

PROTECTING REPRODUCTIVE FREEDOM IN CITIES AND COUNTIES DURING THE COVID-19 PANDEMIC



A LOCAL REPRODUCTIVE FREEDOM INDEX SPECIAL REPORT | DECEMBER 2020

THE NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH (NIRH) is issuing this special report as part of our [Local Reproductive Freedom Index](#) series to document the leadership and promising policies and practices of localities as they work to address the intersections of the the Covid-19 pandemic and reproductive health, rights, and justice. Protecting Reproductive Freedom in Cities and Counties During the COVID-19 Pandemic: A Local Reproductive Freedom Index Special Report provides a roadmap for how localities can respond to the ongoing pandemic and its aftereffects in ways that center and advance reproductive freedom.

INTRODUCTION

AS THE UNITED STATES NAVIGATES THE UNPRECEDENTED COVID-19 PANDEMIC and its vast economic impacts, cities and local governments have been compelled to action by the incompetence, indifference, and egoism of the Trump-Pence administration's response. The scope of their failure to address the COVID-19 pandemic cannot be overstated. The Trump-Pence administration's lack of a coordinated, data- and equity-driven COVID-19 strategy means that, to date, more than 250,000 Americans have lost their lives to the virus,¹ thousands more are facing long-term health consequences, and the devastating economic impact on middle- and low-income families is just beginning. Though local governments could never make up for the full scope of the Trump-Pence administration's failures, many are working under significant financial pressure to develop creative, intentional, and impactful policies and practices that meet pressing needs in their communities, including for reproductive health, rights, and justice.

The pandemic's upending of daily life is taking its toll on the decisions people make about their reproductive health and when and how they access reproductive health care. Abortion, prenatal care, labor and delivery, and postpartum care are all essential and time-sensitive. However, the logistical

challenges and potential dangers of travel, including via public transportation, have made it difficult for many women, trans men, and other people who can become pregnant* to access health centers and abortion providers. Further, widespread job loss has disproportionately impacted younger women and women of color, leading many to lose employer-sponsored health insurance—a critical source of preventive care, including contraception, and pregnancy-related care.^{2,3} As they turn to Medicaid or underfunded public health clinics, they may find they no longer have coverage for reproductive health care, especially abortion.⁴ All of these setbacks are falling hardest on the most marginalized in our communities, including Black, Indigenous, and people of color; essential workers; undocumented people; and young people.

This moment calls for elected officials to center the health and safety of individuals and families. The first step is to implement the policies already proven to address basic needs, such as making health care, including comprehensive reproductive health care, affordable and accessible and guaranteeing fair wages, paid sick and family leave, and stable and safe housing. The next step is to reimagine cities as places that center the ability of each and every person to live, work, and make decisions about their health and future with dignity and economic security.

This report is a response to that call. It documents select examples of promising local policies and practices, and it offers a roadmap for how cities can advance reproductive health, rights, and justice while navigating the remainder of the crisis. As they rebuild and look to the future, we hope this roadmap will help local leaders answer the question: What could a city committed to reproductive freedom, thriving families, and dignity and autonomy look like?



*NIRH recognizes that people of many genders, including transgender men, gender non-conforming people, and gender non-binary people, can become pregnant and need reproductive health care. NIRH strives to use gender-inclusive language throughout this document, and uses gendered language, including “woman” or “women,” when necessary to align with research findings or legislative language.

A Note Regarding the Uprisings Against Racial Injustice and the Municipal Response

SYSTEMIC RACISM IS AN ONGOING PUBLIC HEALTH CRISIS, and the COVID-19 pandemic is no exception to this reality. The pandemic follows a familiar pattern in the United States—it has disproportionately harmed people of color, particularly Black people, through higher rates of infection, mortality, and the disparate impacts of economic instability and job loss. The pandemic has also coincided with a time of massive uprisings against racial injustice spurred by state-sanctioned violence against Black people, including Breonna Taylor, George Floyd, Jacob Blake, and countless others. Activists' demands to abolish policing and reimagine public safety are particularly significant and relevant to NIRH, as aspects of policing and the carceral system raise local reproductive justice issues connected to our work. This includes advocacy for people who are pregnant and parenting as they interact with the criminal punishment system; support for initiatives to keep families together when a parent or guardian suffers from substance use disorder; advocacy for autonomy and patient-centered care in every element of reproductive health care, including for those in the carceral system; and efforts to keep abortion clinics safe from aggressive protesters.

This resource is focused primarily on the ways that cities and counties have responded to the pandemic, yet ideas included in this report may overlap with local responses to the uprisings and activists' demands for racial justice. As just one example, advocates are calling on cities across the country to divest from overpolicing and reinvest resources into the community, which in some places includes funding for abortion access and other reproductive health care. However, this resource is not intended to fully document the critical anti-racism work being done in communities across the country and how it intersects with reproductive justice. NIRH, as a reproductive rights organization, acknowledges that we do not hold the expertise to develop such a report and, for now, we are listening to and learning from our allies in the reproductive and racial justice movements and supporting their work through our partnerships.

TOWARDS A MODEL CITY DURING THE COVID-19 PANDEMIC



NIRH DEVELOPED A **“MODEL CITY” FRAMEWORK** for the Local Reproductive Freedom Index series to exemplify what a city could look like if it used the full extent of its policy and programmatic powers to support the freedom and ability of each person to control their reproductive and sexual lives, foster thriving families, and destigmatize abortion and contraception.

This section highlights specific promising policies and practices that cities have instituted in each of the six categories of the Model City.

PROTECTING ABORTION ACCESS



A MODEL CITY RECOGNIZES ABORTION AS AN ESSENTIAL PART of comprehensive reproductive health care and takes all necessary steps to ensure that access to that care is comprehensive, safe, and affordable. Abortion clinics are easily accessible, recognized as valuable, and integrated into the city's health care system.

Abortion is time-sensitive, essential reproductive health care. It cannot be significantly delayed without profound consequences on the health and well-being of the individual seeking abortion care and, often, their family and loved ones. Yet due to the COVID-19 pandemic, abortion providers, clinic staff, and women and pregnant people in need of abortion care all face challenges to providing and obtaining timely care. The impact of COVID-19 on health care access is compounded in the abortion context, due in part to anti-abortion politicians imposing unnecessary, politically driven limitations or bans on abortion, including efforts at the beginning of the pandemic to try to prevent abortion in some states. Once patients get to a clinic, many are forced to walk through large groups of often-maskless protesters, who gather outside in defiance of pandemic safety orders to intimidate and harass those providing or seeking care.

Promising Policies and Practices

- Officials in **Charlotte** and **Greensboro, NC**; **New York City**; and **San Francisco** enforced their orders limiting large groups or requiring non-essential workers to stay at home by dispersing protesters in order to protect safe access to abortion clinics.
- In **Louisville, KY**, councilmembers introduced a bill that would have established a buffer zone to allow patients and staff to enter a clinic with a distance of six feet on either side of them. This bill was introduced in response to the regular crowds of more than 100 protesters at EMW Women's Surgical Center. Unfortunately, the Louisville Metro Council ultimately failed to pass the bill.
- The Virginia Department of Health worked with **Nelson County, VA**, to develop a pamphlet of resources available to residents during the pandemic, including information on where to access abortion care and how to contact the local abortion fund for financial support.

Local officials seeking to protect abortion access as the pandemic continues should consider following the lead of these localities. Other measures they could consider include protecting access to abortion during shelter-in-place periods, establishing that individuals will not be prosecuted for self-managing an abortion within their jurisdiction, and monitoring and addressing any dangerous behaviors of anti-abortion pregnancy centers, such as remaining open in violation of shelter-in-place orders.



THE BUDGET OF A MODEL CITY DEMONSTRATES THE CITY'S VALUES *by providing funding for reproductive health services, including abortion.*

The COVID-19 pandemic has had a devastating impact on the economy, which was already not working well for a majority of the country.^{5,6} The failure of the Trump-Pence administration to provide sufficient economic assistance to local and state governments as well as small businesses is an ongoing emergency. Local leaders are rightly focused on meeting the basic needs of residents who are facing financial crises and economic uncertainty; this can and should include funding for access to comprehensive reproductive health care, including contraception and abortion care, for all who need it. The powerful and urgent calls to defund police in order to instead invest in communities are rooted in decades of activism, but they reached a new level of amplification after the murder of George Floyd. This call provides one path towards transformed budgets that support secure employment, healthy families, and shared prosperity.

Promising Policies and Practices

- In **Austin, TX**, the Austin City Council reallocated \$100 million from the Austin Police Department to community programs and policies, including an investment of \$250,000 in practical support for abortion care for Austinites—a \$100,000 increase from the previous year.
- In **New York City**, the New York City Council renewed \$250,000 in funding to the New York Abortion Access Fund, recognizing the critical need to continue to bolster abortion access and noting that calls to the fund for financial assistance increased at the beginning of the pandemic.

Local officials interested in supporting funding and coverage for reproductive health care should consider following the lead of these cities. Other measures they could consider include purchasing and distributing emergency contraception, investing in programs like self-testing for sexually transmitted infections or expedited partner therapy, and providing additional funding to sustain young people's access to confidential and comprehensive sexuality education while attending school virtually. All funding should be made available to all residents in need, regardless of immigration or carceral status, and with minimal barriers to access.

SUPPORTING YOUNG PEOPLE



A MODEL CITY EQUIPS YOUNG PEOPLE *with the reproductive and sexual health information and services they need to make the best decisions for themselves regarding their health, relationships, and lives.*

The COVID_19 pandemic has impacted adolescents in complex ways, and there are few broad, one-size-fits-all solutions to the challenges they face.⁷ As they develop, young people need connection with friends and trusted adults, including beyond their immediate family; comprehensive and accessible sexuality education; confidential reproductive health care; and safe spaces to explore their identities—which may not be their home. All of these needs may be unmet as schooling goes virtual in many places and young people are encouraged or required to stay home. Even before the pandemic, young people who are pregnant or already parents faced barriers to receiving adequate, respectful care and support, and they may be forgotten or excluded from new programs or policies developed to address pandemic-related needs for families.⁸

Promising Policies and Practices

- In counties across **Florida**—which mandates court approval for a minor to access abortion care if they lack consent of a parent or guardian—many county courts have established remote procedures in response to the pandemic, including those for minors to access judicial bypass. These processes have reduced burdens for young people seeking a judicial bypass, in some cases by eliminating transportation barriers and allowing access via phone or teleconference.
- The Genesee County Health Department in **Michigan** launched a new public awareness campaign encouraging young people to contact the health department for free and confidential family planning care.
- In **New York City**, thanks to the advocacy of two Queens teenagers and assistance from local elected officials, the Department of Education is distributing free menstrual hygiene products at all school food-distribution sites around the city.
- Staff at **Philadelphia** community schools provided wrap-around resources for students and their families as classes went virtual, including helping arrange access to food, diapers, and hygiene products at some of their schools.

Local officials interested in supporting young people should consider following the lead of these localities. Other measures they could consider include providing funding for and guidance on offering virtual comprehensive sexuality education to all students; developing resources for LGBTQ young people, especially those who may be quarantined in unsafe or hostile homes; and developing innovative strategies to ensure access to comprehensive reproductive health care for young people, including telemedicine and accessible in-person care.

SUPPORTING FAMILIES



A MODEL CITY SUPPORTS EVERY RESIDENT'S RIGHT *to parent and support a family in a health, safe, and secure environment.*

The COVID-19 pandemic has shattered an already fragile system of resources for families and parents. The pandemic's impact on maternal mortality rates—currently at emergency levels for Black women—is not yet known, but advocates have raised the alarm about the effects of limited access to both prenatal care visits and support people in labor and delivery.⁹ The sudden evaporation of childcare options for most families, whether due to the closure of daycares and schools or the need to socially distance from family members, has left both essential workers and parents who are able to work from home in dire straits.¹⁰ Mothers have borne the brunt of childcaring responsibilities during the pandemic,¹¹ forcing many of them to leave their jobs and others to be perhaps permanently set back in their career trajectories. Immigrants and families in mixed-immigration status households, many of which are struggling with financial instability, were excluded from the temporary stimulus and unemployment benefits of the federal CARES Act.¹²



Promising Policies and Practices

- In **Austin, TX**, the Austin City Council designated \$1 million in grants to provide financial assistance to eligible childcare centers in recognition of the fundamental threat to their economic survival and the possibility that we may face a dearth of such providers once the pandemic has ended.
- In **Baltimore**, the city health department partnered with the Maryland Department of Health to purchase and distribute 500,000 diapers for vulnerable young children across the city.
- In **Bloomington, IN**, All-Options Pregnancy Resource Center received \$12,510 from city and county funding sources to support their diaper bank program, including funds to pay for diapers as well as to include items like face masks, menstrual hygiene products, condoms, and pregnancy tests in the diaper packages.
- **Chicago** passed an ordinance barring employers from firing or demoting an employee for staying home from work during the COVID-19 crisis, including staying home to care for an individual required to quarantine.
- In **Indianapolis**, local leaders partnered with community-based organizations, including the Boys & Girls Clubs of Indianapolis and the Indianapolis public school system, to provide childcare for families of first responders.
- **Philadelphia** passed a paid sick leave bill requiring all employers—including small employers and those employing gig workers—to provide two weeks of paid sick leave.
- **San Francisco** allocated \$10 million towards financial relief for undocumented and extremely low-income families, and it is currently piloting a universal basic income program that will provide 150 Black and Pacific Islander women \$1,000 per month for the duration of their pregnancy and six months postpartum.
- **Seattle** provided funding for emergency childcare for essential workers, including pharmacy and grocery store workers.

Local officials interested in supporting families should consider following the lead of these cities. Other measures they could consider include ensuring all pregnant people in labor are able to have at least one support person of their choice, including a birth worker, in the room with them during the birthing process;¹³ establishing policies that ensure safe skin-to-skin contact after delivery;^{14,15} and allocating funding for childcare essentials such as diapers and baby clothes to be accessible at trustworthy, unbiased resource centers instead of at deceptive anti-abortion pregnancy centers.¹⁶



A MODEL CITY IS COMMITTED TO HEALTH, JUSTICE, AND AUTONOMY *for all people, inclusive of their many identities. Its initiatives and programs provide people with the support they need to engage with their community, plan their lives, and achieve their full potential.*

The disproportionate impact of COVID-19 on Black communities, communities of color, and low-income workers often overlaps with the sacrifices demanded of underpaid essential workers. This is further underscored by the clarion calls for an end to the overpolicing of Black communities and communities of color and a new approach to justice and public safety. Inequities in health care, abortion care, housing, education, wage gaps, and treatment by law enforcement are rooted in systemic racism that denies the humanity of Black, Indigenous, and people of color. Institutions founded in these roots of systemic racism, including those related to medicine, education, and policing, reflect these inequities through flawed policies that deny the right of *all* people to live with dignity and control their lives, bodies, and futures. The intersecting crises of 2020 demand that cities examine “business as usual” and reimagine what a healthy and just community for all residents would look like, and what it would require of their leaders.



Promising Policies and Practices

- **Austin, TX**, established a utility bill relief program to ensure uninterrupted access to water and electricity, suspending disconnection for non-payment and late fees.
- **Columbus, OH**, allocated funding to assist small minority-, and woman-owned local businesses impacted by COVID-19.
- **Denver** passed a proclamation urging the governor to issue a moratorium on rents and mortgages.
- **Erie County, PA**, issued LGBTQ-friendly guidance on safe sex and coronavirus that included guidance for sex workers.
- **Harris County, TX**, invested \$1 million of its own dollars alongside CARES Act funding to expand polling places, including a drive-through option, extend early voting, and process mail-in ballots more quickly to ensure voters could cast their ballots as safely as possible.
- **Minneapolis** launched an Emergency Mental Health Fund that allocated funding to mental health practitioners serving people of color. The city also responded to disparities in access to testing and treatment for COVID-19 by partnering with local community-based organizations, such as The Beautywell Project, to offer COVID-19 testing to harder-to-reach communities, including the Somali community.
- **Oakland, CA**, passed a bill halting evictions and banning rent increases and late fees during the pandemic.

Local officials interested in supporting families should consider following the lead of these localities. Other measures they could consider include acting to protect people who are incarcerated from the spread of COVID-19, including offering clemency to or commuting sentences for those most vulnerable to the virus and releasing individuals to reduce overcrowding; offering free phone calls to people who are incarcerated and do not have access to in-person visits; and ensuring economic assistance for people who earn their living through the informal economy.

TAKING A STAND



THE GOVERNMENT OF A MODEL CITY TAKES ACTION *to support or oppose state- and federal-level reproductive health, rights, and justice issues that impact its residents.*

Resolutions are an important tool for cities and counties to establish their values and engage in public education. During the pandemic, local leaders have used this tool to comment on the systemic impact of racism. Localities across the country have passed resolutions declaring racism a public health crisis, explicitly naming that racism and the pandemic are connected to and exacerbate each other.

Promising Policies and Practices

- Towns and villages across **Connecticut**, including **Bloomfield**, **Hartford**, and **Windsor**, have passed resolutions declaring racism to be a public health crisis; the resolutions call for research on how each community can begin to address these inequities at home.
- **Boston** passed a resolution calling for the complete and regular availability of race data on health disparities to analyze how local policy contributes to racism.
- In **Oakland, CA**, the City Council passed a resolution declaring COVID-19 a local health emergency for Black residents and requiring the city to develop a race- and equity-based plan to address the pandemic and prioritize Black and Brown residents in the allocation of pandemic-related funding.
- The **Pittsburgh** Commission on Human Relations issued a statement condemning xenophobia and racism against Asian communities, urging all residents to support Asian-owned businesses and connect with their friends and neighbors.

Local officials interested in taking a stand should consider following the lead of these localities. They could also pass resolutions that align with the specific impacts of COVID-19 on their communities and lift up disparities based on race, gender, income, ability, age, family status, or other marginalized identities.

THE JOURNEY AHEAD: PRINCIPLES TO PROTECT REPRODUCTIVE FREEDOM IN A CRISIS



THE COVID-19 PANDEMIC WILL EVENTUALLY come to an end, but its economic and societal impacts will linger far longer. This is also unlikely to be the last widespread crisis the country will face in the years to come. To support local leaders committed to protecting and expanding reproductive freedom even in the face of such a crisis, NIRH has developed a set of principles informed by real-life examples and the wisdom of advocates and activists who have been fighting for reproductive health, rights, and justice for decades.

1

Reproductive health care, including access to contraception and abortion, is essential and time-sensitive. A delay of days or weeks in accessing contraception or abortion care can have multiple negative consequences for patients, and it can make abortion completely inaccessible for some. Every level of government has a responsibility to ensure women, trans men, and other people who can become pregnant have access to the care they need and the freedom to determine if, when, and how to become a parent. This includes protecting and expanding access to both procedural abortion and medication abortion, which those seeking care should be able to receive in the way that makes sense for them within the bounds of federal and state law—whether at a health center, their local pharmacy, or delivered to their home.

2

Patients must be able to access abortion care safely and without fear of getting sick or facing harassment. Protesters at abortion clinics perpetuate stigma and provoke shame and fear as patients and their companions try to safely access health care. When protesters gather outside of abortion clinics in violation of social distancing guidelines or mask mandates during a pandemic, the health risk to patients, their support people, clinic staff, and providers is significant. Every person who has decided to have an abortion should be able to access the procedure in their own community and without having to risk their safety.

3

Self-managed abortion must be decriminalized. In a time of crisis, barriers to timely and affordable abortion care may be magnified, catalyzing an increase in the number of people considering self-managing their abortion. With the right medication, information, and support, self-managed abortion can be a safe and effective option.¹⁷ Law enforcement—including prosecutors, investigators, and police departments and officers—should refrain from investigating or prosecuting women, trans men, and other pregnant people for attempts to self-manage an abortion and other behavior during their pregnancies.

4

Pregnant people and people giving birth deserve dignity, safety, and support. All pregnant people, including those who are incarcerated, should have the resources to determine the setting where they give birth, the right to have at least one support person with them during labor and delivery, and the ability to be with their newborn immediately after birth in accordance with safety guidelines. The United States' unconscionably high Black maternal mortality rate makes it especially important that Black women, trans men, and other pregnant people have access to a support person, including a doula or other birth worker if they choose, to advocate on their behalf. Initiatives to address systemic racism within health systems and its impact on maternal and infant health outcomes are highly urgent.

5

Young people need special support, especially LGBTQ young people. All young people deserve access to confidential, high-quality, and comprehensive sexuality education, even when school is held online. Young people also need access to the full range of comprehensive reproductive health care, including abortion and prenatal and maternal health care, and often require assistance in order to overcome barriers like transportation, cost, and the need for confidentiality to access that care. LGBTQ young people need access to safe spaces where they can be themselves and are accepted, especially if they are not safe at home.

6

Women and single parents need resources, care, and commitment. The burden of childcare responsibilities and costs falls most sharply on women and single parents.^{18,19} Community leaders must ensure that those who choose to become parents have the resources they need for their family to thrive, including access to diapers and formula, safe and secure housing, and financial security. Paid family and sick leave for all genders and childcare supports are essential to begin to close the gender gap in childcare responsibilities. Women and single parents also need support to make up the economic and career losses they may have suffered due to the childcare crisis.

7

All workers deserve to be healthy and to earn a living wage. Low wages and unfair working conditions, including those that require workers to risk getting sick or infecting others in their lives, interfere with an individual's ability to make their own decisions about pregnancy and their ability to parent and care for their families. Cities must prioritize worker safety and economic justice-oriented policies that are applicable to all workers, regardless of their job or immigration status, such as tipped workers, domestic workers, and farm workers. Cities should consult and collaborate with organizations that advocate for workers, including labor unions and organizations that represent those in the informal economy like sex workers, to develop and implement strategies to ensure their safety and provide economic assistance during the pandemic.

8

Racism is a public health crisis and must be treated with urgency. Deep inequities in the health care system caused by systemic racism mean that Black, Indigenous, and people of color face worse outcomes for COVID-19-related health issues, higher rates of maternal and infant death, and lack of access to abortion and other reproductive health care services. Restrictions on this care perpetuate systems of oppression, anti-Black racism, xenophobia, and white supremacy that have denied people of color, especially Black women, the ability to control their reproductive destinies and thrive in their own communities. Localities must apply an equity lens and an antiracist approach to all programs or policies in order to prioritize the communities most impacted by the crisis.

9

Race and equity should be centered in every aspect of budgeting. Budgets are moral documents that demonstrate a city's values and directly impact its culture and daily life. Local funding should be invested in policies, programs, and initiatives that effectively advance the public good for all, including intentional investments in resources for and organizations led by Black, Indigenous, and people of color. This requires shifting funding and other resources from police departments and collaboration with immigration enforcement into proven public health and safety initiatives that are trusted by the communities most impacted by police brutality and overpolicing. Budgeting decisions should be evaluated to measure their impact on equity and racial and gender justice.

10

Safe access to elections is core to reproductive freedom. Voting is the cornerstone of our democracy, and directly impacts whether someone has a say in the laws and policies that often dictate the extent to which abortion and other reproductive health care is available, accessible, and equitable. Yet the right to vote for many has been inaccessible or under threat for most of this country's history. It is now deeply threatened by the impact of the pandemic coupled with voter suppression efforts. Most Americans support reproductive health, rights, and justice, but without the ability to vote, their voices risk being ignored. To the extent of their abilities, every locality should work to ensure that every eligible American is able to cast a vote safely and easily, whether in person or by mail.

CONCLUSION

THE URGENCY OF THIS MOMENT, at every level of government and in every corner of the United States, can seem overwhelming. As we adjust to the new reality of life during a pandemic, we are also being called to reckon with the ramifications of hundreds of years of systemic racism, white supremacy, and reproductive oppression playing out across our cities. The pandemic has forced many of us, from mayors to local mutual aid fund volunteers, to realize the urgency of creating new systems and policies that work for everyone in our cities, starting with those most marginalized. In a system this broken, there is no going back, and it is therefore imperative that everyone, including policymakers, pause and reflect on the society we want to rebuild. As we navigate the remainder of the pandemic and the challenges to come, we all must commit to the process of creating communities that truly meet the needs of residents and enable each of us to live, work, and make decisions about our health and future with dignity and economic security. If local leaders, already at the heart of the response to this crisis, take the time to listen to, work alongside, and invest in communities and their needs, cities can once again serve as the building blocks of our democracy.



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