

REPRODUCTIVE FREEDOM CONVERSATION GUIDE

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**REPRODUCTIVE
FREEDOM
CONVERSATION
GUIDE**



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INTRODUCTION



For many people, the decision of when and if to become a parent is one of the biggest choices they make. For decades, many on the far-right have sought to demonize anyone who seeks an abortion, defund providers who perform this vital, legal health care service, and criticize elected officials who support someone's ability to make the decisions that are right for them and their families.

Throughout your conversations with constituents and media, you may be asked about your views on abortion and reproductive rights. This conversation guide will help you to use the most appropriate language to support the movement for sexual and reproductive health and rights.



* A FEW NOTES ON THE GUIDE



**The notes in this section are based on the Message Guidance for the Rally for Abortion Justice, which was created by the newly formed Narrative and Culture Change Table of the Liberate Abortion campaign.*

A note on gender neutrality: In an effort to be more inclusive of the trans men, nonbinary and gender non-conforming people who need reproductive rights, the groups working on this guide have moved to gender-neutral language when we talk about abortion. We are making this change as organizations, and have reflected that language throughout the bulk of this guide.

We also know that for decades, women have borne the majority of these misogynistic attacks and efforts to control our right to an abortion.

We recognize that you may choose to center conversations about abortion and reproductive rights around women or use the more inclusive/gender-neutral language, so we have attempted to offer you a way to do so. We hope this guide is helpful on either front.



A note on euphemisms and using the word “abortion.” As a general rule, we believe it’s important to name and ask for what we want, and to use the word “abortion” when we are talking about abortion. Avoiding saying the word is both a symptom of stigma and a source of stigma. In short, we encourage you to say abortion and to say it proudly! (And if you’re using a term like “reproductive health care,” make sure you really mean the broad range of care, not just as a stand-in when you really just mean abortion.)

A note on *Roe v. Wade*. This landmark decision from 1973, which established the constitutional right to have an abortion (note: don’t assume everyone knows what “*Roe*” or “*Roe v. Wade*” is—it is helpful to describe it), is facing unprecedented attacks from the courts and hostile state legislatures. But we know that *Roe* has never served all people or guaranteed abortion access, particularly for people of color, people with low incomes, and people in rural areas. *Roe* is the absolute minimum, and we need to have a more expansive future and not settle. So when talking about *Roe v. Wade*, we encourage you to provide a broader context: “*Roe* is the floor, not the ceiling.” // “We are advocating and coming together for a world where abortion isn’t just legal—it’s accessible, affordable, and destigmatized.”



A note on abortion and safety. Images of back alley abortions and coat hangers and all the dangerous ways people sought abortion before *Roe v. Wade* are visceral and for many people, all too real. But relying on these images can create the notion that abortion is an unsafe procedure, which is not true. Abortion is already an incredibly safe procedure and medication abortion is available—something that wasn't available prior to 1973. Just because something is illegal does not mean it is unsafe. What is risky is the criminalization of people who have abortions. Instead, we encourage you to emphasize that: “Abortion is safe.” // “Let’s work to ensure abortion becomes more accessible and less stigmatized.” // “We have the resources and medications, like abortion pills, for people to self-manage their abortions safely.”



THE FUTURE WE ARE FIGHTING FOR



We encourage you to draw on your values in communicating about your commitment to reproductive freedom. Here is some language that you might use:

- I am fighting for a world where everyone is free to dream their best life and to live it.
- I am working towards a world where people can get accurate, unbiased medical information, so they can make the best health care decisions they can for themselves and for those they love—including decisions about abortion.
- Despite abortion care being legal, it is not available to everyone—particularly for Black, Indigenous, and other people of color working to make ends meet. One part of building a more just and equitable society is ensuring abortion care is available and affordable for all.
- One of the most important life decisions we will ever make is whether to become a parent. Lawmakers have no place interfering in someone else's decisions about pregnancy or abortion.



PERSONAL DECISIONS ABOUT REPRODUCTIVE HEALTH CARE



Q: Where do you stand on abortion rights?

- The decision of if, when, and how to have a child is deeply personal. A pregnant person and their family must be able to make the decision that is right for them. Politicians should not interfere.
- Decisions about health care should be made by a pregnant person, with the support of their doctor and those they love and trust.
- Some abortion restrictions force doctors to lie to their patients; others criminalize people who have had abortions or miscarriages. These laws aren't about protecting people, they're about controlling them.
 - Restrictions and bans on abortion fall hardest on those already facing the most significant barriers to accessing care due to systemic racism and inequities, including people of color, those working to make ends meet, members of the LGBTQ community, immigrants, young people, those living in rural communities, and people with disabilities.



- The freedom to decide if and when to have children is fundamental to ensuring women are equal and full participants in society. Protecting people's freedom to decide means that people can be free to dream their best life, and live it as well.
- Key point: A woman who is able to make decisions about her reproductive health care, including having children, has more control over her economic security.
 - Deciding if and when to become a parent is one of the biggest decisions a person can make.
 - For women, economic security is extremely difficult to achieve without the freedom to decide if, when, and how to raise a family.
 - Denying somebody access to the full range of health care, including abortion, jeopardizes their economic well-being and ability to determine their own future.
 - This issue affects a woman's ability to continue her education, advance in her career, care for the family she already has, and plan for her future.
 - Families must be able to decide what is best for them. This is a fundamental human right.
 - When laws push abortion out of reach, this undermines the economic security we all need to raise happy, healthy families.



Q: Do you support abortion later in pregnancy? Do you support abortion after 20 weeks?

- Most of us try to live our lives without interfering in other people's lives. We know that someone may end a pregnancy for different reasons. We cannot make their decisions because we haven't walked in their shoes. Women and pregnant people face a web of barriers—including restrictions, travel distance to a clinic, or not being able to afford care—that can push abortion care out of reach or later into a pregnancy. Sometimes, a woman or pregnant person gets a tragic diagnosis of a serious health complication that threatens their life or health. Other times, a family learns later in a pregnancy there is a very serious fetal diagnosis or the baby is dying and can't survive for long. When families are making difficult, complicated, personal medical decisions, one-size-fits-all laws don't work.
- We can all agree that the decision about whether, when, or how to become a parent is one of the most important decisions we make in our lives. Everybody should have the freedom to make their own decision with those they love and trust, based on what is best for their lives, families, and circumstances.



Q: Do you support any kind of restriction on abortion?

- I oppose abortion restrictions that will shame, endanger, and punish women and pregnant people or recklessly take personal medical decisions in complicated situations out of the hands of women, families, and their doctors.
- Some of these laws force doctors to lie to their patients; others criminalize people who have had abortions or miscarriages. These laws aren't about protecting people, they're about controlling them.
 - Restrictions and bans on abortion fall hardest on those already facing the most significant barriers to accessing care due to systemic racism and inequities, including people of color, those working to make ends meet, members of the LGBTQ community, immigrants, young people, those living in rural communities, and people with disabilities.
- When it comes to decisions around parenthood and pregnancy, I will always respect someone's personal decisions and protect the freedom to decide.



Q: Do you support abortion up until the moment of birth?

- This isn't how medical care works. You're asking about a fake situation invented as a distraction to mislead the public about what's true and real.
- When it comes to abortion or pregnancy loss, politicians in Washington, DC and state capitals can't know what every pregnant person and their family is going through. They are going to hurt real people going through complicated issues with their one-size-fits-all restrictions.

Q: Why don't you support common-sense restrictions, such as ensuring doctors performing abortions have admitting privileges?

- These laws are medically unnecessary and are instead meant to make abortion more difficult to access or to do away with abortion access completely. Politicians hostile to abortion rights are denying people the freedom to make their own decisions, and instead seeking to control people's lives.
- Unfortunately, laws like these are often wolves in sheep's clothing. Instead of protecting people, they actually make it nearly impossible for people to access the care they need by placing onerous restrictions on safe and legal medical care.



- Restrictions and bans on abortion fall hardest on those already facing the most significant barriers to accessing care due to systemic racism and inequities, including people of color, those working to make ends meet, members of the LGBTQ community, immigrants, young people, those living in rural communities, and people with disabilities.
- Politicians who restrict our freedom to decide are ignoring mainstream American values—like respect for personal decisions around pregnancy—in favor of their own self-interest and political power.
- Instead of restricting access to abortion and using laws to shut down health care facilities, we need to support people as they make these very personal decisions. Once someone has decided to seek an abortion, I want them to be able to have access to safe and affordable medical care. I want them to be supported, not restricted by laws that dictate their decision or place unnecessary barriers on the process.



THE HYDE AMENDMENT



Q: Do you support ending the Hyde Amendment?

- Lifting the Hyde Amendment ensures that people working to make ends meet can make their own decisions about their future and health with dignity and economic security.
- However we feel about abortion, politicians shouldn't deny someone's health coverage for it just because they are working to make ends meet.
- The majority of Americans—6 in 10—support Medicaid coverage of abortion services, just as it covers other pregnancy-related care.
- We do not always know a person's circumstances—we are not in their shoes. When Medicaid covers pregnancy-related care but withholds coverage for abortion, we are taking away a person's ability to make important personal decisions based on what is best for their circumstances.
- Each of us should be able to live, work, and make decisions about our health and our future with dignity and respect. When people can make decisions about their own reproductive health care, including whether and when to have children, they have more control over their economic security.



- It's not our place to decide for someone else whether they should get an abortion. It's better that they make that decision with their family and according to their faith.
- The decision to become a parent is one of the most important life decisions we make. When people can make decisions that are best for their lives, however much they earn, families thrive and we build healthier communities where each of us can participate with dignity.
- The harm of abortion coverage bans falls hardest on people of color working to make ends meet.
 - Restricting Medicaid coverage of abortion forces one in four low-income women seeking abortion to carry an unwanted pregnancy to term.
 - A woman who wants to get an abortion but is denied is more likely to fall into poverty.
 - The same people who are most hurt by abortion coverage bans are also bearing the brunt of the COVID-19 pandemic and systemic racism every day.



- It is unconscionable to force someone to carry an unwanted pregnancy, and yet that's what the Hyde Amendment does for many people working to make ends meet.
 - Barriers to abortion care are an economic justice issue; they are a racial justice issue.
 - Systemic racism, economic insecurity, and immigration status multiply the barriers to abortion care.



Q: Doesn't the Hyde Amendment have long-standing bipartisan support?

- There is wide and deep agreement that however we feel about abortion, no one should be denied access just because they are working to make ends meet.
- The Hyde Amendment denies people the ability to make one of life's most important decisions about whether or not to become a parent—just based on the type of insurance they have. It falls hardest on people who are working to make ends meet.

Q: Is the public opposed to taxpayer-funded abortions?

- Recent polling shows that a majority (62%) of voters believe that Medicaid insurance should include abortion coverage.



Q: I oppose abortion and don't want my tax dollars paying for it.

- However we feel about abortion, we shouldn't be allowed to deny health coverage just because someone is working to make ends meet. When Medicaid covers the costs of pregnancy-related care, including abortion, it means someone can make a decision based on what is best for their circumstances.

Q: I don't want tax dollars paying for infanticide.

- Some lobbyists and politicians are spreading lies about abortion later in pregnancy because they want to outlaw abortion and take away people's freedom to make their own health care decisions. Their inflammatory disinformation and language isn't based in medicine or reality—and is designed to shame people for their health care decisions.
- A person's health should guide important medical decisions throughout pregnancy, but lack of insurance coverage can interfere with those decisions. However we feel about abortion, politicians shouldn't be allowed to deny someone's health coverage just because they're working to make ends meet.
- When Medicaid covers the costs of pregnancy-related care, including abortion, it means someone can make the decision based on what is best for their circumstances.



TEXAS' SB 8 AND DOBBS V. JACKSON WOMEN'S HEALTH ORGANIZATION



Q: Why should people be paying attention to Texas and the *Dobbs v. Jackson Women's Health Organization* case?

- We are in the midst of an all-out attack on abortion access. The Supreme Court has allowed Texas politicians to enact the most restrictive abortion ban in the nation and lawmakers hostile to reproductive freedom in at least a dozen states have signaled they intend to pursue copycat legislation.
- The *Dobbs v. Jackson Women's Health Organization* case is a direct challenge to *Roe*. There is no path for the Supreme Court to uphold Mississippi's ban without overturning *Roe's* core holding.
- Legal abortion has never been enough to ensure everyone can get the abortion care they need when they need it, especially people of color working to make ends meet. And now that the Supreme Court has allowed an abortion ban to take and remain in effect in Texas, it's clearer than ever before that we can't rely on the courts to step in.



- If *Roe* fell tomorrow, 26 states would likely take action to prohibit abortion outright. Twelve states already have “trigger bans” in place, which would ban abortion automatically if *Roe* is overturned.
- In the last 10 years, politicians hostile to abortion have passed hundreds of laws that shut down clinics, force people to travel long distances, create additional expenses like hotel accommodations and child care, and sometimes delay care.

2021 was the worst year on record for attacks on abortion, with more than 100 state restrictions enacted.¹

- Overturning *Roe* poses a threat to our fundamental freedom to make our own personal decisions about our health care, lives, and families. These rights are fundamental to our economic security and ability to get ahead.
- Attacks on *Roe* are out of touch with the values of the 77% of Americans who support the landmark decision recognizing the right to abortion.

¹ <https://www.guttmacher.org/article/2021/10/first-time-ever-us-states-enacted-more-100-abortion-restrictions-single-year>



BANS ON ABORTION



Q: What do you think about the wave of states banning abortion?

- Anti-choice politicians are waging an all-out assault on abortion access in statehouses across the country. With the Supreme Court allowing Texas' extreme abortion ban to take effect and considering *Dobbs v. Jackson Women's Health Organization*, a case about Mississippi's 15-week abortion ban that directly challenges *Roe v. Wade*, the right to abortion is under threat like never before. These extreme and dangerous bans on abortion are blatantly unconstitutional and make their goal clear: to overturn *Roe v. Wade* and make it impossible to get an abortion.
- This political overreach is an attempt to control personal decisions about pregnancy that should be made by a woman or pregnant person, with the support of those they love and trust—not by politicians.



- We need leaders who understand it isn't their place to play judge and jury. When abortion is criminalized, lives are on the line. Overturning *Roe* would set us back. But it wouldn't eliminate abortion, it would only criminalize abortion care, which we know disproportionately impacts communities of color and low-income people.
- Thousands of people are already blocked from accessing abortion simply because of where they live or how much money they make and these bans will only make it worse.
- Restrictions and bans on abortion fall hardest on those already facing the most significant barriers to accessing care due to systemic racism and inequities, including people of color, those working to make ends meet, members of the LGBTQ community, immigrants, young people, those living in rural communities, and people with disabilities.



Q: Do you support a ban on abortion based on race/sex/genetic anomaly?

- People need the freedom and privacy to make the best medical decisions for themselves and their families—and these laws don't afford that. We can't know the complexities of someone's situation, and every person deserves to be able to make a decision about when and whether to be a parent without interference from politicians.
- These bans are based on inaccurate assumptions and stereotypes about people of color and people with disabilities. Rather than addressing actual discrimination, they perpetuate racist and ableist beliefs and stigmatize people who have abortions.
- Abortion bans like these set a dangerous precedent for who has the power to make personal medical decisions and why.



Q: Aren't bans on abortion based on race and sex intended to stop discrimination?

- You can't create greater equity for Black people, people of color, or women by taking away their reproductive freedom. Politicians hostile to reproductive freedom co-opt social justice language to push a false narrative and ban abortion, rather than addressing real causes of inequity in our communities.
- Sex- and race-based abortion bans only perpetuate harmful stereotypes—particularly of Asian and Pacific Islander communities. They're just one more way politicians are pitting communities against one another to dismantle reproductive freedom.

Q: Wouldn't a ban on abortion due to Down syndrome or other fetal diagnosis protect people with disabilities?

- We can all agree that people with Down syndrome and other disabilities can and do lead full lives. However, banning abortion doesn't empower people with disabilities—it exploits them to advance an agenda aimed at taking away control of our bodies and our lives.



- Every situation is different, and abortion in cases of fetal diagnosis is extremely personal. People need to be able to have open, honest conversations with their health care providers and to make the decisions that are best for themselves and their families. A ban on abortion based on a fetal diagnosis could prevent those conversations from even happening, and stop people from getting the care they need.



MEDICATION ABORTION CARE



Medication abortion care is a safe and effective way to end an early pregnancy. Medication abortion has been used by more than 4 million people since the FDA approved it more than 20 years ago. Outdated federal restrictions and state bans push it out of reach—especially for people who are already marginalized by our health care system. This falls hardest on those who are working to make ends meet and those who live in rural areas.

The type of abortion someone chooses depends on their personal preference and situation. Some people prefer medication abortion because it does not require a procedure in a health care provider's office. They can have their medication abortion at home or in another comfortable place they choose. They get to decide whom they want to be with during their abortion.

Abortion is one of the safest medical procedures performed in the United States. Data, including from the CDC, shows that abortion has a safety record of over 99%, with studies showing women experience major complications less than 1% of the time.



Q: What's the difference between Plan B and medication abortion? Is it true that Plan B causes an abortion?

- They are completely different medications.
- Emergency contraception—also known as EC, the morning-after pill, or Plan B—helps prevent pregnancy before it occurs. It is taken up to 5 days after sex. Emergency contraception won't work if you're already pregnant and it will not cause an abortion.
- Medication abortion is a safe and effective way to end an early pregnancy. It's used up to 70 days—10 weeks—after the first day of your last period and works by blocking the hormones necessary to continue a pregnancy.

Q: Do you support bans on using telehealth for medication abortion care?

- No. These bans are not rooted in medical science or evidence. Medication abortion has been used safely and legally in the United States since FDA approval more than 20 years ago. It has helped ensure that patients are able to make their own private medical decisions, and it has expanded people's access to abortion.
- Research has shown that providing medication abortion care via telehealth is just as safe and effective in ending an early pregnancy as care delivered in person.



- Especially during the COVID-19 crisis, people need more access to health care—not less. Telehealth can reduce unnecessary trips to a health center, as well as on-site time, which is especially helpful to patients who do not have flexible work hours or child care. For eligible patients, accessing medication abortion via telehealth helps to protect the health and safety of both patients and health care providers, and contributes to community social distancing efforts.

Q: Is an IUD (intrauterine device) an abortifacient?

- Absolutely not. An IUD is a method of birth control. It is used to prevent pregnancy before it occurs and is one of the most effective methods of birth control.
- Politicians who conflate IUDs or emergency contraception with abortion are only seeking to further restrict and stigmatize essential sexual and reproductive health care.



Q: Why are politicians trying to ban birth control?

- Some politicians are purposely and irresponsibly conflating medical terms in order to confuse people and push a political agenda that is hostile to anyone seeking access to reproductive health care.
- The same politicians who want to ban abortion are now trying to ban birth control.
 - Contrary to medically inaccurate rhetoric politicians continue to peddle, birth control—including long-acting reversible contraception like IUDs and implants—does not have the ability to end a pregnancy. It is medically impossible.
 - Long-acting birth control options—the same ones politicians are trying to ban—are the most effective and cost-effective methods in preventing pregnancy.
- Using medically accurate language matters when crafting policy measures that will affect people’s lives. This language shapes how health care providers are able to care for their patients.



NAVIGATING CONVERSATIONS WITH THOSE WHO HAVE PERSONAL RELIGIOUS BELIEFS



Q: I personally believe abortion is wrong. It goes against my deeply held religious beliefs. How can you support it?

- People have vast and nuanced personal and religious beliefs about abortion, and I'm not asking anyone to change their beliefs. But this is about legal access to a medical procedure that allows families to determine their own futures.
- I don't believe that it's my place as an elected official to decide for someone else. However we feel about abortion, it is not our place to decide for someone else whether or when they should become a parent.
- The decision about whether to have an abortion is deeply personal and one of the most important decisions someone might face. Life is complicated and there are no simple answers. These decisions are best left to pregnant people, their families, and their doctors.



- Everyone should have the freedom to make the best decision for their lives and their circumstances and be treated with compassion. We cannot know another person's situation or fully put ourselves in their shoes. Every faith tradition teaches empathy and kindness.
- Our country was founded on the idea that no individual will be persecuted for practicing their own religion and no individual should be allowed to impose their religion on others. We shouldn't be legislating personal beliefs onto others.

Q: Do you believe life begins at conception?

- The issue of when life begins is personal. For some, it is based on faith, and for others, it is based on science. What I do know is that elected officials aren't experts—and it's not an issue the American people want to be legislated. That's why it's so important that people are able to make their own decision about whether and when they become parents, and that politicians do not make that decision for them.



Q: When is a pregnancy viable?

- Doctors agree that every pregnancy is different and they must evaluate each individual pregnancy to determine the right care for each person. Some pregnancies will never be viable. People should be able to make their own decisions about pregnancy, in consultation with their health care providers and without political interference.

Q: Should people with religious beliefs be allowed to deny care they disagree with, like abortion or gender-affirming care?

- A patient's health and well-being—not a provider's personal beliefs or ideology—should always come first.
- Everybody should have access to the health care they need, including abortion care and gender-affirming care. Nobody should be denied care or discriminated against because of another person's ideological beliefs.
- These harmful policies block people who already face substantial barriers from being able to access the care they need. This is particularly true for people of color, LGBTQ people, and others who face systemic barriers to care.



**SUPPORT FOR
PLANNED
PARENTHOOD,
WHICH PROVIDES
VITAL HEALTH
CARE FOR
MILLIONS**



**Q: Do you support funding for
Planned Parenthood?**

- Planned Parenthood health centers provide care to 2.4 million patients every year—many of whom would have nowhere else to turn for basic health care services such as birth control, cancer screenings, STI testing and treatment, and annual exams.
- Any responsible representative for the people of my district should stand up for the patients who depend on Planned Parenthood and the providers and health center staff who work so we can all live productive, healthy, full lives. That’s why I support Planned Parenthood.



- And let's be clear: There is no line-item in the budget for Planned Parenthood. They provide health care services to people who rely on Medicaid or other federal programs for health care. "Defunding" simply means that those who are struggling to make ends meet would be kept from getting the health care they need.

Q: Why are you allowing federal tax dollars to go toward abortion services?

- Federal tax dollars are currently prohibited from being used for abortion in almost all circumstances because of the Hyde Amendment, which allows politicians to deny insurance coverage for those working to make ends meet.
- Those spreading this disinformation are hiding their true motives: banning access to safe, legal abortion, and trying to shut down a nonprofit health care provider for political reasons.
- When they talk about "defunding" Planned Parenthood, what they are advocating for is preventing people from getting birth control, STI screenings and prevention, cancer screenings, and other lifesaving care at Planned Parenthood health centers.
- Attacking abortion providers harms our communities by cutting off access to health care from those who need it the most.



Q: What do you think about efforts to shut down Planned Parenthood health centers across the country?

- Those hurt the most would be those already struggling to get by, those hit the hardest by the COVID-19 pandemic, and those already facing barriers to accessing health care—especially people of color, people with low incomes, and people who live in rural areas. Without Planned Parenthood, many patients would have nowhere else to go for care.
- Families in my district rely on the trusted health care providers at Planned Parenthood to provide critical and lifesaving care.
- Other health care providers have made clear they could not absorb Planned Parenthood’s patients. In fact, public health experts have called the very idea that community health centers could replace Planned Parenthood “ludicrous.”
- If the COVID-19 pandemic has taught us anything, it’s that we need more access to health care, not less. Planned Parenthood health centers are a core part of the social safety net in my district, and we should be supporting all health care providers that help make our communities healthier.



Q: Would you block efforts to defund Planned Parenthood?

- The term “defunding” is a misnomer—Planned Parenthood is not a line item in the budget, nor is it subsidized by the federal government.
- Just like other hospitals and health care providers, Planned Parenthood health centers receive reimbursements under Medicaid for basic health care services provided to patients, such as birth control, cancer screenings, STI testing and treatment, and annual exams.
- What “defunding” would do is prohibit patients enrolled in Medicaid from getting preventive health care from Planned Parenthood health centers.
- I know families who depend on Planned Parenthood. We cannot take away their health care—and that’s true now more than ever as we continue to grapple with COVID-19. I do not believe that’s right or responsible. I do not support efforts to “defund.”



Q: What about community health centers?

- Politicians who claim community health centers can replace the care Planned Parenthood provides are wrong.
- The demand for health care is far too great for community health centers (CHCs) to meet the needs of the millions of patients Planned Parenthood health centers serves each year. Public health experts and CHCs themselves insist they cannot replace Planned Parenthood.
- The public health community has been clear—other providers can't absorb Planned Parenthood's 2.4 million patients. Losing Planned Parenthood would cause a health care disaster. Patients who need a breast exam or birth control can't wait a month or two. They need care as soon as possible, and that's what Planned Parenthood provides.



Q: Do you think Planned Parenthood clinics should receive Title X funding, and where do you stand on the domestic gag rule?

- Title X is our nation’s only dedicated program for affordable birth control and reproductive health care, and has had bipartisan support for decades. It helps 4 million people each year. It’s meant to ensure that those who are struggling to make ends meet can still access birth control, cancer screenings, STI testing and treatment, and annual exams.
- But the Trump administration’s Title X gag rule was unethical, opposed by major medical groups like the American Medical Association, and put millions of people’s health care at risk—all in the middle of a pandemic.
- The rule made it illegal for health care providers to tell their patients how or where to access abortion—even if that patient asks them for a referral. It forced Planned Parenthood and many other providers out of this critical program—putting access at risk across the country.
- The Biden-Harris administration reversed this harmful rule. Planned Parenthood served 40% of the people who got care through this program before the gag rule, and I’m pleased there is now a pathway for health care providers to re-enter the program so they can once again meet patients’ needs.



Q: Can't patients receive the care they need at crisis pregnancy centers (fake health centers)?

- No. “Crisis pregnancy centers” (or CPCs) are run by people opposed to abortion—and while they often advertise “free medical services” or choose locations close to actual health centers to make people think they’re legitimate health care providers, they are not.
- Numerous reports and first-person accounts have shown that CPCs give people inaccurate, biased, and even false information in an attempt to shame or scare people out of having an abortion.
- They purport to offer pregnancy-related health care and medical services but instead push medically inaccurate information and use other dishonest tactics to mislead women and limit their options for reproductive care.
- A person’s decision about their pregnancy is deeply personal. No patient making a decision about their health care, family, and future deserves to be lied to. Everyone should have full and accurate information about all of their pregnancy options, including adoption, having an abortion, or raising a child.



THE DEMOCRATIC PARTY'S PRIORITIES



Q: Should the Democratic Party have a litmus test on abortion?

- This is a pivotal moment: Reproductive freedom and abortion access—including *Roe v. Wade* itself—face unprecedented threats from politicians hostile to abortion rights and activists working to strip away our fundamental rights. The stakes could not be higher.
- Every elected official must understand that the moment we are in right now requires bold, decisive action. Abortion rights, and by proxy fundamental equality in this country, cannot be up for debate. If you care about equality and Democratic principles, reproductive freedom is non-negotiable.
- Access to abortion is widely popular not just within the Democratic Party but the nation as a whole—nationally, 8 in 10 Americans want abortion to be legal.
- To millions of Americans, this isn't some abstract fight about social issues; these are bread and butter issues that affect our ability to continue our education, have economic security, and plan for our future.
- Everyone has their own personal beliefs about abortion. However, there's a difference between your personal beliefs and legislating those personal beliefs onto others.



- It is important for Democrats to be united on the fact that everybody must have the freedom to make their own decisions about pregnancy with those they love and trust based on what is right for them. It is not the job of Congress or any other legislative body to determine a family's future or take these personal decisions away from somebody.



TALKING ABOUT THOSE WHO OPPOSE REPRODUCTIVE FREEDOM AND THEIR PRIORITIES



Q: How do you feel about the push to restrict abortion/reproductive health care?

- With all the crises our country faces, it's appalling that so many politicians spend their time—and taxpayer dollars—fueling their obsession with overturning *Roe v. Wade* and banning abortion.
- An anti-choice political agenda equates to a coherent, consistent, and intentional strategy of criminalizing abortion and hurting women and families. Republicans can't continue to call themselves "pro-life" when they have caged children, let countless women die in childbirth, and tried over and over again to rip health care away from millions of Americans.



- Their party has shown over and over again that their real goal is power and control— and they will attack our health, rights, and lives by any means necessary to achieve it. All of these laws are about controlling and manipulating others for political gain. It’s about politics, power, money, and self-interest.

**Q: What about activists/
politicians hostile to abortion
who say the “science” is on
their side?**

- From pushing dangerous disinformation about abortion to deploying misleading and inflammatory rhetoric, abortion opponents have shown time and again that they have no interest in following evidence or science. Their false claims are about advancing their agenda for political gain, plain and simple.
- These bad actors deliberately push false information about abortion to manipulate the public with patently untrue, emotionally charged claims because they know they can’t win on the merits of their arguments.
- During the COVID-19 pandemic, politicians hostile to reproductive freedom peddled disinformation to advance their agenda and undermine our rights and freedoms—with no concern for the health and well-being of women, pregnant people, and their families.



PUSHING BACK AGAINST DISINFORMATION ON ABORTION



Politicians hostile to reproductive freedom are notorious for spreading disinformation designed to stigmatize and restrict access to abortion.

Knowing that the vast majority of people in the United States support abortion rights, lawmakers hostile to abortion rights turn to disinformation in an attempt to distract from their out-of-touch policies and muddy the waters. Here are general strategies if you receive a hostile question from someone opposed to abortion rights:

- **Acknowledge shared values:** We all have personal beliefs about abortion. I would never ask anyone to change their deeply held personal beliefs.
- **Pivot to our values:** However, I don't believe anyone should legislate those beliefs onto others. Like most Americans, I believe people should have the freedom to make their own personal decisions, with the counsel and support of those they love and trust. I don't believe any politician should be able to control your reproductive decisions.



- **Message on proactive vision (get out of the defensive):** What families need are policies that ensure they can get the health care they need and make decisions about their own lives. [What they don't need are politicians interfering in your personal health care decisions, kicking people off their health plans, etc.]

Things to keep in mind when addressing disinformation:

- It's important to quickly **correct disinformation** with facts, and then pivot back to your core message. (“That’s not true, that’s not how medical care works. Infanticide is already illegal. What’s important to remember is...”)
 - It’s especially important **not to repeat the disinformation**, so as not to further the credibility of the claim.
- **Call out the motivations** of the people spreading disinformation while centering the individual person (“That disinformation is being spread by people whose ultimate goal is to interfere with people’s personal medical decisions and ban safe, legal abortion in this country. I don’t believe that’s a decision anyone can make for someone else.”)
- There’s a lot of room for authentic **storytelling**—no one can walk in anyone else’s shoes.
- Be factual and **helpful, not hyperbolic.**

★ ★ ★

HARMFUL VS. HELPFUL LANGUAGE

★ ★ ★



HARMFUL

**Partial-Birth Abortion,
Late-Term,
Born Alive**



HELPFUL

**Abortion
Later in
Pregnancy**

- Most of us try to live our lives without interfering in other people's lives. We know that someone may end a pregnancy for different reasons. We cannot make their decisions because we haven't walked in their shoes.



Primary message:

- Most of us try to live our lives without interfering in other people's lives. We know that someone may end a pregnancy for different reasons. We cannot make their decisions because we haven't walked in their shoes. Women and pregnant people face a web of barriers—including restrictions, travel distance to a clinic, or not being able to afford care—that can push abortion care out of reach or later into a pregnancy. Sometimes, a woman or pregnant person gets a tragic diagnosis of a serious health complication that threatens their life or health. Other times, a family learns later in a pregnancy there is a very serious fetal diagnosis or the baby is dying and can't survive for long. When families are making difficult, complicated, personal medical decisions, one-size-fits-all laws don't work.



Supporting message:

- Nearly 99% of abortions occur before 21 weeks, but when they are needed later in pregnancy, it's often under very complex circumstances—the kinds of situations where a patient and their doctor need every medical option available. People and families in these situations need compassion and support, not politicians telling them what to do.
- Flat-out lies about abortion later in pregnancy are heartlessly being used to create political cover and push a dangerous agenda to outlaw abortion. These claims about abortion later in pregnancy are a manufactured controversy.
- Attacks on abortion later in pregnancy are misleading and are not based in fact. Abortion opponents use made-up, non-medical terms that are designed to confuse and manipulate people.



HARMFUL

There should be no taxpayer funding of abortion



HELPFUL

Lift abortion coverage bans

- Health insurance, including Medicaid, should cover reproductive health care, including abortion. Denying someone the full range of health care interferes with their personal decision and ability to determine their own future.
- No one should be denied health care, including access to abortion, because of where they live or how much money they make.



HARMFUL

**Chemical
abortion**



HELPFUL

**Medication
abortion**

- Medication abortion is a safe and effective way to end an early pregnancy.
- The type of abortion you choose depends on your personal preference and situation. Some people prefer medication abortion because it does not require a procedure in a doctor's office. You can have your medication abortion at home or in another comfortable place you choose. You get to decide whom you want to be with during your abortion.
- Abortion is one of the safest medical procedures performed in the United States. Data, including from the CDC, shows that abortion has a safety record of over 99%, with studies showing women experience major complications less than 1% of the time.



HARMFUL

Personhood



HELPFUL

**Outlawing
abortion
and
birth control**

- The issue of when life begins is personal. For some, it is based on faith, and for others, it is based on science. But what we do know is that politicians aren't the experts—and it's not an issue the American people want to be legislated.
- That's why it's so important for people to be able to make their own decisions about whether and when they become parents. Politicians should not be able to make those decisions for them.



HARMFUL

**Crisis pregnancy
centers/
pregnancy
resource centers**



HELPFUL

**Fake health
centers**

- Fake health centers (often known as crisis pregnancy centers) lie to, shame, and intentionally mislead people about their reproductive health care options to block them from accessing abortion care.
- When somebody is facing an unintended pregnancy, they deserve medically accurate, comprehensive, and unbiased information.
- Pregnant people who enter fake health centers are walking into a trap. There is no excuse for taxpayer dollars going to organizations whose goal is to mislead and mistreat people facing an unintended pregnancy.



HARMFUL

Heartbeat bills



HELPFUL

**Extreme bans on
abortion**

- These bills inaccurately evoke imagery that erases the true, harmful intentions of the politicians behind them: banning abortion as early in pregnancy as possible and ultimately ending access to legal abortion entirely.
- These bills outlaw abortion before many people even know they're pregnant, effectively banning abortion altogether.
- The bans on abortion sweeping the country are designed to eventually criminalize all abortion. The politicians pushing these bans are the same people claiming to protect children while voting against funding for quality education, school lunches, and health care. Politicians should focus on fixing the health care issues at hand, not on making health care harder to access. They're making life harder for women, pregnant people, and families and voting against actually helping children.
- These efforts to ban abortion are out of touch with the vast majority of Americans who support the legal right to abortion.



USEFUL STATISTICS



- 8 in 10 Americans believe abortion should be legal.²
 - 77% of Americans support *Roe v. Wade*.³
 - 6 in 10 women who seek abortion are already mothers trying to take care of the families they have.⁴
- 1 in 4 U.S. women will have an abortion by the age of 45.⁵
 - 1 in 5 women in the country have used Planned Parenthood at some point in their lives.⁶
 - Planned Parenthood has strong support: 80% of Americans⁷—including 67% of Republicans—support Planned Parenthood and do not want to see “defunding” attacks.⁸ More than half of Trump voters support funding for Planned Parenthood (PerryUndem)⁹.
- A majority of voters support lifting the Hyde Amendment.¹⁰
 - Women who want abortion care but are denied are more likely to fall into poverty than those who can access abortion care.
 - Restricting Medicaid coverage of abortion forces 1 in 4 poor women to carry an unwanted pregnancy to term.¹¹



- Polling has found that reproductive freedom is widely supported by people of all faiths.
 - A majority of voters of many faiths in battleground states support reproductive freedom and access to abortion, including: 73% of Protestants, 70% of Roman Catholics, 83% of voters who practice another form of Christianity, 89% of Jewish voters, 60% of Muslims, and 87% who practice another religion.¹²

2 <https://news.gallup.com/poll/350756/record-high-think-abortion-morally-acceptable.aspx>

3 <https://www.pbs.org/newshour/politics/new-abortion-laws-are-too-extreme-for-most-americans-poll-shows>

4 <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014#>

5 <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>

6 <https://www.plannedparenthood.org/about-us/who-we-are>

7 <https://poll.qu.edu/national/release-detail?ReleaseID=2443>

8 Quinnipiac University Poll, March 2017 and June 2017; <https://poll.qu.edu/national/release-detail?ReleaseID=2443>

9 <https://www.scribd.com/document/342699692/PerryUndem-Gender-and-Birth-Control-Access-Report>

10 <https://allaboveall.org/updates/poll-shows-that-majority-of-americans-support-medicaid-coverage-of-abortion/>

11 <https://www.guttmacher.org/report/restrictions-medicaid-funding-abortions-literature-review>

12 <https://www.prochoiceamerica.org/2020/08/24/strong-majority-of-battleground-state-voters-support-reproductive-freedom/>



GLOSSARY OF TERMS



- **Abortion:** A safe, legal procedure to end a pregnancy. There are two kinds: medication abortion and in-clinic abortion. Both kinds of abortion are safe and effective. The right to seek an abortion is a constitutionally protected right.
- **Abortion reversal:** Junk science peddled by the anti-choice movement to deepen the stigma surrounding abortion. Abortion reversal is not rooted in science or medical evidence.
- **Back alley abortion:** In reference to a post-*Roe* world, do not use imagery about “back alley” abortion or coat hangers. Instead, emphasize that a post-*Roe* world means people will be investigated, prosecuted, and criminalized for seeking essential health care.
- **Birth control:** A way to prevent pregnancy. There are several methods of birth control such as: birth control implant, birth control patch, birth control pill, birth control shot, birth control sponge, birth control vaginal ring, cervical cap, diaphragm, condom, FC2 female condom, fertility awareness method (FAMs), intrauterine device or IUD (hormonal, copper), spermicide, men’s sterilization (vasectomy), and sterilization (essure, tubal ligation).



- **Crisis pregnancy centers:** These fake health centers deceive people about their reproductive health care options and impose an ideological agenda to block access to abortion care.
- **“Defunding”/federal:** “Defunding” is a misnomer; this type of legislation blocks patients who are enrolled in public health care programs, such as Medicaid and Title X, from getting their care at Planned Parenthood health centers.
- ***Dobbs v. Jackson Women’s Health Organization:*** A Supreme Court case about Mississippi’s 15-week ban on abortion that directly challenges *Roe v. Wade*.
- **Emergency contraception:** A safe way to prevent pregnancy after unprotected sex, either by getting a ParaGard IUD or taking an emergency contraceptive pill within 120 hours (five days) after having unprotected sex.
- **Federally Qualified Health Centers/Community Health Centers:** Community health centers (CHCs) are private, nonprofit organizations that directly or indirectly (through contracts and cooperative agreements) provide primary health services and related services to residents of a defined geographic area that is medically underserved.



- **“Heartbeat” bills:** Extreme and unconstitutional bans on abortion at six weeks of pregnancy, before many people even know they are pregnant.
- **Hyde Amendment:** Since 1976, the Hyde Amendment has blocked federal Medicaid funding for abortion services. Since 1994, there have been three extremely narrow exceptions: when continuing the pregnancy will endanger the pregnant person’s life, or when the pregnancy results from rape or incest.
- **Infanticide:** Infanticide or the killing of an infant is already illegal. Any reference to this in this debate is based on manufactured and false scenarios peddled by the anti-choice movement.
- **Medication abortion:** Medication abortion is a safe and effective way to end an early pregnancy. Medication abortion is done by taking medicines provided by a trained doctor or nurse that cause your pregnancy to end and your uterus to expel the pregnancy.
- **“Partial-birth abortion”/“born alive”:** These bills and imagined scenarios are based on inflammatory rhetoric meant to criminalize doctors trying to care for their patients. They are a solution in search of a problem.



- **Roe v. Wade:** On Jan. 22, 1973, the U.S. Supreme Court handed down its landmark decision in the case of *Roe v. Wade*, which recognized that the constitutional right to privacy extends to a person’s right to make their own personal medical decisions—including the decision to have an abortion—without interference from politicians. The court held that a person has the right to abortion until fetal viability.
- **Self-managed abortion:** The process by which a person ends their own pregnancy, often via medication like mifepristone and/or misoprostol.
- **Title X:** America’s family planning program that, prior to the Trump administration, more than 4 million Americans relied on for affordable family planning services.

This program offers preventive health care services to those most in need. This is the only way that millions of people who have low incomes or are uninsured have access to birth control, cancer screenings, STD tests, and other basic care.

ALL
ABOVE
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EMILY'S LIST



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