Attacks on reproductive freedom have not disappeared during the coronavirus pandemic. In fact, politicians in some states are using the pandemic to try to ban or restrict access to abortion in new ways. But research shows that even in the midst of COVID—and despite disinformation spread by the opposition—people continue to support reproductive freedom.

State legislators have an opportunity to lead on this issue and build support from a range of audiences. The following guide provides recommendations for how state legislators can speak effectively and persuasively about reproductive freedom during COVID-19.

**NEW RESEARCH SHOWS OPPORTUNITY TO BE PROACTIVE ON REPRODUCTIVE FREEDOM, EVEN DURING COVID**

The pandemic does not change the majority opinion that politicians should not be restricting reproductive freedom. Recent Navigator research found that two-thirds of voters agree that politicians should avoid doing anything to restrict people’s access to reproductive care amidst the pandemic. This included 79% of Democrats, 62% of Independents, and 51% of Republicans.

Additional research clarified that:

- **Support for abortion care is durable:** Among both people who support legal abortion, and people who are conflicted (e.g., people who wouldn’t choose abortion for themselves but do not support government intervention in personal decision-making), a full 78% agree that abortion is time-sensitive, essential medical care that women should be able to access in this moment.

- **Opposition to politicians restricting reproductive freedom is consistent:** Among supporters and those who are conflicted, 65% disagree that politicians should limit reproductive freedom to care for the health of the community.

- **There is a lack of awareness about recent efforts to ban abortion:** Most people (especially those who fall into the conflicted category) shared that they have heard little to nothing about efforts to ban abortion during COVID. They currently see this issue as mostly theoretical.

- **There is a desire for hope and support for solutions:** People are already anxious, so raising concern isn’t enough—hope is critical to move from awareness to action. Luckily, there are existing solutions that a majority support, that can give people hope. For example, 90% of those who support legal abortion and 67% of those who are conflicted support access to medication abortion care using telehealth.
Medication abortion care is an FDA-approved, non-invasive option for ending an early pregnancy. It has a 20-year track record of safety and effectiveness in the United States, with a 99% safety rate. Because of outdated restrictions, medication abortion care is only available from a limited number of health care professionals, and most people who seek it out are unable to receive it from their provider.

Medication abortion care can be offered safely and effectively through telehealth, a tool for people who otherwise wouldn’t be able to get the care they need simply because they cannot physically get to a medical office. Telehealth, also referred to as telemedicine, allows patients to consult with health care providers by video or telephone. These patient-doctor interactions work just like an in-person meeting, and providers are able to ensure that the patient receives all information, options, and follow up support that they might need.

Here’s how you can talk effectively about reproductive freedom during COVID

Messages should emphasize reproductive freedom, raise awareness about the problem, contrast health and politics, and provide hope for your community:

• As a consequence of abortion opponents exploiting COVID-19 to ban abortion care, more women and pregnant people are being forced to travel out of state to access abortion care at a time when doing so puts them at a higher risk of coming into contact with the virus or even spreading the virus themselves.

• There is no excuse for undermining reproductive freedom during COVID-19. Even during this crisis, people should be able to make decisions with those they love and trust about what’s best for their lives and their families.

• Right now, we need to put health before politics and follow the guidance of health professionals. As a legislator, my job is to make sure women and families always are able to get the resources, information, and healthcare they need.

• This is a problem we can solve. We can take action to remove the barriers that we have in place for people seeking safe access to abortion care.

▷ We can end barriers to medication abortion care, an FDA-approved, non-invasive option for ending an early pregnancy.

▷ We can recognize the promise of telehealth and ensure that medication abortion care, which extensive data have proven to be safe and effective, is available through telehealth.

▷ We can remove the arbitrary laws that exist only to make abortion harder to get, and instead provide for more efficient health care visits, an increase in available abortion care providers, and fewer reasons for patient-provider contact that isn’t medically necessary.

Effective messages frame the opposition as exploiting a crisis, prioritizing ideology over science, using health disinformation, and ignoring health professionals:

• Opponents of abortion have exploited the pandemic to restrict access to abortion care, which is time-sensitive healthcare that people need. They are putting their ideology ahead of science at the expense of women and families across the United States.

• As a legislator, I don’t belong in people’s personal decisions about pregnancy. That’s not my role. But some officials are using disinformation to push the government to undermine reproductive freedom rather than responding to the crisis we’re in.

• It’s more important than ever that we rely on sound science and medical experts to guide decision making and not allow healthcare to be politicized.

• The American Medical Association criticized officials for “exploiting this moment to ban or dramatically limit women’s reproductive health care,” noting that during “this critical moment and every moment, physicians—not politicians—should be the ones deciding which procedures are urgent-emergent and need to be performed, and which ones can wait, in partnership with our patients.”
Messages should emphasize that abortion restrictions during a global pandemic only serve to exacerbate existing health disparities.

- The COVID-19 crisis both reflects and exacerbates the racism in our health care system, which hits Black and brown communities hardest.
- Women of color already bear the brunt of needless abortion restrictions, and may face greater barriers to getting the abortion care they need.
- Those essential workers who have continued to keep our economy moving during this pandemic are largely women of color. We can't expect them to put themselves at risk while simultaneously taking away their rights and healthcare access. We must find solutions to alleviate these very real harms.

A few additional tips to keep in mind:

- Use local examples wherever possible. Work with your state's reproductive rights, health, and justice coalition to devise state-specific components of this messaging that take into account your state's laws and gaps in abortion access.
- A calm and rational tone will be most effective right now, as people are extremely anxious. Though we need to raise concern, we don't want people to shut off or turn away.
- As always, use clear, accessible language to break through all the noise in this moment.
- Focus on themes of safety and caring that meet people's concerns about ensuring a safe space for women, and safe access to health care.
- Avoid overtly political or activist language.

**BE PREPARED TO RESPOND EFFECTIVELY TO POTENTIAL ANTI-ABORTION DISINFORMATION ATTACKS**

Here are a few of the top disinformation messages being spread currently, and how to respond to them:

<table>
<thead>
<tr>
<th>Disinformation Message</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion isn't essential, so why are you pushing your pro-abortion agenda instead of helping people affected by the crisis?</td>
<td>Abortion care is time-sensitive healthcare that women and pregnant people need. It cannot be significantly delayed without profound consequences on health and well-being. The American College of Obstetricians and Gynecologists and seven other expert medical organizations have called for abortion care to be recognized as essential and time-sensitive.</td>
</tr>
<tr>
<td>Why aren't you working to ban medication abortion via telehealth given that it is extremely dangerous? Do you not care about women who are home alone taking unsafe drugs?</td>
<td>Medication abortion care is a safe, effective, FDA-approved option for ending an early pregnancy. In the midst of a public health crisis, it is more important than ever that everybody have access to the care they need, including abortion care. Given the medication's 20-year track record of safety and effectiveness, we must provide more options to patients to receive this prescription medication. Telehealth, also referred to as telemedicine, allows patients to consult with health care providers by video or telephone rather than in person - an important option for medically underserved communities and rural communities, and an especially important option during this COVID-19 era. Women should be able to have medication abortion prescribed by their healthcare provider and then be able to receive their medications in the way that makes the most sense for them, whether that is at a health center, their local pharmacy, or delivered to their home.</td>
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</table>
### QUICK DO’S AND DON’TS

<table>
<thead>
<tr>
<th>INSTEAD OF...</th>
<th>SAY THIS...</th>
<th>WHY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saying &quot;Abortion is essential&quot;</td>
<td>Say &quot;time-sensitive health care that women need&quot; Or &quot;Abortion is time-sensitive, essential health care&quot;</td>
<td>While people support the idea that abortion is “essential,” the word itself seems to have become politicized. Adding context and noting the time-sensitive nature of the procedure helps build support.</td>
</tr>
<tr>
<td>Raising anxiety and concern without providing hope or solutions</td>
<td>Talk about safe options for care such as telehealth, or other changes your state could make</td>
<td>People are full of anxiety right now, and may shut down if that’s all they hear. While we need to raise concern, pairing concern with hope is more likely to lead to action.</td>
</tr>
<tr>
<td>Painting women who may choose abortion as alone or lonely</td>
<td>Emphasize her decision-making with her family, partner, and/or “those she loves and trusts”</td>
<td>Concerns about women being alone feed into stereotypes and unsubstantiated fears about them making the “wrong” choice</td>
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</table>

### GENERAL ADVICE WHEN DISCUSSING ABORTION

<table>
<thead>
<tr>
<th>INSTEAD OF...</th>
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<th>WHY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am pro-choice or they are pro-life</td>
<td>I support women’s/people’s decisions, abortion rights; they are anti-abortion, abortion opponents</td>
<td>People often identify as both pro-choice and pro-life, so the labels are not useful in messaging.</td>
</tr>
<tr>
<td>Women’s health care or reproductive choice</td>
<td>Abortion</td>
<td>Audiences often feel euphemisms are evasive and stigmatizing.</td>
</tr>
<tr>
<td>Mother</td>
<td>Woman; person; pregnant person; person with a uterus</td>
<td>Continues to remind audiences people’s autonomy and status are separate from their pregnancy. Women are not the only people who get abortions.</td>
</tr>
<tr>
<td>Person’s choice</td>
<td>Personal decision; Important life decision</td>
<td>A &quot;decision&quot; is more serious than &quot;choice,&quot; which can be perceived as less thoughtful and impulsive.</td>
</tr>
<tr>
<td>Abortion should be safe, legal, and rare</td>
<td>Legal abortion must be available and affordable</td>
<td>Saying &quot;rare&quot; increases stigma and can create support for restrictions.</td>
</tr>
<tr>
<td>No one wants to have an abortion; This is a devastating decision</td>
<td>We don’t know every one’s circumstances; This is a personal decision</td>
<td>Convey seriousness without stigma or assuming anything about the feelings of the person.</td>
</tr>
<tr>
<td>The government shouldn’t interfere/should stay out of our personal decisions</td>
<td>“Some politicians” or special interest groups want to impose their values on others</td>
<td>The government has a role in ensuring access to a full range of health care, including abortion care.</td>
</tr>
</tbody>
</table>
**INSTEAD OF...** | **SAY THIS...** | **WHY?**
--- | --- | ---
Deserves | Ability; has the right to; need | "Deserves" is a term that can result in pushback from audiences.
Listing details or reasons why someone is having an abortion (e.g. rape, incest, etc) | Mention decision-making process: "thinking through their decision;" "talking it over with loved ones." Remind audiences that "the person has made their decision" | Listing reasons or exceptions increases judgment and can lead to support for restrictions.
Stereotypes (e.g. poor person, dependent on government funding) | Family/person working to make ends meet | Reduce stereotyping and judgment.
Fair, unfair, fairness | We should not treat people differently just because they have limited income; live in a certain zip code; race; etc. | "Fair, unfair, fairness" are terms that can result in pushback from audiences.
We can’t go back to pre-Roe days with women dying from back alley abortions | We all want to be able to live a safe and healthy life and be free to define our own future | So much has changed since 1973, including internet access to medication abortion. Threats of people dying are less believable and not helpful. Communicate positive values to build support for abortion that is safe, affordable, and available

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