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Access and Advocacy: The Philosophies and Practices of Abortion Funds Under Stress

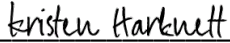
by
Erin Johnson

DISSERTATION
Submitted in partial satisfaction of the requirements for degree of
DOCTOR OF PHILOSOPHY

in
Sociology

in the
GRADUATE DIVISION
of the
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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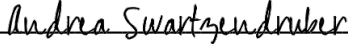
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Dedication and Acknowledgements

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Access and Advocacy: The Philosophies and Practices of Abortion Funds Under Stress

Erin Johnson

Abstract

In this dissertation, I set out to understand how funds shape and are shaped by policy changes, how funds negotiate and portray their own organizational identities, and what role funds play – if any – in the movement for reproductive health, rights, and justice. To investigate these issues, I completed a content analysis of 97 abortion fund websites and social media profiles as well as in-depth interviews with 22 abortion fund leaders. I find that abortion funds were founded in response to local conditions and have continued to evolve in response to deep rooting in local communities. This was particularly highlighted in the immediate aftermath of the *Dobbs* decision, as funds' public-facing communications focused on connecting with their communities to engage existing supporters, recruit new people to the cause, reassure local individuals seeking abortion care, and connect patients to resources. However, over the course of the next year, funds' response to the *Dobbs* decision shifted, becoming more national in scope as they were forced to work more closely with other funds to move people seeking abortion care from states with newly restrictive abortion laws into states with more permissive or supportive policies. Through an exploration of funds' espoused and enacted values around diversity, equity, inclusion, and justice, I find that abortion funds are continuing to negotiate their identities in response to a variety of internal and external forces, including leadership transitions and pressures from umbrella organizations and funders. Finally, I find that funds center care work, which sometimes makes it hard for them to locate themselves within the movement for health, rights, and justice. By centering care work as liberatory and resistive movement work, I challenge current theories of social movements and locate funds as movement actors.

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1. Introduction

Recent data suggests that – contrary to expectations – the average number of abortions provided within the United States’ (US) medical system in the year after *Dobbs* actually increased compared to the months before *Dobbs* (Society of Family Planning 2023). How is this possible when fourteen states have banned abortion completely and another seven have placed severe restrictions (Abortion Finder 2024)? While there are many contributing factors – including increases in telemedicine provision of abortion and efforts to increase patient capacity on the part of clinics in less restricted states – abortion funds deserve no small share of the credit for this feat.

Abortion funds – grassroots organizations that help individuals seeking abortion care overcome barriers – exist in a chaotic, stressful, and increasingly hostile environment. They constantly work to raise funds for a time-sensitive, heavily stigmatized medical procedure while also helping minoritized people in need of medical care, often facing a much larger number of requests for help than they can actually fill. In addition to the lack of resources and desperate need, funds must navigate medical misinformation, anti-abortion rhetoric, and changes to state and local laws governing abortion care – including laws specifically targeting individuals and organizations who assist people in accessing abortion care such as Texas’ SB8 (Damante 2023).

Abortion funds do not just fund abortion. As the National Network for Abortion Funds’ (NNAF) mission states, funds “[build] power . . . to remove financial and logistical barriers to abortion access by centering people who have abortions and organizing at the intersections of racial, economic, and reproductive justice” (National Network of Abortion Funds n.d.). In addition to providing funding for abortion care, many funds also offer logistical support, help people seeking care navigate bureaucracy, and even offer volunteers to support patients in person during clinic visits. Some funds support clinic escort teams, and many engage in political advocacy and

community education. As organizations, funds often seem to serve as visionary leaders, reimagining how health systems could be if society truly cared for the whole person and worked to remove all barriers to healthcare access.

Despite the importance of abortion funds to the ecosystem of abortion access in the United States, research has largely ignored these organizations. Studies focusing on people seeking assistance from funds have found that funds frequently serve individuals from minoritized groups who are experiencing significant hardship while seeking abortion (Ely, T. Hales, Jackson, Bowen, et al. 2017; Ely et al. 2018; Ely, Hales, and Agbemenu 2020; Leyser-Whalen, Torres, and Gonzales 2021; Whitney S Rice et al. 2021). Additionally, some researchers have begun to partner with abortion funds to recruit people seeking care for studies (Doria et al. 2023; Liddell et al. 2024; Makleff et al. 2023). However, only a handful of researchers have focused on funds themselves or the individuals that staff them, and none of these studies have been national in scope (Daniel and de Leon 2020; Foster et al. 2020; Gantt-Shafer 2020; White et al. 2023).

My initial motivation in designing this study was to understand the experience of living through a period of intense policy change from inside the affected arena. Political attacks on abortion access had been escalating for some time before the *Dobbs* decision, and the years immediately before *Dobbs* consistently set records for the number of anti-abortion bills introduced in state legislatures. Like many abortion activists and researchers, I recognized that anti-abortion activists had been working to set up challenges to *Roe* in the Supreme Court and that it was likely to be overturned during the course of this study. With the support of a mentor, I identified abortion funds as potential site for the project. As I began working to understand what was already known about funds, however, I started to ask more fundamental, definitional questions such as how such a diverse group of organizations came to exist under a single umbrella and what role they play in the larger movement space.

Before *Dobbs*, funds mostly flew under the radar. They were not much discussed in research or popular media, so their public presence was mostly confined to organizational websites and social media profiles geared towards a mix of supporters and people seeking abortion care. Because of this, I chose to start my research with a content analysis of funds' website and social media presence. I reviewed the English-language websites of NNAF-affiliated funds, collecting data regarding their services, history, mission, vision, values, volunteer opportunities, and the presence and absence of specific ideals or philosophies I had determined in advance to be particularly relevant. I also used the Internet Archive's Wayback Machine and social media filters to understand how funds had responded to the *Dobbs*, both in the days just after it was released and over the following year. To provide additional depth and context to these data, I also interviewed 22 abortion fund leaders. I recruited participants via social media and snowball sampling methods and conducted interviews over Zoom. Participants answered questions about their history of working with abortion funds, personal motivation for fund work, experiences of conflict resolution within funds, how their funds had responded to *Dobbs*, and how they viewed funds' place in the larger arena of the movement for reproductive health, rights, and justice.

To reflect the nature of these two data sources, I use Goffman's symbolic interactionist theatrical metaphor as an analytical theoretical framework (Goffman 1959). Symbolic interactionism – which came to prominence in the 1950s as a contrast to structural functionalism – attempts to understand society via a bottom-up perspective, focusing on how micro-level interactions allow humans to develop shared meaning through a process of interpretation, ultimately acting in concert to form the complex systems that make up society (Dingwall 2001; Fine and Sandstrom 2011). Goffman (1959) uses theater as a metaphor to understand social interactions – the heart of all symbolic interactionist work – proposing that action is divided into public or “frontstage” areas and private or “backstage” areas. Goffman proposes that actors

engage in impression management in frontstage areas – while interacting with others – in an attempt to persuade the audience (those with whom they are interacting) to think well of them. The self presented in frontstage areas is carefully crafted and rehearsed. In “backstage” areas – where the actor is interacting only with themselves – the true self emerges. In this project, I use data from the content analysis as “frontstage” data, reflecting the carefully crafted persona that abortion funds present to public audiences. I compare and contrast this with the more “backstage” interview data, in which my discussions with fund leaders allows me to peer behind the curtain and see the rich complexity of these organizations’ identities and the tensions inherent in working with others.

I use a mix of “frontstage” data from the content analysis and “backstage” data from interviews to explore how funds have been shaped by policy as they work to counteract the effects of increasingly restrictive abortion policies between *Roe* and *Dobbs* and after *Dobbs*. In Chapter 3, titled “By, of, and for our communities: Abortion funds as grounded in local communities,” I describe how funds evolved in the post-*Roe* landscape, during a period when there were national standards for abortion access but state legislators were doing their best to constantly find new and creative ways to limit access to care. This necessarily shaped funds’ tactics, grounding them in local conditions and communities. Specifically, I find that funds were often founded in response to local policies, either directly or indirectly, that their current service offerings map to barriers to abortion access identified in the literature, and that these service offerings vary in response to regional and sub-regional conditions. These findings are reinforced by fund leaders’ descriptions of how the local landscape influences their funds’ work. In Chapter 4, “We’re still here: Abortion funds in the wake of *Dobbs v. Jackson Women’s Health*,” I find that after the *Dobbs* decision, the abortion landscape shifted drastically as more and more people seeking abortion were forced to travel long distances for care. This forced funds to adapt their tactics, increasingly working as a cooperative network instead of as individual organizations in order to respond to the nationalized crisis of

abortion access. Specifically, I find that in the days after the Dobbs decision, most abortion funds continued to focus on communicating with local supporters, activists, and people seeking abortion care. Funds fulfilled the three “core messaging tasks” identified by Snow and Benford (1988) – informing their audience about the problem and its cause, identifying actions and targets for actions, and motivating audiences to act. They also disseminate messages focused on their core work of community care – connecting people seeking abortion to resources and reassuring them that they would still be able to access care. Over the next year, abortion fund leaders explain that increased visibility led to increased resources but also increased demand. While funds attempted to mitigate the effects of the increased volume of people seeking assistance and the increased cost and complexity of these cases by increasing inter-fund collaboration, funds have struggled to keep up, and fund leaders frequently report feeling overwhelmed and burned out.

Symbolic interactionism also helps us to understand abortion funds as organizations and to explore how they are related to other actors in their social world. Adele Clarke defined social worlds as groups that “generate a life of their own” (Clarke, Friese, and Washburn 2018). Social worlds are sites of social activity, usually with a particular focus and often with fluid boundaries (Strauss 1978). Arenas – which may exist within social worlds or may encompass several social worlds – are sites of negotiation, bringing into focus the fact that humans do not always work cooperatively but may engage in struggle to determine what joint action will look like. The very existence of an arena signifies that disagreement exists about issues of meaning and action, which must be resolved through some form of negotiation, cooperation, or coercion. Organizations – which in contrast to worlds and arenas typically have closed boundaries – may exist within or between worlds and may be viewed as arenas in and of themselves (Strauss 1978).

In Chapter 5, “Contentious negotiations: Organizational values, operational reality, and the tension between them,” I continue to use this contrast between front- and back-stage data, as well

as incorporating a symbolic interactionist understanding of organizations and the negotiations that allow them to function, to analyze the values abortion funds publicly espouse and the extent to which these values are enacted through organizational practices. I specifically focus on values related to diversity, equity, inclusion, and justice (DEIJ) and reproductive justice, as these emerged in the literature as vital to funds' success and in the data as points of particular anxiety and tension within these organizations. I find that while funds often present themselves as DEIJ champions online, they frequently have trouble putting these values into practice. Due to leadership transitions and pressure from external stakeholders, funds are being challenged to take up improved DEIJ practices and more closely reflect the communities that they serve. I also find that while funds are in the process of shifting from the "choice" framework made popular in the *Roe* era to the reproductive justice framework originated by Black feminist scholars in the 1990s – both online and in practice – white-led funds are hesitant to fully embrace this new framework, lest they be seen as appropriating the work of Black women. This sometimes leads them to engage in creative language, blurring the boundaries around what it means to be a reproductive justice organization. In the final analytical chapter, Chapter 6: "Centering care: Locating abortion funds as movement actors," I more explicitly examine the role funds play in the movement space, relying exclusively on interview data and bringing in Situational Analysis mapping. I find that while some fund leaders feel hesitant or resentful of it, most acknowledge that funds do sit within a social movement and that fund work – to some extent – is social movement work. Some leaders exclusively view movement building and advocacy work as social movement work, considering the community care work funds primarily focus on as separate. However, other leaders view funding abortion as an act of both radical protest and community care. This centering of care allows us to understand abortion funds as a bridge space within the movement and to rethink common social movements theories, which tend to center power struggles rather than community care. Instead, I argue that abortion funds provide a

lens to understand care work as the heart of movement work and care, itself, as a motivation for movement mobilization, a tactic used by movement actors, and a sign of movement success.

2. Methods

This study utilized a mixed-methods approach, incorporating data from a content analysis of all National Network of Abortion Funds member websites and social media profiles and in-depth interviews with 22 abortion fund leaders. Analysis utilized descriptive statistics, constructivist grounded theory methods, and situational analysis.

Content Analysis Sampling and Data Collection

The content analysis sample included all NNAF-affiliated funds listed on the NNAF website at the time of data collection with public-facing, English-language websites. I reviewed each website between April and July 2023, collecting data via a structured, mixed-methods survey instrument in Qualtrics (see Appendix A). This data collection instrument was initially constructed based on the project's original aims (see Figure 2-1) and a previously published data collection instrument that focused on evaluating the websites of non-profits (Kirk 2018). After completing the initial instrument, I tested it with five randomly selected websites and made adjustments based on my experience. I repeated this process of testing and tweaking the instrument three more times before proceeding with data collection. After completing review of the first 20 websites, I reviewed my research notes and realized that I was consistently memoing about data that was not actually captured in the data collection instrument. I also found that I was using the "Other" option for some questions more than I felt was ideal. I revised the instrument a final time, focusing on capturing more qualitative data with the intention of quantifying it later if appropriate.

The final survey instrument included quantitative questions about the presence or absence of specific elements or language on the website as well as open-ended questions that I used to collect sections of text from the website as well as to describe the website's organization and appearance. The data collection instrument included sections on the funds' social media presence and catchment area, services offered and how to get help, volunteer opportunities and community

engagement, measures of organizational transparency, elements of diversity and inclusion, and engagement with specific philosophies or guiding principles.

Social media data was collected as part of the content analysis using each platform's filter or search tools to identify posts made in the relevant window (June 24, 2022 through July 1, 2022). Since data was not collected during the relevant time period as posts were being made, it is possible that some posts may have been deleted and thus were not captured as part of this analysis. It should also be noted that several funds rebranded after the *Dobbs* decision, so the names used in posts may not match the parenthetical attribution of the quote. I also used the Internet Archive's Wayback Machine to collect post-*Dobbs* statements added to funds' websites. The target date for this portion of data collection was August 1, 2022, but due to the nature of the archive, actual websites reviewed were dated between July 1, 2022, and September 30, 2022.

Finally, data about changes to funds' service offerings and procedures after the *Dobbs* decision were also collected as part of the content analysis, again using the Internet Archive's Wayback Machine. I compared the live website to an archived, pre-*Dobbs* version and described any changes to the fund's eligibility, service offerings, and application process, capturing sections of text from the website as appropriate. The target date for this portion of data collection was April 1, 2022, but due to the nature of the archive, actual websites reviewed were dated between February 1, 2022 and June 1, 2022.

Interview Recruitment and Data Collection

I recruited fund leaders for in-depth, semi-structured interviews using snowball sampling methods. I initially posted information about the study along with a recruitment flyer on my personal Twitter page. The post was retweeted by individuals and organizations, and information about the study was picked up by several reproductive health focused newsletters. Participants reported that the information was also added to several group chats and Slack workspaces that

include abortion fund staff and volunteers. I also asked participants at the end of each interview to share information about the study with friends and colleagues from other funds.

Interviews with fund leaders took place between November 1, 2023 and February 15, 2024. Interviews lasted between 60 and 75 minutes, and participants received a \$50 gift card for their time and effort. In an effort to build trust and transparency, I began each interview by introducing myself and providing brief information about my personal background, academic work, and connections to abortion access work. The interview guide covered fund leader's personal history, values, and motivations for abortion fund work; fund practices regarding security, transparency, and conflict resolution; leader's experiences of and responses to *Dobbs*; and larger-picture questions about abortion funds' long-term goals and place in the movement for reproductive health, rights, and justice (Appendix B). Interviews were conducted and recorded on Zoom and transcribed using GoTranscripts human transcription service.

Analysis

Quantitative analysis primarily focused on providing descriptive statistics. Due to the output produced by Qualtrics, data was cleaned in Excel and analyzed in Stata.

In some cases, I chose to collect data via qualitative, open-ended questions and later quantify it for analysis via a sorting exercise. In these instances, I read through the data, developed a preliminary list of categories, and then attempted to sort the data into these categories, setting aside data that fit into multiple categories or did not fit into any category. Once the preliminary sorting was complete, I examined the data that did not fit the initial set of categories and developed a revised set of categories. I repeated this process until each datum fit into exactly one category.

Qualitative data was coded and analyzed using constructivist grounded theory methods (Charmaz 2014). After each data collection session – whether I was reviewing websites or conducting interviews – I drafted memos to capture decisions about data categorization, explore

emerging themes, and reflect on particularly poignant or relevant data. I also drafted synthetic memos to begin organizing potential findings and to help update my committee on my progress. These memos also gave rise to a preliminary set of codes for the interview data.

Qualitative data was coded and analyzed using MaxQDA. The website and interview data were uploaded to MaxQDA together, allowing them to be analyzed together. Website data was auto-coded using codes based on the questions data was collected in response to – for instance, one question captured website text mentioning reproductive justice, which was coded “reproductive justice.” Interview data was coded using the preliminary set of codes developed via the memoing process as well as the auto-codes used for the website data. New codes were added and iteratively applied as potentially important categories emerged, generally based on further brief memoing with the data during the coding process. The social media data were uploaded to MaxQDA in a separate project file and analyzed alone. Before uploading the data to MaxQDA, I isolated this data in an Excel spreadsheet in order to read and annotate it. From this process, I developed a list of preliminary codes and subcodes, which I applied in MaxQDA. To develop chapters, each set of relevant codes was exported in a Word document, which I annotated to develop a set of sub-codes and exemplar quotes, which eventually developed into an outline for each section of the chapter.

In the final chapter of the results, I also incorporated situational analysis mapping (Clarke et al. 2018). Specifically, I used data from the content analysis, interviews, and background research to develop a social worlds and arenas map, which are used to chart the interacting and overlapping collectivities of research situations. In this case, I developed such a map to help locate abortion funds within the movement for reproductive health, rights, and justice and to understand how they interact and overlap with other movement actors.

Member checking is one way of establishing validity in qualitative research (Birt et al. 2016). Although not a vital part of qualitative methodologies, asking participants or other community members to review and comment on research products reinforces the co-constructed nature of qualitative findings and can provide additional depth and perspective to qualitative analysis. While I did not engage in formal member checking activities, I did meet several times with one participant who has experience with several funds and has worked as a contractor for NNAF. This participant was interested in collaborating with me on disseminating my findings back to funds and asked to be kept looped in on my progress. In these meetings I discussed my preliminary findings and took notes on her feedback regarding my interpretation of the data. This participant's ongoing engagement in my work provided additional insight into the data, and I feel it is important to acknowledge her contribution to this dissertation.

Sample Description

My 22 interview participants represent 20 funds from all four regions of the US (as defined by the US Census Bureau): the Northeast (n=10), the Midwest (n=3), the South (n=6) and the West (n=2). One participant represented a fund with national reach. Participants' funds were doing work in states where abortion was legal up to or beyond the point of viability (n=11), restricted between 6 weeks and 18 weeks (n=3), and banned completely (n=6), and one participant represented a regional fund working in states with a mix of policies. Six participants identified as Black, Hispanic, or mixed race, while the remaining 16 identified as white. Only one participant identified as a man while the rest identified as women. They held a variety of positions within their organizations including Board Officer (such as president or treasurer; n=6) or Board Member (n=3); Director, Executive Director, or Deputy Director (n=5); and Program Director, Manager, or Coordinator (n=8). Participants are referred to by pseudonyms throughout.

A Note on Language

In this dissertation, I use gender neutral language when referring to people seeking abortion care or seeking assistance from funds in recognition that people across the gender spectrum may require these services. When I do use gendered language, it is because I am either (a) citing literature that used gendered language or a gendered sample or (b) quoting a participant who used gendered language.

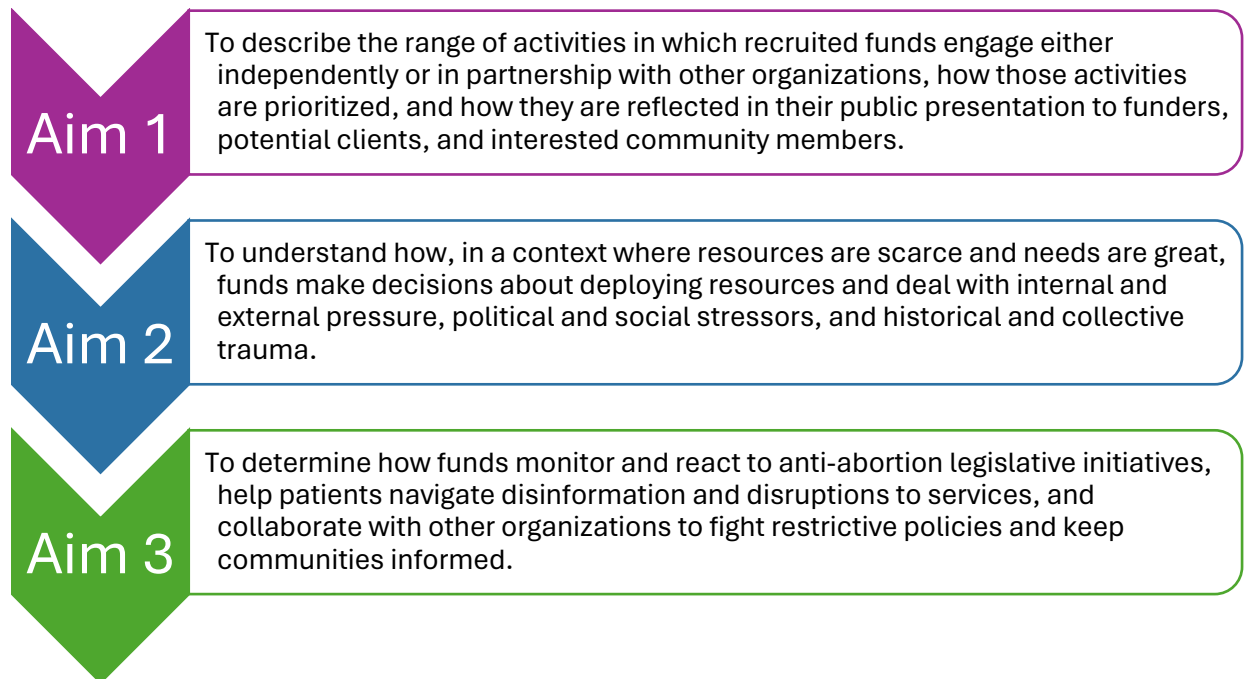


Figure 2-1 Specific aims of the originally proposed project

3. “By, of, and for our communities”: Abortion funds as grounded in the local context

Background

In this chapter, I examine how abortion funds emerged, what they do, and how they shape and are shaped by local political, social, and even geographic conditions. I use funds’ public-facing accounts of their origins to determine whether they are replicants of an original fund (or group of funds) or if they evolved independently and, if so, why. Next, I assess the geographic distribution of fund services in order to understand how these services address the barriers to abortion access described in the literature as well as whether and how such services vary. Finally, I use the narratives of abortion fund leaders to understand how connections to local communities have affected funds’ development, how those communities are shaped in return, and what benefit these relationships have for fund workers and people seeking their assistance.

The Hyde Amendment: A Federal Roadblock to Care

Even before the *Dobbs* decision, abortion has never been fully accessible in the US. This is especially true for people from minoritized communities. Nearly as soon as the Supreme Court announced its decision in *Roe v. Wade*, making abortion a constitutional right, federal and state lawmakers began working to undermine abortion access through other means. The Hyde Amendment – one of the earliest and most enduring efforts in this vein – was initially passed by Congress in 1976 and took effect in June of 1980 (Adashi and Occhiogrosso 2017). Initially, Hyde prevented federal Medicaid monies from funding abortion care, but in the years since its enactment it has been expanded or replicated to remove abortion coverage from other public health insurance programs such as the Federal Employees Health Benefits Program, the Children’s Health Insurance Program, the Medicare Program, and the Affordable Care Act, as well as eliminating abortion care from federally funded healthcare centers such as those managed by the Federal Bureau of Prisons,

the Immigration and Customs Enforcement Agency, the Indian Health Service, and the Veterans Health Administration (Adashi and Occhiogrosso 2017). Additionally, states have used Hyde as a blueprint to restrict abortion access, with 32 states and the District of Columbia prohibiting the use of state funds for abortion care and a number of others passing laws limiting or forbidding coverage of abortion care by private health insurance plans (Adashi and Occhiogrosso 2017).

The Hyde Amendment has limited number of exceptions built in: federal funds can be used to cover abortion care when the pregnancy is a result of rape or incest or if it endangers the life of the mother (Guttmacher Institute n.d.). Additionally, four states that follow this federal standard provide state funds for abortions in cases of fetal impairment, and another four states provide funds for abortions that are necessary to prevent serious, long-term damage to the pregnant person's physical health (Guttmacher Institute n.d.). Beyond that, 17 states have policies that require Medicaid to pay for abortions deemed medically necessary, but nine of these states do so due to a court order rather than action by the legislature (Guttmacher Institute n.d.). However, even in circumstances in which public insurance options should cover abortion care – due to the limited exceptions to the Hyde amendment, state Medicaid policy, or other state-subsidized insurance programs – patients and providers may struggle to access these options or to be reimbursed for care (Dennis and Blanchard 2012; Dennis, Blanchard, and Córdova 2011; Henshaw et al. 2009; Kacanek et al. 2010).

The Hyde amendment put abortion out of reach for many low-income women in the United States. In the first two and a half years after the Hyde amendment was enacted (August 1977 to January 1980), an estimated 18% to 40% of low income women did not receive desired abortions in states restricting Medicaid funds (Cates 1981). This pattern has continued over the four and a half decades since Hyde was first enacted. A more recent study of pregnant women in Louisiana suggested that if Medicaid paid for abortion in that state, around 29% of Medicaid-eligible pregnant

women who ultimately gave birth would have had an abortion instead, and a study of women seeking abortion recruited through Google ads found that participants from states without Medicaid coverage of abortion had significantly higher odds of still seeking abortion at follow-up (as opposed to having had an abortion) but not with planning to continue the pregnancy (Roberts et al. 2019; Upadhyay et al. 2021). This suggests that low-income individuals who do go on to receive an abortion despite the Hyde amendment may experience delays in care, which can make the process more stressful and more expensive.

The Hyde Amendment's consequences go beyond delaying care and increasing birth rates. State funding for abortion is associated with low infant death rates, and there is some evidence that restrictions on Medicaid funding for abortion may negatively affect children, either through an increase in child abuse, child homicide by parents and caregivers, or an increase in accidental fatal injuries (Henshaw et al. 2009; Krieger et al. 2016). Two studies have also shown that restricting Medicaid funding for abortion results in increased costs to public assistance funding – particularly public medical and welfare costs – suggesting that when people with lower incomes are unable to procure a wanted abortion they are less able to improve their socioeconomic status later in life (Henshaw et al. 2009). This was confirmed by findings from the Turnaway study that women who are denied abortions are more likely to be living in poverty, more likely to receive public assistance, and less likely to be employed full time four years after they initially sought out abortion care (Foster et al. 2018).

States as the Laboratories for Injustice: Other Policy Barriers

Other legislative barriers to abortion followed the Hyde Amendment. Although *Roe* protected abortion as a private decision up to the point of viability, it did not actually define viability. This led to considerable diversity in state-level abortion restrictions based on gestational age as legislators tried to argue for earlier and earlier points of viability or shift from viability to markers

such as “fetal pain” or cardiac activity (Roth and Lee 2023). From 1995 up until the *Dobbs* decision, bans limiting abortion after 20 to 24 weeks rose from 5% of states having such bans to 30% of states enforcing or enjoining such a ban by the time of the *Dobbs* decision (Roth and Lee 2023). Eight percent of states imposed 15 to 18 week bans by mid-2022 (Roth and Lee 2023). So-called “heartbeat laws,” which ban abortion after the detection of fetal cardiac activity, appeared around this time. In 2015, around 3% of states had such a ban either enjoined or enacted, but by the time of the *Dobbs* decision, that number had risen to around 12% (Roth and Lee 2023). Several states also passed laws banning sex-selective abortion and abortion of fetuses with anomalies (including Down syndrome) (Roth and Lee 2023). Although many of these laws – particularly those banning abortion before 22 weeks – were not enforced due to judicial action based on the protections assured in *Roe*, their introduction, debate, and passage contributed to abortion stigma as well as confusion about the legality of abortion at different points in pregnancy (Czarnecki et al. 2023; Fuentes et al. 2016; Gallo et al. 2021).

In addition to attempting to ban abortion, many states attempted to dissuade people from receiving abortion care or dissuade providers from offering it – particularly after the Supreme Court’s 1992 decision in *Planned Parenthood v. Casey*, which weakened the protection of *Roe* by imposing the ‘undue burden’ standard. Laws attempting to dissuade people seeking care include mandatory counseling that includes biased or medically inaccurate information, rules disallowing facilities that receive state funds from referring people seeking care to abortion providers, waiting periods between receiving mandatory counseling or information and receiving the desired abortion, and laws requiring parental involvement in minor’s abortion decisions (Roth and Lee 2023). While parental involvement laws were the most common type – with almost 40% of states implementing such a law by 2005 – all laws of this type increased between 1994 and 2022 (Roth and Lee 2023). Laws focused on dissuading providers “imposed . . . medically unnecessary restrictions on abortion

providers” and the facilities where they worked. Often referred to as Targeted Regulation of Abortion Providers (TRAP) laws, these included requirements that facilities meet the standards for ambulatory surgery centers or required providers to gain admitting privileges at local hospitals (Roth and Lee 2023). While these laws began increasing after 2005, they became more common beginning in 2010 after a wave of conservative governors were elected (Roth and Lee 2023).

Changes to the Clinical Landscape

Abortion care is stymied and stigmatized through pathways other than policy. The vast majority of abortions take place in freestanding clinics, isolated from the locations where people receive their regular healthcare (Joffe 2009). Between 1982 and 2020, the proportion of abortion providers working in abortion clinics or other freestanding clinics (places where most visits are not for abortion services) increased from 27% to 50% (Diamant and Mohamed n.d.). While this means that abortion providers are highly experienced and, thus highly skilled, leading to lower rates of complications in these clinics than when abortions are performed in hospitals, it has also made these facilities targets for violence and harassment by anti-abortion activists (Joffe 2009). Abortion providers, volunteers, and people seeking care face online and in-person violence and harassment ranging from stalking and online threats of harm to clinic invasions and burglaries to acts of arson, bombings, and even murder (National Abortion Federation 2023). In addition to the emotional burden this creates for people seeking care, providers, and staff, security concerns also represent a significant cost to the clinic in the form of preventive measures, higher rents, and insurance premiums (Arey 2023; Joffe 2009). It could also be argued that siloing abortion care in this way further stigmatizes it – othering it in the minds of people seeking care, providers, and community members and marking it as unlike ‘regular’ medical care.

Over time, these various barriers – laws designed to complicate or eliminate access as well as the violence and harassment faced by all parties involved – have led to a contraction in the

availability of abortion as clinics have closed and providers have stopped offering abortion services. A 2009 analysis of state abortion policies over time showed that Medicaid restrictions, parental involvement requirements, and TRAP laws serve as deterrents for healthcare providers to begin or continue offering abortion care, and a 2022 study found that TRAP laws were associated with significant reductions in abortion rates (Arnold 2022; Medoff 2013). Between 1982 and 2020, the total number of abortion providers in the US of any type decreased from 2,908 to 1,603 (Diamant and Mohamed n.d.). These closures have hit independent clinics and clinics providing care later in pregnancy especially hard. Between 2012, when the Abortion Care Network started tracking clinic closures, and November 2020, the number of independent abortion clinics in the US decreased from 510 to 337 – a decrease of 34% overall (2020). Of the 41 independent clinics that closed in 2019 and 2020, 76% provided care after the first trimester (Abortion Care Network 2020).

As clinics have closed, many people find themselves living prohibitively far from an abortion facility. A study of the geographic distribution of abortion facilities in 2017 showed that people in 27 US cities had to travel over 100 miles to reach an abortion provider, with over one third of those cities (n=10) being in Texas (Cartwright et al. 2018). These changes have real effects on people's ability to access care, as these individuals must invest increased money and time into getting to a provider. In a 2020 study of data from 18 states, increased distance to an abortion provider was associated with a decrease in county-level abortion rates. Specifically, being 30 miles or more from an abortion provider was associated with 0.80-1.46 fewer abortions per 1,000 women in adjusted models (Brown et al. 2020).

Even those who do not have to travel long distances for abortion care have faced increased costs in recent years. Although costs of abortion care had remained relatively flat (relative to inflation) from the 1970s into the first decade of the 21st century, between 2017 and 2020, costs of care increased for abortions taking place earlier in pregnancy (when the majority of abortions take

place) while the proportion of facilities accepting insurance – public or private – decreased by around 9% (Joffe 2009; Upadhyay et al. 2022). This is particularly worrisome, as abortion costs were already a significant expense. As of 2016, the out of pocket cost for a first trimester abortion procedure would be considered catastrophic (a cost that would consume more than 40% of the household’s monthly non-subsistence income) for households earning the median income in 39 states, and in 9 states such a cost would consume 100% to 199% of the household’s total non-subsistence income (Zuniga, Thompson, and Blanchard 2020). The out-of-pocket cost for a second trimester procedure would be catastrophic for median income households in all fifty states and Washington DC (Zuniga et al. 2020). Unfortunately, the majority of patients do not earn their state’s median household income. In 2022, 42% of abortion patients came from households living below the federal poverty level, and an additional 31% came from households making between 100% and 199% of the federal poverty level (Jones, Chiu, and Rachel Jones 2023).

Insurance Coverage and Additional Costs

The cost of abortion care is yet more burdensome because many people cannot or choose not to use their insurance to cover these costs. The Hyde amendment makes it difficult for individuals with public insurance to get abortion care covered, but people with other private insurance – either through an employer or through the marketplace exchanges – may also struggle. In a study of 725 women between December 2010 and July 2011, three-quarters of participants who had private insurance did not or could not use it to help pay for their abortion care (Roberts et al. 2014). Individuals who have private insurance may worry about privacy issues if they use their insurance such as an explanation of benefits being sent to their parents or partner. Some clinics may only accept a limited number of insurance plans – or no insurance plans – due to the significant administrative burden and associated costs of billing and insurance-related activities, which may be especially difficult for smaller, independent clinics to cover (Jiwani et al. 2014).

Finally, insurance plans may not cover abortion care for a variety of reasons, including state regulations. Eleven states restrict the circumstances in which private insurance may cover abortion care, and 25 states disallow or restrict abortion coverage in plans offered through the insurance exchanges established by the Affordable Care Act (Guttmacher Institute 2023). Additionally, 21 states restrict abortion coverage in health plans offered to state employees (Guttmacher Institute 2023). Twenty states fall into more than one of these categories (Guttmacher Institute 2023). Only seven states require insurance plans to cover abortion (Guttmacher Institute 2023).

People seeking abortion care face costs beyond those paid to the clinic. They often must miss work to access care, and for those whose jobs do not offer paid time off, this results in lost wages that they may not be able to recoup. In a survey of patients at six abortion clinics across the United States in the summer of 2011, 27.8% of patients reported lost wages as one of the costs of seeking abortion care (Jones, Upadhyay, and Weitz 2013). The time lost includes more than the time spent at the clinic, as patients often lose additional time to recovery. In a survey of patients at an abortion clinic in British Columbia, patients reported an average of 2.0 days lost work for a medical abortion and 1.9 days lost work for a surgical (now commonly called “procedural”) abortion (Wiebe and Janssen 2000). Additionally, for most patients, another family member had to miss work in order to drive the patient to and from their appointment and care for them afterwards, often resulting in additional days of missed work for the household (Wiebe and Janssen 2000).¹ These costs may be more common for patients who have to travel, as patients who traveled more than 50 miles to receive care were more likely to report work-related difficulties associated with seeking abortion care than those who travelled less than 50 miles, including that they had to miss work

¹ Because this study took place between 1998 and 1999, the medical abortion protocol used methotrexate instead of mifepristone, but side effects for the two protocols are similar. Additionally, differing policies around paid time off between the US and Canada may mean that patients are more or less likely to go to work when feeling ill.

(58.3% vs. 68.8%) or that their support person lost wages in order to care for them (40.6% vs. 31.3%) (Addante et al. 2021). Almost 60% of patients seeking abortion care already have at least one child, so childcare may be another cost incurred (Kortsmit et al. 2023).

All of these barriers are compounded for people seeking care in states with required waiting periods. Studies of Utah's 72-hour waiting period – the longest in the United States so far – found that close to two-thirds of patients seeking abortion care reported that the waiting period negatively affected them (Sanders et al. 2016). While the waiting period did not prevent patients from receiving abortions, it did add to the cost of the abortion and create additional logistical difficulties for patients such as requiring them or their support person to take additional time off work, increasing transportation costs, and having to disclose their abortion to someone they would not have otherwise confided in about their decision (Roberts et al. 2016; Sanders et al. 2016). Additionally, having to attend two visits created delays in care that caused patients to worry about increased costs of care due to gestational age or about being able to get the type of abortion they preferred (Roberts et al. 2016). One woman was pushed beyond the gestational limit for the facility by the waiting period and had to travel elsewhere to receive care (Roberts et al. 2016). For most patients, the waiting period was much longer than 72 hours in practice, with the average time between appointments being eight days (Roberts et al. 2016). Another study, examining the results of a Tennessee law, estimated that the total cost of a mandatory 48 hour waiting period – including procedural costs, lost wages, travel costs, and childcare – could be up to \$502 per patient (Lindo and Pineda-Torres 2021).

Funding Abortion

Abortion funds exist to help ameliorate these social and political barriers to abortion care, and the literature suggests that they do so primarily for individuals from minoritized communities who face significant hardships or multiple barriers to accessing care. Studies of state, national, and

regional funds show that people of color – especially Black and Hispanic people – tend to be over-represented among people receiving assistance from funds compared to the general population of people seeking abortion care (Ely, T. W. Hales, et al. 2017; Ely et al. 2020; Leyser-Whalen et al. 2021; Whitney S Rice et al. 2021). Additionally, people receiving assistance often present with public insurance or no insurance, are frequently single, already parenting, and may be unemployed or have low educational attainment. Individuals with multiple minoritized identities – such as younger patients who are also Black – may be more likely to need assistance from funds (Ely et al. 2018). Additionally, people receiving assistance frequently reported experiencing multiple hardships that made accessing abortion care more complicated such as homelessness, unemployment, domestic violence, or being a student (Ely et al. 2020). For these individuals, abortion funds serve as a necessary bridge to care.

Despite their importance within the abortion access ecosystem, very few studies have focused on abortion funds, themselves, and those that have tended to focus on a limited aspect of a single fund or geographic group of funds. No research thus far has documented the variety of services provided by abortion funds to people seeking care or examined the patterning of these services. Similarly, little is known about the history of funds or what shapes their current identities and services.

Data, Methods, and Theory

Data for this chapter come from two sources – a content analysis of the websites of all abortion funds affiliated with the National Network of Abortion Funds (NNAF) and interviews with 22 abortion fund leaders. The content analysis sample was restricted to funds with English-language websites that were currently in operation. Of the 100 funds listed on the NNAF website at the time of data collection, three were closed, one did not have a website, and one had only a Spanish-language website, leaving a sample size of 95 funds for this analysis. I reviewed each

website between April and July 2023, collecting data via a structured, mixed-methods survey instrument in Qualtrics. The survey instrument included quantitative questions about the presence or absence of specific elements or language on the website as well as qualitative questions that I used to collect sections of text and describe the website's organization and appearance. The data collection instrument included sections on the fund's social media presence and catchment area, services offered and how to get help, volunteer opportunities and community engagement, organizational transparency, elements of diversity and inclusion, and engagement with specific philosophies or guiding principles.

Content analysis data for this chapter include data about abortion funds' catchment area, what services funds provide, and information about funds' history. Data about funds' services were originally captured as website text and quantified via a sorting exercise. Quantitative data regarding funds' catchment area and services were cleaned in Excel and analyzed in Stata. Qualitative data regarding funds' history was very scarce, so it was analyzed in Excel using a modified matrix analysis method (Watkins 2017). Qualitative data were read and annotated, allowing for the development of a set of codes. These codes were then applied to data chunks in an Excel spreadsheet, creating a table with data as the rows and codes as the columns.

Interviews with fund leaders took place between November 1, 2023, and February 15, 2024. Participants were recruited for one-hour interviews via social media and snowball sampling and received a \$50 gift card in exchange for their time and effort. Interviews were conducted and recorded on Zoom and transcribed using GoTranscripts human transcription service. The interview guide covered personal history, values, and motivations for abortion fund work; fund practices; leader's experiences of and responses to *Dobbs*, and larger-picture questions about abortion funds' long-term goals and place in the movement for reproductive health, rights, and justice.

Interview data were coded and analyzed in MaxQDA using constructivist grounded theory methods. Additional details about data collection and analysis can be found in Chapter 2.

To reflect the nature of these two data sources, I use Goffman's symbolic interactionist theatrical metaphor as an analytical theoretical framework in the first three chapters (Goffman 1959). Goffman uses theater as a metaphor to understand social interactions – the heart of all symbolic interactionist work – proposing that action is divided into public or “frontstage” areas and private or “backstage” areas. Goffman proposes that actors engage in impression management in frontstage areas – while interacting with others – in an attempt to persuade the audience (those with whom they are interacting) to think well of them. The self presented in frontstage areas is carefully crafted and rehearsed. In “backstage” areas – where the actor is interacting only with themselves – the true self emerges. Below, I use data from the content analysis as “frontstage” data, reflecting the carefully crafted persona that abortion funds present to public audiences. I compare and contrast this with the more “backstage” interview data, in which my discussions with fund leaders allows me to peer behind the curtain and see the rich complexity of these organizations' identities and the tensions inherent in working with others.

While an interview would not typically be considered a truly “backstage” area, because we are looking at organizations as acting units (rather than individuals) and because I am not the intended audience of the organization's communication (not a member of their community of supporters), I would argue that in this case interviews do provide a unique look into things that would normally be considered private or “backstage.” This argument is validated by participants' willingness to share openly about a variety of experiences – including those that might paint their organizations in a negative light.

Results

In this chapter, I examine how abortion funds are shaped by local conditions, as determined by state policies, regional culture, and local socioeconomic and geographic realities. I first examine abortion funds' public narratives of their own histories, finding that funds are frequently spurred into existence either by state policy decisions or by firsthand experiences of the suffering caused by restrictive abortion policies. Next, I show that abortion fund service offerings, as described on public websites, directly map to the barriers described in the literature, but with both regional and random variations, using "backstage" interview data to provide additional context and explanation for these variations when possible. Finally, I examine the role that local peculiarities and personal needs or experiences play in the narratives of abortion fund leaders.

Abortion Funds' Public-Facing Origin Stories

Stories about the founding of abortion funds show how they are shaped by state policies, either directly as inspiration or indirectly as founders witness the suffering these policies create. Of the 92 operational, US-based abortion funds with public-facing websites analyzed as part of this project, 63 offered some information about their history, either on their proprietary website or on their NNAF member page. Only two funds list a founding date before 1973 (the year the Supreme Court decided *Roe v. Wade*), but two additional funds indicate that they are a direct continuation of pre-*Roe* work – either providing funds to send women out of state to receive abortion care or providing emotional support and service navigation for people seeking care. Interestingly, two of these early funds were wholly or partially founded by clergy affiliated with liberal Christian churches. A third fund was also started by a religious congregation in 1984 – this time in response to a state policy ending Medicaid funding for abortion.

Although the websites contained limited details about the founding of abortion funds, what is shared suggests that they have often been established in direct response to increasing policy

restrictions at the state level. Nine funds directly state that they were founded in response to policy changes – five in response to the Hyde amendment or to state policy changes restricting Medicaid coverage of abortion and four in response to TRAP laws or other restrictive policies. Additionally, the distribution of funds over time (seen in Figure 3-1) suggests that funds were founded at an increasing rate in response to specific judicial or legislative decisions. As mentioned above, two funds list their founding date before 1973. Nine funds were founded between 1973 and 1990, and another five were founded between 1991 and 1993 – the years directly surrounding the Casey decision. Fifteen funds were founded between 1994 and 2003, and one fund was founded in 2009. However, 31 funds were founded between 2011 and 2022 – a period marked by rapidly increasing abortion restrictions and attempts to get the Supreme Court to overturn *Roe*.

Other stories shared on fund websites suggest that funds are often founded due to direct experiences of need. Two funds share stories of being founded after an individual appealed to their community in an effort to raise money for a friend who needed an abortion. In both cases, the fundraisers had money left over, which they used as seed money for the next person who needed help, eventually resulting in the founding of a fund. Another eight community-based funds were started by abortion access workers who were moved by the plight of patients they encountered at clinics where they worked or volunteered. For instance, one fund was founded by a group of clinic escorts after a passerby handed them \$20 to buy themselves lunch as a thank you for their work. Instead, knowing that patients regularly missed appointments due to their inability to cover the full cost of care, these volunteers turned that money into the first donation for a state-wide abortion fund. These funds' stories directly mirror the literature on barriers to abortion access, sharing stories of patients delaying or canceling appointments due to being short on funds, sleeping in their cars during the mandatory waiting period because they could not afford a hotel room after paying for gas to get to the clinic, and showing up to their appointments with children in tow because they

could not afford to pay for childcare. Another eight funds are explicitly clinic-based, suggesting that staff and providers at those funds saw a need for financial assistance among their patients and worked to meet it.

Even funds that do not explicitly link their founding back to a specific policy or personal story often invoke the perceived needs of people in their state. One fund notes that the founder “became aware of the need in our community to provide funding to clients in need of financial assistance for terminations of pregnancy” (A Fund), which led him to gathering support and eventually founding the fund. Another fund started as a phone-tree to “provide information and funds to people in their communities who were in need of abortion care. As the need became more and more apparent, the fund became a 501(c)(3) non-profit.” (Kansas Abortion Fund)

Geographic Distribution of Funds and Services Provided

Just as abortion funds were founded in response to local conditions, they have continued to evolve to meet the needs of their communities. As legislators in conservative states have worked to limit people’s ability to use insurance to pay for care, to close clinics, and to make accessing care logistically and emotionally burdensome, abortion funds have expanded their service offerings to help individuals overcome these barriers.

Abortion funds generally operate within a specific geographic area – serving individuals within a city, county, state, region, or country. In the US, 49 of the 50 states have a city, county, state, or regional fund. (Hawaii is the only exception.) Additionally, there are five national funds that serve people from anywhere in the US who meet specific criteria such as those getting a telemedicine abortion or being above a certain gestational age. Finally, there are four international funds, which serve countries outside of the United States. Table 1 shows how many funds serve each of the US Census Bureau’s regions and subregions (as well as the number of national and international funds) and what categories of services they provide. Since some funds serve states

across multiple regions or subregions and one fund serves cities on either side of the US-Mexico border, columns do not tally to the total at the bottom.

Abortion funds' service offerings very clearly respond to the barriers to abortion described in the literature. In response to the high cost of abortion care and the challenges many people – especially people with lower incomes relying on public insurance – face in getting their insurance to cover this expense, most abortion funds (91%) fulfill their eponymous purpose – helping people pay for abortion care – although there is some variation across regions and subregions. Specifically, all funds in the Mid Atlantic, South Atlantic, and Mountain regions provide this service, as do all international funds for which data was available. In contrast, some funds in the remaining Southern subregions – the East South Central and West South Central – do not fund abortions at all (78% and 75%, respectively). This may be because states in these regions tend to be large – making travel difficulty – and have frequently been the laboratories for some of the anti-abortion movements' harshest policy innovations, making the practical aspects of accessing care an equal or greater barrier as paying for care. (See Table 3-1 for details.)

Just as cost is not the only barrier to abortion care, organizations that self-identify as abortion funds do not only fund abortions. In response to myriad barriers described above and the emotional toll navigating these barriers takes on people seeking abortion care, these organizations also provide practical (56%) and emotional (18%) support. Furthermore, some funds assist with other types of sexual and reproductive health needs (28%), and even provide support for individuals who choose to pursue parenting rather than abortion (6%). In fact, around two-thirds of NNAF affiliated abortion funds (63 of 95 funds with data or 66%) provide services in addition to or instead of funding abortion procedures.

Practical support is the second most common service provided by abortion funds and includes assistance with long-distance travel (34%), rides to and from the clinic (33%), lodging

(33%), meals (23%), childcare (20%), miscellaneous expenses (18%), and assistance with information via patient navigation and referrals (28%). Table 3-2 provides a detailed, regional breakdown of these services. Assistance with long distance travel may include travel by plane, train, or bus, or may involve volunteer drivers or money to pay for gas. Similarly, rides to and from the clinic may involve volunteer drivers, ride-sharing services, or money for gas. Lodging and meals may involve the fund paying for a hotel and providing cash or gift cards to pay for meals or it may involve volunteers opening their homes to host and feed people seeking abortion care.

Miscellaneous costs may cover additional clinic-based costs such as ultrasounds, Rhogam injections, or testing and treatment for sexually transmitted infections (STIs), or it may cover the cost of incidentals associated with travel or the supplies needed after an abortion such as menstrual products, over the counter pain medication, and heating pads. Information services may include patient navigation, referrals to clinics or other funding sources, and even legal support services. Interview data suggests that some funds that do not explicitly advertise covering these miscellaneous costs or providing information assistance via patient navigation and referrals may provide them on an as needed basis for individual people seeking assistance.

Funds providing services in the Northeastern US less frequently provide these services – with no Northeastern funds providing meals, childcare, or miscellaneous expenses, and one quarter or fewer of funds from that region providing any other type of practical support. Generally speaking, abortion is less heavily restricted in the Northeastern US, and several states in this region have made moves to expand access in the wake of the *Dobbs* decision, so people seeking abortion may face fewer barriers to care. Additionally, since states in this region are smaller and there are more bus and train routes than in other parts of this country, there may be less perceived need for these services as the distances people must travel are shorter and there are more options available for these trips.

This “frontstage” finding from the content analysis were reinforced by “backstage” data from in-depth interviews. In particular, some fund leaders from the Northeastern US explained that their funds did not see a need for practical support services. Dana, the board president of one fund from this region explained “We haven’t had much of a need for practical support . . . because it’s a very, very small state with one clinic that is at most 45 minutes away. That does not mean that it’s not ever difficult for patients to get there. It’s not a need that has bubbled to the surface.”

(Northeast, President, White)

The in-depth interviews also provide additional nuance on this issue, suggesting that this regional discrepancy in services offered may change in the near future. Several interview respondents from this region mentioned that their fund had discussed or was currently discussing adding practical support services to their offerings. For some funds, this was driven by laws expanding Medicaid coverage of abortion. Daryl, the co-chair of one such fund explained, “If you get [Medicaid], you don’t need to pay anything . . . We started realizing, “Why are we just funding procedures and not other things? . . . [State] is a huge state and we only have three clinics. You might be traveling two or three hours to receive an abortion.” (Northeast, President, White) In other funds, however, the suggestion of expanding services in this way was met with resistance due to the significant restructuring and scale-up it would require.

The remaining service categories are not offered frequently enough to comment on their geographic distribution, but their existence speaks to the diversity of work that funds are doing and the diversity of the communities in which they exist. (See Table 3-3 through Table 3-5 for a geographic breakdown of the remaining service categories.) In response to the stress and stigma that often accompany accessing abortion care, funds provide emotional support for people seeking abortion care in a variety of ways. Six funds provide these services via a help line with trained volunteers, and six funds provide abortion doula services for people seeking assistance. Another

six funds provide other types of emotional support such as clinic escorts and peer support groups or do not specify the type of emotional support services they offer.

In addition to helping individuals seeking abortion care, some funds provide help with other sexual and reproductive health services or provide support for individuals who choose to parent. Of the 27 funds that provide sexual and reproductive health services, 11 fund clinical contraceptive care, four fund gender affirming care, and 22 provide emergency contraceptives or sexual health kits. Some funds distribute emergency contraceptives (most typically Plan B) via community partners such as other non-profits or local business while others mail out sexual health kits, which usually contain an emergency contraceptive, pregnancy tests, and condoms. Some funds also offer pregnancy tests and condoms separate from emergency contraceptives, and a few funds offer free menstrual supplies. Finally, a limited number of funds provide support for individuals who choose parenting rather than abortion. Three funds provide free birth doula care, and four funds provide infant supplies such as diapers or breast pumps. One fund also sponsors parenting support groups.

The breadth of services revealed by the content analysis data becomes even more impressive when we consider that interview data suggests that funds may not always provide a comprehensive list of their services online. In at least two interviews, participants stated that their funds offered services that were not listed on their websites. When probed about this discrepancy, these participants were not sure why the website did not clearly reflect the funds' practices. However, in other conversations, fund leaders expressed the value of flexibility and being able to respond directly to the needs of people seeking abortion care from their community. Chloe explained that sometimes the needs of someone seeking assistance may not seem to relate directly to abortion access or may require the fund to color outside the lines: "People don't just need help with their abortions. We see people who are struggling with housing and it's all this other stuff on top of it . . . When we started, we made it so that we're flexible. We didn't want to put limits

on what we're able to help with." (Midwest, Director, White) Of course, this flexibility requires some level of trust on the part of the fund. Jennifer described this in regards to their policy of not means testing people seeking assistance, saying "We fully believe people when they say what they need. We trust them. We trust their autonomy." (Northeast, President, White) Attempts at flexibility may also result in wasted resources when funds attempt to anticipate changing community needs. Stacey recalled developing a volunteer driver program in advance of the *Dobbs* decision on the assumption that people seeking abortion care in her state would need help traveling for care. However, once the state was under an abortion ban, the fund found that this type of help was too logistically challenging for people seeking assistance to take advantage of. Instead, "it's so much easier and better for the client if we can give them some money and let them be in charge of their transportation." (South, Treasurer, White) Even though flexibility may create operational challenges, fund leaders seem to view it as a key strength of the abortion fund model. As Layla explained, "Attacks on abortion access have created this landscape that's so difficult to navigate . . . and just the rapid pace at which we have to move and be nimble. We talk a lot about that being the strength of [our fund] but also abortion funds in general." (Midwest, Deputy Director, Black)

Think Globally, Act Locally: Abortion Funds' Grounding in Communities

Interviews with abortion fund leaders make it clear that funds continue to be deeply rooted in and responsive to local conditions as they evolve, including the local policy landscape, but also local culture, socio-economic conditions, and even geography. As Heather noted, "Arizona is different than Minnesota is different than Mississippi. We are the ones that know what our communities need . . . people that live there . . . that are from there . . . that have lived experience under whatever culture and legislature." (National, Program Coordinator, White)

Just as funds are often founded in response to policy conditions, they continue to be shaped by the policy landscape over time. Heather – who worked at a state-wide fund before taking

her current position at a national fund – recalled that when the implementation of several TRAP laws in their state forced the local clinic to increase its costs, the state-wide fund saw a significant bump in requests for assistance. (National, Program Coordinator, White) Another participant, Caitlin, described that their state had experienced an increase in people from out-of-state seeking assistance due to the “branding of [state] as an access state . . . The [City] Department of Health has billboards in Georgia, Texas, Florida.” (Northeast, Executive Director, Mixed Race) In both cases, these funds had to increase fundraising efforts and strengthen their organizational infrastructure in order to deal with the effects of these policy changes. Other respondents recalled that their funds had to pivot after the state implemented new laws expanding Medicaid coverage of abortion. Layla explained, “Being in a state where Medicaid covers abortion, that means that so many people that would need our support are covered by the government, as it should be.” She went on to explain that the state’s Medicaid law had allowed them to go from “only being able to fund second trimester abortions and only being able to fund a certain amount of people to then committing to being able to support everyone who reaches out to us.” (Midwest, Deputy Director, Black) Daryl described that the demand for procedural funding had dropped to almost nothing after the state expanded Medicaid to include abortion. This caused his fund to consider diversifying their services: “Why are we just funding procedures and not other things? What if you need gas to get to your appointment? What if you need lodging because you’re living far away?” (Northeast, President, White)

In some cases, being grounded in the local context and in touch with the needs of local people seeking abortion care has allowed funds to shape policy, as well. Amanda explained, “We’re very explicit that the work we’re doing in our outreach and policy work is directly informed by what we hear on our health line.” When their health line team heard callers consistently explaining that it was less expensive to pay out of pocket for abortion care and receive clinic discounts or other financial assistance than the use their insurance and deal with high copays and deductibles, the

fund “worked on a bill to eliminate cost sharing for abortion.” (West, Executive Director, Mixed Race) Other fund leaders shared stories of working with legislators, lobbyists, and activist groups to get Medicaid coverage for abortion care passed in their state.

Funds also have to be responsive to the cultural conditions in their state. One fund provided clinic escorts for the state’s only independent clinic and often found that they were called upon to provide culturally sensitive emotional support to people struggling with their abortion decision in a conservative Christian context. Stacey recalled encouraging a conflicted patient not to go ahead with her scheduled abortion: “She said . . . ‘I know God’s going to send me to hell.’ I said, “Sweetheart, please don’t have an abortion then. Don’t sin against your god.” (South, Treasurer, White) Leanne explained that her fund had chosen to provide birth control due to the rural, conservative nature of the state they serve, stating, “Somebody might not feel comfortable picking up their birth control prescription from their local pharmacist when that pharmacist is also sitting in the church behind them and gets brunch with their mom.” (Midwest, President, White) In some states, the local culture even affects the way different organizations form and work together. Naomi discussed how, despite the supportive policy environment, their relatively small state had four separate abortion funds, each covering a different region. She speculated on the reasons for this, saying, “It’s Puritanism. It’s just individualistic, northeast, WASPy Puritan culture that has created . . . this ecosystem.” (Northeast, Program Director, White)

Funds are further shaped by the geographic and socioeconomic peculiarities of their catchment area. Leanne explained how the weather in her rural state often made it hard for people to get to the clinic. Because of this, the fund had decided to cover other reproductive healthcare so the person could get everything they needed taken care of while they were there for an abortion. “A lot of times when folks face so many barriers to having an abortion, they’re more apt to pursue a birth control method. That’s a big wrap-around, but that’s where we’re at.” (Midwest, President,

White) Jennifer described the surprise that state residents express at the need for a fund because the state is often perceived as very wealthy. She explained, “There’s a lot of wealth in [state], and there’s also a lot of poverty in [state]. That gap there is something a lot of people aren’t aware of.” Combined with the state’s high cost of living, this led the fund to doing away with means testing for assistance, choosing instead to trust people seeking abortion care to know what kind of help they need. (Northeast, President, White)

In addition to the local environment, abortion funds are influenced by other organizations in their communities. Funds must build relationships with local clinics in order to help connect people to the best source of care as well as to share knowledge about local conditions and best practices. Chloe described how her understanding of the clinic landscape allowed her to help redirect people with a potential later gestational age to the best location to receive care, saying “When people called me from [city] . . . looking to schedule an appointment at the [local] clinic, I’m like, ‘No, please go to [neighboring state], because you might have to drive an extra hour, but you only have to go one time. If you are past 13 weeks and six days, they will still be able to see you.’” (Midwest, Director, White) Amanda explained how her fund had increased the number of callers by building relationships with clinics and making sure staff knew help was available. Now, she says, “oftentimes folks already have appointments when they’re calling us,” and their call volume had increased by fivefold, even before the *Dobbs* decision. (West, Executive Director, Mixed Race) Having a close relationship with clinics also means that those clinics can reach out when they have patients with special circumstances who may need extra assistance. Heather recalled that when she was managing her state-wide fund’s warmline, “I also would get direct text requests from the docs at [clinic] . . . when things happened . . . People who were incarcerated, people who had bedbugs and could not be seen until that got taken care of.” (National, Program Coordinator, White)

By maintaining close ties with clinics, funds can step in to provide wrap-around care that is outside the clinic's purview and resources.

Working closely with local clinics also ensures the fund is acting as the best possible steward of its resources by protecting against fraud and using each dollar to its maximum impact. Caitlin recalled a period when their caller volume began to outstrip their ability to offer services. One way the fund continued to help more callers was to make sure people were being seen at clinics that accepted their insurance – including Medicaid. Although she admitted that the additional steps took a toll on both callers and volunteers, she explained, “We’re saving money with these new policies,” which allowed them to help more people. (Northeast, Executive Director, Mixed Race) Chloe described how knowing the local clinic landscape allowed them to catch scammers as abortion funds gained more attention in the wake of the *Dobbs* decision. “They would be like, ‘Oh, well, I have an appointment in [city] on this day’ . . . I can go and see that [clinic] isn’t even open on that day . . . I have that backdoor knowledge, but if you don’t know that about clinics, that they’re not always open on all the days, then it’s easier to get by with that kind of stuff.” (Midwest, Director, White)

For some fund leaders, awareness of their community’s reproductive health landscape came as a result of personal or professional experience. Several respondents discussed working at abortion clinics or other reproductive health clinics either before or during their time with their abortion fund. Other participants explained that they came to understand the difficulties associated with pregnancy and abortion by living through them. Alex explained that she had two abortions during college and “you want to help other people, because you know how difficult it can be” to clear the legal and financial hurdles to getting care. (South, Program Director, White) Another participant, Jennifer, helped found her state’s abortion fund after joining a support group for people who had to terminate their pregnancies for medical reasons. While Jennifer’s abortion had been at

her local hospital with her obstetrician performing the procedure and had been covered by insurance except for a \$75 copay, she was horrified to hear about “the roadblocks that other people had to go through to get their healthcare.” (Northeast, President, White) Similarly, Melissa explained that she was motivated to get involved in abortion access work after a series of miscarriages and a traumatic birth experience, saying “Going through something so visceral and life upheaval-y really drove home for me that this is something people need to consent to. This is not something . . . that anyone should have to do for lack of resources.” (Northeast, President, White)

In addition to working closely with clinics, funds may also partner with other local non-profits and even state or city health departments, which can shape the scope of the services they provide. Many funds table at local events – including Pride celebrations – offering free Plan B and condoms as well as raising awareness about their other services. Other funds have partnered with reproductive health focused student organizations at colleges in their state to provide free Plan B on campus and even host self-managed abortion trainings. Several funds work with local support organizations for transgender individuals or with transgender health clinics to ensure that trans, nonbinary, and intersex people seeking abortion care receive respectful, supported care. Leanne worked with the local department of health to receive and distribute Naloxone, the opioid overdose treatment, in an effort to fight the opioid epidemic in her fund’s community. She explained that this work, along with the fund’s Plan B distribution program, was part of the fund’s reproductive justice orientation, saying “I think intentional harm reduction is one way that we actively try to make our communities more safe. That's a pillar of reproductive justice is to be able to be in a safe community.” (Midwest, President, White)

Because they are grounded in the local context, funds provide a sense of community support and approval for individuals seeking to access abortion, which allows them to destigmatize the decision and decrease the shame and guilt people seeking abortion care may feel – particularly

when forced to travel. Tamara explained that her fund had chosen to post pictures and bios of their leadership team in order to humanize the organization and in an effort to do the work “visibly, loudly.” Other participants explained the importance of having local people work the fund hotlines and communicate with callers. Maya elaborated, “there’s a lot of nuance based on state . . . there is so much variation. Just going from [city in her state] to [other city in the state], you’re already introduced to three different cultures. That cultural aspect of understanding is how we’re engaging with our callers.” (West, Board Member, Black) Heather explained that this cultural common ground is particularly important when they send people seeking abortion care out of state, saying “We built our program around knowing that even to the point that voice call with somebody who sounds like home is part of the support that we offer people, even if they’re not getting funding from us.” (National, Program Coordinator, White) Participants also linked this community care aspect of the fund’s work to destigmatization, with Leanne saying “I think that abortion funds are the best representation of community support we have, period. . . Abortion funds don’t give a fuck. They’re so in your face about it . . . I think that abortion funds will be credited to the destigmatization of abortion and the normalizing of abortion.” (Midwest, President, White)

Being grounded in the community has positive effects for fund workers. Respondents frequently report that seeing their work make a direct difference in their community as one of the best parts of the work. Caitlin, who eventually became her fund’s Executive Director, recalled her first shift as a hotline volunteer, saying “I vividly remember . . . being like, ‘I’ve worked in nonprofits my entire career and this is the first time I feel like I am tangibly helping somebody,’ . . . It was just so tangible, so direct. I was like, ‘I love this. Sign me up forever.’” (Northeast, Executive Director, Mixed Race) Another participant, Whitney, explained that her work at the abortion fund, particularly in community outreach, had allowed her to bring resources and information to her historically Black neighborhood through conversations at community events and local barbershops: “Having those

conversations with my community, it's been fucking great. I love it . . . Being the abortion lady has just been fun.” (South, Program Coordinator, Black) These opportunities to connect directly and tangibly help community members are very different from what participants experienced in more traditional non-profit roles where Caitlin notes “we do all these things around advocacy or capacity building and training, all these things that are important, but can feel fluffy.” (Northeast, Executive Director, Mixed Race) In contrast, Maya explained that at abortion funds “what we do matters. There is a person on the other side of that. That is impactful.” (West, Board Member, Black)

Respondents also describe abortion funds as close-knit communities where they have found like-minded individuals, especially in more conservative communities. Melissa explained how working with the fund had helped her make connections in her local community, saying, “I’ve made friends, basically.” (Northeast, President, White) Similarly, Layla explained that during times of stress, her fund community has been an important source of support. “It would be really hard to do this work if we all hated each other, didn’t have that shared purpose and commitment to the work and also be able to build trust . . . [in] each other to be able to step in and support when we need it. Especially because the work can be so hard and there is a lot of secondary trauma that we’re experiencing.” (Midwest, Deputy Director, Black) Other participants talked about the importance of feeling that the relationship of care with the community was reciprocal – that the community supported the fund in doing the work just as the fund supports the community by doing the work. Amanda explained, “Our caller community, our donors, just general supporters of the organization – folks have really stuck with us. We’ve had some highs and lows . . . I just really appreciate that our supporters know we have the best of intentions and we’re doing our very best.” (West, Executive Director, Mixed Race)

Discussion

In this chapter, I use data on abortion funds' history, geographic distribution, and services provided to show that rather than emerging from a single group or organization replicating itself across the country, abortion funds have independently evolved as a group of similar yet diverse organizations in response to local conditions. In their own public-facing histories, abortion funds frequently describe their founding as a reaction to the implementation of restrictive abortion laws or to the individual and corporate suffering those laws cause. Today, despite gathering under a single organizational umbrella, abortion funds remain independent of one another and continue to provide diverse services with both patterned and random variability in their geographic distribution, suggesting that funds are affected by regional and sub-regional environments. Finally, abortion fund leaders explain how local policy, culture, organizational landscape, and shape and are shaped by abortion funds.

This grounding in the local context allows funds to meet the needs of individuals seeking abortion care in their community, but it also does good for both abortion fund workers and the people they help. Funds provide a gathering point for like-minded individuals, particularly in conservative communities, which in turn provides the emotional support and political solidarity that fund workers need to engage in this challenging work. Additionally, because funds are grounded in the local context, they allow people receiving assistance to feel held and accepted by their communities as they are making the choice to terminate a pregnancy, decreasing the stigma, shame, and guilt that people may otherwise experience.

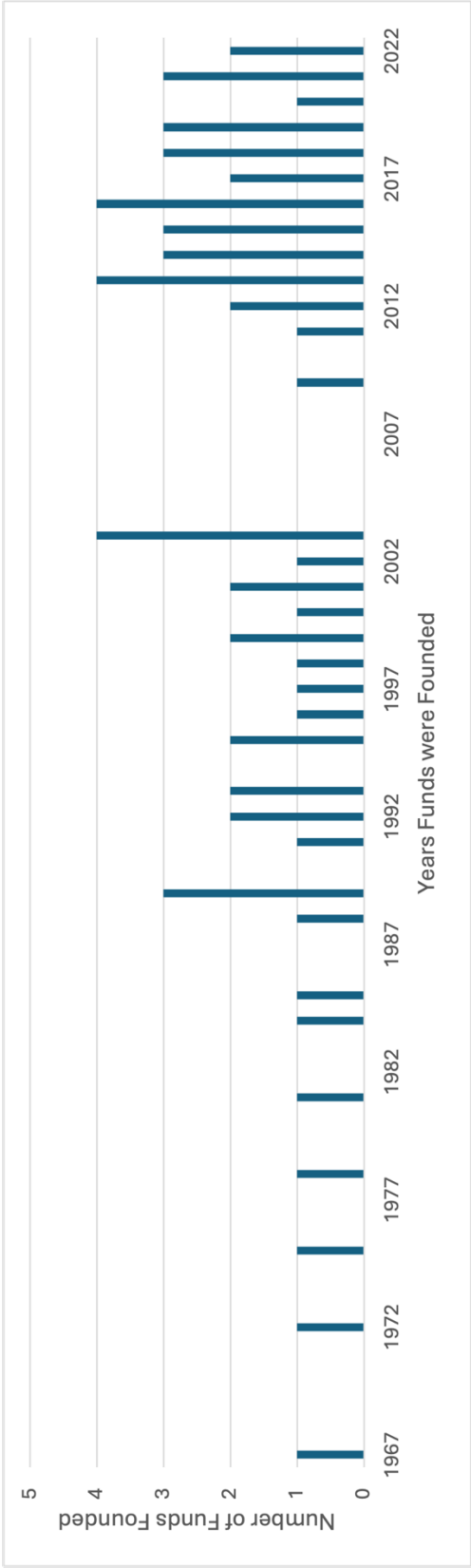


Figure 3-1 Number of abortion funds founded per year (N=63)

Table 3-1 Geographic distribution of abortion funds and the services they provide (N=95)

	Total N	Procedure Funding Row%(N)	Practical Support Row%(N)	Emotional Support Row%(N)	Sexual Health Services Row%(N)	Parenting Support Row%(N)
Northeast	16	88% (14)	44% (7)	13% (2)	25% (4)	13% (2)
New England	11	82% (9)	36% (4)	18% (2)	36% (4)	18% (2)
Mid Atlantic	5	100% (5)	60% (3)	0% (0)	0% (0)	0% (0)
Midwest	25	92% (23)	56% (14)	8% (2)	28% (7)	8% (2)
East North Central	13	92% (12)	62% (8)	15% (2)	31% (4)	15% (2)
West North Central	16	88% (14)	50% (8)	0% (0)	25% (4)	0% (0)
South	34	85% (29)	62% (21)	24% (8)	35% (12)	9% (3)
South Atlantic	16	100% (16)	56% (9)	19% (3)	44% (4)	0% (0)
East South Central	9	78% (7)	67% (6)	33% (3)	25% (3)	33% (3)
West South Central	12	75% (9)	67% (8)	25% (3)	20% (4)	0% (0)
West	20	95% (19)	65% (13)	25% (5)	19% (3)	0% (0)
Mountain	16	100% (16)	56% (9)	19% (3)	20% (1)	0% (0)
Pacific	5	80% (4)	100% (5)	60% (3)	33% (1)	0% (0)
National	5	80% (4)	60% (3)	20% (1)	20% (1)	20% (1)
International	3	100% (3)	33% (1)	0% (0)	0% (0)	0% (0)
Total	95	91% (86)	59% (56)	18% (17)	28% (27)	6% (6)

Table 3-2 Geographic distribution of practical support services (N=95)

	Travel Row%(N)	Rides Row%(N)	Lodging Row%(N)	Meals Row%(N)	Child Care Row%(N)	Other Costs Row%(N)	Navigation & Referrals Row%(N)
Northeast (N=16)	6% (1)	19% (3)	13% (2)	0% (0)	0% (0)	0% (0)	25% (4)
New England (N=11)	0% (0)	18% (2)	18% (2)	0% (0)	0% (0)	0% (0)	27% (3)
Mid Atlantic (N=5)	20% (1)	20% (1)	0% (0)	0% (0)	0% (0)	0% (0)	20% (1)
Midwest (N=25)	36% (9)	28% (7)	32% (8)	16% (4)	20% (5)	20% (5)	28% (7)
East North Central (N=13)	38% (5)	23% (3)	23% (3)	8% (1)	15% (2)	15% (2)	31% (4)
West North Central (N=16)	38% (6)	25% (4)	38% (6)	25% (4)	25% (4)	31% (5)	31% (5)
South (N=34)	30% (10)	35% (12)	29% (10)	21% (7)	21% (7)	21% (7)	24% (8)
South Atlantic (N=16)	31% (5)	44% (7)	38% (6)	31% (5)	31% (5)	31% (5)	6% (1)
East South Central (N=9)	25% (2)	33% (3)	22% (2)	11% (1)	22% (2)	22% (2)	44% (4)
West South Central (N=12)	33% (4)	33% (4)	33% (4)	17% (2)	8% (1)	8% (1)	33% (3)
West (N=20)	50% (10)	50% (10)	50% (10)	45% (9)	25% (5)	25% (5)	30% (6)
Mountain (N=16)	38% (6)	38% (6)	38% (6)	31% (5)	13% (2)	19% (3)	25% (4)
Pacific (N=5)	100% (5)	100% (5)	100% (5)	100% (5)	60% (3)	60% (3)	40% (2)
National (N=4)	60% (3)	20% (1)	40% (2)	40% (2)	40% (2)	0% (0)	40% (2)
International (N=3)	0% (0)	0% (0)	33% (1)	0% (0)	0% (0)	0% (0)	33% (1)
Total (N=95)	34% (32)	33% (31)	33% (31)	23% (22)	20% (19)	18% (17)	28% (27)

Table 3-3 Geographic distribution of emotional support services (N=95)

	Helpline Row%(N)	Abortion Doula Care Row%(N)	Other Support Row%(N)
Northeast (N=16)	6% (1)	0% (0)	7% (1)
New England (N=11)	9% (1)	0% (0)	10% (1)
Mid Atlantic (N=5)	0% (0)	0% (0)	0% (0)
Midwest (N=25)	8% (2)	0% (0)	0% (0)
East North Central (N=13)	17% (2)	0% (0)	0% (0)
West North Central (N=16)	0% (0)	0% (0)	0% (0)
South (N=34)	0% (0)	8% (3)	16% (5)
South Atlantic (N=16)	0% (0)	0% (0)	19% (3)
East South Central (N=9)	0% (0)	22% (2)	14% (1)
West South Central (N=12)	0% (0)	8% (1)	18% (2)
West (N=20)	10% (2)	15% (3)	6% (1)
Mountain (N=16)	6% (1)	13% (2)	0% (0)
Pacific (N=5)	20% (1)	40% (2)	33% (1)
National (N=4)	20% (1)	0% (0)	0% (0)
International (N=3)	0% (0)	0% (0)	0% (0)
Total (N=95)	6% (6)	6% (6)	7% (6)

Table 3-4 Geographic distribution of sexual health services (N=95)

	Clinical Contraceptive Care Row%(N)	Gender Affirming Care Row%(N)	Emergency Contraceptives or Sexual Health Kits Row%(N)
Northeast (N=16)	13% (2)	13% (2)	19% (3)
New England (N=11)	18% (2)	18% (2)	27% (3)
Mid Atlantic (N=5)	0% (0)	0% (0)	0% (0)
Midwest (N=25)	12% (3)	4% (1)	24% (6)
East North Central (N=13)	8% (1)	8% (1)	31% (4)
West North Central (N=16)	13% (2)	0% (0)	19% (3)
South (N=34)	18% (6)	6% (2)	26% (9)
South Atlantic (N=16)	19% (3)	0% (0)	25% (4)
East South Central (N=9)	11% (1)	11% (1)	44% (4)
West South Central (N=12)	17% (2)	8% (1)	17% (2)
West (N=20)	0% (0)	0% (0)	20% (4)
Mountain (N=16)	0% (0)	0% (0)	19% (3)
Pacific (N=5)	0% (0)	0% (0)	20% (1)
National (N=4)	0% (0)	0% (0)	1% (20)
International (N=3)	33% (1)	0% (0)	33% (1)
Total (N=95)	12% (11)	4% (4)	23% (2)

Table 3-5 Geographic distribution of parenting support services (N=95)

	Birth Doula Care	Infant Supplies
Northeast (N=16)	0% (0)	13% (2)
New England (N=11)	0% (0)	18% (2)
Mid Atlantic (N=5)	0% (0)	0% (0)
Midwest (N=25)	4% (1)	4% (1)
East North Central (N=13)	8% (1)	8% (1)
West North Central (N=16)	0% (0)	0% (0)
South (N=34)	3% (1)	9% (3)
South Atlantic (N=16)	0% (0)	0% (0)
East South Central (N=9)	11% (1)	33% (3)
West South Central (N=12)	0% (0)	0% (0)
West (N=20)	0% (0)	0% (0)
Mountain (N=16)	0% (0)	0% (0)
Pacific (N=5)	0% (0)	0% (0)
National (N=4)	20% (1)	0% (0)
International (N=3)	0% (0)	0% (0)
Total (N=95)	3% (3)	4% (4)

4. “We’re still here”: Abortion funds in the wake of *Dobbs v. Jackson Women’s Health Organization*

In the wake of the Supreme Court’s 2022 decision in the case of *Dobbs vs. Jackson Women’s Health Organization*, the United States saw a significant contraction in abortion access as states passed pre-viability bans, forcing clinics to close. During this period, abortion funds were recognized for the first time on the national stage as important actors in the fight for reproductive rights. They also found themselves attempting to facilitate access to services during a uniquely stressful and chaotic period as local landscapes – both legal and clinic – changed rapidly. In this chapter, I examine how abortion funds responded to the *Dobbs* decision through a variety of public and private lenses. Building on the understanding of funds as deeply rooted in their local communities established in Chapter 3, I consider how funds engaged those communities in the wake of the decision and whether they continued to be primarily influenced by local conditions or whether the *Dobbs* decision forced them to take a more national perspective as well as providing them with a national stage.

Background

The *Dobbs* decision resulted both in drastic changes to the abortion access landscape in the United States and in confusion and chaos among people seeking abortion care and providers as states sorted out which laws took precedence over others and how they would be interpreted. In May of 2022, when the *Dobbs* decision was leaked, just three states had pre-viability bans in place (laws that restricted abortion at 20 weeks gestational age or less): Texas, Oklahoma, and Mississippi (Matthews and Merrill 2023). On the day the decision was handed down, Texas and Oklahoma – along with ten other states – immediately moved to enforce trigger laws (laws that would go into effect if the Supreme Court overturned *Roe v. Wade*) or pre-*Roe* abortion bans that

were still on the books. Mississippi's trigger law went into effect just 15 days later on July 7th. By September 24th – three months after the *Dobbs* decision dropped – abortion had been banned or severely restricted in fifteen states, and four states had passed laws setting gestational limits at twenty 20 weeks or less. These first three months saw multiple legal challenges to new laws with states such as Louisiana and North Dakota remaining in legal limbo for some time before their bans took effect. In Utah, a judge indefinitely blocked a near complete ban that had initially been enforced after the *Dobbs* decision but allowed a law imposing an 18 week gestational limit to go into effect. Arizona experienced a similar series of changes as confusion emerged over whether an 1864 law banning nearly all abortions or a 15-week ban signed in March of 2022 would take precedence. Due to this confusion, many providers in the state had stopped offering abortion care while they waited on clarification from the courts. By June of 2023 – one year after *Roe* was overturned – the legal landscape seemed to have stabilized somewhat with abortion banned or severely restricted in fourteen states while another six states imposed gestational limits at 20 weeks or less (Matthews and Merrill 2023).

This period was also complicated by Texas' anti-abortion law known as "SB8," which – in addition to banning abortion after the detection of fetal cardiac activity (usually around 6 weeks after the pregnant person's last menstrual period) – also specifically targets anyone who "aids or abets" abortion care, including giving money to someone to pay for care or helping them travel to or from a clinic, making them liable in civil court for damages of "not less than \$10,000" per procedure (Anon 2021). After the law went into effect on September 1, 2021, multiple states announced their intention to pass a similar law. This law – which was obviously intended to frighten, dissuade, and bankrupt funds and the individuals that lead, staff, and contribute to these vital organizations – also caused considerable stress and confusion in the post-*Dobbs* period as abortion funds in Texas and other states worked to determine whether their activities remained legal.

Early studies suggest that the *Dobbs* decision has significantly increased travel burdens for people seeking abortion care in the United States. One estimate (conducted before the decision based on a simulated post-*Dobbs* policy environment) suggested that one third of women of reproductive age would live in a census tract over an hour away from an abortion facility – more than double the pre-*Dobbs* estimate of 14.6% (Rader et al. 2022). This finding is backed up by early results from Guttmacher’s Monthly Abortion Provision study, which show that the rate at which people are traveling out of state for care has doubled since the *Dobbs* decision – from one in ten people in 2020 to one in five people in 2023 (Forouzan, Friedrich-Karnik, and Maddow-Zimet 2023). Additionally, there is some evidence that post-*Dobbs* restrictions on abortion access will disproportionately affect Black people, younger people, and people with lower socio-economic status (Redd et al. 2023).

Despite these concerning findings, there is also good news. Data from Advancing New Standards in Sexual and Reproductive Health’s (ANSIRH’s) Abortion Facility Database suggests that although clinics in states that implemented restrictive post-*Dobbs* laws were forced to close their doors or significantly reduce the scope of their abortion services, many facilities in states that did not implement such laws have responded by expanding their service offerings (2023). The upper gestational limit for medication abortion increased in facilities in 19 states, and the over percentage of facilities offering medication abortion after ten weeks increased slightly – from 34% in Fall 2021 to 37% in Fall 2022 (ANSIRH 2023). Similarly, the proportion of facilities offering procedural abortion care in the second trimester increased from 86% in Fall 2021 to 89% in Fall 2022, and the total number of facilities offering abortion care in the third trimester increased from 17 to 25 (ANSIRH 2023).

While it is too soon to know how *Dobbs* has affected experiences of seeking and accessing abortion care, we can use studies done under previous abortion bans to understand what people

may be encountering in the period just after the *Dobbs* decision. Texas underwent two periods of particularly restrictive policies in the decade before *Dobbs* – one between 2012 and 2014 with the implementation of HB2 and again between 2021 and 2022 after the implementation of SB8 – both of which resulted in clinic closures and curtailing of abortion services in the state (Baum et al. 2016; White et al. 2024). During the period between 2012 and 2014, women seeking abortion care reported experiencing confusion about which clinics were still open and where they could go to receive care (Baum et al. 2016; Fuentes et al. 2016). Clinic closures forced women to spend more time and money on travel, increased stress as women were forced to make travel arrangements and navigate in an unfamiliar city, and caused physical and emotional distress when women were forced to recover from procedures in hotel rooms rather than at home or to travel long distances during their recovery period (Baum et al. 2016; Fuentes et al. 2016). Women whose nearest clinics closed due to the law reported experiencing more hardships than those whose nearest clinics stayed open – such as having to travel more than 50 miles to receive care, incur out-of-pocket expenses greater than \$100, and stay away from home overnight – and more frequently reported that obtaining an abortion was somewhat or very hard (Gerdtts et al. 2016).

In contrast to the earlier wave of clinic closures, after the implementation of SB8, around three-quarters of people seeking care received referral information from clinics they contacted in Texas that could not provide abortion care due to the ban, making it easier to access information about their options. However, these individuals still experienced some confusion and frustration as these referral lists did not generally include information such as distance from the original clinic or cost of care, requiring patients to contact multiple clinics in order to make a decision about their final destination (White et al. 2024). People seeking care reported feeling overwhelmed and stressed by the experience of identifying a clinic in another state, making an appointment, arranging to travel, and getting the money together to pay for everything (White et al. 2024).

Participants also expressed anger about the need to travel, stating that they felt they should be able to receive care closer to home (White et al. 2024).

Although patient experiences of abortion bans are well studied, the experiences of abortion access workers are less well so. One study did examine the experiences of staff and volunteers at Texas abortion funds during the Covid-19 pandemic, finding that these abortion access workers served as patient navigators – “bridging information gaps” caused by frequent policy changes and resulting service restrictions, helping callers gather the information and resources needed to access care, providing emotional support to help callers overcome barriers to care (White et al. 2023). Respondents noted that meeting the needs of patients seeking care in this particularly complex environment required them to build relationships and work more collaboratively with other funds in order to minimize patient burdens (White et al. 2023). While these findings provide helpful insights, they focus exclusively on funds from a single state. More research is needed to understand the experiences of abortion fund workers nationally as well as research taking place specifically in the post-*Dobbs* setting.

Data, Methods, and Theory

This chapter draws from both the content analysis data and the interviews with 22 abortion fund leaders. For this piece of the analysis, funds operating exclusively internationally were excluded, leaving a sample size of 97 funds. Social media data was collected as part of the content analysis using each platform’s filter or search tools to identify posts made in the relevant window (June 24, 2022 through July 1, 2022). Since data was not collected during the relevant time period as posts were being made, it is possible that some posts may have been deleted and thus were not captured as part of this analysis. It should also be noted that several funds rebranded after the *Dobbs* decision, so the names used in posts may not match the parenthetical attribution.

Data about changes to funds' service offerings and procedures were also collected as part of the content analysis using the Internet Archive's Wayback Machine. I compared the live website to an archived, pre-*Dobbs* version and described any changes. Specifically, I compared the website available during live data collection to the website version captured closest to April 1, 2022. The final sample included websites captured between February 1 and June 1, 2022. Three websites were not accessible via the Wayback Machine during the pre-*Dobbs* period, so the total websites reviewed for this piece of the analysis was 94 rather than 97. These qualitative data were later quantified using a sorting exercise.

Interviews with fund leaders took place between November 1, 2023, and February 15, 2024. While the interview guide did ask participants specifically to discuss how their work and the fund's processes had changed since the *Dobbs* decision, participants often brought up *Dobbs* even before this question was asked. Data about *Dobbs* was block-coded and analyzed using constructivist grounded theory methods for this chapter. Additional details about the methods used are available in Chapter 2.

To reflect the nature of these two data sources, I use Goffman's symbolic interactionist theatrical metaphor as an analytical theoretical framework in the first three chapters (Goffman 1959). Goffman uses theater as a metaphor to understand social interactions – the heart of all symbolic interactionist work – proposing that action is divided into public or “frontstage” areas and private or “backstage” areas. Goffman proposes that actors engage in impression management in frontstage areas – while interacting with others – in an attempt to persuade the audience (those with whom they are interacting) to think well of them. The self presented in frontstage areas is carefully crafted and rehearsed. In “backstage” areas – where the actor is interacting only with themselves – the true self emerges. Below, I use data from the content analysis as “frontstage” data, reflecting the carefully crafted persona that abortion funds present to public audiences. I

compare and contrast this with the more “backstage” interview data, in which my discussions with fund leaders allows me to peer behind the curtain and see the rich complexity of these organizations’ identities and the tensions inherent in working with others.

While an interview would not typically be considered a truly “backstage” area, because we are looking at organizations as acting units (rather than individuals) and because I am not the intended audience of the organization’s communication (not a member of their community of supporters), I would argue that in this case interviews do provide a unique look into things that would normally be considered private or “backstage.” This argument is validated by participants’ willingness to share openly about a variety of experiences – including those that might paint their organizations in a negative light.

Results

In this chapter, I examine how abortion funds responded to the *Dobbs* decision through a variety of public and private lenses. First, I analyze how funds responded to the *Dobbs* decision discursively through messages on their social media profiles and websites, I find that they take advantage of increased attention towards abortion generally and funds specifically to woo new supporters and engage their communities in reciprocal relationships of care. Next, I quantify public-facing changes made to funds’ service offerings and procedures. I determine that few funds made such changes, and those providing services in states that implemented a ban after the *Dobbs* decision did so no more frequently than those not providing services in states with a newly implemented ban. Finally, I put these “frontstage” findings in context using “backstage” data from interviews with abortion fund leaders to understand how they perceive their work to have changed after the *Dobbs* decision.

Stepping into the Spotlight: Funds' Movement Messaging after *Dobbs*

The *Dobbs* decision represented a significant shift and an opportunity for abortion funds. Prior to this, media coverage about abortion access had primarily focused on large, national organizations such as Planned Parenthood or on more personal stories from providers and people seeking abortion care. Media coverage largely ignored abortion funds, even in the wake of Texas SB8 – a law including provisions that seemed to target abortion funds, specifically, by making it a crime to assist someone in accessing abortion care. After the *Dobbs* decision was leaked in early May 2022, however, the media began to focus more on abortion funds and their key role within the abortion access ecosystem. In this moment, abortion funds had an opportunity to choose their messaging wisely, convince audiences of their value in the movement space, and recruit supporters to their cause.

In their seminal work on the role of communication in social movement mobilization, Snow and Benford argue that social movements do not simply “[carry] and [transmit] mobilizing beliefs and ideas” but that they are also responsible for making meaning of those ideas for participants (1988:198). This work, referred to as “framing,” allows movement actors to “assign meaning to and interpret relevant events and conditions in ways that are intended to mobilize potential adherents and constituents, to garner bystander support, and to demobilize antagonists” (Ibid:198). Snow and Benford identify three core framing tasks, which movement actors must accomplish in order to be successful in this work: (1) diagnostic framing, which identifies the problem and its cause, (2) prognostic framing, which proposes solutions and recommends actions to see those solutions put in place, and (3) motivational framing, which provides the audience with a reason to engage in movement action. Below, I take up this structure to evaluate the messages shared by abortion funds in the week after the *Dobbs* decision.

Nearly all funds (n=91, 94%) engaged in some sort of public-facing messaging in the week after the *Dobbs* decision. The greatest number of funds posted these messages on their Facebook (n=75, 82% of the 92 funds with Facebook profiles) or Instagram (n=74, 89% of the 84 funds with Instagram profiles) profiles. A complete breakdown of which channels funds used for post-*Dobbs* messaging can be seen in Table 4-1. Some funds posted multiple messages per channel, and many funds posted the same message or very similar messages across multiple channels.

Diagnostic Framing: Identifying Problems and Assigning Blame

Diagnostic messages frequently referenced the *Dobbs* decision or the overturning of *Roe v. Wade* directly as the problem and named the Supreme Court or the courts, generally, as the cause. One such post proclaimed, “Too many people in the United States already face compounded obstacles to abortion care because of systemic injustices in their state. The overturn of *Roe v. Wade* pushes care completely out of reach for millions.” (Florida Access Network) Other funds also highlighted states that would put restrictive policies in place as sharing the blame. For instance, “The Supreme Court’s decision to leave legal abortion in the hands of the states has worsened the patchwork of abortion access that is already incredibly difficult to navigate.” (Midwest Access Coalition) Still other funds focused on the new laws banning abortion as the problem, implicitly highlighting the elected officials who passed and signed them as the actors at fault: “From our five decades of service, we know that abortion bans harm everyone. Abortion bans are based in systemic sexism and racism. We will never stop fighting against these bans and against these systems of oppression.” (Preterm Access Fund) These messages highlighted concrete events and actors as the problem and cause.

Other funds used more abstract messaging, focusing on the injustice that was occurring or emphasizing the rights that people should have but were no longer guaranteed as the problem. One fund posted, “What is happening is not right, fair, or just. It’s a blatant disregard for people that we

know and love as well as to people we may never know but would have supported. Abortions help people who don't want to be pregnant or can't be pregnant due to medical reasons. Everyone should be able to access abortion care without stigma or barriers.” (Texas Equal Access Fund) These messages identify a clear problem – injustice, lack of access – but often lack a directly identified target for blame or responsibility. It may be that rather than identifying a discrete group of actors who are responsible for this problem, these messages imply that society at large is at fault and culture change is needed.

Funds also used diagnostic framing that acknowledged the particular harm abortion bans would cause to minoritized communities by acknowledging the disparities the decision would exacerbate. One fund posted “This 15-week abortion ban in Mississippi is part of a larger system of oppression that exacerbates the existing inequalities and barrier[s] in access to health care. This will fall hardest on Black, Indigenous, People of Color, LGBTQIA+ people, people with disabilities, people in rural areas, young people, undocumented people, people people experiencing homelessness, and low-income families.” (Women’s Medical Fund) Another fund – part of a larger Reproductive Justice organization – connected their state’s abortion ban to its maternal mortality crisis, saying “Here in Texas, long before this decision, we’ve witnessed the perils of a post-Roe world. Black maternal mortality in our state is higher than the national average. This does not have to be our reality. Together, we can build a future where Black mamas can give birth safely.” (Support Your Sistah) These messages highlight a problem of increasing inequality above and beyond the issue of limited abortion access or bodily autonomy.

Prognostic Framing: Providing Pathways and Targets for Action

Abortion funds also engaged in prognostic framing, attempting to take advantage of the energy of the moment by providing pathways to action for those looking for an opportunity to contribute to the movement or get more involved in their work. Funds most frequently did this by

asking for donations. These posts often attempted to motivate followers by reminding them of the fund's mission and services or forecasting an increased demand for services in the wake of the *Dobbs* decision. One fund posted "Every donation supports the original stewards of this land access to the following: cost of abortion care, gas, food, childcare, hotel, airfare, menstrual hygiene products, aftercare products, medicine men & women aiding our people in ceremony" (Indigenous Women Rising). Another fund explained, "WHO/O anticipates requests for service to double this summer, especially given that one-way travel distances could increase tenfold depending on bans enacted in our neighboring states" and encouraged followers to "[c]ontribute to abortion funds" (Abortion Fund of Ohio).

Funds' prognostic framing also promoted local rallies community members could attend and posting suggestions for immediate actions supporters could take. One fund posted, "On July 9th, All-Options will be joining our allies for a Bans Off Our Bodies Block Party in Indianapolis, and we hope you'll join us!" (All-Options Hoosier Abortion Fund) This post also included a list of suggested actions for supporters that included donating to their local abortion fund, learning more about self-managed abortion (with links to trainings and resources), and signing up for the Abortion Access Front's "Operation Save Abortion, a day of training and action" (All-Options Hoosier Abortion Fund). Some funds advertised internal volunteer opportunities, with one fund posting "Message us to volunteer – we can always use your help!" (Broward Women's Emergency Fund), while other funds explained that they did not have volunteer opportunities or had limited capacity to train and onboard new volunteers. Funds also encouraged supporters to talk to their friends and family about their support for abortion, to share information about abortion funds and other resources, and to "vote for candidates who support the basic right to equitable abortion access and care" (Broward Women's Emergency Fund).

Funds that provided information about local rallies also reminded their followers of ways to take care of themselves during these events – encouraging them to engage in basic self-care practices such as drinking water and wearing sunscreen as well as linking to protest safety information from organizations like the ACLU and local bail funds. Other funds encouraged supporters to keep their protest messaging inclusive, instructing them to avoid imagery such as coat hangers or Handmaid’s Tale costumes and to use gender-inclusive language. One fund posted, “Please leave the coat hangers and red cloaks at home. We have safe, self-managed medication abortion. The Handmaid’s Tale centers white folks and ignores the lived experiences of Black and Brown people in this country, who have already been living in a post-Roe reality.” (Baltimore Abortion Fund)

Motivational Framing: Providing Reasons to Act

Funds employed a variety of motivational frames in an attempt to spur audiences to action. Perhaps the most straightforward messages were those that emphasized the need that had always existed and would be exacerbated by the court’s decision. Funds expressed concern for their communities and forecasted increasingly unmet need with posts like, “It’s heartbreaking to see some of our worst fears come to pass, and to know how many people will have their lives upended or irrevocably harmed.” (Baltimore Abortion Fund) Other funds shared stories of having to turn away people seeking assistance, particularly those in states where funding abortions had become legally risky: “This morning we had calls from clients to our hotline. Telling them we cannot fund them and why was the most heart-wrenching and devastated thing we’ve ever experienced as an abortion fund.” (Lilith Fund) Funds sometimes used these stories to invite audiences to imagine how things could be different – how needs could be met and access could be simplified. One fund posted, “NWAAF is on the front line of supporting people who need reproductive healthcare and are struggling to get their needs met. Our hotline call volume has increased and to date in 2022, we

fielded 1,062 hotline calls which is 46% more than 2021. We invite you to join us in envisioning a world where people can easily access safe, legal abortion care with respect, dignity, and compassion.” (Northwest Abortion Access Fund) These posts aim to motivate audiences by helping them understand the immediate, practical effects of the Dobb’s decision, which will hopefully spur them to action.

Some funds employed gratitude as a motivating framework, thanking their supporters for the work they have done and either implicitly or explicitly inviting them to continue this work. One fund posted along these lines: “We’re thankful for our Appalachian community pouring love and support into us – not just since the *Dobbs* decision, but since we founded the organization in 2018. Y’all keep us reminded of all the power, beauty, and strength that surrounds us and continually fuels us in our mission.” (Holler Health Justice) In addition to making current supporters feel valued and encouraging them to continue acting, these posts also have the potential to motivate individuals who are not yet supporters by creating a desire to be recognized in a similar way.

Funds also motivated audiences by reaffirming their own commitment to the work of helping people access abortion and advocating for reproductive rights and justice. Some funds simply stated their commitment without any additional information or calls to action: “We love our community, and we will continue to fund abortion, dismantle abortion stigma and challenge abortion restrictions within the confines of the law.” (Florida Access Network) Other funds made similar posts but explicitly invited audiences to join them in their work with posts such as “Although they are often overlooked, many local abortion funds operate across the United States and work together to increase abortion access across state lines. We are here and will continue to do this work. We rely on our donors to continue this work. We cannot fund abortion access and serve our community without your help.” (Louisiana Abortion Fund) These posts frame abortion funds as

courageous leaders in this work and encourage audiences to follow their example by taking up the work themselves.

Similarly, some funds attempted to motivate audiences by using framing that invited audiences into systems of care, creating a sense of belonging and solidarity within communities. These funds used posts that focused on collective power and the role of community in ensuring abortion access. As one fund posted, “Today’s decision in the *Dobbs v. Jackson Women’s Health Organization* case has proven what we’ve long known...the courts will not save us. But we will save each other. ACCESS RJ is committed to supporting anyone who calls our Healthline seeking support accessing abortions whether they live in California or have been forced to travel here.” (ACCESS RJ) This frame is similar to the previous one but further emphasizes the need to stand together by constructing the systems that would usually ensure individuals and communities are cared for as failing or uncaring. By pointing out the ways that the system has broken down, these posts motivate audiences to step up and do what they can to make up for these failures.

Emotions as Diagnostic and Motivator

Funds employed emotional language in both diagnostic and motivational framing. In diagnostic framing, expressions of emotion such as grief, rage, and overwhelm served as signposts that something has gone awry. Funds reflect on the sadness they feel for people who are unable to access care with posts such as, “Our hearts are broken for everyone who was turned away at a clinic yesterday, for everyone who had that wretched job. Today our inboxes filled again. More people in need of gas money, food, money for abortion pills.” (Colorado Doula Project) They also emphasize their grief and anger at the injustice of the present circumstances: “We are so heartbroken and so incredibly angry. Angry for what this means for patients, for how this will disproportionately affect BIPOC communities, rural communities, and people with low incomes, for what this means for our loved ones, and for what this means for our lives and futures.”

(Nebraska Abortion Resources) By modeling these emotions, abortion funds signal to their audiences that there is a problem in part by identifying the problem and its cause as the targets of their negative emotions.

Funds employ similar emotions as impetus for action in posts that employ motivational framing. Funds encourage audiences to join them in collective performances of sadness and anger and to use those emotions to spur them to action: “Someone you love is going to need an abortion. It is time to show up and show out for abortion access and for each other. We are the majority and we are outraged. Let us capture this energy and use it to control our own destinies.” (Access Reproductive Care Southeast) Funds also invoke more positive emotions as motivators – encouraging audiences to tap into the positive emotions that come with being part of a community and being involved in important, impactful work. As one fund stated, “We know there are a lot of feelings you’re navigating through, and we’ve been feeling them, too. We’re so grateful to still be here, in community with all of you. Let’s continue showing up for each other and ourselves, in ways rooted in joy, compassion, and love. We’re not going anywhere. If you need us, just HOLLER.” (Holler Health Justice)

Messages from out of Frame: Focusing on Community Care

While much of funds’ messaging in the week after the *Dobbs*’ decision fit into the framing tasks described above, funds also posted a number of messages that did not fit into these tasks. These “out of frame” messages largely focused on reciprocal relationships of care between funds and the communities they serve. Funds used their platform to reassure individuals seeking abortion care and connected them to resources. They also asked community members to care for them in return – highlighting ways that community members could make funds’ work easier or care for fund workers, directly and indirectly.

Funds frequently used post-*Dobbs* messaging to reassure people seeking abortion care. Funds frequently did this by reassuring people seeking abortion care that they would continue to be present and providing services and information to the community – often literally saying “We’re still here.” This messaging was often delivered alongside information about whether abortion remained legal in the state or region. For instance, one Pennsylvania fund announced, “ABORTION IS STILL LEGAL AND WE ARE STILL FUNDING IT” (Abortion Liberation Fund of Pennsylvania). Meanwhile, another fund explained “Abortion is now illegal in Arkansas and several other states. WE ARE STILL HERE. We will continue to help Arkansans access legal abortions. We will help Arkansans go out of state. We are still here” (Arkansas Abortion Support Network). In some cases, funds redirected people seeking abortion care to other resources, either because the fund was temporarily pausing their services, because the fund was at capacity, or because the fund only offered certain types of services (i.e. a practical support fund linking to a fund that provides financial support for abortion care). One fund announced “Given the recent decision by the Supreme Court, Fund Texas Choice will be closed. We are giving our staff some much deserved time off and will also be spending time analyzing the decision to ensure we are doing everything we can to comply with the law. If you need any resources, please visit: [links to other organizations].” (Fund Texas Choice) These funds knew that people seeking abortion care during and just after the *Dobbs* decision were likely to be frightened and confused and sought to use the fund’s public platform to make sure those individuals had the information they needed.

While most messages focused on the ways funds were connecting with and caring for their communities, some funds also asked community members for help – inviting their communities into a reciprocal relationship of care. Funds most frequently did this by providing communities with instructions about the best ways to contact them for different types of requests in order to help them continue to support people seeking abortion care and avoid overwhelming staff and

volunteers. One fund posted, “We ask that you please do not call our support hotline unless you’re an Appalachian seeking funding and practical support. Our support hotline is a critical communication tool for Appalachia folks seeking healthcare assistance. Our hotline has to remain open to those in need” (Holler Health Justice). Some funds even explained what types of questions were and were not welcome during this busy and difficult time, with one fund posting “Now is not the time to be flooding small, grassroots organizations like ours with general questions about how to get involved in this work. We know these [inquiries] are well-intended, but they overwhelm our volunteer-led staff while we navigate this uncertain climate and work to support abortion patients in TN” (Abortion Care for Tennessee).

Funds also asked for space, reminding supporters that abortion fund staff and volunteers were also struggling with the moment and asking them to be patient as they waited for new programming or replies to non-urgent messages. In these messages, abortion funds essentially make the traditionally backstage information about organizational struggles frontstage by sharing openly with their public audience of supporters, activists, and people seeking care. One fund reminded community members that “[b]ehind our work are real people too. We need breaks. We need rest. We are also processing all the events and holding emotional space for each other and our calls. Please be patient while waiting for replies” (Abortion Fund of Arizona). Another fund explained, “In the immediate aftermath of this decision, we are prioritizing efforts to best serve our community. In order to do that, we have made two important decisions, 1) we will not be taking interviews at this time, and 2) we have closed our line in order to provide space for our Access Coordinators to take care of themselves” (Louisiana Abortion Fund) A few funds encouraged supporters to take care of the abortion access workers in their lives with posts like “Support the abortion advocates in your life!” or “Buy your fave abortion funder a bagel today” (Northwest Abortion Access Fund).

Making Sense of Fund Messaging

Funds' initial discursive responses via statements on social media and websites are very focused on communicating with local supporters, activists, and people seeking abortion care. Although funds were, at this moment, posting on national platforms and being discovered by a national audience, their messages focus on local action and information. These messages particularly reveal an ethos of community care: funds seem to want to form reciprocal relationships of care with their communities, offering reassurance that they will continue to stand in solidarity with and offer assistance to their communities while offering supporters opportunities to contribute in return. This makes sense in light of funds' history as grassroots organizations largely responding to local conditions.

It is also relevant, however, to note that some funds seemed to use this opportunity to expand the scope of the community they were engaging with, either as supporters or as potential clients. For instance, one fund posted, "Today's decision in the *Dobbs v. Jackson Women's Health Organization* case has proven what we've long known...the courts will not save us. But we will save each other. ACCESS RJ is committed to supporting anyone who calls our Healthline seeking support accessing abortions whether they live in California or have been forced to travel here." (Access Reproductive Justice) Similarly, another fund posted, "At CAF we are no stranger to making abortion access a reality in the face of legal, financial, & logistical barriers, even under *Roe*. Over 80% of our callers were based outside of Illinois in the first three months of 2022. We work with 55 clinics across 7 states, and a National Network of Abortion funds." (Chicago Abortion Fund) These funds accurately predict that many seeking abortion care would be forced to travel after the *Dobbs* decision and identified themselves as being in states likely to receive these individuals. In contrast, funds that kept their messaging more local tended to be in states where abortion access was likely to be restricted. These funds focused on reassuring the local community that would be affected by

post-*Dobbs* restrictions and continuing to raise support as they faced increased costs associated with traveling for care.

Bringing in Goffman's dramaturgical metaphor, funds are largely playing a role here of being calm, prepared, and in control. Because funds are seeking to reassure people seeking abortion care and harness the energy of the moment into new financial and human resources for the movement, they must appear authoritative and stable as well as caring and empathetic. This can even be seen in the construction of many posts: the expression of emotion first, followed by a pivot into action or reassurance. Funds are essentially modeling the behavior they want to see in their audiences. This performance of reliability and stability may even explain why asking for help is the least common theme in this data. Despite the low number of posts in this category, however, this data is important. Here, funds hint at what other funds are likely keeping backstage – showing vulnerability and making their struggles public.

Longer Term Responses: Public-Facing Changes to Funds' Services

In the wake of the *Dobb's* decision, it seemed reasonable to expect that a number of funds would make changes to their service offerings or to the way they administered their fund in order to account for changes to the abortion access landscape. However, it was also possible that funds would be overwhelmed by demand for services, unable to make changes as they attempted to maintain their normal operations in an environment of greatly increased demand. In fact, in the year after *Dobbs*, only around one-third of funds (n=33, 35%) actually made any public-facing changes. Of these, the most frequently observed changes involved an expansion of services (n=17, 18%). This included providing new types of support (such as offering practical support to in addition to procedure funding or offering assistance with meals and lodging in addition to travel), expanding eligibility criteria to include new groups of people, or offering assistance for sexual and reproductive health services other than abortion such as contraceptive care, gender affirming care, or testing

and treatment for sexually transmitted infections. Some funds (n=9, 10%) also changed their funding processes. For some funds this meant offering new applications options such as adding an online application for assistance to an existing warm line. For other funds, this meant changing the way funds were distributed such as switching from providing block grants to clinics to providing vouchers for care to specific patients.

A few funds (n=4, 4%) decreased the types of services they provided or eliminated entire categories of services. Two funds stopped providing abortion-related services due to bans in their state, although they continued to provide other sexual and reproductive health related services in their local community. One fund had been providing abortion doula services at their local clinic and another was using volunteers to provide rides to a local clinic. One fund stopped supporting other sexual and reproductive health services in order to increase their capacity to support abortion care, and the final fund stopped providing assistance to people leaving the state for care due to their new status as an abortion destination for out of state individuals. Some funds also made changes to their organizational status during this period. Eight funds (9%) paused their operations temporarily while seeking legal counsel regarding the laws in their state, and one fund (1%) closed permanently. Two new funds (2%) opened in the wake of the *Dobbs* decision. Figure 4-1 summarizes the data about changes to funds' services and administration during the first year after the *Dobbs* decision.

It is particularly relevant to note that of the eight funds that I identified as having paused their operations temporarily, five were in Texas and, thus, affected by SB8's "aid and abet" provisions. At the time of data collection, two of the five funds still had messages on their websites stating that their operations were paused while they sought legal counsel.

At first glance, it seems odd that organizations experiencing such massive change would make so few changes in response. It may be, as stated above, that funds were so overwhelmed by increased demand that they were unable to make changes called for by a shifting abortion access

landscape. However, while *Dobbs* worsened the conditions under which abortion funds were operating, it did not actually create them. Abortion funds were created to ameliorate the effects of state restrictions on abortion access and, thus, were already equipped with the tools to combat the effects of post-*Dobbs* abortion bans.

Differences in Changes between Funds by State Policy after *Dobbs*

While fewer funds than expected made any public-facing changes after the *Dobbs* decision, it still seemed reasonable to expect that changes would vary based on the policy environment in the states where funds were providing services. On the one hand, changes might occur more frequently among funds providing services in ban states compared to those not providing services in ban states. On the other hand, changes might be more frequent in places where funds felt less vulnerable due to state and local governments' commitment to protecting abortion access. To test this hypothesis, I prepared a two-by-two table and performed a chi-square test. Since some funds provide services in multiple states, I defined a fund as providing services in a ban state if its catchment area included any ban state or portion of a ban state. "Ban states" included the 14 states that implemented complete abortion bans after the *Dobbs* decision plus the six states that enacted more restrictive bans after *Dobbs*. I did not include national funds in the ban states group because these funds generally targeted specific populations that already faced significant barriers, so I expected their work to be less affected by the *Dobbs* decision and subsequent legislation than funds using geographic eligibility criteria.

As shown in Table 4-2, out of 94 funds included in the analysis (the 97 US-based funds, minus the three for whose websites were not available via the Wayback Machine during the pre-*Dobbs* period), 47 funds (50%) provided services in ban states. Of these, 40% (n=19) made changes to their services. Of the 47 funds not providing services in ban states, 30% (n=14) made changes to their services. These results suggest that while the mode for both groups was not making changes,

a slightly higher proportion of funds providing services in ban states made changes compared to those not providing services in ban states.

One explanation for these results – both the lack of public-facing changes over the year after *Dobbs* and the fact that funds in ban states made changes at a similar rate to funds in non-ban states – is that while, politically speaking, *Dobbs* sent the issue of abortion access back to the states, in practice it nationalized the problem of actually accessing abortion. Between *Roe* and *Dobbs*, while states were limited in the types of restrictions they could impose on abortion access, conditions varied considerably from state to state as different legislatures enacted different laws. After *Dobbs*, these limitations were removed and the majority of states moved to pass fairly straightforward bans based on gestational age or laws banning abortion altogether. This nationalized the crisis of abortion access as people from restrictive states were forced to travel into states with less restrictive laws to receive care. Therefore, it may be that abortion funds are not responding differentially by state laws because states with and without bans are equally involved in responding to *Dobbs*.

Fund Leaders' Perspectives on Post *Dobbs* Changes

While much can be learned from public facing data, it is impossible to understand the full picture without a peek – as it were – behind the curtain. Below, I utilize “backstage” data from interviews with abortion fund leaders to answer some of the questions posed by the “frontstage” content analysis data such as whether funds were actually as composed and in control as they projected publicly in the wake of *Dobbs*, whether the lack of changes after *Dobbs* reflects a lack of need or an experience of overwhelm, and whether funds are truly engaging in an increasingly nationalized response to the crisis of abortion access. In conversations with abortion fund leaders, I found that the *Dobbs* decision had increased their visibility as they gained media attention. While this led to an increase in resources – in the form of donations, state efforts to improve abortion

access, and supporters interested in volunteering – it also led to a significant – sometimes overwhelming – increase in demand for services. While abortion funds increasingly engaged in cooperation and knowledge sharing in to manage the increasing cost, complexity, and volume of people seeking assistance, fund staff and volunteers – already exhausted in many cases by years of work and responses to previous crises – face a crisis of burnout.

Increased visibility and its consequences

Dobbs led to increased visibility for funds, which had previously kept a relatively low profile. This had both positive and negative consequences for funds. On the negative side of things, some funds found increased media attention distracting or disruptive. However, on the positive side, funds experienced an increase in donations and were positively affected by new laws that protect abortion access, decreasing demand for services and freeing up much needed resources for funds to use elsewhere. Funds also experienced an influx of interest in volunteering, which was a mixed blessing as funds did not always have the need or infrastructure to onboard so many volunteers.

Many interviewees talked about the *Dobbs* decision as abortion funds' debut on the national stage and many shared stories of being overwhelmed by requests for media interviews from the time the decision was leaked in early May through the weeks after the decision was formally released. Generally, participants saw this increased attention in a positive light. Candice explained that before the summer of 2022, the general public often assumed that large, national organizations like Planned Parenthood were the only groups working on abortion access or reproductive rights. In the wake of the *Dobbs* decision, however, many people discovered that “there’s this whole underground network of organizations that are doing shit.” (South, Program Manager, White)

Fund leaders also proposed that the increased visibility of funds would have other benefits. Leanne explained, “As the board president, I think I fielded maybe 40 interviews a week after *Dobbs*

. . . it was the first time that [our fund] or even just abortion funds in general were mentioned on a national stage.” She went on to explain that she saw this increased visibility and media engagement as an opportunity for interested community members to get involved, saying “I think people understanding . . . they don’t need to reinvent the wheel . . . they can support these organizations that have been embedded in their communities for a really long time and understand what abortion seekers need[s have] been. That’s really powerful . . . as we try to navigate post-*Dobbs*.” (Midwest, President, White) Melissa expressed her hope that the increased conversation about abortion generally and funds specifically would decrease the stigma around abortion, saying “People no know that we exist, and I really believe that must lower people’s sense of like, ‘I am doing something really wrong in secret right now by getting this healthcare.” (Northeast, President, White)

Other funds found this increased attention to be a distraction from their core mission at a critical moment. Chloe mentioned calls from the media primarily as a distraction that she brushed off, saying “That whole week was a blur, honestly. Then we had all the media calls. That was the biggest thing too. I didn't even respond to most of them.” (Midwest, Director, White) Amanda recalled that she did 28 media interviews in five days after the *Dobbs* decision leaked – more than she had done in her entire career to that point. She expressed how frustrating it was to have that demand on her fund’s small team during such a critical time: “You're banging down our doors asking what you can do, banging down our doors asking to speak to callers, banging down our doors asking to speak to volunteers. It's like, ‘We're trying to help people’ . . . Funding abortions, getting people the care they need is the priority.” (West, Executive Director, Mixed Race) Managing the increased media attention may have been particularly challenging for funds with small staff or those led entirely by volunteers. Jennifer recalled that the decision dropped on the final day of her family’s vacation, and there was no one else able to cover communications for her. She recalled, “I was simultaneously trying to like check emails, and checking with my board, and we were getting

media requests and everything, and also just trying to build a sandcastle with my kid.” (Northeast, President, White)

Increased resources via funding and protective policies

All participants reported receiving a significant increase in donations after the *Dobbs* decision, with some funds reporting that their donations increased several-fold. Naomi reported, “Our donations were up 300% last fiscal year. I think we pulled in \$360,000 in donations or something wild like that.” (Northeast, Program Director, White) Candice explained that the increase in donations their fund received drastically changed the way the fund operated, saying “It went from entirely volunteer-led to having staff. We went from a \$25,000 budget to a \$350,000 budget. I feel it changed everything.” (South, Program Manager, White) While all funds reported an initial increase in donations, the longevity of those funds varied. Whitney explained, “We have a lot of reoccurring donors, which has been great. I can’t say the same for other funds in my region . . . [Our fund] is one of the most well-known.” (South, Program Coordinator, Black)

Private individuals were not the only donors inspired by *Dobbs*. Several funds received grants from city or state governments to support abortion funding. Amanda noted, “This is the first year we've ever received state funding in our 30-year history. We have a two-year grant from the state for a pilot project that's specific to [a large count]. We're receiving \$450,000 this year and \$450,000 next year specifically to support patients accessing abortion in [that county]. Then we're receiving a million dollars for practical support throughout the state, so anyone coming to or in [our state].” (West, Executive Director, Mixed Race) She went on to explain that the fund was trying to make the most of this opportunity because they knew the funding would likely not continue in the long term. “We're really trying to think long-term about how we make sure that our health line is sustainable, that our staffing is sustainable.” (West, Executive Director, Mixed Race) Other funds saw laws expanding Medicaid to cover abortion pass, decreasing the demand from people with

lower incomes in the state. Brittney explained that their state legislature had repeatedly voted down this change, but it finally passed in the legislative session after the *Dobbs* decision was announced. She explained what this would mean for her fund's operations: "Hopefully, it's going to significantly change what our fund looks like as well and just make us a little bit, wealthier is the wrong word, but just more financially stable and able to support other causes. Maybe hire a staff member so that we can make more money to fund more abortion, things like that." (Northeast, President, White) These laws free up money for funds to spend on expanding infrastructure, hiring staff, and improving fundraising, making them healthier and more stable in the long term.

In some cases, increased resources came indirectly as new laws protecting abortion access decreased need, thereby decreasing the demand on funds. As an example, some fund leaders mentioned that shield laws – laws protecting healthcare providers offering telemedicine abortion in states where abortion access is restricted – had alleviated some of the strain of post-*Dobbs* abortion bans or generally improved the abortion landscape. Melissa explained that her state's shield law meant there were more "abortion providers popping up," which had been "beneficial to our local ecosystem of abortion access." (Northeast, President, White) Chloe, whose very rural state implemented a post-*Dobbs* ban, explained that the increased availability of telemedicine abortion had actually made it easier for some people to access care: "Now we have Just the Pill and Abuzz Health, and it's a lot easier to order pills online than it used to be. . . We're trying to spread the good word about that . . . because people don't know" (Midwest, Director, White) By increasing the number of available providers and decreasing barriers to care, shield laws indirectly relieve some of the burden on abortion funds.

Increased resources in the form of volunteers

Abortion funds also experienced an influx of human resources after the *Dobbs* decision in the form of new volunteers. However, for most funds this interest was, at best, a mixed blessing.

Few funds – if any – had the infrastructure to onboard and manage the number of volunteers that expressed interest in the weeks after *Dobbs*. As Naomi explained, “We also had this intense interest in volunteering, and we didn’t have the structure or capacity to support that . . . We . . . came up with this interest form that had like 300 respondents on it. Again, we’re all volunteers, and we don’t have a volunteer coordinator or anything, so how are we supposed to deal with this influx?” (Northeast, Program Director, White) In some cases, funds were ready to onboard volunteers, but interested community members’ desires did not match well with the opportunities the fund had available. Brittney noted, “[Our state] has not been a destination for abortion care . . . There was this giant groundswell of people that wanted to be able to offer places to stay, and one, educating them that, no, nobody wants to stay in your house, but two, nobody’s coming to stay in your house.” (Northeast, President, White) Amanda, who faced a similar situation, recalled that this dynamic was challenging to deal with on top of everything else funds were managing at that time: “That’s really hard because you don’t want to turn people away or deter anyone, but it’s also like, we have a very clear priority, and you’re either here to help us meet it or you’re not. I would say that was some of the biggest internal challenges post-*Dobbs*.” (West, Executive Director, Mixed Race)

While most leaders expressed gratitude for their communities’ support – misguided though it sometimes was – a few leaders also expressed frustration that it took an event as drastic as the Supreme Court overturning *Roe* to bring attention to the issue of abortion access. Whitney expressed her anger at the situation, saying, “It pissed me off. . . There were people who were not affected by the *Dobbs* decision, because their access to abortion was already limited. Those are poor folks and people of color who have been fighting for access pre-*Dobbs* and are still fighting for access post-*Dobbs*. Now, who did it mobilize when *Dobbs* fell? White women. White women were just like, ‘Oh, no.’ It’s just like, where y’all been at?” (South, Program Director, Black)

Increased demand for services and coping strategies

Researchers predicted an increased need for fund services in the wake of *Dobbs*, but there was no guarantee that people seeking abortion care would actually connect with funds in order to receive services. Interviews make it clear, though, that funds' increased visibility led people seeking abortion care to funds, resulting in sometimes overwhelming increases in demand for services. Interestingly, this demand was not only attributable to people in need of increased assistance due to post-*Dobbs* abortion bans. In addition to these individuals, people seeking abortion who would not have previously known about funds were now reaching out for assistance – alerted to funds' existence by the post-*Dobbs* media coverage. As Judy explained, “I think just with [the *Dobbs*] decision, obviously, more people talking about abortion and abortion funds. It just ballooned into donations, but also people realizing, ‘Oh, they exist. I need help. I'm going to reach out,’ but we were just thrown into it.” (South, Director, White) Nearly all fund leaders reported a significant increase in requests for assistance after the *Dobbs* decision as well as an increase in the cost and complexity of individual requests. Caitlin stated, “The number one challenging thing right now is caller volume, caller complexity. Not that they're complex, but their cases or needs are complex and then an increase in caller need . . . Since the *Dobbs* decision, the number of people calling our line . . . it's like night and day.” (Northeast, Executive Director, Mixed Race) She went on to explain that while their state is considered an abortion destination, their fund was seeing an increase in both in-state and out-of-state callers. She explained, “It's not just people traveling to [our state] . . . We have a huge increase in callers from . . . throughout the state. Part of that . . . is because of the . . . literal branding of [state] as an access state and also literal advertisements . . . [Residents] are seeing that, and they're like, ‘What? I could get help for an abortion?’” (NYAAF)

This increased demand has resulted in increased stress for abortion funds as they work to cover increased costs of care and manage an increased workload. Judy explained that the cost of

individual cases had increased as more people seeking abortion care were forced to travel out of state and that the fund shoulders that burden on the patient's behalf: "If patients can put something towards it, obviously, yes. A lot of times, they don't have that. Especially now that they have to travel, it increases their financial burden, our financial burden. A lot of people don't have \$1,000 laying around to just put towards something." (South, Director, White) Layla described how that increased demand had resulted in increased workloads as well as an emotional weight as the fund takes on more clients in difficult circumstances, saying "I think the biggest thing is that there's more people looking to us for support, whether it's because they have to travel here, because their local fund doesn't have the capacity to support them, they don't know who their local fund is, so we're going to help them connect with them. Just the volume, and the stress of the weight of the funding as well, right?" (Midwest, Deputy Director, Black) Other funds have not been able to keep up with the increased demand, leading them to shut down when their budget does not last through the entire funding cycle. While being unable to help everyone who reaches out to them has always been a problem for at least some funds, it seems to have escalated since *Dobbs*. Ashley noted, "I know the volume is a lot higher in terms of calls, because a lot of times they'll close funding shifts earlier than they used to in the past." (South, Board Member, Hispanic)

To manage this increased demand, funds increasingly worked together by engaging in solidarity funding, coordination, and knowledge sharing, allowing them to help an increased volume of people and strengthen their own infrastructure by developing a pool of best practices. Many fund leaders – across a variety of resource environments – mentioned providing solidarity funding to support individuals with unusually costly cases. Brittney described the practice: "The stories that blow my mind is, you find out there's some patient traveling somewhere tomorrow who has a \$15,000 bill, and somehow, by the time that they leave the clinic, it is paid for by seven funds. Some are giving \$50 and some are giving \$5,000, but it all comes together." (Northeast, President,

White) In some cases these requests go out via an email blast, but in other cases, funds naturally coordinate because they are both assisting the same person. Judy explained that this coordination between funds was a shift from the days before *Dobbs*, saying “A typical day is mostly answering callers . . . and usually conversing with clinics or other funds to try and get things situated, especially now that most of our callers have to leave the state a lot of the time. Before [*Dobbs*], it was a lot of solo stuff, unless it was a further-along pregnancy that was going out of state.” (South, Director, White) The fact that callers are going out of state is particularly relevant, as this often takes them into the catchment area of another fund. As Alex stated, “We don’t want to overlap. [We ask] what else is needed.” (South, Program Director, White)

In some cases, funds coordinate beyond the level of a single case. Stacey explained that her fund wanted to start offering practical support but was quickly overwhelmed by the volume of callers. They reached out to a larger fund in the closest ‘destination’ state, knowing that fund had a well-established practical support program. She recalled, “It was just crazy but we made a decision until we could get a handle on our practical support . . . We decided to route all of the calls through [our partner fund]. They have agreed to help us. We said we’ll pay you and we’ll do whatever it takes, but that intake piece we didn’t have the capacity for.” (South, Treasurer, White) Naomi explained that their fund had set aside part of their monthly budget to support funds in their region that are experiencing a higher level of demand: “Now we give \$10,000 a month to [a neighboring fund] because, in [our region], we’re seeing [that state] as really the gateway state more than anywhere else . . . Then we’re also going to work on giving block grants to telehealth providers that are operating out of [our state] as a shield state.” (Northeast, Program Director, White) These coordinated efforts between funds to support one another seem to be a relatively new phenomenon arising in the wake of *Dobbs*.

Funds are also increasingly sharing knowledge and best practices with one another. Alex, whose state had a looming six-week ban at the time of data collection, explained that her fund had reached out to funds in states with similar laws to understand how to prepare, saying “We've been gearing up for that, but also it could happen next week. It could happen in like three months. It's us going back and forth on what to do. We've been talking to a lot of other funds and clinics out of state and trying to get ready for that.” (South, Program Director, White) Melissa described taking on the role of liaison between her fund and other funds in order to bring back resources and information: “I think one of the big roles that I've also taken on is being plugged into network spaces. Apiary – the practical support organization – their signal group, or the NNAFF Slack channels and social media, because I'm one of few people on the board who uses social media or even would join one of these spaces. I often feel a little bit like, ‘Well, here's what everybody is saying.’ Or, ‘A lot of folks are talking about this resource, maybe we should consider that.’ Doing a little bit of liaising.” (Northeast, President, White) These inter-fund touchpoints allow funds to share what works rather than requiring each fund to generate solutions to similar problems on their own. It also represents a distinct shift towards a more streamlined, consistent approach on the part of abortion funds compared to before *Dobbs*.

Secondary Crises: Resource Management Woes and Worker Burnout

Unfortunately, both the increased resources and the increased demand funds experienced in the wake of the *Dobbs* decision also led to increased demand on staff, leading to a burgeoning burnout crisis. Participants discussed how overwhelming the workload had gotten at their funds and how this had negatively impacted staff and volunteers. Caitlin explained that their fund's health line was managed by a group of volunteers and that, traditionally, the work could be completed around one's normal responsibilities: “I used to work in an office and volunteer and these things were completely compatible with each other. I would maybe during lunch maybe answer a couple

of calls. Maybe during a meeting, I might send one email, something urgent.” (Northeast, Executive Director, Mixed Race) Now, however, the caller volume is completely overwhelming. She described, “It's not manageable anymore. It's not even manageable for people who work from home. It's barely manageable for people who have anything else to do that day but fund abortions. It's not even manageable for me who--It's my full-time job, right?” Because of this, many volunteers have stopped signing up for shifts, leaving even more work on the shoulders of their limited staff and the few remaining active volunteers. The fund would like to hire more staff but currently lacks the infrastructure to support additional employees, and the existing staff and volunteers lack the time to develop that infrastructure. “It's just like getting to this point of like, any which way you go, there's a large blockade or some type of other issue where you think you're solving for one and it affects the other. It's really, really, really hard.” (Northeast, Executive Director, Mixed Race)

Funds have also struggled with a lack of infrastructure to handle their massively increased budgets in the wake of the *Dobbs* decision. Stacey explained that her fund had seen most of its board resign – including two of the three co-founders – due to the overwhelming growth the fund experienced after *Dobbs*. The fund did not have an accounting system capable of handling the influx of donations they received or keeping track of the amount of money they were sending out. “It's just been a result of starting out with an all-volunteer organization in burnout and the growth that goes along with that. How can you keep up with sending receipts and thank you notes when you grew from \$2,000 a year a few years ago to \$200,000 or more.” (South, Treasurer, White) The fund is going to have to refile its taxes for at least 2022 due to issues with record keeping. They have temporarily hired on some staff to help straighten out their records but would like to go back to being run by a volunteer board in the future. “Right now, you could not ask a treasurer to take this job on. You couldn't because as a volunteer, it's just too many little pieces.” (South, Treasurer,

White) While this is an extreme case, it exemplifies the problem of post-*Dobbs* growth for abortion funds and the stress it places on fund workers.

Several participants confided during the interview that they had plans to leave their fund soon, typically citing burnout as the reason. Some were moving to other funds that they perceived as healthier organizations while others were simply stepping out of their leadership roles. One participant was considering leaving abortion funding work and another wanted to get out of the non-profit world altogether. Melissa – currently the board president for her all-volunteer fund – suggested that staff funds might be a more sustainable model as fund work becomes more intense, saying “I would love to see the abortion fund movement develop more sustainable models. I think this is happening. Folks are staffing up and I have critiques of a nonprofit model versus a mutual aid model. I think there's room for both. There are benefits, but I would love to see people be able to plug into this movement without burning out.” (Northeast, President, White) However, as Heather explained, even the people being paid to do abortion fund work are feeling overwhelmed and burned out, leading them to be more cautious with their funding decisions and less willing to collaborate with other funds: “I was burned out before *Dobbs*. I know that I've got it good. Some people have never pulled a paycheck or gotten health insurance for this work. An abundance mindset is really appealing and I think it's important, but we have real scarcity with regard to, not the resources like that. There is real scarcity, which breeds competition, which breeds harm about just the funding.” (National, Program Coordinator, White) She went on to explain that conflict and harm from within the movement as well as the tendency of abortion activists to be involved in or in solidarity with other movements made it hard for activists and abortion access workers to find time to care for themselves and recover from traumatic experiences:

“We have a really serious human resource shortage. I don't mean like the department of HR. I mean we've not healed from the harm - in some cases, we haven't even been able to accept or get away from name or get away from the harm, including anti-blackness, or union busting, or the lasting harms of second-wave feminism. Older white women still

clutching pearls and clutching purse strings. I'm doing a lot of work. I mentioned earlier that I'm Jewish. I'm also pro-Palestine and there's a lot going on right now. I choose to show up similar to how I choose to show up outside of a clinic or for Black Lives. . . I think it's just really fucking hard to take care and make space for care for ourselves.” (National, Program Coordinator, White)

Heather worried about how these patterns would affect the future of abortion funds, seeing burnout as a potential failure point for the abortion fund model: “Honestly, I like to be optimistic, but I also like to be realistic. I honestly don't know that if we fail it's going to be because of that. We're all going to burn out. The institutional knowledge is already floating away . . . and then we're recreating wheels.” (National, Program Coordinator, White) This is concerning not only because of the harm it implies activists and abortion access workers are experiencing due to their work but because at this point, abortion funds are a load-bearing part of the reproductive healthcare system in the U.S.

While funds' public-facing responses to *Dobbs* show them as stable, reliable, and ready to spring into action, interviews with fund leaders tell a more complex story. Fund leaders make clear that increased attention after the *Dobbs* decision had its benefits, as they saw increases in funding and other resources. However, in this “backstage” area, the growing pains of an organization in flux are also clearer. Fund leaders disclose stories about poor record keeping and missed opportunities to build out a volunteer base, resulting in long-term deficits in funds' abilities to scale up and meet the post-*Dobbs* demand. Leaders also explain the negative effects this overwhelming increase in attention, resources, and demand for services has had on the people trying to keep things running despite lacking the infrastructure and manpower to make it work.

Discussion

In the immediate aftermath of the *Dobbs* decision, abortion funds focused on connecting with their local communities, even in the midst of their debut on a national stage. Through messages on their websites and social media profiles, they recruited new supporters, reinforced

relationships with existing supporters, and helped people seeking abortion stay informed and get connected to care. Most funds portrayed themselves as calm, reliable, in control, and ready to step up to handle the crisis caused by the *Dobbs* decision and the many new restrictive laws that followed it. Yet a few funds allowed public audiences of supporters, activists, community members, and people seeking assistance backstage to see how much fund workers, themselves, were struggling in the wake of the *Dobbs* decision.

In the year after the *Dobbs* decision, abortion funds made few changes to their public facing services and administration. However, from the “frontstage” perspective of the content analysis, the reason for this lack of change is not clear. It may be that funds did were well prepared to deal with the aftermath of the *Dobbs* decision, since it only worsened the conditions funds were already working to ameliorate. It may also be that funds found themselves overwhelmed in the wake of *Dobbs* as they faced increased demand for services due to newly restrictive laws. Furthermore, when funds did make changes, these changes did not seem to be influenced by policy changes in the states where funds provide services. While – again – the reason for this lack of difference is not immediately obvious from the “frontstage” perspective, it does suggest that the *Dobbs* decision nationalized the problem of abortion access, involving funds in the response regardless of the protections or restrictions offered by their local context.

When we peak behind the curtain via interviews with fund leaders, we find several of our assumptions from the content analysis confirmed as a more complex picture of funds emerges. Beneath the calm, prepared exterior, funds faced significant challenges in the wake of *Dobbs* including overwhelming demand for services and rapid, sometimes unmanageable growth. Additionally, funds were equally affected by policies implemented after *Dobbs* – both restrictive policies that forced people to travel for care, increasing the cost of accessing abortion and the work

required of funds, and by supportive policies such as shield laws that improved access to medication abortion throughout the country.

Based on these findings, I propose that *Dobbs* essentially serves as a pivot-point for abortion funds. Just as funds were initially founded largely in response to anti-abortion legislation, they are continuing to evolve in response to policy, this time transforming from a loosely affiliated group of local organizations to a national network – highly cooperative and heavily intertwined.

Considering how important the local context and community have been to funds' development (as discussed in Chapter 3), this shift also begs the question of whether this national turn will affect funds' ability to build community support and fundraise effectively. In the public-facing data we can see that some funds recognized that a more national focus would be necessary after *Dobbs*, particularly for funds in states with supportive laws where people from more restrictive states would be likely to travel. These funds positioned themselves as creating a safe haven for people seeking abortion care from out of state, and interview data suggests that such funds feel pulled between increased need expressed by their own communities (as more local people are aware of them due to their post-*Dobbs* publicity) and increased need from people traveling from restrictive states to receive care. Only time will tell whether funds will be able to balance the increased need for cooperation and collaboration with their need to ground in and develop local community, especially as funds continue to work to raise money and build a local community of supporters and volunteers.

These findings also serve as a warning. Abortion funds are now a load-bearing part of the reproductive health infrastructure in the US, and their ability to meet the demand being placed on them is increasingly tenuous. Recent media coverage of abortion funds has focused on their struggles to raise adequate funds to cover the requests for assistance they are currently fielding (Karlis 2024; Luthra 2024), and my own data suggests that funds are facing a crisis of burnout that

could see their capacity decimated. Funds also continue to come under legal threat as states attempt to limit travel for abortion care and the sharing of information regarding abortion adding another layer of stress and uncertainty (Anon 2023, Anon 2024). While funds do exemplary work, there is only so much that largely volunteer organizations can do to make up for the government’s unwillingness to protect its own citizens’ rights to bodily autonomy and self-determination.

Table 4-1 Channels used by abortion funds for post-Dobbs messaging

Medium	Count	%
Website (N=97)	32	33%
Twitter (N=79)	55	70%
Facebook (N=92)	75	82%
Instagram (N=84)	74	89%
Any post-Dobbs message (N=97)	91	94%

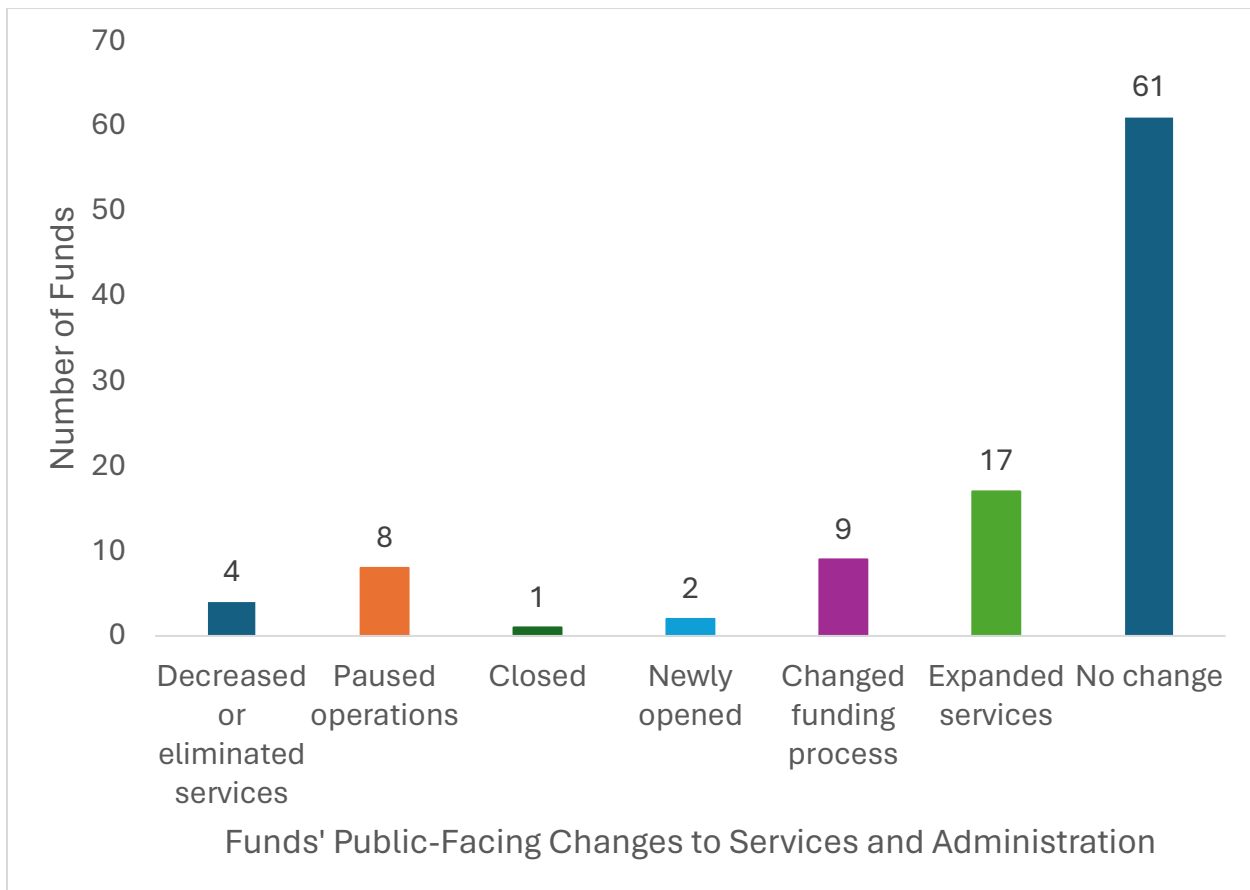


Figure 4-1 Changes to abortion funds’ public facing services and processes after Dobbs (N=94)

Table 4-2 Comparison of changes in funds providing services in ban states versus those providing services in non-ban states (N=94)

	Funds in Non-Ban States %(n)	Funds in Ban States %(n)	Total %(n)
No change	70% (33)	60% (28)	65% (61)
Any change	30% (14)	41% (19)	35% (33)
Total	100% (47)	100% (47)	100% (94)

5. Contentious Negotiations: Organizational Values, Operational Reality, and the Tension Between Them

Organizations, while they can be viewed as acting units in and of themselves, are also made up of individuals who may not act perfectly in alignment with each other or with the organization's stated values and goals. This is part of the messiness of acting in cooperation with others, each of whom has their own perspectives and allegiances. Strauss (1978) refers to this process as "negotiated order," stressing that one of the ways things get done within organizations is through people negotiating with each other. Strauss proposes that both individual action and organizational constraint can be comprehended through the nature and contexts of those negotiations.

In this chapter, I examine the values that abortion funds espouse via their public-facing websites and how those values are negotiated and enacted (or not) in the narratives of abortion fund leaders. I particularly focus on diversity and reproductive justice for several reasons. First, these values emerge as important in the literature – both in what has been written about funds and in what has not. Both Black and Hispanic women receive abortions at higher rates than white women in the United States (Kortsmit et al. 2020). Similarly, studies of people seeking assistance from abortion funds suggest that Black and Hispanic individuals are overrepresented among people receiving assistance from funds (Ely, T. Hales, Jackson, Maguin, et al. 2017; Leyser-Whalen et al. 2021; Whitney S. Rice et al. 2021). However, the literature has little to say about how well the individuals that make up funds represent the communities they serve. The saying "Nothing about us without us" may have emerged from the disability rights movement, but it is an equally good rule when discussing issues of racial justice. If they are not careful, predominantly white organizations serving predominantly Black and Brown communities may simply re-inscribe white supremacy and racial injustice, even with the best of intentions (Ray 2019). In the case of abortion funds, this might look like predominantly white organizations continuing to recruit primarily white staff and

volunteers due to concerns about 'fit' with others in the organization or other implicit biases. In terms of serving clients, as noted in Chapter 3, funds value flexibility in their services so they can meet people where they are. However, in a predominantly white organization, this might result in white clients receiving better, more flexible service than clients of color, again due to the way implicit biases affect perceptions of deservingness and responsibility. Thus, the question of the extent to which abortion funds both espouse diversity as a value and actually live that value out is an important one. Similarly, reproductive justice – a Black feminist theory – takes up the concerns of minoritized communities (again, those more likely to be served by funds based on the available literature) and place the need for abortion access within the holistic context of reproductive concerns for individuals who face disadvantage and discrimination. Thus, the question of whether or not abortion funds are reproductive justice organizations is also a question of how well they are serving the communities that rely on them for care.

Furthermore, these values emerged as important within the data. Issues of diversity, equity, inclusion, and justice emerged as so important within the content analysis data that I actually revised the content analysis data collection instrument and re-reviewed websites in order to more thoroughly capture the many ways that funds were highlighting these concepts. I also initially did not include questions about these values in my interview guide, choosing to keep my questions broad and allow important ideas to come to the surface naturally. Despite this omission, fund leaders consistently brought up diversity and reproductive justice of their own accord, often as points of uncertainty, anxiety, and tension. In examining values that appear to be particularly important to funds but also contentious or anxiety-provoking, I am well situated to examine how abortion funds as organizations navigate the tensions between their organizational identities – as depicted through their public-facing websites – and the complexities of operational reality depicted in fund leaders' narratives, in which multiple internal and external pressures compete for primacy.

Background

Within organizations, values are both a site and product of negotiation. Values are not static rules passed down from on high that govern interaction; in reality, values can emerge from anywhere within an organization and are in constant flux as individuals enter and leave and as attitudes change. Bourne and Jenkins (2013) identify four distinct types of organizational values (attributed, espoused, shared, and aspirational), which they locate on two axes. The “level” from which values emerge may be the aggregate – those that emerge primarily from individuals within the organization in a bottom-up way – or the collective – those that emerge primarily from the organization itself via history and precedence in a top-down way. Similarly, the “orientation” of values may be embedded – values currently held by a group – or intended – values towards which a group strives. “Attributed values” arise from the collective level and are highly embedded. These are the values that underly everyday decision making and those that most organizational members would generally agree represent the organization. “Espoused values” are similarly collective but more intended. These are the values promoted by the most senior members of the organization, which may or may not be taken up and enacted by their subordinates. At the opposite corner of this matrix, “shared values” are the aggregate of values actually held by members. These are embedded values – ones currently held by the organization – and rise from the individuals that make up the organization. Finally, “aspirational values” are values that members believe an organization should hold. These are intended – values towards which the organization strive – and arise from the individual level. Thus, we see that values arise through a process of negotiation amongst members of organization and that each member’s understanding of what the organization’s values are may differ based on their position within the organization and their external commitments.

I particularly focus on two values that emerged as important sites of negotiation during data collection: diversity, equity, inclusion, and justice (DEIJ) and reproductive justice. My data suggests

that, in the terminology explained above, these values are espoused or aspirational but not attributed. In other words, these are values that members of the organization – either the leadership or rank and file – believe the organization should embrace, but these values do not actually underly the organization’s everyday decision making. In simpler terms, these values are espoused by organizations but not actually enacted via their organizational practices. Below, I briefly describe these values and their relevance to abortion funds and to feminist social movements more broadly.

Diversity, Equity, Inclusion, and Justice

Although the current literature does not make it clear whether abortion funds follow in this trend, feminist movements have always had problems with racial and class diversity (Yang 2020). These movements have catered to white, wealthy (or at least middle class) women, leaving poor women and women of color behind as they set the agenda for what it means to be a feminist. From the time of the suffragettes, feminist movements have done a poor job of incorporating and honoring diverse perspectives at best and been outright hostile and exclusionary towards poor women and women of color at worst. In her essay “Sisterhood: Political Solidarity Between Women,” bell hooks explains that instead of “provid[ing] a training ground for women to learn about political solidarity,” the feminist movement (specifically of the late 20th century, when she was writing) emphasized a sisterhood based on “common oppression” – framing feminist solidarity around victimhood rather than strength, which plays into historical stereotypes of genteel white womanhood and makes it difficult (if not impossible) for woman from communities of color or lower income communities to find their place in these movements. This framing also invisibilizes the exploitation and oppression enacted by women against other women – particularly across lines of race and class. Furthermore, hooks explains that because “maintaining white supremacy has always been as great if not a greater priority than maintaining strict sex role divisions,” (132)

mainstream attention towards feminist movements has often been weaponized against movements for racial justice.

In an effort to improve their inclusion of people from diverse backgrounds, many feminist spaces have undertaken diversity, equity, inclusion, and justice (DEIJ) initiatives. These efforts are not new but did become increasingly common in the wake of the resurgence of the Black Lives Matter movement after the murder of George Floyd during the Covid-19 pandemic. DEIJ initiatives are intended to increase the presence of under-represented groups at all levels of an organization while also creating a culture that honors and celebrates differences so that individuals from under-represented groups are not harmed (Duncan, Strong, and Medeiros 2020). Despite recent political backlash, these efforts are generally popular among organizational employees, and there is evidence that increased diversity leads to improved outcomes (Dixon-Fyle et al. 2020). However, creating an organizational culture that truly embraces DEIJ is challenging and takes sustained effort over time. DEIJ initiatives may initially make people uncomfortable as they are challenged to understand their own biases and how their actions have harmed others. This can cause groups and individuals to become aggressively defensive or – particularly in the case of white women – tearfully self-flagellating as they attempt to shift the focus away from their own weaknesses and failings (Spanierman, Beard, and Todd 2012).

Reproductive Justice

Many abortion funds espouse the principles of Reproductive Justice (RJ), “a contemporary framework for activism and for thinking about the experience of reproduction” (Ross and Solinger 2017:9). RJ claims that “all fertile persons and persons who reproduce and become parents require a safe and dignified context for these most fundamental experiences” (Ibid:9). RJ rises out of Black Feminist theories, particularly Intersectionality, and a critical examination of the history of reproduction in the United States – particularly how individual and community experiences of

intimacy, pregnancy, childbirth, and parenthood have been affected by differing social and political agendas regarding race, class, and citizenship. RJ emphasizes three primary values: “(1) the right *not* to have a child, (2) the right to *have* a child, (3) the right to *parent* children in safe and healthy environments” (Ibid:65).

Reproductive Justice rejects the framing of a *right to choice* as inadequate, foregrounding, instead the ways in which personal choices about intimacy, reproduction, childbirth, and parenting are presently and have historically been constrained by the law and society (Ross and Solinger 2017). Early scholars and advocates of Reproductive Justice argued that an emphasis on individual, personal choice did little to assure the safety and dignity of individuals capable of pregnancy in communities who have experienced forced impregnation and childbirth as part of the system of chattel slavery or forced sterilization as part of later attempts at eugenics. Additionally, ‘pro-choice’ framing often focuses primarily on the right to *prevent* pregnancy and parenthood rather than the right to parent and to do so in safe and healthy conditions. This is particularly concerning to poor people, immigrants, and people of color whose parenthood has frequently been delegitimized as the result of poor personal decision making.

While reproductive justice seems like an obvious value for abortion funds to take up, its adoption has not been immediate and has been very much tied up with increasing diversity and overall organizational transformation. Daniel and deLeon (2020) trace this process of transformation within the Chicago Abortion Fund, finding that the fund transformed from “a liberal social service agency” to “a radical reproductive justice social movement organization” through a series of intentional leadership changes and organizational shifts “that moved women of color and grantees [individuals receiving funds] from the margins to the center.”

In this chapter, I use these two value orientations as case studies to understand the extent to which funds’ espoused values are enacted through organizational practices. Drawing on

symbolic interactionist theories to frame data from a content analysis of abortion funds' public facing websites and interviews with fund leaders, I compare funds' public-facing allegiance to and discussion of DEI and reproductive justice to fund leaders' narratives regarding how these values are (or are not) enacted inside the organizations. By focusing on points of misalignment, tension, and anxiety, I highlight the processes by which funds' negotiate and attempt to reconcile discrepancies between their publicly depicted organizational identities and the complex, often contentious operational realities of doing stigmatized, politicized, and time-sensitive work serving minoritized communities.

Data, Methods, and Theory

Data for this chapter come from two sources – a content analysis of the websites of all abortion funds affiliated with the National Network of Abortion Funds (NNAF) and interviews with 22 abortion fund leaders. The content analysis sample was restricted to funds with English-language websites that were currently in operation. Of the 100 funds listed on the NNAF website at the time of data collection, three were closed, one did not have a website, and one had only a Spanish-language website, leaving a sample size of 95 funds for this analysis. I reviewed each website between April and July 2023, collecting data via a structured, mixed-methods survey instrument in Qualtrics. The survey instrument included quantitative questions about the presence or absence of specific elements or language on the website as well as qualitative questions that I used to collect sections of text and describe the website's organization and appearance. The data collection instrument included sections on the fund's social media presence and catchment area, services offered and how to get help, volunteer opportunities and community engagement, organizational transparency, elements of diversity and inclusion, and engagement with specific philosophies or guiding principles.

Content analysis data for this chapter include data about abortion funds' engagement with DEI and reproductive justice on their websites. Data regarding DEI practices such as evidence of people of color in leadership positions, resources in languages other than English, and the use of images that demonstrate different aspects of diversity were collected quantitatively, and this data was cleaned in Excel and analyzed in Stata. The remaining data was collected via a series of questions. First, the data collection instrument asked whether a website mentioned a particular topic (in this case, DEI, anti-oppressive language, or reproductive justice). Then, if that question was answered affirmatively, the data collection instrument prompted me to capture text mentioning the topic and to describe where it was on the website and any additional context that seemed appropriate. Text collected in this manner (along with the accompanying annotation) was exported into MaxQDA and coded using constructivist grounded theory methods.

Interviews with fund leaders took place between November 1, 2023, and February 15, 2024. Participants were recruited for one-hour interviews via social media and snowball sampling and received a \$50 gift card in exchange for their time and effort. Interviews were conducted and recorded on Zoom and transcribed using GoTranscripts human transcription service. The interview guide covered personal history, values, and motivations for abortion fund work; fund practices; leader's experiences of and responses to *Dobbs*, and larger-picture questions about abortion funds' long-term goals and place in the movement for reproductive health, rights, and justice. Interview data were coded and analyzed in MaxQDA using constructivist grounded theory methods. Participants were not asked specifically about DEI practices, however these ideas frequently came up in response to questions about conflict management and personal values. A few participants were prompted to discuss reproductive justice – usually in the context of personal and organizational values – but most participants surfaced this idea independently, either in the context

of personal values or organizational practices. Additional details about data collection and analysis can be found in Chapter 2.

To reflect the nature of these two data sources, I use Goffman's symbolic interactionist theatrical metaphor as an analytical theoretical framework in the first three chapters (Goffman 1959). Goffman uses theater as a metaphor to understand social interactions – the heart of all symbolic interactionist work – proposing that action is divided into public or “frontstage” areas and private or “backstage” areas. Goffman proposes that actors engage in impression management in frontstage areas – while interacting with others – in an attempt to persuade the audience (those with whom they are interacting) to think well of them. The self presented in frontstage areas is carefully crafted and rehearsed. In “backstage” areas – where the actor is interacting only with themselves – the true self emerges. Below, I use data from the content analysis as “frontstage” data, reflecting the carefully crafted persona that abortion funds present to public audiences. I compare and contrast this with the more “backstage” interview data, in which my discussions with fund leaders allows me to peer behind the curtain and see the rich complexity of these organizations' identities and the tensions inherent in working with others.

While an interview would not typically be considered a truly “backstage” area, because we are looking at organizations as acting units (rather than individuals) and because I am not the intended audience of the organization's communication (not a member of their community of supporters), I would argue that in this case interviews do provide a unique look into things that would normally be considered private or “backstage.” This argument is validated by participants' willingness to share openly about a variety of experiences – including those that might paint their organizations in a negative light.

Results

In this chapter, I seek to understand how funds' espoused values – as presented “frontstage” via their websites – are enacted as organizational practices explained in “backstage” perspectives via interviews with fund leaders. I particularly focus on DEI and reproductive justice as values that appear to be particularly important to funds but also contentions or anxiety-provoking in hopes that this friction will provide insight into how funds' navigate the tensions between organizational identity and operational reality. Below, I take up these values sequentially, first describing funds' frontstage presentation regarding their espousal of these values via their websites and then comparing that to fund leaders' backstage narratives regarding the enactment (or lack thereof) of these values in funds' organizational processes.

“Gird your loins:” DEI as a site of conflict and value misalignment

In this section, I take up funds' engagement with DEI as an espoused value via their public facing websites and as an enacted value in fund leaders' descriptions of organizational processes and experiences. I describe abortion funds' frontstage presentation of themselves as DEI champions, examining the ways in which they publicly espouse DEI as a value, portray this commitment through various practices on their websites, and connect their work to larger anti-oppressive ideals. I compare this to fund leaders' backstage narratives, which reveal a more complex and contentious reality. While fund leaders express a commitment to DEI and share some positive experiences of diversity within their funds, they consistently describe abortion funds as predominantly white spaces and share stories of harm done to Black and Brown leaders, staff, volunteers, and people seeking assistance. Despite these struggles, fund leaders also share practices that provide solutions for improving the alignment between funds' espousal of DEI as a value and the way it is enacted through organizational practices.

Funds embrace DEI in their online presence

In their frontstage presentation via their organizational websites, abortion funds present themselves as embracing diversity and understanding its value within an organization. In fact, funds frequently frame their work as part of a broader, liberatory or anti-oppressive project, claiming to be doing the work of building a better world and establishing high standards for their own organizational cultures. Fund websites emphasized their commitments to DEI through the values they listed on their websites, their use of inclusive language and images, and their description of anti-oppressive commitments and practices.

DEI as a value statement or digital practice

Many of the values listed by abortion funds relate to issues of diversity, equity, and inclusion, and justice. Of the 35 funds that list values on their websites, fourteen funds (40%) list a value in the category of Diversity, Equity, and Inclusion, and 11 funds (31%) listed a value in the category of Intersectionality. Additionally, 10 funds (29%) listed a value in the category of Justice, while four funds (11%) listed Economic Justice, specifically. (See Figure 5-1 for details.)

In addition to values statements, funds showed their commitment to issues of diversity, equity, inclusion, and justice through other statements and practices on their websites. (See Table 5-1 for a full listing of these practices.) Just over one-third of fund the 97 websites were available (at least partially) in multiple languages (n=33, 34%) or advertised that fund services were available in multiple languages (n=36, 37%). Nearly all funds used gender neutral language to discuss pregnancy and abortion (n=85, 88%). Nearly half included images of people of color while around one-quarter included images of men or masculine-presenting people (n=24, 25%) and people with larger bodies (n=27, 28%). Very few websites included an accessibility widget or posted accessibility statement (n=3, 3%) or contained images of people with visible disabilities (n=1, 1%).

Around one-quarter of funds (n=23, 24%) included evidence of participation or leadership by people of color. In most cases, this evidence was in the form of staff and board member bios

and/or pictures, however, in some cases funds deemed individual bios a security risk and instead provided overall descriptions of the board members' demographics and range of experiences. These bios and bio-summaries also frequently included information about other dimensions of diversity that staff and board members represented including being part of the LGBTQ community, being an immigrant, or having had an abortion. In a few instances, this evidence took the form of recruitment materials for board members or volunteers stating that the fund prioritizes participation by diverse individuals – incorporating racial/ethnic diversity as well as other dimensions of diversity such as gender identity, sexual orientation, economic status, and lived experience of abortion. Finally, for three funds, this evidence consisted of a statement that stipends were available for Black and Indigenous people who chose to volunteer with the fund.

When considering these statistics, it is important to remember that some funds choose to keep their websites very simple – only providing the most basic information regarding how to access services or make donations and incorporating few (if any) images. Similarly, some funds choose not to provide information about leaders due to concerns about privacy and security. With that in mind, it seems reasonable to say that a substantial minority of funds indicate a commitment to DEIJ via their online presence. Additionally, since 46 of the 97 funds (47%) indicate some commitment to DEIJ – either listing a value in this category, providing evidence of people of color in leadership, or using anti-oppressive language – there is considerable overlap between these various categories described above. In other words, funds that are indicating a commitment to DEIJ are doing so in multiple ways, suggesting that their commitment is strong.

Funds' engagement with anti-oppression and the larger liberatory project

Thirty-eight websites (39%) included anti-oppressive language. This language often came from the funds' list of values or from its' mission and vision statements. Many of these instances involved recognition of the disproportionate effect of abortion restrictions on minoritized groups.

For instance, one fund’s website stated, “We recognize that folks with historically marginalized identities have a disproportionately more difficult time accessing abortion care.” (The REACH Fund of Connecticut) Similarly, some funds called out abortion restrictions as discriminatory, with statements such as “Restrictions on abortion access and funding are discriminatory, and these restrictions especially burden low-income patients.” (Abortion Fund of Arizona) Other funds framed these statements in terms of intersectionality, recognizing that each individual’s identity and experiences would affect their ability to access abortion care differently: “We understand that many issues intersect with someone’s ability to access abortion such as immigration status, class, ability, sexuality, race, and so much more.” (Texas Equal Access Fund) Finally, some funds connected their commitment to working with historically minoritized groups to a larger project of liberation: “By providing low-barrier financial support for abortions and support for travel and childcare, we are investing in our community’s liberation. We work to center Black people, Indigenous communities, people of color, queer folks, and immigrants, because we know that when the most marginalized among us are free, we will all be free.” (Louisiana Abortion Fund)

Other funds used anti-oppressive language to reiterate the universality of the right to bodily autonomy. As one fund explained, “We believe everyone should have the right to make decisions about their bodies—including abortion—and that everyone should have access to care that affirms their lived experiences.” Some funds framed this in terms of their own commitment to activism, stating that they would work to ensure everyone could exercise their right to bodily autonomy, especially through abortion access: “We oppose all efforts to restrict abortion rights and are committed to fighting for access to abortion for all.” (Texas Equal Access Fund) Funds also emphasized this principle in order to make a statement about inclusivity, stating their welcome of people with different gender identities who experience pregnancy and seek abortion care. As one fund put it, “The REACH Fund of Connecticut knows that cisgender women are not the only people

who have abortions. Transgender, non-binary, gender non-conforming, intersex, and queer folks experience pregnancy, have abortions, face additional obstacles and harm when seeking reproductive healthcare, and are overwhelmingly left out of conversations regarding abortion access and reproductive rights.”

Funds most frequently used anti-oppressive language to make connections between abortion access and other movements or issues. In some cases, funds simply acknowledged that multiple issues may impact one’s ability to access abortion care and state their commitment to working on these issues as well as on abortion access issues. As one fund explains, “We understand that many issues intersect with someone’s ability to access abortion such as immigration status, class, ability, sexuality, race, and so much more. Our advocacy work includes abortion specific issues as well as advocacy for issues that intersect.” (Texas Equal Access Fund) Other funds move beyond that framework, emphasizing the interconnectedness of systems of oppression and committing themselves to working towards justice in all its forms: “We recognize the connections between systems of oppression. A comprehensive vision of justice for our communities must involve working towards economic, racial, gender, and reproductive justice.” (Women’s Medical Fund) A number of funds specifically mention their commitment to the Movement for Black Lives and recognize that white supremacy is a root cause of injustice. One fund’s website states, “Within our organizational culture and through our work to fund abortions and build power, we strive to honor the dignity of Black people, Indigenous people, and people of color. We acknowledge that white supremacy and anti-Blackness create violence and harm in our society, in our movement, and to ourselves. We work to dismantle these systems of oppression and replace them with racial justice.” (Lilith Fund) It is likely relevant that data collection for this project occurred in 2023, only a few years after the Black Lives Matter protests during the 2020 lockdown. This important cultural moment may have accelerated funds’ public embrace of anti-racist action.

Funds also engage anti-oppressive language to envision a better future. For some funds, this vision is limited to issues related to sexual and reproductive health. For instance, one fund states, “We envision a Tennessee where everyone’s human right to bodily autonomy is honored and protected.” (Abortion Care for Tennessee) For other funds, however, their vision of a better future encompasses wide-scale liberation and empowerment for people with minoritized identities, such as the fund whose website proclaims, “We are building a future where Black, Indigenous, and People of Color (BIPOC) and queer communities trust themselves; are trusted; and have the social, political, and economic power to sustain their communities and to build the families they desire – chosen and biological.” (Access Reproductive Justice) Other funds cast this vision of liberation and empowerment for all people: “We dream of a reality where everyone has the agency, power, and resources to thrive in their communities.” (Lilith Fund)

Finally, a few funds use anti-oppressive language to establish standards for their own organizational culture. For some funds, this emphasizes centering the needs of people seeking assistance. One fund’s website states, “[W]e center our work around the pregnant person seeking assistance in whatever form that takes.” (Yellowhammer Fund) Other funds talk about fostering values that improve the experiences of staff, volunteers, and people seeking assistance, such as the fund whose website explains “We are committed to promoting an anti-racist, diverse, equitable and inclusive organization, and culture.” (Nebraska Abortion Resources) At the other end of the spectrum are funds who emphasize the well-being of staff and volunteers, recognizing that individuals must take care of themselves in order to care for their communities: “As a Black-led organization rooted in the principles of reproductive justice, we are committed to: Prioritizing the safety and wellbeing of our community including staff, volunteers, interns, and board members. Creating a culture that prioritizes rest and creates opportunities for staff, board members, and

volunteers to attend to their needs and live whole and fulfilling lives outside of our work.” (Louisiana Abortion Fund)

Another aspect of organizational culture that funds uplift is honoring the lived experience of each person. Funds use anti-oppressive language to emphasize that they trust individuals to be experts about their own lives and needs with statements such as “We believe every individual knows what they need in order to thrive and should be supported in their decisions without being limited by shame, fear, lack of resources, or discrimination.” (Access Reproductive Care – Southeast) Some funds frame this in terms of intersectionality, recognizing that each person’s life is unique and that different individuals will need different things to thrive: “We understand that experience, insight, and impact are all different based on the various identities (race, ethnicity, gender, sexual orientation, immigration status, socioeconomic background, people with disabilities, etc.) that we hold. We speak from our experiences, and we center folks with marginalized identities to ensure that our decisions and actions are creating a truly inclusive environment.” (Baltimore Abortion Fund)

Funds’ silence around DEIJ

In all, 46 of the 95 websites included in this analysis contained some mention of DEIJ – either listing a value in this category, providing evidence of people of color in leadership, or using anti-oppressive language. Websites that did not mention DEIJ did seem to differ from websites that did. Websites that did not mention DEIJ tended to be more detailed and less frequently offered certain types of services. (See Table 5-3 for details.) Specifically, websites that did not mention DEIJ less frequently included a mission or vision statement (43% versus 59% and 24% versus 41, respectively), a list of values (16% versus 57%), and opportunities for volunteers (41% versus 85%) compared to websites that did mention DEIJ. Websites that did not mention DEIJ also less frequently offered practical support (51% versus 67%), emotional support (14% versus 22%), and

parenting support (4% versus 9%) than websites that did mention DEIJ. While it is difficult to know precisely what these differences mean, the lack of volunteer activities and less frequent offering of certain types of services suggest that these funds may be less in touch with the communities they serve. Alternatively, these funds may simply choose not to discuss their commitments to particular ideals or values on their websites, focusing instead on providing information about how to access services. The unintelligibility of this silence highlights a potential downside to these websites as a data source.

It is also possible that some engagement with DEIJ is driven by regional differences in racial demographics. In three of the four US regions, a higher or very similar proportion of funds do not mention DEIJ compared to those that do. The only exception is the South, which is also the region with the highest proportion of Black and Hispanic individuals.

In sum, funds' websites – at least those that mention DEIJ – present a bold vision of funds as valuing diversity and fighting oppression. These funds list values related to DEIJ on their websites, provide evidence of people of color in leadership positions, and show a commitment to DEIJ through other statements and practices such as the use of gender neutral language, offering information or services in multiple languages, and including images that portray diversity in multiple ways. Some funds go beyond that, connecting their work to a broader, liberatory vision and setting standards of anti-oppressive (particularly anti-racist) behavior for their organizations. Based on this frontstage presentation, we could expect funds to reflect the communities they serve and stand as safe havens for people of different backgrounds and lived experiences.

The complexity of living out DEIJ values

Unfortunately, the backstage reality, revealed in interviews with abortion fund leaders, is much more complicated. While some fund leaders shared positive experiences of diversity or personal commitments to DEIJ and intersectionality, participants frequently spoke of funds as a

white women's space and discussed a mismatch in identity and experience between fund leadership and the communities they serve. Additionally, this status as predominantly white institutions means that funds frequently do harm to Black and Brown people who enter the space – whether as leaders, staff, volunteers, or people seeking assistance. While some participants described a sense that DEI efforts are performative or motivated by external actors, others offer examples of potential solutions to increase DEI within funds.

Fund leaders embracing and enacting DEI

In interviews, few fund leaders mentioned diversity, inclusion, or intersectionality as values that motivated their work or their funds' work. However, the five Black (or Black/mixed race) fund leaders frequently mentioned Black solidarity as a motivation for their work. Several fund leaders did share ways in which diversity in the leadership team had strengthened or added value to their fund. However, fund leaders still largely spoke of funds as a white women's space and talked about the issues caused by the mismatch in lived experiences between fund donors, leaders, staff, volunteers, and people seeking assistance. While Black participants were under-represented in the sample, they consistently spoke about experiences of racism in fund spaces and the harms these experiences had left them with. Some participants perceived efforts to increase diversity among fund leadership as externally motivated (partially or wholly) or saw diversity efforts as performative. Despite these challenges, some fund leaders offered potential solutions for increasing diversity among fund staff, volunteers, and leaders without further harming people of color.

While fund websites frequently mentioned diversity, equity, and inclusion as values that funds espouse, these values came up less frequently in interviews. Jennifer – the only interviewee who did mention inclusivity as a value that motivated her work – immediately emphasized her funds' work to be more gender inclusive, saying “We feel very strongly that, we know that women are not the only ones who get pregnant, and have abortions. We make a point, a real point of

educating our communities about why we say "pregnant people" instead of women, and making sure to center those who are most marginalized, who are most affected by abortion bans, abortion restrictions, and just the facets of our society that make abortion difficult." (Northeast, President, White) Interestingly, several Black fund leaders specifically mentioned solidarity with the Black community as a value that motivated them, noting that Black and African American people have higher abortion rates and that people of color may face additional barriers to accessing care. Tamara explained, "Generally, I just enjoy doing work for my community. I'm from here. I'm Puerto Rican and Black. I've known people from my community who did not know that there were abortion funds to turn to and times when they could have used that. For me, the idea of filling gaps and being able to provide a service to people that I've personally known in my past, that service to people was really exciting and motivating." (Northeast, Program Director, Black)

Some fund leaders did discuss positive experiences of diversity – recalling instances in which a renewed commitment to supporting diversity led to improvements within the fund. Caitlin explained that their fund's board had been concerned about a lack of representation in their leadership and a general lack of values alignment in their organizational practices. One of the outcomes of the ensuing "transformation" was to create a flatter, less hierarchical structure. She explained, "It was this way of saying, where, folks were being really siloed, and it was contributing to, lack of transparency. It was just there were all these different issues that were bubbling up because of the ways that folks were siloed." (Northeast, Executive Director, Mixed Race) Jennifer explained how happy she was to hear board members from her fund with "an intersection of different marginalized identities" express their comfort "show[ing] up as their whole sel[ves]" at the fund. She went on to say, "I love that because I think we're stronger. We're stronger as an organization, as a community, when we're inclusive. Excluding trans people, or poor people, Black people, Black and Brown people, it only hurts the mission, and the greater movement." (Northeast,

President, White) Ashley explained that she was recruited to the fund's board as part of an outreach effort to communities of color and discussed how pivotal her exposure to funds had been in developing a broader understanding of the abortion arena: "I was only 20. I couldn't even drink yet. Abortion funds, and I'm sure you know this, it's like a different world socially. There's a lot of like-- and I don't mean that in a bad way. I just mean there's just a lot of lingo. There's a lot of insight . . . I quickly learned, but it was a lot of things that you don't see in other spaces. It was a good experience." (South, Board Member, Hispanic)

Funds as white women's spaces

Despite these positive experiences of diversity, equity, and inclusion, participants of all races frequently spoke of funds as a white women's space, with all the problems attendant to that status. Some participants noted that their funds had remained predominantly white despite their efforts to increase diversity. Melissa explained that the tendency of board members to recruit among their social circle for new members had kept them from recruiting people of color into leadership, saying "I think there are reasons for that that are outside of our control. A lot of it is just we're eight white people who have mostly white friends." While the fund's board had "done a lot of values alignment type exercises and readings," they had not been successful in actually changing the fund's practices or in creating a more diverse board. She described feeling disempowered and unable to fix this issue, saying "It's a classic scenario where a bunch of well-meaning white people get together and end up just feeling really bad and then not knowing how to remedy the lack of diversity in our organization. I can be really hard on us for that." (Northeast, President, White)

Other participants described leaders' problematic behavior around conflict and conflict management, which often had racial overtones, and the ways they had pushed back against these behaviors. Naomi explained that some of the white women in her organization who hold positions of power "are quick to tears during conflict and overwhelm." White women's tears are often

identified as a means of silencing the voices of less privileged people and recentering the weeping woman as a victim. ((Phipps 2021)) She had initiated several conversations with other board members about how problematic this had become, and the fund eventually hired a group of anti-racism consultants to help them deal with this and other issues. She noted that the fund frequently resorts to bringing in consultants to handle problems rather than dealing with it completely internally, saying “That’s also part of the work, I would say, is we tend to hire out people to support us with conflict.” (Northeast, Program Director, White)

Similarly, Chloe recalled taking even more direct action in response to a fellow leader who was inappropriately centering herself in a discussion. She confronted this leader, who was upset that the fund was not supporting a state ballot initiative that they felt did not do enough to ensure access – essentially recreating the failures of the *Roe* decision. While the other leader is older, Chloe explained, “It’s not her age, though. It’s that white women need to center yourself in the issue. Very prevalent around here. We have a lot of white lady activists who love to do the white lady thing and it’s a problem.” She went on to say that she hoped they could have a broader conversation about it soon, noting “I’ve tried to call it out publicly, but no one’s going to react well to saying ‘You need to change the way you’re thinking about this.’ This is internalized white supremacy culture that we have all been affected by and some of us have done the work to get past it and some of us are still working through it and it’s tough.” (Midwest, Director, White)

Participants also pointed out that being primarily led by upper-middle class white women created mismatch in identity and experience between those in leadership at the fund and the people they serve. Stacey worried that this mismatch would make people seeking assistance uncomfortable and less willing to ask for help. She explained, “Our biggest struggle has continued to be trying to make inroads into communities of color. Not that they’re not our clients because they

are, but getting the volunteers, getting the faces that you see and the people you talk to being the people that you're comfortable with, that's our goal.” (South, Treasurer, White)

These concerns also connected with earlier themes of the importance of grounding in local communities. Whitney expressed her frustration that her fund was not truly in community with those it served. “I can provide you with \$500,” she explained, “but there’s no connection outside of that.” Whitney wanted her fund to invest in consciousness raising and movement building with the community it serves, explaining that their knowledge and experience were what the fund needed more so than the perspectives of the upper-middle class white women that currently made up the majority of the fund’s staff and leadership. “The people who are getting the services and getting the support they need, they have so much to give each and every day, but the folks who call us are the people who are barely making it because they're trying to do X, Y, and Z on a daily basis. They don't have time to do movement building, or community building, or any of those things. The people who do have time, they're not the people that we need to see.” (South, Program Coordinator, Black)

Experiences of harm to people of color

Even when funds do build diversity in their leadership teams, they may do so without dealing with their own internalized white supremacy, resulting in harm to the Black and Brown people they have recruited. The five Black (or Black/mixed race) fund leaders in my sample consistently shared experiences of racism in fund spaces. Whitney recalled being unsupported and harmed by her fund’s executive director as the fund was transitioning from an all-volunteer model to a staffed model. “She ended up resigning because – she called it mental health issues. I called it white woman not able to stand in her accountability for doing some racist shit.” (South, Program Coordinator, Black)

Although Black participants were under-represented in my sample, the consistency of their stories and the way they talk about racism suggest that their experiences are not unique or even

unusual. Caitlin expressed her frustration at how frequently she heard stories of racism and harm from other people of color working on reproductive rights and how reluctant organizations and individuals working in this area are to give this issue the attention it deserves. “There’s a larger conversation here around labor, around ethics, around values. Certainly anti-blackness, but you get what I’m saying? It’s like it’s been minimized into some workplace dispute. These are larger conversations and if we can’t have these conversations as a movement, we’re never going to win anything.” (Northeast, Executive Director, Mixed Race) Two Black participants came back to the issue of racism at the end of the interview when asked if there was anything else they wanted to talk about, reiterating how much of a problem it is in fund spaces and how much harm it does to Black people doing fund work. As Maya stated, “If you actually go into abortion spaces as a Black person, as a person of color, bite me, gird your loins.” (West, Board Member, Black)

While most of my participants focused on their own experiences, one individual discussed the ways that this organizational culture can impact people seeking assistance from funds. Tamara shared that her fund had been founded by a group of Black individuals specifically because the white-led funds in her area did not consistently serve people of color in the same way that they serve white people: “People of color . . . are typically not quite as well-served by some of the funds.” (Northeast, Program Director, Black)

External stakeholders motivating attention to DEIJ

Several participants indicated that recent fund shifts towards emphasizing issues of diversity, equity, and inclusion were externally motivated – either in whole or in part – which has led to some funds seeing diversity efforts primarily as performative or as unnecessarily burdensome. Whitney explained that as her fund shifted to a staffed model (as opposed to an all-volunteer, board-run model), the new board members were less engaged and less supportive of the fund’s broader mission. “It’s been hard, because now you have a lot of well-meaning white folks who don’t

know what equity means, who doesn't know what-- DEI was definitely a performative thing for them, which was hard to watch and hard to feel.” (South, Program Coordinator, Black)

Other participants shared similar experiences. Brittney explained that her fund had recently shifted away from hosting exclusively fundraising events and focused more on community building in an effort to build a more diverse board and volunteer base. She noted that the motivation for this came both from current members of the board and from NNAF, saying “We have not effectively found a way to recruit new board members and new volunteers and retain them. We've also had this push both internally and externally from NNAF to try and increase the diversity on our board and be more representative of the communities that we serve and have had a really challenging time doing that.” (Northeast, President, White) However, when two new board members were voted on recently, one was denied a position despite having more volunteer experience with the organization, specifically because she was white while the other, less experienced candidate was Black. This fund has struggled to recruit board members, so Brittney was frustrated that they denied an interested and committed person the opportunity to join. She explained, “I do want to diversify our board but I just want there to be a board.” (Northeast, President, White) The funds' current board members have not been successful in connecting with communities of color, and the board member who voted against the white candidate joining the board has not been very involved in recent months. Brittney appeared frustrated as she went on to say, “This just feels like I'm being railroaded. It also felt quite sad, demoralizing, disappointing to me that the person of color who'd actually done less volunteer work could just be voted on because they were a person of color. I adore her, I'm excited that she's here with us too but the other person had actually done more work and I'm like, this just feels totally arbitrary, not helpful, and not actually the way to increase diversity.” (Northeast, President, White) In this case, the work of diversifying the fund's leadership seems to have become a burden that this participant must shoulder rather than an opportunity for

growth, particularly as others in the leadership team are concerned with appearances of diversity but unwilling to invest in improving organizational culture.

Heather suggested that funds may be feeling pressure from grant-making organizations to increase the diversity of their leadership teams, saying “Some grants want to see that you're over 50% whatever. Which is a problem – that we have to please funders.” She went on to discuss the harms that can occur when diversity is treated this way – as a quota to fill rather than an internal transformation: “It's like, okay, that's great that we have young non-binary people of color that are leading this organization, but are we tokenizing them by not setting them up to actually understand what it means to be in compliance with non-profit law for example . . . [T]hings can get very dicey when leaders don't actually have the skills and the support that they need to lead.” (National, Program Coordinator, White) Essentially, she suggests that these leaders are being set up to fail.

Practices to promote DEIJ within funds

While some participants told stories of harm or expressed concern about and even frustration with diversity efforts, participants also shared stories that reveal possible solutions – ways to align espoused and enacted values by increase the diversity of abortion fund leadership without harming new leaders in the process. Naomi focused on creating better systems for board member elections and onboarding after her own introduction to the organization was difficult and chaotic. She explained that more established leaders in her organization were “power hoarding” – that they “really struggled to abdicate that power, but also were overwhelmed by it.” She just kept thinking “I don't want to bring in new people and have them have the same experience that I did, so what systems can we create to make it better?” She hopes that the new processes she introduced will increase equity within the organization. (Northeast, Program Director, White)

Funds have also improved their diversity, equity, and inclusion practices by uplifting the voices of the diverse groups they are trying to prioritize. Maya explained that as the fund attempts to

“to move away from the non-profit industrial complex and White supremacy within the abortion space . . . we're deferring to people of color because at the end of the day White folks is going to be fine, for the most part.” (West, Board Member, Black) Other participants explained that they had increased the diversity of perspectives and expertise their organization has access to by partnering with other organizations in their region. Jennifer explained that their fund partners with a trans-led organization to help support the experience of gender-diverse people. “if a trans, non-binary, or intersex person needed an abortion, and wanted some peer support, we could pair them up with that organization to help them. We've learned a lot from them.” (Northeast, President, White) Candice noted that her fund tries to follow the lead of more diverse organizations in the same space. “I think one of our main things is looking to ARC Southeast, looking to NNAF, looking to Abortion Fund of Ohio, looking to these other repro justice orgs that we admire.” (South, Program Manager, White)

Other funds have emphasized compensating people for their time as a way to make space for a diversity of perspectives. Melissa explained that the people who are being helped by funds – the ones whose perspectives are really needed in the work – are frequently unable to donate their time, saying “I think having staffed organizations is really important because if we want the people we serve to direct this movement, I think there's an unrealistic expectation that folks are going to go from being in a state of financial precarity such that they need to call an abortion fund to being able to volunteer 5 to 10 hours a week. There's a reason that people with a good amount of privilege are doing these or running these volunteer funds. It's because we have enough money to not be working all the time.” (Northeast, President, White) Amanda shared that switching to a staff model had allowed them to hire people from the community to run their health line. In addition to formally recognizing how emotionally laborious this work is and allowing them to bring former callers on to work the health line, it also improved the caller experience. She explained, “It also allowed us to

provide a lot more consistency on our health line. If a caller is calling multiple times or is navigating various logistical needs over the course of a few days, chances are they'll talk to the same person or the same two people.” (West, Executive Director, Mixed Race) Other funds have utilized “volunteer stipends” to attract a more diverse group of volunteers. Naomi recalled, “Building out our volunteer stipends . . . was really important to us and helped bring in volunteers who we want: people who have had abortions or people with different lived experience.” (Northeast, Program Director, White)

While from the front of stage some funds present (captured by their websites) a bold vision of valuing diversity and fighting against oppression in all its forms, the backstage narratives of the lived experience of this work (captured in interviews with fund leaders) is messy, and many funds are still figuring out how to increase diversity without harming the new staff, volunteers, and board members they are recruiting. In some cases, fund leaders seem to describe a desire to appear diverse without a willingness to do the necessary work of increasing diversity, equity, inclusion, and justice. In particular, fund leaders who report challenges around increasing diversity within their fund describe their colleagues as wanting to hold onto power rather than make space for new leaders with new perspectives and ideas, as unwilling to examine their own allegiances to whiteness and the harms they cause to people of color, and as treating diversity as a quote to fill or an appearance to maintain without considering the larger implications of who they are or are not inviting to join the organization or how those individuals will be treated once accepted. In these funds, there seems to be an anxiety around being seen as diverse because diversity is perceived as good. Diversity pleases external stakeholders who have power, and valuing diversity is a way of virtue signaling within the broader movement space. These conflicts between frontstage presentations and backstage realities may be particularly clear when new leaders join the organization as these individuals gain access to the backstage perspective for the first time, forcing

them to attempt to reconcile their expectations of the organization with the reality of working within it. Leaders may also be increasingly sensitized to a mismatch between frontstage and backstage presentations around DEIJ in recent years due to larger cultural conversations about DEIJ in the wake of the 2020 Black Lives Matter protests after the murder of George Floyd. Although the field is beginning to develop a set of best practices and identify potential solutions, outside pressures to ramp up these efforts can make diversity feel like a chore or something done for the sake optics rather than a core value that needs to be embodied.

Reproductive Justice as a Site of Congruence and Anxiety

Below, I shift my focus to reproductive justice, again engaging first with funds' espousal of reproductive justice via their public facing websites and then comparing it with their operational practices around this value. I describe the extent to which funds publicly espouse reproductive justice or choice as the framework for their activities, finding that these categories were sometimes but not always competing frames or mutually exclusive categories. While some funds place these frames at odds with each other, others embrace both frames, viewing them as complimentary to each other by emphasizing choice within the reproductive justice framework or borrowing reproductive justice language and ideas without fully embracing it as a value. Bringing in the backstage data from interviews with fund leaders, I identify significant congruence with the frontstage presentation, finding that while many funds engage with reproductive justice as a motivating value or philosophy, a rallying cry, or a site of collaboration with other organizations, not all funds are fully onboard. The backstage perspective reveals underlying anxiety around embracing reproductive justice on the part of many white fund leaders who recognize that the reproductive justice lens is a Black feminist theory and do not want to be seen as appropriating it for themselves. This concern about reputation and intellectual territory make it difficult for them to know how they can or should take up the reproductive justice framework.

Funds' engagement with reproductive justice and choice frameworks

Via their public-facing websites, some abortion funds engage with reproductive justice as a value, a motivating principle for their work, or a movement that they are building. These funds also acknowledge that reproductive justice is a broad, complicated framework, which funds may not be able to fully live into. In contrast, other funds do not engage with reproductive justice, instead using a choice framework or simply emphasizing the need to support abortion access. Interestingly, reproductive justice and choice were sometimes set up as competing frames while other organizations embraced both, viewing them as complimentary to one another.

Funds' public engagement with reproductive justice

Of the 97 websites reviewed, 57% (N=55) used the term “reproductive justice” somewhere on their website. Most mentioned it as an organizational value or motivating philosophy or discussed their vision for a future in which reproductive justice is achieved. Some suggested reproductive justice readings and linked to reproductive justice organizations in their resources section or offered reproductive justice programming as part of their community outreach and advocacy efforts. Others used it as a draw for volunteers – something they looked for in compatible volunteers and that they believed might motivate people to come work with them. Funds also discussed reproductive justice as a movement that they were building.

Funds that mention reproductive justice most frequently engage with it as one of their values – either directly listed as such or indirectly in the way they discuss it. Some funds use it as a descriptor – calling themselves “a reproductive justice organization” – or list it as something the organization believes in. One fund states, “We believe all people have the human right to maintain personal bodily autonomy, have children, not have children, and parent the children they have in safe and sustainable communities—this is reproductive justice, developed by Black women and defined by SisterSong.” (Northwest Abortion Access Fund)

For other funds, however, the value of reproductive justice serves as a goal or motivating principle for their work. These funds see reproductive justice as a positive vision for the future and hope that their work is building towards that vision. For instance, in a section titled “What We Value,” one fund lists reproductive justice, stating below “It is a human right to decide if, when, and how to have children, and parent the children you have in safe and sustainable communities. We are driven by this vision, which originated with Black women activists.” (DC Abortion Fund)

Some funds mention reproductive justice as a value but acknowledge that their organization may not be able to fully live into that value. These funds discuss reproductive justice as a “complex” or “multi-faceted” issue that goes beyond abortion access. They note that their programming is not enough to achieve reproductive justice on its own but hope that they contribute to that goal. One fund notes, “We know that abortion access is one vital component of reproductive justice, racial justice, economic justice and gender justice.” (Women’s Medical Fund)

Funds also discuss reproductive justice as a value that will motivate others to join them or that defines and unifies their current staff, leadership, and volunteers. These funds often list a commitment to reproductive justice as a desired trait in job advertisements and volunteer solicitations. They may also frame calls to action around reproductive justice or include reproductive justice related credentials in staff and board member bios. One fund’s section on volunteering states “Our [fund] community is full of folks who are passionate about reproductive justice and we love bringing them into our fold by offering volunteer opportunities that are meaningful, enjoyable, and varied enough to appeal to people with different interests, skill sets, and time capacities.” (Colorado Doula Project)

Finally, funds discuss reproductive justice as a movement they are engaged in building. Some funds discuss building power within local communities or building networks of organizations to support the movement for reproductive justice, specifically. One fund states, “We are a pro-

abortion and pro-choice organization that works in partnership with reproductive justice organizations locally, regionally, and nationally to support families access to parenting, abortion, and adoption as valid reproductive options.” (Carolina Abortion Fund) Other funds connect the movement for reproductive justice to a broader movement for “collective liberation” in which reproductive justice plays a part. These funds work to make connections with other organizations whose diverse goals align with this vision of complete freedom from oppression, making statements such as “We see all oppression as interconnected and strive to dismantle all forms of oppression, especially white supremacy, by engaging in cross movement power building/shifting.” (Abortion Care for Tennessee)

Choice as an alternative framework

The remaining 42 organizations did not engage with a reproductive justice framework. Instead, these organizations talked about the importance of choice – often discussing choice in the context of dignity, autonomy, and human rights. Other organizations simply emphasized the importance of supporting abortion access and centered their work around that goal.

Funds that do not discuss reproductive justice often frame their work around the right to choose – a popular framework in abortion spaces since the pre-Roe era. These funds often link the importance of choice to an individual’s dignity, autonomy, and human rights. They emphasize the importance of maintaining control over one’s body and the need to see individuals as capable and trustworthy to exert that control. One such fund states, “We view the right to abortion as a fundamental human right, essential for equality, health, and dignity.” (Abortion Fund of Arizona) Another notes, “We believe in the dignity of pregnant people and the right to make their own decisions about their bodies, without interference from politicians, extremists, or bullies.” (Arkansas Abortion Support Network)

Other funds eschew both reproductive justice and choice as frames for their work and instead emphasize the need to support abortion access. These funds provide little or no justification for their priorities – perhaps assuming that their audience already understands the importance of abortion access because they came to the organization’s website seeking help with that very issue. For instance, one fund website claims, “The [Fund] seeks to ensure all those who need an abortion get the compassionate, quality abortion care they deserve.” (Stigma Relief Fund)

Reproductive justice and choice in conversation on fund websites

While it is easy to see choice and reproductive justice as competing frames, they were not mutually exclusive categories. While some organizations did suggest a sort of rivalry between organizations engaging with these two frames, others engaged with both frameworks to varying extents. Some reproductive justice organizations also discussed the importance of choice, often using the same language around dignity, autonomy, and human rights as funds that did not use reproductive justice language. Similarly, some organizations that employed a choice framework also used reproductive justice language without using the actual term, prioritizing the ability to make a variety of choices about family formation or emphasizing the way that health, income, and other disparities make “choice” more or less accessible for different groups.

Organizations that place choice and reproductive justice at odds with each other sometimes do so because they do not believe the choice framework goes far enough. One such organization argues, “[T]he right to choose is not enough if people do not have access to that choice . . . [A]bortion access is one vital component of reproductive justice, racial justice, economic justice and gender justice.” (Women’s Medical Fund) Others note that choice was the dominant framework for a long time and emphasize the need for newer, more diverse voices. One such fund states, “Abortion and practical support funds like [Fund] must be – and have always needed to be – a part of the conversation about reproductive autonomy and justice. Reproductive advocacy should

not only be dominated by legacy organizations, whose main goal has been to protect *Roe*.” (Fund Texas Choice)

In contrast to this, other funds embrace both frames, seeing them as complimentary to one another. Reproductive justice organizations see the ability to make choices about one’s body – including the decision to terminate a pregnancy – as a vital part of the reproductive justice framework. One such fund states, “[Fund] works to ensure that all people and communities have the power and resources to make sexual and reproductive health decisions with self-determination.” (Our Justice) Similarly, organizations that do not explicitly claim reproductive justice as a framework or value may borrow language from the reproductive justice movement to explain their work. One fund’s vision is that of “an equitable and compassionate society where anyone can live in a thriving, healthy, and safe community; where they are able to choose when, how, and if they want children.” (West Fund)

Operational reality of engaging with reproductive justice as a framework

In contrast to the DEIJ value orientation in which there was a wide chasm between stated values and practices, there was more alignment between funds’ frontstage and backstage engagement with reproductive justice. While acknowledging that not all funds or fund workers are on board with adopting this framework, fund leaders frequently mention reproductive justice as a value or motivating philosophy for their work, a framework that brings together the diverse services funds provide, and an important site for collaboration and coalition building. Fund leaders also identify reproductive justice as potentially problematic or anxiety inducing at times. Some fund leaders acknowledge that the reproductive justice lens is broad, and funds may not be able to fully live into all aspects of this value. Other fund leaders express anxiety about the appropriateness of claiming reproductive justice when their organizations lack leadership or community buy-in from Black women.

Reproductive justice as a motivation for abortion fund work

In general, interviews with fund leaders bear out the idea that reproductive justice is an important value for abortion funds. Many participants discussed reproductive justice as a value their fund espoused or as a motivation for fund work. Some described reproductive justice as the larger goal that funds are working towards or the through-line that connects the diverse types of work funds engage in, particularly in partnership with others. Some fund leaders from more traditional (less progressive, predominantly white) funds explained the importance of working with their teams to develop a reproductive justice lens while others expressed anxiety about claiming to do reproductive justice work when their fund was mostly white. As in the digital spaces, fund leaders sometimes seemed to borrow from the reproductive justice lens without fully embracing it or to simultaneously claim that their fund was and was not a reproductive justice organization.

Participants often mentioned reproductive justice as a motivation for their fund's work. Some fund leaders viewed reproductive justice as part of their fund's core mission and activities: funding abortion care. As Brittney said, "I think one basic thing is that we believe that by funding abortion, we're doing reproductive justice work. That it is in and of itself a radical act to fund abortion." (Northeast, President, White) This participant went on to explain that reproductive justice also motivated them to do advocacy work such as writing op-eds, promoting bills in the state legislature, and providing commentary for reporters and activists to "support the larger reproductive justice or reproductive health ecosystem." Other participants also reported that reproductive justice motivated their advocacy and outreach work, particularly in lower-resource settings. Judy explained, "We've done organizing around reproductive rights and reproductive justice and just overall healthy family type of organizing. When there was a noticeable lack of resources here in the South and with how rural [our state] is and just how very different our state is, that was when we were pretty much ready to jump the gun on it, so to say, and make it happen." (South, Director, White) Some fund leaders also explained that reproductive justice values were the

impetus for organizational restructuring and improvement. These funds wanted to ensure that the way they worked aligned with their values just as much as the products of that work. Maya described these efforts, saying “I think that our restructuring truly came about because of internal [motivations] – wanting to move to truly be values aligned. That was the big catalyst for us in our restructuring, not because of the way the world has been crumbling around us. I guess they're connected. Because the world is crumbling around us, we definitely want to actually be aligned with the values that we say we are focused on and really focused on reproductive justice.” (West, Board Member, Black)

Reproductive justice as abortion funds' ultimate goal

Other funds described reproductive justice as the larger, overarching project that funds are engaged in – the thing they are ultimately working towards. Maya explained, “The bigger project is reproductive justice, I would say. The bigger project is not just funding abortions. The bigger project is making it so that the world we all live in allows us to make reproductive choices that make us happy, that fulfill our needs, wants, and desires.” (West, Board Member, Black) These individuals see their work as reaching beyond the moment that they come into contact with a some – the moment that person needs to access abortion care – and being part of helping that person build the life and family they want. Some fund leaders also saw the post-*Dobbs* moment as a particularly powerful opportunity to refocus the abortion access field on reproductive justice – on setting better, more inclusive goals for their work involving destigmatization, universal healthcare, and community supported abortion care. Layla described this, saying “I think, especially now without *Roe v. Wade*, we have the opportunity to envision a new way that we can ensure abortion access and ensure reproductive justice . . . I think through building essentially this alternative ecosystem of support for abortion that abortion funds together create, we can envision a new way that people get support from their communities.” (Midwest, Deputy Director, Black)

While participants were generally on board with reproductive justice as the ultimate goal of their work, they recognized that not all actors in the abortion access space had made that leap. Most participants seemed hopeful, however, that they were making progress in that direction. Leanne stated, “I do think we’re seeing a resurgence of White-led abortion funds actually learning about reproductive justice and what that looks like and so I think that’s really exciting.” (Midwest, President, White) Naomi described that her fund had traditionally been led by a group of “old, white, wealthy” individuals who clung to *Roe*-era slogans and ideals. In the last few years, however, she had been part of a newer group of volunteers who were beginning to “bring in more of an RJ framework” rather than focusing on “appeas[ing] our old, white donors.” (Northeast, Program Director, White) Layla explained that part of the power of the reproductive justice framework was helping people see how many issues are interrelated and all come back to values that they care about and that impact them:

As humans, we're motivated by our self-interest. When you're able to make something matter to someone, then you can pull them in. I see that part of the building power, being able to have conversations about abortion, particularly now, I think really makes a difference. That's hard to measure, but for myself, I just think about how-- I think maybe I'd had one conversation about abortion in my whole life before I entered the abortion fund. It was just really eye-opening for me to learn about reproductive justice as a framework. It felt like my world was breaking open. I was seeing the matrix. I was seeing all these things connect . . . It was like, it makes sense . . . That's how I think reproductive justice as a framework is really powerful. I think the more we talk about it, the more people get it and can see that it is about Palestinian liberation, it is about housing justice. It's about access to childcare, all the things. (Midwest, Deputy Director, Black)

While this framework is a powerful tool for advocacy and raising political consciousness, participants also recognized that community members – particularly those in need of fund services – may not care as much about the broader issues. Amanda noted, “People are calling us every day like, ‘I need to pay for my abortion tomorrow.’ They’re not like, ‘What is your stance on Israel-Palestine?’ It doesn’t mean it isn’t a reproductive justice issue that we’re not concerned about it that we should or shouldn’t have a position, but it’s just not the priority of our community.” (West,

Executive Director, Mixed Race) She feels that her fund is still trying to find the balance between being engaged with global reproductive justice issues and prioritizing the things that matter most to community members. Reproductive justice is a broad framework, and it makes sense that funds would struggle to find the right width for that lens.

Reproductive justice as a through-line for abortion fund work and coalition building

On the other hand, the breadth of the reproductive justice framework also allows it to serve as a through-line for the many types of work abortion funds undertake. Obviously, abortion access fits within the reproductive justice, assisting individuals with achieving its first value immediately (the right not to have children) and with achieving its third value in the long term (the right to parent children in safe and healthy environments) as delaying parenthood allows individuals to become better resourced to raise those children as they wish. However, the reproductive justice framework goes beyond abortion access to encompass a variety of different issues, which is reflected in the diverse work that funds do – supporting parenting, providing access to birth control, even supporting access to gender affirming care. As Alex explained, “It all goes back to reproductive justice. If abortion is included in that, then we also include gender-affirming care. We include birth control, resources for mothers and children. It all goes back into that.” (South, Program Director, White) Leanne explained that her fund had started distributing Narcan in partnership with their local health department and that she saw this work as also falling under the reproductive justice umbrella, saying “I think intentional harm reduction is one way that we actively try to make our communities more safe. That's a pillar of reproductive justice is to be able to be in a safe community.” (Midwest, President, White) The fund also provides Plan B at community events and in partnership with a local trans health clinic, as well as supporting telehealth contraceptive appointments for people in their very rural state. These expanded, reproductive justice-oriented activities also provide a way forward for funds if they are successful in their mission of making

abortion accessible for all. Many participants discussed the idea that funds should be working themselves out of a job – working to eliminate the conditions that necessitate their existence – and some proposed that reproductive justice work would allow them to continue supporting their communities in that case. Other participants noted that funds in states with particularly restrictive laws have taken up this broader category of activities in the wake of the *Dobbs* decision. Naomi said, “I've been seeing funds starting to pay for people's gender-affirming hormones. I've been seeing funds in ban states do things like plan B dispensers or diaper drives . . . I'm really curious to see how that will evolve over time . . . When abortion funds become obsolete in the way they've been functioning, how else are they going to show up for the communities?” (Northeast, Program Director, White)

While funds take on many roles depending on the needs of their local communities, they cannot accomplish reproductive justice on their own. Participants frequently mentioned the importance of building relationships with other community organizations, either by working in direct partnership with them on programs and advocacy or to support them by promoting their work on social media and referring people seeking assistance from the fund to their programs. Maya explained that being in community with other organizations allowed her fund to focus on providing high quality, abortion-focused services to people seeking assistance from them while still working within the reproductive justice framework:

I don't think that it's necessary that more funds need to do that work. I think there needs to be more connection with other types of orgs that do that work, just because I think it's impractical to put all of that work on abortion funds. That's unsustainable. Also, this work happens through community . . . It's never just going to be one org, one side of the reproductive justice framework that's able to do it all. We have to work with other people. No, I don't think that every abortion fund should be out here expanding to include this and open daycares and stuff that. I think that abortion funds can build community with orgs that do things related to reproductive justice. They can divest some of their money to those organizations and mutual aid amongst all of that. Definitely, I don't think it's feasible for abortion funds to take on trying to be the everything that is reproductive justice. (West, Board Member, Black)

Anxiety around embracing reproductive justice

While some fund leaders openly embraced reproductive justice as a value, others were more hesitant. Specifically, leaders from predominantly white funds or funds with no Black people in leadership were hesitant and even anxious about claiming reproductive justice, as they were concerned that they would be seen as appropriating the term. Despite this anxiety, participants seemed to feel pressure to engage with reproductive justice ideas – recognizing that focusing exclusively on abortion access would be criticized as short-sighted or privileged. To resolve this conundrum, participants engaged in creative framing, drawing boundaries around the extent to which their organization could claim reproductive justice as an ideal, a framework, or a title. Naomi explained, “I've seen . . . this narrative change largely pushed by NNAF in having abortion funds be reproductive justice organizations. My fund is really honest that that's an aspiration for us. We are aligned with the reproductive justice movement, but we are not an RJ organization.” (Northeast, Program Director, White) This framing – of working within the reproductive framework or being aligned with the reproductive justice movement while not being a reproductive justice organization – was fairly common. However, participants sometimes stumbled in attempting to navigate this odd, linguistic obstacle course. Candice stated early in her interview, “We try to operate from the reproductive justice framework. We don't consider ourselves a reproductive justice organization for multiple reasons. The first being that we're not currently led by people of color. Then the second is that abortion is only one aspect of reproductive justice, and we have big dreams to serve the Tennessee community along all aspects of parenting, not parenting, birthing safety, prenatal, postnatal, education, all the things, but right now, no.” (South, Program Manager, White) However, later in the interview, when discussing a conflict the board had recently navigated, she said, “We've hashed out some difficult conversations, we've agreed to disagree about certain things, but we have just started to nail down that baseline, which is that we are a reproductive justice organization in the South and we need to take cue from other reproductive justice organizations in the South,

and when everybody seems to be in agreement on a certain item, then if we're not maybe we need to step back and think about why that is." This seems to suggest that this boundary around the reproductive justice identity is somewhat flexible and that funds may step into or out of the identity depending on the situation. Amanda – who leads a fund with strong ties to the Black community in their area – explained that her fund has had several internal disagreements about how to identify. She emphasized that organizational identity is multi-faceted and that she is working with her leadership team to get comfortable with that: "Something that we're really focused on right now is two things can be true at the same time, and oftentimes more than two things can be true at the same time." (West, Executive Director, Mixed Race)

Unlike the case of diversity, equity, inclusion, and justice efforts, abortion funds' front and back stage presentations around their use of the reproductive justice framework match fairly well. In both cases, funds are engaged with reproductive justice as a motivating value or philosophy, a rallying cry, or a site of collaboration with other organizations, but not everyone (both within and across organizations) is onboard. Some funds are still working towards incorporating a reproductive justice lens, and some seem to engage with reproductive justice without fully embracing or committing to it.

However, as in the case of diversity, equity, inclusion, and justice efforts, the backstage perspective reveals underlying anxieties around reputation. White fund leaders (or leaders of predominantly white funds – often but not exclusively the same thing) express concern about whether it is appropriate for them to claim reproductive justice as one of their fund's values or to claim to be a reproductive justice organization. These leaders recognize that reproductive justice was developed by Black women and has been claimed as a Black feminist theory and do not want to be seen as encroaching on that space inappropriately. This makes it difficult to know how they can or should take up the reproductive justice framework.

Discussion

This analysis reveals a consistent underlying tension around how certain abortion fund values should be negotiated and enacted. Specifically, stakeholders from different class, race, and age groups have inherently different understandings of what it means to be a good organization and the extent to which espoused values should be enacted. As new leaders from different groups matriculate onto and up the organizational ladder, the new ideas they bring with them create contentious negotiations around these issues and anxiety about how the organization is perceived. This is further complicated by external stakeholders – umbrella organizations, funders, movement actors – who apply their own levers of influence to encourage the adoption of the values of which they approve. Seeking to present as forward thinking, funds publicly embrace the values that they believe will reflect on them most positively but then find it challenging to engage in the necessary organizational change to fully live into those values.

It is also important to recognize that lack of diversity and an inability to fully embrace reproductive justice go hand in hand. Lack of representation by Black women – particularly in leadership positions – makes some fund leaders anxious about fully engaging with or claiming reproductive justice as a framework. However, as stated earlier, the organizational change required to fully support a diverse organization and avoid doing further harm to minoritized groups takes time and resources – something which many abortion funds find themselves short of. The operational realities of doing time-sensitive work with limited resources (both monetary and human) make it hard to invest in the personal reflection and organizational transformation needed to fully embody these values – to be welcoming spaces for people with diverse backgrounds, to develop kinship and community between donors and people seeking assistance, and to do the work of locating oneself within the reproductive justice landscape.

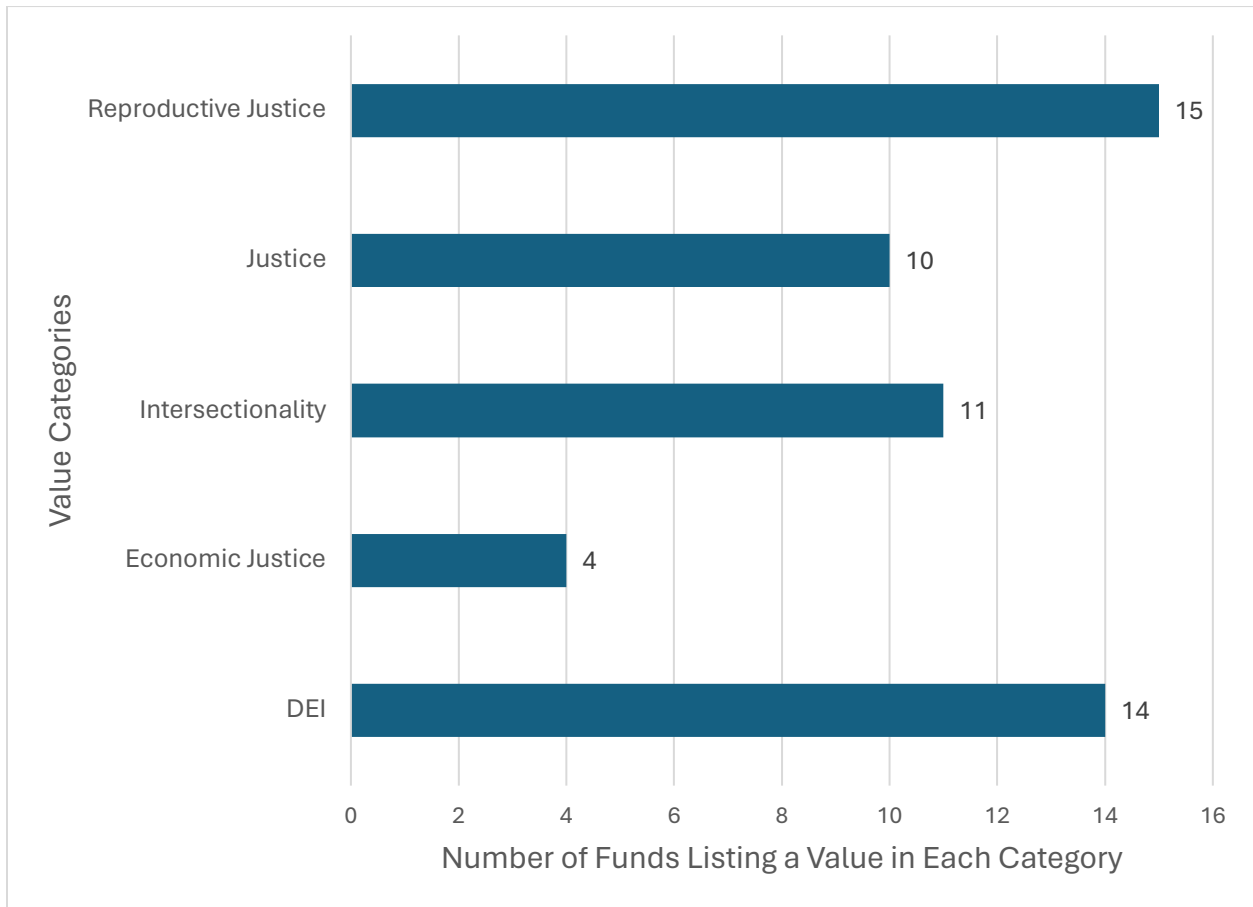


Figure 5-1 Funds Listing DEI and Reproductive Justice Related Values (N=35)

Table 5-1 DEI practices on abortion fund websites (N=97)

	%(n)
Any mention of DEIJ	47% (46)
Evidence of participation or leadership by POC	24% (23)
Includes anti-oppressive language	39% (38)
Website available in multiple languages	34% (33)
Services available in multiple languages	37% (36)
Accessibility widget or posted accessibility statement	3% (3)
Website uses gender-neutral language to discuss pregnancy and abortion	88% (85)
Website contains images of people of color*	45% (44)
Website contains images of men or masculine-presenting people*	25% (24)
Website contains images of people with larger bodies*	28% (27)
Website contains images of people with visible disabilities*	1% (1)

*These percentages are underestimates as the denominator includes some websites that did not include images

Table 5-2 Differences between websites that did or did not mention DEI/J

	Website Mentions DEI/J	Website Does Not Mention DEI/J
Other Website Elements		
Mission	59% (27)	43% (21)
Vision	41% (19)	24% (12)
Values	57% (26)	16% (8)
History	30% (14)	31% (15)
Volunteer Opportunities	85% (39)	41% (20)
Service Offerings		
Procedure Funding	89% (41)	92% (45)
Practical Support	67% (31)	51% (25)
Emotional Support	22% (10)	14% (7)
Sexual and Reproductive Health Services	28% (13)	29% (14)
Parenting Support	9% (4)	4% (2)
Region		
Northeast	17% (8)	16% (8)
Midwest	22% (10)	31% (15)
South	39% (18)	33% (16)
West	20% (9)	24% (11)
Total	46	49

6. Centering Care: Locating Abortion Funds as Movement Actors

At first glance, abortion funds seem like standard non-profit agencies focused on providing services – similar to homeless shelters or free legal clinics, they appear to simply provide services that individuals need but are unable to pay for. Abortion funds, however, are unique in that the work they do is socially and politically contested. Thus, while they are – at least to some extent – community care organizations, abortion funds also operate as social movement organizations, as they engage in political education and advocacy work in order to sustain themselves and move forward their ultimate goals. In this chapter, I examine current sociological theories about social movements and determine what they can explain about the presence and nature of these community care organizations within the social movement arena. Using data from interviews with abortion fund leaders, I describe how they understand the role of funds in the social movement for reproductive health, rights, and justice and the extent to which they view fund work – particularly community care work – as movement work. I also utilize situational analysis mapping to locate abortion funds in relation to other actors in the social movement arena, creating a view of this social movement in which care is literally at the center. Finally, in the discussion, I explore how abortion funds, with their primary focus on community care, are or are not explained by current social movement theories and propose a new way of understanding the role of community care in social movements.

Background

Social movements, broadly speaking, involve collective action focused around social conflict or change. However, Mario Diani maintains that movements must go beyond this in order to be understood as such. Essentially, he identifies three factors that identify collective action to

create social change as a social movement rather than another form of group behavior. First, social movements have “clearly identified opponents” – their action occurs in opposition to specific social or political targets. Second, movement actors “are linked by dense informal networks.” Social movements are comprised of individuals and organizations that work together, pooling their resources “in pursuit of common goals.” Finally, through social movements, actors develop a collective identity which tends to be hard to define but consistently recognizable by movement actors, themselves.

Based on this definition, abortion funds fit within the general schema of being a movement organization. Funds act in opposition to anti-abortion politicians and activists as well as – at times – in opposition to laws they consider unjust. Abortion funds richly linked to other individuals and organizations within the movement for reproductive health, rights, and justice. Via their work they are connected to clinics, people seeking abortion care, providers, supporters, and other local non-profit organizations. Additionally, they are linked to other funds both through their work and through umbrella organizations such as NNAF and Apiary (an organization that provides community building and technical assistance to practical support funds). Finally, interviews and examinations of funds’ social media presence make clear that they are linked to other people in the movement simply by being in the movement, just as one might get to know other golfers or musicians in one’s local community. This also serves as evidence for the third category – funds as organizations and fund workers as individuals have a clearly developed identity as “abortion organizations” or “abortion people” recognizable to themselves and others.

Social Movement Theories and the Role of Community Care

Social movements theories attempt to explain the cultural and historical impetus for social movements, the ways they form and evolve over time, and the motivations of the individuals involved. Early researchers tended to group social movements in with other forms of collective

behavior, leading them to overemphasize impulsivity and emotionality and overlook the deliberate tactics and strategies of movement actors and organizations.

In the 1970s, researchers began to focus more on the context in which groups are able to mobilize successfully due to access to financial and human resources. This gave rise to resource mobilization theory, in which social movements are the process by which new factions organize and develop enough to join the normal political process.

These early theories (and others) were followed by the Political Process Model (PPM), which focuses on social movements as a response to unjust political conditions and an attempt by disenfranchised groups to gain enfranchisement. It also explained how individuals became part of social movements and how movements stabilized over time to enact lasting change. Although it became the ascendant model for understanding social movements, some scholars took issue with the Political Process Model's emphasis on social movements as inherently political and the state as the sole source of power. The Multi-Institutional Political Approach (MPA) was developed in response to these criticisms and provides a broader lens for social movements, emphasizing political, economic, and cultural centers of power and incorporating movements whose aims go beyond policy change. While the Political Process Model gives us tools with which we can analyze the ways individuals and communities join, create, and sustain social movements, the Multi-Institutional Political Approach allows us to better understand movements like the one for reproductive health, rights, and justice, which seeks both cultural and political change and which incorporates tactics such as the development of mutual aid or community care organizations.

While each of these theoretical lenses can be applied to abortion funds, they all focus primarily on issues of power, marginalizing care work as a movement tactic. Below, I explain these models in-depth and attempt to understand the extent to which they explain abortion funds as

social movement actors. I then examine current literature on care, how it is undervalued, and its role within social movements.

Political Process Model

PPM focuses on social movements as a response to political opportunity. Unlike earlier theories, PPM recognizes that social movements are a rational response by excluded groups to their disenfranchisement – an attempt to work outside the system to create and enact power to advance their interests, made necessary because people in power tend to act to preserve the systems that gave them power (McAdam 1999). PPM also understand excluded groups as having latent political power due to their position within the structures of society; essentially, since they are part of the system, they can disrupt it. However, in order for a social movement to develop, the conditions must be right both within the minoritized group that will form the movement and in society at large. First, political power must shift in favor of the minoritized population, creating an opportunity for the minoritized group to create changes that favor them. Second, the minoritized group must develop an “insurgent consciousness” – an understanding of their own collectively disadvantaged position, of the political opportunities of the moment, and of the group’s ability to take advantage of those opportunities (Ibid:40). Finally, as in resource mobilization theory, the minoritized group must have adequate resource to take advantage of the political opportunity. These resources generally come from existing organizations within the community. In fact, “the level of organizational resources that movement forces are able to maintain over time” are what determine the longevity of a social movement. However, maintaining the flow of resources generally requires the establishment of more formal organizations, supplanting the indigenous organizations that allowed the movement to emerge. This puts the movement in danger of “oligarchization, co-optation, and the dissolution of indigenous support” (Ibid:56). As political opportunities arise and insurgent movements form, organizations outside the movement must respond to the pressures these new

movements create. The need to maintain their own interests means that the response of established organizations to insurgent movements is typically one of social control – an attempt to minimize changes in power relations. The strength of these repressive responses will depend on the goals and tactics of the insurgents, “since together they largely define the degree of threat/opportunity posed by the movement” (Ibid:57).

While PPM represented an important step forward in theorizing social movements, over time it proved inadequate. The crystallization and widespread adoption of PPM led to the identification of “awkward” movements that did not fit within the established analytical framework, largely due to PPM’s emphasis on the state as the sole source of power around which movements form. Social movement scholars found that emphasizing the state as the target of movement activity further minoritized movements such as “women’s, sexuality, religious, and peace movements” that targeted civil society (Ibid:80). Essentially, PPM failed to address the complexity of the modern world and the multiple ways that power manifests within it.

We see the problems this narrow lens creates when we apply PPM to the social movement around abortion access. The focus on the state as the sole locus of power fails to address the importance of cultural battles around sexual liberation and gender norms that contributed to the fight for legal abortion. Furthermore, the emphasis on issues of legality keeps us from recognizing that making abortion legal does not necessarily make it accessible: many additional barriers stand in the way of abortion access including stigma, cost of care, and the ability to navigate the healthcare system.

Despite these shortcomings, PPM does highlight two of the roles abortion funds (and other community organizations) play in the social movement around abortion access: building indigenous organizational strength and developing cognitive liberation. Abortion funds provide opportunities for local individual to gather, question why the system creates a need for

organizations to overcome barriers to abortion access, and develop a sense of agency to create change in their communities. Additionally, when there are legal challenges to abortion access, these local organizations serve as important touchpoints of existing organizational strength from which legal challenges can be launched and harm mitigation efforts can be put in place. Abortion funds served both of these purposes in the wake of *Dobbs*, when they became a rallying point for local organizing and “rage donating” as well as a source of harm mitigation in the face of restrictive abortion bans.

Multi-Institutional Political Approach

In formulating MPA as an alternative approach to PPM, Armstrong and Bernstein argue that “the study of the relationship between forms of domination and forms of challenge should be central to the study of movements” (2008:81). They recognize that domination is “both material and cultural . . . governmental and nongovernmental” and in doing so “reject the implicit neo-Marxism of political process approaches, which ultimately privileges politics occurring in relation to states and endorses the position that ‘real’ movements are only those that directly address economic and political disenfranchisement” (82). Instead, they recognize that society is made up of multiple institutions, all employing different strategies of power and suggest that social movements may target any of these institutions, countering any of these strategies. This broader definition of what social movements are and what their goals can be recognizes that culture is “a powerful, constraining force” and that attempts to change culture are “difficult and consequential” (82). They also recognize that symbolic and material aims may be linked: changes in cultural classification may affect allocation of resources and vice versa.

In the abortion access movement, MPA allows us to widen our lens to see the important cultural and extra-legal barriers that the movement must address. It also allows us to recognize sources of power outside the state such as religious and medical institutions, which have played a

role in limiting access to abortion care over time. However, while it is possible that mutual aid or community care could be seen as strategies countering certain forms of institutional power, MPA still does not explicitly take up care as a motivating force or movement achievement, instead continuing to focus on power as the primary motivator and ultimate goal of social movements.

Social Movement Impact Theory

While PPM and MPA focus on how social movements arise, other theorists have more specifically concerned themselves with understanding the tactics and impacts – essentially how social movements create change and what forms those changes take. In his book *The Strategy of Social Protest*, William Gamson examines this question quantitatively, using historical data about 53 social movement organizations, which he terms “challenging groups,” to understand what strategies were associated with movement success (1975). Gamson defines movement success in two ways. First, successful movements gain recognition from their antagonist (the group they hope to change or displace) as a legitimate spokesperson on behalf of a valid set of interests. In other words, successful movements gain legitimacy in the eyes of their opponents. Second, successful movements gain “new advantages” for their beneficiaries (the group whose conditions they hope to improve through their action). While this second indicator of success might seem to be a way of incorporating care work – since such work obviously improves the conditions of its recipients – Gamson does not leave room for such activities. Instead, Gamson understands “new advantages” as changes that affect a broad group of people over a period of time. This might be a political change via the passing or amending of laws. It might also be a social change such as gaining acceptance for a group that was previously disfavored. It also could include institutional changes such as the creation of a union, the signing of an improved contract, or the implementation of a new policy within the target institution or group of institutions.

Although Gamson's work was recognized as a significant step forward in the theoretical understanding of social movements, it also drew criticism. Some pointed out that he failed to account for the political environment or to offer a way of understanding multiple groups working towards similar goals (Gawerc and Meyer 2021). Others identify weaknesses in his analysis or criticized the high bar he set for defining movements as successful (Goldstone 1980).

Meyer and Whittier address at least one of these concerns – the lack of consideration towards how movement organizations affect each other, or more broadly the effect of simultaneous movements on each other and subsequent movements – through their concept of social movement spillover (Meyer and Whittier 1994). These theorists propose that social movements affect each other indirectly through their changes to policy, culture, and individuals. However, they also identify that such movements affect each other more directly as the organizations, communities, and personnel of one movement are repurposed for other movements once the first movement's challenge period has ended.

This concept of social movement spillover is helpful in understanding abortion funds' history, as funds sometimes arise from other movement organizations – typically those founded during the women's movement of the 1960s and often those founded specifically to address the lack of abortion access pre-Roe, either through political advocacy or direct service. By making space for us to understand the continuity of movement organizations and tactics, social movement spillover helps us see the ways that care has always been part of social movements.

Care and Its Role in Social Movements

Care work is work that involves nurturing or caregiving – work that meets the basic needs of others (Gerstel 2000; Yeates 2004). This work may involve household labor such as cooking or cleaning as well as care for those who cannot care for themselves such as children, the elderly, and people who are temporarily or permanently disabled (Husso and Hirvonen 2012). Care work may

focus on physical health, as in the fields of nursing or medicine; mental health, as in fields such as social work, psychology, and psychiatry; or social-emotional and cognitive development, as in the field of education. Care work may also incorporate several of these areas; for instance, a teacher may care for her students' minds by educating them, for their bodies by feeding them and tending to any minor injuries or illnesses that occur, for their emotions by sympathizing or celebrating with them, and for their social selves by facilitating their relationships with each others (Gerstel 2000; Husso and Hirvonen 2012; Yeates 2004).

Care work is largely devalued by society – often uncompensated and almost always undercompensated (England 2005). There are several reasons for this. Both paid and unpaid care work are predominantly performed by women, and care work suffers from this feminization. Women are stereotyped as less valuable or less capable, so their work is perceived as less valuable or skilled, regardless of the actual requirements. Additionally, the economics of care work require it to be devalued. Care work does not only benefit the individuals being cared for, it also serves to free up time for those who might otherwise be expected to perform such work to engage in other pursuits, often of an economic nature. For instance, parents pay for their children to be cared for so they (the parents) can go to work. This means that certain types of care work – specifically the types such as childcare and elder care that enable others to engage in economic activity – must be less expensive than any other form of labor; otherwise workers will not be able to afford to work. Finally, care work is devalued because it is perceived to have non-monetary benefits. Care work is a public good and considered to be emotionally satisfying, and care workers are perceived as being motivated by these intrinsic benefits rather than monetary compensation (England 2005).

Care work can both more closely entwine individuals within social systems and provide a way out of systems that are oppressive. Care is “a key element of social reproduction” (Yeates 2004). In other words, care work allows us to continually reproduce the logics and structures that

allow society to function and maintain systems of power (Weiss 2021). Care work both keeps people in the positions and relations society deems appropriate for them and produces citizens willing and capable of continuing the social systems and relations (Kofman 2012). Because of this, care work can also be understood as disciplinary and even carceral, as it reproduces systems of criminalization, marginalization, and punishment through state-run social services (Moreno 2022; Nguyen 2021). In contrast to this, care of one's self (a.k.a. self-care) is promoted as a form of resistance. Specifically, self-care allows individuals to resist social norms: by rejecting capitalist notions of productivity and efficiency in favor of rest and by rejecting societal understandings of individual worth by prioritizing and caring for the minoritized or devalued self (Davison 2021; Riccitelli 2024).

Despite the obvious relevance of care and care work in social movements, few theorists have taken up this area of inquiry, and those that do have focused on care as a way of producing movement actors. In their introduction to a special edition of *Social Text* on “radical care,” Hobart and Kneese proclaim that “care . . . is fundamental to social movements” (2020:1). They go on to lay out a “genealogy” of “the phenomenon of care as political warfare,” beginning – as so many histories of social movements do – in the 1960s and 1970s with the civil rights and women's movements. They point particularly to educational projects like *Our Bodies Ourselves* that aimed to improve women's knowledge about their own sexual and reproductive health and the work of the Black Panther Party to improve child nutrition through free breakfast programs and community health through free medical clinics. They note that these early efforts established “global consciousness about the important connects between physical well-being and antiracism work” (Ibid:6). Furthermore, they propose that modern attention to care in social movements can be traced back to these efforts, pointing to the establishment of food and medical programs as part of movements for environmental justice, racial justice, and immigration justice. While I agree that they

trace an important history of attention to care in social movements, I would argue that their interpretation of these acts of care focus too much on care of the self as a way of producing individuals and communities capable of resistance and not enough on care as an act of resistance in and of itself. By focusing on care in this way, they further marginalize care work within movements – problematic since care work is so often done by women and other minoritized groups. In his work on social movements resisting evictions in Spain, Santos goes further, identifying care as a motivator for movement work and an element in the development of solidarity within movement organizations. However, he still marginalizes care, focusing on the ways that organizations care for their members or members for each other in order to accomplish movement work (Santos 2020).

In reality, care work has long played a role in social movements, particularly – but not only – in sustaining movement action. In labor movements, this takes the form of strike funds and solidarity donations from other unions (Friedman 1988). In the Civil Rights movement of the 1960s, care work enabled the bus boycotts as movement actors arranged car pools and other forms of transportation (Gibson Robinson 1987). Similarly, when state and local government shut down supplemental nutrition programs in retaliation for Black voter registration drives, movement actors worked to raise funds and send food to the affected communities (Smith 2023). Care work has also been a movement tactic – a role that is more often neglected by theorists. The Black Panther Party provided food, education, and medical care to local Black communities as a way to build power (Bassett 2016; Dyson 2014; Lateef and Androff 2017). Similarly, during the early days of the AIDS epidemic, activists did not only petition for government recognition of the epidemic and funding for research. They also organized support groups, provided patient navigation, and established hospices to care for those dying of AIDS (Day 2021).

I argue that rather than focusing on community care work as an act of service or a way of producing subjects capable of action within or against existing social structures, care work within and for social movements can be an act of liberatory resistance. Specifically, when we choose to engage in care work with individuals or communities that mainstream society tells us are not worthy of care, we resist these definitions of worth and reinscribe value on these individuals and communities. By locating abortion funds – which initially seem to be primarily community care or service organizations rather than social movement actors – within a social movement, I argue that we can re-envision social movements as centering community care as motivating movement action and serving as a means of resistance against unjust political and social structures.

Data, Methods, and Theory

Data for this analysis comes primarily from interviews with 22 fund leaders, which took place between November 1, 2023, and February 15, 2024. Participants were recruited for one-hour interviews via social media and snowball sampling and received a \$50 gift card in exchange for their time and effort. Interviews were conducted and recorded on Zoom and transcribed using GoTranscripts human transcription service. The interview guide covered personal history, values, and motivations for abortion fund work; fund practices; leader’s experiences of and responses to *Dobbs*, and larger-picture questions about abortion funds’ long-term goals and place in the movement for reproductive health, rights, and justice. Interview data were coded and analyzed in MaxQDA using constructivist grounded theory methods. Participants were directly asked whether they saw funds as part of a social movement and the extent to which they viewed fund work as movement work. However, some participants also brought up social movements and the idea of funds being part of a social movement independently. Additional details about data collection and analysis can be found in Chapter 2.

I also drew on situational analysis to develop a social worlds and arenas map as part of this chapter, using data from the interviews described above as well as a content analysis of 97 NNAF-affiliated abortion fund websites. Situational analysis is rooted in and extends grounded theory – particularly Strauss’s and Charmaz’s more pragmatist and constructivist understandings of the method (Clarke 2018). Situational analysis asks us to broaden our gaze from people and processes to take the full social situation into account, including and especially the non-human. Social worlds/arenas maps chart the interacting and overlapping collectivities of research situations. I began by making a list of all the organizations or more loosely defined groups that came up during data collection. I then arranged these on my map to indicate their relationships to abortion funds and each other, using circles and ovals with solid borders to indicate their well-defined boundaries as organizations. Finally, I identified the social worlds and sub-worlds that these organizations and groups comprised, this time using circles and ovals with dotted borders to indicate the looser, more informal membership definitions of these social worlds and sub-worlds. My goal for this exercise was to understand how abortion funds are related to other movement actors and the extent to which funds are centered or marginalized within the movement.

Results

Below, I use data from interviews with fund leaders to interrogate the location of abortion funds within the social movement for health, rights, and justice, finding that while fund leaders generally agree that abortion funds are at least somewhat involved in a social movement or movements, their views differ on the extent and appropriateness of this involvement. I then use data from both interviews and a content analysis of fund websites to develop a social worlds and arenas map, locating abortion funds inside/outside the social movement and exploring their connection to other movement actors.

Funds' understandings of themselves as inside/outside a social movement

Most participants saw abortion funds as at least somewhat involved in a social movement or movements, recognizing that abortion funds are engaging in collective action to create change. Some participants saw abortion access work, itself, as inherently radical – as resisting the world as it is and seeking to change individuals' material circumstances. Other participants saw their funding and practical support work as separate from social movement activity, differentiating between this community care or mutual aid work and the other types of work the fund engaged in such as community building, outreach, education, and advocacy, which they categorized as movement building work. Fund leaders frequently conceptualized their organizations as the voice of people seeking abortion care within the social movement for abortion access and viewed destigmatization as one of their primary public-facing movement efforts. Participants also viewed abortion funds as being connected to many movement spaces, often through the lens of reproductive justice.

While most participants saw abortion funds as doing movement work, some disagreed. A few participants reflected that their funds were not doing movement work but should be, voicing a desire for their organizations to engage in more of the movement building work described above. Some participants also reported that, while they saw abortion funds as undertaking social movement work, this had been a point of contention within their organizations, in part because of the conflict seen as inherent in movement spaces.

Abortion funding as movement work

Most participants saw funds as part of a social movement, even if they had mixed feelings about that status. Participants recognized that abortion funds are seeking to correct an injustice through their work, which – in their eyes – put funds firmly in the social movement space. As Ashley explained, “There's the way I think things should be, and then there's the way things are. I think it

should just be a normal thing that people get abortions and there's no barriers essentially. In that sense, there wouldn't really be a need for a movement, but the way things are is that its movement work because there's a lot of different oppressive systems that take very different and very similar forms that are working to erode what's already left of abortion work.” (South, Board Member, Hispanic) Other participants recognized that abortion funds are placed in the social movement space due to the politicization of their area of focus. Both healthcare generally and abortion care specifically are seen as deeply political issues, which means abortion funds are doing inherently political work. Candice expanded on this, saying “I feel like healthcare is political, and any sort of political movement is also a social movement. Even though I don’t think it should be . . . [Abortion] should just be part of everyday, regular healthcare. It shouldn’t have to be a movement” (South, Program Manager, White) Although they approach it from slightly different perspective, both participants reflect that funding abortion should be a normal, uncontroversial act.

In contrast, some participants identified funding abortion as a radical act, in and of itself. These participants recognized the controversial place abortion takes in the modern socio-political landscape and embraced abortion access work as resisting that status quo. Maya stated, “Abortion funds themselves are an act of social justice because they’re out here doing what our structural systems won’t do . . . They exist because we are not set up to socially and organizationally, as a country, support people in the way that they actually need and want.” (West, Board Member, Black) Other participants, while they did not explicitly identify abortion access work as social movement work, named liberation, revolution, or resistance as motivation for their work with abortion funds. These participants made a direct connection between their abortion access work and “this greater goal, greater project of liberation.” (Caitlin, Northeast, Executive Director, Mixed Race) Maya went on to explain that doing abortion fund work made her feel “like I’m part of the revolution, the fight

back.” She went on to say that her motivations for fund work are “equity and revolution. I want to burn it all down, truly.” (West, Board Member, Black)

Education, outreach, and community building

Not all participants viewed abortion access work as movement work. Some participants made a distinction between the community care functions of abortion funds and the education, outreach, and community building work that they saw as belonging in the social movements sphere. Participants recognized that this work looked different depending on the surrounding community, with Judy noting, “I think it can be and is often movement work. I think that there are, I guess, different roles within it that some people focus on movement building and long-term organizing and building coalitions and communities. I think that has to go into it to see the future that we want to see. I just think every area and every state is so vastly different that it looks like a lot of different things.” (South, Director, White)

Some participants explained that doing movement building work is a necessary part of funding abortions because it is easier to raise monetary and practical support from a community that understands the stakes of the work your organization is doing. Maya explained that she saw education as a vital part of her fund’s work, saying “I feel like nothing’s ever going to be changed if people don’t understand. They need the full picture, which obviously it takes a while to create the full picture for everyone, but my goal is that I’m working to get everyone to actually know these things so then we can actually work on you understanding why we need to have a change.” (West, Board Member, Black) Another participant, Brittney, recalled that tabling at community events had helped the fund gain supporters. She explained that their goal is to be “an organization that members of our community have heard of.” In pursuit of that goal, the fund has started showing up “at health fairs, community fairs, gay pride parades, block parties, music festivals, places where people congregate.” Once community members know they exist, the fund can recruit them “as

volunteers, as funders." Brittney explained that the fund also reaches more people seeking care this way and hopes that their public presence will relieve some stress for these individuals: "I'd love for them to know before they call the clinic and hear the price and freak out." This participant also hoped that her fund's public presence would allow community-based service providers who might encounter people seeking abortion care to become more familiar with their services, saying "Right now, really, only clinics know we exist. I think about groups that serve domestic violence patients or intimate partner violence patients, or refugees, or other homeless shelters." (Northeast, President, White) Judy explained that these two goals of generating support and making people seeking assistance aware of their existence went hand in hand as she described her fund's work to raise awareness about the restrictive laws in their state. "We do have to do this . . . to build the mobilization and the power that we need and also to provide the resources to people who don't know that abortion funds exist or don't that we have a six-week ban or that [neighboring state] has a 72-hour waiting period . . . Folks don't have the time sometimes to find this out themselves . . . Get [information] into the hands of folks is the priority aside from, obviously, continuing to fund as many abortions as possible." (South, Director, White)

Funds also see this movement building work of education, outreach, and community building as creating culture change and destigmatizing abortion. As Layla explained, "Talking about abortion is – it's not the standard. I think that shifts things on demystifying and de-stigmatizing abortion. I think as an organizer, bringing people into a space of understanding or of seeing themselves as impacted by a part of the issue, seeing that reproductive justice does matter to them and impacts them. As humans, we're motivated by our self-interest. When you're able to make something matter to someone, then you can pull them in. I see that part of the building power, being able to have conversations about abortion, particularly now, I think really makes a difference."

(Midwest, Deputy Director, Black) Participants describe a number of ways that their organizations

engaged in this work. Some funds – as described above – table at community events where they can discuss abortion with whatever community members show up. Others create more intimate, deliberate settings for these conversations, such as one fund that hosts a virtual book club that reads books on “the themes of reproductive justice, abortion access, stories about midwives, abortion storyteller books.” Leanne described the book club as “one of the most important things – aside from direct patient assistance – that [our fund] does.” (Midwest, President, White) She explained that the fund provides the books for participants, “with the intention that this is a space to learn and talk about abortion in an effort to reduce abortion stigma.” Maya explained that her fund shares demographic information about their client load each month in the hopes of changing the narrative about who gets abortions and how common they actually are. She worries that calls for people who have had abortions are “a bit intrusive” and recognizes that as long as abortion stigma exists, some people will feel uncomfortable being open about their experiences. Instead, she explained that she enjoys sharing the fund’s client demographics on social media “to show people actually get this. There’s a lot.” Maya recognizes that these high-level summaries leave out a great deal of context, saying “we can’t tell you each individual story,” but she hopes that even sharing these numbers will challenge preconceptions about who gets abortions. “You are creating an image of people in your minds. You think every person out of the 220 people that got abortions that we helped last month . . . are the exact same? No. [We’re] really using the statistical data to show [that people are] making a lot of assumptions about people that get abortions.” (West, Board Member, Black)

Advocacy

Participants also mentioned political advocacy work as one of the ways that abortion funds contribute to social movements. In particular, fund leaders described the necessity of advocating for better abortion policies as an important part of fund work. Some participants saw advocacy as

necessary in order to lessen their own workload. As Leanne explained, “If shit gets hard or if bans exist, that makes our job harder.” (Midwest, President, White) As funds have seen in the wake of the *Dobbs* decision, decreased access to abortion care results in higher costs due to increased need to travel and delays in receiving care. These higher costs mean that more people seek assistance from abortion funds, and funds need to raise more money. Easing their own workload was not participants’ only motivation for advocacy work, however. Many participants talked about funds as “organizing ourselves out of a job,” saying that funds want abortion to be “free and accessible and safe and legal” without the need of community organizations to help people access care. (Judy, South, Director, White) In particular, fund leaders see an opportunity in the wake of the *Dobbs* decision to re-imagine what abortion access policies should look like and fight for that version of the future. As Layla explained, “I think especially now without *Roe v. Wade*, we have the opportunity to envision a new way that we can ensure abortion access and ensure reproductive justice . . . I think through building essentially this alternative ecosystem of support for abortion that abortion funds together create, we can envision a new way that people get support from their communities.” (Midwest, Deputy Director, Black)

Some fund leaders viewed advocacy work as particularly important because they understood funds as bringing a unique perspective to this work compared with other organizations in the field as the only organization primarily focused on the perspectives of people seeking abortion care. As Jennifer explained, “Abortion funds are the boots on the ground. They are in a unique position of knowing what people need, what people are asking for, the barriers that people are facing when it comes to, not only paying for their abortion, but managing the whole process. If you can afford your abortion, but you can't take a day off work, or you don't have transportation or child care, we collectively know about that.” (Northeast, President, White) Because of this unique perspective, funds are well placed to set priorities for legislative advocacy and to argue for those

priorities using the real life experiences of people seeking assistance from them. Leanne continued, “The goals of the movement are being defined by people who haven't talked with somebody who's had an abortion ever. It's easy to advocate for reproductive rights, but working with or being in an abortion fund, we know the how and the why behind it.” (Northeast, President, White)

Participants also noted that funds’ are well placed to advise on the implementation of new policies and identify potential gaps or loopholes. Layla explained that her fund had identified several circumstances that made it difficult for local clients to get their abortions covered by insurance despite state laws requiring both public and private insurance policies to do so. Because of their work with both people seeking care and legislators, the fund was able to bring these continuing gaps up, suggest new policies, and improve the implementation of existing laws. She recalled, “We're in a state where there are these champions that really want to push forward these policies, but no one's thinking about implementation, or how it's actually going to work, how it's going to affect people. I think we fill that role of being the community voice and perspective.” (Midwest, Deputy Director, Black)

Abortion funds’ advocacy work also goes beyond reproductive health policy, though. Participants repeatedly acknowledged that the issue of abortion access is connected to many other issues – both in broad, ideological ways and in more practical, concrete ways. Participants discussed the importance of making ideological connections between abortion access and other issues in order to make the cause personal for their community. These participants placed the issue of abortion access within the context of other progress values and polices that affect quality of life. As Jennifer explained, “I think that this movement for abortion access and abortion rights needs to be taken in context with all these other issues that are going on, trans rights, LGBTQ rights, gender-affirming care, book banning, child care costs, housing affordability, which can feel overwhelming . . . I really think a key to this work is understanding how connected all of these issues

are . . . That addressing all of them, benefits everyone. It's like a rising tide lifts all boats.”

(Northeast, President, White) Participants also described how their advocacy work moved beyond abortion policy to incorporate other issues that affect the ability of people seeking assistance to access abortion such as insurance rules, housing affordability, and immigration policy. As Amanda explained, “We’re very explicit that the work we’re doing in our outreach and policy work is directly informed by what we hear on our health line.” (West, Executive Director, Mixed Race) Other participants discussed the connection between abortion access and sexual education. As Maya stated, “As much as we love to say that sex ed is just this singular insulated thing, it's actually ingrained in everything. Since joining, since starting working with [this fund], I've actually changed my politic around sex ed. I firmly now believe that sex ed is a form of social justice.” (West, Board Member, Black) She went on to explain that, in her view, “sex ed connects with understanding racial biases . . . with bodily autonomy and informed consent and decision making.” These participants identify sexual education as a potential point of intervention to decrease abortion stigma and improve political consciousness around issues related to abortion access. Thus, sexual education becomes a potentially important point of advocacy for abortion funds.

Movement work as an imperative funds are not meeting

A few participants discussed movement work as something that funds should be doing but were not, typically due to lack of capacity. As Whitney stated, “The movement isn’t happening, which sucks . . . we aren’t building community . . . because of just the lack of capacity, we’re doing the bare minimum of funding abortions . . . We’re not politically involved anywhere.” (South, Program Coordinator, Black) She acknowledged that funding abortions was important work but wanted to see her organization do more movement building in addition to their funding work. She went on to explain saying, “I want [funds] to be [part of a social movement] . . . If not us, then who? . . . The abortion funds are, or were, like grassroots organizations formed from community mutual

aid. I don't see that anymore, but I wish that we would get back to that. With that means, we need to develop more leaders to do more shit. . . We need to create these spaces to fund abortions, but also build culture through bringing folks in to do some radical shit.” (South, Program Coordinator, Black) These participants also identified movement-building work as a bolder, braver type of work than what their funds currently did. As Brittney reflected, “I do see other funds doing that, and I think it’s really badass.” (Northeast, President, White)

Funds shying away from or disagreeing about movement work

Some participants disclosed that movement work had been a point of contention within their fund. These funds had more cautions or conservative members of their leadership team who saw movement work as outside of the fund’s scope or mission. Daryl explained that movement work had been a point of significant disagreement for his fund’s board, saying that board members would ask “Why are we getting involved in social justice? Why is this movement? Why are we attending pride parades? Why are we doing all these things? Again, when I say why, half the board or parts of the board saying, why are we doing this? Why is this so important? Our job is to fund abortions.” (Northeast, President, White) Daryl admitted later in the interview that he could understand these board members’ perspectives as he also worried about the consequences of extending the funds’ resources away from their primary mission, saying “We’re in that same vein of how much do we invest in improving things today and tomorrow versus how much do we want to have in reserve? Because all it takes is the Supreme Court or a president or a different governor to overturn all of these things . . . How can we find that balance? What do we need for a rainy day fund? Because I wish that there weren't going to be any more rainy days for abortion, but I think that there will be.” (Northeast, President, White)

Other participants explained that while their funds engaged in movement work, they saw it as an unfortunate necessity. As discussed above, these participants understood that movement

work including outreach, education, community building, and advocacy are necessary to ensure that the fund can fulfill its core mission of funding abortion care. However, instead of embracing this work, some participants expressed distaste for movement work and a desire to avoid it. Leanne explained, “We've been forced to take on more of an advocacy role, because barriers have made it harder and harder to do this work and for people to have abortions. Whether we wanted to or not, we have to put out social media content. We have to be organizing events. We are looked to as a resource when it comes to information and education. Whether an abortion fund chooses to align with a group or chooses to align with a cause, I don't know- just speaking for us, I don't know if we would be going into it super enthusiastically. It would be because we have to.” (Midwest, President, White) Leanne went on to explain that she saw social movements as sites of potential conflict and ideological compromise, which she wished to avoid. She recalled recent instances where funds in nearby states had become involved in political advocacy and “how ugly it got internally” as different groups fought over what their priorities should be. In the end, she explained, “they’re promoting a ballot measure that includes language that they don’t even agree with. That sucks.” (Midwest, President, White) These participants worried that by engaging with the broader movement, they would be drawn into arguments or forced to compromise in ways that might damage their organization’s reputation or waste its resources. In contrast, Caitlin viewed this work of disagreement and discussion as necessary to creating a better world: “If we all are on board for a larger liberatory project, we need to have these hard conversations about what that means in practice and be able to develop deeper connections with each other across organizations, across regions to work towards that because right now it just feels we're all in just this big crisis and there isn't a clear vision that gets us out of it.” (Northeast, Executive Director, Mixed Race)

While most participants saw fund work as movement work in one way or another, some participants recognized that funds undertaking movement work could be controversial. These

participants recognized the risk inherent in movement work, but their response to this potential extension of resources and effort differed. Whereas participants in the previous section hoped to push their funds to go further and do more movement work, other funds viewed movement work as an unnecessary risk and preferred to stick to the organizations' core work of funding abortion care.

Situational analysis mapping of funds in the movement space

To further elucidate the position of abortion funds within the movement for reproductive health, rights, and justice, I developed a situational worlds and arenas map. As seemed appropriate for a project focused on the organization as the level of analysis, I decided to focus the map primarily on organizations and groups of organizations, attempting to show via their overlap where different types of organizations intersected or interacted with one another.

Once I had developed a preliminary arrangement of organizations within the social movement world, I added two sub-worlds. The “clinical care sub-world” incorporates organizations whose action involves providing or facilitating clinical care, while the “movement building and advocacy sub-world” incorporates organizations whose activities include outreach, education, community building, and political advocacy. I initially considered calling these sub-worlds arenas. However, in symbolic interactionist theory, “worlds” are locations of action while “arenas” are locations of negotiation. While there is certainly negotiation of meanings and priorities occurring in these spaces, my grouping of them focused primarily on their activities, so I decided to call them sub-worlds. Adding these sub-worlds gave further clarity to the relationships between some organizations, highlighting areas of potential overlap I had not previously considered and drawing my attention to organizations or groups of organizations I had unintentionally omitted. Further adjustments produced the map labelled as Figure 6-1.

There is one important group that is notably absent from this map and which I believe merits at least a brief mention. When I first reviewed my preliminary map, I realized that I had

omitted people seeking abortion care. Over subsequent edits to the map, I considered several placements for this group before ultimately deciding to leave them off entirely. I initially considered adding them as implied actors – individuals who are present but silent and non-agentic or present only in their discursive construction by other actors; however, people seeking abortion care are very much present and active in the arenas and organizations represented here. However, while they are present and active *within* the organizations represented, these individuals are not represented *by* a single organization. Instead, people seeking abortion care move through and are transformed by these various arenas and organizations. After all, the role of ‘person seeking abortion care’ is a transitory one – worn only for a brief period when one is actively seeking or receiving an abortion. Thus, these individuals may enter this social world via their need for healthcare and exit it through that same arena, having received care. Or, as described above, abortion funds and other advocacy organizations may intercept people seeking abortion care and transform them into movement actors such as advocates, story tellers, movement builders, and abortion access workers.

Abortion funds are at the center of the map, connected to all of the other organizations involved. Also fairly central are the two umbrella organizations which most abortion funds are members of: the National Network of Abortion Funds (NNAF) and Apiary (an organization that provides community building and technical support to practical support organizations). NNAF is enfolded completely within the sphere of abortion funds, as all members are funds but not all funds are members. In contrast, Apiary mostly overlaps with the abortion funds circle (incidentally intersecting with NNAF as some funds are members of both) but also diverges since its membership may include organizations that do not consider themselves abortion funds.

Actors within the clinical care sub-world include abortion clinics, many of which are members of the National Abortion Federation (NAF; an umbrella organization for independent abortion providers and clinics) and Planned Parenthood. Also included are LGBTQ health and

justice organizations, which overlap with both NAF and Planned Parenthood since abortion clinics also frequently offer other sexual and reproductive health services, including – particularly in the case of Planned Parenthood – gender affirming care and STI/HIV testing. I also include “other abortion access organizations” which is a catch-all for organizations such as the Online Abortion Resource Squad (OARS), which provides abortion support and information via Reddit, and Plan C, which provides information about self-managed abortion and accessing abortion pills by mail.

While these actors lie primarily in the clinical care sub-world, they overlap with the movement building and advocacy sub-world. Since abortion is such a socially and politically contested space, it is almost impossible to work in this social world without engaging in some form of movement building and advocacy work. Other actors in the movement building and advocacy sub-world include reproductive justice (RJ) organizations, racial justice organizations, and other advocacy organizations, which I use as a catchall for large, national organizations such as Reproductive Freedom for All (formerly NARAL Pro-Choice America) as well as smaller groups that focus on a mix of advocacy, education, and support such as Faith Aloud, the Religious Coalition for Reproductive Choice, and We Testify (an abortion storyteller organization). Some actors in both sub-worlds extend outside of the main social world, indicating that these actors are also members of other social worlds.

Examining this map makes it clear that abortion funds function as a bridge within the movement space – connecting different types of actors that might not otherwise meet. The reason for this appears to be twofold. First, abortion funds literally function as a bridge between patients and providers – helping individuals seeking care connect with individuals who can provide that care by offering financial, emotional, practical, and informational resources. Furthermore, funds are, as discussed in previous chapters, not replicants of a single organizational model but unique organizations with diverse ideologies, engaging in actions shaped by local conditions and working

with disparate allies. By gathering under a single name and claiming to all be of a type, these organizations become a space where different movement actors and even sub-worlds of action can and must meet.

Discussion

In this chapter, I use data from interviews with abortion fund leaders to understand how funds – or at least the workers that make them up – locate themselves inside or outside of a social movement. I find that participants generally agree that funds are or should be part of a social movement, even if some had mixed feelings about that status. Participants used different logics to justify their positioning of funds inside a social movement. Some recognized that funds are seeking social change or the correction of injustice through their work which, in their eyes, made funds part of a social movement. Other participants saw funds as inherently politicized due to their area of work, bringing again, making them part of a social movement. Participants described funds' education, outreach, community building, and even advocacy work as movement work that their funds must engage in because it made it easier to fulfill their primary mission of facilitating access to abortion care. Some fund leaders also saw abortion funds as the patient voice in social movements and felt obligated to engage in these movement work in order to represent the needs of the people they serve.

Social movement theories help us make sense of these perspectives on funds as social movement actors. In particular, it is clear that abortion fund leaders see funds as key in developing the “insurgent consciousness” described by PPM – in helping minoritized groups develop an understanding of their collectively disadvantaged position, the political opportunities of the moment, and their own agency to take advantage of those opportunities. Similarly, abortion funds serve as the organizations whose resources PPM states movements must use to act in moments of

opportunity or crisis - as seen in the wake of the *Dobbs* decision. However, current social movements theories do not fully account for the role of community care in social movements.

The role of community care work is the sticking point that makes many fund leaders uncertain as to whether their organizations count as movement actors and whether fund work counts as movement work. However, some fund leaders made the key point of framing funds' community care work – their core work of facilitating abortion access that other leaders saw movement work as being in service of – as an act of resistance in and of itself. For these leaders, all fund work is movement work, including and especially community care work. If we frame abortion funding as both an act of care and also an act of resistance against unjust systems shaped by a multitude of social, cultural, and political forces, we bring care work to the center of movement work, allowing us to see how care can serve as a motivation for movement work, as a movement tactic, and as an achievement of movement actors in and of itself.

This also allows us to reconcile some participants' hesitancy about locating funds within a social movement with the social worlds and arenas, showing funds very clearly at the center of movement work. If we reframe care work as movement work, these leaders' concern becomes about the kind of movement work they are engaging in because, again, they view care as the core of their work and worry that other types of work will distract from this central mission.

Obviously, power is important. Power is a lever for change – a way to get things done. But by centering power, current sociological theories of social movements reduce struggles that are often life and death for everyday people into chess matches. By centering care, I suggest that we rehumanize social movements and ground our study of them firmly in the stakes for which they are so frequently taken up.

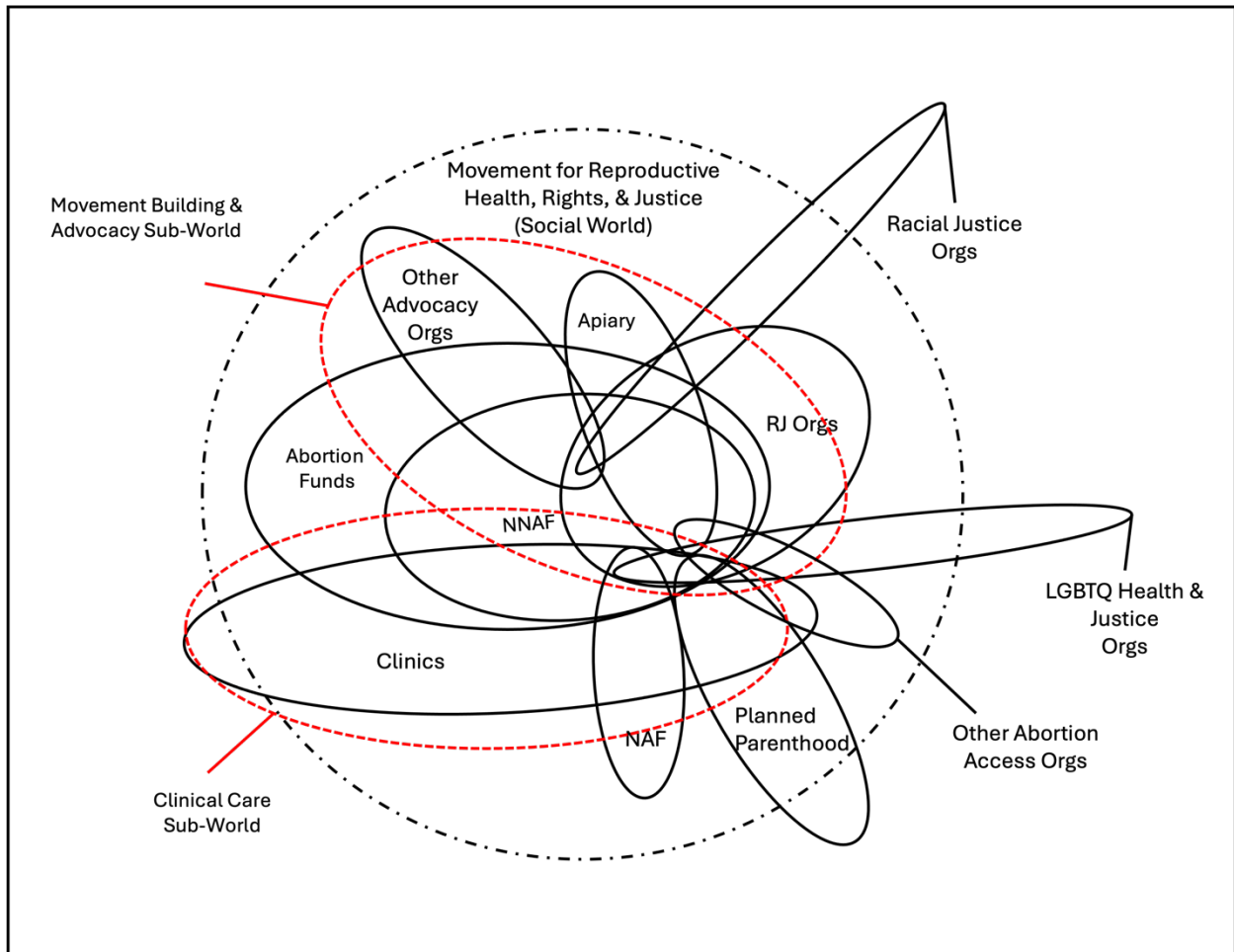


Figure 6-1 Situational Worlds and Arenas Map of the Movement for Reproductive Health, Rights, and Justice

7. Conclusion

In this dissertation, I set out to understand, at the most basic level, what abortion funds are, how they developed, and what forces have shaped that development. Specifically, I use symbolic interactionist theories including Goffman's dramaturgical metaphor, Strauss' idea of negotiated order, and social worlds and arenas, to understand how funds shape and are shaped by policy changes, how funds negotiate and portray their own organizational identities, and what role funds play – if any – in the movement for reproductive health, rights, and justice. I further examine how current sociological theories of social movements fail to fully explain abortion funds as both community care organizations and social movement actors and challenge these theories, arguing that they do not adequately attend to the role of empathy and community care in the movement building, activities, and achievements.

Summary and Key Findings

In “By, of, and for our communities”, I describe how abortion funds have been shaped by local social, cultural, and political conditions. Using funds' public facing stories about their own histories, I find that funds were often founded in response to increasing abortion restrictions at the state level, either directly or indirectly. In direct cases, founders chose to establish abortion funds based on their own forecasting of increased need for assistance accessing abortion when new policies were proposed and adopted. In indirect cases, abortion funds were founded in the wake of the implementation of such policies as concerned individuals witnessed the suffering these laws caused, either through experiences with close others seeking abortion care, through experiences of working or volunteering at abortion clinics, or due to knowledge of the way restrictions on abortion access were affecting community members, broadly speaking.

Just as abortion funds were founded in response to local conditions, I further show that funds have continued to evolve in order to meet the needs of their community. I describe the

services abortion funds offer, how they clearly respond to the barriers to abortion described in the literature, and how they are patterned both regionally and randomly, suggesting that funds' development has been influenced by regional and sub-regional conditions. This is confirmed by data from interviews with fund leaders, which reveal that abortion funds have been responsive to policy changes, cultural mores, and the landscape of clinicians and related non-profits in their catchment area. Furthermore, funds have – in some cases – been able to shape policy, as well, in response to the patterns of need they see among the people they serve. I also find that this grounding in the local community has emotional benefits for both fund workers and people receiving assistance, creating a space where abortion stigma can be combatted and like-minded individuals can find a political home.

In “We’re still here,” I find that funds maintained this primarily local orientation in the immediate aftermath of the *Dobbs* decision, as they motivated current supporters, recruited new people to their cause, and engaged communities in reciprocal relationships of care. I specifically use theories about social movement messaging or “frames” to evaluate the effectiveness of these messages, finding that abortion funds completed the three framing tasks – identifying a problem and assigning blame, providing specific actions and targets for action, and motivating individuals to action – using a variety of strategies including public performances of both negative and positive emotions, leading by example, inviting audiences into systems of care by creating a sense of belonging and solidarity. However, I also find that some messages from funds fall outside of these core framing tasks and focus, instead, on providing information and reassurance to people seeking abortion care, providing updates about the status of the fund, and inviting communities to help and support fund workers.

While funds initial responses focused on their local communities, over the next year, they engaged in an increasingly nationalized response as their work changed in response to the ways the

Dobbs decision and following abortion bans altered the landscape of abortion access in the US. Funds made few public changes to their public-facing services during this period, and funds providing services in states with newly implemented bans were no more likely to implement such changes than funds providing services on non-ban states. Behind the scenes, abortion fund leaders describe increased visibility for abortion funds after *Dobbs*, leading to both positive and negative consequences. Funds received an initial outpouring of support in the form of increased donations and volunteer applications as well as – in more politically liberal parts of the country – support from state and local governments in the form of grants and more supportive abortion policies. However, funds also experienced increases in demands for services – sometimes overwhelming fund workers. While funds banded together to address this immense need, increasing their level of collaboration and sharing knowledge and best practices with one another, this period of rapid growth also led to a secondary crisis as abortion fund workers struggled to develop the infrastructure needed to deal with their new budgets and workloads and many fund workers experienced intense burnout.

In “Contentious negotiations,” I analyze the values funds’ embrace via their public facing websites and the extent to which those values are enacted through organizational practices. I particularly focus on values related to diversity, equity, inclusion, and justice (DEIJ) and reproductive justice, as these emerge from both the literature and the data as important to funds’ success and as points of potential friction. By focusing on potentially contentious values, I gain insight into the process of negotiation by which these espoused values are put into practice and the internal and external forces that constrain or encourage those practices. Specifically, I find that while abortion funds present themselves as champions of diversity in their public-facing websites, abortion funds continue to be predominantly white spaces, and Black participants consistently reported experiences of racism. While some fund workers view DEIJ efforts as window dressing or

primarily externally motivated, others are engaged in developing and implementing solutions to increase DEIJ and avoid further harm to fund workers of color. Similarly, while funds are transitioning – both online and in their behind-the-scenes practices – to replace the *Roe*-era “choice” framework with a reproductive justice framework, white-led funds express anxiety about how to do so respectfully, without appropriating the work of Black feminist scholars and activists.

In “Centering care,” I explore abortion funds’ position within the social movement for health, rights, and justice. I find that while fund leaders general agree that abortion funds are part of a social movement and doing social movement work, they do not agree on what part of fund work can be considered movement work. Some exclusively categorize their education, outreach, and community building work as movement work while others point primarily to advocacy work they have done to improve abortion access or to advocate for the needs of people seeking care in other ways. However, some fund leaders conceptualize the core work of abortion funds – facilitating access to abortion – as movement work, envisioning this care work as a liberatory act of resistance. Building on this idea, I challenge current sociological theories of social movements as inadequately attentive to care as a motivator for movement formation, a movement tactic, and an outcome or achievement of movement actors.

Abortion Funds as Liminal Spaces

Considering these findings together, I argue that abortion funds are inherently liminal spaces – not entirely one thing or another but often several things at once. This occurs for several reasons. The term “abortion fund” has always described a diverse group of organizations, each with its own priorities, practices, and organizational structure. In the wake of recent social upheaval including the *Dobbs* decision but also a new focus on DEIJ in nonprofit organizations and among social movement actors, abortion funds also find themselves increasingly undergoing transitions and transformations while acting as a bridge between different social worlds and movement actors.

As I describe in Chapters 3 and 4, abortion funds are both deeply local institutions – grounded in local conditions and networks – and also increasingly part of a national network of organizations working together to maintain access to abortion care in the shifting, post-*Dobbs* landscape. However, this turn towards a nationalized crisis of abortion access does not mean that abortion funds can let go of their roots in local issues. Funds continue to need to build support among local communities to raise money and recruit new board members and volunteers. Funds in states with restrictive abortion policies also need to maintain their connections to local communities in order to find new ways to connect to people who need assistance accessing abortion care as the clinics that used to connect them to these individuals close. Finally, funds hold an important place as the voice of patient needs and experiences within the social movement for reproductive health, rights, and justice, which they cannot do if they lose their connection to and grounding in their local context.

Funds are undergoing internal transformations as they reckon with the history of racism in feminist movements and attempt to implement better, more inclusive and equitable practices. Multiple participants described periods of intense organizational reflection, reorganization, and reckoning during recent years, spurred by transitions in their leadership, social upheaval, and internal recognition that they were not operating in a way that aligned with their values. This leaves funds' identities in flux as they try to reconcile their espoused values with the operational pressures that influence their organizational practices.

Finally, funds are liminal spaces because of their role as a bridge. In a way, serving as a bridge to care was funds' original role. Prior literature has also highlighted this work, noting that in times of policy changes, abortion funds serve as patient navigators, bridging information gaps in order to help people find care. (White et al. 2023) But funds' role as a bridge goes beyond their core work of connecting people to care. Funds are not and never have been just one thing. Instead, the

term “abortion fund” is an umbrella under which a group of diverse organizations has gathered. As noted in Chapter 3, some “abortion funds” do not even fund abortion! However, by uniting under this moniker with the shared cause of facilitating access to abortion care for people in need, abortion funds create a space where diverse movement actors can meet. As explored in my social worlds and arenas map in Chapter 6, abortion funds bring together actors including clinicians, activists, people seeking care, and abortion access workers from both local and national organizations as well as those concerned with other aspects of sexual and reproductive healthcare.

Limitations

As with any research, this dissertation has its limitations. Organizational websites – while conveniently accessible – are imperfect sources of data. I chose to begin my work with a review of abortion fund websites primarily because so little has been written about these organizations in the scientific literature, and it seemed an excellent way to begin building my own knowledgebase regarding their services, administration, and philosophical or ideological orientations. However, organizational websites are limited both in the fact that they are so public facing and in their potential incompleteness. As I discovered during interviews with abortion fund leaders, what funds present of themselves on websites may be idealized in order to appeal to the public audience and protect these organizations from critique. Funds are essentially putting their best foot forward in these websites, and we cannot claim to truly understand funds from only this source of data any more than one could claim to know someone well after interviewing them for a job.

Similarly, organizational websites may contain incomplete or out of date information. In interviews, I sometimes identified discrepancies between even fairly basic information presented on fund websites such as what services the fund offered, and interviewees were not always able to explain why this information was incorrect. Additionally, several interviewees noted that their websites were severely outdated and – in some cases – new websites were currently being

designed. As largely volunteer run nonprofits, some funds had lost track of who had access to the website and were struggling to update it at all.

As noted in Chapter 5, it can be challenging to know how to interpret website's silences. Fund websites ranged from minimalistic and focused on providing information for people seeking care and links to donate to complex and full of information regarding the funds' history, philosophy, and activities. Without additional information, it is difficult to know whether funds with simpler websites differ substantially in their structure and orientation from funds with richer websites or if these funds have simply had fewer volunteers interested in building out a robust digital presence.

While my interviews add important context and richness to the content analysis data, it is also likely that some perspectives are missing or underrepresented. Due to the nature of my recruitment methods, my sample overrepresents the perspectives of abortion fund leaders from the Northeastern US (as defined by the US Census Bureau) and particularly underrepresents the perspectives of leaders from the Western US. This is particularly relevant since the Northeastern US is more politically liberal, less racially diverse, and generally has more supportive abortion policies than other parts of the country, suggesting that the experiences of the fund leaders are likely to be substantially different than those located elsewhere.

Implications

This dissertation has implications for our understanding of social movements and the role of community care within those movements. I also provide unique insight into the current landscape of abortion access and the way that abortion funds' increasingly tenuous work makes up for the failure of the state to protect the rights of its citizens.

I argue that abortion funds are an example of how social movements can be viewed as large-scale acts of community care motivated by resistance against the suffering caused by injustice. At the core of these movements is not a struggle for power but a recognition of suffering

and a resistance against the idea that minoritized lives are expendable. Furthermore, I argue that this aspect of social movements has been largely neglected because care work is feminized and care achievements are not considered signs of movement success. (It is not irrelevant that funds predominantly run on the work of women – many of whom are entirely uncompensated for their labor.) Instead, in the stories of “successful” social movements, legislative and social changes are emphasized in ways that drown out and invisibilize the care work that motivated and facilitated those changes.

Through their work, abortion funds connect the micro-level issue of individual suffering to the macro-level issue of unjust policies that limit bodily autonomy. They engage in direct service to help people from their community invoke their own bodily autonomy through access to sexual and reproductive healthcare, including gender affirming care. They engage in consciousness raising through community education – creating spaces where community members can come together to develop a deeper understanding of their own oppression and mobilizing community members through fundraising and volunteer recruitment. Finally, abortion funds engage at the macro level via political advocacy and protest against unjust laws, which they connect back to the micro level by framing their abortion access work as direct opposition to these laws. In this way, abortion funds are not engaging in either a top-down or bottom-up approach but are constantly working to recreate the world via action at multiple levels at the same time.

Studying abortion funds, particularly in the wake of the *Dobbs* decision, reveals how funds mask the symptoms of a dysfunctional system – hiding the failure of the state to adequately protect its citizens’ bodily autonomy and right to self-determination. Studying abortion funds and the people who make them successful reveals the labor – mostly uncompensated and mostly performed by women – involved in stepping in where the state fails and enabling access to abortion care. While many participants shared the satisfaction and joy their work brings and – as discussed

in Chapter 3 – fund workers benefit from the community created by other fund workers and supporters, fund work is also stressful – politically and emotionally fraught. Participants consistently shared stories of feeling overwhelmed, heartbroken, and burned out by their experiences in recent years. Additionally, recent media regarding abortion funds have emphasized that the initial burst of “rage donations” has not been sustained, and funds are struggling (and in some cases failing) to meet the ongoing level of demand for services (Karlis 2024; Luthra 2024). This is particularly concerning because – at this point – abortion funds are a load bearing part of the reproductive healthcare system. As highlighted in the introduction to this work, recent data show that the number of abortions being performed within the medical system – not including the many individuals who chose to purchase pills from overseas and self-manage abortions without clinical oversight – actually increased in the first year after the *Dobbs* decision. Current data do not allow us to know how many of these individuals would have been forced to continue their pregnancies without the intervention of abortion funds. What we can know is that these organizations cannot continue under these conditions – they need additional support in the form of money, human resources, and assistance building additional organizational infrastructure and capturing institutional knowledge.

In times of crisis, we often see a quote from children’s television star Fred Rogers, encouraging us to “look for the helpers.” In the case of abortion funds, I would suggest that we not only to look for the helpers but help them.

Next Steps and Future Directions for Research

Moving forward, I plan to round out data collection with this project by completing additional interviews, particularly with participants from regions underrepresented in this sample. To facilitate recruitment and begin the process of disseminating my findings back to the abortion fund community, I am currently working with one of my participants to develop a presentation on

my research for the Take Root conference, which focuses on reproductive justice activists from red states and typically brings in a number of abortion fund leaders from the Southern, Midwestern, and Western US. I also plan to collect additional data regarding abortion funds' origin stories as this data was scarce in the content analysis, and interviews were not long enough to delve deeply into this aspect of fund leaders' experiences. I plan to recontact interview participants who helped found their funds to elicit their stories of that founding period and the motivations for their work. I also plan to travel to Smith College to do archival work with the founding documents from the National Network of Abortion Funds (NNAF). Finally, I will attempt to recruit other fund founders for interviews and to collect these stories in the form of oral histories from current and former fund workers as well as internal fund documents.

I also hope to do additional studies with fund leaders and volunteers. I am interested to know whether experiences of transition, stress, and burnout filter down from leadership to the rank and file of these organizations and how individuals outside of the leadership cope with such challenges. In these cases, does the fund serve as a source of resilience and community? Or do fund volunteers feel isolated and unsupported? I am also interested in understanding pathways into the movement for reproductive health, rights, and justice, whether through abortion funds or other venues. Both in my personal experience and in my data collection, it seems that there is a distinct lack of opportunities to enter the movement without significant pre-existing skills or knowledge, and abortion funds seem to struggle to know how to best train, manage, and retain volunteer cohorts.

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Appendix A: Content Analysis Data Collection Instrument

Start of Block: Basic Information

Basic Fund Information

Fund Name: (1) _____

Website URL: (2) _____

Hotline/Phone Number: (3) _____

What states or territories does the fund serve?

Alabama (1)

Alaska (2)

Arizona (3)

Arkansas (4)

California (5)

Colorado (6)

Connecticut (7)

Delaware (8)

Florida (9)

Georgia (10)

Hawaii (11)

Idaho (12)

Illinois (13)

Indiana (14)

Iowa (15)

Kansas (16)

- Kentucky (17)
- Louisiana (18)
- Maine (19)
- Maryland (20)
- Massachusetts (21)
- Michigan (22)
- Minnesota (23)
- Mississippi (24)
- Missouri (25)
- Montana (26)
- Nebraska (27)
- Nevada (28)
- New Hampshire (29)
- New Jersey (30)
- New Mexico (31)
- New York (32)

- North Carolina (33)
- North Dakota (34)
- Ohio (35)
- Oklahoma (36)
- Oregon (37)
- Pennsylvania (38)
- Rhode Island (39)
- South Carolina (40)
- South Dakota (41)
- Tennessee (42)
- Texas (43)
- Utah (44)
- Vermont (45)
- Virginia (46)
- Washington (47)
- West Virginia (48)

- Wisconsin (49)
 - Wyoming (50)
 - District of Columbia (51)
 - Puerto Rico (52)
 - Other US territory: (53) _____
 - Non-US territory: (54) _____
-

To get help you must be . . .

- Living in the state (1)
 - Getting care in the state (2)
 - Either (3)
 - Not sure (4)
 - Something else/notes: (5) _____
-

What social media sites does the fund use?

Facebook (1) _____

Twitter (2) _____

Instagram (3) _____

Other: (4) _____

Copy and paste any history available on the NNAF page.

Notes about Basic Information

End of Block: Basic Information

Start of Block: Website Content

Please check off what content is available on the website:

- Logo (1)
- Posted email address (not for getting help) (7)
- Online contact form (not for getting help) (8)
- Phone number (not for getting help) (9)
- Physical address or PO Box (10)
- Live chat (11)
- Calendar of events (13)
- Calendar has events posted (14)
- Social media widget for following or sharing (15)
- Timeline (16)
- Blogs (17)
- Infographics (18)
- Organization's mission (19)
- Organization's vision (20)
- Organization's goals (21)
- Organization's history (22)

- Information on the organization's programs (i.e. what they do) (23)
- Related news from the media (24)
- Links to other similar organizations (25)
- Grant Information (26)
- Board member names listed (27)
- Board members' professional background posted (28)
- Key staff listed (29)
- Annual report posted (30)
- Budget or financial statement posted (31)
- Organization's 990 tax form (32)
- Privacy policy (33)
- Accessibility policy (34)
- Certification or badge of trust from a third party (35)
- Other: (36) _____

Tagline or motto:

Is the website offered in more than one language?

Yes (1)

No (0)

Display This Question:

If Is the website offered in more than one language? = Yes

If yes, what other languages are available?

Notes about website content

End of Block: Website Content

Start of Block: Mission, Vision, Goals, and History

Does the website include a section with the organization's mission, vision, goals, or values, even if it isn't directly called that?

Yes (1)

No (0)

Display This Question:

If Does the website include a section with the organization's mission, vision, goals, or values, eve... = Yes

What are the mission, vision, goals, or values of the organization? (Copy and paste below.)

Does the website include information about the organization's history?

Yes (1)

No (0)

Display This Question:

If Does the website include information about the organization's history? = Yes

What does the website say about the organization's history? (Copy and paste below.)

End of Block: Mission, Vision, Goals, and History

Start of Block: Call to Action

Is there a call to action on the home page? (Does the website ask visitors to participate or get involved for the cause?)

Yes (1)

No (0)

Is there a call to action elsewhere on the website?

Yes (1)

No (0)

What types of calls to action does the organization offer?

- Donate money (1)
- Donate "in kind" (food, goods) (2)
- Sign up to volunteer (3)
- Sign a petition (4)
- Get educated on a particular issue (5)
- Attend events (6)
- Sign up to receive e-newsletters/email updates (7)
- Asks you to advertise for them (8)
- Asks you to tell your friends about them via email (9)
- Asks you to stay connected via social media (10)
- Asks you to join an online conversation about their issue (11)
- Asks you to fundraise for them (12)
- Other: (13) _____

Capture any text describing opportunities to get involved. Do not include text about donating.

Capture any text describing public-facing programming offered by the organization. (Geared towards supporters, donors, or volunteers rather than clients.)

Can you donate directly from the homepage?

- Yes (1)
 - No (0)
-

How does the organization allow you to donate?

- Mail a check (1)
- Purchase merchandise through the website (2)
- Purchase merchandise through a link on social media or linktree (10)
- Credit card processed through third party (e.g. PayPal) (3)
- Credit card processed directly (4)
- Fundraising portals or pages that visitors or teams/groups can create and share to raise additional funds (5)
- Links to crowd-source fundraisers (6)
- Re-occurring gifting opportunities (make your donation monthly, weekly, etc.) (7)
- Participate in an event (Beer or Taco challenge, race, gala, etc.) (8)
- Other: (9) _____

Notes about calls to action

End of Block: Call to Action

Start of Block: Specific philosophies and representation

Does the website mention Reproductive Justice?

Yes (1)

No (0)

Display This Question:

If Does the website mention Reproductive Justice? = Yes

Describe how the website discusses RJ, copying and pasting text where appropriate.

Does the website mention Mutual Aid?

Yes (1)

No (0)

Display This Question:

If Does the website mention Mutual Aid? = Yes

Describe how the website discusses mutual aid, copying and pasting text where appropriate.

Does the website mention BIPOC participation or leadership?

Yes (1)

No (0)

Display This Question:

If Does the website mention BIPOC participation or leadership? = Yes

Describe how the website discusses BIPOC participation or leadership, copying and pasting text where appropriate. In particular, note whether claims are backed up – for instance, if the fund claims to be BIPOC led, do profiles of leaders on the website reflect that. Similarly, do pictures from events show diverse representation? Take screenshots as needed.

Does the website use gendered language around pregnancy and abortion?

Yes (1)

No (0)

Display This Question:

If Does the website use gendered language around pregnancy and abortion? = Yes

Describe how the website uses gendered language around pregnancy and abortion.

Does the website contain an inclusivity statement?

Yes (1)

No (0)

Display This Question:

If Does the website contain an inclusivity statement? = Yes

Copy and paste the inclusivity statement and note where it was in the website.

Does the website discuss collective power?

Yes (1)

No (0)

Display This Question:

If Does the website discuss collective power? = Yes

Describe how the website discusses collective power, copying and pasting where needed.

What types of images does the website use?

- Includes people of color (1)
- Includes men or people who are gender ambiguous (4)
- Includes size diversity/people with diverse body types (5)
- Includes people with disabilities (6)
- Includes mostly cartoons or drawings (7)
- Includes mostly photos (8)

End of Block: Specific philosophies and representation

Start of Block: Services

Does the website offer ways for visitors to get help accessing an abortion?

- Yes (1)
- No (0)

Display This Question:

If Does the website offer ways for visitors to get help accessing an abortion? = Yes

In information about how to get help within one click of the home page?

- Yes (1)
- No (0)

Display This Question:

If Does the website offer ways for visitors to get help accessing an abortion? = Yes

How can visitors get help?

Phone number (1)

Email (2)

Online form (3)

Chat (4)

Through partner clinic (details): (5)

Other: (7) _____

Capture any text describing how to get help.

Does the fund share information about abortion policy in the state or regions where it is active?

Yes (1)

No (0)

Display This Question:

If Does the fund share information about abortion policy in the state or regions where it is active? = Yes

Capture any policy information shared.

Display This Question:

If Does the fund share information about abortion policy in the state or regions where it is active? = Yes

Is the policy information shared up to date?

Yes (1)

No (0)

What services does the fund offer? Copy and paste any text describing what services the fund offers and make additional notes as needed. Include information about all client-facing courses and services.

Does the website provide information specifically for minors?

Yes (1)

No (0)

Display This Question:

If Does the website provide information specifically for minors? = Yes

Capture any text specifically targeted towards minors.

Are any services offered in another language?

Yes (1)

No (0)

Describe what services are offered in what languages.

Any other notes about the process of getting help?

End of Block: Services

Start of Block: Post-Dobbs Changes

Use the Wayback Machine to pull up the website from as close as you can get to April 1, 2022. Are there any differences in the operation of the fund between now and then?

Use the Wayback Machine to pull up the website from as close as you can get to August 1, 2022. Is there a post-Dobbs message or statement?

Yes (1)

No (0)

Does the current website have a post-Dobbs message or statement?

Yes (1)

No (2)

Capture any text from the post-Dobbs message or statement here.

Is there a post-Dobbs statement on their Twitter page?

Yes (1)

No (0)

Not applicable ()

Display This Question:

If Is there a post-Dobbs statement on their Twitter page? = Yes

Twitter post-Dobbs statement

Is there a post-Dobbs statement on their Facebook page?

- Yes (1)
- No (0)
- Not applicable (9)

Display This Question:

If Is there a post-Dobbs statement on their Facebook page? = Yes

Facebook post-Dobbs statement

Is there a post-Dobbs statement on their Instagram page?

- Yes (1)
- No (0)
- Not applicable (9)

Display This Question:

If Is there a post-Dobbs statement on their Instagram page? = Yes

Instagram post-Dobbs statement

End of Block: Post-Dobbs Changes

Start of Block: Wrap up

Does the website use any of these strategies?

- Interviews (1)
- Storytelling (2)
- Data or statistics (3)
- Success stories or testimonials (4)
- Videos describing their work (5)
- Requests visitors to share their story (6)
- Other: (7) _____

Any other observations?

Any issues completing the questionnaire?

End of Block: Wrap up

Appendix B: Fund Leader Interview Guide

Consent

- This is a research study about abortion fund’s philosophies and practices. You have been invited to participate because you hold or have recently held a leadership role in an abortion fund – specifically a role where you had decision making input and insight.
- Your participation in the study will consist of a one-hour Zoom interview about your experiences working or volunteering at abortion funds. The interview will be audio-recorded and transcribed. All of the identifying information about you and the funds you mention will be redacted from the transcribed interview, and the original recording will be destroyed.
- All files associated with the study – including your data files – are kept on an encrypted devices or in encrypted cloud storage systems that require two-factor authentication to access.
- If I share quotes or stories from your interview in publications or presentations, I will be careful to anonymize them so that it won’t be obvious that they are about you or your fund.
- There are minimal risk associated with participating in this study. Some questions may make you uncomfortable, but you are welcome to skip questions or stop the interview at any time.
- Your participation in this study is voluntary. You will not lose any benefits if you choose not to participate.
- There is no direct benefit to you from participating in the study. I will send you a \$50 gift card in compensation for your time and effort.

Introduction

- Name, Pronouns
- Grew up in Oklahoma but lived in Atlanta, DC, San Francisco and now back in Georgia as an adult
- Graduate student at UCSF in the Sociology program
- Project Director for the Crisis Pregnancy Center Map project at the University of Georgia
- Volunteer with the Online Abortion Resource Squad, which runs the subreddit r/abortion to provide stigma free information about abortion, service navigation, and emotional support to people at all stages of the abortion process

Context and procedures

To give you some context, this interview is part of a larger study that started with a content analysis of NNAF funds’ public-facing websites. I reviewed the websites using a structured data collection instrument, capturing the presence or absence of certain elements as well as copying text for later analysis. Part of my goal for these interviews is to gain context about the results of that part of the project.

I’m also really interested in understanding fund’s internal processes and decision making, how processes have changed post-Dobbs, and how funds fit into the broader universe of abortion access or reproductive health, rights, and justice organizations.

*****DID YOU START THE RECORDING?*****

<p>Introductions</p>	<p>Tell me a bit about yourself – whatever you think is important.</p> <ul style="list-style-type: none"> • How long have you lived in X? • (if relevant) Where did you grow up? <p>Please tell me about your involvement with abortion funds.</p> <ul style="list-style-type: none"> • How did you initially get involved? • What funds have you worked with? • What fund are you with now and what is your role? • How long have you been at this fund? • What is an average day like for you? • How big is the fund? [Probe around: How many staff and volunteers do you have? How many board members and leaders? How many clients do you see weekly, monthly?] • What are the best parts of working at this fund? • What is the most challenging part about working at this fund? • Can you tell me about a time when there was an internal disagreement at the fund and how that got resolved?
<p>Motivations and values</p>	<p>What are some of the values or ideals that motivate your work?</p> <ul style="list-style-type: none"> • Do you think most people at your fund feel similarly? Or are there any differences that come to mind? • What about folks from other funds? • [If it doesn't come up] What about reproductive justice?
<p>Fund practices</p>	<p>[Probe around what work the fund does]</p> <p>One of the things I found really interesting in completing the content analysis was the diversity of organizations that were all gathering under the title “abortion fund.” How do you see some all of those different services as relating to the core mission of abortion funds?</p> <p>[If relevant to the individual’s work] Can you talk a bit about how your fund makes decisions about what to share publicly?</p> <ul style="list-style-type: none"> • Has your fund ever discussed sharing an annual report on the website? Why or why not? • Has your fund ever discussed sharing information about staff or board members on the website? Why or why not? <p>Obviously, the Dobbs decision was a huge shock to the entire repro system, even though we all knew it was coming. I realize that you could probably talk for an entire hour just about what that experience was like, but I’m particularly interested in what happened behind the scenes at abortion funds in the wake of</p>

	<p>Dobbs. Can you talk a bit about how your fund responded to the Dobbs decision?</p> <ul style="list-style-type: none"> • What decisions has the fund had to make after Dobbs? What was that decision making process like? Who was involved? • Did you collaborate with other funds at all? Or with NNAF? • Did the work of your fund change? If so, how? • How has your job changed?
<p>Funds as sites of movement work</p>	<p>Thinking long term, what is the bigger project that abortion funds are part of? What do you want funds to have accomplished in 50 years?</p> <p>[If the interviewee has talked about social movements]</p> <p>Do you see funds as part of or supporting a social movement? If so, how?</p> <p>What part of fund work is movement work?</p> <ul style="list-style-type: none"> • Do you see the community care work that funds do as movement work? How or how not?

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