, I introduce a new idea—women’s rights desert—to describe these effects. Additionally, I argue that abortion bans disproportionately impact low-income women and women of color. Next, I discuss the particular effects of *Dobbs* within states. I examine how state-level responses have further isolated women, deepened rights deserts, and hardened intrastate disparities. Moreover, I identify how the *Dobbs* ruling has impacted relationships and movement between states. I trace emerging patterns in abortion-related migration and analyze new barriers to interstate movement. The second section of this paper focuses on travel as a barrier to rights. I compare the instances of white flight in the post-war era to the ability to travel to obtain an abortion. This comparison illustrates how law and geography jointly structure mobility, inequality, and access to rights. Finally, I conclude the paper with the idea of Virginia as a safe haven for women in the South. Since Virginia is the only southern state that continues to permit abortion through the second trimester,¹⁷ I argue that Virginia can and should establish

¹⁴ *Id.* at 301 (emphasis added).

¹⁵ *Id.* at 292.

¹⁶ Claire D Brindis et al., *Societal Implications of the Dobbs v. Jackson Women’s Health Organization Decision*, 403 LANCET 2751, 2751 (2024).

¹⁷ See *Virginia*, PLANNED PARENTHOOD (2025), <https://www.plannedparenthoodaction.org/planned-parenthood-votes-south-atlantic/virginia>.

protections to assist women in southern rights deserts. *Dobbs* may have invalidated the federal constitutional protection for the right to abortion, but now the states can empower their citizens and eliminate women's rights deserts.

Discussion

I. The Effects of *Dobbs*

A. *Women's Rights Deserts*

Restrictions and bans on abortion not only deprive women of their liberty and bodily autonomy, but they also promote inequality. The *Dobbs* ruling aggravated the cycles of institutionalized degradation and poverty by restricting access to abortion. The mechanisms established leading up to and after the *Dobbs* ruling contribute to manufactured rights deserts—geological pockets where the government denies certain access to rights. Those in rights deserts typically do not have the resources to move to different states that would afford them those rights.¹⁸ These rights deserts, therefore, reinforce social and economic discrimination by limiting access to rights and then preventing individuals from leaving.

Rights deserts can be a result of natural or social forces—such as resource deserts—but the government may also manufacture rights deserts by limiting or erasing rights for specific groups of people.¹⁹ For example, Jim Crow laws established by local and state governments deliberately produced voting rights deserts for African Americans during that time.²⁰ Moreover, the United States government purposefully created women's rights deserts with the *Dobbs* ruling to reduce access to abortion care. Women's rights deserts include abortion deserts—counties

¹⁸ See generally Uma Kothari, *Staying Put and Staying Poor?*, 15 J. INT'L DEV. 645 (2003).

¹⁹ See Owen Walsh, *Food Deserts: What They Are and What Causes Them*, HUMAN LEAGUE (Feb. 22, 2022), <https://thehumaneleague.org/article/food-desert>; Lexi Rummel, *When Women Are Deserted: The Prevalence and Intersection of Abortion Care Deserts, Pregnancy Care Deserts, Broadband Internet Deserts and Internet Deserts in the United States*, NAT'L WOMEN'S L. CTR., 1 (April 14, 2025), <https://nwlc.org/wp-content/uploads/2025/04/Updated-Deserts-Report-1.pdf>.

²⁰ See Russell Brooker, *Voting Rights for Blacks and Poor Whites in the Jim Crow South*, America's Black Holocaust Museum (last accessed Dec. 17, 2025), <https://www.abhmuseum.org/voting-rights-for-blacks-and-poor-whites-in-the-jim-crow-south/>.

where the closest abortion care facility is more than 100 miles away²¹—maternity care deserts —“counties where there are no hospitals offering obstetric services or birth centers and no obstetricians, gynecologists, or certified nurse midwives”²²—and contraceptive deserts— “areas where patients lack reasonable access to a health center that provides a full range of birth control methods.”²³ Regarding abortion access, these rights deserts cause economic harm and significantly burden low-income minority women.²⁴ Taken together, these deserts reflect the state’s power to police and control women’s bodies while perpetuating cycles of poverty.

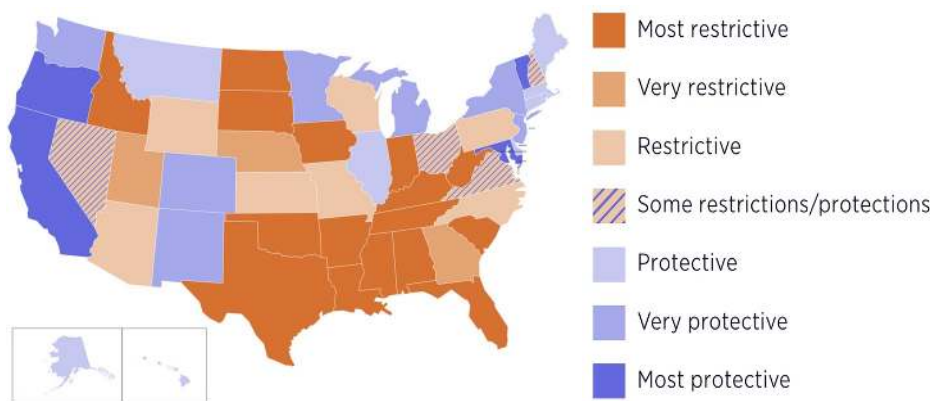


Figure 1. Interactive Map: US Abortion Policies and Access After *Roe*²⁵

The *Dobbs* ruling has exacerbated women’s rights deserts and compounded inequality.

Forty-one states have some form of abortion bans, with twelve banning abortions completely.²⁶

In states that completely ban abortion, mothers are two times more likely to die during

²¹ Lexi Rummel, *When Women Are Deserted: The Prevalence and Intersection of Abortion Care Deserts, Pregnancy Care Deserts, Broadband Internet Deserts and Internet Deserts in the United States*, NAT’L WOMEN’S L. CTR., 1 (April 14, 2025), <https://nwlc.org/wp-content/uploads/2025/04/Updated-Deserts-Report-1.pdf>.

²² Eli Y Adashi et al., *Maternity Care Deserts: Key Drivers of the National Maternal Health Crisis*, 38 J. AM. BD. FAM. MED. 165 (Aug. 5, 2024), <https://pubmed.ncbi.nlm.nih.gov/40268316/>.

²³ *Contraceptive Deserts: What They Are and How to Improve Access*, UPSTREAM USA (Aug. 13, 2024), <https://upstream.org/insights/contraceptive-deserts/>.

²⁴ See Alexa L. Solazzo, *Different and Not Equal: The Uneven Association of Race, Poverty, and Abortion Laws on Abortion Timing*, 66 SOC. PROBS. 519, 542 (2018).

²⁵ *Interactive Map: US Abortion Policies and Access After Roe*, GUTTMACHER INSTITUTE (Dec. 10, 2025), https://states.guttmacher.org/policies/?_gl=1*1nggmwa*_gcl_au*OTg2NDU3NDY4LjE3NTk1MDE0MDg.*_ga*MTYwMzU3NTEzNy4xNzU5NTAxNDA4*_ga_PYBTC04SP5*cZ3NjIjOTM5OTUkbzkkZzEkdDE3NjIxOTQwNDAkajE1JGwwJGww (depicting a map of the United States color coded by how restrictive the abortion laws are in each state).

²⁶ Talia Curham, *State Bans on Abortion Throughout Pregnancy as of July 7, 2025*, GUTTMACHER INSTITUTE (Ed. Peter Ephross) (Jul. 7, 2025), <https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans>.

pregnancy, childbirth, or soon after giving birth as opposed to mothers in states that allow abortions.²⁷ These statistics are even more perverse for women of color, who are “more than three times as likely to die as White mothers living in those states.”²⁸ Moreover, in states that require in-person counseling, poorer women—who typically get later term abortions—may be more likely not to have abortions at all.²⁹ In contrast, wealthy women from those states are still getting abortions, but just later due to “impediments presented by the law.”³⁰ These statistics show how *Dobbs* disproportionately impacted low-income women which intensifies the cycle of poverty.

Additionally, abortion bans do not stop abortion all together, they only stop safe and legal abortions, particularly for low-income women.³¹ Self-managed abortions can cause serious health issues for or even death of the mother.³² Available research indicates that self-managed abortion attempts increased after the *Dobbs* ruling.³³ Notably, self-managed abortions increased significantly in marginalized groups, most often with ineffective methods.³⁴ Data is limited in this regard, however, because those who self-manage abortions may be criminally prosecuted.³⁵ This stark variation in abortion access between the states creates pockets where low-income women are unable to obtain care. This further aggravates the cycle of poverty by preventing women from leaving the state and forcing them to carry the pregnancy to term.

²⁷ *Maternal Mortality in the United States After Abortion Bans*, GENDER EQUITY POL’Y INST., 1 (Apr. 20205), <https://thegepi.org/GEPI-maternal-mortality-abortion-bans.pdf>.

²⁸ *Id.* at 3.

²⁹ Solazzo, *supra* note 24, at 541.

³⁰ *Id.*

³¹ See Florian Recker et al., *Advancing Knowledge and Public Health: A Scientific Exploration of Abortion Safety*, 312 GYNECOLOGY & OBSTETRICS 643, 646 (May 24, 2025).

³² Jolynn Dellinger & Stephanie K. Pell, *The Criminalization of Abortion and Surveillance of Women in A Post-Dobbs World*, BROOKINGS (April 18, 2024), <https://www.brookings.edu/articles/the-criminalization-of-abortion-and-surveillance-of-women-in-a-post-dobbs-world/>.

³³ Lauren Ralph et al., *Self-Managed Abortion Attempts Before vs. After Changes in Federal Abortion Protections in the US*, 7 JAMA NETWORK OPEN 1, 1 (2024).

³⁴ *Id.*

³⁵ See Dellinger & Pell, *supra* note 32.

Whereas some deserts create only barriers to rights, women's rights deserts also criminalize specific actions. Historically, courts and legislatures have criminalized women's access to reproductive rights.³⁶ By 1910, abortion was completely illegal throughout the United States and in 1967, abortion was a felony everywhere except Kentucky.³⁷ Today in Texas and Alabama, women and providers can face up to life in prison for performing an abortion.³⁸ In 2024, the Texas Attorney General filed a lawsuit against a provider in New York for prescribing and mailing medical abortion pills into the state.³⁹

Furthermore, criminal abortion laws disproportionately affect economically disadvantaged women and women of color.⁴⁰ These laws specifically burden low-income women by increasing the time and cost necessary to obtain abortions.⁴¹ In the South, research indicates that almost seventy-five percent of cases for criminalized abortion were brought against black women.⁴² Moreover, undocumented women may face even stronger criminal consequences, such as deportation without a hearing or denial of asylum relief.⁴³ Additionally, as discussed later in this paper, attacks on shield laws further prevent women who are unable to travel for access abortion care via telehealth medicine.⁴⁴ These criminal laws produce geologically stratified

³⁶ See JON O. SHIMABUKURO, CONG. RSCH. SERV., RL 95-724, ABORTION LAW DEVELOPMENT: A BRIEF OVERVIEW (2009).

³⁷ *Id.*

³⁸ See Tex. Health & Safety Code Ann. § 170A.004 (West) (establishing a class 1 felony offense for anyone who knowingly performs, induces, or attempt an abortion where the unborn fetus dies as a result) and Ala. Code § 22-3 (West) (making a Class A felony for anyone “[i]ntentionally, knowingly, or recklessly performing or inducing an abortion when the unborn child is viable”).

³⁹ Mabel Felix et al., *Criminal Penalties for Physicians in State Abortion Bans*, KFF (Mar. 4, 2025), <https://www.kff.org/womens-health-policy/criminal-penalties-for-physicians-in-state-abortion-bans/>.

⁴⁰ Lynn M. Paltrow & Jeanne Flavin, *Arrests of and Forced Interventions on Pregnant Women in the United States, 1973-2005: Implications for Women's Legal Status and Public Health*, 38 J. HEALTH POL., POL'Y, & L. 299, 311 (April 2023).

⁴¹ See generally *id.*

⁴² Paltrow, *supra* note 41.

⁴³ Asees Bhasin, *Dobbs v. Jackson Women's Health and Its Devastating implications for Immigrants' Rights*, PETRIE-FLOM CTR. (Sept. 27, 2022), <https://petrieflom.law.harvard.edu/2022/09/27/dobbs-immigrants-rights/>.

⁴⁴ See Amy Friedrich-Karnik et al., *Medication Abortion Remains Critical to State Abortion Provision as Attacks on Access Persist*, GUTTMACHER INSTITUTE (May 7, 2025), <https://www.guttmacher.org/2025/02/medication-abortion-remains-critical-state-abortion-provision-attacks-access-persist>.

pockets of people who want access to abortion but cannot afford to travel to get one, therefore, creating women’s rights deserts in specific areas of the country.

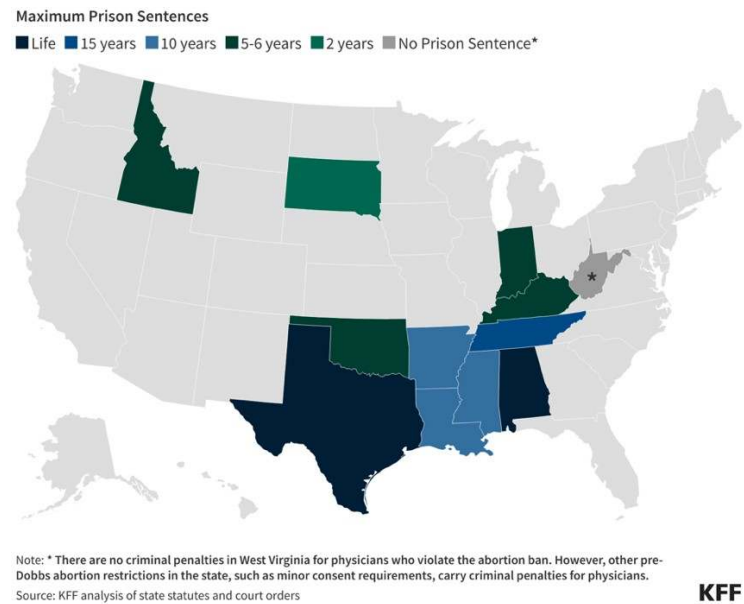


Figure 2. Criminal Penalties for Physicians in State Abortion Bans as of February 2025.⁴⁵

The *Dobbs* ruling shifted abortion policymaking from the federal level to the states.⁴⁶ A state focused approach to abortion intensifies preexisting inequalities resulting from prejudicial policies.⁴⁷ Whereas *Roe* and *Casey* provided blanket federal guidance, *Dobbs* contributes to women’s rights deserts by increasing disparities among women in certain geographic areas.⁴⁸ Many women face financial barriers to travel that prevent them from going to states that protect abortion.⁴⁹ Gerrymandering also creates legal barriers for representation and produces inequality in the legislative system.⁵⁰ Legislators in several states on both sides of the aisle are actively

⁴⁵ Felix, *supra* note 40 (depicting a map of the United States color coded to the maximum prison sentences for violating abortion bans or restrictions).

⁴⁶ John Dinan, *The Constitutional Politics of Abortion Policy After Dobbs: State Courts, Constitutions, and Lawmaking*, 84 MONT. L. REV. 14, 29 (Mar. 30, 2023).

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ Rummel, *supra* note 21.

⁵⁰ See Michael Li, *Gerrymandering Explained*, BRENNAN CTR. (Aug. 9, 2025), <https://www.brennancenter.org/our-work/research-reports/gerrymandering-explained>.

redrawing election maps to produce disproportionate electorate results.⁵¹ In states with conservative majorities, these maps are more likely to be drawn to silence specific voices, such as low-income women.⁵² These processes further entrench women's rights deserts by suppressing the impact of pro-abortion voters.⁵³ This creates an endless cycle of inequality by suppressing the political power of minority groups to prevent them from ever accessing certain rights. Consequently, state-level intervention is necessary to redress the harms done at the federal level which created women's rights deserts.

B. Intrastate

As *Dobbs* reverted control of abortion policies to the states, this section first looks to the effects within the state. The *Dobbs* ruling led to states enacting abortion bans and restrictions, which caused many abortion clinics to close.⁵⁴ Between 2020 and March 2024, a total of sixty-three in-person clinics closed in states with total abortion bans.⁵⁵ Within the first six months after the *Dobbs* ruling, states with near-total abortion bans saw an average increase of 2.3% births relative to if no ban had been enforced.⁵⁶ These effects are even more pervasive in states where travel distances to other states with abortion access are greatest.⁵⁷

In light of these restrictions on abortion access in a post-*Dobbs* America, women are now turning to medication abortion and telehealth.⁵⁸ Many women who live in states that ban or restrict access to abortion rely on telehealth and medication abortion.⁵⁹ Telehealth medication abortion—although highly contested—is just as safe and effective as in-person care, while also

⁵¹ See *id.*

⁵² See *id.*

⁵³ See *id.*

⁵⁴ See Rachel K. Jones et al., *The Number of Brick-and-Mortar Abortion Clinics Drops, as US Abortion Rate Rises: New Data Underscore the Need for Policies that Support Providers*, GUTTMACHER INSTITUTE (Sept. 30, 2025), <https://www.guttmacher.org/report/abortion-clinics-united-states-2020-2024>.

⁵⁵ See *id.*

⁵⁶ Caitlin Myers, *From Roe to Dobbs: 50 Years of Cause and Effect of US State Abortion Regulations*, 46 ANNU. REV. PUB. HEALTH 433, 442 (2025).

⁵⁷ *Id.*

⁵⁸ See Karen Diep, *Abortion Trends Before and After Dobbs*, KFF (Jul. 15, 2025), <https://www.kff.org/womens-health-policy/abortion-trends-before-and-after-dobbs/>.

⁵⁹ See *id.*

being more accessible.⁶⁰ Access to telehealth and medication abortion allows those in women's rights deserts to safely terminate their pregnancies without having to travel or leave the state. Moreover, telehealth and medication abortion are particularly useful for rural patients who may live especially far from clinics.⁶¹ Thus, telehealth and medication abortion are critical facets of state abortion policy to reduce the effects of *Dobbs* on women's rights deserts.⁶²

The Food and Drug Administration ("FDA") has approved mifepristone for use through ten weeks, and the 2024 U.S. Supreme Court ruling in *FDA v. Alliance for Hippocratic Medicine* allows providers to continue to prescribe the medication without additional restrictions.⁶³ After the *Dobbs* ruling, demand for telehealth medication abortion increased in many states.⁶⁴ The proportion of patients citing "legal restrictions" as a reason for choosing medication abortion through telehealth increased from five percent to almost eleven percent after *Dobbs*.⁶⁵ Studies show that telehealth is particularly useful for populations facing systemic barriers, such as low-income women.⁶⁶ According to recent studies, telehealth abortions account for about twenty-five percent of all abortions⁶⁷ and almost two-thirds of all clinician-assisted abortions are done through medication.⁶⁸ Medication abortions have increased by thirty-two percent between 2020 and 2023.⁶⁹ Telehealth and medication abortions limit the effects the *Dobbs* ruling and provide those living in women's rights deserts with the opportunity to obtain safe abortions. This

⁶⁰ Ushma D. Upadhyay, *Effectiveness and Safety of Telehealth Medication Abortion in the USA*, 30 NATURE MEDICINE 1191, 1193 (2024).

⁶¹ Julia Ivanova, *Legal Uncertainty for Telehealth Abortion: Navigating State and Shield Law Conflicts*, TELEHEALTH.ORG (Mar. 11, 2025), <https://telehealth.org/blog/legal-uncertainty-for-telehealth-abortion/>.

⁶² See Friedrich-Karnik et al., *supra* note 44.

⁶³ See generally 602 U.S. 367 (2024).

⁶⁴ See Anna E. Fiastro, *Demand for Medication Abortion Through Telehealth Before and After the Dobbs v. Jackson Supreme Court Decision in States Where Abortion Is Legal*, 35 WOMEN'S HEALTH ISSUES 324, 328 (June 20, 2025).

⁶⁵ See *id.*

⁶⁶ See Fiastro, *supra* note 65.

⁶⁷ See Diep, *supra* note 58.

⁶⁸ See Friedrich-Karnik et al., *supra* note 44.

⁶⁹ Isabel DoCampo et al., *The Role of Medication Abortion Provision in US States Without Total Abortion Bans*, 2023, 57 PERSP. ON SEXUAL & REPRODUCTIVE HEALTH 3, 5 (Feb. 10, 2025).

decreases inequality created by women's rights deserts by allowing women the opportunity to access abortions when they otherwise would not be able to.

Nevertheless, some states are attempting to impose strict prohibitions on abortion medications or ban them all together.⁷⁰ Nine states—six of which have total abortion bans—explicitly prohibit the use of telehealth to prescribe and/or mail medication abortion.⁷¹ Additionally, three states are seeking to reinstate the requirements for in-person dispensing requirement and in-person visits—effectively prohibiting the use of telehealth for medication abortion.⁷² These restrictions increase legal risks for physicians offering remote care and may prevent them from providing services across state lines.⁷³ This, in turn, would further harm those living in women's rights deserts by completely denying them access to abortion care in their state. For those who are unable to travel, telehealth and medication abortions may be the only method to obtain safe abortions.⁷⁴ This shift to telehealth and medication abortion demonstrates the need for abortion access in women's rights deserts where physical clinics no longer exist. Moreover, this data exemplifies the need for federal abortion protections to preserve shield laws and provide physicians with the security they need to properly care for their patients.

C. Interstate

As states enact abortion restrictions or bans, abortion tourism—traveling to obtain an abortion in a state where it is legal⁷⁵—has also increased in the years following *Dobbs*.⁷⁶ In 2024, around 155,000 women traveled out of state to obtain abortion care.⁷⁷ Moreover, the states with

⁷⁰ See Sobel et al., *supra* note 3.

⁷¹ Sobel et al., *supra* note 3.

⁷² Sobel et al., *supra* note 3.

⁷³ See Ivanova, *supra* note 61.

⁷⁴ See *id.*

⁷⁵ See Marissa Postell, *What is Abortion Tourism?*, ETHICS & RELIGIOUS LIBERTY COMM'N (Apr. 5, 2022), <https://erlc.com/resource/what-is-abortion-tourism/>.

⁷⁶ See Kate Zernike & Adam Liptak, *Texas Supreme Court Shuts Down Final Challenge to Abortion Law*, N.Y. TIMES (Mar. 11, 2022) (noting that while “Texas law cut the number of abortions in the state by 60 percent[,] Planned Parenthood clinics in neighboring states have reported an 800 percent increase in women seeking abortions” after the Supreme Court shut down a federal challenge to the state’s ban on abortion).

⁷⁷ Usha Ranji, *Key Facts on Abortion in the United States*, KFF (Jul. 15, 2025), <https://www.kff.org/womens-health-policy/key-facts-on-abortion-in-the-united-states/?entry=table-of-contents-where-do-people-get-abortion-care>.

the highest rate of inflow travel border at least one state where abortion is banned.⁷⁸ Notably, almost forty percent of abortions provided in Illinois in 2024 were for out-of-state patients.⁷⁹ Additionally, Virginia’s out-of-state patients increased by around 4,400 between 2023 and 2024, which likely was driven by Florida’s six-week abortion ban that took effect in May 2024.⁸⁰ These rates show that those living in women’s rights deserts do want access to abortion and are traveling to get care.

But “travel is a significant barrier to accessing [abortion] care,”⁸¹ and not all women have the means to travel. Studies indicate that minority women’s abortion timing and access will be “disproportionately impacted” if states continue to pass laws limiting the quantity of abortion providers.⁸² Women in states with abortion bans were more likely to face delays due to the associated cost of travel to obtain an abortion.⁸³ Since *Dobbs*, travel costs have increased from an average of \$179 to \$372.⁸⁴ Moreover, residents from abortion-ban states saw a dramatic increase in travel time compared with abortion access before a ban, increasing from 2.8 hours to 11.3 hours.⁸⁵ Even though funding for travel assistance may be available through various non-profits, many people are unaware of how to access and use this funding.⁸⁶ Because movement is just another privilege that low-income and minority communities struggle to access, it serves as a barrier to obtaining safe and legal abortion care.

⁷⁸ *Id.*

⁷⁹ Isaac Maddow-Zimet & Kimya Forouzan, *Stability in the Number of Abortions from 2023 to 2024 in US States Without Total Bans Masks Major Shifts in Access*, GUTTMACHER (June 24, 2025), <https://www.guttmacher.org/report/stability-number-abortions-2023-2024-us-states-without-total-bans-masks-major-shifts-access>.

⁸⁰ *Id.*

⁸¹ Maeve Elson et al., *A Geospatial Analysis of Abortion Access in the United States After the Reversal of Roe v Wade*, 142 OBSTETRICS & GYNECOLOGY 1077, 1082 (Nov. 2023).

⁸² Solazzo, *supra* note 24, at 539.

⁸³ Nancy F. Berglas et al, *Changes in Abortion Access, Travel, and Cost Since the Implementation of State Abortion Bans, 2022-2024*, 115 AM. J. PUB. HEALTH 1173, 1173 (2025).

⁸⁴ *Id.*

⁸⁵ *Id.*

⁸⁶ *See id.*

In addition to rising travel costs, some jurisdictions are also enacting measures to prohibit and criminalize traveling to obtain an abortion. In Texas, some counties have passed abortion travel bans, relying on “private vigilantes” to report individuals who have used local roads or highways to obtain an abortion.⁸⁷ This legislation serves directly to intimidate and deter women from traveling to other states where abortion is legal.⁸⁸ Other states have enacted abortion trafficking bans that generally prohibits aiding a woman in obtaining an out-of-state abortion.⁸⁹ Not only does this prevent those seeking an abortion from using public transportation to access care, but it also makes providing informational materials on how to secure medical abortions illegal.⁹⁰ These laws further prevent women from leaving the state to access care, reinforcing women’s rights deserts and perpetuating the cycles of poverty.

However, some states are enacting new laws to combat legal repercussions for those seeking, facilitating, and assisting those seeking abortion.⁹¹ Shield laws protect state officials who choose not to cooperate with certain requests or orders from other states regarding the identification of women who used telehealth services to obtain abortion medication.⁹² As of October 2025, twenty-two states and the District of Columbia provide protections against out-of-state investigations and prosecutions for reproductive health care.⁹³ Furthermore, eight states have provisions that explicitly protect patients regardless of their location, allowing them to access telehealth care.⁹⁴ Specifically, Virginia has a shield law that protects providers from

⁸⁷ *Restrictions on the Right to Travel for Out-of-State Abortion Care*, NETWORK FOR PUB. HEALTH L., 1 (April 2025), <https://www.networkforphl.org/wp-content/uploads/2025/05/Restrictions-on-the-Right-to-Travel-for-Out-of-State-Abortion-Care-1.pdf>.

⁸⁸ *See id.*

⁸⁹ *Id.*

⁹⁰ *Id.*

⁹¹ *See Anna Bernstein et al., Attacks on Shield Laws Are the Next Step in Criminalizing Abortion Care*, GUTTMACHER INSTITUTE (Sept. 10, 2025), <https://www.guttmacher.org/2025/09/attacks-shield-laws-are-next-step-criminalizing-abortion-care>.

⁹² Kimya Forouzan, *Shield Laws Related to Sexual and Reproductive Care*, GUTTMACHER INSTITUTE (Oct. 20, 2025), <https://www.guttmacher.org/state-policy/explore/shield-laws-sexual-and-reproductive-health-care>.

⁹³ *Shield Laws for Reproductive and Gender-Affirming Health Care: A State Law Guide*, UCLA LAW (last visited Oct. 20, 2025), <https://law.ucla.edu/academics/centers/center-reproductive-health-law-and-policy/shield-laws-reproductive-and-gender-affirming-health-care-state-law-guide>.

⁹⁴ *Id.*

having to relinquish personal patient data to law enforcement in other states.⁹⁵ These shield laws offer protections for patients that would not otherwise be able to have a safe abortion.

II. The Privilege of Movement

“If you don’t like it, then just leave.” This is the remark I have heard from states’ rights advocates when questioned on what citizens should do if they live in states with abortion bans but want access to abortion. Although the Constitution protects citizens’ freedom of movement,⁹⁶ not everyone has the power to simply leave their state. The actual cost of moving or even traveling out of state may be entirely unobtainable for some people, especially low-income individuals.⁹⁷ These mobility constraints further entrench inequality into our social and economic system by reinforcing the cycles of poverty used to form and retain women’s rights deserts.

In this section, I analyze the structural parallels of how law and geography work to maintain inequality by immobilizing low-income individuals and minorities. First, I identify how white flight in the post-World War II era negatively impacted low-income and minorities and prevented them from moving. Next, I discuss how gerrymandering and redlining has further entrenched these negative social and economic outcomes to prevent these communities from accessing rights. Finally, I compare these historical rights deserts to those created by abortion bans and the accessibility of abortion tourism.

A. *White Flight*

The state uses its police power to create harmful institutions that perpetuate the cycle of poverty and create rights deserts. “White flight” is the phenomenon in which white people—often driven by an increase in people of color into cities—choose to move out of certain areas.⁹⁸

⁹⁵ *Virginia Shield Law Fact Sheet*, UNIV. OF CAL. LOS ANGELES SCH. OF L. CTR. ON REPRODUCTIVE HEALTH, L., & POL’Y (Aug. 2024), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Shield-Law-VA-Sep-2024.pdf>.

⁹⁶ See Richard Sobel, *The Right to Travel and Privacy: Intersecting Fundamental Freedoms*, 30 J. MARSHALL J. INFO. TECH. & PRIVACY L. 639, 639 (2014).

⁹⁷ See Kothari, *supra* note 18.

⁹⁸ Aristide Sechandice, *White Flight*, EBSCO (2024), <https://www.ebsco.com/research-starters/history/white-flight>.

Typically, this term refers to the mass exodus of white people from urban cities after World War II, when they saw unprecedented growth in black communities.⁹⁹ Only those who had adequate financial capital and job flexibility were able to move into the suburbs.¹⁰⁰ Moreover, urban cities affected by white flight saw significant economic decline as affluent and middle-class individuals and families chose to move to the suburbs.¹⁰¹ Like modern mobility inequality, only those who had the financial resource to move did so, whereas those who were already part of vulnerable groups had no choice but to stay. White flight had negative social impacts that reinforced racial inequalities during the post-War era.¹⁰² These consequences in turn created rights deserts for low-income and minority groups.

White flight substantially impacted economic development and social resources in urban areas, which contributed to rights deserts. Research indicates that in-migration of “low skilled southern blacks” and white suburbanization created highly concentrated low-income cities.¹⁰³ Since local taxes finance many public goods—like school systems—segregation between the central city and the suburbs has generated disparities in access to education and other public services.¹⁰⁴ Here, the law and geography work together to force low-income people into urban environments and then prevent them from accessing resources that would allow them to improve their situation. These structures reinforce existing inequalities and perpetuate the cycle of poverty to create rights deserts.

B. Gerrymandering & Redlining

Whereas personal choices typically drive white flight, gerrymandering and redlining are specific methods government actors have historically used to restrict rights and movement of

⁹⁹ *See id.*

¹⁰⁰ *See id.*

¹⁰¹ *See* Leah Platt Boustan, *Was Postwar Suburbanization “White Flight”? Evidence from the Black Migration* Q. J. OF ECON. 417, 417 (2010).

¹⁰² *See* Sechandice, *supra* note 98.

¹⁰³ William H. Frey, *Black In-Migration, White Flight, and the Changing Economic Base of the Central City*, 85 AM. J. OF SOCIO. 1396, 1412 (1980).

¹⁰⁴ Boustan, *supra* note 101.

specific groups. Both of these state and local processes silence minorities and low-income individuals by forcing them into certain areas, restricting their rights, and preventing them from leaving. These pervasive policies prevent minority and low-income groups from being accurately represented in both the state and federal legislatures.¹⁰⁵ Additionally, they prevent these communities from accessing resources that would allow them to move, creating rights deserts.¹⁰⁶

Gerrymandering is the process of redrawing congressional and state legislative districts.¹⁰⁷ In a perfect world, the legislature or redistricting body draws these lines to accurately represent the community demographics in the electoral process. However, partisan gerrymandering produces unrepresentative maps that skew electoral outcomes in favor of one party or the other.¹⁰⁸ Partisan gerrymandering is a means for the government to systemically exclude certain populations from political participation.¹⁰⁹ Therefore, these groups are underrepresented in state and federal legislatures.¹¹⁰ Moreover in 2019, the Supreme Court held that the federal courts are not responsible for resolving matters related to partisan gerrymandering.¹¹¹ This has led to various states redrawing electoral maps in ways that disproportionately favor the party in power.¹¹²

For example, Texas is set to vote on new electoral map in 2026 that would significantly reduce the impact of the already underrepresented Black and Latino communities.¹¹³ If enacted, these maps would exacerbate existing rights deserts in the region. This particularly impacts minorities and low-income communities that have been historically underrepresented.¹¹⁴ Low-

¹⁰⁵ Li, *supra* note 50.

¹⁰⁶ See Kothari, *supra* note 18.

¹⁰⁷ Li, *supra* note 50.

¹⁰⁸ See *id.*

¹⁰⁹ See *id.*

¹¹⁰ See *id.*

¹¹¹ See *Rucho v. Common Cause*, 588 U.S. 684 (2019).

¹¹² See Li, *supra* note 50.

¹¹³ Michael Li, *The Supreme Court Messes With Texas's Voting Map*, BRENNAN CTR. (Dec. 16, 2025), <https://www.brennancenter.org/our-work/research-reports/supreme-court-messes-texas-voting-map>.

¹¹⁴ See *id.*

income individuals often do not have the money or ability to move to areas or states that would better reflect their views.¹¹⁵ This causes an inevitable cycle of poverty that forces certain communities to remain in areas that limit their rights, thereby creating rights deserts.

Redlining similarly effects minority and low-income communities by restricting their access to movement. Redlining is the discriminatory practice of systematically denying services—such as mortgages, loans, and other financial services—to specific racial and ethnic groups of people.¹¹⁶ Although redlining is now illegal, these communities still feel the effects today.¹¹⁷ The state and local governments utilized their police power to corral low-income minority groups into areas with poor infrastructure, where many of their decedents still live today.¹¹⁸ Redlining, like gerrymandering, created segregated areas to perpetuate racist institutions and limit the power of minority voices.

C. Relation to Abortion

Movement requires wealth, and wealth equals power, so movement is power. As outlined in the previous section, access to abortion depends on one's geographic location. The state effectively forces individuals into women's rights deserts and then prevents them from leaving. Although the *Dobbs* ruling impacts all women, low-income women face some of the most negative effects.¹¹⁹ Low-income women often do not have the money to travel to a state where abortion is legal.¹²⁰ Even in states where abortion is legal, many low-income women who live in areas without access to clinics cannot afford to travel to get an abortion, creating a mobility

¹¹⁵ *Study Finds Residents With Reduced Voter Access and in Gerrymandered States Have Worse Health Outcomes*, UNION OF CONCERNED SCIENTISTS (Nov. 7, 2019), <https://www.ucs.org/about/news/study-finds-residents-reduced-voter-access-and-gerrymandered-states-have-worse-health>.

¹¹⁶ *Redlining*, CORNELL L. (last accessed Dec. 18, 2025), <https://www.law.cornell.edu/wex/redlining>.

¹¹⁷ Nadia Lathan, *50 Years After Being Outlawed, Redlining Still Drives Neighborhood Health Inequalities*, UNIV. CAL. BERKELEY PUB. HEALTH (Sept. 20, 2023), <https://publichealth.berkeley.edu/articles/spotlight/research/50-years-after-being-outlawed-redlining-still-drives-neighborhood-health-inequities>.

¹¹⁸ *See id.*

¹¹⁹ *See Rummel, supra* note 21, at 10.

¹²⁰ *See id.* at 13.

gap.¹²¹ Moreover, wealthy women may be able to pay for someone to privately, but safely, perform an abortion in states where abortion is illegal.¹²²

Much like the communities affected by white flight and gerrymandering, abortion bans contribute to the cycle of inequality by limiting access to a particular group's rights and then preventing them from leaving to access those rights elsewhere. The institutions that perpetuated white flight and gerrymandering are both historically foundational for and structurally analogous to post-*Dobbs* constraints. Abortion bans and restrictions force clinics to close and require women to travel to obtain an abortion. However, this primarily prevents low-income women who do not have the resources to travel or move to other states from accessing abortion.¹²³ These women are then forced to carry their pregnancies to term which plunges them further into poverty.¹²⁴ States confine certain groups to rights deserts and then prevent them from leaving to access these rights. The barriers to movement demonstrate the discrepancy between *Dobbs*' states' rights logic and real-world mobility constraints.

III. Virginia's Role

Geography is power, and Virginia has just that. Virginia is geographically situated near states with harsh abortion restrictions and strict bans. Whereas other southern states—like Florida—have increasingly restrictive laws against abortion, Virginia has been progressively moving toward liberalization. Virginia's unique position allows the state to function as a geographical beach in the southern rights desert. Virginia's less restrictive abortion laws currently may allow women from other southern states with more restrictive policies to gain access to abortions. Clinics in Virginia provided over 40,000 abortions in 2024.¹²⁵ Out of the

¹²¹ *See id.* At 11.

¹²² Sydney Calkin et al., *The Geography of Abortion: Discourse, Spatiality and Mobility*, 46 HUM. GEOGRAPHY 1413, 1423 (2022).

¹²³ *See* Rummel, *supra* note 21, at 12-13.

¹²⁴ *See id.*

¹²⁵ *Monthly Abortion Provision Study*, GUTTMACHER (last visited Dec. 18, 2025), <https://www.guttmacher.org/monthly-abortion-provision-study>.

has a shield law that prevents the government from issuing search warrants, subpoenas, and court orders for menstrual health data.¹³⁰



Figure 3. Interstate travel for abortion: Patients Traveling into Virginia to Obtain Care in 2024¹³¹

Recent data shows that as the number of abortions in states with a ban decrease, a considerable number of women travel to other states to get an abortion.¹³² Southern states have some of the most restrictive laws against abortion.¹³³ Virginia, however, is the only southern state to permit abortion up until the third trimester.¹³⁴ In Virginia from June 2022 through March 2024,

134 *Id.*

telehealth abortions increased by over fifty percent and in-person abortions rose by thirteen percent.¹³⁵ Over 9,000 women traveled into Virginia in 2024 to get an abortion.¹³⁶ This shows the limits of *Dobbs*' reach. *Dobbs* made abortion access a state's issue; however, this data demonstrate more women traveling between states to access abortions and underscore the need for federal protections for abortions. *Dobbs* intended to make abortion rights a state issue; however, real world mobility constraints expose the limits to this methodology.

Moreover, states can leverage *Dobbs*' limits by creating protections for abortion and increasing access for out-of-state patients. Virginia has an opportunity to enshrine the right to reproductive freedom into the State Constitution. In 2025, the Virginia General Assembly voted in favor of a Constitutional amendment codifying an individual's "fundamental right to reproductive freedom, including the ability to make and carry out decisions relating to one's own prenatal care, childbirth, postpartum care, contraception, abortion care, miscarriage management, and fertility care."¹³⁷ The vote allows the amendment to move onto the next step in the process, where the General Assembly will vote again on the amendment in 2026 before it appears on the November 2026 ballot.¹³⁸ Additionally, Virginia's new Governor-elect, Abigail Spanberger, has shared her commitment to abortion access for all.¹³⁹ Although Governor Youngkin vetoed shield laws that would have offered protection from criminal extradition for medical providers in 2024¹⁴⁰, the General Assembly has a new chance to enact this legislation with Spanberger as Governor. Virginia can also help women in rights deserts gain access to abortions by enacting

¹³⁵ Julia Rollison et al., *Understanding the State and Local Policies Affecting Abortion Care Administration, Access, and Delivery: A Case Study in Virginia*, RAND HEALTH Q. (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11630096/>.

¹³⁶ *Monthly Abortion Provision Study*, *supra* note 125.

¹³⁷ 2025 Va. Acts Ch. 603.

¹³⁸ *In a Historic Vote, Constitutional Amendment to Protect Reproductive Freedom Passes the General Assembly*, AM. CIV. LIBERTIES UNION (Feb. 13, 2025), <https://www.acluva.org/press-releases/historic-vote-constitutional-amendment-protect-reproductive-freedom-passes-general/>.

¹³⁹ *See Defending Reproductive Freedom*, SPANBERGER FOR GOVERNOR (last visited Nov. 7, 2025), <https://abigailspanberger.com/issue/defending-reproductive-freedom/>.

¹⁴⁰ Jahd Khalil, *Youngkin Vetoes Abortion-Related Shield Law Bills*, VPM (Apr. 6, 2024), <https://www.vpm.org/news/2024-04-06/youngkin-veto-shield-law-abortion>.

shield laws and providing funding for low-income out-of-state women seeking abortions. Therefore, Virginia can leverage the constitutional protections along with shield laws and funding to ameliorate women's rights deserts.

The south needs Virginia to protect access to abortion. If Virginia does not pass the Constitutional ballot measure, then women's rights deserts will grow and impact those in surrounding states. Although *Dobbs* created additional women's rights deserts, Virginia can lessen the effects by offering protections for out-of-state women seeking abortion care. Moreover, Virginia can pass additional shield laws that protect in-state providers offering abortion care via telehealth to those in states with abortion bans. Virginia's choices to protect abortion rights serve as a model for other states that are similarly situated, whether geographically or politically.

Conclusion

In a post-*Dobbs* America, only the states have the power to protect abortion rights and stop the cycles of inequality perpetuated by women's rights deserts. States must pass shield laws to protect women's privacy interests related to health data and body autonomy. They must also direct funding to women's rights deserts and low-income women to increase access and shorten pregnant women's travel time to obtain abortions. For women in states with abortion bans, traveling out of state may be their only option for obtaining safe and legal abortions. Even though *Dobbs* invalidated the Constitutional right to abortion, the states still have the power to protect women. State-level intervention is critical to dismantling women's rights deserts. This, in effect, will give more power to low-income and minority communities who the government has historically silenced. Moreover, change at the state level may help to influence change at the federal level. If states do not act to protect abortion rights, women's rights deserts will continue

to expand until they engulf the entire nation. States must actively work against the women's rights deserts to break the cycles of poverty that keep women down.

States like Virginia allow women to get abortions when they otherwise would not have been able to. But the economic barriers to travel prevent low-income women from exercising their right to movement. Organizations—like the Brigid Alliance—offer economic and emotional support to women who face logistical challenges to accessing abortion. These financial resources provide low-income women with the assistance needed to access abortions. Virginia has a unique position, both geographically and socially, where low-income women from the South may be able to gain access to abortion when they otherwise would not. Geography is power that can either entrench or disrupt rights deserts. Virginia must take this opportunity to protect reproductive rights by enacting the Constitutional amendment.

Finally, further research is necessary to understand the full effects of the *Dobbs* ruling. There is limited data on the number of women who the government prevents from accessing abortions because of this ruling. Moreover, statistics on the number of women who obtain private or illegal abortions are limited. These endeavors are potentially dangerous though, as many abortion ban states have criminal consequences for women who even attempt to get an abortion. However, further research into these statistics could help scholars identify women's rights deserts and allow aid workers to direct funding into these areas. In a post-*Dobbs* America, geography defines women's rights and, therefore, demands state-level protections. States must increase access to abortion to quell the inequalities created by women's rights deserts.