

**Broadcast News and Abortion: The Effects of Conservative Narratives on the
Reproductive Health Debate**

by

Mark Jenssen

B.S., Boston University (2009)

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Signature of Author

Mark Jenssen
Department of Political Science
September 5, 2013

Certified by

Melissa Nobles
Arthur and Ruth Sloane Professor of Political Science
Thesis Supervisor

Accepted by

Roger Petersen
Arthur and Ruth Sloane Professor of Political Science
Chairman, Graduate Program Committee

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ABSTRACT

How have changes in the elite discussion of reproductive health narratives affected the debate on abortion and influenced state legislation and popular opinion? Using analysis of broadcast transcripts from CNN and FOX News, I examine the arguments articulated by politicians, activists, and members of the media on issues concerning reproductive health. I argue that, beginning in 1996, conservatives used the venue provided by broadcast media to seize on changes to the political climate and frame debate to their advantage. Continually, conservatives forced liberals into reactionary positions through discussion of “partial-birth abortion,” expansion of narratives, and—most recently—misinformation. By dictating the terms of the discussion, conservatives lessened the impact of liberal narratives and saw gains in state legislation and public opinion as a result.

Thesis Supervisor: Melissa Nobles

Title: Arthur and Ruth Sloane Professor of Political Science

I. Introduction

With its landmark decision in *Roe v. Wade*¹, the Supreme Court forever altered the political backdrop on which the debate about abortion occurs to this day. Justice Harry Blackmun, writing for the majority, used the privacy rights affirmed in *Griswold v Connecticut* to establish a trimester framework for regulation. He held that, while decisions regarding first-trimester abortions “must be left to the medical judgment of the pregnant woman’s attending physician,” the State’s interest in the fetus became significant enough to justify intervention beginning with the second trimester—the point of viability. Ultimately, this distinction would come to shape the challenges to *Roe* and, coupled with subsequent Supreme Court rulings, influence the narratives surrounding the abortion issue as articulated by political elites.

This impact is clearest in the platform language of the Republican and Democratic parties. Prior to the *Roe* decision in 1973, neither party made mention of abortion in their platforms. Once the issue was thrust into the national spotlight though, the parties were forced to take a stance. Perhaps due to the odd political climate that saw the two-year incumbent Gerald Ford running against the dark-horse Jimmy Carter, they did so hesitantly at first. Democrats acknowledged the religious and ethical concerns surrounding the issue, but felt it was “undesirable” to attempt an overturn of the Supreme Court decision.² Republicans likewise addressed the complex nature of abortion and called for a continuing public dialogue, but fell short of detailing an explicit party response to *Roe*, instead merely stating their support for the efforts of those seeking to “restore the right to life for unborn children.”³ By 1980 though, any equivocation on the issue by either party was eliminated. In their platform, Democrats expressed their support for *Roe* and opposition to challenges brought against the decision.⁴ Republicans, under a separate section heading of “Abortion,” affirmed their support of a constitutional amendment protecting the unborn and called for the restriction of taxpayer funding of the procedure.⁵

While Democratic platform language on the issue has undergone some minor alterations since 1980, Republican language has remained largely unchanged. Just as they have since they

¹ *Roe v. Wade*, 410 U.S. 113 (1973)

² “Democratic Party Platform of 1976,” 12 July 1976.

³ “Republican Party Platform of 1976,” 18 August 1976.

⁴ “Democratic Party Platform of 1980,” 11 August 1980.

⁵ “Republican Party Platform of 1980,” 15 July 1980.

first called for constitutional ban of abortion in response to *Roe*, Republicans in 2012 endorsed a human life amendment to the Constitution to ensure the right to life applies to unborn children.⁶ As in 1980, they did so without any mention of exceptions for the life of pregnant women. Despite this consistency in ideology, there has been a precipitous increase in the number of laws restricting access to abortion enacted in state legislatures over the last decade. Sixty such laws were enacted in 2011, tripling the previous record high from 1997 (see Figure 1, next page). While fewer laws restricting access were enacted in 2012, the number remains historically elevated. Such records, it seems, are not limited to this dramatic change in policy. Gallup polls indicate that the percentage of Americans who identify as pro-choice has reached its lowest point since 1995 (see Figure 2, next page).⁷ Contrary to expectations, platform language reveals the Republican Party's stance on abortion has not grown more conservative in tandem with these other trends. What has changed, however, are the ways in which abortion and issues of reproductive health are discussed.

During his failed reelection bid in 2012, when asked on KTVI-TV whether abortion should be permitted in instances of rape, Missouri Representative Todd Akin expressed the erroneous belief that “if it’s legitimate rape, the female body has a way to shut that whole thing down.” Later that year, Congressman Joe Walsh said in a debate for his own reelection campaign that modern medicine had eliminated cases where abortion would be necessary to save a mother’s life. Elaborating on his statement, he told reporters how advances in medical technology have made it so “there’s no such exception as life of the mother.” I argue that these comments are indicative of a growth in misinformation regarding reproductive health issues that has occurred since 2008. More significantly though, this trend is part of a larger pattern of changes in the arguments articulated by participants in the debate beginning in 1996 that have favored the conservative perspective. Barring few exceptions, these changes have been in response to conservative framing of the discussion occurring on broadcast news networks. As a result, conservative narratives have generally increased in number and scope. By setting the terms of debate, conservative politicians and pundits have successfully suppressed growth in liberal counterarguments, ensuring the supremacy of their point of view and its wider public

⁶ “Republican Party Platform of 2012,” 27 August 2012.

⁷ “With respect to the abortion issue, would you consider yourself to be pro-choice or pro-life?” first appeared in Gallup polls in 1995.

acceptance. This has been done by taking advantage of specific changes to political climates set in motion by *Roe* and has provided the context for corresponding changes in public opinion and policy.

Figure 1

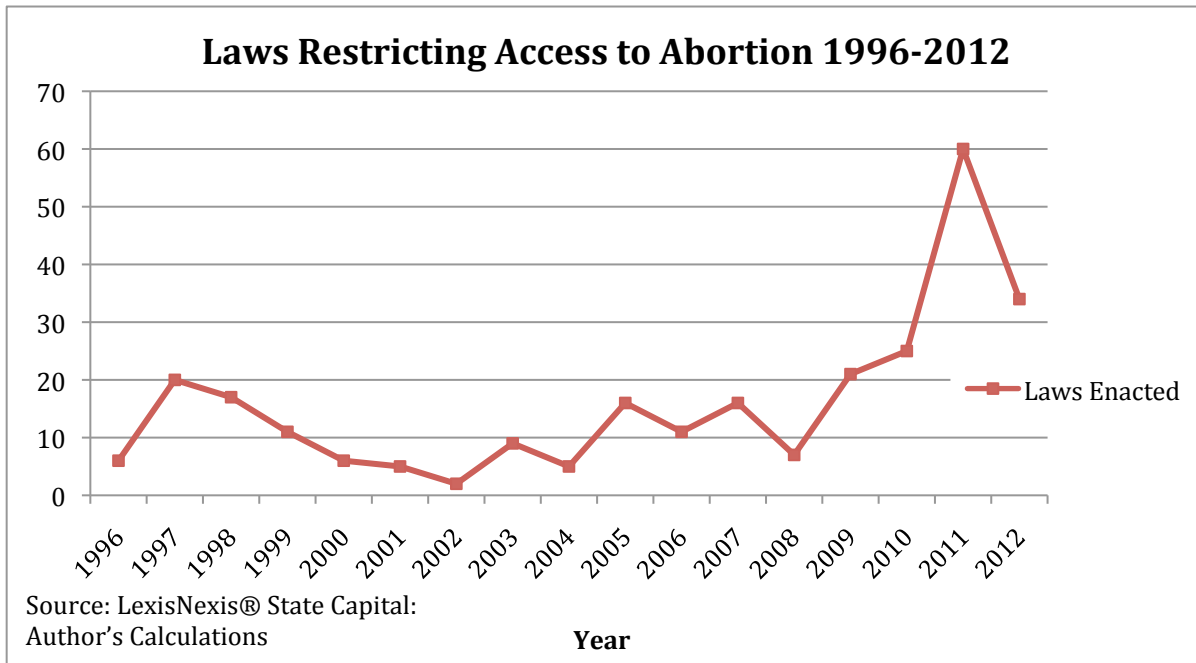
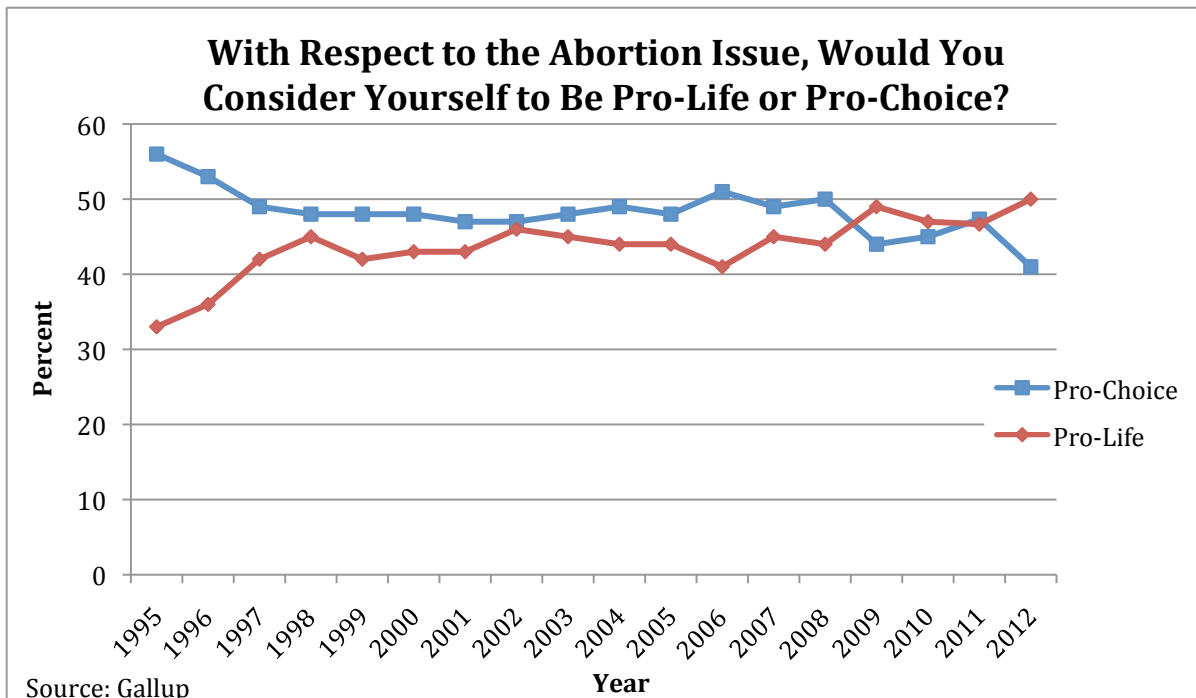


Figure 2



II. Theory

Recent analysis has suggested a strong relationship between elite opinion and that of the public, particularly regarding issues surrounding abortion. NES survey data shows growing differentiation among campaign activists and national convention delegates on abortion attitudes beginning in 1984 (Carmines and Woods 1997). This dramatic polarization in party activists predates a less pronounced shift in the masses, suggesting that elite opinion on the matter drives that of the public. A relationship between elite-level attitudes and public opinion is also found through comparison of Congressional roll call votes on abortion with public opinion polls from 1972-94 (Adams 1997). As Republican masses were initially more pro-choice than their Democratic counterparts, the partisan split in Congress over abortion suggests causality runs from elites to the masses. Since 1972, the party stance on abortion has grown clear, producing a mass-level change in response.

The ways in which elites discuss an issue can also influence mass views according to research into the cognitive processes responsible for the formation of political judgments and opinions. Experimental manipulation of a fictional bill and the explanations provided by representatives defending their vote has demonstrated that elite discussion of an issue can influence public opinion (McGraw et al. 1995). Public views seem particularly receptive to justifications invoking moral claims, due to psychological forces that minimize suspicion over the deceptiveness of such rhetoric (McGraw 1998). Abortion opinion patterns between 1977 and 1996 likewise suggest the pro-life narrative on abortion—traditionally expressed in moral terms—is more persuasive than the pro-choice perspective (Strickler and Danigelis 2002). Taken with earlier work, these findings uphold the belief that both elite opinion and discussion of that opinion can determine public attitudes on policy issues. Analysis of survey evidence from World War II and the recent war in Iraq bolsters this claim, finding that elite division over intervention drives public disagreement over military action (Berinsky 2007). The influence of elite cues is also seen in examination of popular support for welfare policies in America; when conflict among party elites is clear and prevalent, public opinion shifts along ideological and partisan lines (Schneider and Jacoby 2005).

While some studies cite media priming as a cause of public opinion shifts, evidence suggests media messages on an issue shape mass opinion primarily through communication of these elite cues. Rather than altering the prominence an individual gives to an issue when

making political evaluations, media attention on an issue primarily results in individuals adopting the position of their party or candidate as their own (Lenz 2009). Exploration of aggregate opinion measures on global warming finds similar results. Extreme weather events and the dissemination of scientific information seem to have a minimal effect on public opinion, while media coverage—found to be predominantly a function of elite cues—is critical in explaining shifts in levels of public concern over climate change (Brulle et al. 2012).

The notion that public opinion can be influenced by the way debates are framed in the media is supported by examinations into coverage of issues surrounding gay and minority rights. Racially driven narratives that portray perpetrators of crime as non-white males have been demonstrated to affect both anti-minority sentiment and views on punitive policy responses (Gilliam and Iyengar 2000). Increase in public support for active governmental intervention has similarly been linked to coverage of racial policies focusing on egalitarianism over individualism (Kellstedt 2000). The debate on gay rights during 1900-97 likewise demonstrates the effect media discussions can have on opinion. When one side of the debate is allowed to exclusively invoke a value-based argument in newspaper and television coverage, public opinion is less favorable towards gay rights policy than when competing moral narratives are expressed (Brewer 2003). Taken together, this suggests that media attention to certain elite opinions can alter policy opinions and public attitudes, adding weight to the belief that the way in which reproductive health issues are discussed on television may more widely affect public views on abortion.

The ways in which elite communication of false conceptions can influence public views has also been explored in contemporary research. Studies have demonstrated the intractability of individual opinion as it relates to misinformation, suggesting misinformation hinders public acceptance of factual data and skews collective preferences away from where they would be if the public were correctly informed (Kuklinski et al. 2000). More significantly, direct retractions of statements originally presented as correct have proven ineffective in countering the impact of the initial misinformation on memory and reasoning (Ecker et al. 2010, Ecker et al. 2011b). Similarly, a low public susceptibility to corrective statements has been found in analysis of public memory of the war in Iraq and the policy justifications for American involvement (Lewandowsky et al. 2005). The relationship between media coverage and misinformation surrounding the Iraq war reveals the persistence of false beliefs to be dependent

on levels of skepticism; the less suspicion coverage engenders, the greater the influence false information has on public views (Lewandowsky et al. 2009). This implies that the balance of media coverage and its communication of misinformation can alter sentiment regardless of repudiation, further demonstrating the importance of elite discussion in shaping public opinion.

III. Background

Data and Methods

For my exploration of reproductive health narratives, I examine broadcast transcripts from CNN and Fox News during presidential and midterm election years spanning 1996-2012. My analysis is limited to evening programming because of its historically larger audience share.⁸ Preliminary research also revealed daytime programming often repeated coverage from the prior night, or else was captured in the broadcasts of that evening. I chose CNN and Fox News as they averaged the highest prime-time ratings for the entirety of my covered time-span.⁹ In addition, despite being overtaken by MSNBC in both 2010 and 2012, CNN retained the highest cumulative viewership of all three networks during this time.¹⁰ Though Fox News launched in October of 1996, transcripts for the network were unavailable until 1999 and were thus first included in my analysis beginning in 2000. The transcripts themselves were found through a search of keywords and phrases.¹¹ I read through approximately 35,000 transcripts from the nine-year period to find relevant data.

My inspection of media coverage focuses on narratives and misinformation pertaining to reproductive health. More than simply stating a stance, narratives include an articulation of reasoning or motivation. Statements that merely proclaim a “pro-choice” or “pro-life” allegiance are thus not included in my analysis. However, statements by politicians saying they “support a woman’s right to choose” or wish to “protect the life of the unborn” are coded under “pro-choice” or “pro-life” respectively. The former pair of statements only offer a position, the latter communicate a rationale. My concern is with changes in the larger debate over reproductive health, therefore it is not enough to be for or against something—narratives must tell the story of why. As I argue that changes to these stories are the product of different political contexts, the next chapter will define the reproductive health narratives I explore through discussion of the events that led to their creation. First, two other elements of my analysis merit commentary: misinformation and state legislative action.

⁸ For my purposes, “evening programming” consists of coverage between 5pm and 12am.

⁹ Appendix 1

¹⁰ Appendix 2; cumulative viewership measures the number of unique viewers who watch a given channel for a minimum number of minutes over the course of a length of time, such as a week or month.

¹¹ Appendix 3

First, misinformation as I define it consists of nonfactual statements concerning reproductive healthcare and policy. These are declarations that either lack or are directly contradicted by accepted scientific or historical evidence. Also included in this are ad hominem attacks. As all debates, including those pertaining to reproductive health, are inherently argumentative, this classification intends to capture the logical relevancy of statements made by elites in such a context. Opinions and factual assertions have value in a discussion about reproductive rights, but dismissals of arguments through personal attacks do not. Claims that lack evidentiary support couched in personal experience are also considered misinformation. For example, Representative Akin's 2012 comment regarding pregnancies from rape that "it seems to me, from what I understand from doctors...the female body has ways to shut that whole thing down," is not considered a statement of opinion. Though framed in terms of personal understanding, Representative Akin presents his statement as a declarative fact, despite a lack of supporting evidence. While misinformation and narratives are typically articulated in tandem—Todd Akin's comments stem from a condemnation of all abortions, even in instance of rape—a narrative is not needed for a statement to count as misinformation.

For the purposes of tracking legislative trends, I classify enacted laws that restrict access to abortion into five categories. *Abortion bans* restrict specific types of abortions or deny certain medical professionals the right to perform the procedure. *Clinic regulations* mandate facilities and doctors' offices that perform abortions meet certain standards. *Pre-procedure mandates* necessitate the fulfillment of certain prerequisites before a woman can acquire an abortion. These include laws pertaining to informed consent, counseling sessions, and parental notification. *Waiting periods* explicitly require a woman seeking an abortion to wait a number of days before they are allowed to obtain the procedure. Finally, *coverage restrictions* prohibit insurers or certain funds from subsidizing abortions. While laws including provisions of different types are counted under each category, provisions of the same type are not counted individually.

The Significance of 1996

As I will come to argue, changes to the political climate have been instrumental in shaping reproductive health narratives. It is for this reason that I will begin my analysis in

1996. In addition to marking the creation of a new pro-choice narrative, this year saw the affirmation of the Republican Party's pro-life stance despite significant challenges from party ranks—the last such attempt to date. Perhaps more significantly, 1996 also represents a turning point in legislative action regarding reproductive health, the seeds for which were planted four years earlier with the Supreme Court's most significant decision on abortion since *Roe v. Wade*.

While the Supreme Court heard a handful of cases following *Roe* that concerned abortion, ruling both for and against state regulations, their decisions ultimately upheld the trimester framework established in 1973 by Justice Blackmun.¹² That changed with *Planned Parenthood v. Casey*.¹³ In a joint opinion by Justices Kennedy, O'Connor, and Souter, the Court ruled on five provisions of the Pennsylvania Abortion Control Act of 1982¹⁴, upholding all but one of the abortion regulations it had instituted. Though they reaffirmed the right of women to “choose to have an abortion before viability and to obtain it without undue interference from the State,” they made little mention of the privacy rights of *Roe*, simultaneously rejecting the trimester framework it had created. Previously, the State could proscribe abortions only in the third trimester and was prohibited from instituting any regulations in the first besides those protecting the health of the pregnant woman. With *Planned Parenthood v. Casey* however, the Supreme Court determined the State's interest in protecting life begins at viability. As long as exceptions are provided for the health and life of the woman, abortion can be restricted once “there is a realistic possibility of maintaining and nourishing life outside the womb.” Undone as well was the *Roe*-instituted ban on first trimester regulations. Only regulations that impose an “undue burden” on a woman's ability to obtain an abortion are to be considered unconstitutional. The Justices' decision regarding which provisions to uphold of the Pennsylvania law in question gave some guidelines for what such a burden entails. Informed consent, parental notification, 24-hour waiting periods, and clinic regulations were all deemed justifiable. The requirement of spousal notification, however, created a substantial obstacle for a woman seeking an abortion and was thus prohibited under the Constitution. Citing the risk of spousal abuse, the Court concluded the husband's interests

¹² *Planned Parenthood v. Danforth*, 428 U.S. 52 (1976), *Harris v. McRae*, 118 U.S. 297 (1980), *Webster v. Reproductive Health Services*, 492 U.S. 490 (1989), *Hodgson v. Minnesota*, 497 U.S. 417 (1990)

¹³ *Planned Parenthood v. Casey*, 505 U.S. 833 (1992)

¹⁴ 18 Pa. Cons. Stat. §§ 3202-3220 (1990)

do not “permit the State to empower him with this troubling degree of authority over his wife.” *Planned Parenthood v. Casey* thus greatly expanded the scope of abortion restrictions allowed under the law. While challenges to abortion access once tested the trimester framework at the core of *Roe*, the “undue burden” condition now became the benchmark by which the constitutionality of restrictions would be measured. With a legislative opening for wider restrictions in place, all that remained was a political catalyst. That would come only two years later.

The 1994-midterm elections saw Republicans seizing control of both the House and the Senate for the first time in forty years. These victories provided Republicans the opportunity to pursue their conservative legislative agenda, taking advantage of the opening created by *Planned Parenthood v. Casey*. When the 104th Congress convened the following year, they introduced the Partial-birth Abortion Act of 1995.¹⁵ The Act sought to criminalize a particular type of abortion procedure known medically as an “intact dilation and extraction” (or intact D&X) and—once enrolled on January 1st, 1996—would mark the first federal ban on abortion in history to pass both houses of Congress. Thus, 1996 represents a culmination of judicial, political, and legislative events that that would come to impact reproductive health narratives and state action on the issue to this day. It is there that I will start my analysis.

¹⁵ Partial-birth Abortion Act of 1995, H.R. 1833, 104th Cong., 2nd Sess. (1995)

IV. The Stories Behind The Narratives

1996: Republicans on the Offensive

Prior to 1996, shaped in large part by *Roe v. Wade*, elite narratives on abortion remained generally uniform. As the legalization of abortion was based on a previously established right to privacy, supporters of *Roe* framed the issue as such: women have the constitutionally protected right to choose the procedure. This is what I call the “traditional pro-choice” narrative. Democratic platform language consistently espoused support for this reproductive choice, “the right to a safe, legal abortion.”¹⁶ Republicans, in turn, stressed the rights of the fetus—an unborn child with “a fundamental individual right to life which cannot be infringed.”¹⁷ To them, life begins at conception and should therefore be afforded the rights enumerated to all people under the Fourteenth amendment. I refer to this as the “traditional pro-life” narrative. With *Planned Parenthood v. Casey* and the ascension of Republicans in Congress, however, the debate began to be reshaped.

Following the expansion of allowed abortion restrictions in 1993 and their later midterm victories, conservatives started calling for bans to so-called “partial-birth abortions” in 1995. Coined by pro-life advocates, the phrase was meant to educate the public so, as Douglas Johnson—the legislative director of the National Right to Life Committee (NRLC)—remarked, “they might also learn something about other abortions methods and that this would foster a growing opposition to abortion.”¹⁸ In my analysis, discussion of “partial-birth abortion” represents a nuance to the conservative argument that, nonetheless, falls under the traditional classification. Pro-life advocates hoped focusing on the procedure would emphasize how abortion inherently takes a human life, the crux of a traditional pro-life argument. While Congress introduced a ban in June of that year, legislative inertia guaranteed the true results would not be felt for months to come. Thus, as their primary season began in 1996, Republicans remained focused on traditional narratives. In February though, noticeable deviation occurred (see Figure 3, page 16). This willingness to briefly explore alternative narratives will become a staple of pro-life advocates. In 1996 and 1998, Republican candidates

¹⁶ “Democratic Party Platform of 1992,” 13 July 1992.

¹⁷ “Republican Party Platform of 1992,” 17 August 1992.

¹⁸ Rubin, Alissa. “Partial Truths.” *The New Republic*. 4 March 1996. *LexisNexis Academic*. Web.

attempted to set themselves apart from other contestants in their electoral races. During an interview with Larry King, presidential-hopeful Lamar Alexander articulated one such alternative narrative. After affirming his pro-life stance and his belief that abortion was wrong, Alexander said “I believe states have the right to restrict abortion and should...But I think the federal government ought to stay totally out of it.”¹⁹ With no mention of the unborn and an expression of a belief that contradicts the Republican Party stance on federal involvement, this does not fall under the “traditional pro-life” banner. Throughout February, politicians running for office expressed anti-abortion arguments with other such distinctions. However, as the chances of these candidates diminished, so did the frequency of their alternative pro-life narratives.

As conservatives returned to the traditional narrative after their brief divergence, liberals struggled with how best to discuss the issue following the passage of the Partial-birth Abortion Act of 1995 in January. Though they continued to frame their pro-choice position as one of women’s rights in the beginning of the year, pro-choice advocates faced mounting criticism for their support of the “horrible procedure” to which conservatives were using coverage of the Republican primaries to draw renewed attention.²⁰ In April, following his veto of the Act, President Clinton held a press conference alongside women who had undergone the intact D&X procedure. As passed, the legislation allowed the abortion only to save the life of the mother. Justifying his veto, Clinton expressed his willingness to sign the law if it had also made “an exception for life in serious adverse health consequences, so that we don’t put these women in a position and these families in a position where they lose all the possibility of future childbearing.”²¹ This marked the creation of a new pro-choice argument, one of two such liberal narratives to become popular that year in direct response to conservative challenges (Figure 4, next page). I call this the “health issue” narrative because it frames the need for legalized abortions as something crucial to women’s health, not as a right of choice. In fact, choice itself is almost entirely removed from the argument since no woman would choose infertility if given the option. While variations on this narrative will be created in later years,

¹⁹ Alexander, Lamar. Interview by Larry King. *Larry King Live*. CNN, 26 February 1996. *LexisNexis Academic*. Web.

²⁰ *Crossfire*. CNN, 11 February 1996. *LexisNexis Academic*. Web.

²¹ “Clinton – Reproductive Health Ignored by Abortion Ban.” CNN, 10 April 1996. *LexisNexis Academic*. Web.

Figure 3

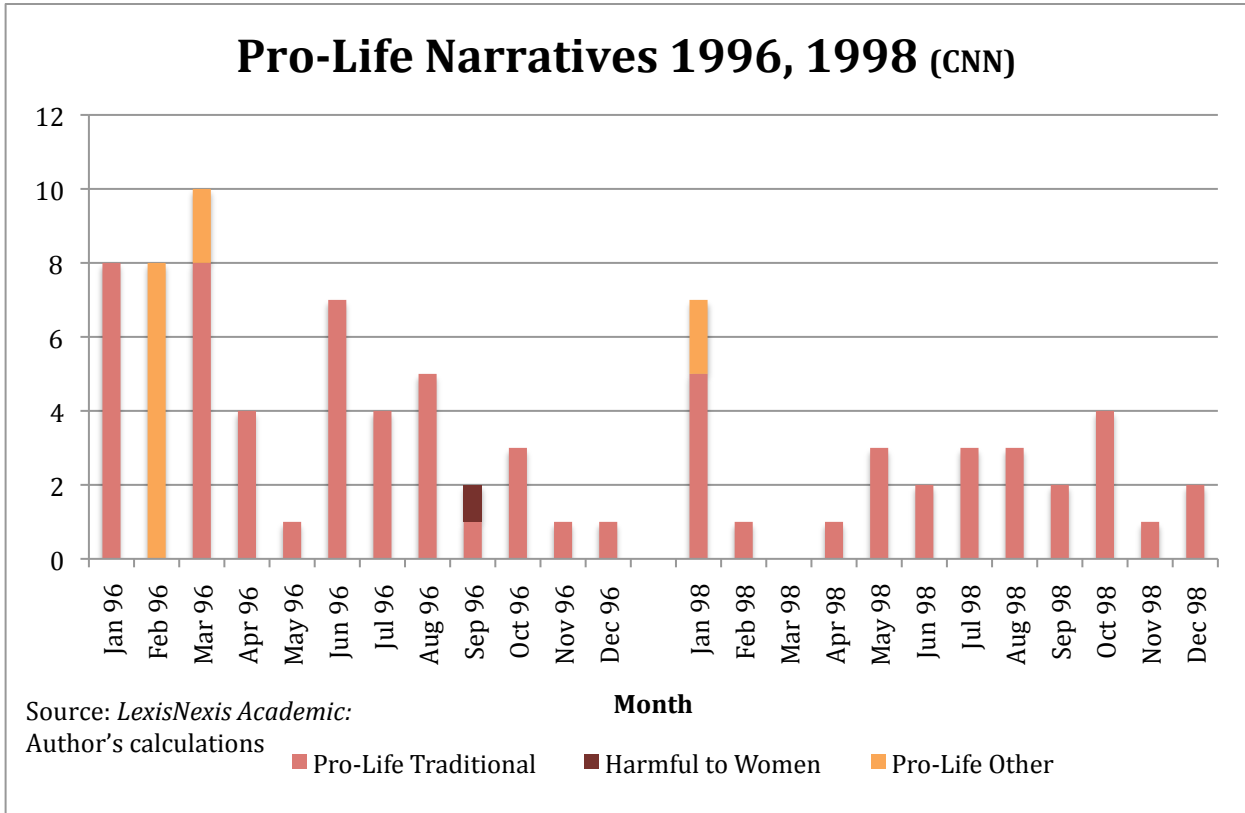
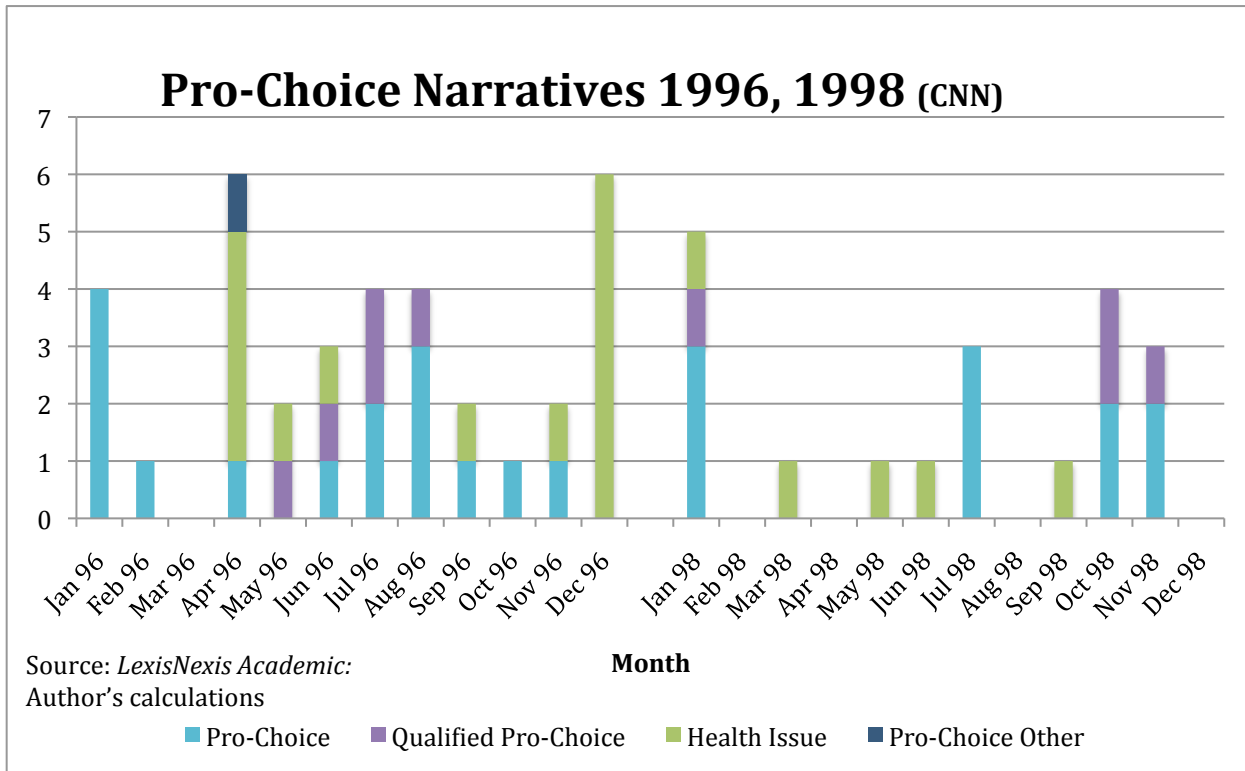


Figure 4



they all have this common thread; abortion is a necessary part of women’s healthcare and to ban access would be harmful, even dangerous.

This “health issue” narrative is not the only new argument to take root in 1996 and continue into 1998. Having shifted the larger reproductive health discussion to focus on a particular abortion procedure, the details of which many found distressing, conservatives were highlighting the supposed moral superiority of their pro-life stance. Repeatedly, they criticized President Clinton for supporting a procedure they considered inhumane. Forced to take a defensive position, liberals attempted to reclaim some of the moral high ground lost from being associated with something pro-life advocates framed as being “very close to infanticide.”²² At first, this came with pro-choice arguments made in tandem with assertions of faith. During an interview in May, Senator Kennedy demonstrated such an equivocation when he referenced Church teachings on the matter “which I accept in terms of my own personal faith.”²³ Though he also expressed his duty to uphold the Constitution, which he felt provided a woman the right to make her own judgment, he did so with repeated references to his personal support of Church dogma. Beginning in July, the more popular of this type of argument—what I call a “qualified pro-choice” narrative—began to emerge.

In this narrative, individuals state their belief that abortion should be legal, but temper this support with either a declaration of their personal difficulty with the procedure or with a general call to reduce the number of abortions. The former of these qualifying additions to the traditional pro-choice narrative represents the expression of an explicit moral apprehension with abortion. The latter, calling for a reduction in the procedure, does so implicitly; if one does not have reservations about abortion, its frequency would be of little concern. President Clinton’s acceptance of his party’s nomination at the Democratic National Convention in 1996 marked the true emergence of this particular pro-choice narrative. Citing his respect of “the individual conscience of every American on the painful issue of abortion,” he said how abortion should “not only be safe and legal; it should be rare.”²⁴ This language was complemented by the 1996 Democratic platform that, for the first time in the party’s history,

²² *Crossfire*. CNN, 11 June 1996. *LexisNexis Academic*. Web.

²³ Kennedy, Ted. Interview by Larry King. *Larry King Live*. CNN, 8 May 1996. *LexisNexis Academic*. Web.

²⁴ “Text of President Clinton Convention Speech.” CNN, 29 August 1996. *LexisNexis Academic*. Web.

stated a goal to “make abortion less necessary and more rare,” following a similar recognition of individual conscience on this “difficult issue.”²⁵ Thus, 1996 saw the creation of two democratic narratives regarding reproductive healthcare—both in response to a shift in conservative discussion of the issue—which would continue to be articulated for years to come.

This year was not without lasting repercussions for Republicans as well. While Democrats wrestled with the best way to respond to criticisms of their position on “partial-birth abortion,” Republicans underwent an internal struggle regarding their pro-life stance. As the Republican National Convention drew nearer, debate raged over the potential addition of so-called “tolerance language” to the party’s platform plank on abortion. In June, Bob Dole—the presumptive presidential nominee—called for the platform to “contain a declaration that we respect the rights of people who have different views on the issue.”²⁶ Citing his obligation as nominee to “spell out” the party stance on abortion, Senator Dole affirmed his own pro-life position, but hoped to avoid a lengthy convention fight by recognizing the intra-party division regarding the procedure. Unappeased, pro-choice Republicans went further, criticizing platform support of a constitutional amendment banning abortion and calling for its removal. Senator Olympia Snowe and like-minded party activists believed such language sought to “criminalize what is now a legal medical procedure,” a view they insisted was not widely accepted by Republicans and would only sow disunity.²⁷ However, pro-life conservatives rallied against any such action, decrying what they felt would be a betrayal of the Evangelical and Roman Catholic base. Threats of party abandonment from religious leaders halted any talks of excluding the Human Life Amendment from the platform. Instead, discussion turned to whether Dole’s message of tolerance should even be included in the abortion plank. Highlighting the issue as one deserving of inclusion was deemed disrespectful by those who felt the party should remain “unapologetically, unequivocally, and unreservedly” pro-life.²⁸

Facing mounting pressure, the Dole campaign soon acquiesced, dropping their message of tolerance on abortion for a more general statement that recognized differing perspectives on all issues. At a rally he organized on the eve of the Republican National Convention, former

²⁵ “Democratic Party Platform of 1996,” 26 August 1996.

²⁶ “Dole Suggests Toleration for Pro-Choice Party Members.” CNN, 6 June 1996. *LexisNexis Academic*. Web.

²⁷ *Larry King Live*. CNN, 8 July 1996. *LexisNexis Academic*. Web.

²⁸ *Larry King Live*. CNN, 5 August 1996. *LexisNexis Academic*. Web.

candidate Pat Buchanan celebrated “how our opponents’ views have been relegated to the annex of the platform, which is where they belong.”²⁹ Echoed by religious leaders and party delegates alike, this statement by Buchanan and his threats to walk away from the Republican Party if the platform “walks away from the innocent unborn” demonstrated how important adherence to the traditional pro-life narrative had become. Though a number of pro-choice Republicans were chosen to speak at the National Convention, a second attempt by the Dole campaign to demonstrate the inclusiveness of the Party on the issue, none articulated their pro-choice stance. Even so, their presence was met with apprehension and warnings from pro-life activists like Ralph Reed, director of the Christian Coalition, who claimed one out of four delegates were members and insisted “we’re not big enough as a movement for the Republican Party to win with us alone, but we are big enough to where the Republican Party can’t win without us.”³⁰ 1998 would see little diversion from the traditional pro-life argument, further supporting such an evaluation (Figure 3, page 16). Steve Forbes provides a specific example. Throughout his presidential bid in 1996, Forbes talked about wanting abortions to disappear and how that would be accomplished by focusing on efforts to “persuade people to move the issue forward,” rather than on passage of a Human Life Amendment.³¹ By February of 1998 though, when discussing the possibility of a second presidential bid, Forbes emphasized his support of a constitutional amendment banning abortion and his belief that “life begins at conception and ends at death.”³² An increased influence of religious conservatives in the Republican Party on the issue of abortion—evidenced by their victory in the platform language debate—had ensured the continued supremacy of the traditional pro-life narrative.

A final point of note from this period is the more general predominance of pro-life narratives over pro-choice. With little exception, conservative reproductive health narratives outnumber liberal ones in frequency per month (Figure 5, next page). Also of significance is the consistency of pro-life narratives. At times, pro-choice arguments are entirely absent from the discussion, occasionally for months on end. In contrast, pro-life narratives are almost

²⁹ “Text of Buchanan Rally in Escondido, California.” CNN, 11 August 1996. *LexisNexis Academic*. Web.

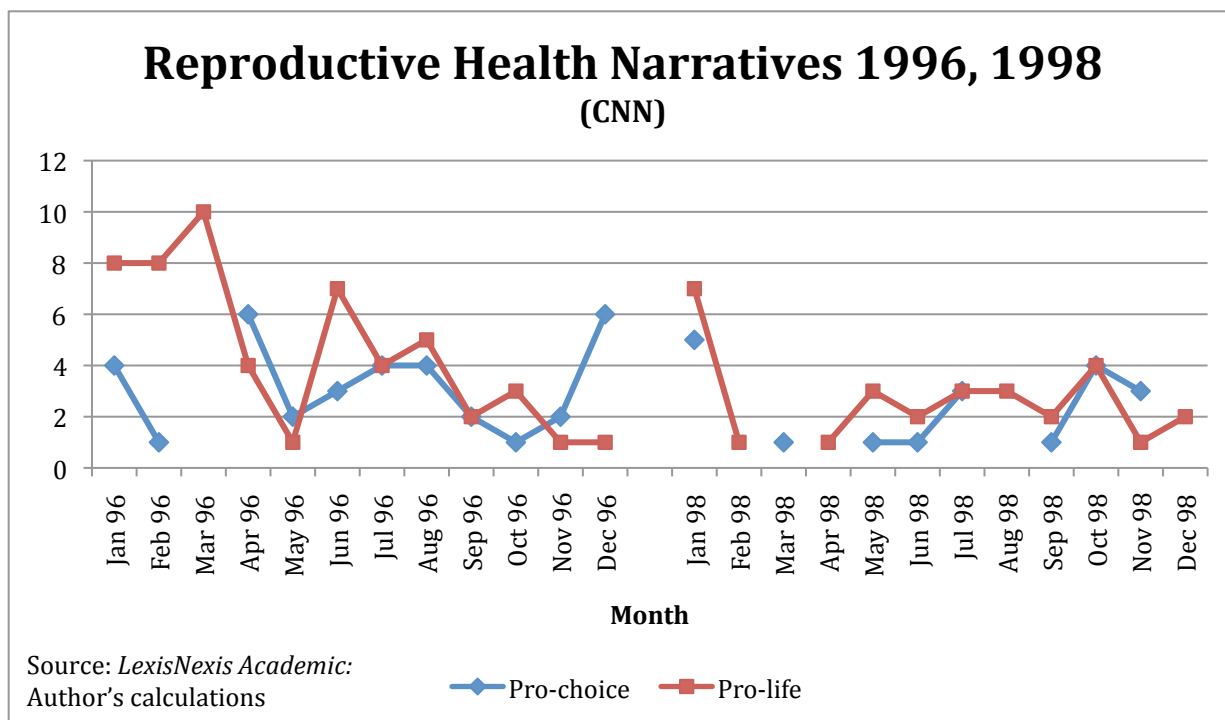
³⁰ “Christian Leaders Point to Dole’s Need for Them.” CNN, 8 August 1996. *LexisNexis Academic*. Web

³¹ “Texas GOP Debate”. CNN, 8 March 1996.

³² *Evans & Novak*. CNN, 28 February 1998. *LexisNexis Academic*. Web.

always articulated, absent in just one of the twenty-four months examined. In 1998, both types of narratives are made with less frequency, due to a lack of national coverage on the issue that typically accompanies a non-presidential election cycle. The predominance of pro-life narratives and frequent absence of pro-choice ones will continue into later years, becoming common features of the debate. The one exception, however, is 2000.

Figure 5



2000: Democrats Push Back

Though changes in the political climate surrounding abortion would soon affect discussion of the issue, the beginning of the 2000 presidential election cycle began very much as expected. In a testament to the increased importance of the issue with the GOP base, Republican candidates each attempted to establish their pro-life credentials as superior to their opponents early on in the campaign. Former ambassador Alan Keyes emphasized the issue as an agenda priority of his and claimed that voters in the upcoming primaries were making “a choice that has to do with this most fundamental issue of our moral life.”³³ Steve Forbes balked at claims that his position was similar to that of George W. Bush, explaining how “the

³³ Keyes, Alan. Interview by Alan Colmes. *Hannity & Colmes*. Fox News, 18 January 2000. LexisNexis Academic. Web.

fundamental difference is I take an active approach, he takes a passive approach” while stressing his support of platform language.³⁴ Even Senator McCain’s pro-life record was challenged, with opponents questioning his commitment to this issue and calling for the party to get serious on abortion “or quit acting like they’re pro-life.”³⁵ As Bush’s primary victories mounted though, pro-life rhetoric abated. No longer viable challengers, candidates stopped pressing the issue and conservative reproductive health discussion all but ceased. However, due in part to the vehemence with which abortion was initially debated, January and February of that year saw the articulation of a new pro-life narrative—one conceived in response to the repercussions of the Partial-birth Abortion Act of 1995.

The passage of the first federal ban on abortion marked a shift in the way in which laws concerning the issue were approached. Seeing an opening in allowed abortion restrictions as a result of the *Planned Parenthood v. Casey* decision, conservatives in Congress seized their opportunity and brought national attention to so-called “partial-birth abortion.” Though President Clinton would veto a ban on the federal level, state legislatures soon took up the cause and passed similar laws of their own. In Nebraska, one such law was passed banning the procedure “unless such procedure is necessary to save the life of the mother whose life is endangered by a physical disorder, physical illness, or physical injury.”³⁶ No exception for the women’s health was made. Immediately after passage, the law was challenged by Dr. LeRoy Carhart, a physician who performed the procedure, for its lack of health exception and for violation of the “undue burden” clause—legal precedents established in *Casey*. In January of 2000, the Supreme Court agreed to hear the case following a ruling in a lower court.

This decision to accept the appeal, coupled with the emphasis on abortion by Republican primary contenders, meant renewed attention was given to presidential appointment of justices. Multiple candidates professed their support of choosing pro-life judges, no doubt as a way to bolster their claims of having the strongest stance regarding “the premier moral issue of our time.”³⁷ George W. Bush, however, refused to endorse such a litmus test, calling instead

³⁴ *Inside Politics*. CNN, 25 January 2000. *LexisNexis Academic*. Web.

³⁵ Bauer, Gary. Interview by Alan Colmes. *Hannity & Colmes*. FOX News, 26 January 2000. *LexisNexis Academic*. Web.

³⁶ Neb. Rev. Stat. § 28-328(1) (1998)

³⁷ “First in the Nation: The New Hampshire Debates.” CNN, 26 January 2000. *LexisNexis Academic*. Web.

for the appointment of strict constructionists. Facing criticism of hedging from his pro-life peers, Bush soon began discussing his belief that “*Roe v. Wade* was a reach, over-stepped the constitutional bounds, as far as I’m concerned.”³⁸ I call this the “no constitutional basis” narrative. While *Roe v. Wade* had been criticized prior to 2000, recent narratives had revolved more around the moral failure of the high court’s decision. With the framework of *Roe* effectively rejected in *Planned Parenthood v. Casey* though, and a second opportunity for the Supreme Court to undermine the right to privacy on its way, challenges to the constitutional basis for the legalization of abortion had new merit. This narrative argues against abortion from a legal framework, insisting the constitution affords no such right to the procedure and that—as Bush claimed in January of 2000—*Roe* “stepped across its bounds and usurped the right of legislatures.”³⁹ Bush first expressed this narrative as a way to reaffirm his pro-life stance without alienating moderates with a more extreme position, though other pro-life activists eventually articulated the argument as well. Its presence in 2000 coincided with Supreme Court developments regarding the challenge to the “partial-birth abortion” ban, first appearing following the Court’s decision to hear the case (Figure 6).

As Republicans fought to demonstrate the superiority of their pro-life credentials among a wide field of presidential hopefuls, Democratic primary candidates went through a similar debate on a smaller scale. At the beginning of the election year, Senator Bill Bradley—the only challenger to Vice President Al Gore—attempted to position himself as the more authentically liberal alternative. In order to do so, he made reproductive rights a central theme of his campaign, cementing the importance of abortion in establishing ideological legitimacy in both parties. Bradley criticized Gore’s votes on the issue during his tenure in Congress, particularly his denial of federal funding for abortion for low-income women. To strengthen his attacks, Bradley pointed to a letter then-Congressman Gore sent to his constituents explaining his “deep personal conviction that abortion is wrong,” as it was “arguably the taking of a human life.”⁴⁰ As a result, the high frequency of the “qualified pro-choice” narrative seen in 2000 is largely a

³⁸ “Political Headlines.” *Fox Special Report with Brit Hume*. FOX News, 20 January 2000. *LexisNexis Academic*. Web.

³⁹ “Political Headlines.” *Fox Special Report with Brit Hume*. FOX News, 21 January 2000. *LexisNexis Academic*. Web.

⁴⁰ *Hannity & Colmes*. FOX News, 14 Jan 2000. *LexisNexis Academic*. Web.

Figure 6

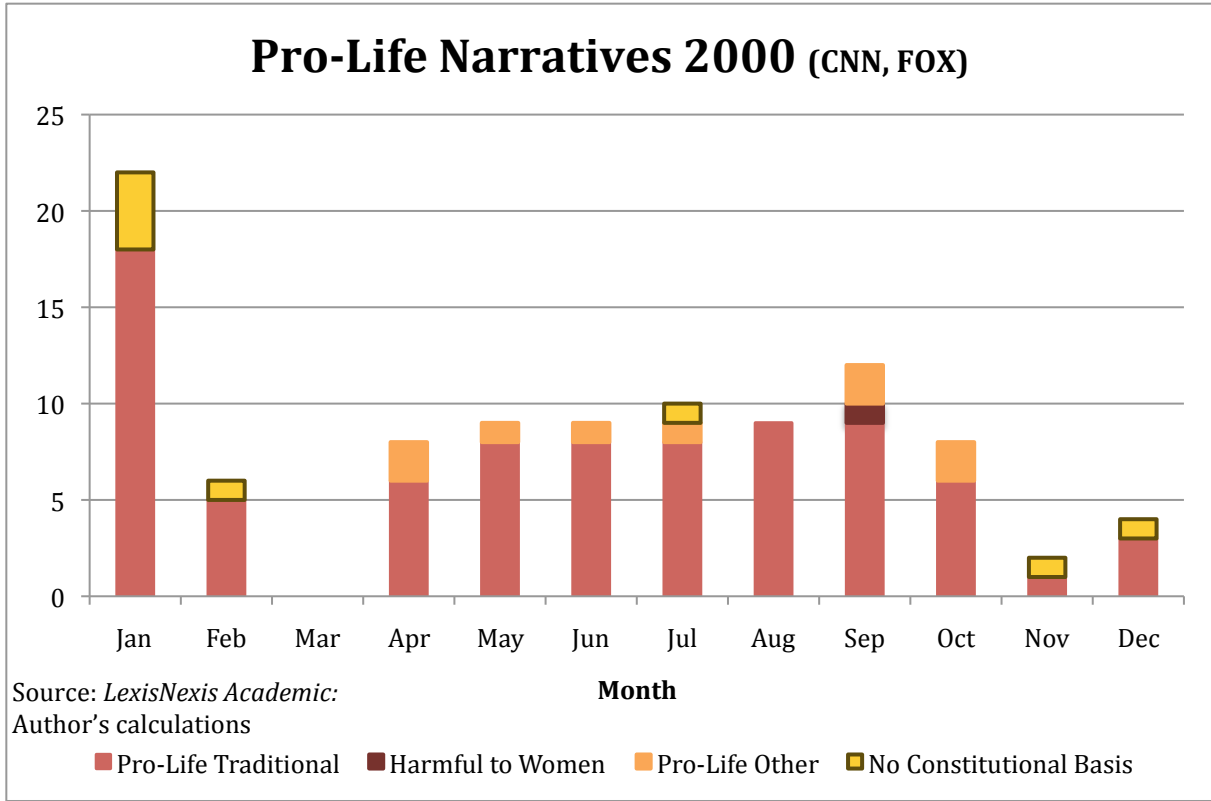
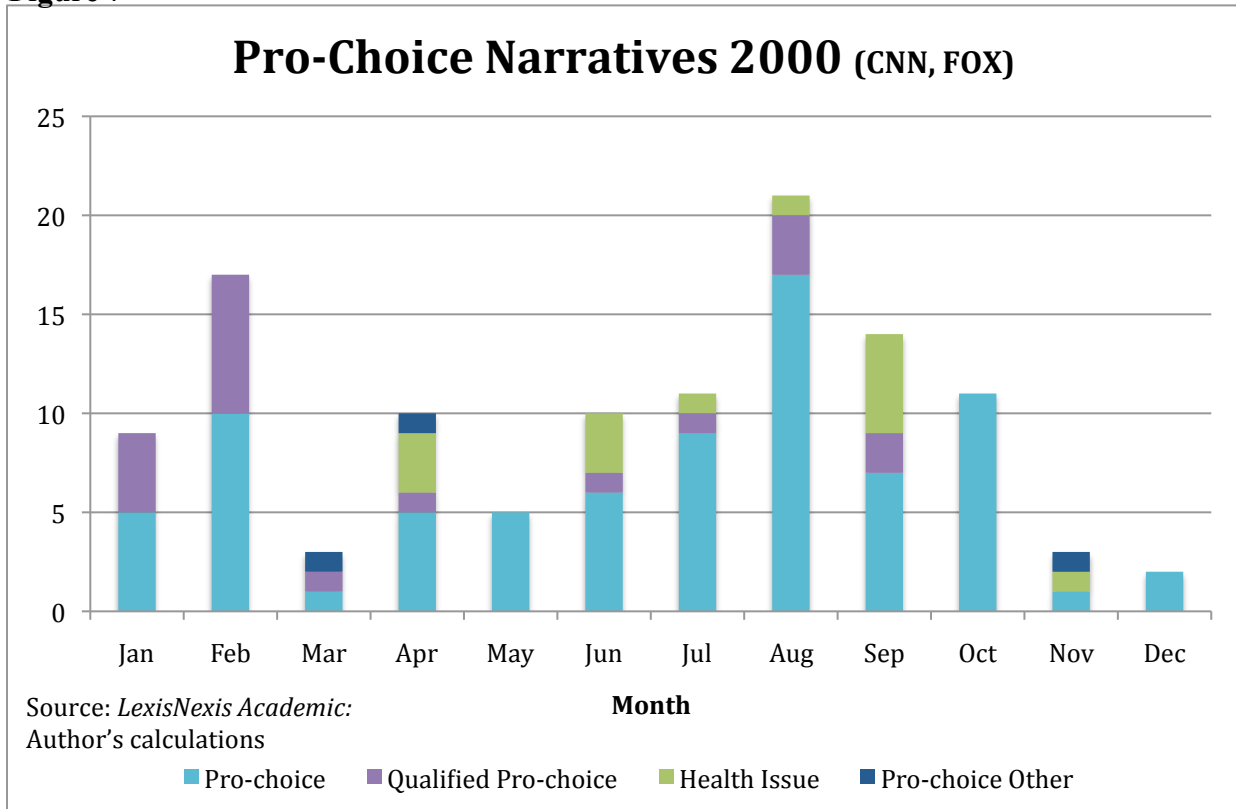


Figure 7



product of Gore's letter being read on air (Figure 7, previous page).⁴¹ This is particularly true in January and February of that year, where seven of ten instances were of this quoted variety.

Ironically, this attempt by the Bradley campaign to draw a distinction between the candidates on reproductive rights rarely coincided with Bradley himself expressing his own stance. Questioning Gore's commitment to the cause though, only resulted in the Vice President articulating the traditional pro-choice narrative with more fervor. Seeking to distance himself from his past comments, Gore continually promised during the primaries to "make sure that the right to choose is never threatened, never weakened, and never taken away."⁴² In the final debate before Bradley's withdrawal from the campaign, Senator Bradley questioned Gore's consistency on abortion—once again without presenting a pro-choice argument. Vice President Gore, however, asserted his support of "a woman's right to choose, regardless of her economic circumstances."⁴³ Though Bradley's Super Tuesday losses lead to his concession of the race and a corresponding drop in discussion over abortion, Gore and other pro-choice advocates continued to champion the traditional narrative, largely forgoing the qualified stance made popular during the Clinton administration. In the reverse, the "health issue" narrative remained absent during the primaries, but increased in usage as the Supreme Court's ruling regarding the Nebraska abortion ban drew closer. The decision in *Stenberg v. Carhart*⁴⁴ proved instrumental in shaping the abortion discussion for the remainder of the year, resulting in the only instance during my period of analysis in which liberal narratives outnumbered conservative ones on average.

Following a drop in both pro-life and pro-choice narratives in March, discussion of abortion increased in April as a result of oral arguments in *Carhart* being heard. Dr. Leroy Carhart, a Nebraskan physician who brought suit against the state over the ban, insisted the law endangered women by putting "the state between her patient and her physician."⁴⁵ Coverage of

⁴¹ In my coding, any direct quotes of candidates or clips of them speaking in which their full argument is articulated are considered. Such quotes occasionally take hold of the political zeitgeist and are echoed through repeated coverage. I felt discounting these occurrences underrepresented their potential impact, so they were thus included in my analysis.

⁴² *CNN Inside Politics*. CNN, 15 February 2000. *LexisNexis Academic*. Web.

⁴³ "CNN/'Los Angeles Times' Host Democratic Presidential Debate." CNN 1 March 2000. *LexisNexis Academic*. Web.

⁴⁴ *Stenberg v Carhart*, 530 U.S. 914 (2000)

⁴⁵ *The World Today*. CNN, 24 April 2000. *LexisNexis Academic*. Web.

the case thus brought with it articulation of the “health issue” narrative, as pro-choice advocates were once again required to defend a procedure framed as infanticide by their opponents. However, the Supreme Court’s ruling in *Stenberg v. Carhart* vindicated the pro-choice arguments to a degree, overturning the abortion ban on the grounds that “the State may promote but not endanger a woman’s health when it regulates the methods of abortion.” This upheld the earlier decision in *Planned Parenthood v. Casey* that allowed post-viability restrictions only if exceptions for the women’s life and health were present. The notion that “partial-birth abortion” did, in fact, concern issues of women’s health was thus affirmed.

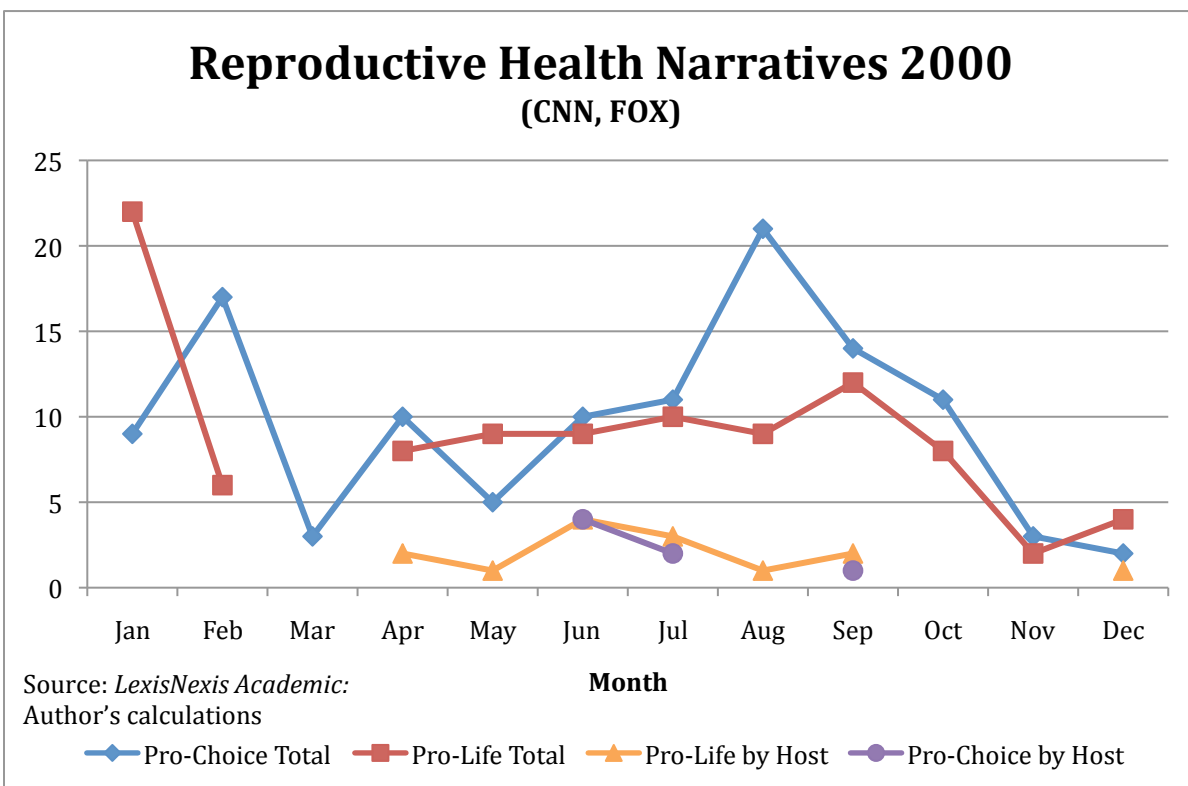
With this victory, pro-choice advocates were able to deflect criticism of allowing a “barbaric” procedure by stating their support of “medical decisions being made by doctors, not politicians.”⁴⁶ President Clinton’s vetoes of the “partial-birth abortion” ban were likewise substantiated. Despite Republican outcry, Clinton had continually insisted on the importance of the procedure being available for reproductive health concerns and said he would support a ban with health exemptions in place—a position now backed by the legal authority of the Supreme Court. Following the *Carhart* decision, the frequency of pro-choice narratives increased, overtaking those of the pro-life side (Figure 8, next page). With the “partial-birth abortion” debate settled for the time being, liberals could embrace the traditional pro-choice argument, no longer fearful of a damning association with a controversial procedure. Unlike President Clinton, Al Gore made no mention of a necessity to reduce abortions in his convention acceptance speech, offering instead an unqualified defense of “a woman’s right to choose” and the Court’s decision in *Roe v. Wade*.⁴⁷ This increased articulation of pro-choice narratives over those of the pro-life side would continue until December, when Gore’s loss and the announcement of John Ashcroft’s nomination as Attorney General by President-elect Bush lead to an increased discussion of pro-life policy.⁴⁸

⁴⁶ “Should There Be Limits to Abortion Rights.” *Hannity & Colmes*. FOX News, 29 June 2000. *LexisNexis Academic*. Web.

⁴⁷ “Did Al Gore Help Himself With His Acceptance Speech.” *Larry King Live*. CNN, 18 August 2000. *LexisNexis Academic*. Web.

⁴⁸ “Is George W. Bush Making the ‘Right’ Choices?” *The Spin Room*. CNN, 22 December 2000. *LexisNexis Academic*. Web.

Figure 8



However, prior to Bush’s victory in the general election, pro-life advocates struggled with their discussion of abortion in light of the *Stenberg v. Carhart* ruling. As arguments in the case commenced in April and a loss looked increasingly likely, two new trends emerged in reproductive health narratives. Outraged by the court seemingly siding with the proponents of “partial-birth abortion,” hosts of political discussion programs such as *Crossfire*, *Hannity & Colmes*, and *The O’Reilly Factor* began articulating their own stance on the matter.⁴⁹ Some chose to temper their language, for example, referring to fetuses as “potential human beings” rather than the more common “unborn children” moniker of the pro-life movement.⁵⁰ In general, such statements avoided the trappings of the traditional pro-life narrative, arguing against abortion by citing reasons such as the right of Americans “to demand that the government do all it can to protect life” instead of the belief that life begins at conception.⁵¹ For their lack of adherence to the tenets of the traditional narrative, these arguments fall under

⁴⁹ In my analysis, “hosts” are either anchors of a news show, receive billing in the name of the show, or else are filling in for one or both

⁵⁰ *The O’Reilly Factor*. FOX News, 27 April 2000. LexisNexis Academic. Web.

⁵¹ *The O’Reilly Factor*. FOX News, 26 April 2000. LexisNexis Academic. Web.

the “pro-life other” category and were almost exclusively responsible for the presence of that narrative in 2000 (Figure 6, page 23). Other hosts, however, made no such efforts, stating plainly their belief that abortion was infanticide and thus contributing to the traditional narrative.⁵² Though more uncommon, hosts did articulate pro-choice narratives as well. This was typically in response to statements made by other co-hosts and, unlike those of their pro-life peers, these pro-choice arguments almost never occurred outside of such a context. While CNN hosts occasionally expressed their personal opinions, in general, such occurrences were exclusive to FOX News. In later chapters, I will explore this trend further, but its appearance in response to policy developments regarding reproductive health is worth noting.

A second trend of note also emerged in reaction to the *Stenberg v. Carhart* ruling. Before the Court’s decision to strike down the “partial-birth abortion” ban, the occasional articulation of misinformation regarding reproductive health had occurred—most commonly in claims that abortion increases a woman’s risk for breast cancer.⁵³ These assertions were rare and occurred in more general debates about abortion rather than in response to specific policy.⁵⁴ However, dissatisfaction with the *Carhart* decision led to repeated instances of misinformation intended to undermine arguments against the ban, overturned by the Court. These claims centered around the stance of the American Medical Association (AMA) on “partial-birth abortion,” or intact D&X as the procedure is known in the medical community. In April of 2000, when *Stenberg v. Carhart* was being argued, host Bill O’Reilly made the assertion that the procedure is “not necessary—the AMA even says not medically sound.”⁵⁵ These comments were echoed by *Crossfire* co-host Mary Matalin later in the year, who dismissed support of a procedure, “which the American Medical Association says is never medically necessary—it’s not a women’s health issue.”⁵⁶ However, AMA policy on the matter in a report published in 1997 stated the following:

⁵² *Hannity & Colmes*. FOX News, 5 April 2000. *LexisNexis Academic*. Web.

⁵³ Multiple health organizations and studies in peer-reviewed medical journals have repudiated such a claim, most famously a study in the *New England Journal of Medicine* that examined over 1.5 million women and found no such link. The National Cancer Institute has likewise concluded abortions are not a risk factor for breast cancer.

⁵⁴ *CNN Newsstand*. CNN, 25 October 2000. *LexisNexis Academic*. Web.

⁵⁵ *The O’Reilly Factor*. FOX News, 25 April 2000. *LexisNexis Academic*. Web.

⁵⁶ *Crossfire*. CNN, 29 September 2000. *LexisNexis Academic*. Web.

According to the scientific literature, there does not appear to be any identified situation in which intact D&X is the only appropriate procedure to induce abortion, and ethical concerns have been raised about intact D&X. The AMA recommends that the procedure not be used unless alternative procedures pose materially greater risk to the woman. The physician must, however, retain the discretion to make that judgment, acting within standards of good medical practice and in the best interest of the patient.⁵⁷

Though the AMA report conceded third-trimester abortions are not generally necessary to preserve the life or health of the mother, it never stated that late-term abortions or the intact D&X procedure in particular are never medically necessary or sound. Saying alternative and less controversial procedures to “partial-birth abortion” should be employed is different from claiming the procedure is never needed. In fact, the AMA ultimately left the decision to the physician, implying there may be instances in which intact D&X is the least dangerous choice. This distinction is not arbitrary, for it makes the claim that “the American Medical Association says there’s never any reason to do those late-term abortions” untrue.⁵⁸ This distortion of AMA policy only occurred three times in 2000, representing three percent of the total pro-life narratives articulated during FOX News and CNN coverage. Though seemingly minor, these occurrences marked the creation and perpetuation of misinformation in response to reproductive policy action. Employed as a tactic to frame discussion and distract from liberal arguments, this use of misinformation re-emerged in later years.

2002-2006: The Bush Era Expansion

With the start of 2002, pro-choice advocates once again adopted the defensive position from which they had argued so frequently in the past. In January, thousands of pro-life demonstrators flooded Washington to condemn the 29th anniversary of *Roe v. Wade*. Calling abortion a “holocaust,” they compared its legality to the terrorism of September 11th. One activist explained how, despite an understanding that a devastating loss of life on American soil cannot always be avoided, “people here today know that the huge loss of life that continues through abortion can be prevented.”⁵⁹ Facing such heated rhetoric tying abortion to death, pro-choice activists responded with a variation of the “health issue” narrative, citing how *Roe v*

⁵⁷ *Health and Ethics Policies of the AMA House of Delegates*. H-5.982(2)

⁵⁸ *Crossfire*. CNN, 9 June 2000. *LexisNexis Academic*. Web.

⁵⁹ “Political Headlines.” *Fox Special Report with Brit Hume*. FOX News, 22 January 2002. *LexisNexis Academic*. Web.

Wade “saved women from death and injury in the nation’s back alleys.” This demonstrated a tendency of pro-choice arguments to be made in terms established by the pro-life movement, seen earlier in 1996. In order to counter claims that abortion was murder, pro-choice advocates asserted how the alternative—banning the procedure—would also lead to a loss of life. This type of response often came without an articulation of a pro-choice narrative. Trying to diffuse this association between terrorism and abortion, Gloria Feldt, President of Planned Parenthood at the time, criticized the Republican administration for “talking about how those who aid and harbor terrorists, whether domestic or global, are just as culpable as the terrorists themselves, but apparently not so when it comes to reproductive health domestic terrorists.” Though her statement in reaction to the rally against *Roe* may have been edited to exclude a pro-choice argument, Feldt nonetheless accepted conservative formulation of the issue, which arguably favored the anti-abortion narrative.

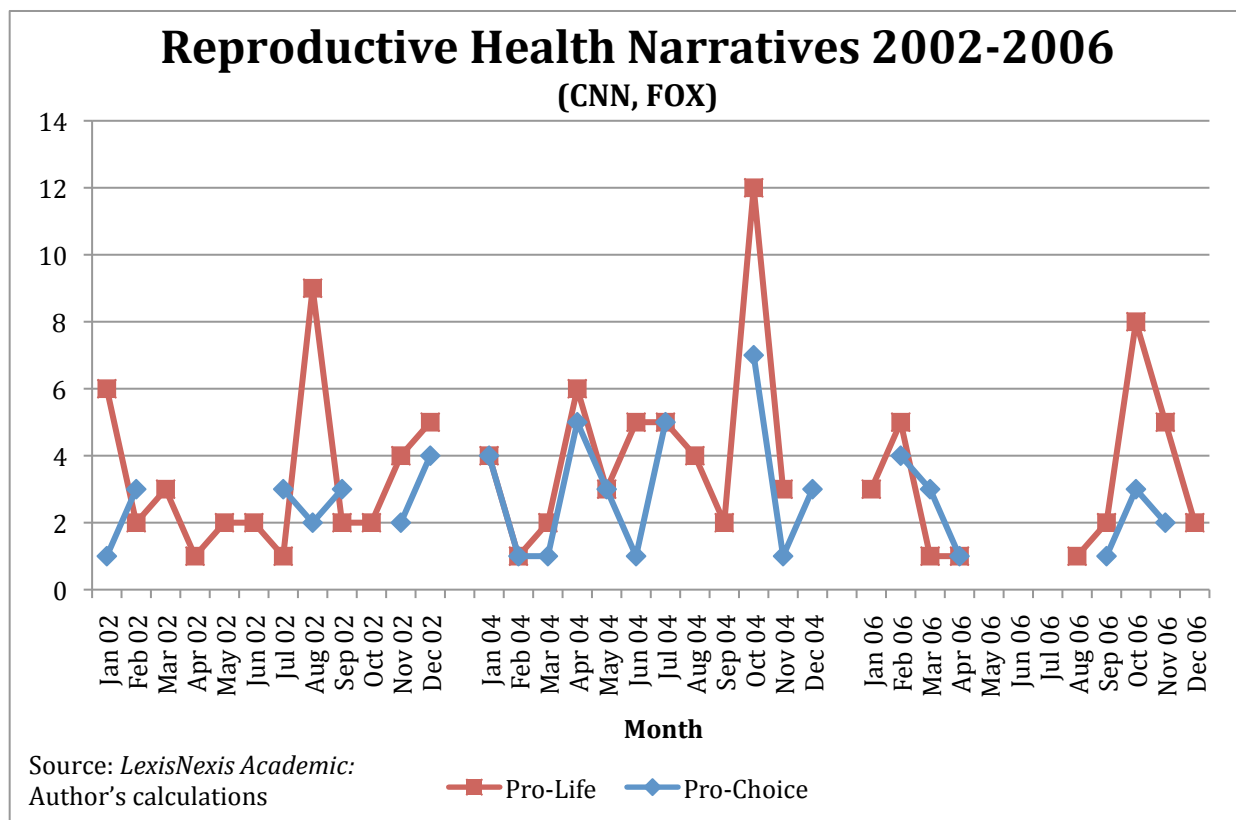
This propensity to criticize pro-life arguments without providing reasons for a pro-choice stance was not a symptom of activists alone. In February and March of 2002, California gubernatorial candidate Gary Davis ran ads against his potential Republican opponent Richard Riordan. In the ads, a video clip of Riordan from 1991 was shown in which he stated his agreement with the Church and how he surprised himself “on my emotions on the abortion issue, because I feel very—I think it’s murder.”⁶⁰ Though the announcer in the ad questioned such a record, Davis’ own position was never articulated. Ironically, Riordan, mayor of Los Angeles at the time, was running as a pro-choice candidate and was considered to be the moderate choice among Republican primary contenders.⁶¹ In running the ads—cited as a contributing factor in Riordan’s later primary defeat—Davis may have, in fact, eliminated the candidate likely to be his biggest challenger in the general election. However, doing so led to coverage of a pro-life narrative during a four-month stretch in which no pro-choice alternatives were articulated—a common occurrence during this period (Figure 9, next page).

Even when pro-choice politicians discussed their stance, they did so with a restraint in 2002 not present in their ideological opponents. The first woman to serve as House Minority Whip, Nancy Pelosi had a uniquely powerful pulpit from which to discuss abortion rights. In one of her first speeches as Whip, Pelosi told attendees of a National Abortion and

⁶⁰ *CNN Inside Politics*. CNN, 5 February 2002. *LexisNexis Academic*. Web.

⁶¹ *The Beltway Boys*. FOX News, 2 March 2002. *LexisNexis Academic*. Web.

Figure 9



Reproductive Rights Action League (NARAL) event how she saw “a woman’s right to choose under assault in every branch of government.”⁶² As Pelosi’s predecessor had been pro-life, Pelosi was later asked if this speech indicated Democrats in Congress would stress the abortion issue more. However, Pelosi denied giving a speech on abortion saying how “the generation that I’m in...we hardly ever use that word.”⁶³ She preferred discussing the issue in terms of “reproductive freedom.” Her reluctance to use “abortion” soon echoed throughout the pro-choice movement—the word itself had taken on negative associations. Within a year, NARAL followed suit and struck “abortion” from their name, rebranding as NARAL Pro-Choice America.⁶⁴ Those articulating pro-choice narratives continued ceding ground to their opponents, allowing them to dictate the terms of the discussion. While pro-life advocates insisted how “anybody that advocates a procedure that has resulted in 40 million innocent

⁶² Sherman, Mark. “Nancy Pelosi Says Women’s Right to Choose is Threatened.” *The Associated Press Wire*. 6 February 2002. *LexisNexis Academic*. Web.

⁶³ Evans, Novak, Hunt, and Shields. CNN, 16 February 2000. *LexisNexis Academic*. Web.

⁶⁴ Lee, Jennifer. “Abortion Rights Group Plans a New Focus and a New Name.” *The New York Times*. 5 January 2003.

unborn children slaughtered in the womb is not, to me, a good Catholic,” pro-choice proponents stated their belief that is not “for me to say I’m a good Catholic or I’m a bad Catholic.”⁶⁵ When Ken Connor, the president of the Family Research Council, framed pro-choice groups as subscribing to “a mentality that says it’s OK to kill an innocent unborn child,” Patricia Ireland of the National Organization of Women (NOW) cited his claim that “frozen embryos should be seen as children waiting in a very cold orphanage” as being indicative of an extreme position.⁶⁶ Their entire exchange went without one articulation of a pro-choice argument. This was common throughout this period, a time in which pro-life narratives typically dominated the discussion and pro-choice ones were often entirely absent.

This trend continued into the 2004 presidential election, which saw the return of the “qualified pro-choice” argument to prominence and a general hesitancy by Democratic candidates to address the issue. During the final debate prior to the New Hampshire primaries, Senator Edwards responded to a prompt regarding abortion being “a potent issue in our national life” by signifying the significance of “thirty five million Americans living in poverty,” demonstrating this reluctance.⁶⁷ Retired General Wesley Clark remained the only candidate to discuss abortion with any consistency. Even this, however, was done defending an answer he gave during that same debate in which he was asked by the moderator to qualify his pro-choice stance and explain how he reconciled his position with Catholic doctrine. Though he stated his support of *Roe v. Wade* and his belief that thoughts regarding when life begins were “a decision that a woman and her doctor, with her faith and her family, will agree on,” Clark was repeatedly pressed for his personal views on the matter.⁶⁸ His answers on the abortion issue and perceived indecision were cited as factors in his drop in favorability and ultimate withdrawal from the campaign.⁶⁹

With General Clark’s departure, the articulation of pro-choice narratives dropped. They rebounded following Senator Kerry clinching of the nomination in March, though the qualified stance was once again favored (Figure 10, next page). This coincided with the perpetuation

⁶⁵ *Wolf Blitzer Reports*. CNN, 5 February 2002. *LexisNexis Academic*. Web.

⁶⁶ *Hannity & Colmes*. FOX News, 8 November 2002. *LexisNexis Academic*. Web.

⁶⁷ “Democratic Presidential Candidates Participate in Debate.” FOX News, 22 January 2004. *LexisNexis Academic*. Web.

⁶⁸ *Wolf Blitzer Reports*. CNN, 27 January 2004. *LexisNexis Academic*. Web.

⁶⁹ *CNN Capital Gang*. CNN, 24 January 2004. *LexisNexis Academic*. Web.

Figure 10

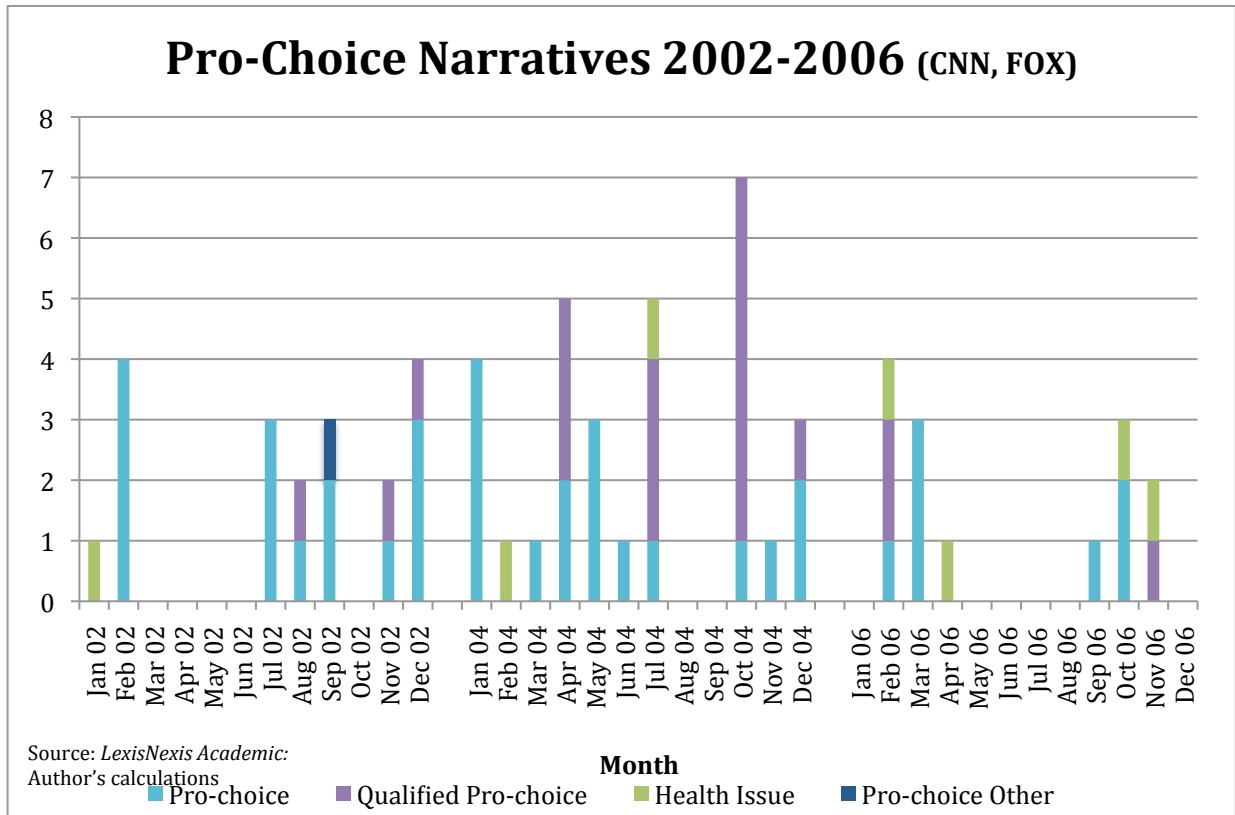
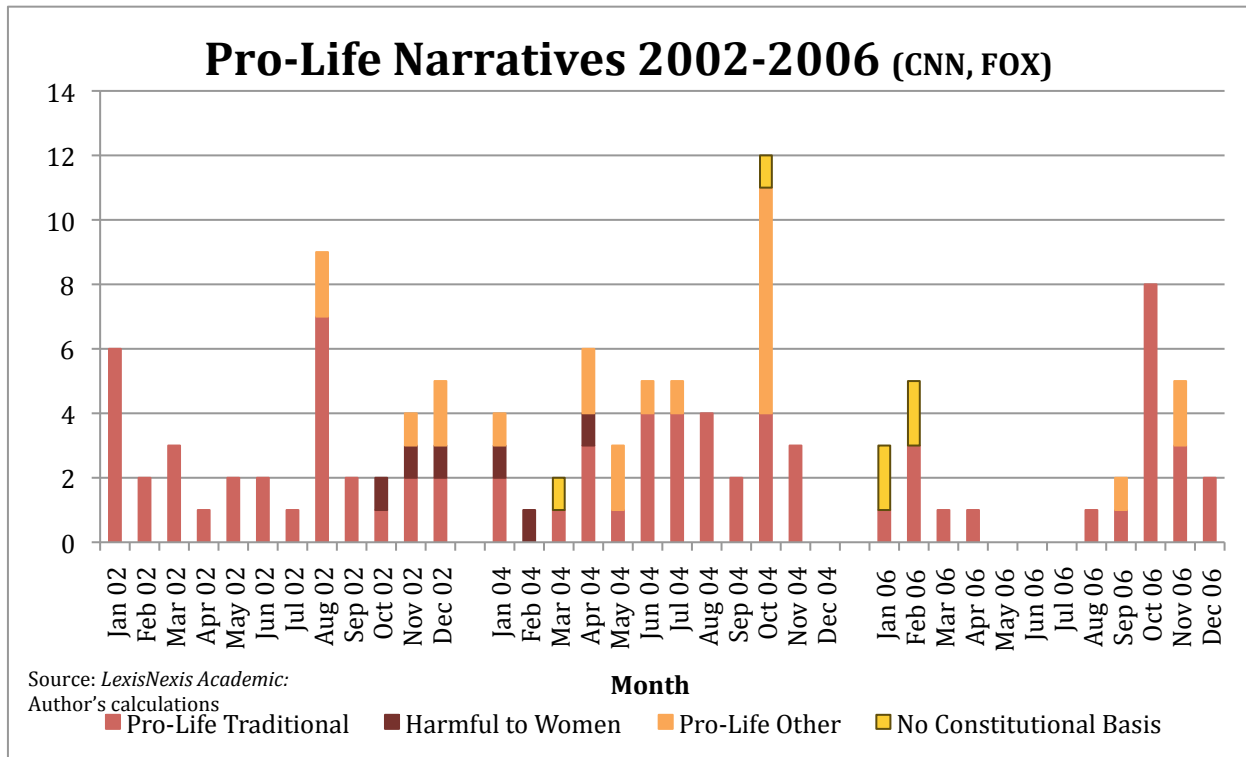


Figure 11



of a “pro-life other” narrative, a variation of the traditional argument created in response to Kerry becoming the presumptive Democratic presidential candidate. Beginning in April, politicians and pundits started criticizing Kerry for his pro-choice position on religious grounds. A professed Catholic who did not shy away from discussing his faith during the campaign, Kerry was condemned for “giving great scandal to other Catholic citizens” and putting his soul in peril by “living a contradiction.”⁷⁰ This narrative still adhered to a belief that life begins at conception, but emphasized how abortion is one of the issues “that a Catholic cannot equivocate on.”⁷¹ A direct reaction to Kerry, this argument was exclusive to 2004 and reached its peak immediately before the election (Figure 11, previous page). Its appearance no doubt contributed to the resurgence in the “qualified pro-choice” narrative, evidenced by Kerry’s own evolution on the matter. In April, at a rally of pro-choice groups, Kerry stated his belief that “abortion should be rare, but it should be safe and legal,” making no mention of religion or his Catholic faith.⁷² This changed in later months as Kerry began discussing his “obligation as a Catholic to examine my conscience” and acknowledged the morality involved in abortion.⁷³ By October, during the height of pro-life arguments based in Catholic doctrine, Kerry cited the importance of affording people their constitutional rights only after professing his faith and stressing “how deeply I respect the belief about life and when it begins.”⁷⁴ Conservative framing of the pro-choice position as being inherently contrary to Catholic beliefs forced Kerry to increasingly incorporate religion into defense of his stance, guaranteeing discussion through the lens of pro-life ideology.

This occurred again in 2006 during hearings for Samuel Alito’s nomination to the Supreme Court. Aware that replacing Justice O’Connor with a more conservative judge would shift the ideological makeup of the Court in their favor, conservatives began arguing that the right to abortion was not present in the Constitution as a way to set the stage for challenges to *Roe v. Wade*. Pro-choice advocates—forced into a conversation over the possibility of *Roe* being overturned—fell back on arguments regarding the dangerous health consequences that

⁷⁰ *Newsnight*. CNN, 12 April 2004. *LexisNexis Academic*. Web.

⁷¹ *The O’Reilly Factor*. FOX News, 15 April 2004. *LexisNexis Academic*. Web.

⁷² *FOX Special Report*. FOX News, 23 April 2004. *LexisNexis Academic*. Web.

⁷³ Kerry, John and Teresa Heinz. Interview by Larry King. *Larry King Live*. CNN, 10 July 2004. *LexisNexis Academic*. Web.

⁷⁴ “Presidential Debate.” CNN, 8 October 2004. *LexisNexis Academic*. Web.

would result from illegalizing abortion or else professed their support for the ruling coupled with a call to “minimize the need for abortions.”⁷⁵ The focus on whether a particular legal decision on abortion was justified left little room for discussion of the merits of access to the procedure itself. Following Alito’s confirmation, the Court agreed to hear a second case challenging a “partial-birth abortion” ban. The resultant discussion similarly led to the return of the “health issue” and “qualified pro-choice” narratives, with advocates again responding to questions of bans by wondering “how many women would suffer, how many would die, how many would be injured” if pro-life proponents had their way.⁷⁶ The next year, the Supreme Court upheld the federal Partial-Birth Abortion Act of 2003 in contradiction of *Stenberg v. Carhart*, signaling a shift in jurisprudence had indeed occurred.⁷⁷

From 2002-2006, abortion was not the only issue concerning reproductive health in which conservatives set the terms of the debate. The period also saw the creation of two new groups of narratives regarding contraception coverage and the health organization Planned Parenthood. Similar to 2000, in which a push of “pro-life other” arguments was led by television anchors, many of these conservative narratives were first articulated by news hosts in reaction to developments with which they took umbrage. Sean Hannity began the trend that same year in response to a survey distributed to students in New Jersey by a research institution concerned with studying teen drug use and sexual activity. Questioning the appropriateness of asking children about such topics, Hannity used the opportunity to condemn the sexual educational efforts of Planned Parenthood claiming they wanted “the right to teach them that homosexuality is normal...they want the right to take them to abortion clinics without parental consent.”⁷⁸ Attempts by Leslie Kantor, the education director of Planned Parenthood of New York, to explain the benefits of sexual education were preempted with questions regarding whether she would give her 12-year-old daughter birth control pills. Once again, conservative framing of the debate prevented liberal articulation of a counter-narrative.

However, this “parental consent” argument against Planned Parenthood—the notion that efforts by the organization inherently circumvent the rights of parents to make decisions

⁷⁵ Carter, Jimmy. Interview by Larry King. *Larry King Live*. CNN, 5 February 2006. *LexisNexis Academic*. Web.

⁷⁶ *The O’Reilly Factor*. FOX News, 1 November 2006. *LexisNexis Academic*. Web

⁷⁷ *Gonzales v Carhart*, 550 U.S. 124 (2007)

⁷⁸ *Hannity & Colmes*. FOX News, 28 March 2000. *LexisNexis Academic*. Web.

regarding their children—did not widely proliferate until 2002, coinciding with the rise of FOX News as the ratings leader in cable journalism. In April, Sean Hannity returned to his criticism of Planned Parenthood’s educational efforts in public schools, claiming he was driven nuts when “they circumvent the values of parents that have moral values different than” them.⁷⁹ Soon, others began following suit with similar anti-Planned Parenthood arguments. A study released in August in *The Journal of American Medicine* claiming more than half of teenage girls would stop using reproductive healthcare services if parental notification were required for contraception prescriptions prompted renewed response.⁸⁰ The findings were based on a survey ran by professors from the University of Wisconsin-Milwaukee working in conjunction with every Planned Parenthood clinic in the state. Pro-life activists dismissed the findings as biased and criticized the organization of providing services “behind parents’ back,” echoing Hannity’s own condemnation of Planned Parenthood “because they don’t respect parents.”⁸¹

Though this pattern of conservative reproductive health arguments being popularized by hosts did not reappear again until 2008, the Bush era saw the establishment of an additional anti-Planned Parenthood narrative, as well as multiple arguments against contraception coverage. While narratives supporting Planned Parenthood and contraception coverage had existed for a number of years, they were articulated infrequently and never outside the context of the larger abortion debate. Beginning in 2002, however, in response to this expansion of conservative criticism, debates regarding Planned Parenthood and contraception were no longer strictly tethered to discussions of abortion. For my analysis, I classify pro-Planned Parenthood arguments into two main categories. I refer to the first as the “women’s health” narrative, which focuses on how Planned Parenthood—as the “largest reproductive health care provider for women”—administers vital treatment for the communities they serve.⁸² The second is the “reduction” narrative, which contends that the family planning and educational services offered by Planned Parenthood lowers rates of abortions and STDs. As I have demonstrated, liberal reproductive health arguments were often created in response to conditions established by

⁷⁹ Hannity & Colmes. FOX News, 23 April 2002. *LexisNexis Academic*. Web.

⁸⁰ Reddy DM, Fleming R, Swain C. “Effect of Mandatory Parental Notification on Adolescent Girls’ Use of Sexual Health Care” *The Journal of the American Medical Association*. 2002; 288(6): 710-714.

⁸¹ Hannity & Colmes. FOX News, 14 August 2002. *LexisNexis Academic*. Web.

⁸² *The O’Reilly Factor*. FOX News, 20 July 2000. *LexisNexis Academic*. Web.

conservatives. The creation of the “parental consent” narrative suggested conservatives were not beholden to liberal frameworks in the same way. Rather than respond to claims that the organization provided valuable healthcare, the argument simply redefined the conditions of the debate entirely. This ability of conservative narratives to shift discussion in their favor was reaffirmed later in 2002 with the creation of a second conservative narrative condemning Planned Parenthood.

During a “Children at Risk” segment of *The O’Reilly Factor*, Richard Ackerman of a conservative legal advocacy group accused Planned Parenthood of failing to protect sexually abused minors. Claiming insider information, he asserted Planned Parenthood was refusing to report “not only statutory rape cases, but rape cases that involve actual violence” and expressed his plan to bring suit against the health care provider.⁸³ In doing so, he articulated what I label the “sexual abuse” anti-Planned Parenthood narrative. This narrative denounces the organization for actions they believe encourage the abuse of minors. An attorney for Planned Parenthood refuted Ackerman’s claims but—with the conversation devoted to the reporting responsibilities of the organization—provided no true counter-narrative supporting their work.⁸⁴ This “sexual abuse” narrative returned in 2006 with renewed force, again in response to a suit brought against Planned Parenthood alleging the cover-up of statutory rape by the organization. Host Bill O’Reilly, whose show provided the platform for the first articulation of this narrative in 2002, initially shied away from an endorsement of the argument. Instead, he merely framed the proceedings as an attempt to “expose Planned Parenthood by showing the court how many underage abortions there are and how much money they make from them.”⁸⁵ By the end of 2006, however, O’Reilly explicitly accepted the anti-Planned Parenthood narrative, decrying how “there are rapists impregnating 10-year-olds who are being protected by abortion clinics.”⁸⁶ The next month, the attorney general of Indiana dropped his attempts to compel Planned Parenthood to provide unlimited access to their medical records to determine whether such abuse had occurred. This followed a court ruling that a patient’s right to privacy

⁸³ *The O’Reilly Factor*. FOX News, 9 July 2002. *LexisNexis Academic*. Web.

⁸⁴ According to the Christian publication, *Lifenews.com*, a judge later dismissed Ackerman’s suit as “frivolous.” (Ertelt, Steven. “Second Planned Parenthood Lawsuit Threatens Pro-Life Law Firm.” *Lifenews.com*, 9 March 2004)

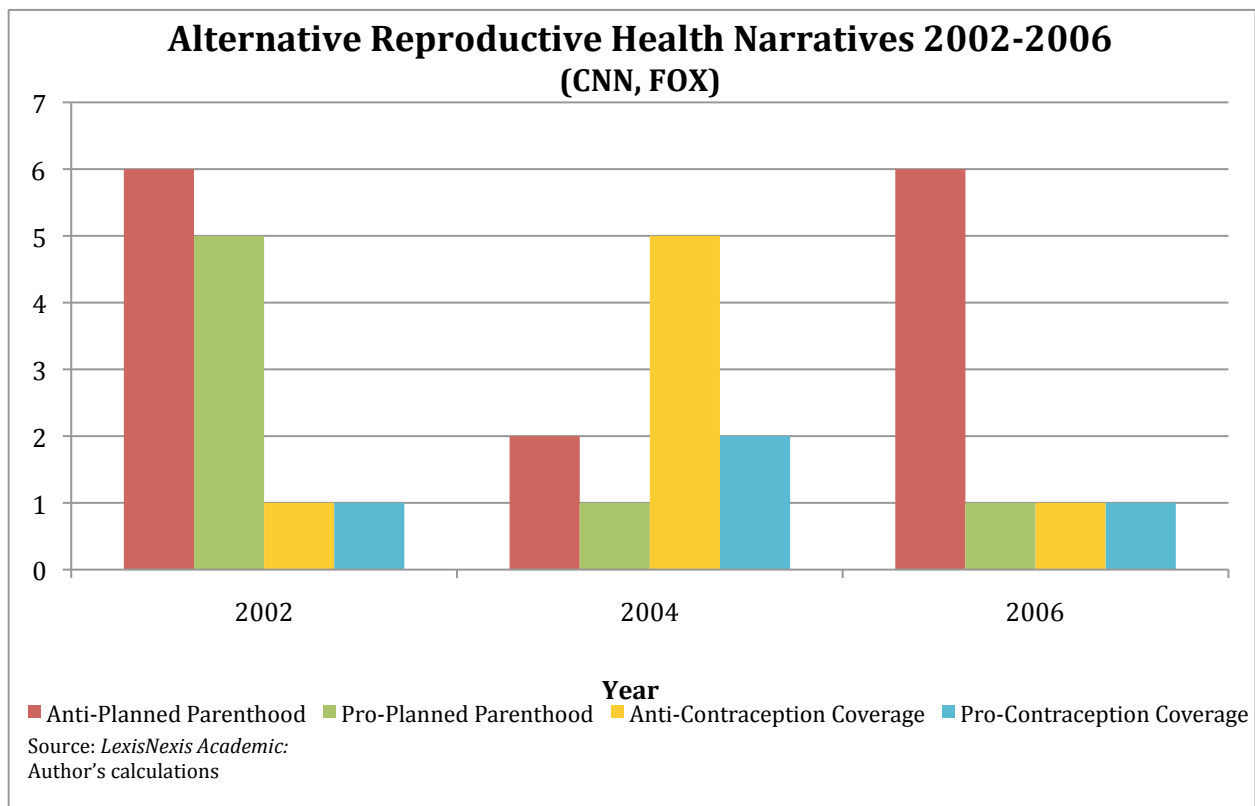
⁸⁵ *The O’Reilly Factor*. FOX News, 27 June 2006. *LexisNexis Academic*. Web.

⁸⁶ *The O’Reilly Factor*. FOX News, 3 November 2006. *LexisNexis Academic*. Web.

superseded the state interests in the matter and that “there are less intrusive means by which the IMFCU may determine whether PPI’s minor patients were the victims of child abuse.”⁸⁷ During his coverage of the story, O’Reilly criticized the attorney general for surrendering to Planned Parenthood. O’Reilly then echoed the comments of his guest, criticizing abortion clinics and stating how “it comes down to in America today you can rape a 12-year-old and get away with it because of privacy.”⁸⁸

With their focus on women’s health and limiting abortion, advocates of Planned Parenthood were ill equipped to respond to attacks regarding the sexual abuse of minors. In 2002 and 2004, anti-Planned Parenthood narratives relied more heavily on the “parental rights” argument. Though there were instances in which Planned Parenthood supporters were unable to articulate a narrative in response to heated rhetoric of their opponents, in general they did so with comparable frequency. As the “sexual abuse” anti-Planned Parenthood argument became more prominent however, counter-narratives suffered (Figure 10). Rather than a debate on

Figure 10



⁸⁷ *Planned Parenthood of Indiana v. Carter*. No. 49 A02-0505 CV469 (2006)

⁸⁸ “Planned Parenthood Protecting Child Abusers?” *The O’Reilly Factor*. FOX News, 5 December 2006. LexisNexis Academic. Web.

the worth of Planned Parenthood services, advocates were forced into discussion of whether or not they approved of rapists going free thanks to the actions of abortion clinics. In 2004, proponents of contraception coverage found themselves in a similar situation, likewise fueled by legal developments surrounding the issue.

In of March of 2004, the California Supreme Court ruled that a Roman Catholic charity was required to include contraception coverage in the health care benefits it provided to employees, thereby complying with the Women's Contraception Equality Act (WCEA) passed by the state legislature in 1999. In the majority decision, the Court dismissed claims that the law was passed with the interest of intervening in a conflict within the Catholic Church, citing the more likely desire to "reduce the inequitable financial burden of health care on women."⁸⁹ The ruling emphasized the compliance exemption of religious institutions written into the WCEA, but found the charity itself to be an inherently secular organization. In response, conservatives created the "religious freedom" anti-contraception coverage narrative, arguing how the idea "that any court can come in there and mandate that a religion go against their core values and principles this way ought to put a chill down the spine of every freedom-loving American, period."⁹⁰ This narrative ignores questions of gender equality or women's health care, claiming expansions of contraception coverage violate either the religious liberty of organizations and their owners, or else that of taxpaying Americans if called to subsidize these efforts. The merits of contraception are not necessarily challenged in this argument. Rather, any such debate is considered secondary to concerns regarding government overreach.

Pro-contraception coverage narratives fell under two categories in 2004. The "reduction" narrative stressed contraception as a "pregnancy prevention method" that lowers unwanted pregnancies and thus the need for abortion, while the "health issue" narrative emphasized contraception as being a crucial part of health care to which women deserve access.⁹¹ The similarities between these arguments and those belonging to Planned Parenthood advocates are noteworthy. Just as supporters of Planned Parenthood would prove incapable of successfully communicating a narrative in the face of conservative criticism, defenders of contraception coverage expansion were forced to forgo articulation of their stance. Claims that

⁸⁹ *Catholic Charities of Sacramento Inc. v. Superior Court*, No. S099822

⁹⁰ *Hannity & Colmes*. FOX News, 3 March 2004. *LexisNexis Academic*. Web.

⁹¹ *Paula Zahn Now*. CNN, 16 February 2004. *LexisNexis Academic*. Web.

coverage expansion represented “the first time in anybody’s memory...that the state has stepped in and basically said, we have the competence to decide who is and isn’t called Catholic, in terms of our ministries in the public arena for the purpose of regulation,” were met with discussion of how religious charities were, in fact, secular.⁹² In framing the conversation in terms of religion, conservatives successfully prevented debate about gender equality or the importance of contraception for women’s health, leading to the dominance of their anti-contraception narrative. This pattern continued into 2008, which saw the proliferation of three additional conservative reproductive health narratives coupled with renewed reluctance by liberals to express support for their cause.

2008: Democratic Qualification and Planned Parenthood Under Siege

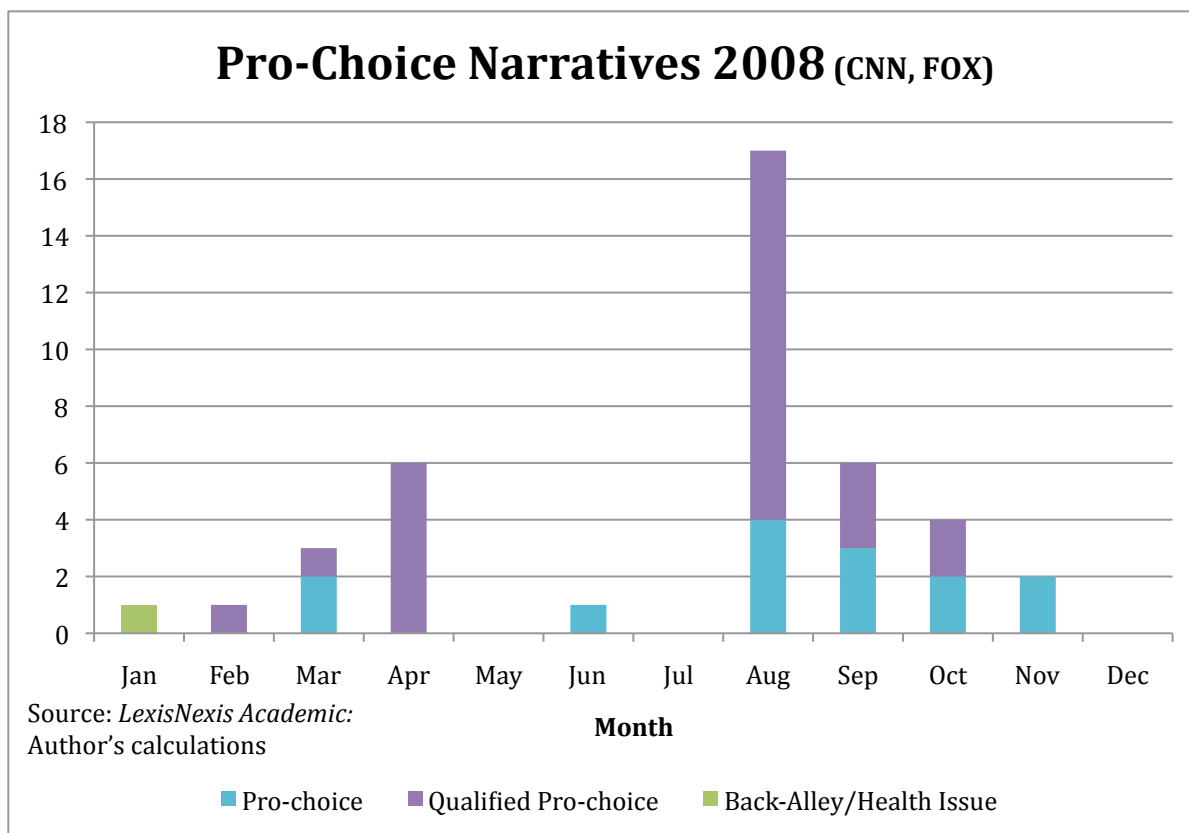
As it had in 2004, the Democratic primary season began with very little discussion of reproductive health issues by the candidates. In fact, every Democratic debate in January and February avoided mention of abortion entirely. This was a stark contrast from 2000, when taking a stance on the issue was crucial to determining liberal credentials. When the candidates finally articulated their position on abortion in April, they adhered exclusively to the “qualified pro-choice” narrative, which vastly outnumbered the traditional argument for the remainder of the year (Figure 11, next page). Even then, Senators Clinton and Obama discussed abortion only reluctantly, unable to avoid the topic during a “Compassion Forum” dealing exclusively with issues of faith. Had the primary campaign not stretched into May, this event likely would not have occurred. During the evening, both candidates went further than simply stressing a need to reduce abortion. Clinton emphasized her Methodist faith, citing her “belief that the potential for life begins at conception,” while Obama called for an acknowledgement that “there is a moral dimension to abortion, which I think that all too often those of us who are pro-choice have not talked about or tried to tamp down.”⁹³ A year earlier, Senator Obama explained how “there will always be people, many of goodwill, who do not share my view on the issue of choice—on this fundamental issue, I will not yield.”⁹⁴ This speech, quoted throughout 2008

⁹² *FOX Special Report with Bret Hume*. FOX News, 9 March 2004. *LexisNexis Academic*. Web.

⁹³ “Democratic Candidates Compassion Forum,” CNN, 13 April 2004. *LexisNexis Academic*. Web.

⁹⁴ *Just In*. FOX News, 26 June 2008. *LexisNexis Academic*. Web.

Figure 11



and accounting for nearly a third of the traditional pro-choice narratives, differs in tone from the ways in which candidate Obama articulated his stance on abortion. Like Kerry, Obama increasingly qualified his position as the campaign progressed. In August, Obama began mentioning his support of limits on late-term abortion, coupled with a call to work together to reduce the number of unwanted pregnancies.⁹⁵ This came with an acknowledgment that “if you believe that life begins at conception, then—and you are consistent in that belief, then I can’t argue with you on that.” Gone were the unyielding calls to protect a women’s right to choose, replaced instead with tacit acceptance of the strength of the conservative position. While Democratic Party platform language of that year still opposed efforts to undermine a women’s right to choose, Obama stated in his acceptance speech how, despite differences on abortion, “we can agree on reducing the number of unwanted pregnancies in this country.”⁹⁶ No mention was made on the need for abortions to remain legal. Such language demonstrated a softening

⁹⁵ *Anderson Cooper 360 Degrees*. CNN, 18 August 2008. *LexisNexis Academic*. Web.

⁹⁶ *CNN Election Center*. CNN, 28 August 2008. *LexisNexis Academic*. Web.

of Democratic rhetoric on abortion in appeasement of conservative tropes, continuing the trend from the last presidential election year.

This moderation was not present in conservative discussion of reproductive health. Following his surprise victory in Iowa, former governor Mike Huckabee began making abortion a central issue of his campaign, explaining how a return to greatness in America was dependent on the country accepting the pro-life belief in the worth of every human being.⁹⁷ Unlike the other candidates, he strongly advocated for a constitutional amendment banning abortion, a longstanding cause of the GOP's base. With a loss in the traditionally religious South Carolina a possibility, Senator John McCain added an appeal to party conservatives in his stump speech just prior to the state's primary, citing his pride in his pro-life record and his long fight for "the rights of the unborn."⁹⁸ As it had been in 2000, expression of the traditional pro-life narrative was required to demonstrate party fidelity. Throughout the campaign, no Republican presidential candidate ever strayed from this narrative, with McCain himself repeatedly articulating his belief that a baby is entitled to rights at the moment of conception.⁹⁹ This was in contrast to past years when Republican candidates pursued alternative arguments in an attempt to set them apart from their opponents, or else widen their appeal as the election year progressed. When McCain was asked whether he would consider nominating a judge with a history of being for abortion rights to the Supreme Court, he said:

I would consider anyone in their qualifications. I do not believe that someone who has supported *Roe v. Wade* that would be part of those qualifications. But I certainly would not impose any litmus test.¹⁰⁰

Despite its inelegant phrasing, McCain's answer implied judges who supported *Roe v. Wade* would be disqualified from consideration, in contradiction to his insistence that he would not impose a litmus test.¹⁰¹ Even given the potential room for interpretation, this statement is a marked departure from past Republican presidential nominees who refused to make such a claim. In the reverse of the Democratic trend, which saw liberal candidates turning away from their traditional pro-choice narrative, Republican politicians increasingly embraced their party's

⁹⁷ *CNN Newsroom*. CNN, 6 January 2008. *LexisNexis Academic*. Web.

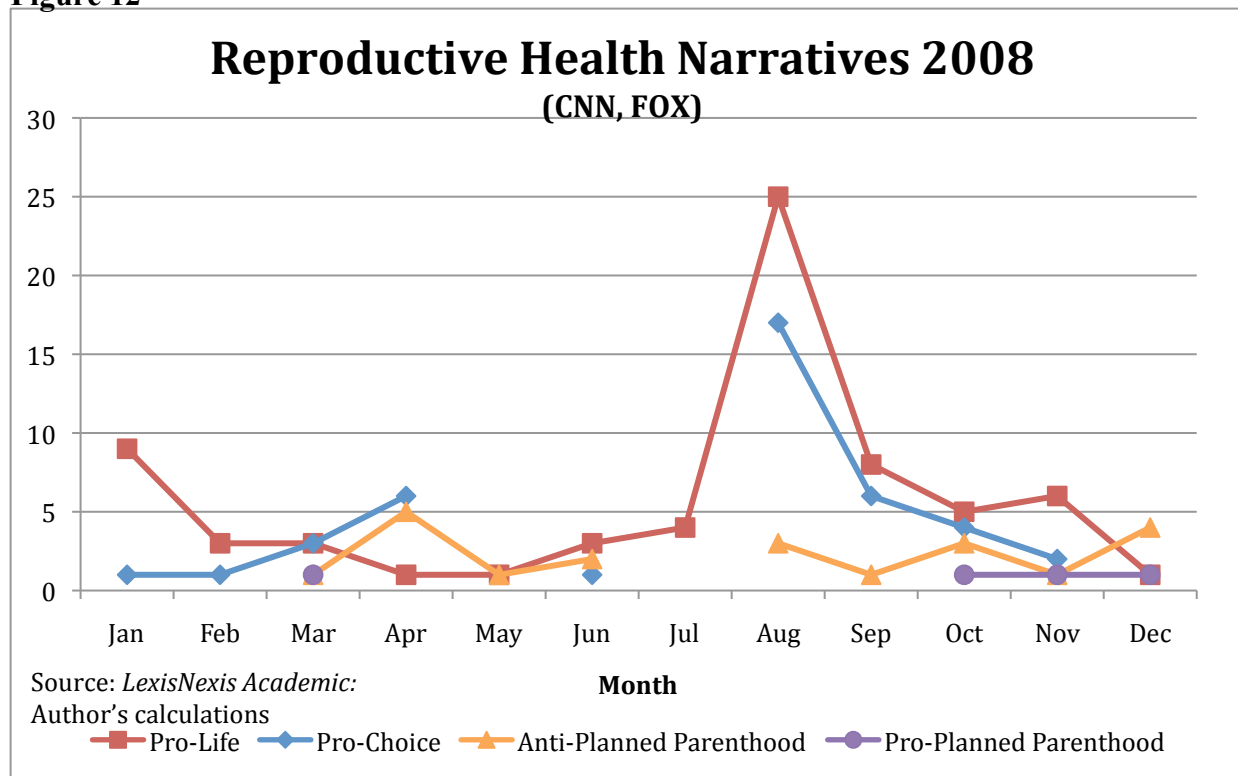
⁹⁸ *The Situation Room*. CNN, 16 January 2008. *LexisNexis Academic*. Web.

⁹⁹ *Hannity & Colmes*. FOX News, 18 August 2008. *LexisNexis Academic*. Web.

¹⁰⁰ "Presidential Debate." CNN, 15 October 2008. *LexisNexis Academic*. Web.

¹⁰¹ An audio recording of the statement, which makes intention clearer, can be found at: <http://www.hark.com/clips/qtpbtsvrx-i-would-consider-anyone>

Figure 12



more conservative rhetoric. As in past years, articulation of these conservative reproductive health narratives was done with a consistency and frequency not found in liberal counterarguments (Figure 12). This was particularly true of arguments against Planned Parenthood, which rose to new prominence in 2008.

Beyond more than tripling in number from 2006, anti-Planned Parenthood arguments also expanded in scope. The first of these new narratives formed as a direct result of Barack Obama’s candidacy. Though it would be three more months before Obama would earn the necessary delegates to secure the nomination, by March he had emerged as the frontrunner and was thus facing increased scrutiny. That month, in a segment entitled “The Real Barack Obama” that promised to expose the candidate’s record on abortion, pro-life advocates made the claim that “abortion is truly impacting, devastating the African American community and Planned Parenthood is behind that.”¹⁰² Evidence was cited from undercover calls made to the organization in which employees appeared to accept donations from people espousing racist ideology as proof of Planned Parenthood’s targeting of minority communities. This marked the creation of the anti-Planned Parenthood “racism” narrative, which denounces the organization

¹⁰² *Hannity’s America*. FOX News, 30 March 2008. LexisNexis Academic. Web.

for its supposed racist history and perceived efforts against the African American community. These condemnations appeared throughout 2008 and occurred in tandem with questions regarding Barack Obama’s continued support of the organization despite coverage of their allegedly horrific actions. Though Obama’s status as the one African American candidate was never explicitly brought into the argument, he remained the only politician whose allegiance to Planned Parenthood was questioned under this discussion. The presence of this narrative following Obama’s rise in the primary contest and criticism of his silence despite “his focus on black families and children” further implied a racial undertone specific to the Senator.¹⁰³

While the “parental consent” argument against Planned Parenthood had fallen out of favor by 2008, claims that the “organization has not followed their duty to report suspected child abuse” continued.¹⁰⁴ They appeared in association with legal developments in cases brought against the organization, as well as undercover “stings” carried out by pro-life groups in which actors claiming to be underage sought abortion services.¹⁰⁵ Coverage of one such sting also coincided with the creation of a new anti-Planned Parenthood narrative. This argument questioned the need “for Planned Parenthood to get 300 plus million dollars from the U.S. taxpayers when, in fact, they profit from the abortion procedure.”¹⁰⁶ This “abortion profiteers” narrative often occurred in tandem with claims of racism or sexual abuse by the organization, but was only coded under the first category. The narrative’s dismissal of the healthcare services provided by Planned Parenthood as subterfuge for its real profit-oriented interests is distinct, hence the separate classification. The profit claims, while inherently misleading, are not technically misinformation. By law, non-profit organizations do not turn a profit. For non-profits, any collected revenue over costs is merely a surplus, one that may not be used for additional employee or investor compensation. However, in the strictest sense, “profit” can refer to surpluses in general, leaving its definition open to interpretation. Just as the “sexual abuse” narrative was popularized by program hosts, arguments against Planned Parenthood for profiting from abortion perpetuated with support of anchors. On *The O’Reilly Factor*, Bill O’Reilly provided the platform for the first articulation of the “abortion profiteer” narrative by means of a pundit who frequently served as his replacement. He himself would go

¹⁰³ Glenn Beck. CNN, 1 May 2008. *LexisNexis Academic*. Web.

¹⁰⁴ *Hannity’s America*. FOX News, 13 April 2008. *LexisNexis Academic*. Web.

¹⁰⁵ *The O’Reilly Factor*. FOX News, 4 December 2008. *LexisNexis Academic*. Web.

¹⁰⁶ *The O’Reilly Factor*. FOX News, 25 April 2008. *LexisNexis Academic*. Web

on to frequently make the claim that “Planned Parenthood is an extremist organization these days, one that makes millions from providing abortions.”¹⁰⁷ This paralleled trends of another new anti-Planned Parenthood narrative created in 2008, also centered on money, which O’Reilly would later champion.

Similar to the “racism” narrative, the last of the three arguments decrying Planned Parenthood created in 2008 stemmed from Obama’s rise to national attention during the primary season. Obama’s relationship with the organization was continually highlighted in segments devoted to condemnation of the group’s efforts. In August, following Planned Parenthood’s release of sexual education videos on their website featuring discussions about STIs, oral sex, and birth control, new criticisms were lobbied with pro-life advocates questioning why government funds went to support such filth. This “taxpayer money” narrative argued that, particularly in the face of the weakened economy, Americans should not have to provide money to an organization whose actions they considered subversive and amoral. The organization’s educational campaign in August provided another opportunity to criticize Senator Obama, with Planned Parenthood opponents implying his administration would lead to the continuation of tax money “paying for this garbage” and wondering whether it was “time for our country to close the book on him and Planned Parenthood.”¹⁰⁸ In another instance of a conservative reproductive health narrative being made popular by a news host, Bill O’Reilly was one of the first to call for a stop of taxpayer funding to Planned Parenthood because “the organization is completely whacked out.”¹⁰⁹ Between 2008, 2010 and 2012, he was responsible for a third of this narrative’s articulation. Arguments in favor of Planned Parenthood were rare in 2008 and did not expand beyond the two narratives previously discussed. Unlike anti-Planned Parenthood arguments, they were also entirely defensive—only ever occurring in response to criticism. This pattern continued into 2010, with pro-Planned Parenthood arguments all but disappearing as advocates grappled with a new type of attack that would come to define reproductive health discussions in the Obama age.

2010: The Rise of Misinformation

Prior to 2010, misinformation regarding reproductive health was articulated

¹⁰⁷ *The O’Reilly Factor*. FOX News, 2 October 2008. *LexisNexis Academic*. Web.

¹⁰⁸ *Hannity’s America*. FOX News, 17 August 2008. *LexisNexis Academic*. Web.

¹⁰⁹ *The O’Reilly Factor*. FOX News, 6 August 2008. *LexisNexis Academic*. Web.

infrequently and rarely in concerted manner. These false claims were typically made by issue activists and quickly forgotten—repetition was rare. In March of 2010, however, umbrage at developments surrounding the legislation that would ultimately become the Patient Protection and Affordable Care Act (PPACA) led to an unprecedented campaign of misinformation. Echoing the inaccurate portrayal of the AMA’s stance in response to the *Stenberg v. Carhart* decision that occurred in 2000, pro-life advocates and politicians dissatisfied with the passage of the bill misrepresented its content and claimed it would lead to taxpayer funding of abortions. It was true that, initially, both the House and Senate bills did not preclude such an outcome. In establishing federally subsidized exchanges through which Americans can purchase health insurance, both versions of the healthcare legislation originally left possible the inclusion of abortion coverage in the government-regulated plans. Weary of such a situation, pro-life Democrats in the House and Senate withheld their support until their concerns were addressed.

In the House, this took the form of the Stupak-Pitts amendment, which forbade the use of federal funds to “pay for any abortion or to cover any part of the costs of any health plan that includes coverage of abortion” other than in cases of rape, incest, or danger to the woman’s health.¹¹⁰ While attempts to pass a similar amendment introduced by Senator Ben Nelson failed the next month, compromise language was inserted into the Senate version of the bill to guarantee his support. The language stated that if any health plans included in the exchange covered abortions, “the issuer of the plan shall not use any amount attributable” to federal subsidies “for purposes of paying for such services.”¹¹¹ Such plans were further required to collect separate payments from enrollees for “an amount equal to the actuarial value of the coverage” of abortion; no federal funds or premiums collected for subsidized portions of insurance plans could be used to cover or offset abortion costs. These provisions were included in the final text of the bill that passed the Senate in December 2009. As such, both versions of the Affordable Care Act had mechanisms forbidding coverage of abortion. However, while it would be misleading to claim “Obamacare”—as it became colloquially known—would lead to taxpayer coverage of abortion, I did not initially count such statements as misinformation.

¹¹⁰ “Amendment Offered by Mr. Stupak.” *Congressional Record* (November 7, 2009) p. H12921.

¹¹¹ Patient Protection and Affordable Care Act, H.R. 3590, 111th Cong., 2nd Sess. (2010)

Uncertainty over the compromises necessary in reconciliation to pass the same legislation in both houses of Congress meant the possibility existed that the healthcare overhaul, in the abstract, might still provide federal funding for abortion services. Given this coverage was prohibited in both versions of the bill, such an outcome remained unlikely, but was not treated as an outright falsehood. Claims condemning “the abortion language in the Senate because it leads to taxpayer-funded abortion” though, were considered erroneous as no such language existed.¹¹² However, even these statements were carefully parsed and required the claim that the Senate bill explicitly allowed federal funding for abortion. In discussions of the Affordable Care Act, saying “the Senate is a big mess” followed by an accusation that “this bill is going to allow taxpayer financing of abortion,” was not coded as misinformation.¹¹³ If context allowed for references to “the bill” to be interpreted as discussion of the post-reconciliation legislation, I did not count such statements as being untrue. Again, despite being inherently misleading, they were not misinformation in the strictest sense.

Following the House passage of the Senate bill in 2010 on March 21st though, this nuanced interpretation became unnecessary. The possibility that reconciliation would lead to a change in the bill undoing restrictions on federal funding for abortions was nonexistent. Despite this reality, however, anger over passage of the bill led to the repeated assertions of misinformation by Republican politicians regarding abortion coverage (Figure 13, next page). Minority leader, Rep. John Boehner, condemned the bill on the floor of the House, claiming how representatives could not “go home and tell your constituents with confidence that this bill respects the sanctity of all human life and that it won’t allow for taxpayer funding of abortions for the first time in 30 years.”¹¹⁴ This statement was echoed by numerous Republican politicians in March, decrying how the bill meant “government-sanctioned abortion on demand paid for by taxpayers.”¹¹⁵ Not all criticism of the Affordable Care Act included misinformation, though much of it remained misleading. Pro-life advocates dismissed an executive order by President Obama reaffirming the bill’s ban of taxpayer money going toward

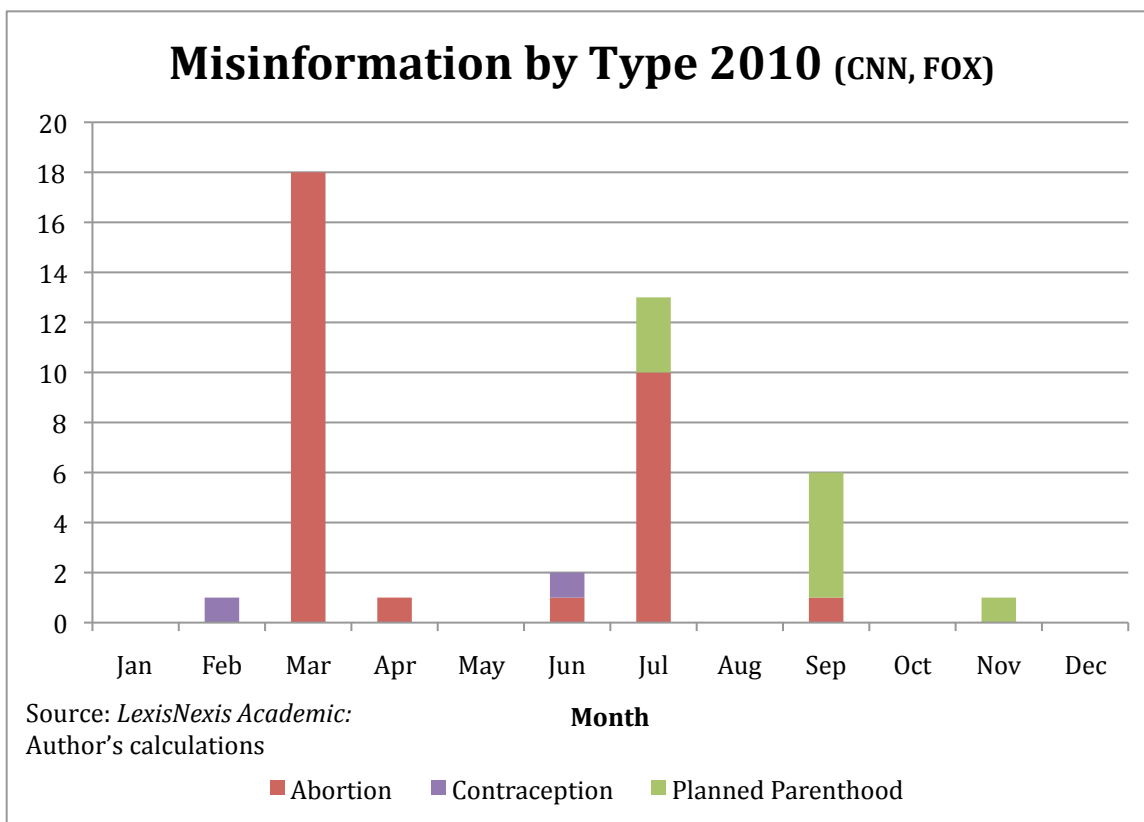
¹¹² Graham, Lindsey. Interviewed by Greta Van Susteren. FOX News, 3 March 2010. *LexisNexis Academic*. Web.

¹¹³ Hatch, Orrin. Interviewed by Greta Van Susteren. FOX News, 16 March 2010. *LexisNexis Academic*. Web.

¹¹⁴ Anderson Cooper 360 Degrees. CNN, 22 March 2010. *LexisNexis Academic*. Web.

¹¹⁵ CNN Special Event. CNN, 21 March 2010. *LexisNexis Academic*. Web.

Figure 13



abortions as an attempt to “cover up the fact that they were going to pass this huge expansion of abortion funding.”¹¹⁶ While statements like this implied funding would come from taxpayers, a connection was never made explicit. By allowing Americans to purchase insurance plans at subsidized rates—including some that collected non-subsidized funds for abortion coverage—the Affordable Care Act could conceivably be interpreted as leading to an expansion of abortion funding. Though perhaps a disingenuous representation of the law, which mandated the insurance exchanges it created include plans that do not provide abortion coverage, such statements were not without truth.

Misinformation surrounding “Obamacare” returned in July, following the Department of Health and Human Services approving Pennsylvania’s plan for a high-risk insurance pool. The Affordable Care Act allowed for federal funding of such pools as a temporary measure to help people without coverage prior to the establishment of the insurance exchanges.

¹¹⁶ FOX Special Report with Bret Baier. FOX News, 13 April 2010. LexisNexis Academic. Web.

Referencing a press release from the pro-advocacy group National Right to Life (without identifying the source), conservatives began claiming that “The Health and Human Services Department is giving Pennsylvania \$160 million to set up a new high-risk insurance pool that will cover any abortion that is legal in the state.”¹¹⁷ This was used to claim that President Obama “lied about the health care bill not covering abortions.”¹¹⁸ In actuality, however, the Pennsylvania plan explicitly stated that “elective abortions are not covered.”¹¹⁹ The Department of Health and Human Services also issued a press release explaining how, in compliance with federal health plans and the Affordable Care Act, “in Pennsylvania and in all other states abortions will not be covered in the Pre-existing Condition Insurance Plan (PCIP) except in the cases of rape or incest, or where the life of the woman would be endangered.”¹²⁰ Once again, misinformation regarding reproductive health care was perpetuated in criticism of a law with which pro-life advocates took issue.

July also saw the repetition of misinformation regarding Planned Parenthood in conjunction with attacks against the organization. Expanding on the “racism” narrative established in 2008, opponents of Planned Parenthood began attacking its founder, Margaret Sanger, as a way to discredit the modern efforts of the organization. Continually, claims were made that Sanger’s efforts to legalize birth control were motivated by a desire to “wipe out the, quote, ‘Negro race.’”¹²¹ Sanger was decried as a racist by pro-life advocates, who claimed blacks were, in her words, “an unfit group” and that she had written how “we don’t want the Negro to know that we’re trying to wipe them out—god forbid they catch on.”¹²² In actuality, Sanger’s Negro Project was an attempt to bring health care clinics to poor communities in the rural south, following similar efforts in New York City aimed largely at poor immigrant women. Recognizing the black community’s natural suspicions towards outsiders, Sanger reached out to community leaders and ministers to establish trust. She did not believe the “project should be directed or run by white medical men” and warned that “we do not want

¹¹⁷ Beck. FOX News, 15 July 2010. *LexisNexis Academic*. Web.

¹¹⁸ Joy Behar Show. CNN, 26 July 2010. *LexisNexis Academic*. Web.

¹¹⁹ *Solicitation for State Proposals to Operate Qualified High-Risk Pools*. Pennsylvania Insurance Department, 01 June 2010.

¹²⁰ U.S. Department of Health and Human Services. *Statement of HHS Spokeswoman Jenny Backus on the Pre-Existing Condition Insurance Plan Policy*. 14 July 2010. Web

¹²¹ Beck. FOX News, 9 July 2010. *LexisNexis Academic*. Web.

¹²² Beck. FOX News, 8 September 2010. *LexisNexis Academic*. Web.

word to go out that we want to exterminate the Negro population and the minister is the man who can straighten out that idea.”¹²³ Detractors used this statement, often misquoted, to support their accusations of racism. In context, however, Sanger’s words do not support such a claim. While perhaps poorly written, Sanger’s statement was an expression of worry that her efforts to provide reproductive healthcare to minority women to safeguard them against disease and poverty would be misconstrued as racist—an apparently prescient fear. Sanger often discussed how she felt “the Negro’s plight here is linked with that of the oppressed around the globe” and called for the need to change white attitudes towards blacks. In an interview in the *Chicago Defender*, she recounted how, when first opening clinics in New York, she was offered \$10,000 by an “anti-Negro white man” to start in Harlem in order to limit the black population. She turned him down, as “that is, of course, not our idea,” citing the encounter as “an example of how vicious some people can be about this thing.”¹²⁴ Sanger did eventually open clinics in Harlem, more than a decade after her efforts in Brooklyn, a predominantly white neighborhood at the time. Though Sanger did write of limiting the population of “the unfit,” she considered this group to include those “with mental, physical, communicable, or loathsome diseases, and also illiterate paupers, prostitutes, criminals, and the feeble-minded,” and never made claims that race was a factor.¹²⁵ Through a modern lens, these statements were certainly problematic, but do not justify assertions made by those opposed to Planned Parenthood that Sanger wanted to wipe out African Americans. Despite this, false charges against Sanger would be used to repeatedly to denounce Planned Parenthood for the remainder of the year, demonstrating the continued perpetuation of misinformation in conservative reproductive health arguments that defined 2010.

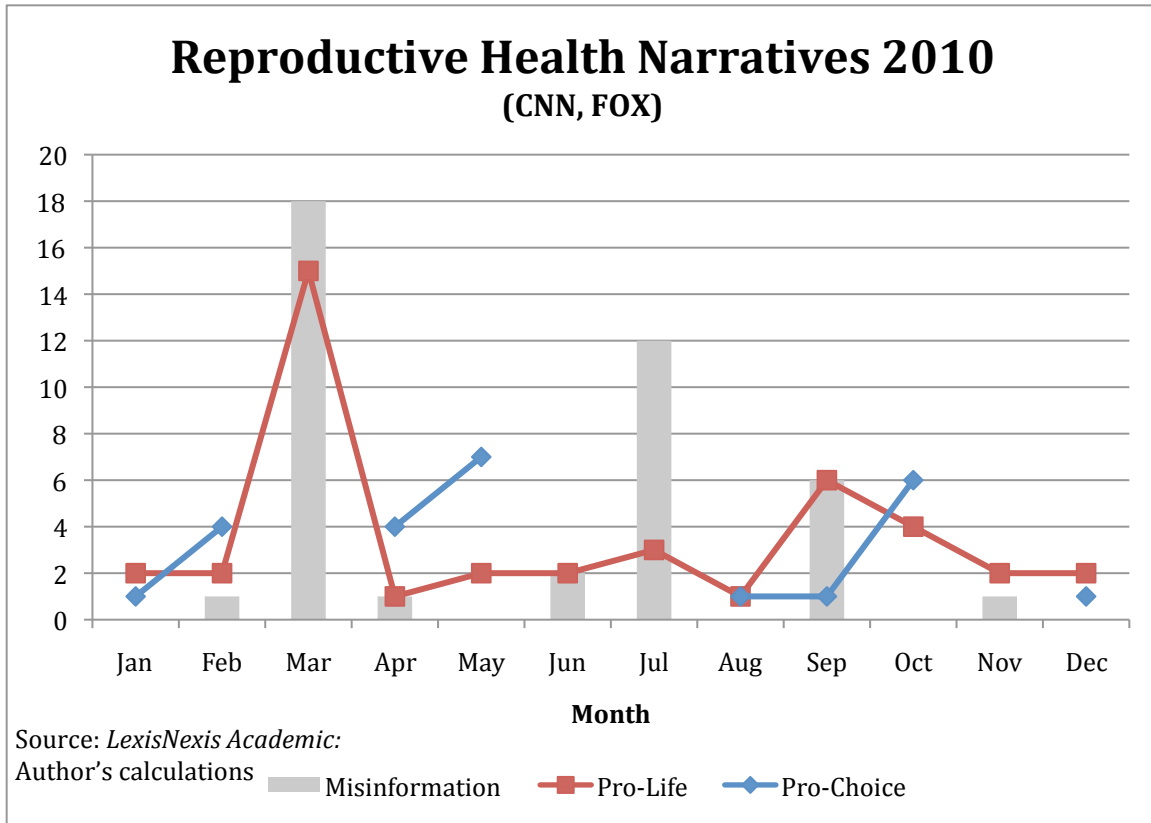
As in past years, conservative arguments regarding abortion also continued to outnumber their liberal counterparts, which were entirely absent for a fourth of the year (Figure 14, next page). Interestingly, Democrats retreated from the qualified pro-choice argument that had seen resurgence in 2008, returning to their unqualified stance. This coincided with the

¹²³ Kessler, Glenn. “Herman Cain’s Re-writing of Birth Control History.” *The Washington Post*, 1 November 2011.

¹²⁴ Conrad, Earl. “ON U.S. Birth And Bias Control.” *The Chicago Defender*, 22 September 1945. *Proquest Historical Newspapers: Chicago Defender*. Web.

¹²⁵ Sanger, Margaret. *The Autobiography of Margaret Sanger*. Mineol: Dover Publications, 2004. Print.

Figure 14



retirement of Justice John Stevens from the Supreme Court and the nomination of Elena Kagan in May. With coverage focused on how Obama’s nominee would interpret the Constitution, politicians were able to articulate a pro-choice stance in discussions not centered on abortion, and thus felt no obligation to mention a personal opinion regarding the procedure. Instead, answers to questions regarding litmus tests could be given in legal terms, stressing women’s reproductive rights and a belief that “part of what our core Constitutional values promote is the notion that individuals are protected in their privacy and their bodily integrity.”¹²⁶ This type of response accounts for pro-life arguments outnumbering pro-choice ones in April. While this also occurred in February, conservative reproductive health narratives as a whole surpassed liberal ones, as anti-Planned Parenthood and anti-contraception coverage arguments went largely unanswered. In May and October, coverage of pro-choice Republicans was responsible, with accompanying commentary focused on their anomalous existence; continuing on past trends, Republican politicians rarely strayed from the traditional pro-life narrative during the year, let alone adopted a pro-choice position. In general, 2010 is noteworthy not for

¹²⁶ *The Situation Room*. CNN, 21 April 2010. LexisNexis Academic. Web.

conservative reproductive health arguments eclipsing liberal ones in frequency and consistency—by now a standard relationship—but for the addition of misinformation to conservative narratives. Though anti-contraception arguments were largely absent in 2010 and thus unaffected, policy developments in 2012 led to their exponential growth and a corresponding increase in misinformation.

2012: Mandates and Misinformation

Similarly to 2008, the start of the presidential primary season saw adherence to the traditional pro-life narrative by Republican candidates as they attempted to establish their bondafides with the party base. Repeating a line of attack used by McCain four years earlier, Newt Gingrich questioned Romney’s record on the issue during a January debate, negatively tying his health care efforts as governor of Massachusetts to Planned Parenthood “the largest abortion provider in the country.”¹²⁷ Though not inaccurate, this represented a renewed attempt by pro-life advocates to define the organization strictly in terms of abortion. In the past, misinformation regarding Planned Parenthood had focused on false accusations against its founder or incorrect claims that federal money given to the organization went to abortion services.¹²⁸ Beginning in 2012, Planned Parenthood opponents began falsely claiming that “abortion is their core business.”¹²⁹ According to Planned Parenthood’s 2011-2012 financial report, however, only three percent of services supplied by the organization were abortion-related.¹³⁰ In terms of revenue, abortion accounted for approximately 10.1% of Planned Parenthood’s annual earnings. In contrast, preventative health services for which they received government grants and reimbursements—including STI testing, cancer screenings, and contraceptive care—accounted for approximately 85% of services provided and 45% of revenue.¹³¹ In neither measure does abortion qualify for the “core” of Planned Parenthood’s business. Despite this, pro-life advocates insisted “the largest part of their business—the most

¹²⁷ “CNN Southern Republican Debate.” CNN, 19 January 2012. *LexisNexis Academic*. Web.

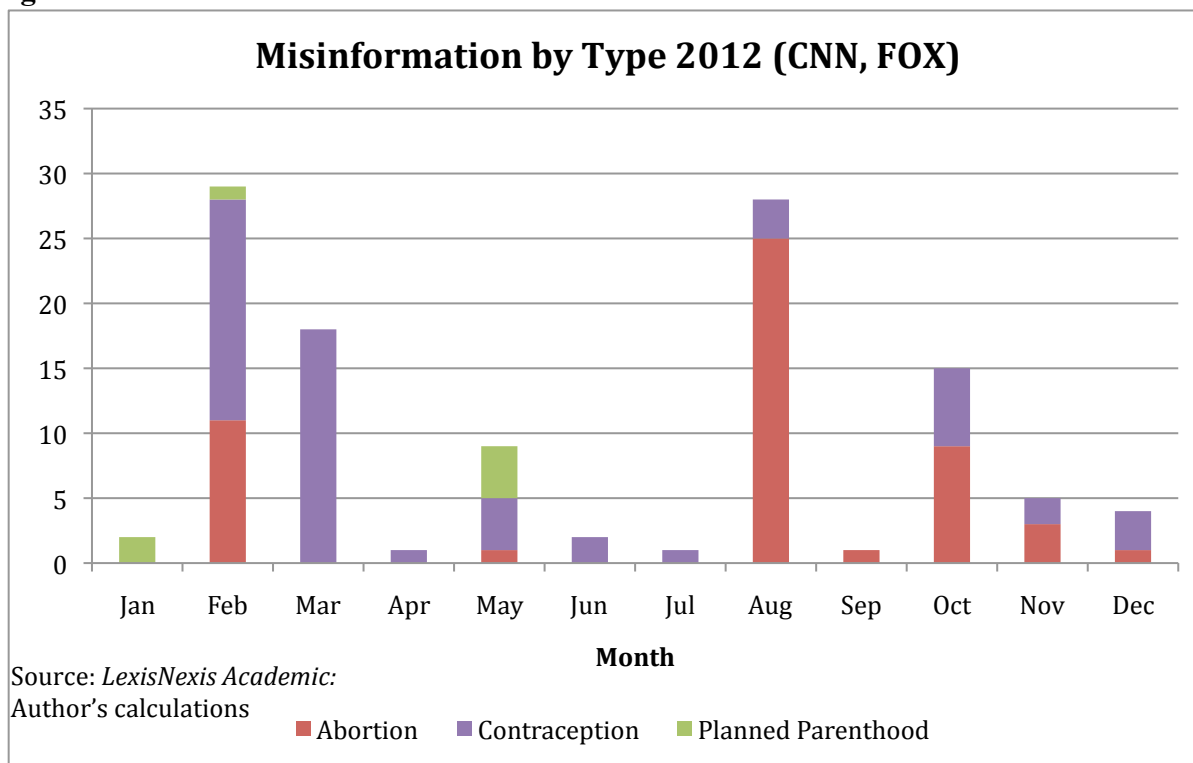
¹²⁸ The Hyde Amendment, an annual rider attached to HHS appropriations, has prohibited the usage of federal funds for abortions (except in the case of rape, incest, and life of the woman) since 1976.

¹²⁹ *The O’Reilly Factor*. FOX News, 5 January 2012. *LexisNexis Academic*. Web.

¹³⁰ Appendix 4

¹³¹ Appendix 5

Figure 15



things that they get involved in concerns abortion.”¹³² Statements like these account for the misinformation directed towards Planned Parenthood in the beginning of 2012, fueled by comments from Republican candidates framing the organization entirely in terms of abortion. As in 2010, hosts articulated more than half of the arguments directed against Planned Parenthood, as well as a majority of the misinformation about the organization.

Typically occurring in the context of the larger abortion debate, hostility towards Planned Parenthood remained as the primary progressed. However, while misinformation regarding the organization continued into February, policy developments pushed by the Obama administration lead to a dramatic increase in false statements concerning contraception, previously unseen (Figure 15). At the end of January, the Department of Health and Human Services (HHS) issued a final rule regarding the coverage of preventative care in the Affordable Care Act. Citing the “abundant evidence that birth control has significant health benefits for women and their families,” HHS Secretary Kathleen Sebelius detailed the decision to require

¹³² *The O'Reilly Factor*. FOX News, 3 February 2012. LexisNexis Academic. Web.

employers to provide health plans that cover birth control without co-pays or deductibles.¹³³ An exemption was provided for religious institutions, though religiously affiliated groups whose work was considered secular were required to comply. Backlash from conservatives was immediate, largely in the form of the “religious freedom” narrative popularized in response to a similar policy enacted in California years earlier. As in 2010, conservative narratives against policy developments began incorporating misinformation, with pro-life advocates and politicians calling the mandate “a direct, obnoxious, unprecedented government attack on the conscience rights of religious entities and anyone else who for moral reasons cannot and will not pay for abortion-inducing drugs.”¹³⁴

Repeatedly, claims were made that this policy would compel employers “by the force of the federal government to fund sterilization, abortifacient drugs and other contraception.”¹³⁵ By definition, an abortifacient interrupts an “established pregnancy,” which—according to the American Medical Association—begins at ovum implantation.¹³⁶ While the mandate covered all forms of contraception approved by the FDA, it made no requirement for abortion services. Despite this, anti-coverage advocates continually claimed that the morning-after pill and other forms of emergency contraception were abortifacients, and thus abortion coverage was included in the HHS ruling. From a medical standpoint, however, this is factually incorrect. Plan B and Ella, FDA-approved forms of emergency contraception, prevent fertilization by inhibiting ovulation. Originally, the drugs were also thought to potentially induce changes to the uterine lining that impeded implantation. In neither instance do the drugs interrupt an established pregnancy, and therefore do not meet the definition of an abortifacient. As such, claims that the mandate required coverage of abortifacients were untrue and considered misinformation. Even under a non-medical, more conservative definition of pregnancy as beginning at fertilization, emergency contraception does not qualify as “abortion-inducing.” Studies have demonstrated that Plan B and Ella do not have as strong of an effect on the endometrium as once thought and cannot prevent pregnancy if a woman has already ovulated—

¹³³ U.S. Department of Health and Human Services. *A Statement by U.S. Department of Health and Human Services Secretary Kathleen Sebelius*. 20 January 2012. Web

¹³⁴ *FOX News All-Stars*. FOX News, 15 February 2012. *LexisNexis Academic*. Web.

¹³⁵ *The O'Reilly Factor*. FOX News, 10 February 2012. *LexisNexis Academic*. Web.

¹³⁶ American Medical Association House of Delegates. “Resolution 443: Subject: FDA Rejection of Over-The-Counter Status for Emergency Contraception Pills,” 12 June 2004.

meaning the drugs do not inhibit implantation.¹³⁷ The International Federation of Gynecology and Obstetrics supported these findings in March of 2012. Unsupported by any evidence backing claims that emergency contraception interrupts pregnancy, either following implantation or fertilization, statements that the HHS mandate included coverage for abortifacients or abortion-inducing drugs accounted for the rise in contraception-related misinformation during February. This misinformation about contraception would continue throughout the remainder of the election year, though it peaked in March due to coverage of inflammatory comments made by Rush Limbaugh on the matter.

In late February, Georgetown Law School student Sandra Fluke testified in front of a congressional panel in support of the HHS mandate by recounting stories of the financial, emotional, and medical burden caused by a lack of contraception coverage. Outraged by the policy and her testimony, radio talk show host Rush Limbaugh said:

What does it say about the college co-ed Susan Fluke who goes before a congressional committee and essentially says that she must be paid to have sex? What does that make her? It makes her a slut, right? It makes her a prostitute. She wants to be paid to have sex. She's having so much sex she can't afford the contraception. She wants you and me and the taxpayers to pay her to have sex.¹³⁸

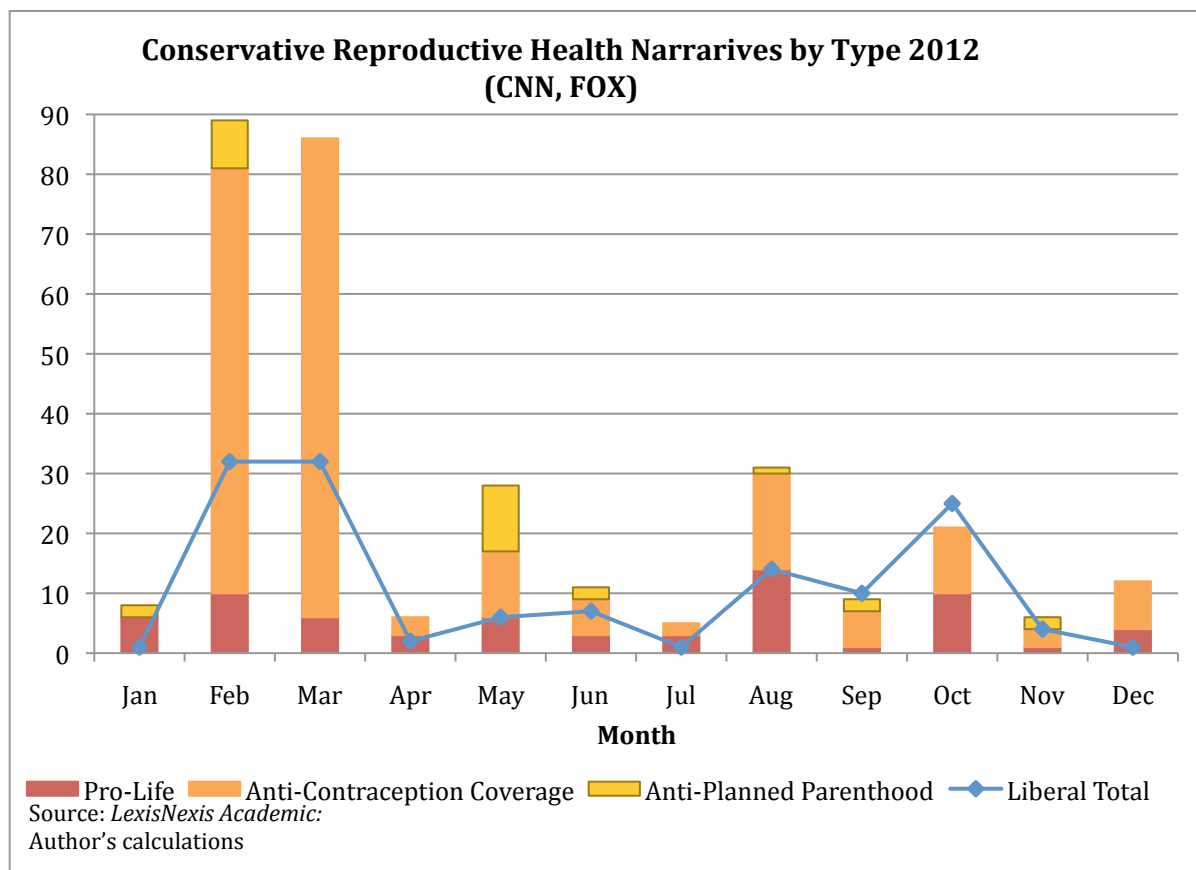
According to my definition, I judge dismissals of arguments through personal attacks to be misinformation as they draw attention away from the issue at hand, and instead highlight irrelevancies. In addition, Limbaugh incorrectly categorized Fluke's testimony. While she discussed the high cost of contraception, Fluke limited her statements to stories of women's difficulties in acquiring contraception to treat reproductive health issues like endometriosis and ovarian cysts; her only mention of sex was in recounting how a rape victim did not seek treatment because she assumed it would not be treated under Georgetown's insurance.¹³⁹ Though coverage of Limbaugh's reaction accounted for nearly two-thirds of the contraception misinformation in March, anti-contraception coverage advocates continued to make false claims regarding the HHS mandate and emergency contraception.

¹³⁷ Noe G., Croxatto H.B., Salvatierra A.M., Reyes V., Villarroel C., Munoz C., Morales G., Retamales A. *Contraceptive Efficacy of Emergency Contraception with Veonorgestrel Given Before or After Ovulation* (2010) *Contraception*, 81 (5), pp.414-420.

¹³⁸ Erin Burnett *Outfront*. CNN, 2 March 2012. *LexisNexis Academic*. Web.

¹³⁹ U.S. Congress. House Democratic Steering and Policy Committee. (Date: 2/23/12).

Figure 16



These trends in misinformation were mirrored in those of reproductive health narratives in February and March. In response to the HHS mandate and the testimony of Sandra Fluke, arguments opposed to contraception coverage drastically increased in frequency (Figure 16). Two new anti-contraception coverage narratives were also popularized, once again largely due to the efforts of television program hosts. While the “religious freedom” argument continued to dominate conservative discussion of the issue, in February the “available and inexpensive” narrative emerged. On February 10th, President Obama announced a decision to shift the cost of the HHS mandated birth control coverage from religiously affiliated groups to their insurance providers themselves. Presidential hopeful Rick Santorum was soon asked questions regarding the change in policy. Fresh from his primary victories in Colorado, Minnesota, and Missouri on February 7th, the former senator avoided discussing the issue in terms of religion, perhaps in an attempt to broaden his mainstream appeal and maintain his newly discovered momentum. Instead, Santorum insisted that birth control was not a “particularly expensive item” and criticized the President for “trying to force people to buy things that shouldn’t even

be insured in the first place because insurance is for things that can harm you financially if something bad happens to you.”¹⁴⁰ The argument claims contraception coverage is unnecessary because birth control is both inexpensive and widely available. In response to Sandra Fluke’s testimony, this narrative became increasingly popular in March, with FOX News hosts accounting for 70% of its articulation. Typically in conjunction with criticisms of Sandra Fluke’s “sense of entitlement,” Bill O’Reilly alone accounted for 40% of the “available and inexpensive” argument for the month.¹⁴¹ Though less popular, a second anti-contraception narrative was also formed in reaction to Fluke’s testimony, particularly her claim that it can cost a woman upwards of \$3,000 a year to pay for contraception. Also largely perpetuated by program hosts, this “lifestyle” argument was based on the belief contraception was not a health issue, but one of promiscuity. Proponents insisted insurance should not be required to subsidize actions in which one chooses to engage, and wondered “how much sex do you have to have for \$3,000 a year.”¹⁴²

Despite their efforts, contraception coverage advocates were unable to compete with the sheer number of conservative narratives (Figure 17, next page). Though February saw the creation of the “lessens the burden” argument, in which liberals articulated the financial benefits of contraception and how “it saves so much over the long term,”¹⁴³ efforts were largely spent diffusing claims of religious intolerance. Rather than espouse the importance of contraception access, HHS Secretary Sebelius discussed how “we will offer a variety of strategies to make sure that religious liberties are respected,” so as to temper calls to stand up “for people’s protection under the law and under the constitution to practice their faith as they like.”¹⁴⁴ Advocates of the mandate spent more time explaining how it was not a violation of the constitution or “a very fundamental moral violation of church doctrine” than articulating the rationale behind the ruling.¹⁴⁵ False claims that emergency contraception amounted to abortion had to be corrected, while attempts to shift the conversation to issues of sexuality or

¹⁴⁰ *FOX On the Record*. FOX News, 10 February 2012. *LexisNexis Academic*. Web.

¹⁴¹ *The O’Reilly Factor*. FOX News, 5 March 2012. *LexisNexis Academic*. Web.

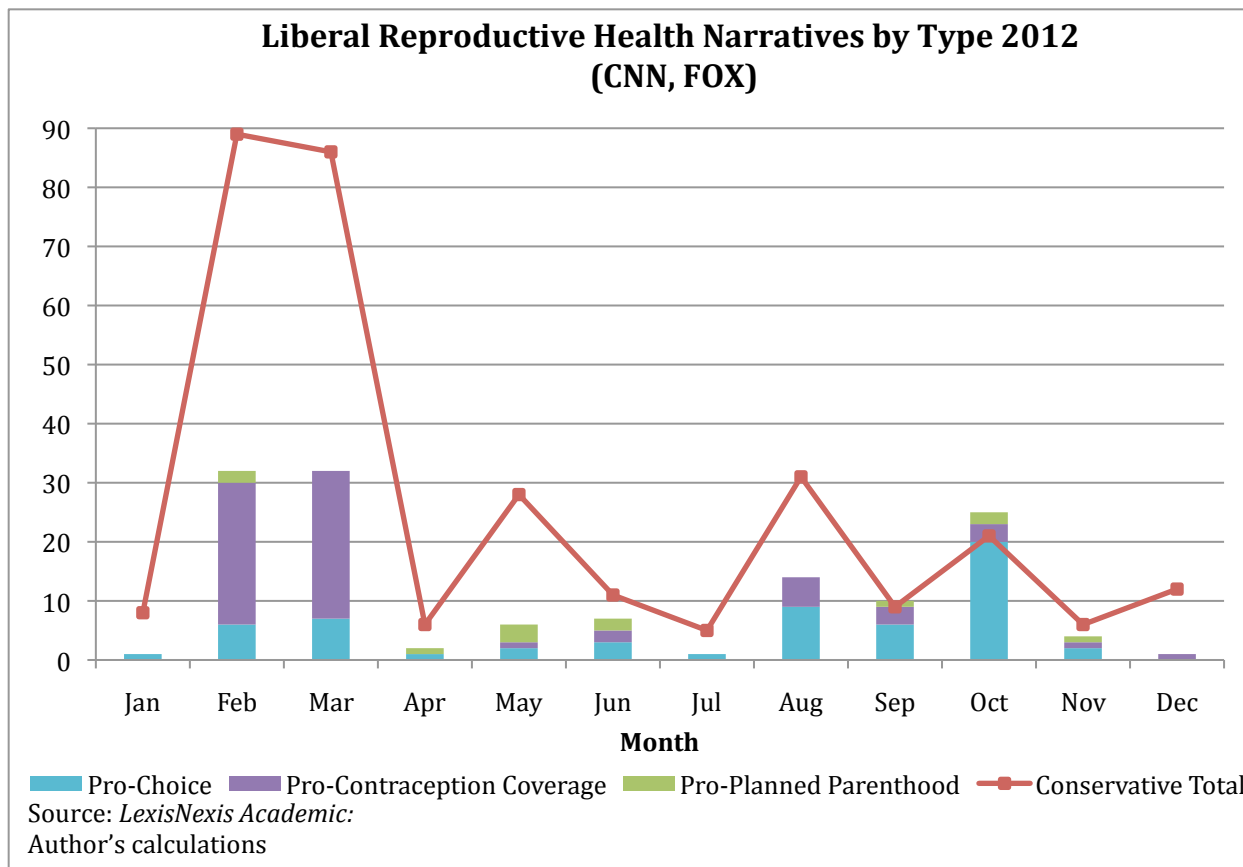
¹⁴² *Hannity*. FOX News, 1 March 2012. *LexisNexis Academic*. Web.

¹⁴³ *Anderson Cooper 360 Degrees*. CNN, 10 February 2012. *LexisNexis Academic*. Web.

¹⁴⁴ *FOX Special Report*. FOX News, 1 March 2012. *LexisNexis Academic*. Web.

¹⁴⁵ *Hannity*. FOX News, 14 February 2012. *LexisNexis Academic*. Web.

Figure 17



reproductive health were dismissed as off-topic.¹⁴⁶ Yet again, conservative framing of the issue coupled with the perpetuation of misinformation forced liberals into a defensive stance from which they were unable to articulate their arguments.

April offered a brief respite from criticism of contraception coverage, as discussion of the issue abated following Rush Limbaugh’s inflammatory comments. With their stance painted as part of a larger “war on women” by liberals, conservatives shifted focus elsewhere rather than be forced to address the disparaging remarks. In May, however, in a shrewd political move, House Republicans introduced the Prenatal Nondiscrimination Act (PRENDA).¹⁴⁷ Though evidence of sex-selective abortion in the U.S. is sparse, the bill sought to criminalize undergoing the procedure on the basis of gender. Its introduction coincided with undercover “stings” by pro-life groups on Planned Parenthood purporting to demonstrate their willingness to support gender selection. Coverage of these stings lead to the return of

¹⁴⁶ *The O’Reilly Factor*. FOX News, 8 February 2012. *LexisNexis Academic*. Web.

¹⁴⁷ Prenatal Nondiscrimination Act of 2012, H.R. 3541, 112th Cong., 1st Sess. (2012)

misinformation regarding Planned Parenthood as this supposed “horrific disregard for human life” was tied to false claims that taxpayer money supported these efforts and the organization’s attacks against African Americans.¹⁴⁸ Misinformation about the contraception coverage in the HHS mandate likewise rebounded, as Republicans claimed the administration’s support of abortion-inducing drugs and opposition to PRENDA demonstrated a “war on unborn women in this world.”¹⁴⁹ This reappropriation of liberal rhetoric evidenced a clear attempt by conservatives to recapture the high ground in the reproductive health debate. The fact that the bill only made it to a floor vote under a fast track procedure that required a two-thirds vote for passage and thus guaranteed its failure further demonstrated Republican efforts to force Democrats into a defense of an unpopular position—similar to past efforts with the Partial Birth Abortion Act. Ultimately, a looming decision by the Supreme Court on the constitutionality of the Affordable Care Act that came in June dominated political discussion of healthcare for much of the summer. This proved short-lived though as controversial statements by Representative Todd Akin made in August returned focus to contraception and abortion.

During an interview in which he defended his pro-life stance regardless of rape or incest, Congressman Todd Akin said:

It seems to me, first of all, from what I understand from doctors, that's really rare. If it's a legitimate rape, the female body has ways to try to shut that whole thing down. But let's assume that maybe that didn't work or something. You know, I think there should be punishment but the punishment ought to be on the rapist and not attacking the child.¹⁵⁰

In actuality, no such biological function exists, with some studies suggesting a rape-related pregnancy rate of up to five percent.¹⁵¹ Though evidence varies, this figure is higher or otherwise comparable to rates of pregnancy from single acts of unprotected sex.¹⁵² In addition to being false, Akin’s comments also represented a “pro-life other” narrative popularized

¹⁴⁸ *The O'Reilly Factor*. FOX News, 29 May 2012. *LexisNexis Academic*. Web.

¹⁴⁹ *CNN Newsrom*. CNN, 2 June 2012. *LexisNexis Academic*. Web.

¹⁵⁰ *Piers Morgan Tonight*. CNN, 20 August 2012. *LexisNexis Academic*. Web.

¹⁵¹ Holmes, M., H. Resnick, D. Kilpatrick, and C. Best. “Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women.” *American Journal of Obstetrics and Gynecology* 175.2 (1996): 320-25. Print.

¹⁵² Wilcox, AJ, DB Dunson, CR Weinberg, J. Trussell, and DD Baird. "Likelihood of Conception with a Single Act of Intercourse: Providing Benchmark Rates for Assessment of Post-coital Contraceptives." *Contraception* 63.4 (2001): 211-15. Web.

briefly in 2012. This variation of the traditional narrative still framed abortion as an affront to the unborn, but condemned support for exemptions by questioning the need of abortions in occurrences of rape or risk to the woman's life. Condemnations like these typically coincided with the articulation of misinformation. This was the case with Illinois Republican Joe Walsh during an October debate in which he denied the need for the exception, agreeing that modern technology has made it so "it's never medically necessary to do an abortion to save the life of the mother."¹⁵³ Immediately rebuked by the American College of Obstetricians and Gynecologists, Walsh's statements and Akin's earlier claims accounted for the rise in abortion misinformation in August and October (Figure 15, page 52).

Coverage of these comments allowed liberals to briefly control the terms of the reproductive health debate, with pro-choice advocates decrying the "war on women in terms of politicians in Washington and the state legislatures trying to eliminate any rights we have fought to win."¹⁵⁴ Rather than be associated with a stance perceived as extreme, conservatives almost entirely avoided the abortion topic in September. For the first time in 2012, the number of liberal narratives exceeded conservative ones as a result. This was the exception, however, as conservative arguments vastly outstripped those of their opponents throughout the year, particularly in months of high misinformation. While October saw increased levels of misinformation in conjunction with the supremacy of liberal narratives, this anomaly was partly a result of the rare articulation of liberal misinformation. During the Vice Presidential Debate, Vice President Biden claimed that no religious institutions, including "Georgetown Hospital, Mercy Hospital, any hospital...none has to pay for contraception, none has to be a vehicle to get contraception in any insurance policy they provide."¹⁵⁵ Though religious institutions were exempt from the HHS mandate, private employers such as hospitals were required to provide contraception coverage in their employee healthcare plans. The burden of cost fell onto insurance companies and not the organizations, but religiously affiliated institutions became "vehicles to get contraception" under the mandate. Biden's remarks lead to an increase in misinformation in October. This atypical liberal inflation of false statements regarding

¹⁵³ *The Situation Room*. CNN, 19 October 2012. *LexisNexis Academic*. Web.

¹⁵⁴ *Dr. Drew*. CNN, 20 September 2012. *LexisNexis Academic*. Web.

¹⁵⁵ *Vice Presidential Debate*. CNN, 11 October 2012. *LexisNexis Academic*. Web.

reproductive health was not the only reason liberal narratives eclipsed their counterarguments despite the high level of misinformation for the month.

Unlike previous conservative misinformation, which largely focused on false interpretations of policy, the statements by Akin and Walsh were more plainly refuted. As a result, liberals were able to turn the misinformation into criticism of the Republican policy on abortion. In October, the Obama campaign began running a commercial airing a clip of Romney expressing his delight over the possibility of a federal ban on all abortions. The ad ignored the rest of the quote, in which Romney calls such a possibility unlikely, but it successfully shifted the conversation to discussion of the Republican candidate's changing views on the matter and his supposedly extreme stance. In response, conservatives were forced to defend Romney's record, saying how "he is not against contraception" and citing his activism in the pro-life movement "since the day he converted when he was governor."¹⁵⁶ With debate focused on claims of inconsistency, conservative pundits and politicians were unable to articulate narratives of their own. Meanwhile, pro-choice advocates successfully segued from accusations of the "many different answers from him" given on reproductive health policy to Romney's desire to "repeal Roe versus Wade, which has been a constitutional right of women in America for nearly 40 years."¹⁵⁷ This represented an instance in which liberal framing of the issue led to narrative domination. As I have demonstrated in this chapter, however, conservatives were much more successful in setting the terms of the reproductive health debate, and, by December, once again regained control. With discussion turned towards what an Obama reelection meant for the New Year, conservatives returned to false claims against "mandated health insurance coverage of both birth control and abortion-inducing drugs."¹⁵⁸ As a result, liberals were forced to counter the insistence that emergency contraception was an "abortion pill" and respond to accusations that their stance opposed the religious right of a company "to follow its deeply held religious conviction and conscience," often at the expense of their own argument.¹⁵⁹ I now turn to an examination of the possible opinion and legislative outcomes of this conservative dominance of the reproductive health discussion through analysis of larger trends.

¹⁵⁶ *Anderson Cooper 360 Degrees*. CNN, 18 October 2012. *LexisNexis Academic*. Web.

¹⁵⁷ *Piers Morgan Tonight*. CNN, 17 October 2012. *LexisNexis Academic*. Web.

¹⁵⁸ *The O'Reilly Factor*. FOX News, 12 December 2012. *LexisNexis Academic*. Web.

¹⁵⁹ *Hannity*. FOX News, 28 December 2012. *LexisNexis Academic*. Web.

V. Legislative Consequences and Public Opinion

My analysis thus far has largely focused on the ways in which conservative reproductive health narratives have successfully framed the debate in their favor. Through both the creation of new arguments and employment of misinformation, conservatives have continually forced liberals into a reactionary position. Also of note is the dominance of conservative narratives in frequency alone (Figure 18, next page). Liberal arguments outnumbered their counterparts in only one of the nine years I analyzed. As previously discussed, this was the product of a Democratic primary season that saw the frontrunner forced to respond to challenges of his pro-choice credentials in combination with an advantageous Supreme Court decision that validated the liberal response to so-called “partial-birth abortion.” This confluence of events favorable to the pro-choice position was reflected in state legislative action on the issue.

After House Republicans brought national attention to the intact D&X procedure in 1996, states began enacting laws banning the abortion (Figure 19, next page). These bans peaked in 1997—perhaps representing a delay in state response to national efforts—but almost entirely disappeared following the *Stenberg v. Carhart* decision. From June of 2000 to 2004, only one “partial-birth abortion” ban was enacted and, in deference to *Carhart*, it explicitly provided an exception “where it is necessary, in appropriate medical judgment, for the preservation of life or health of the mother.”¹⁶⁰ Abortion restrictions in general began to decrease following the Court’s ruling, reaching a new low in 2002. While this trend may have simply been a product of the shift in jurisprudence against abortion bans, the larger discussion of reproductive health issues likely had an impact as well. When the Court reversed its stance in 2007 with *Gonzales v. Carhart*, signaling restrictions on abortions would face less legal scrutiny, fewer laws restricting access were enacted in 2008 than in prior years. If Supreme Court decisions alone influenced legislative action, the opposite trend would have been expected. A drop in reproductive health discussion in 1998, followed by liberal dominance of the debate in 2000, may have influenced the decrease in restrictions during that period. In 2000, no laws were enacted after pro-choice narratives began continuously outpacing pro-life ones in June, and the ones that were signed into law had been introduced the previous year.

¹⁶⁰ Louisiana. House Assembly. 2001 Regular Session. HB 1909.

Figure 18

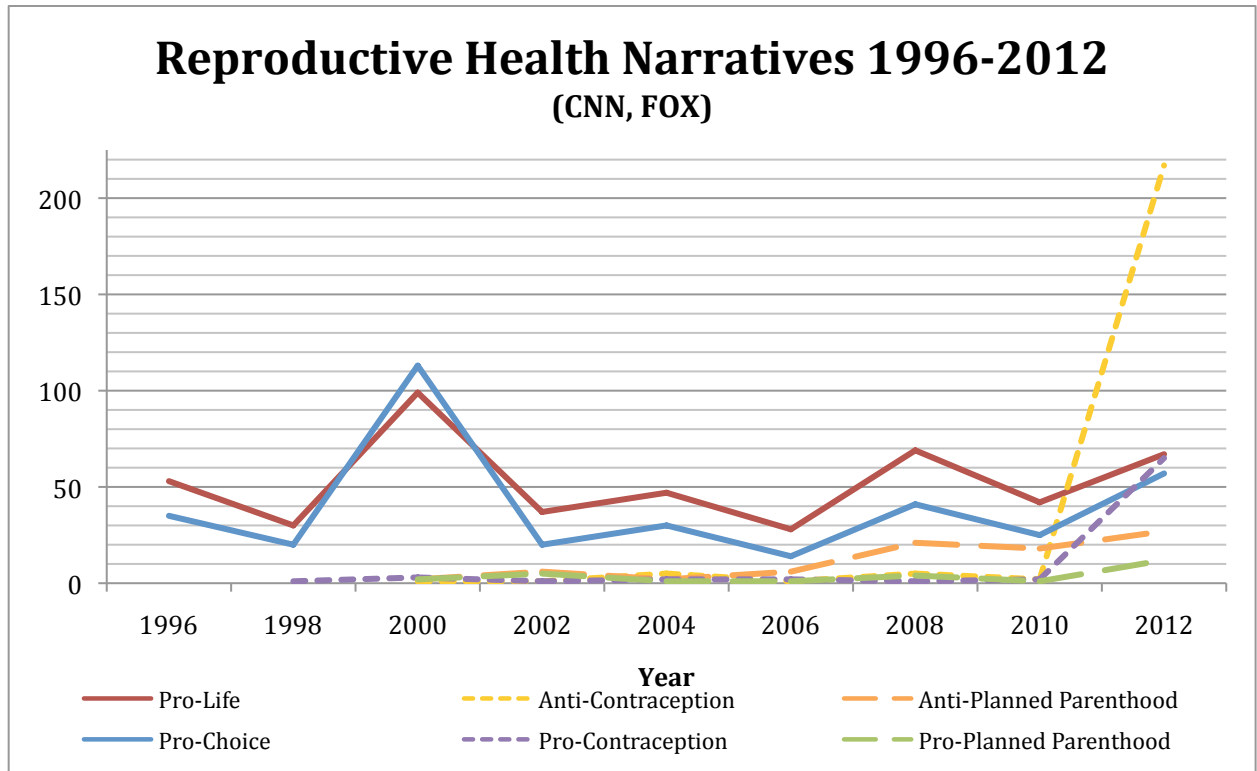
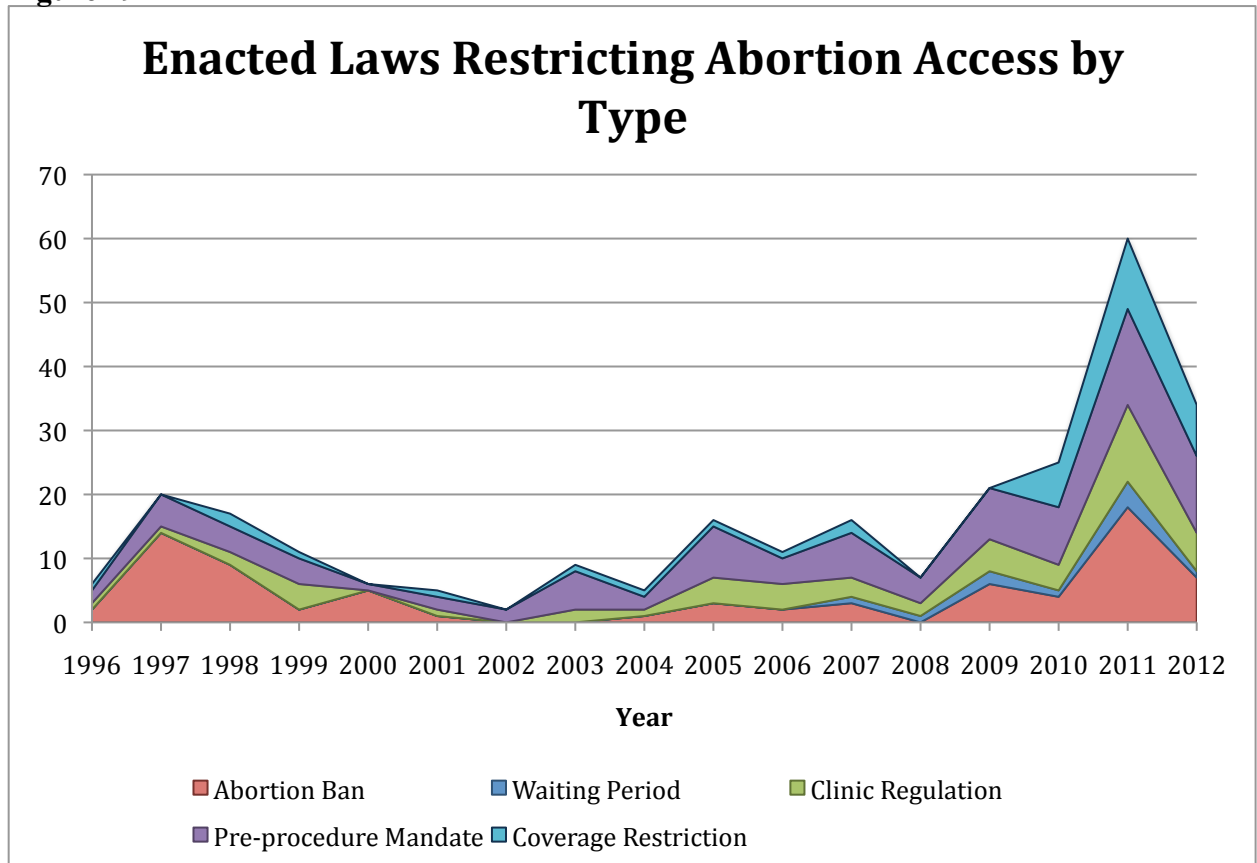


Figure 19



More generally, from 2000-2012, peaks in enacted legislation occurred during non-election years. These bills were typically introduced the previous year, in tandem with periods in which national attention was given to reproductive health issues. Considering legislative inertia, this supports the notion that elite discussion leads to state action, albeit slightly delayed.

An examination of the types of restrictions enacted also supplies a possible impact of reproductive health narratives on legislation. 2003 saw the return of clinic regulations after years of low prominence and a new peak in the number of pre-procedure mandates, reversing a five-year-long pattern of restriction decline in general. The prior year, arguments against Planned Parenthood had been popularized, suggesting clinic regulations were implemented in response. The claims against the organization had focused on their supposed violation of parental rights, an affront many of the pre-procedure mandates attempted to address by requiring doctors to attain parental consent before performing abortions. After a year in which anti-Planned Parenthood arguments reached a new high, a similar rise in these types of restrictions occurred in 2009. Both developments also followed shifts in the makeup of those articulating reproductive health narratives. In 2002, both women and program hosts articulated a larger percentage of conservative arguments than they had previously (Figure 20, next page). Arguably, narratives by both groups would be given increased weight, with women considered more authoritative on issues dealing with women's health and hosts viewed as being less biased than pundits, or at least more factually inclined. Mostly instigated by the ascendance of Sarah Palin to the national stage, women provided a larger percentage of conservative narratives again in 2008. Along with hosts, this trend continued in 2010 and 2012, coinciding with unprecedented growth in legislative action. Both the content and speakers of conservative narratives seem to have affected state-level developments.

A rise in misinformation provides another compelling explanation for this trend in abortion restrictions (Figure 21, next page). In the last chapter, I chronicled the prominence of misinformation in conservative responses to policy developments under President Obama. To a lesser degree, this began in 2008 following Senator Obama securing the Democratic nomination. Misinformation from that year focused on Obama's vote against an Illinois law, the Born-Alive Infants Protection Act. The bill stated that any "live child born as a result of an abortion shall be fully recognized as a human person and accorded immediate protection under the law" and required the attendance of a second doctor for the any abortions in which the fetus

Figure 20

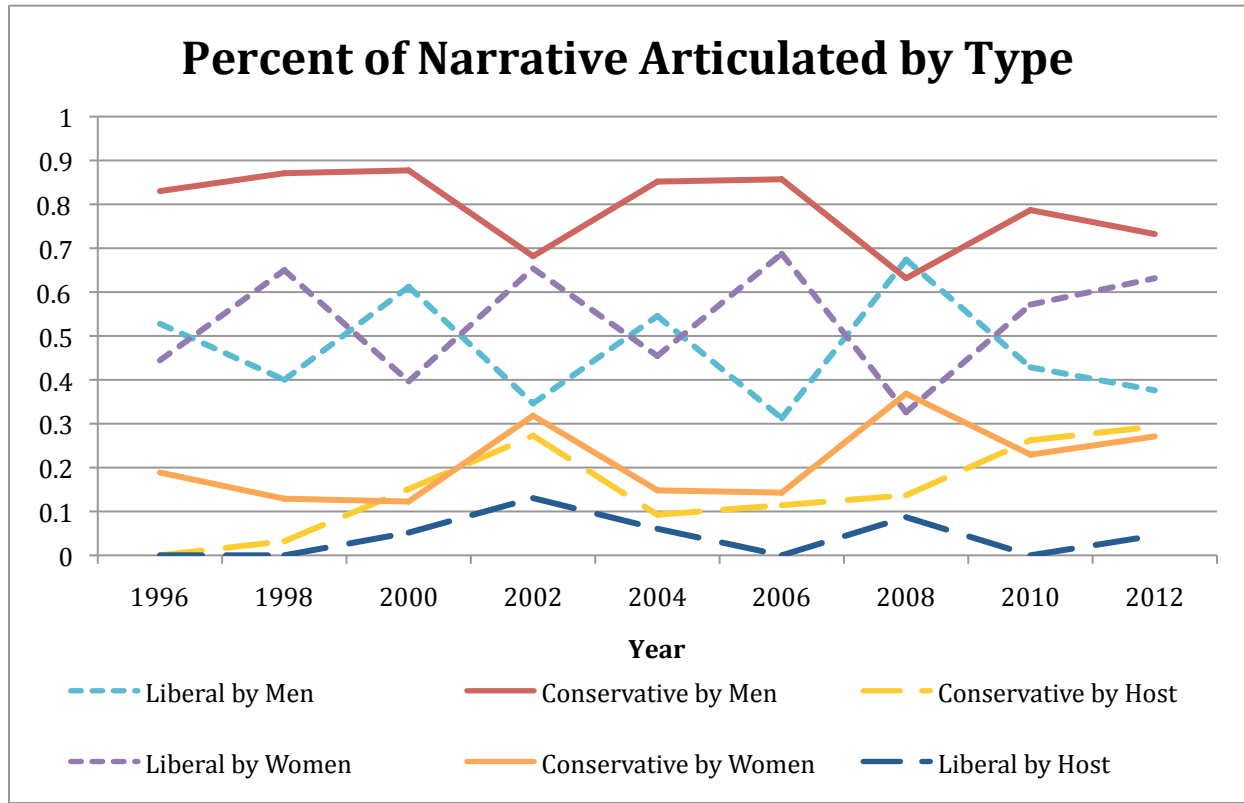
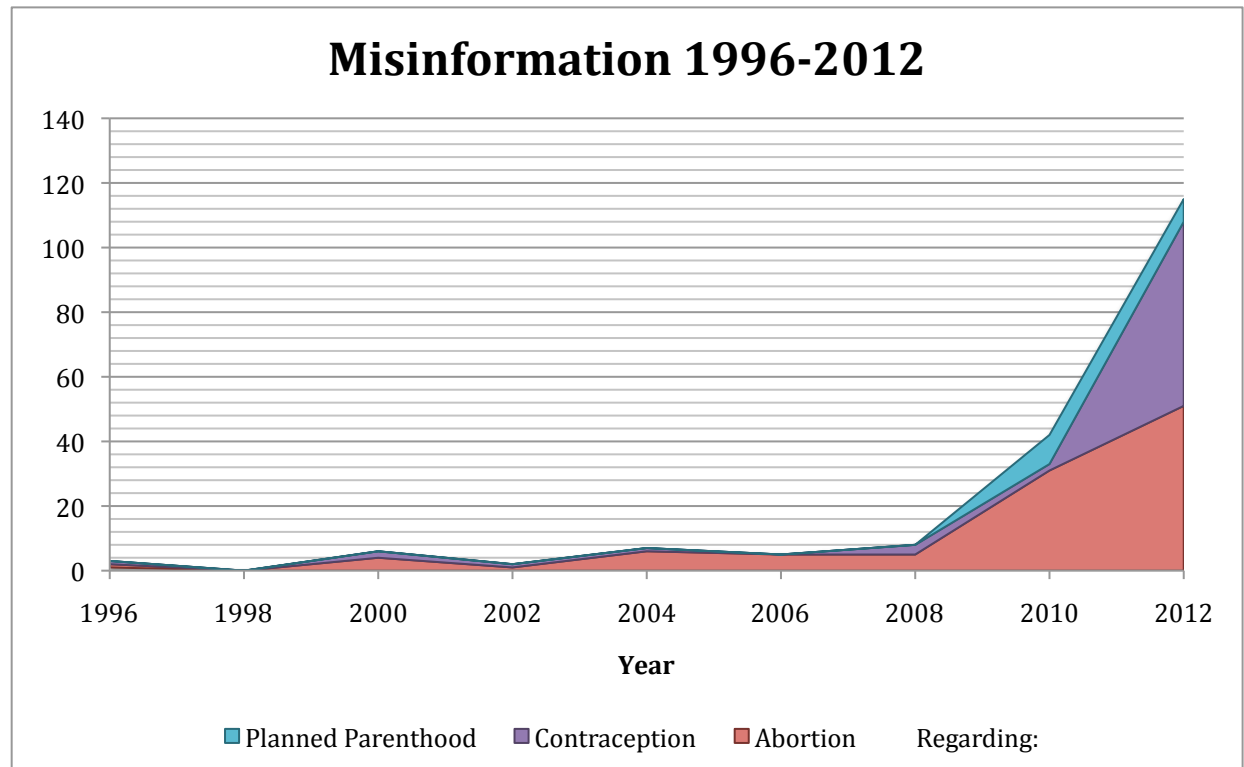


Figure 21



was potentially viable to provide such protection.¹⁶¹ Obama repeatedly stated he voted against the bill because he felt it would have made obtaining an abortion more difficult and “would have helped to undermine *Roe v. Wade*.”¹⁶² In addition, he cited the Illinois law already on the books since 1975 that required “immediate medical care for any child born alive as a result of the abortion.”¹⁶³ Despite this, pundits denied the existence of the statute already protecting a “born-alive” child and insisted Obama voted to legalize infanticide because “he wants the doctors, you know, chasing it through the delivery room to make sure it gets killed.”¹⁶⁴ 2009 saw a notable increase in abortion restrictions from the prior year, many of which required the presence of a second physician for the procedure to care for any children born alive, regardless of state laws in place already mandating care for viable fetuses. This suggests misinformation about Obama’s record coupled with claims he supported post-abortion infanticide resulted in state legislative action intended to redress this perceived wrong.

A rise in coverage restrictions in 2010 similarly follows this pattern. Despite the Affordable Care Act explicitly requiring any healthcare plans in the insurance exchange covering abortion to do so through non-subsidized riders, numerous laws were enacted reaffirming the policy or else banning any supplemental coverage of abortion. 2011 also saw an increase in restrictions and bans on abortion-inducing drugs, including on “off-label use of drugs known to have abortion-inducing properties.”¹⁶⁵ While emergency contraception was not expressly named as “abortion-inducing,” some definitions were vague enough to allow such an interpretation under certain conditions. The renewed prominence of both types of restrictions—in tandem with the perpetuation of unwarranted fears regarding coverage of abortion in the ACA and claims tying emergency contraception to abortifacients—indicates the potentially significant role misinformation played in shaping state reproductive health legislation. The unprecedented rise in both starting in 2008, though certainly not definitive evidence, likewise suggests such a relationship.

¹⁶¹ Illinois. 93rd General Assembly. “Born-Alive Infants Protection Act.” SB 1082 (2003).

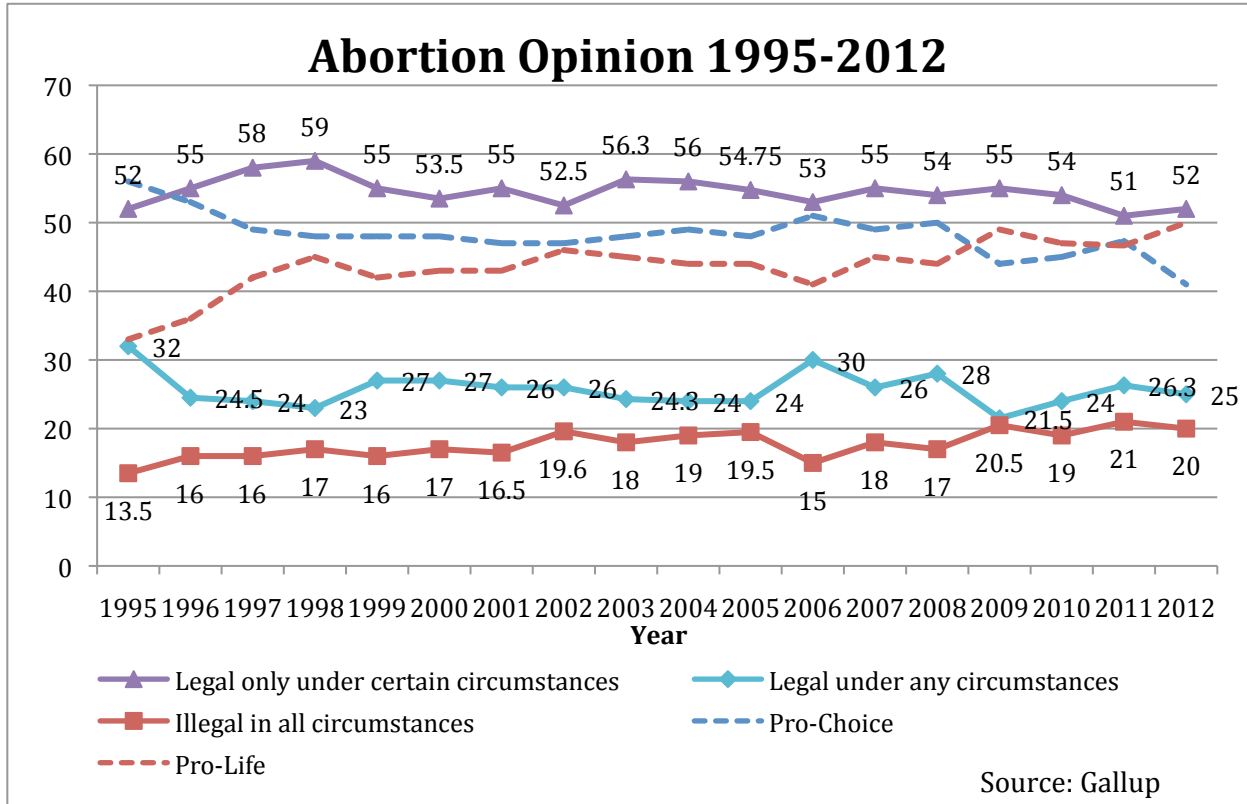
¹⁶² *Presidential Debate*. CNN, 15 October 2008. *LexisNexis Academic*. Web.

¹⁶³ 720 ILCS 510/6 § 38-81 (1975)

¹⁶⁴ *Hannity & Colmes*. FOX News, 18 August 2008. *LexisNexis Academic*. Web.

¹⁶⁵ Oklahoma. 53rd Legislative Session. HB 1970 (2011).

Figure 22



Opinion trends also seem to follow shifts in reproductive health narratives and misinformation. 1995 to 1998 saw the biggest change in pro-choice and pro-life identification, corresponding with a significant drop in people believing abortion should be legal under any circumstances and an increase in those who thought it should be legal only under certain circumstances (Figure 22). The minor growth in the number of those opposed to abortion in all instances during this period suggests changes in identification with ideological labels were led by the former two groups; that is to say, people who once thought abortion should be legal in all instances began to accept legal restrictions and therefore considered themselves more pro-life. This coincided with a rise in discussion of so-called “partial-birth abortion” on the national stage. I have already addressed the ways in which this framing of the debate came at the detriment to liberal narratives, but it appears the same can be said for liberal public opinion on the matter. During this period, conservatives successfully focused discussion of abortion on a procedure many found gruesome and with which they had little prior knowledge. Discovery and disapproval of this particular type of abortion seems likely to have shifted public sentiment towards favoring restrictions. It follows that the stabilization of opinion from 1999 to 2001

could have occurred as a result of decreased national attention to “partial-birth abortion” bans, coupled with validation of the Democratic argument for health exemptions during the presidential election year. While my narrative analysis from that period was limited to 2000, there were no significant national developments concerning reproductive health in 1999 and 2001, implying little need for discussion. Trends from the end of 1998 and 2000 similarly suggest a drop in debate. Further examination of the non-election years would be needed for corroboration, but if conservative dominance of discussion through a focus on “partial-birth abortion” was the cause of increased support for restrictions, a lack of attention to the issue could explain a return towards previous opinion levels.

The next interesting development came in 2002, which saw a rise in both pro-life identification and the percentage of people who thought abortion should be illegal in all instances. The fact that this occurred with a drop in those who thought abortion should be legal in only certain circumstances, but without significant changes to the pro-choice or “legal in all” groups, suggests the conservative stance became more persuasive to those who already favored some restrictions. That year, women and program hosts articulated a larger percentage of conservative reproductive health narratives than ever before (Figure 20, page 64). As I argued earlier when discussing legislation, it seems possible that women and hosts may be assumed to speak with more authority—the former because abortion is primarily a women’s health issue, and the latter because, in a journalistic context, they are awarded more credibility than politicians or pundits. This possibility may explain the opinion shifts seen. When the percentage of conservative arguments made by women and hosts returned to past lows in 2006, and the percentage of women articulating liberal narratives reached a new high, pro-choice opinion rebounded. This suggests public adoption of the liberal stance may also benefit from assumptions regarding gender and authority on issues of reproductive health. However, despite women being responsible for a high percentage of conservative narratives in 2008, pro-life opinion actually dropped that year. In contrast to the dynamic in 2002, hosts did not represent a large portion of conservative narratives, which may account for the lack of pro-life gains. A larger percentage of men also articulated liberal narratives than previously, further complicating potential links in causality.

At the very least, from 2002 to 2008, the presence of opinion shifts in years with atypical divisions of narratives seems to suggest that variations in the types of people

articulating arguments may sway public opinion in different ways. It appears changes in opinion from 1995 to 2001 can more clearly be connected to the “partial-birth abortion” debate dominating much of the reproductive health coverage—at first, conservatives successfully framed discussion in their favor, but a lack of attention to the issue and liberal policy victories reaffirming the pro-choice stance decreased the effectiveness of the pro-life argument. More generally, from 1995 to 2008, trends in pro-choice and pro-life identification paralleled opinions on abortion legality. Beginning in 2009, however, this was no longer the case. While shifts in the “illegal in all” and “legal in all” groups had previously been reflected fairly accurately in pro-life and pro-choice opinion, gaps between the groups were exaggerated or underrepresented. This four-year span seems to defy expectations and does not align with past narrative trends.

Though reproductive health misinformation began to increase at the end of 2008, its presence alone cannot explain this relationship or opinion shifts for this period. If a high presence of misinformation regarding abortion lead to increased pro-life sentiment, then there would not have been a drop in pro-life identification in 2010. Likewise, speaker dynamics do not seem to provide an explanation, as a high percentage of conservative narratives articulated by women and hosts in 2010 did not produce expected results. Rather than undercut my conclusions regarding the effects of reproductive health arguments on opinion for past years, however, this apparent dissociation may provide evidence for a new type of narrative influence. From 2002 to 2006, reproductive health discussion expanded to include issues regarding Planned Parenthood and contraception. Articulation of one of the resulting alternative narratives did not reach a frequency comparable to pro-life and pro-choice ones until 2008 though, and did not surpass the popularity of abortion-related arguments until 2012 (Figure 18, page 62). These alternative narratives were a product of conservative framing of the reproductive health debate that inextricably tied Planned Parenthood and contraception coverage to abortion—the former as being strictly an abortion clinic and the latter as a gateway to abortion-inducing drugs. I believe shifts in pro-life and pro-choice opinion may defy trends regarding thoughts on abortion legality because the definition of the terms is in flux, just as the larger reproductive health debate has been since 2008. With opinions on Planned Parenthood and contraception linked to those on abortion, adoption of a pro-life or pro-choice stance involves conflicting considerations. Thoughts on the Affordable Care Act, the contraception

mandate, taxpayer support of Planned Parenthood, etc. may all have an impact on identification. Without separate measurements of opinion for each issue involved, the causal relationships between reproductive health discussion and shifts in pro-life/pro-choice stance become hard to untangle. Changes in pro-life and pro-choice trends are thus a product of narrative expansion, but defy direct narrative explanation.

VI. Conclusion

Though the relationship between elite arguments and opinion on abortion becomes harder to decipher beginning in 2009, trends in state-level policy appear to follow from narrative ones more clearly. Upon seizing the majority, House Republicans brought attention to “partial-birth abortion” and likely fueled state bans. Restrictions decreased along with national discussion of the issue. A legislative victory for liberals led to a rare year in which they dominated the debate and was followed by the lowest level of state restrictions in the 16-year period. Coinciding with narrative expansion in 2002, the number of clinic regulations and pre-procedure mandates enacted increased. With a rise in anti-Planned Parenthood arguments in 2008 and their continued prominence in 2010 and 2012, both types of restrictions remained prevalent. An increase in misinformation likewise tracks with heightened legislative action. False claims that the Affordable Care Act led to federal funding of abortions through insurance exchanges coincided with a previously unseen attention to coverage restrictions. Abortion bans also returned to popularity in this period, largely through regulation of abortion-inducing drugs that conservative narratives incorrectly tied to emergency contraception.

While general correlations between opinion trends on abortion and narrative changes seem to exist, providing specific causal effects is more difficult. I have offered the possibility that conservative expansion of the reproductive health debate to include issues surrounding contraception and Planned Parenthood have dissociated “pro-life” and “pro-choice” from their original meanings. Further research may benefit from exploration of this potential explanation and a closer analysis of public opinion in general. Contrary to widely accepted notions regarding the liberalization of youth, 18 to 29-year-olds have increasingly believed abortion should be illegal in all circumstances. This has occurred at rates higher than those found in other age groups.¹⁶⁶ One possible explanation is that this demographic is more susceptible to misinformation articulated about reproductive health. An online survey I fielded through YouGov regarding belief in scientific misinformation found differences among age groups.¹⁶⁷ Younger demographics believed the false claim that abortion leads to an increased risk of breast cancer at higher percentages than their elders, though more analysis would be needed before any conclusions could be drawn.

¹⁶⁶ Appendix 6

¹⁶⁷ Appendix 7

Regardless, it seems clear from my larger analysis that conservative reproductive health narratives articulated in broadcast news since 1996 have been more influential than liberal ones in shaping the public debate and state-level policy. In the Clinton era, Republican adherence to the traditional pro-life stance coupled with a focus on “partial-birth abortion” forced Democrats into a reactionary position. Though liberals recaptured some ground on the abortion issue in 2000, pro-choice arguments have not surpassed pro-life narratives in frequency since then and—more often than not—have alternated between types in response to conservative attacks. On contraception coverage and Planned Parenthood, conservative arguments have dominated the discussion. Assailed from multiple angles on everything from their violation of religious freedom to their supposed complacency in allowing sexual abuse, liberals have spent more time denying accusations than articulating narratives of their own. The rise of misinformation in later years only compounded this dynamic, as conservatives incorporated false claims into their narratives so as to denounce liberal policy or justify their own stance. Be it through capitalization on changes to political climates, expansion of narratives, or articulation of misinformation, conservative framing of the discussion has generally determined the liberal response, or lack thereof, since 1996. As long as conservatives continue to govern shifts in the reproductive health debate, liberals can expect new developments to be at their expense.

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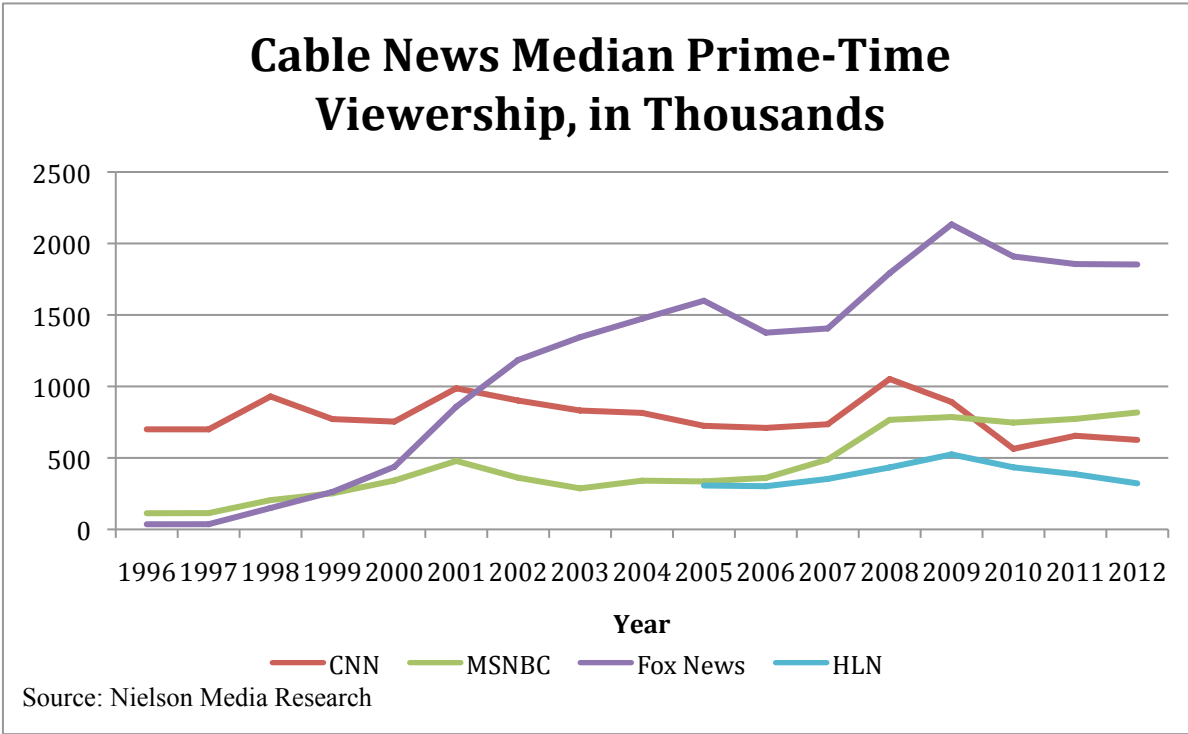
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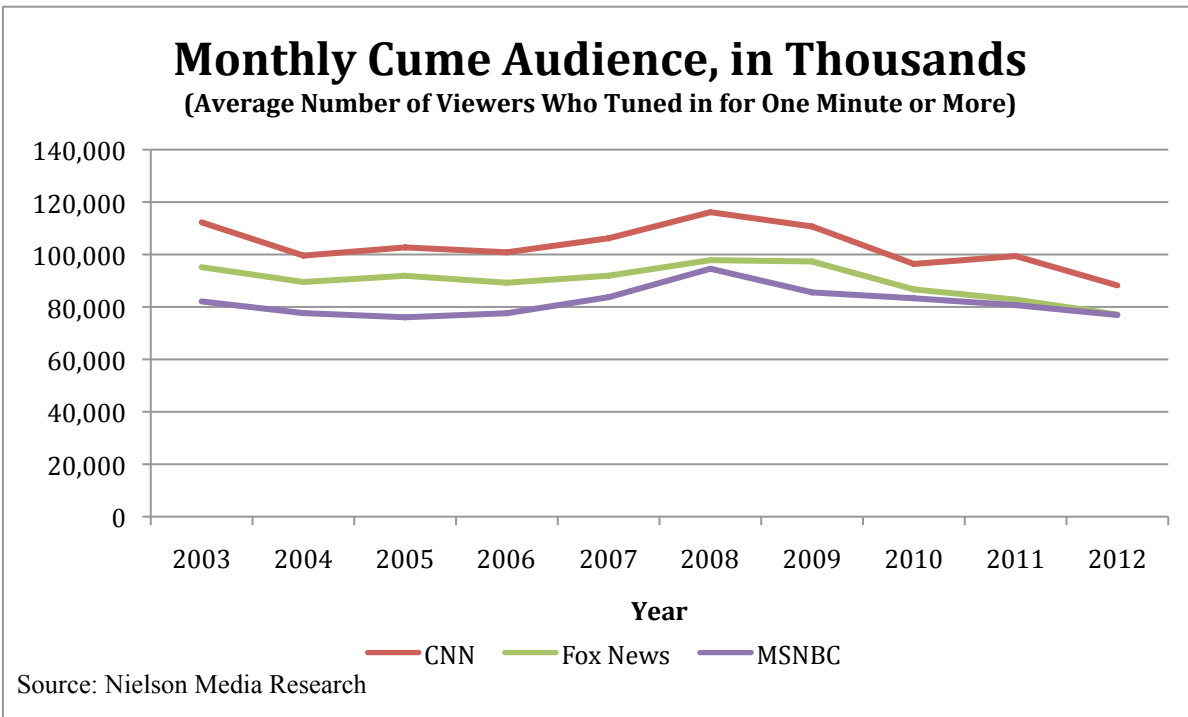
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Appendix

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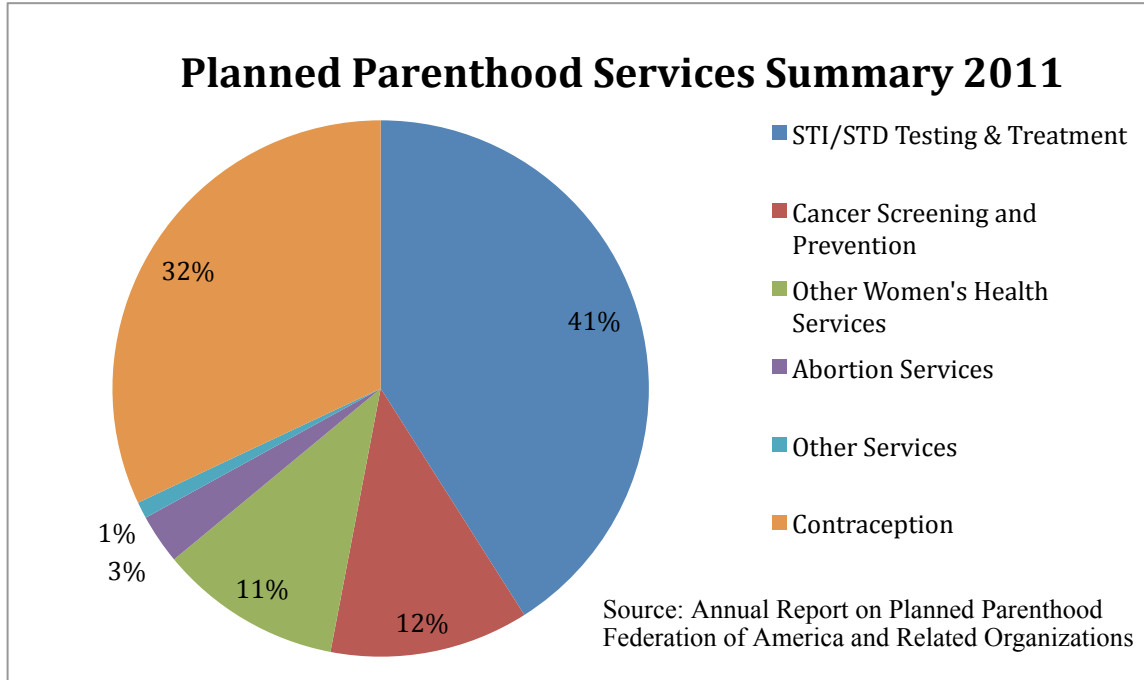


3

Search Words Use:

“Abortion,” “reproduction,” “reproductive,” “Planned Parenthood,” “birth control,” “HPV,” “rape,” “contraception,” “pro-life,” “pro-choice,” “breast cancer”

4

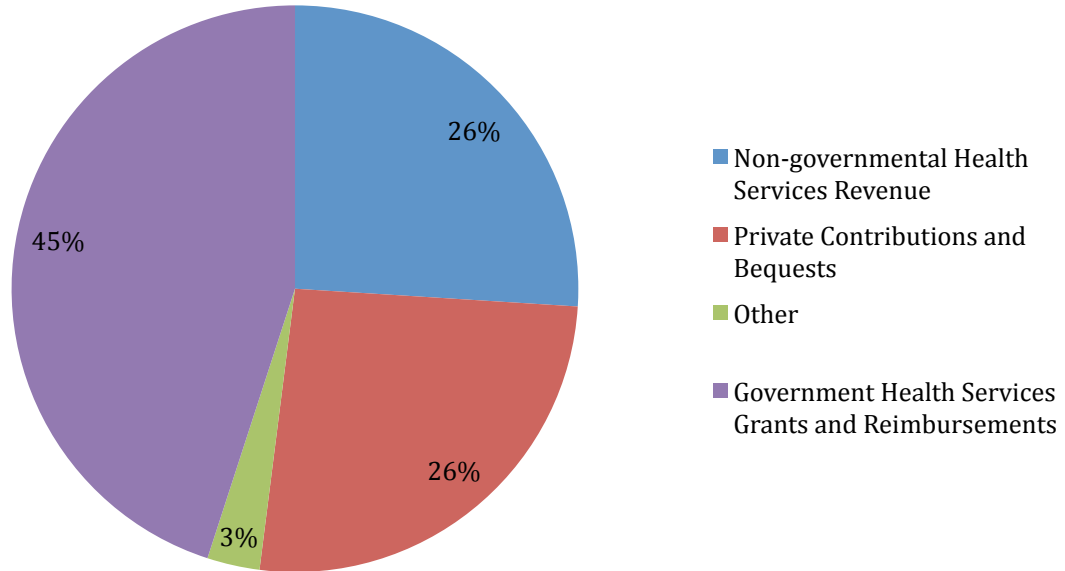


5

Revenue	Total (Millions)
Non-government Health Services Revenue	311.5
Government Health Services Grants and Reimbursements	524.4
Private Contributions and Bequests	307.5
Support From Affiliates	1.3
Other Operating Revenue	36.4
Total Revenue	1,199.1

Source: Annual Report on Planned Parenthood Federation of America and Related Organizations

Combined Revenue: National and Affiliates

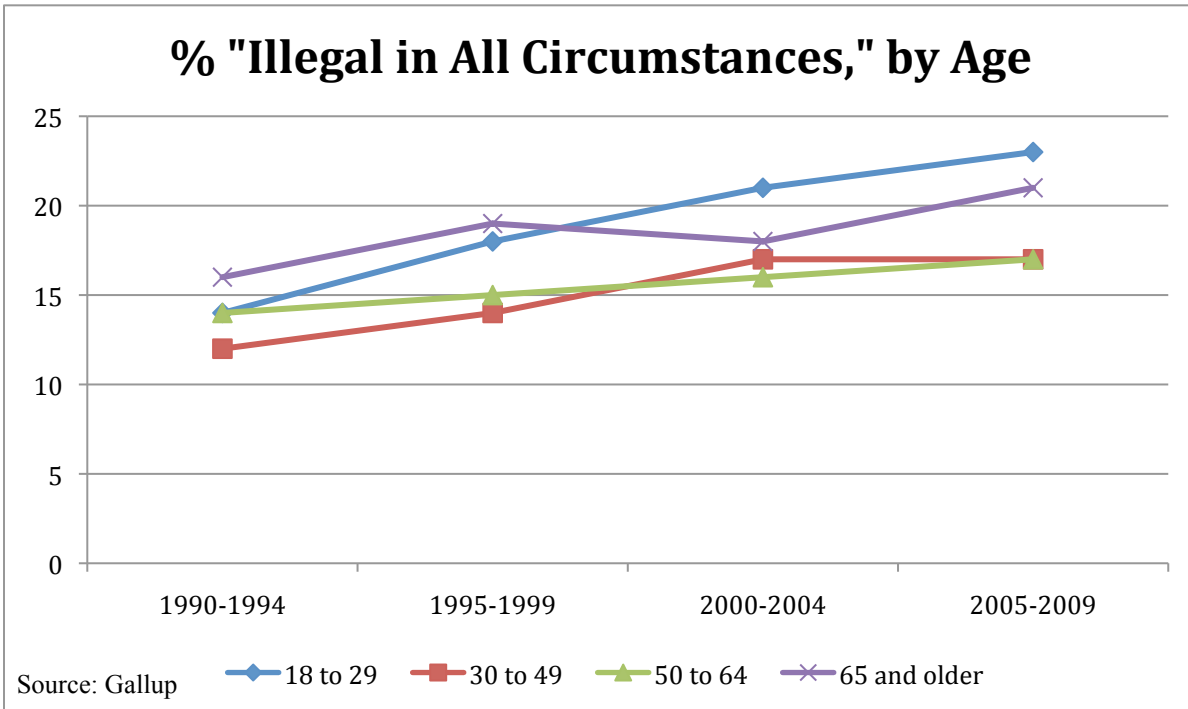


Source: Annual Report on Planned Parenthood Federation of America and Related Organizations

Source for abortion cost calculation:

Schmidt, David. "DATA: 36.7% of Planned Parenthood's 2008 "Health Center Income" is from Abortions." Live Action blog. 14 May 2010. Web.

6



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