

Democracy in Danger S6 E3: “The Road Past Roe”

[THEME MUSIC]

[00:00:04] **Will Hitchcock:** Hello, I’m Will Hitchcock.

[00:00:05] **Siva Vaidhyanathan:** And I’m Siva Vaidhyanathan.

[00:00:07] **WH:** And from the Nau Hall Auditorium at the University of Virginia, this is *Democracy in Danger*.

[APPLAUSE]

[00:00:16] **SV:** Today, we are revisiting a controversial topic. This topic affects all Americans, particularly, a little more than half of them — and it affects *them* directly. We’re talking about women’s health care, women’s freedom and, specifically, access to safe, affordable abortions.

[00:00:33] **WH:** Yes, as our listeners and our students here in the audience are well aware, the U.S. Supreme Court scrapped about 50 years of jurisprudence when it overturned *Roe v. Wade* last year. This threw the question of abortion rights and limits to state legislatures. And since then, the right to terminate one’s pregnancy has essentially been banned in 13 states. And in all, half of the states are expected to enact strict restrictions on the procedure.

[00:01:00] **SV:** Now, you might be wondering why abortion care is relevant to democracy, right? The subject of this podcast, of this class. Well, consider this: strong majorities of Americans support legal abortions in 43 states. That’s according to a recent survey from the Public Religion Research Institute. And as many as 70 percent of Americans overall say that women should be able to have abortions to control their bodies and their futures so they can participate as full citizens in the democratic project. But our laws do not reflect the will of the people.

[00:01:36] **WH:** Well, we have on stage with us today someone who has dedicated her life to providing compassionate, holistic health care, including abortions, through a national organization she founded called Whole Woman’s Health. Its headquarters are right here in Charlottesville. Amy Hagstrom Miller is president and CEO. Her background is in counseling, business and law. We’ve invited her here to talk about her life and her work in this new, very complicated post-*Roe* environment in America.

Amy, welcome to *Democracy and Danger*!

[00:02:03] **Amy Hagstrom Miller:** Thank you so much for having me.

[00:02:04] **WH:** Well, we’re talking today in front of an audience of students. And like all students, they’re worried about the future — and particularly their future. So, I know they’ll be curious about your own journey from college into the kind of work that you’re doing now. It wasn’t a straight line, right? I mean, there’s a few zigs zags along the way.

[00:02:22] **AHM:** So, my undergrad studies were in international studies and religion and women’s studies, and I come to the work of abortion care really through a human rights and

justice framework — and centered on the sort of ethical, moral struggles that people face when they face an unplanned pregnancy in general — and kind of noticing it was a time for a lot of women, specifically when they really choose a course for their life, and it’s a choice that’s made very consciously. People oftentimes felt judged. There were a lot of protesters, there was a lot of heated sort of vitriol outside of clinics. There still is, right. People kind of wearing the banner of Christianity, but really spouting a lot of shame and stigma. All that stuff is super interesting to me, right? Like, life, death, sex, religion, parenthood, identity, like, abortion involves all that stuff. And so, as an international studies, religious studies major, it’s always been my jam.

[00:03:16] **SV:** Well, a lot of our students are aspiring to law school or at least considering law school. And you’ve battled it out through the courts over the years. You know, in 2016, there was a court case that came out of Texas, a federal court case that had your company’s name in it. Whole Woman’s Health. Tell us what that lawsuit was about. What was the crux of the issue? What law was it trying to challenge, and how did you win?

[00:03:39] **AHM:** Sure. So, I’ve sued — Whole Woman’s Health, my company, has sued the state of Texas no less than 11 times. And we’ve made it to the Supreme Court twice, which is not something I ever expected. And our biggest win was the *Whole Woman’s Health v. Hellerstedt* case, where we challenged House Bill 2 in Texas, which was a real omnibus anti-abortion legislation that involved a whole bunch of restrictions: hallway widths, admitting privileges, physical plant restrictions, lots of restrictions that are really what we call “trap laws.” They’re targeted regulation of abortion providers that don’t exist for other healthcare providers that are trying to single out abortion as other or as outside of mainstream health care. And they’re not supported by scientific evidence or medical facts.

[00:04:23] These restrictions on abortion closed almost every clinic in the state of Texas. Texas went from 44 clinics down to five. And keep in mind, you can fit six Virginias in Texas. We illustrated that there was an undue burden put on people seeking abortion care services with these restrictions. So, we brought that to the Supreme Court. And Justice Breyer wrote the majority opinion, and he basically said a government can’t insert itself willy-nilly — those were actually his words — between a woman and her right to seek safe abortion care, without supporting those restrictions with medical evidence and scientific facts. So basically, we illustrated the undue burden.

[00:04:57] **SV:** So, it seems like you basically said to the court, and convinced them, that what looks like something better for patients — wider hallways, you know, affiliation with a hospital — is actually just a way of denying care. And your argument prevailed. That was 2016 — not too long ago. Well, how did your work change, how did the world change, after *Dobbs v. Jackson Women’s Health Organization*, which basically completely overturned federal protection for abortion rights?

[00:05:29] **AHM:** Sure. So, big question, right? So we had the precedent of *Roe v. Wade* for almost 50 years, 49 and a half years, and it was affirmed. They knew they couldn’t overturn *Roe* because they kept failing at overturning *Roe*. So basically, they were trying to make abortion out of reach by any means necessary. Whether they made a waiting period where they blocked folks from using their health insurance or their public assistance, you know, all the different barriers they put up between people and their ability to access abortion, knowing that they couldn’t reverse *Roe*.

[00:05:56] Then the makeup of the court changed completely. So, I had Justice [Anthony] Kennedy, and it was pivotal, right? We won with the majority of the court. But then soon after that, we lost a few different positions on the court. Very quickly, I mean: [Neil] Gorsuch came very quickly after that, and then [Brett] Kavanaugh and [Amy] Coney Barrett — and the makeup of the court is night-and-day different. So Whole Woman’s Health had a case in front of the court in 2021 where we tried to challenge Senate Bill 8, S.B. 8 in Texas, which was the six-week ban, the first ban on abortion in the country basically since *Roe*. And we were denied by the Supreme Court. They had us come, we had a case in front of them, and then they issued a decision in what they call the “shadow docket.” They didn’t even give it sunlight. And then that S.B. 8 copycat bill went all over the place. So, this is what started — our case, *Whole Woman’s Health*, the second *Whole Woman’s Health* case, about S.B. 8, was a month before *Dobbs* was heard.

[00:06:53] **SV:** So, it was like a signal, what was coming.

[00:06:55] **AHM:** Right. Hearing our case on November 1st, then hearing the *Dobbs* decision on December 1st. I was in the courtroom when they heard *Dobbs* and you could tell right in the middle of the hearing — we were in trouble.

[00:07:04] **WH:** So post-*Dobbs*, it’s a rapidly changing legal environment. It’s not one decision, because that’s now triggered any number of local and state decisions. How has your company positioned itself? What’s the daily crisis management like right now?

[00:07:19] **AHM:** So, I always try to go back to remembering that our work is to center the people that need abortions, front and center. I’m an abortion provider before I’m an activist or a litigation person. I mean, that’s at the center of all the work that we do. And unfortunately abortion bans don’t reduce the need for abortion. Abortion bans don’t prevent unplanned pregnancy. So, what we’re facing in this country is the exact same amount of people that needed access to safe abortion before *Dobbs*. And now abortion has been banned in 13 states, primarily in the South and the Midwest, where Whole Woman’s Health has really focused to do our work because we know that there’s political interference and regulatory interference in those communities, and the need is the greatest. Instantly, at 10 a.m. on June 24th, we had to stop providing all the abortions we were providing in our Texas clinics. I had four clinics in Texas, and nobody has provided an abortion since June 24th.

[00:08:09] **SV:** Where did those patients go?

[00:08:10] **AHM:** Those patients are either being forced to carry pregnancies against their will — they are working multiple jobs, they don’t have health insurance, the majority of folks who seek abortion care are parenting already, almost 70 percent of people seeking abortion in this country are already parenting, so these folks can’t jump on this sort of redemptive narrative of “I’m going to travel to Illinois” — I mean, most people in Texas, South Texas, that’s just not a path that they can take — so, most people are being forced to carry pregnancies they don’t feel ready for or prepared for against their will.

[00:08:40] *Some* people are able to travel outside of the state of Texas and get an abortion in a clinic, either in New Mexico or in Colorado or one of the other states that have formed what I think of as, almost, the new frontier, like, the new sort of borderland of access to safe abortion in this country. And other people are getting medication, abortion by mail, right. Either legally by leaving the state of Texas and having abortion pills shipped to them, or

they’re getting them what I would call extralegally, by having somebody outside the United States ship them to them in the state of Texas.

[00:09:16] **WH:** You know, it seems like one frontier now that we’ve come to is that even in states where there’s still some access to abortion, there is effort at the local level, sometimes the municipal level, to try to restrict access to abortion. How are you navigating that kind of environment? I mean, you must have to pay — you’re dealing not just with federal law, but all kinds of patchworks of different regulations, aren’t you?

[00:09:41] **AHM:** Yes. So for the last year, I’ve really wished that I could have a couple of students just embedded with me in my office, because my mastery of geography and state-level politics and new borderlands, and where interstates go, and what airports fly to what airports nonstop, and what’s the airline that cancels the flights the least, and trying to figure out what states are actually safe in the short run, safe in the long run, and can actually provide safe haven for people who are being forced to migrate for abortion services...

[00:10:09] So, it’s a huge part of our work at this point. And then also when we lost clinics and we lost access to safe abortion, the anti-abortion folks also lost their sidewalks where they screamed at people. They *won* in Texas. So those same anti-abortion people are starting to look beyond Texas’s borders and they’re literally crossing over into New Mexico and into Colorado. And so, the very same people, Mark Lee Dickson, who wrote the sanctuary city ban in East Texas and in Lubbock, wrote actually the words of the sanctuary city ban in Hobbs and Clovis, New Mexico. The guy who is the architect of S.B. 8, he actually wrote the language for the ban in Hobbs.

[00:10:50] So, these folks are now focusing on what they would call conservative rural communities in blue states. That’s sort of their next wave. They’re focusing on Bristol, Virginia. They’re focusing on Hobbs, New Mexico, Clovis, New Mexico. And they’re starting to do — what’s terrifying is that these folks are the same folks that were at the Capitol on January 6th. Like, literally we saw our protesters on TV, the anti-abortion protesters there, all of a piece. So, there’s a white supremacy undercurrent here and there’s a surveillance and targeting of our patients who are crossing the borders — who are primarily black and brown women from South Texas who are crossing into New Mexico, who are being surveilled by these kinds of people in the communities. So, there’s multiple layers of issues here.

[00:11:36] **SV:** So, I’m struck by how quickly this all changed, right? Because one of the principles of law is that there’s supposed to be some sort of predictability. People are making major decisions about their lives, in some cases about their businesses. And we generally don’t want things changing that radically that fast. We want people to be able to cope with whatever changes are coming. And in my memory, and in my lifetime, it seemed like courts basically recertified time and time again that women have a right to control their reproductive choices. What happened between *Roe v. Wade* in ’73 and *Dobbs*? Like, am I getting the story wrong? Like, what was the story in between those two things?

[00:12:16] **AHM:** You’re not getting this story wrong. I mean, there’s decades of a campaign, right, to weaponize shame and stigma. I mean, shame and stigma around abortion is manufactured. It’s a tool of the opposition. It’s made up. I mean, traditional folks who fought for access to safe abortion were ministers, were Republicans, who were like, “Keep the government out of our bodies.” And so that changed over time with this sort of so-called

“focus on the family,” right, this politics. So: generations of people who were changing the language around abortion, trying to separate abortion from, quote unquote, “regular health care,” etc.

[00:12:48] But then fundamentally what happened is Trump — changing the nature of the courts, the district courts, the circuit courts, the Supreme Court. You know, I was the witness who testified against the [Neil] Gorsuch nomination in the Senate Judicial [sic] Committee. And, you know, listening to what he said and then listening to what he’s actually doing — night and day. I mean, they’re sort of mouthing respect for precedent, but that’s not what we’re seeing. And so that’s what’s changed. And now we don’t have federal protection. It’s a state-by-state game. And we’re seeing people’s access to safe abortion, voting rights, many things — but safe abortion specifically — depending upon where they live.

[00:13:23] **SV:** That’s a weird constitution to live under.

[00:13:26] **WH:** It’s whiplash. Amy, last year we talked to the journalist Rebecca Traister on the show, and the students have listened to that episode for this week. And one of the many things that she said, she said a lot of smart things, but one was just that there is a — let’s be honest, there’s a kind of what she called an “icky factor” around talking about abortion that sometimes inhibits frank conversations about the subject. And, you know, we try to be frank — one in four women will have an abortion by the time they reach 45. That’s a lot of people, a lot of citizens. What are your strategies for speaking to audiences like this, of young people who aren’t practiced either in the legal dimension of it or even in the social and cultural sort of conversation? What’s your guidance for them about how to sort of — just let it rip — and “let’s talk about the issue frankly”?

[00:14:12] **AHM:** Sure. So, I think the “ick factor” that you describe comes from this sort of manufactured stigma. I mean, if you talk about any medical procedure, there’s an ick factor. Heart surgery’s gross. Delivery of a baby’s gross. Like, it’s all gross. But I think you also have euphemisms. People struggle with the word. You see even our elected officials, President Biden, Vice President Harris, saying things like “reproductive choices,” “bodily autonomy.” Nobody calls my clinic to make an appointment for “bodily autonomy.” Nobody calls my clinic and says: “I’d like to exercise my civil right to an abortion.” So, the more that the progressive community avoids the word abortion, the more people who have abortions and people who know somebody or love someone who’s had an abortion — which is all of us — start to feel like their story should be hidden or their story shouldn’t be told. And so, I think we have to pay attention to that language.

[00:15:03] We have to pay attention to the words that we use. Nobody gets pregnant in order to have an abortion. And yet it is fundamental to the equality and autonomy of over half of our citizens. And also, none of those one in four women who you describe got pregnant by themselves. There’s a man in every single abortion story. And instead of thinking of it as a women’s issue, I think we need to see it as a human rights issue, because access to safe abortion benefits communities, benefits families — it lifts all boats, right. It makes the health of a community and the family much, much more robust. And there’s like 50 years of research that shows access to safe abortion has, you know, made people’s mental health better, made the economy better, made the education better. I mean, you could go on and on.

[00:15:45] **WH:** Is it taught as a human rights issue now? Access to women’s health — and including abortion?

[00:15:51] **AHM:** Absolutely it is — internationally. In *this* country, I think we have sort of gotten afraid to say the word “abortion,” gotten afraid to talk about it. Yet there’s not euphemism in our conversations with our patients. It’s the silence around the issue that they face when they *leave* the clinic. And, you know, oftentimes, I wish when we did a medical history of men, we talk about their pregnancy history. Do we talk about people’s pregnancy history when they think about the difference between a miscarriage or an abortion? I mean, medically, the procedure is the same. Why is there a heroic narrative with one, or a “victim” like, “oh, this happened *to* a woman,” right, whereas if she *chooses* this, somehow, it’s vilified? So, there’s a lot to unpack there.

[00:16:33] **SV:** So, I mean, how should we view the long struggle to come? I mean, this is far from over. You know, we still have a demand for this service. We still have people getting pregnant. And we still have a variety of political machinations at the local and state level, and maybe at the federal level soon. What do you see coming in the short term, and what are our prospects for the long term?

[00:16:54] **AHM:** So, I see more and more people denied the access to safe abortion that they need. I see people being forced to carry pregnancies against their will such that we’re going to have real challenges — with the foster care system, education systems, like, things people don’t want to talk about. The people who are lawmakers in places like Texas, Mississippi, Alabama, Arkansas, these places, they do not care about the baby once it’s here. Period.

[00:17:21] And so, this idea of, oh, we’re pro-life — they do not — there are not supports — insurance, health care, nor — like, you know — access to prenatal care or child care once a baby is here. Like, we can’t talk about that enough. Also, as a democratic value: you know, just because somebody is denied an abortion, doesn’t mean that they have the resources to carry a pregnancy to term and have a healthy family. And so, what are we going to do about that in our communities? And people don’t like to talk about the longer narrative of when you look nine months, a year, a year and a half, two years after abortions have been banned in the majority of the states in the South. What is going to happen to the status of people’s families and how it disproportionately affects black and brown communities, rural communities, young people?

[00:18:07] Like, we need to study — you know, there’s a couple of studies that have already been done. One of them I would lift up is the Turnaway Study from the University of California–San Francisco. My clinics were part of that study. People over a 10-year period of time who were denied access to an abortion, they were turned away, and what happened to their lives and then what happened to people’s lives when they got the abortion they needed.

[00:18:23] So, I think that’s a “long” answer. I think in the short run, we’re going to continue to need to build what I think of as these giant Band-Aids, which are ways to transport people to places where abortion is safe, ways to stop regulating access to safe abortion pills, stop regulating access to being able to do telemedicine for abortion care, various ways that we can get people contraception. You know, well over 50 percent of people in Texas who came for abortions were not able to get the contraceptive method they needed when they got pregnant. Some of that is just basically harm reduction, until we can change the political environment state by state and at the federal level.

[00:19:04] **WH:** You’ve used the courts successfully in the past. Things are aligned very differently now than they were just a short time ago. But just thinking about the future and about how you have to adapt to this landscape, do you think the democratic system that we’ve got is capable of repairing and fixing and adapting, or do you have this sense that it’s just closed off right now, there’s going to have to be a sort of an end run?

[00:19:28] **AHM:** I think there’s many steps forward and steps back. I mean, abortion is extremely popular. Seventy percent of people in this country support access to safe abortion. So, the people who are in elected office and who are in judges’ positions right now don’t represent the majority. And I think that has to matter. That *has* to matter. I know that people will still need access to safe abortion. People will still seek abortion. People have gotten access to abortion for centuries. That’s not going to change. And so, I think we have to figure out how the majority can be represented. Do we go through the executive branch? Do we go through legislative branch? Do we do things at the state level?

[00:20:01] There are some bright spots in state-by-state level action that has happened post-*Dobbs*, like in Minnesota, in places like Kansas and places like Michigan. And so, I think we’re going to see some state-by-state initiatives that maybe will be more representative of the people. And then we’ll see if that can bubble back up to the federal level. But I don’t think we’re going to get justice when it comes to access to safe abortion from the Supreme Court. And so, I think we’re going to have to follow different paths than we have for the last few decades.

[00:20:30] **WH:** Well, as usual, we have some questions from the audience. The first one comes from Catalina, a fourth-year cognitive science major from Great Falls, Virginia.

Catalina, welcome to *Democracy and Danger*.

[00:20:41] **Catalina:** Thank you. Ms. Hagstrom Miller, like many young women, my heart was broken on June 24th when the *Dobbs* decision came out. What work is your company doing to address the growing risk that women will receive or even perform unsafe abortions? And how do we educate men about the significance of this issue?

[00:21:00] **AHM:** Thanks for the question. I’ll just say, first off, abortion is remarkably safe. Even self-managed abortion is remarkably safe. Abortion pills are safer than Tylenol and abortion at any gestation of a pregnancy is always safer than childbirth. So, I think the safety framework is one that we could really do some work with. One thing that’s better now than it was before *Roe* is that we do have abortion pills, and abortion pills can be obtained effectively, affordably, and they are safer than some of the sort of ways you heard abortions were being performed pre-*Roe*. I think we need to get democratic access to those pills and make sure that people understand how to use them safely and that they have the support — and that we’re not criminalizing people for supporting people who need abortions, for having abortions and providing abortions.

[00:21:45] So, my organization is still — we’re still answering all the phones from all the clinics we closed. We have a program called the Wayfinder Program, which is actually helping people find their way from a place where abortion is banned to a place where they can get abortions, and helping them with the travel, with resources, with funds, teaching them how to, like, take their first flight for an abortion. It’s wild, but that’s a big piece of what our staff are starting to do. And then: speak out about science and speak out about actual safety

statistics and access to safe abortion. I think it’s very important to sort of counteract some of the narratives that have been put forward about safety and about access.

[00:22:24] **SV:** And right now, as we record this, we’re waiting to hear what a Texas court is going to do about abortion pill access. So, what’s going on there? Are we likely to see further restrictions on abortion pills?

[00:22:37] **AHM:** So, what’s happened there is that one of the anti-abortion organizations formed a new organization in Amarillo, Texas, on purpose, so that they could bring a challenge to medication abortion in a Texas court. So, they start in a Texas district court in front of a Trump appointed judge named [Matthew] Kacsmark, who’s a known anti-abortion judge, bringing a case on purpose because they know the fastest path to the Supreme Court is through the 5th Circuit. I have a little experience with that. And they’re trying to basically remove the most effective and most popular method of abortion in this country, which is mifepristone from the market. They’re trying to challenge the FDA and say that the FDA didn’t follow proper channels to approve mifepristone. So, we’re waiting to hear from this judge. And it’s possible that he will order the FDA to remove mifepristone from the market. But then the ball’s in the FDA’s court, where you have Secretary [Xavier] Becerra and you have the Biden administration with, you know, some tools in their tool chest about how they may respond to that.

[00:23:37] **WH:** Uh — there was a part two to Catalina’s question, how do we reach young *men* and make them feel that this issue is also theirs?

[00:23:42] **AHM:** So, young men are thinking about this issue. I think most people understand that men benefit from access to safe abortion. Men benefit from access to contraception. I think we need to lead with abortion as a human rights issue, that it’s not just a women’s issue. The other thing I would say is that, you know, a campaign where men talk about how they benefited from abortion — “because my girlfriend in college had an abortion, I was able to *x*.” Like, talk about the affirmative value of an abortion — “because of my access to safe abortion, I was able to do *x*,” have both men and women talking about that, would really shift the way we think about abortion, both as an affirmative value but also as a not just one-gendered issue.

[00:24:27] **SV:** So let’s go to another question from another student. Alex, why don’t you introduce yourself.

[00:24:32] **Alex:** I’m Alex and I’m a second-year history major from London, England. I was wondering, how do you go about counseling people who might be thinking about having an abortion, but they’re concerned that, if they do, they might regret it?

[00:24:45] **AHM:** Good question. One of the most acceptable frameworks to think about abortion in this country is through a framework of regret. And so, I think abortion-and-regret is something that our opposition has really put in the same sentence on purpose. And so I think it’s important to talk about it because I hear that. People will say, “Oh, I’m afraid I might regret the abortion,” because that’s what they’ve heard in their church or in the community or whatever. And so I think part of it is to — important to acknowledge people’s feelings and to acknowledge that, of course, you’re feeling that, you might have heard that before, and then to really counsel them to be sure that it’s their decision that they’re making.

[00:25:22] You know, like I said earlier, nobody gets pregnant in order to have an abortion. Going to the abortion clinic isn't on anybody's bucket list. Yet it's really important for people to have access to safe abortion so that they can plan the future that they dreamed for themselves, and they can plan their lives accordingly. And so, for me, it's been helpful to allow people to feel sad about a decision or about a situation, and not take that away from people, but also plant the seeds that that doesn't mean you have to regret something or beat yourself up about. We also don't ever want to help somebody do something they're going to regret. And so sometimes people don't want to make an abortion appointment. Sometimes people don't need to have an abortion, and we can help them figure out how to continue the pregnancy safely and get that support.

[00:26:03] **WH:** Well, I think we've got time for one more question. And this one is from Lauren, a first-year UVa student hoping to major in commerce. She's from Wayne, New Jersey.

Lauren, welcome to the show.

[00:26:13] **Lauren:** Hi. Thank you. So, I was wondering, you know, it's hard to ignore that abortion has become a really deep partisan issue. And our country's two major parties have really, like, dug in on each side. And I wanted to ask you, and possibly both of our professors, like, how did that happen and in what ways has this shaped the overall debate around the issue?

[00:26:31] **AHM:** So, I can start with my answer and you all can jump in if you want. But I will tell you that it's not just Democrats who have abortions, that all people face unplanned pregnancy and people of all beliefs, all religions, need to have help with safe abortion at times in their lives. The majority of people we provide abortions for are actually Christians, are Catholics, and many of them are not Democrats, right. And so, I think the partisanship in the issue is oftentimes a way that people build campaigns, a way that people divide, a way that people seek power. But it doesn't always resonate with the actual people who are seeking abortion services. And I think sometimes abortion in our political sphere has really served as a smokescreen to cover up other issues because it gets people all fired up. It's also a huge campaign issue traditionally for Republicans. But I just want to point out that those parties don't really represent always the hearts and minds of real people on the ground. And oftentimes they're strategic and political and there's some money behind them.

[00:27:29] **SV:** We can look at the results of a statewide referendum in Kansas, clearly a Republican state, and nearly 70 percent of the voters who would otherwise vote for Republicans in most elections voted to keep abortion legal in Kansas. Now, it's also important to remember that right after the *Roe v. Wade* decision in 1973, it wasn't clear that this was going to become a Republican issue to ban abortions and a Democratic issue to support abortions. Traditionally, some of the most anti-abortion elements of the American electorate, urban Catholics, had supported Democrats and continued to for some time, and Southern evangelicals adopting this issue as a core part of their identity and their agenda actually took quite a few years to happen. A Southern evangelical ran for president in 1976 and was *pro-choice*, and he ran against a conservative Republican from Michigan who was *pro-choice*. And it was really not an issue on the agenda. Four years later, it became one, because Ronald Reagan, as the Republican nominee, made common cause with anti-abortion activists who were working their way up through the Protestant evangelical conservative

movement. And he took it upon himself to put that in his platform. That was a major change, and it was very controversial within the Republican Party.

[00:28:47] **WH:** And it was a change for Reagan, who had been relatively pro-choice, as governor in the late '60s, had signed some, sort of progressive legislation on access to abortion. I mean, this is an issue on which there is wide *bipartisan* agreement. So, on the question of challenging narratives, that's one narrative we can challenge. It's actually not a polarizing issue. It has been *manipulated* into a polarizing issue as a political strategy to reach various constituencies that have influenced the Republican platform. And they've succeeded, you know, to generate a base and a political movement around it. But, poll after poll —

[00:29:21] **SV:** — because like with guns, people who care about this issue care *a lot* about this issue. It's one of those issues that has tremendous emotional valence, even if it doesn't have broad support.

[00:29:31] **WH:** And the Democratic Party has also abetted this process.

[00:29:37] **SV:** Abetted — surrendered...

[00:29:38] **AHM:** I was going to jump in and say I would also use this opportunity to criticize the Democratic Party, who have constantly sort of shied away from talking about abortion as a campaign issue, talking about abortion. What they saw in the last election is that abortion is popular, that people care about access to safe abortion, that all of us know somebody, love somebody, who might need an abortion in our lifetime. And whether we're female, whether we're male, whether we're transgender, people see all of the issues and they're like, wait a minute, what the heck happened on our watch? Right. And I think the Democrats could use this. Look, I mean, that's what won the last election. And look at Michigan. Look at even Kentucky. Look at Idaho. Look at the places where if abortion was on the ballot, we always won. The Democrats need to take that home, because they have shied away from really open and honest conversations about abortion as a political issue, as something that people care about.

[THEME MUSIC]

[00:30:27] **SV:** Well, once again, we have to acknowledge these really wonderful questions, deep questions, thoughtful questions, from our students, and equally thoughtful responses from our guest, Amy Hagstrom Miller. So, thank you so much for visiting our class today and for joining us on *Democracy in Danger*.

[00:30:42] **AHM:** You are welcome. That was a delight.

[APPLAUSE]

[00:30:51] **SV:** Amy Hagstrom Miller is the founder, president and CEO of Whole Woman's Health, a healthcare management company. She also oversees the nonprofit Whole Woman's Health Alliance. You've probably heard her interviewed in the news before. Amy describes herself as a “ninja” combatting social stigma and shame surrounding abortion.

[00:31:11] **WH:** That’s all for this episode of *Democracy in Danger*. We’re headed back to the studio next time, for a conversation with a Russian peace activist living in exile in Estonia.

[00:31:21] **Evgeniya Chirikova:** *[On tape.]* At this moment, for us, it’s extremely important to change mentality of people who really believe Putin’s propaganda machine.

[00:31:31] **SV:** So, stay in touch in the meantime. Please shoot us a tweet [@DinDpodcast](https://twitter.com/DinDpodcast) — that’s at D-I-N-D podcast. Please leave us a review, eave us some stars, anywhere you get your podcasts.

[00:31:45] **WH:** There’s much more on our webpage, dindanger.org — including links to information on the current abortion laws across the nation.

[00:31:52] **SV:** *Democracy in Danger* is produced by Robert Armengol and Rebecca Barry. Elie Bashkow engineers the show. Our interns are Eva Kretsinger-Walters, Ellis Nolan and Bea Webster. Special thanks to Audrius Rickus, Jake Calhoun and UVa’s classroom support team.

[00:32:10] **WH:** Our views are our own. But support comes from the University of Virginia’s College of Arts and Sciences. And the show is a project of UVa’s Karsh Institute of Democracy. We belong to the Democracy Group Podcast Network, and we’re distributed by the Virginia Audio Collective of WTJU Radio in Charlottesville.

I’m Will Hitchcock.

[00:32:29] **SV:** And I’m Siva Vaidhyanathan. Until next time.

[APPLAUSE]