



**To:** Interested Parties

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**Re:** Communicating about Abortion During the COVID-19 Crisis

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*This memo provides language suggestions for communicating about abortion access during the current COVID-19 crisis. These suggestions are based in part on our teams' collective strategic communications expertise on abortion-related topics, as well as on interim findings from 19 in-person and two online focus groups conducted on behalf of NARAL Pro-Choice America over the last six months. The focus groups were conducted among 216 Black, Hispanic and white women and men in Arizona, Iowa, Michigan and North Carolina, and included base supporters as well as "persuadable" women and men who hold conflicted views about abortion and abortion access.*

## **Introduction**

At the outset, we would like to acknowledge that developing and delivering effective communications on abortion-related topics in the current climate presents a significant challenge. The political and policy context changes from day to day (even hour to hour), and differs among states and even within states. The mood among many in the country is anxious and fearful, with varied levels of trust in different messengers and in various levels of government (right now, polling data shows more trust of local and state officials regarding COVID-19 than of the federal government). Overall, we sense that the environment surrounding COVID-19 on the current climate does impact the effectiveness of traditional approaches to communicating about abortion and abortion access. With no immediate research, we are offering these insights and suggestions for your consideration, rather than as prescriptive recommendations.

## **Safety and Caring**

As Americans struggle to navigate this crisis, we think that many of them long for information, resources, and emotional cues to make them feel safe and secure—not only for themselves, but for their families and the other people in their lives as well. As such, we would suggest that communications during this period tap into "safety" and "caring for others" wherever possible.

For example, it may be important to emphasize the ways in which abortion caregivers are committed to caring for women's needs and ensuring a woman's physical and emotional well-being. Painting a clear picture of the steps that abortion caregivers take—for example, providing a woman complete and accurate information about abortion and her options, assessing her health, providing counseling if needed, answering any questions she may have—may be especially important now.

In addition, when communicating about women's health centers, it may be important to describe and illustrate the *safeguards* and concrete steps being taken to maintain the health of patients and staff—including employing additional anti-viral cleaning methods in light of COVID-19. We are struck by

how many businesses and organizations are sending out emails about the ways in which they are making changes to ensure the health and safety of both their staff and their customers—or patients. This approach seems to be both tapping into and feeding a need that is out there, including a need to hear that health care centers are not considering this as a business-as-usual time but recognize that important changes are needed to protect everyone’s health and safety.

### **Thoughtfulness and Deliberation**

We also see many signs that Americans are seeking calm and stability in a sea of uncertainty, risk, and both uncontrolled and imposed change. Right now, women and families across the country are fearful and worried about their lives and those of those they love. Many people are disoriented and overwhelmed, confronting daunting challenges during this pandemic, including losing their jobs and their health insurance, caring for their children at home, and caring for sick family members.

To address these audience needs—what some might think of as similar to “reading the room” before speaking—we suggest that advocates may wish to take extra care in avoiding harsher, more dogmatic tones in their communications at this time. Instead, we are likely to be more effective if we work to be a voice of calm, reason, competence, stability, and measured certainty. We would suggest adopting a tone that emphasizes thoughtfulness and deliberation.

This may also be an especially important moment to elevate the reality that women’s decisions about abortion are made thoughtfully and with deliberation even in these difficult times. This approach in tone is supported by research showing that many conflicted people are concerned women may make decisions about abortion impulsively, or out of fear, shame, or other negative emotional motivations. So having a tone that reinforces that women’s decision-making is conscientious, thoughtful, and deliberative even in these difficult times may be important.

In addition, emphasizing thoughtfulness and deliberation is well-aligned with science and scientific experts, particularly in the medical field, who appear to be having increased credibility during this crisis. Therefore, we stand to gain considerably by showing that our movement has science on our side.<sup>1</sup>

In that vein, we are seeing doctors who are speaking from a patient-first, patient-centric perspective having particular moral authority now. In addition, doctors, nurses and other healthcare providers are being seen as trusted messengers who are sharing important information with a public that needs unbiased, factual information so they can be equipped to make their own decisions. This experience that so many Americans are going through now, of gathering available information, assessing it, and then making personal decisions about their own actions and lives, may help our audiences to feel more empathy for women who are facing decisions regarding their own need for abortion care.

### **Abortion is a Time-Sensitive Healthcare Need**

We see throughout our research a recognition among our conflicted audiences that decisions regarding abortion are time-sensitive, and that once a woman has made the decision that she needs an abortion, in consultation with her loved ones and her doctor, she should be able to access it safely and promptly. While there are strategic messaging reasons generally not to spell out the specific reasons a woman might need an abortion (for example, focusing on rape, incest or a pregnant woman needing cancer treatment), in this environment, it may be important that our messaging reminds

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<sup>1</sup> Robin Marty’s TIME magazine op-ed provides a useful example of highlighting credible medical/scientific organizations: “...ending an unwanted pregnancy *is* an essential health service — one that the American College of Obstetricians and Gynecologists (ACOG), the American Society for Reproductive Medicine and a number of mainstream medical groups declared must be kept accessible even during this COVID-19 outbreak.” [“How Anti-Abortion Activists Are Taking Advantage of the Coronavirus Crisis,”](#) March 24, 2020.

people that women have many reasons to access abortion care, including problems with their health or their pregnancy—especially in these uncertain times, and especially in states that are manipulating this public health crisis to impose abortion bans on women and their families.

### **Describing the Opposition**

Our research consistently demonstrates that learning about the *full barrage* of laws being introduced and passed across the U.S. to severely restrict access to abortion, and even attempt to ban it, generates intense anger among our focus group participants. Their anger derives in part from seeing all of these laws together (instead of just one at a time), which suggests to them that politicians are engaged in a coordinated, strategic plot to control (even punish) women and their families.

Notably, when we ask people what they think the motivation is for these laws, many people in focus groups volunteer that it comes from a desire to control other people, with research participants introducing the word “*control*” into the discussion on their own. In addition, participants frequently view the legislators passing these laws as being motivated by politics and a desire for power more so than by genuinely-held values—which helps cement the idea that a larger nefarious political agenda is at work behind passing all of these *controlling* laws.

As such, we think there may be an opportunity to call out/shame self-interested lawmakers who are exploiting the current crisis to manipulate people for political gain—especially if we can explicitly tie their efforts during the COVID-19 crisis to their broad political and strategic objectives.

In addition, describing how irresponsible, self-serving politicians’ current ploys are part of their larger political scheme provides an opportunity to show how their motivations are rife with hypocrisy, back-room dealing, and self-interest. For example, some of the most powerful arguments in our focus groups include:

*The people passing these laws usually don't care what happens to babies after they're born. These politicians who basically coerce women into staying pregnant and having a baby are the same politicians who want to cut assistance programs like early childhood education or food stamps.*

*Politicians often pass these abortion laws in secret and under the radar, hoping that the majority of people who support the freedom to decide won't notice.*

By providing audiences with this larger political context, it becomes less surprising that these politicians would try and exploit the current crisis to do things like defund Planned Parenthood, sneak abortion bans into legislation designed for emergency relief and stimulating the economy, and provide false and misleading information directly contradicting scientific experts.

This approach also allows us to demonstrate the blatant hypocrisy of politicians who are supporting abortion bans under the pretense of preserving personal protection equipment (PPE) for COVID-19 cases, at the same time these politicians are opposing medication abortion care via *telemedicine* (which is frequently referred to as “*virtual healthcare*” in many COVID-19-related health communications). Medication abortion care has been FDA-approved and used safely for 20 years in the United States, and could and should be more available for women in these uncertain times.

It may also be important in this current shelter-in-place environment to emphasize how many of women’s reproductive healthcare needs can and should be able to be met in the safety and security of their own homes, with virtual healthcare, telemedicine, and phone calls with their health care providers coupled with mail-order delivery of birth control and medication abortion.

Taking this one step further, one can remind audiences that a pregnant woman needs numerous in-person checkups throughout her pregnancy—not to mention during labor and delivery—and would therefore require far more use of personal protection equipment than from a single doctor visit for an abortion procedure in a health center. Furthermore, being forced to remain pregnant and forced to give birth in an overwhelmed health care environment seems especially cruel given that the [CDC](#) warns that pregnant women “experience changes in their bodies that may increase their risk of some infections.”

Another important consideration regarding talking about the opposition movement are the problems with labeling opponents “anti-abortion,” a shorthand we often see in our side’s messaging. For our audience, the opposite of *anti-abortion* is not *pro-choice*—it is *pro-abortion*. Our persuasion audiences do not consider themselves to be *pro-abortion* and they do not identify with messengers they perceive as *pro-abortion*. However, they do often identify with messengers who are working to protect women’s access to abortion care—to protect women’s freedom to decide—phrases we can use as an alternative to *pro-choice* as a short-hand label.

We have found in research that it can be more powerful to describe what the opposition is doing rather than labeling them as *anti-abortion*. So examples would be *people/politicians who are trying to ban abortion, who support banning abortion, or who support trying to ban abortion*.

In this time when medical experts, science, and factual information have increased importance and credibility for our audiences, describing the ways that politicians trying to ban abortion are spreading disinformation and fake science can also help undermine support for them. For example, one group trying to ban abortion just sent out an email claiming that pregnant women are safe from COVID-19—a dangerous and false statement that puts pregnant people and those around them at risk if they believe these falsehoods, as it could lead people to fail to take appropriate safety precautions to avoid COVID-19.

### **A Caveat on Freedom and Control**

Throughout our research, participants have reacted very positively to language that emphasizes the importance of having the *freedom* to make important personal decisions. Likewise, participants consistently reject the idea of politicians trying to *control* women and their families. While we continue to believe communications related to freedom and control hold great promise in the long term, we have concerns that the concepts of freedom and control may feel different during the COVID-19 era. Many people in the U.S., for example, have agreed to relinquish some of their freedom and instead shelter-in-place—or even remain in strict quarantine if they are ill. In that sense, many have willfully abdicated their freedom and have allowed the government to control their everyday movements in pursuit of the greater good.

We would therefore suggest special consideration when using these terms in your communications—especially around the concept of (personal) freedom. Pairing the idea of freedom with the idea of *important* personal decisions could be more powerful right now.

At the same time, however, we believe control may prove effective when explicitly tied to politically-motivated, extremist, intrusive, invasive, and exploitive actions—as noted in the above section.

### **Conclusion**

In closing, we again want to acknowledge the communications challenges of this ever-changing era. As such, we welcome input from others who want to relay their own suggestions, and would like to learn about people’s own communications experiences during this crisis, both in the short term and in the months to come.