

THINLY VEILED AGENDAS: EXAMINING HOW THE  
COVID-19 PANDEMIC SET THE STAGE FOR  
CONSERVATIVE LEGISLATORS TO BAN ABORTION

by

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The COVID-19 pandemic has created a significant threat to abortion rights in the United States. Crises that uproot and disorient people are often the ideal circumstances for drastic political change. The shock of a national emergency often creates the ideal circumstances for legislators to enact their agendas, whether or not those agendas are actually beneficial to their constituents in wake of those emergencies. Many conservative leaning states have enacted restrictions or bans of abortions during the COVID pandemic. This thesis asks whether or not conservative legislators have utilized the Coronavirus pandemic to push their pro-life agenda forward. By examining the justifications behind the abortion restrictions and bans during COVID, and by looking at historic instances of legislators utilizing crises to enact unpopular or unconstitutional legislation, I will demonstrate how the many conservative legislators have seized upon the pandemic as an opportunity to restrict abortion.

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## Introduction

There are few political issues more controversial in the United States than abortion. The Supreme Court of the United States declared “This right of privacy [...] is broad enough to encompass a woman's decision whether or not to terminate her pregnancy,” in their 1973 *Roe v. Wade* decision.<sup>1</sup> Despite SCOTUS determining abortion to be a constitutional right, access to abortion is not guaranteed, and many conservative-leaning states have consistently fought to make abortion as difficult to access as possible. In many states, abortion has been severely restricted to the point where it is practically outlawed; especially for low income people. During the Coronavirus pandemic, abortion access has been further limited by many state legislatures. Time Magazine described the pandemic as “the biggest threat to legal abortion in America ever imagined” because of the huge amount of anti-abortion legislation introduced during the pandemic.<sup>2</sup> Multiple conservative states have attempted to enact bans on surgical abortions, medical abortions, or both during the pandemic; labelling abortions as nonessential procedures, and therefore need to stop in order to help the states combat the virus. However, liberal states have not introduced similar anti-abortion legislation to protect their residents, which casts doubt on the reasons conservative states have given for their abortion bans. Non-conservative states have protected abortion access and ensured that abortions are considered essential

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<sup>1</sup> *Roe v. Wade*, 410 U.S. 113 (1973).

<sup>2</sup> Marty, R., & America, H. (2020, March 24). How anti-abortion activists are taking advantage of THE CORONAVIRUS CRISIS. Retrieved March 27, 2021, from <https://time.com/5808471/coronavirus-abortion-access/>

services that can be allowed to continue during the COVID-19 pandemic. The American College of Obstetricians and Gynecologists explains,

“To the extent that hospital systems or ambulatory surgical facilities are categorizing procedures that can be delayed during the COVID-19 pandemic, abortion should not be categorized as such a procedure. Abortion is an essential component of comprehensive health care. It is also a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks or potentially make it completely inaccessible. The consequences of being unable to obtain an abortion profoundly impact a person’s life, health, and well-being.”<sup>3</sup>

The legislatures that have enacted abortion bans during the Coronavirus pandemic have done so based on claims that they need to conserve medical personal protective equipment (such as masks, gloves, etc.), as well as hospital beds for those suffering from COVID-19. These claims overlook the fact that abortion can be performed extremely safely by medication up to ten weeks into a pregnancy, and that surgical abortion is also a very safe procedure. It is extremely unlikely that patients seeking abortions would take up a significant amount of medical resources. Abortions are also far safer than childbirth, so banning abortion endangers the pregnant person. This is especially true since a lack of safe abortions can drive women to seek non-professional, illegal, and extremely dangerous abortions out of desperation. The dangers of illegal abortions disproportionately affect low-income people and people of color, since wealthy people have the means to travel to get an abortion and can seek higher-quality medical care. Not only is banning abortion dangerous to people’s physical health, but it can also negatively impact their mental health as well by forcing them to

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<sup>3</sup> Joint statement on abortion access during the covid-19 outbreak. (n.d.). Retrieved March 27, 2021, from <https://www.acog.org/news/news-releases/2020/03/joint-statement-on-abortion-access-during-the-covid-19-outbreak>

carry a child to term that they might not be emotionally or financially equipped to handle. There is plenty of evidence that demonstrates the benefits of people being able to access safe, professional abortion. Because of this, legislators claiming they are banning abortion due to health concerns during the pandemic seems dubious; especially given that “All of the states that have tried to deem abortion a non-essential service have existing gestational age limits on abortion that are more restrictive than the SCOTUS limit of viability, and most have mandatory waiting periods ranging from 24 to 72 hours and other restrictions which create additional challenges for accessing abortion services in a timely manner.”<sup>4</sup> These states have all previously demonstrated desires to ban abortion, which indicates they are latching on to the pandemic to further their political agendas.

If the states that enacted abortion bans during Coronavirus had already enacted legislation that restricted abortion access before COVID, why did they not enact those bans before? It is essential to examine why the Coronavirus pandemic has been accompanied by so many instances of anti-abortion legislation in order to understand the current rising threat to abortion access. In this thesis, I ask whether the Coronavirus has created the circumstances necessary for conservative state legislators to enact the stricter anti-abortion laws they clearly wanted to pass long before the pandemic struck the United States. I argue that state legislatures that have enacted abortion bans during the Coronavirus pandemic are attempting to exploit a time of crisis and shock to push their political will forward, when those policies otherwise might be too unpopular or

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<sup>4</sup> Laurie Sobel Follow @laurie\_sobel on Twitter, A. (2020, August 11). State action to limit abortion access during the covid-19 pandemic. Retrieved March 27, 2021, from <https://www.kff.org/coronavirus-covid-19/issue-brief/state-action-to-limit-abortion-access-during-the-covid-19-pandemic/>

unconstitutional to work. The concept of those in power capitalizing on emergencies to push through their agendas is explained expertly by Naomi Klein in her book *The Shock Doctrine: The Rise of Disaster Capitalism*.

“That is how the shock doctrine works: the original disaster - the coup, the terrorist attack, the market meltdown, the war, the tsunami, the hurricane - puts the entire population into a state of collective shock. The falling bombs, the bursts of terror, the pounding winds serve to soften up whole societies much as the blaring music and blows in the torture cells soften up prisoners. Like the terrorized prisoner who gives up the names of comrades and renounces his faith, shocked societies often give up things they would otherwise fiercely protect.”<sup>5</sup>

In Klein’s book, she focuses on how governments and private corporations use emergencies to privatize formerly public institutions, and I believe the same strategy is being used by the conservative states attempting to ban abortion. By examining the pre-COVID state of abortion, past instances of politicians utilizing emergencies to force their agendas through, and the comparisons between those past instances and the recent bans on abortion, I will demonstrate how conservative state legislatures are exploiting the pandemic to attempt to permanently change the landscape of abortion access in the United States.

### **Note**

Unless quoting a person or source, I will not use the term “woman” or “women” when referring to people who receive abortions. Instead, I will use gender neutral terminology to be inclusive to those who can bear children that are not women.

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<sup>5</sup> Klein, N. (2014). *The Shock Doctrine: The Rise of Disaster Capitalism*. London: Penguin.

## **Part One: Background on Abortion in the United States**

### **What is abortion?**

Abortion is a medical procedure in which a pregnancy is terminated, either through a surgical procedure or ingesting medications (or other substances) that end the pregnancy. Abortion is a very old practice and was legal in the United States in the 18th and 19th centuries before “quickenings.” “Quickening” was the point at a pregnancy when the pregnant person could feel movement from the fetus. Since then, abortion has become much more heavily legislated, with modern abortion access varying widely from state to state; despite the Supreme Court determining abortion to be protected under the right to privacy in *Roe v. Wade*.

Since abortion was illegal for so long, and is so difficult to access even today, many pregnant people have been driven to desperate, illegal measures to rid themselves of unwanted pregnancies. Illegally performed abortions were - and still are - typically extremely dangerous, and often deadly for the pregnant person undergoing the procedure. In the 1820s, poisonous plants such as “savin, pennyroyal, and ergot” were typically used to terminate pregnancies.<sup>6</sup> However, these poisonous plants were not only destructive to the fetus, they were also often fatal to the people who ingested them. In fact, the ingestion of these herbs for abortion prompted the first abortion laws in the United State. The state of Connecticut banned the use of abortive substances past the fourth month of pregnancy in 1821, becoming the first legal restrictions on abortions in

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<sup>6</sup> Larson, J. (2017, January 17). Timeline: The 200-year fight for abortion access. Retrieved April 02, 2021, from <https://www.thecut.com/2017/01/timeline-the-200-year-fight-for-abortion-access.html>

the United States. In addition to using abortion inducing plants, pregnant people employed many other dangerous methods to terminate their pregnancies, including

“Drinking toxic fluids such as turpentine, bleach, or drinkable concoctions mixed with livestock manure. Other methods involve inflicting direct injury to the vagina or elsewhere—for example, inserting herbal preparations into the vagina or cervix; placing a foreign body such as a twig, coat hanger, or chicken bone into the uterus; or placing inappropriate medication into the vagina or rectum. Unskilled providers also improperly perform dilation and curettage in unhygienic settings, causing uterine perforations and infections. Methods of external injury are also used, such as jumping from the top of stairs or a roof, or inflicting blunt trauma to the abdomen.”<sup>7</sup>

These methods of inducing abortion are shocking, and horrible to consider, but are not uncommon when safer methods of abortion are not available. A common symbol used by those who fight for access to abortion is a wire coat hanger. This symbolism comes from the method of self-inducing abortion by inserting an unraveled wire coat hanger into the cervix of the pregnant person to terminate the pregnancy. Many pro-choice activists use the symbol of the coat hanger to represent how abortion restrictions will push people towards illegal and dangerous methods. When abortion is legal, and easier to access, deaths and long-term complications from abortion decreases. “Some 68,000 women die of unsafe abortion annually, making it one of the leading causes of maternal mortality (13%). Of the women who survive unsafe abortion, 5 million will suffer long-term health complications,” however, when abortion is safely performed, the mortality rates are extremely low.<sup>8</sup>

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<sup>7</sup> Haddad, L., & Nour, N. (2009). Unsafe abortion: Unnecessary maternal mortality. Retrieved April 02, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/>

<sup>8</sup> Haddad, L., & Nour, N. (2009). Unsafe abortion: Unnecessary maternal mortality. Retrieved April 02, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/>



Figure One: A pro-choice protestor brandishes a wire coat hanger with “No more” written on it in front of the Massachusetts State House to protest abortion restrictions, 2019

Legal abortion has increased in safety dramatically since the days of ingesting poisonous herbs in the 1820s. Today, there are two methods of performing an abortion: an in-clinic surgical procedure and a pill to induce abortion. The abortion pill can be used effectively up to 11 weeks into an abortion and is often given to the pregnant person to take in their own home. The abortion pill is very effective and safe.<sup>9</sup> In-clinic abortion procedures are even more effective than the pill and can be done up to sixteen weeks into a pregnancy. These procedures are performed by a medical professional using suction, also known as vacuum aspiration, to remove the pregnancy. The use of vacuum aspiration is an extremely safe and quick procedure.<sup>10</sup> In fact, “Abortions are similar, in terms of level of risk, to other gynecological procedures that take place in

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<sup>9</sup> Parenthood, P. (n.d.). The abortion pill: Get the facts about medication abortion. Retrieved April 03, 2021, from <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill>

<sup>10</sup> Parenthood, P. (n.d.). In-clinic abortion procedure: Abortion methods. Retrieved April 03, 2021, from <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures>

doctor's offices every day.”<sup>11</sup> It is evident that legal abortion is far safer than the methods resorted to when abortion is illegal.

### **The legal status of abortion**

After Connecticut's first restrictive abortion law was passed in 1821, anti-abortion sentiment in the United States continued to grow, especially after the Catholic church condemned abortion in 1869. By the 1880s, abortion was severely restricted in nearly every state.<sup>12</sup> From the late 1800s through much of the 1900s, people had a very hard time accessing abortion, especially if they were low-income or people of color. Wealthy white people could often afford to leave the United States to get an abortion, or could bribe a doctor to perform it for them. If a person could not afford these options, they might be able to receive a professional abortion if their life was in danger from carrying the pregnancy; these life-saving procedures were known as “therapeutic abortions.” Sometimes doctors would loosely interpret whether or not a pregnant person's life was in danger if they wished to help the person receive the procedure. Therapeutic abortions were also given occasionally if the pregnant person threatened suicide if they had to continue to carry their pregnancy. In the late 1960s and early 1970s, some states passed legislation allowing for abortion in certain cases, such as pregnancy by rape or incest, and Hawaii and New York legalized abortion. These strides forward in reproductive access, and the 1965 Supreme Court case *Griswold v.*

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<sup>11</sup> Parenthood, P. (n.d.). Are in-clinic abortion procedures safe? Retrieved April 02, 2021, from <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/how-safe-is-an-in-clinic-abortion>

<sup>12</sup> Larson, J. (2017, January 17). Timeline: The 200-year fight for abortion access. Retrieved April 02, 2021, from <https://www.thecut.com/2017/01/timeline-the-200-year-fight-for-abortion-access.html>

*Connecticut* which ruled that states could not prevent a married couple from receiving information about contraceptives from their doctor, set the stage for *Roe v. Wade* and the nationwide legalization of abortion.

*Roe v. Wade* was brought to the Supreme Court because Norma McCorvey, named Jane Roe in the case, objected to Texas state law that criminalized abortions except in certain instances. McCorvey had her baby before the case was decided, but her challenge was successful. The court decided in 1973 that abortion was protected under the constitutional right to privacy, and therefore could not be fully criminalized. Despite the Supreme Court determining abortion to be a constitutional right, abortion access remains vulnerable to attacks. After *Roe v. Wade*, many states passed restrictions on abortion access. The 1992 Supreme Court case *Planned Parenthood of Southeastern Pennsylvania v. Casey* was prompted by Pennsylvania's requirements that a person seeking an abortion must have informed consent, complete a 24-hour waiting period, obtain a husband's permission if they were married, and obtain parents' permission if they were a minor. The Supreme Court ultimately decided that states were allowed to enact their own laws regarding abortion as long as those laws did not create "undue burden" on the person enacting their right to abort their pregnancies. However, many abortion restrictions do not meet this standard of "undue burden," as interpreted by the Supreme Court, and therefore are still considered constitutional.<sup>13</sup> Because of this, states are able to enact abortion laws that make access a near impossibility, especially for low-income people and people of color.

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<sup>13</sup> *Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833 (1992)

Statewide restrictions on abortion are extremely common, especially in states that are typically politically conservative. In some cases, those restrictions fall upon the pregnant person. Some states require that minors seeking abortions must either notify their parents or obtain the permission of at least one of their parents. States might require the pregnant person to view an ultrasound of the pregnancy, receive counseling, or complete a mandatory waiting period after receiving their counseling. These restrictions are likely to cause emotional distress for the person seeking the abortion, as well as increasing the financial burden on the pregnant person, as the waiting periods might require the pregnant person to take time off work. Many state laws target the abortion clinics themselves; these laws are known as Targeted Restriction on Abortion Providers (TRAP) laws. These TRAP laws might require the doctors providing abortions to have admitting privileges at nearby hospitals, meet higher medical regulations than are necessary for abortion procedures, abide by extreme specifications for the buildings (such as the width of hallways), be within a certain distance of a hospital, be outside a determined distance away from schools, and many more laws designed to shut down existing abortion clinics, or block the creation of new ones.<sup>14</sup> These TRAP laws are often very effective at their goal of eliminating clinics. The ACLU reported that between 2011 and 2017, “TRAP laws caused 50 clinics in the South and 33 in the Midwest to close. In four states — Arizona, Kentucky, Ohio, and Texas — they led to half the available clinics shutting their doors. Kentucky and

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<sup>14</sup> Parenthood, P. (n.d.). What are trap laws? Retrieved April 03, 2021, from <https://www.plannedparenthoodaction.org/issues/abortion/trap-laws>

Missouri now have only one abortion clinic left.”<sup>15</sup> This lack of abortion clinics makes abortion extremely inaccessible, especially for people who cannot afford to travel or are hourly workers. Clearly, the Supreme Court decided that states do not have the right to completely outlaw abortion, but they can pass their own laws that make abortion almost entirely inaccessible.

### **Attacks on abortion access during COVID-19**

The Coronavirus pandemic has been accompanied by a large increase in anti-abortion legislation. Once it became clear that the COVID pandemic was a serious threat to the world, conservative state legislators eagerly jumped at the chance to further limit abortion access. Time Magazine went so far as to say that the COVID pandemic is “the biggest threat to legal abortion in America ever imagined.”<sup>16</sup> Conservative states have used the Coronavirus to dramatically limit abortion access; legislation they might not have been able to push so fiercely without the pandemic. All the states that have passed harsher abortion restrictions during the COVID pandemic had already enacted abortion laws that were more limiting than many other states. These states have already demonstrated anti-abortion intentions, so their claim that abortion needs to be limited due to COVID is questionable. States have limited abortion access through executive orders from their Governor, or from orders from the states’ Departments of Health.

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<sup>15</sup> ACLU news & Commentary. (n.d.). Retrieved April 03, 2021, from <https://www.aclu.org/news/reproductive-freedom/trap-laws-are-the-threat-to-abortion-rights-you-dont-know-about/>

<sup>16</sup> Marty, R., & America, H. (2020, March 24). How Anti-Abortion Activists Are Taking Advantage of the Coronavirus Crisis. Retrieved October 15, 2020, from <https://time.com/5808471/coronavirus-abortion-access/>

These orders vary in the degree to which they ban abortion. Ohio, Iowa, Tennessee, Arkansas, and Mississippi banned only surgical abortions. Texas, Alabama, Oklahoma, and Louisiana banned both surgical and medication abortions. These orders allowed abortion in the case of the pregnant persons' life being in danger, but otherwise banned either just surgical or all abortions. The reasons given for these bans were the same in every case. The orders all stated that banning abortion was necessary in order to reserve medical personal protective equipment and hospital capacity for those infected with COVID. Abortion, however, is an extremely safe procedure that does not require a significant amount of medical resources, whether performed by medication or surgery. It is clear that although numerous state legislators have taken emergency action to ban abortion, these bans are not medically necessary and were created with ulterior motives.

Prior to the abortion bans enacted during COVID, abortion was legal (although extremely restricted) in every state. Before March of 2020, surgical and medication abortions were performed in every state, but was not very accessible. Texas, despite having 6.7 million people able to bear children in the state, only has twenty-three abortion clinics. Tennessee has eight, Arkansas has four, Alabama and Louisiana have three each, and Mississippi has only one clinic.<sup>17</sup> Despite the inaccessibility of abortion in these states, the procedure was still allowed. During March of 2020, however, every state took emergency action to fight the imminent threat of COVID. Part of this emergency action included banning nonessential medical procedures such as plastic

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<sup>17</sup> Clark, M. (2020, May 14). Where southern States stand on abortion Bans during the COVID-19 pandemic. Retrieved May 10, 2021, from <https://www.tennessean.com/story/news/american-south/2020/05/14/coronavirus-where-abortion-bans-stand-alabama-louisiana-texas-mississippi-tennessee/5183221002/>

surgery, non-emergent dental procedures, and other elective procedures that can be postponed. Many liberal leaning states have continued to offer abortion services during Coronavirus. Oregon, for example, explicitly allowed abortion to continue throughout the pandemic. Oregon’s Attorney General, Ellen Rosenblum, stated that,

“Oregon’s Executive Order exempts abortion services from its delay of non-urgent surgical procedures. I am proud that our state is doing its part to conserve PPE for our ‘front line’ medical workers treating COVID-19 patients. At the same time, we will never budge from our guarantee of reproductive rights—including timely access to abortion services.”<sup>18</sup>

Liberal-leaning states like Oregon chose to protect abortion because abortion is not a procedure that can be indefinitely postponed. Abortion is an extremely time sensitive procedure, and if postponed too long, ceases to be an option for the pregnant person. Despite the need for abortion care to be provided promptly, many conservative states have defined abortion as a non-essential procedure and included it in their orders stopping all non-essential procedures. These states classifying abortion as non-essential “have had immediate effects on patients; thousands of women have already been turned away from abortion care,” according to the New England Journal of Medicine.<sup>19</sup> The conservative state legislators’ decision to ban abortion along with other non-essential procedures clearly dramatically changed the landscape of reproductive rights in their states.

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<sup>18</sup> Democratic attorneys general Association statement in support of access to reproductive health care During Covid-19 Crisis. (2020, March 27). Retrieved April 03, 2021, from <https://dems.ag/daga-dem-ags-statements-on-protecting-repro-health-care-during-covid-19/>

<sup>19</sup> Bayefsky, M., Author Affiliations From Harvard Medical School (M.J.B., Others, J., Others, W., & S. S. Abdool Karim and T. de Oliveira. (2021, March 23). Abortion during the Covid-19 Pandemic - ensuring access to an essential Health SERVICE: NEJM. Retrieved April 03, 2021, from <https://www.nejm.org/doi/full/10.1056/NEJMp2008006>

Every state that took action to ban abortion as a response to COVID cited the need to preserve PPE and hospital capacity as the justification for their bans. This need to preserve PPE and hospital capacity, however, is not as applicable to abortion as it is to other non-essential procedures. Every state that banned abortion included surgical abortion procedures in their ban, despite the fact that surgical abortions are generally done in specialized clinics rather than hospitals. In fact, only “About 4 percent of the nation’s pregnancy terminations take place in hospitals.”<sup>20</sup> Since the majority of abortions are performed in abortion clinics, there is not a significant risk of abortion procedures causing considerable COVID exposure for essential healthcare workers. Surgical abortions are also an incredibly safe, quick medical procedure. According to BioMed Central, “Among all ED (emergency department) visits by women aged 15–49 (189,480,685), 0.01% (n = 27,941) were abortion-related. Of these visits, 51% (95% confidence interval, 95% CI 49.3–51.9%) of the women received observation care only.”<sup>21</sup> Surgical abortions are obviously an essential procedure that poses very little risk of additionally aggravating the risk of COVID to a community.

Multiple states also included medication abortion in their orders to stop all medical procedures. The abortion inducing medication can be prescribed over telehealth, taken at home, and does not require the use of PPE or the presence of healthcare workers. Abortion done by medication is also very safe, and it is highly

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<sup>20</sup> Sandhya Somashekhar, L. (2019, April 28). Yes, hospitals do ABORTIONS. This WASHINGTON doctor says her Hospital forces her to keep it quiet. Retrieved April 03, 2021, from <https://www.washingtonpost.com/news/post-nation/wp/2016/05/04/yes-hospitals-do-abortions-this-washington-doctor-says-her-hospital-forces-her-to-keep-it-quiet/>

<sup>21</sup> Upadhyay, U., Johns, N., Barron, R., Cartwright, A., Tapé, C., Mierjeski, A., & McGregor, A. (2018, June 14). Abortion-related emergency department visits in the United states: An analysis of a national emergency department sample. Retrieved April 03, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6000974/>

unlikely that the person taking the abortion-inducing medication would need to be hospitalized as a result of their abortion. Banning medication abortions as well as surgical abortions clearly demonstrates that these states did not enact these bans to help contain the pandemic, but instead to forward their pro-life political agenda. States' legislators' sentiment towards abortion has become clear during the pandemic, whether that sentiment is pro-life or pro-choice. State legislatures have either done their best to protect abortion access or done their best to destroy it, despite there being considerable reasons for states to allow abortions to continue during the pandemic.

## **Part Two: How to achieve the politically impossible?**

### **What is political shock therapy?**

Shock therapy is a concept many are familiar with. Shock therapy, also known as electroconvulsive therapy, is a medical treatment used to induce seizures to help mental illnesses. This medical treatment has been proven to help alleviate symptoms of severe mental illnesses.<sup>22</sup> The concept of using intense shocks to achieve a desired result is not limited to the medical field. This strategy has also been applied to torture. By mentally breaking down prisoners, intelligence agencies are often able to get prisoners to give up information they otherwise would not. Instead of using actual electric shocks, these torturers will starve their prisoners “of any input (with hoods, earplugs, shackles, total isolation), then the body is bombarded with overwhelming stimulation (strobe lights, blaring music, beatings, electroshock).”<sup>23</sup> These extreme sensory shocks leave the prisoners in a weakened, vulnerable state that is much more open to giving up information than they are in their normal state. In Naomi Klein’s book, “The Shock Doctrine,” Klein argues that something like shock therapy can also be used to advance economic agendas. Essentially, Klein says that large crises set the perfect stage for corporations and governments to enact economic policies that they otherwise would not have been able to. This system of utilizing crises can be applied to politics as well as economics, and the attempts to ban or restrict abortion during the

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<sup>22</sup> Electroconvulsive therapy (ect). (2018, October 12). Retrieved April 20, 2021, from <https://www.mayoclinic.org/tests-procedures/electroconvulsive-therapy/about/pac-20393894>

<sup>23</sup> Klein, N. (2014). *The Shock Doctrine: The Rise of Disaster Capitalism*. London: Penguin.

COVID-19 pandemic are a perfect example. As Klein writes, politicians are often “convinced that only a large-scale disaster – a great unmaking – can prepare the ground for their ‘reforms.’”<sup>24</sup>

The conditions that allow for political shock doctrine are varied, as long as they create a moment of collective trauma and shock. This traumatic event could take the form of a debt crisis, a terrorist attack, a war, a natural disaster, or a pandemic. If an event is distressing enough to disrupt a population’s normal patterns of behavior, and leaves that population dazed and unsteady, politicians are able to seize upon the opportunity to force through legislation they could not in normal circumstances. The vulnerability and confusion of a population in crisis makes them easier to manipulate by those in power. People seek guidance and leadership to help lead them out of the pain, terror, and confusion. Using language of hope, of necessity, of a “fresh start,” or of fear, the effects of a crisis to make their agendas appear to be the only way for a society to survive and heal. These political agendas might be unpopular, or unconstitutional, and therefore require extraordinary circumstances to come to fruition. Klein writes, “The atmosphere of large-scale crisis provided the necessary pretext to overrule the expressed wishes of voters.” Clearly, these huge emergencies set the stage for politicians to enact, or at least attempt, massive legislative change that may not be in line with the wants of the people.

The Coronavirus pandemic is exactly the kind of emergency that allows political shock therapy to occur. In just a few short weeks, people across the world had their lives completely overturned. People lost their jobs, their homes, and loved ones. Those

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<sup>24</sup> Klein, N. (2014). *The Shock Doctrine: The Rise of Disaster Capitalism*. London: Penguin.

lucky enough to survive the pandemic relatively unscathed still had to grapple with the uprooting of their daily routines, isolation from friends and family, fear of the virus, the inconceivably huge loss of life, and the uncertainty about when (if ever) normal life will return. It's hard to overstate the impact of the pandemic on everyone living through it. Not only did COVID create shock and trauma, but it also fostered an environment of extreme confusion and urgency. In the beginning of the pandemic, no one knew how exactly COVID spread, and what steps needed to be taken to limit the spread. Despite this lack of knowledge, urgent legislative action was clearly needed to limit the damage. The combination of fear, uncertainty, and urgency created the ideal circumstances for political shock therapy. Conservative state legislators seized upon the unique circumstances of COVID to enact political shock therapy and ban abortion, a consistent goal of many conservative legislatures.

Political shock therapy is applied with four distinct strategies. First of all, politicians successfully achieve their goals through shock therapy by setting their intentions for what they want to accomplish in the wake of an emergency, either before the emergency happens or directly after. 9/11, which I will examine further later in the thesis, is a perfect example of legislators having their political agenda set before the crisis happened. The Bush administration had expressed their interest in ousting Saddam Hussein as president of Iraq, and gaining access to the oil reserves in Iraq, before 9/11 happened, but they had not been able to accomplish those political goals until 9/11 happened. If legislators do not have their goals set before a crisis, they will often determine their political goals directly after the crisis occurs. For example, after Hurricane Katrina devastated New Orleans and surrounding areas in 2005, "Washington

think tanks like the Heritage Foundation met and came up with a wish list of ‘pro-free market’ solutions to Katrina.”<sup>25</sup> It is plain to see that the first step of political shock therapy is legislators figuring out their political goal, whether that happens before the emergency or directly after it.

The second step towards accomplishing political shock therapy is exacerbating the fear and confusion that accompanies large-scale crises. The terror, shock, and trauma that accompanies emergencies is an essential factor in politicians being able to exploit those emergencies and enact the political agendas they otherwise would not be able to. Rather than doing their best to soothe the panic of the public, some politicians do their best to manipulate that fear to drive their own goals forward. After all, political shock therapy relies on the disorientation and fear caused by crises to distract people from the reality of the legislators’ manipulation of the crisis. Again, 9/11 provides the perfect example of how those in power will often attempt to shape the fear caused by crises to drive the public towards accepting government actions they otherwise would not. After 9/11 the Bush administration’s focus was not on easing the fear of another terrorist threat, but instead stoking that fear to be used for their own agenda. The Bush administration engaged in fear mongering that Iraq had weapons of mass destruction, and therefore the United States had to invade Iraq to ensure the safety of the US from further terrorist attacks. The promotion of the idea that Iraq had weapons of mass destruction helped the Bush administration to mask their real reasons for invading Iraq

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<sup>25</sup> Naomi Klein ON Coronavirus and disaster capitalism. (n.d.). Retrieved May 10, 2021, from <https://www.vice.com/en/article/5dmqyk/naomi-klein-interview-on-coronavirus-and-disaster-capitalism-shock-doctrine>

and helped get public opinion on their side. These legislators clearly exploit the distress caused by times of emergency.

The next strategy employed by legislators looking to enact political shock therapy is to make democracy seem impossible in the wake of the crisis. Political shock therapy relies on the disorientation, anxiety, and sense of urgency that immediately follows a large-scale emergency. Politicians looking to enact their agenda through shock therapy do not want the public to be able to calmly, rationally consider their responses to crises. Instead, these politicians want the public to place their trust in the actions they take immediately following crises. After shocking and overwhelming emergencies, “people tend to focus on the daily emergencies of surviving that crisis, whatever it is, and tend to put too much trust in those in power. We take our eyes off the ball a little bit in moments of crisis.”<sup>26</sup> Political shock therapy relies on people being so desperate for immediate leadership and relief after the crisis that they accept legislators’ actions without question.

The final strategy employed by legislators attempting to utilize emergencies to accomplish their political goals is tying those goals to their crisis response. Politicians make it seem like the only way forward from the emergency is through their agenda, whether or not that agenda is actually beneficial in managing the crisis. Political shock therapy relies on exploiting the vulnerability of a population severely shaken and looking for guidance. By making their political goals seem like an essential step towards recovery from the crisis, politicians are able to force their political agenda

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<sup>26</sup> Naomi Klein ON Coronavirus and disaster capitalism. (n.d.). Retrieved May 10, 2021, from <https://www.vice.com/en/article/5dmqyk/naomi-klein-interview-on-coronavirus-and-disaster-capitalism-shock-doctrine>

forward that otherwise would not be possible. This political strategy is vital in order for the political agendas enacted during emergencies to be accepted by the public.

The combination of establishing particular goals to accomplish immediately after a crisis, inflaming the public's fear and confusion rather than abating it, exploiting the public's need for immediate action and therefore making democracy seem impossible, and making the legislators' political goals seem like an essential part of healing from the crisis creates a situation in which politicians are able to enact unpopular or unconstitutional legislation that they otherwise would not be able to. These four strategies are extremely effective in the wake of crises, and we are seeing them in action as the Coronavirus shocks and traumatizes the nation.

### **9/11 as an example of shock therapy**

As mentioned in the section above, the Bush administration's actions after 9/11 perfectly demonstrates the strategies employed by legislators to enact political shock therapy. In order to understand how politicians have used shock therapy to enact abortion bans, it will help to examine a previous instance of political shock therapy. The attack on the Twin Towers was an unprecedented shock to the United States. Almost 3,000 people were killed, and a new precedent was set for the scale, horror, and fear a terrorist attack could inflict. Not only did this horrific event happen, but it was televised; millions watched the unimaginable live from their living rooms, their jobs, their schools. 9/11 had political as well as emotional consequences. The nation experienced a surge of trust in our government, and President's Bush popularity shot up

to 90%.<sup>27</sup> 9/11 also prompted President Bush to start the Department of Homeland Security, invade Afghanistan to destroy the Taliban, sign the Patriot Act and dramatically expand domestic surveillance, and invade Iraq. These actions were made possible because the Bush administration utilized the four strategies of political shock therapy laid out above.

First of all, the Bush administration had their goals in mind before the crisis occurred. Previous to the planes striking the Twin Towers, the Bush administration had already expressed their interests in toppling Saddam Hussein from his post as President of Iraq, gaining access to the oil reserves in Iraq, and advancing corporate interests by expanding and privatizing the homeland security industry. In 1998, Congress passed the Iraq Liberation Act, which stated that “it should be the policy of the United States to seek to remove the Saddam Hussein regime from power in Iraq and to replace it with a democratic government.”<sup>28</sup> This policy had not been able to come to fruition, until 9/11 gave the Bush administration the opportunity to exploit the public’s fear and invade Iraq. Additionally, before 9/11, the National Energy Policy Development Group stated that the U.S. government should do their best to get Middle Eastern countries to “open up areas of their energy sectors to foreign investment.”<sup>29</sup> The Bush administration also had a clear interest in Iraq’s oil reserves. Dick Cheney, President Bush’s Vice President, made his wish for additional oil resources known in 1999, saying “By 2010 the world

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<sup>27</sup> Moore, D. (2021, April 11). Bush job APPROVAL highest in Gallup history. Retrieved April 22, 2021, from <https://news.gallup.com/poll/4924/bush-job-approval-highest-gallup-history.aspx>

<sup>28</sup> Gilman, B. (1998, October 31). H.R.4655 - 105th Congress (1997-1998): Iraq Liberation act of 1998. Retrieved April 25, 2021, from <https://www.congress.gov/bill/105th-congress/house-bill/4655>

<sup>29</sup> United States, National Energy Policy Development Group. (2001). Reliable, Affordable, and Environmentally Sound Energy for America's Future.

would need another 50 million barrels a day, way above our own reserves.”<sup>30</sup> It is clear to see that the Bush administration had their goals established and was ready to execute those goals the minute a crisis gave them the opportunity to do so.

The Bush administration also exploited the American public’s increased fear of terrorism. The Bush administration knew they could “benefit by exaggerating threats [...] exacerbate and prolong the public’s fears and, thus, put further pressure on democratic norms.”<sup>31</sup> These politicians essentially concocted the idea that Iraq had an arsenal of weapons of mass destruction, and that for the United States to be safe from another terrorist attack it was necessary to invade Iraq. The administration also engaged in fear mongering and pushed the idea that the threat of terrorism was all around. This inflated fear allowed for the Bush administration to dramatically increase the surveillance of American people. The increased fear of terrorism allowed the Bush administration to justify acts they otherwise would not have been able to enact.

The suffering and turmoil caused by 9/11 also allowed the Bush administration to make democracy seem impossible if the United States was to properly handle the threat of terrorism. They, like many politicians, had “An attraction to a kind of freedom and possibility available only in times of cataclysmic change - when people, with their stubborn habits and insistent demands, are blasted out of the way - moments when democracy seems a practical impossibility.”<sup>32</sup> In the wake of 9/11, the American people

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<sup>30</sup> Thomas, K.T. “THE US, IRAQ AND OIL POLITICS.” *Proceedings of the Indian History Congress*, vol. 67, 2006, pp. 901–909. JSTOR, [www.jstor.org/stable/44148009](http://www.jstor.org/stable/44148009). Accessed 25 Apr. 2021.

<sup>31</sup> Hetherington, Marc J., and Elizabeth Suhay. “Authoritarianism, Threat, and Americans' Support for the War on Terror.” *American Journal of Political Science*, vol. 55, no. 3, 2011, pp. 546–560. JSTOR, [www.jstor.org/stable/23024936](http://www.jstor.org/stable/23024936). Accessed 24 Apr. 2021.

<sup>32</sup> Klein, N. (2014). *The Shock Doctrine: The Rise of Disaster Capitalism*. London: Penguin.

were desperate for safety and leadership, and the Bush administration exploited this desperation to start an unnecessary, imperialist war, pay billions of dollars to private corporations, and put a large dent into American's right to privacy. All these goals were unlikely to be accepted by the public before 9/11, but the shocking terrorist attack made the Bush administration able to push forward their unpopular agendas in the name of taking urgent, necessary action.

Finally, the Bush administration was able to enact political shock therapy because they made sure to tie all their actions to protecting the American public from terrorism, whether or not that was the actual intention behind the action. These steps were taken in the name of the "War on Terror." The Bush administration claimed that these steps were essential to ensure national security and protect the American people from further terrorist attacks, even though many of the actions were not actually necessary for protection. It is clear that by tying their preexisting political agenda to the crisis at hand, the Bush administration was able to achieve their previously unattainable goals. Bob Woodward, renowned investigative journalist, wrote that,

"it's a testament to Bush's strength as president that he was able to take what had been a kind of fringe position -- that is, an invasion of Iraq -- and make it a mainstream position, almost on his own, by force of will. If you had gotten up in Washington at a dinner party in 2000 and said, "I think the United States should send a large armed force to Iraq, invade it, and conquer it, and occupy it," people would have thought you were nuts. If you objected to that course in the spring of 2003, people in Washington would have thought you were nuts."<sup>33</sup>

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<sup>33</sup> George W. Bush - The Iraq War Decision | the CHOICE 2004 | frontline. (2004, October 12). Retrieved April 24, 2021, from <https://www.pbs.org/wgbh/pages/frontline/shows/choice2004/bush/war.html>

Obviously, the Bush administration was successful in their attempts to link their actions to the necessary response to 9/11.

Unlike 9/11, we are unable to fully examine the political shock therapy that will be a result of the COVID-19 pandemic. Although the pandemic has been affecting our lives for over a year now, it will likely take a long time for the political ramifications of the pandemic to be truly, fully understood. The similarities between political actions in response to 9/11 and Coronavirus, however, are plain to see, and those comparisons can help us to better understand the COVID-motivated attacks on abortion. After 9/11, the U.S. government took actions that were more aligned with the Bush administration's interests than with protecting the American people. During COVID, we have seen similar actions from state legislatures. Abortion bans are not medically necessary to prevent the spread of COVID, just like invading Iraq and massively increasing surveillance of the United States' citizens did not prove essential to protecting national security. Bush's administration had made their desire to take the post-9/11 steps long before 9/11 actually occurred; they had simply been waiting for the moment when they could exploit a moment "of collective trauma to engage in radical social and economic engineering."<sup>34</sup> It is clear that the conservative legislatures that have been trying to ban abortion are using the same strategies. They had a clearly expressed goal to ban abortion, exploited the fear of the pandemic, used the urgency of the situation to make democracy seem impossible, and seized upon COVID as an opportunity to execute that goal.

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<sup>34</sup> Klein, N. (2014). *The Shock Doctrine: The Rise of Disaster Capitalism*. London: Penguin.

### **A partisan strategy?**

The use of political shock therapy after 9/11 to push the conservative administration's agenda forward is blatant. Political shock therapy, however, is not just a conservative tactic. Politicians across the political spectrum utilize emergencies to enact change. The democrats in Congress, in fact, have already attempted to use COVID to further their political goals. Democrats did their absolute best to include environmental regulations and tax credits for clean energy in one of the COVID relief bills. These environmental provisions in the bill stalled its passing, and therefore stalled very necessary relief to the American people. Former Senate Majority Leader Mitch McConnell said, "Democrats won't let us fund hospitals or save small businesses unless they get to dust off the Green New Deal."<sup>35</sup> The democrats clearly saw the Coronavirus as an opportunity to forward their environmental agenda, despite the fact that doing so may force Americans to further wait for the aid that many desperately needed.

Political shock therapy is not a partisan strategy; it is not an American strategy. There are examples of political shock therapy to be seen following emergencies across the world. When attempting difficult, unpopular, or unconstitutional legislation, politicians will look to times of emergency as opportunities to force that legislation forward. The common exploitation of times of crisis makes the conservative states' attempts to use COVID to ban abortion unsurprising. Abortion has been determined a constitutional right, and most Americans believe abortion should be legal in at least some instances (with only 20% of Americans believing that abortion should be illegal in

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<sup>35</sup> Brady, J. (2020, March 24). Climate change push fuels split on coronavirus stimulus. Retrieved April 26, 2021, from <https://www.npr.org/2020/03/24/820268157/climate-change-push-fuels-split-on-coronavirus-stimulus>

all cases), so it is not unexpected that anti-abortion conservatives would need an emergency to shock the population in order to ban abortion.<sup>36</sup> The COVID-19 pandemic created the ideal fear and disruption for political shock therapy, and it is no surprise that we are now witnessing this shock therapy being applied to abortion; one of today's most politically divisive issues.

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<sup>36</sup> Gallup. (2021, February 11). Abortion. Retrieved April 26, 2021, from <https://news.gallup.com/poll/1576/abortion.aspx>

## **Part Three: Political Shock Therapy Applied to Abortion**

### **A perfectly set stage**

It is clear that after crises that shock and traumatize people, legislators are able to enact political shock therapy using the four strategies outlined in the above sections. By determining what political goals the legislators want to accomplish in the wake of the crisis, maximizing and exploiting the fear and confusion of the crisis, creating a sense of urgency that makes democracy seem impossible, and tying their goals to the necessary crisis response, legislators are able to achieve their political goals that, without a crisis, would be improbable or altogether impossible. This thesis asks whether the Coronavirus has created the circumstances necessary for conservative state legislators to enact stricter anti-abortion laws, and the answer is clearly yes. COVID created an atmosphere of shock, fear, and confusion that enabled some state legislators to employ the four strategies that combine to make political shock therapy and attempt to severely limit abortion access.

The conservative state legislators that have attempted to ban abortion obviously all utilized the first strategy of political shock therapy. Every state that enacted abortion bans during COVID already held anti-abortion sentiments and the goal of limiting abortion access in their states. As mentioned earlier in this thesis, all of these states already had abortion laws that were more restrictive than more liberal-leaning states. This is clear by the additional barriers to accessing abortion in these conservative states, such as mandatory counseling, mandatory waiting periods, mandatory viewing of an ultrasounds, and more. These states also have extremely low numbers of abortion

clinics because of the targeted regulations of abortion providers. It is obvious that the abortion bans enacted during COVID were not created in a vacuum, but instead were the product of long-term goals of these legislators. The legislators who have enacted these abortion bans during COVID are “not doing this because they think it’s the most effective way to alleviate suffering during a pandemic—they have these ideas lying around that they now see an opportunity to implement.”<sup>37</sup>

Legislators also employed the second strategy of political shock therapy when executing abortion bans during Coronavirus. The threat of the virus created the perfect opportunity for state legislators to engage in fear mongering. The pandemic, especially in March of 2020 when the abortion bans were enacted, was shrouded in panic and uncertainty. Many people were extremely scared that they might lose a friend or family member to the virus or might fall ill themselves. These conservative legislators recognized that this overwhelming fear could be manipulated for their benefit. People were terrified of the virus, and PPE and hospital capacity in extremely short supply, which only served to exacerbate the fear that people would not be able to access the care they would need if they got sick. The state legislators who pushed these abortion bans forward manipulated the fear of the public, and promoted the idea that without these emergency abortion bans, the pandemic would only get worse. This fear mongering helped the conservative state legislators attempt to manipulate the public into accepting the abortion bans as a necessary step towards preventing the spread of COVID, even though abortion did not pose a significant risk to the public. The severe

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<sup>37</sup> Naomi Klein ON Coronavirus and disaster capitalism. (n.d.). Retrieved May 10, 2021, from <https://www.vice.com/en/article/5dmqyk/naomi-klein-interview-on-coronavirus-and-disaster-capitalism-shock-doctrine>

uncertainty about how to handle the pandemic only served to worsen the fear surrounding the pandemic. In March of 2020, little was known about how to properly handle the pandemic and limit the spread of the Coronavirus. This uncertainty allowed politicians to further push their political agendas, because there was little certitude about what was the best way forward. These state legislators exploited the fear and confusion of the pandemic to create the impression that their abortion bans were the only way to handle the pandemic.

The state legislators that authorized abortion bans also utilized the third strategy of political shock therapy: making the situation seem to be such an immediate threat that democracy is impossible. These abortion bans were all enacted through executive orders or orders from the state's Department of Health. There was no chance for a vote, or for the public to have their voices heard before these orders went into immediate effect and ceased abortion access. Louisiana's abortion bans during COVID exemplify how democracy has taken a backseat in the face of the pandemic. Nancy Northup, President & CEO of the Center for Reproductive Rights in Louisiana said, "Louisiana has been trying for decades to end abortion. We are already fighting a separate Louisiana law at the Supreme Court that would shut down nearly every clinic in the state. If the state's latest actions are not blocked, that will become a reality before the Supreme Court even rules."<sup>38</sup> The fear and confusion of the pandemic fostered a sense of urgency that allowed for the conservative state legislatures to bypass the democratic barriers that might prevent them from enacting their political agendas. The public was desperate for

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<sup>38</sup> Goldberg, J. (2021, March 20). Louisiana's COVID-19 ban on Abortion challenged in court. Retrieved May 10, 2021, from <https://reproductiverights.org/louisianas-covid-19-ban-on-abortion-challenged-in-court/>

immediate government action to limit the harm inflicted by COVID, and the conservative state legislators exploited that desperation to further their pro-life agenda.

Finally, the conservative state legislators employed the final strategy of political shock therapy by tying their anti-abortion actions to the essential steps needed to prevent the spread of COVID. Obviously, ordering the postponement of non-essential, elective medical procedures was a needed step in order to save PPE and hospital capacity for those suffering from COVID. Abortion, however, requires little of the medical resources that could be used in the fight against COVID. Abortion is also a time-sensitive procedure that, if put off for too long, ceases to be an option for the person seeking it. Despite the clear reasons for allowing abortion to continue, Ohio, Iowa, Tennessee, Arkansas, Mississippi, Texas, Alabama, Oklahoma, and Louisiana all specified that abortion be included in their ban on non-essential procedures. It is clear that these conservative states have done their best to make it appear that banning abortion is a necessary step to limit the spread of abortion, despite that not being the truth. It is clear that the strategies used in order to enact political shock therapy all apply to the conservative states' efforts to ban abortion. The Coronavirus pandemic clearly created the necessary circumstances for these state legislators to further their political agenda and ban abortion.

The illegitimate nature of the bans on abortion are made even clearer because of the lack of additional COVID cases in the states that have allowed abortions to continue. There is no evidence in any of the many, generally more liberal-leaning states that have protected abortion access during the pandemic. The conservative states that banned abortion claimed it was necessary in order to prevent the spread of Coronavirus cases,

but given the absence of additional COVID cases due to abortion, the reasons cited by the conservative states for banning abortion are clearly false. It is evident that these conservative states' abortion bans are due more to their own political agendas rather than honest efforts to protect their constituents against abortion.

It is even more clear that conservative states are exploiting the Coronavirus pandemic in order to enact their own political agendas when considering the fact that people are at more risk of negative health consequences when abortion is inaccessible. After all, when safe, legal abortion is not an option, many desperate pregnant people will turn to the far more dangerous, illegal methods of abortions. This is clear due to the fact that “Abortion-related deaths are more frequent in countries with more restrictive abortion laws (34 deaths per 100,000 childbirths) than in countries with less restrictive laws (1 or fewer per 100,000 childbirths).”<sup>39</sup> Additionally, many authorities on reproductive health have recommended that “countries with strict laws should reconsider their abortion laws during pandemics to reduce the number of unsafe abortions and their complications,” and that abortions should be allowed to continue in countries where it is already legal.<sup>40</sup> Abortion is also far safer than childbirth, so even if a pregnant person does not resort to illegal methods of abortion, forcing a person to birth a child they wished to abort would put a further strain on the healthcare system than allowing abortions to continue. “Legal induced abortion is markedly safer than childbirth. The risk of death associated with childbirth is approximately 14 times higher

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<sup>39</sup> Haddad, L., & Nour, N. (2009). Unsafe abortion: Unnecessary maternal mortality. Retrieved April 02, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/>

<sup>40</sup> Rashidpouaie, R., & Sharifi, M. (2020, November). COVID-19 and Abortion right. Retrieved April 30, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7677066/>

than that with abortion. Similarly, the overall morbidity associated with childbirth exceeds that with abortion,” which clearly demonstrates the need to continue abortion access throughout the pandemic in order to reserve PPE and hospital capacity for COVID patients.<sup>41</sup> This evidence demonstrates that conservative states are not enacting abortion bans in order to protect their constituents from COVID but are doing so out of a desire to further their own political ideology.

The COVID-19 pandemic undoubtedly created the circumstances for conservative state legislators to employ the four strategies needed to enact political shock therapy and ban abortion. These abortion bans obviously do not help to limit the spread of COVID and are simply an example of politicians exploiting a crisis for their own political gain.

### **The impact of these abortion bans**

It is important to remember that these legislative changes to abortion access do not simply represent policy changes, but represent numerous people who had their abortion procedures delayed or denied completely. For example, in March of 2020 the Governor of Texas, Greg Abbott, signed an executive order that banned abortion unless an abortion was needed to protect the life of the pregnant person. This executive order forced hundreds of abortion appointments to be cancelled immediately.<sup>42</sup> It is entirely

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<sup>41</sup> Raymond, Elizabeth G, and David A Grimes. “The comparative safety of legal induced abortion and childbirth in the United States.” *Obstetrics and gynecology* vol. 119,2 Pt 1 (2012): 215-9. doi:10.1097/AOG.0b013e31823fe923

<sup>42</sup> Parenthood, P. (n.d.). Timeline: Our fight against opportunistic abortion bans during the covid-19 pandemic. Retrieved April 30, 2021, from <https://www.plannedparenthoodaction.org/issues/abortion/timeline-our-fight-against-abortion-ban>

possible that some of those people seeking abortions in Texas who were forced to delay their procedures, or people seeking abortions in other states that enacted abortion bans, passed the point in their pregnancy where legal abortion was an option. It is therefore likely that people were forced to carry pregnancies that they were unable to provide for financially or emotionally. Amy Hagstrom Miller, the president and CEO of Whole Women's Health, an abortion provider, said that Texas' abortion ban would create "a health crisis on top of a health crisis," since people were being forced to carry unwanted pregnancies.<sup>43</sup> The numerous abortion bans do not help to prevent the COVID-19 pandemic from spiraling out of control, but rather represent the willingness of these legislators to sacrifice the physical, emotional, and financial health of their constituents to exert control over the bodies and choices of individuals.

Though the negative impacts of these bans will touch people of all demographics, low income people and people of color will bear the brunt of the effects. The abortion restrictions that existed before COVID disproportionately affected low income people and people of color, and the new, COVID-motivated abortion bans will be no different. Wealthy, white people often have the ability and means to travel to states without abortion bans to receive the care they need. On the other hand, less privileged people often do not have the money to travel, or cannot afford to take the necessary time off work. In addition to the extra burdens less privileged people face when trying to receive care, people of color, especially Black and Indigenous people,

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<sup>43</sup> Justin, R. (2020, March 26). Abortion providers SUE Texas over coronavirus-related order. Retrieved April 30, 2021, from <https://www.texastribune.org/2020/03/25/texas-abortion-coronavirus-outbreak-lawsuit/>

experience maternal mortality up to five times more than white people.<sup>44</sup> Forcing Black and Indigenous people to carry high-risk or unwanted pregnancies creates very real danger for those people. Denying people easily accessible abortion care creates many more health risks than it claims to solve, even during COVID, especially for the already oppressed members of society. The dangers of denying people safe, healthy, inclusive abortion access are clear; in fact,

“pregnant people in the United States are now 50% more likely to die in childbirth or soon after than they were just 30 years ago, with those deaths more often occurring in states with the most restrictions on abortion access. Abortion, especially early abortion like that performed remotely by medication, remains far safer than childbirth and often saves the life of a person experiencing a medical emergency during a pregnancy. And those who are unable to access abortion when they want one don’t just put themselves at greater health risks, but suffer emotional and economic consequences as well.”<sup>45</sup>

Between the disproportionately high maternal mortality rates of people of color, and how restricted abortion access disproportionately affects low-income people and people of color, it is clear that the abortion bans creates disproportionate financial, emotional, and health burdens on those who are already systemically oppressed. People of color are more likely than white people to be hourly workers, and generally have less wealth. These financial inequalities make people of color less able to adapt to restrictive abortion laws,

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<sup>44</sup> Racial and ethnic disparities continue in pregnancy-related deaths. (2019, September 06). Retrieved April 30, 2021, from <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

<sup>45</sup> Marty, R., & America, H. (2020, March 24). How anti-abortion activists are taking advantage of THE CORONAVIRUS CRISIS. Retrieved March 27, 2021, from <https://time.com/5808471/coronavirus-abortion-access/>

and also make the financial burden of a child they otherwise would have aborted more of a strain. People of color are also likely to receive lower quality mental and physical healthcare than white people.<sup>46</sup> It is obvious that abortion bans not only subject people of color to the increased risks of childbirth, but also of undergoing the emotional distress of birthing a child that the person would have aborted. It is evident that the abortion bans do nothing to help protect the public from COVID, but do serve to worsen systemic inequalities that oppress low-income people and people of color.

It is not surprising that the abortion bans enacted during COVID negatively impact disenfranchised people more than wealthy, white people. Abortion has always been easier to access for privileged people, but there is more at play in these disproportionate impacts. Political shock therapy is often created by, and directly benefits, those already in power; typically rich, white men. Political shock therapy is also often used to strip away protections and rights. While this removal of rights legally applies to all, no matter their race or income, it is those with the most privilege that are able to adjust to the harsher circumstances. The abortion bans are the perfect example of privileged people being able to adapt to the impacts of political shock therapy. When the abortion bans enacted during COVID were put into place, those with money would be able to travel outside their state lines to receive the medical care they sought, whereas less privileged

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<sup>46</sup> McGuire, T. G., & Miranda, J. (2008). *New evidence regarding racial and ethnic disparities in mental health: policy implications*. Health affairs (Project Hope). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/>.

people would be forced to continue their pregnancies. Low-income people and people of color are the ones that are left behind during times of crisis and when political shock therapy is enacted.

Political shock therapy highlights a significant weakness in American democracy. A democracy in which politicians use times of crisis to their own advantage is clearly a deeply flawed system run by deeply flawed people. The desires and constitutional rights of American people should not be at the mercy of crises and the political agendas of legislators. It is clear that our democracy is fragile, especially for those already systemically oppressed.

### **Long term consequences**

The COVID-19 pandemic created the necessary circumstances for political shock therapy, and many conservative states jumped on the opportunity to ban abortion. COVID did not kick off a small swell of anti-abortion legislation, it served as the catalyst for a wave of anti-abortion legislation. Despite an increased knowledge about the pandemic and how to effectively handle it, anti-abortion legislation has not slowed. In fact, in April of 2021, Alexis McGill Johnson, president and CEO of Planned Parenthood, said that “This legislative season is shaping up to be one of the most hostile in recent history for reproductive health and rights.”<sup>47</sup> It appears that, like after 9/11, politicians are not limiting their post-emergency legislation to solely handling the

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<sup>47</sup> Atkins, C. (2021, April 02). Report details wave of state legislative attempts to restrict abortion in 2021. Retrieved April 30, 2021, from <https://www.nbcnews.com/politics/politics-news/report-details-wave-state-legislative-attempts-restrict-abortion-2021-n1262070>

impacts of the crisis, but instead are trying to create permanent, monumental changes to American society and constitutional rights. Instead of looking to unwind restrictions on abortion once the threat of the pandemic recedes, these politicians are looking to build on these restrictions – both by continuing to limit abortion access in their own states, and by bringing their case to the Supreme Court.

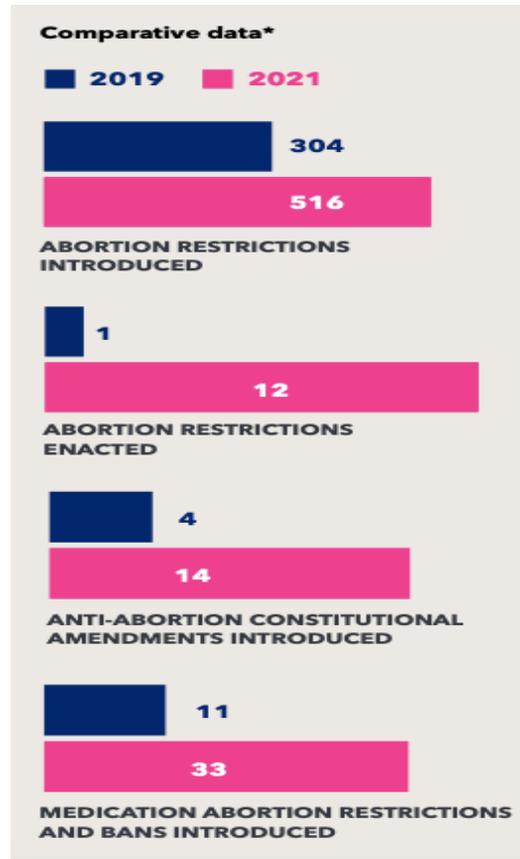


Figure Two: A chart demonstrating the increase in anti-abortion legislation between 2019 and 2021<sup>48</sup>

<sup>48</sup> P. (n.d.). State Abortion Restriction Trend Report. Retrieved April 29, 2021, from [https://www.plannedparenthood.org/uploads/filer\\_public/18/d7/18d7c70a-a4f6-4498-bdfb-fdbeece3fd6/2021\\_state\\_abortion\\_restriction\\_trend\\_report\\_final.pdf](https://www.plannedparenthood.org/uploads/filer_public/18/d7/18d7c70a-a4f6-4498-bdfb-fdbeece3fd6/2021_state_abortion_restriction_trend_report_final.pdf)

These legislative attacks are not only attempts to ban abortion in a single state, however. The ultimate goal of the pro-life politicians enacting these policies is to overturn *Roe v. Wade* and make abortion, once again, illegal. This goal of conservative politicians is not a secret. Before the 2020 election, 205 Republican members of Congress signed a brief requesting that the Supreme Court overturn *Roe v. Wade*.<sup>49</sup> Not only has the pandemic shaken the country and given conservative legislatures an excuse to restrict and ban abortion, but the Supreme Court has a strong conservative leaning after the appointments of Justice Kavanaugh and Justice Barrett. The pandemic and the current ideology of the Supreme Court has created the perfect storm that might prove to be the undoing of *Roe v. Wade*. It is yet to be seen whether the effects of political shock therapy will linger long enough to play a role in a potential further Supreme Court ruling on *Roe v. Wade*, but these recent attacks must be viewed as more than temporary, urgent acts to protect public health, like conservative state legislatures would have the public believe. The recent attacks on abortion access are calculated, exploitative attempts to strip away the constitutional right of abortion from all Americans.

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<sup>49</sup> Stolberg, S. (2020, January 03). More than 200 Republicans Urge Supreme court to Weigh Overturning *Roe v. Wade*. Retrieved April 30, 2021, from <https://www.nytimes.com/2020/01/02/us/politics/republicans-abortion-supreme-court.html>

## Conclusion

Past experience shows, in the wake of crises, political shock therapy will likely not be far behind. Politicians are able to exploit the emergencies that leave their constituents reeling and desperately looking for help and guidance. Rather than focusing on what policies would best serve the public, some legislators spend time, energy, and resources enacting their political will; whether or not that will is beneficial to dealing with the impacts of those emergencies. It is clear that the shock, fear, and trauma of the COVID-19 pandemic created the ideal circumstances for conservative legislators to enact their pro-life agenda.

Naomi Klein introduced the concept of how times of crisis can be manipulated in order to engage in radical social and economic engineering in her book *The Shock Doctrine*, and I argue that the same principles can be applied to enact dramatic political change in the wake of emergencies. By breaking down how politicians exploit crises to further their own political agendas into four distinct strategies, this thesis demonstrates how some conservative state legislators clearly utilized political shock therapy to promote their pro-life ideology.

Despite no legitimate medical need for abortions to be paused during the pandemic, and the very real, negative consequences that can result from a lack of abortion access, multiple conservative state legislators have done their best to exploit Coronavirus to enact their own pro-life agendas. Because of the increasing push of anti-abortion legislation, and the conservative ideological leaning of the Supreme Court, it is possible that the Coronavirus pandemic will mark the beginning of an extreme shift in

abortion rights. COVID set the stage for the political shock therapy that might dramatically alter many people's lives, especially low-income people and people of color, for years and possibly decades to come.

It is essential that legislation executed directly after times of crisis be analyzed critically. Although politicians will do their best to paint their legislation as an essential step towards recovery from the crisis, the legislation immediately following emergencies is often a reflection of the politician's beliefs rather than what is actually best for the people they have been entrusted to lead. The haze of shock and confusion following crises renders the public vulnerable to political manipulation and drastic changes to policy and constitutional rights, and it is absolutely essential that these manipulations do not go without question. Political shock therapy must be carefully watched out for, and legislation passed in the wake of crises critically analyzed. After all, "The ideologies that long for that impossible clean slate, which can be reached only through some kind of cataclysm, are the dangerous ones."<sup>50</sup>

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<sup>50</sup> Klein, N. (2014). *The Shock Doctrine: The Rise of Disaster Capitalism*. London: Penguin.

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