October 14, 2021

An Open Letter to Public Officials and Policy Makers:

As organizations advocating for reproductive health, rights, and justice, we urgently call on public officials and policy makers to use the word abortion. Abortion stigma—defined as associating a “negative attribute” towards people who provide, have had, or are seeking abortions—has facilitated the passage of radical laws like Texas SB 8, which bans abortion at approximately six weeks of pregnancy and has forced nearly all abortion services to an abrupt stop across the state. Failing to explicitly use the term abortion and reinforcing negative messages about self-managed or non-clinical abortion contributes to abortion stigma. It is more dire than ever that policy makers act now to protect access to care and make all possible efforts to break down abortion stigma, including using the term abortion.

Abortion is health care. Access to comprehensive sexual and reproductive health services, including access to abortion care, is essential to gender equity and equality. Abortion restrictions rely on and reinforce harmful stereotypes about gender roles and women’s decision-making instead of offering support, undermining their ability to control their own lives and well-being. When someone makes the decision to have an abortion, they should be able to access the care they need with respect and dignity, free from burdens, barriers, and stigma.

Even though abortion is common and a normal part of reproductive health experiences, with one in four women in the U.S. having an abortion in her lifetime, there remains considerable stigma about abortion. Consequently, public officials will sometimes refer to abortion as “women’s health” and the legal framework around abortion rights as “the right to choose”, “pro-choice” or “protecting Roe v. Wade.” Avoiding the word “abortion” reinforces abortion stigma and the notion that abortion is morally wrong, allowing opponents of abortion to define the moral narrative surrounding it.

Abortion stigma is central to the anti-abortion movement, which wields stigma as a deliberate tactic to erode public support for abortion, disparage health care providers who perform abortions, and shame and isolate patients who have received this type of health care. It has allowed dangerous misinformation about abortion to spread and facilitated passage of hundreds of abortion restrictions in the last decade, including restrictions on medication abortion and telemedicine access, which are not medically- or evidence-based.

Similarly, broadly casting any method of abortion outside of the clinical setting as “dangerous” or “unsafe” is outdated and contributes to abortion stigma. While pregnant people may have sought abortion through unsafe, invasive means when no other legal and safe options have been accessible to them, medication abortion now provides a safe and effective alternative method—though of course, all pregnant people should have access to a health care provider when seeking an abortion if they desire. Researchers have attributed self-managed abortion with pills to a worldwide decrease in abortion mortality. Based on existing evidence, the World Health Organization recommends medication abortion as a safe and effective method of ending a
pregnancy, including when self-managed within the recommended parameters (e.g. for people who are less than 12 weeks pregnant).

Also, because abortion is regulated in the criminal code of many states, language characterizing self-managed abortion as “clandestine” and “unsafe” can provide support to the criminalization of people who self-manage their abortion and the people who help them. Even though abortion is legal in all 50 states, we have seen examples of the investigation, arrest, and prosecution of pregnant people and those who support them.

The impact of abortion restrictions and criminalization falls most heavily on people who are living on low incomes, Black, Indigenous, and people of color, immigrants, young people, people with disabilities, queer and transgender people, and those living in rural and other medically-underserved areas—communities that already experience health disparities due to social, political, and environmental inequities, all of which are further exacerbated by restrictions on abortion.

It is imperative that public officials and policy makers help to dismantle stigma and express support for people who have abortions in the language they use and the policies they introduce. Accordingly, public officials and policy makers should explicitly use the word abortion and communicate that:

- abortion is essential health care;
- abortion is part of the full range of reproductive health services and should not be singled out for burdens; and
- access to abortion is a human right.

Sincerely,

Center for Reproductive Rights

We Testify
A Woman's Choice of Charlotte; A Woman's Choice of Greensboro; A Woman's Choice of Raleigh; A Woman's Choice of Jacksonville
Abortion Access Front
Abortion Care Network
Abortion Conversation Projects, Inc
Abortion on Demand
2+ Abortions Worldwide
Advocates for Youth
All* Above All Action Fund
American Atheists
American Civil Liberties Union
American Humanist Association
American Jewish World Service
American Medical Student Association
Blue Mountain Clinic
Broward for Progress
Catholics for Choice
Cedar River Clinics
Center for Biological Diversity
Chico Feminist Women’s Health Center
CHOICES Memphis Center for Reproductive Health
Choix Health
Circle of Hope Health Care Services, Inc.
Clearinghouse on Women's Issues
Cobalt
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR) and COLOR Action Fund
Downtown Women for Change
EMAA Project
Equality California
Families USA
Feminist Majority Foundation
Feminist Women's Health Center
Forward Midwifery, Nursing, and Reproductive Health
Freedom From Religion Foundation
Full Circle Health Center
Global Justice Center
Grandmothers for Reproductive Rights (GRR!)
Guttmacher Institute
Healthy Teen Network
Heartland Alliance International
Hey Jane
Hope Clinic for Women
Ibis Reproductive Health
If/When/How: Lawyering for Reproductive Justice
In Our Own Voice: National Black Women’s Reproductive Justice Agenda
International Planned Parenthood Federation Western Hemisphere Region (IPPFWHR)
Ipas
Jacobs Institute of Women’s Health
Just The Pill
Keep Abortion Safe
Kentucky Health Justice Network
Mabel Wadsworth Center
Management Sciences for Health
Medical Students for Choice
Midwest Access Coalition
Midwest Access Project
Minority Veterans of America
MomsRising Together
MSI United States
NARAL Pro-Choice America
NARAL Pro-Choice Maryland
NARAL Pro-Choice North Carolina
National Abortion Federation
National Asian Pacific American Women's Forum
National Birth Equity Collaborative
National Center for Lesbian Rights
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Institute for Reproductive Health
National Latina Institute for Reproductive Justice
National Network of Abortion Funds
National Organization for Women-Louisiana Chapter
National Partnership for Women & Families
National Women's Law Center
Nebraska Abortion Resources
New Orleans Abortion Fund (NOAF)
Nightingale Medical
Northland Family Planning Centers
Not Without Black Women
NOW Baton Rouge
Nurses For Sexual and Reproductive Health
Oklahoma Call for Reproductive Justice
PAI
Physicians for Reproductive Health
Plan C
Planned Parenthood Federation of America
Population Institute
Positive Women’s Network-USA
Power to Decide
ProgressNow Colorado
Raising Women’s Voices for the Health Care We Need
Reclaim MI Win Fund
Reproaction
Reproductive Health Access Project
Reproductive Rights Coalition
Robbinsdale Clinic, PA
Shout Your Abortion
SisterSong: Women of Color Collective
Society for Humanistic Judaism
Southern Tier Women's Health Services, LLC
SPARK Reproductive Justice NOW!, Inc.
Stigma Relief Fund
Tampa Bay Access Force
The National Domestic Violence Hotline
The National Medical Association
The National Women’s Health Network
The Womxn Project
UCSF Bixby Center for Global Reproductive Health
UltraViolet
URGE: Unite for Reproductive & Gender Equity
WCLA - Choice Matters
We Engage
West Alabama Women’s Center, Inc
Whole Woman’s Health
Whole Woman’s Health Alliance
Women’s Reproductive Rights Assistance Project (WRRAP)