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“It fills my cup to be involved with these things, involved in the community, involved in something that benefits something other than me.”

Motivation and mobilization experiences of abortion fund volunteers in the United States.

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Abstract

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Abortion funds are grassroots community-based organizations in the U.S. that are key actors in the reproductive justice movement. The work of abortion funds ensures that people have support as they navigate and access abortion services in the face of increasing restrictions and barriers. While abortion funds have been active in the U.S. for nearly half a decade, the post *Roe v. Wade* abortion access needs, coupled with the increased visibility of their work, presents a new context for funding abortion.

Given the vital role abortion funds play in protecting access to abortion, research with abortion funds is important. Few studies focus on the abortion fund as an organization within the community, and less work examines the volunteers who support abortion funds. Thus, abortion fund volunteer motivations and experiences are largely unknown. Exploring abortion fund volunteer motivations may provide insight into how abortion funds create sustainable networks of mobilized volunteers to support access to abortion.

Through semi-structured in-depth interviews with current abortion fund volunteers, this study explored volunteer roles and experiences, volunteer communities, and volunteer perceptions of the impact of volunteering with an abortion fund. This study developed an understanding of how abortion funds function using a mutual aid organization framework. Findings showed that people were motivated to volunteer based on personal, professional, and community experiences with abortion and reproductive rights, and were mobilized to volunteer with abortion funds after key events changed their perception of threats to abortion access. In addition, the study developed a multi-level understanding of volunteer peer communities within abortion funds, of community connections between abortion funds, and of the broader solidarity networks in which abortion funds participate. Study findings also supported recommendations for how abortion funds can support volunteers, and for how the public health field can uplift and amplify the work of abortion funds volunteers.

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You can find information about how to support your local abortion fund at <https://abortionfunds.org/funds/>

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Chapter 1: Study Purpose

Context

The United States entered a critical period for abortion access after the overturning of *Roe v. Wade* in June 2022 (*Dobbs v. Jackson Women's Health Organization*). The loss of the Constitutional protection for abortion services resulted in an increase in near-total and partial abortion bans in almost half of states (*Six Months Post-Roe, 24 US States Have Banned Abortion or Are Likely to Do So*, 2023). Attention turned to existing efforts to protect abortion access, such as abortion funds (Vásquez, 2019). Abortion funds are grassroots, community-based organizations that provide financial assistance to people seeking abortion services, as well as practical support like transportation or lodging for people traveling to appointments (Ely et al., 2018). These funds also engage in community organizing and advocacy to reduce and remove extant barriers to abortion services like parental notification laws or laws that use public health regulations to create barriers to abortion clinic operation (Ely et al., 2018; Okeowo., 2019). As of 2020, there were eighty-three member abortion funds in the National Network of Abortion Funds in the United States (U.S.) who distributed \$9.4 million dollars to people seeking abortions (National Network of Abortion Funds, 2021). In the wake of the growing recognition of the importance of community-led public health initiatives, abortion funds are an example of sustainable community-led projects that meet and advocate for their community's needs.

Problem Statement

Abortion funds are grassroots community-based organizations in the U.S. that are key actors in the reproductive justice movement (Okeowo., 2019). The work of funds ensures that people have support as they navigate and access abortion services in the face of increasing restrictions and barriers. The recognition of abortion funds increased following the U.S. Supreme Court's decision to overturn of *Roe v. Wade*, reversing the Constitutionally protected right to

abortion, in the *Dobbs v. Jackson Women's Health Organization* decision (Levi & Gorenstein, 2022; Ranji et al., 2022). While abortion funds have been active in the U.S. for nearly half a decade, the post-Roe abortion access needs, coupled with the increased visibility of the work, presents a new context for funding abortion. Abortion funds have emerged as leaders at the forefront of the response to protect reproductive rights in the U.S. (National Network of Abortion Funds, 2022a; National Network of Abortion Funds, 2022b; Rice et al., 2021).

Given the vital role abortion funds play in preserving access to abortion, research with abortion funds is important. Yet, current research on funds is limited and recent. The small group of studies focus on funding or case studies on specific funds or singular case studies (Hurtado, 2022; Makleff et al., 2023; Rice et al., 2021). Few studies focus on the abortion fund as an organization within the community, specifically, less work examines the volunteers who support abortion funds; thus, abortion fund volunteer motivations and experiences are largely unknown. Exploring abortion fund volunteer motivations may provide insight into how abortion funds create sustainable networks of mobilized volunteers to support access to abortion (Spade, 2019).

Purpose

The purpose of this cross-sectional qualitative study is to explore the motivations of abortion fund volunteers in the Midwest, Northeast, and Southeastern U.S. using an adapted mutual aid organizing framework. Through semi-structured in-depth interviews with current abortion fund volunteers, I will explore the roles volunteers hold, their experiences with their volunteer community, their perception of the impact of volunteering with an abortion fund, and considerations for volunteer sustainability. The study will address the gap in the literature on abortion funds and abortion fund volunteers and by examining the experiences of abortion volunteers in a post-Roe context. Study findings will uplift the knowledge and perspectives of

abortion fund volunteers to inform how the public health field can support their work to protect access to abortion.

Chapter 2: Comprehensive Review of the Literature

A search of academic and gray literature on mutual aid theory and praxis, abortion funds, and abortion fund volunteers was conducted using Emory University's research library catalog, Google Scholar, and RefSeek. Search terms included "abortion fund" and "mutual aid". The search for "abortion fund" conducted with Emory's research library catalog returned 315 articles; the search for "mutual aid" returned 465 articles; the search for "mutual aid" and "abortion" returned nine articles. Additional resources were identified from the reference lists of articles identified in the primary search. Background information on abortion services was extracted from a syllabus developed for the Global Elimination of Maternal Mortality from Abortion Seminar in spring 2022, led by a teaching team composed of Drs. Robert RoCHAT, Antoinette Nguyen, and Subasri Narasimhan for the Rollins School of Public Health at Emory University.

Abortion in the United States

Abortion is a medical procedure to end a pregnancy; abortion procedures fall into two categories: medication abortion, which uses pharmacological drugs, usually mifepristone and misoprostol, to end the pregnancy, and procedural abortion, which uses transcervical procedures to end pregnancy (World Health Organization, 2014). Abortion in the United States is an overwhelmingly safe procedure that carries substantially less risk for the pregnant person than carrying a pregnancy to term; the risk of death from legal abortion is 0.7 per 100,000, compared to the risk of death for childbirth, 8.8 per 100,000 (National Academies of Sciences, Engineering, and Medicine, 2018).

Abortion is common, with nearly one in four U.S. women having an abortion during their reproductive lifetime (Jones, & Jerman, J., 2017). Most women who have abortions in the U.S. are under age 30, unmarried, low-income, and already have at least one child (National Academies of Sciences, Engineering, and Medicine, 2018). Further, women of color comprise

more than half of abortion patients yearly; in 2019, approximately four in ten abortions patients were non-Hispanic Black women (38%), one in five were Hispanic women (21%), and another 7% were women of other racial and ethnic groups; approximately 33% of abortion patients were White women (Ranji et al., 2022). Most abortions occur in the first trimester, with approximately eight out of ten abortions among White (81%) and Hispanic women (82%), and three-quarters of abortions among Black women (76%) occurring by nine weeks of pregnancy (Rang et al., 2022). While legal abortion services are common and safe, significant barriers to abortion services exist in the U.S.

United States abortion policy

U.S. citizens' rights to abortion were protected under the Constitutional doctrine of privacy from the 1973 Supreme Court ruling on *Roe v. Wade* until 2022, when the U.S. Supreme Court reversed precedent and ruled that the Constitution does not confer a right to abortion (*Dobbs v. Jackson Women's Health Organization*). Overturning *Roe v. Wade* led to the immediate passage of abortion restrictions across the country. Laws and policies that restrict access to abortion have limited success in reducing the number of people seeking and receiving abortions; the more direct impacts of these policies are increased financial, emotional, social costs for people who need abortion services, as well as delays in care (Roberts et al., 2019).

One longstanding restriction on abortion funding is The Hyde Amendment, which prevents Medicaid, a federal health insurance for low-income people, from providing funding for abortion services except in the limited confirmed cases of rape, incest, or life endangerment. This policy disproportionately affects lower income people who rely on Medicaid for health insurance and who experience intersecting negative impacts of forced pregnancy related to economic burden and loss of autonomy (Ely et al., 2018). A study of the influence of Medicaid restrictions

on abortion services in Louisiana found that, of women who considered having an abortion, 7.2% did not have the abortion because they could not pay for it using Medicaid (Roberts et al., 2019). The authors project that the estimated abortion rate in Louisiana would increase from 10% to 14% if Medicaid covered abortion services (Roberts et al., 2019).

Minors seeking abortion face additional barriers, including requirements for parental consent, parental notification of at least one parent, and combined notification and consent laws; only two states and the District of Columbia allow minors to fully consent to abortion services (Ely et al., 2018). Barriers are also constructed at the provider level using Targeted Regulation of Abortion Providers (TRAP) laws that use public health regulations to impose standards on abortion providers, such as requiring providers have admitting privileges at hospitals that will refuse to grant them or requiring that clinic hallways measure a specific width (Okeowo., 2019). TRAP laws are not grounded in medical necessity or evidence-based recommendations, primarily serving as an additional logistical barrier to block clinics from providing abortions.

Legal battles over abortion services and regulations may result in fast-paced changes to the status of abortion care (Vásquez, 2022). During the first two years of a study of the impact of the restriction on Medicaid funding of abortion services in Louisiana, the number of abortion clinics in the state dropped from five to three (Roberts et al., 2019). The Post-Roe legal landscape is a disarray, as states, abortion advocates, and anti-abortion advocates vie to codify new legislation protecting or banning abortion services. Some states enacted trigger laws in the years preceding the repeal of *Roe v. Wade* so abortion would become illegal almost immediately after an anticipated Supreme Court ruling. For people seeking abortions, this resulted in immediate changes to the legality of procedures, some of which were just days or weeks away. In the Midwest, for example, abortion services are now banned in Missouri and Indiana; voters

in Kentucky will decide later this year whether to amend the Constitution to declare that there is no right to abortion; and an abortion ban may be a ballot question in Michigan in the coming year (Vásquez, 2022).

Barriers to abortion services are largely constructed based on false claims made by anti-abortion advocates. Opponents of abortion often spread misinformation to frame abortion services as dangerous, making false claims that abortion results in negative mental health outcomes, causes breast cancer, and causes infertility; evidence-based research largely disproves these claims, for example, showing that mental health outcomes are not causally associated with having an abortion (Ely et al., 2018; National Academies of Sciences, Engineering, and Medicine, 2018). Regardless, anti-abortion organizing has a tremendous effect on the stigma associated with abortion services. Stigma felt on a personal, interpersonal, community, and social level creates a barrier to abortion services that denies people access to their social networks that may otherwise be vital to navigating the structural and financial barriers to accessing abortion (Hurtado, 2022).

The patchwork landscape for abortion access, coupled with stigma towards abortion services, creates an environment in which abortion patients require a network of emotional, financial, and tangible support to seek services.

A brief explanation of “Mutual aid”: Theory, praxis, and history

There is a growing movement to include community perspectives in public health research and programming with community-based participatory methods and approaches (Wallerstein et al., 2018). The call for equitable involvement of communities is a response to existing programs, research studies, and evaluations that are created without community input or involvement. If community involvement is neglected, this may lead to the undervalue or

inattention to community assets including strengths, resources, and relationships within communities that can be built upon to improve the health of the community (Israel et al., 2018). As a result, programs and studies may lack cultural and community relevance, rarely emphasizing approaches that may benefit communities, such as "disruptive innovation, equitable transformation, and radical care." (Scott et al., 2020). Mutual aid projects developed by community members may offer such alternatives.

Mutual aid is broadly defined as a practice in which “communities provide support for their neighbors” (Hastings, 2021). The concept of mutual aid began as a classical, anarchist principle, attributed to Peter Kropotkin, where he argued that cooperation was central to the organization of society, and was “as important a factor as competition in the struggle for survival for communities” (Donaghey & Lachowicz, 2021; Kinna, 1995; Wigger, 2016). Anarchist institutions throughout history invoke voluntary cooperation and mutual aid as key organizing principles, defining mutual aid as “altruistic and solidarity practices” comprising efforts to reach common goals and engage in altruistic and solidarity practices aimed at enhancing economic welfare (Wigger, 2016). Mutual aid frameworks describe how these principles are operationalized, through mutual aid organizations and projects, in aim of reaching these goals (Wigger, 2016; Spade, 2020).

Mutual aid projects rely on the integration of political praxis (e.g., personal and community-level actions) to draw “critical connections” between community action, social context, and Political (e.g., government, policy) analyses; this multi-dimensional approach to movement building has resulted in the expansion of concepts of mutual aid beyond its anarchist origins to broader coalitions of people working to meet survival needs within their communities (Donaghey & Lachowicz, 2021). Mutual aid projects emphasize strengths-based approaches in

which communities identify and share their resources to address needs and build power (Lofton et al., 2021). Support may include sharing material resources to address needs, as well as a political component in which community members share critiques of systems that contribute to their unmet and neglected needs (Hastings, 2021). Mutual aid projects may also rely on an assumed reciprocity, in which the organization provides individuals with resources that can serve as a “catalyst for personal stability that can then be reinvested” in that individuals life and in the community (Lofton et al., 2021).

Historic examples of mutual aid

Examples of mutual aid projects are diverse and span a variety of times, contexts, cultures, and needs. Mutual aid projects address needs within communities that are often the result of structural inequities in government and social systems that neglect or exclude the needs of marginalized communities (Lofton et al., 2021). Organizers of the Black women-led mutual aid organization in Houston, BLMHTX, trace their roots with mutual aid back generations to their home state of Louisiana, where Black families provided community assistance to each other to survive and escape sharecropping (Hastings, 2021). Houston-based mutual aid organizer, Harrenson Gorman, describes their organizing in the context of their own Diné (Navajo) culture, noting that:

“[mutual aid] has always been an aspect of indigenous community care and relationality... anybody who was your clan...if they were struggling...it was part of your duty to make sure that they were okay and they were cared for” (Hastings, 2021).

Practices described as “mutual benefit societies” were undertaken by free Black Americans in the late 1700’s to provide their communities with health and life insurance, as well as education and other social services (Hastings, 2021; Horras, 2018). Workers movements of The Industrial Revolution era practiced mutual aid to provide workers with social and economic support in the face of an unresponsive government (Horras, 2018). Community support also has legacies within

transgender organizing, exemplified by the Street Transvestite Action Revolutionaries, founded by Sylvia Rivera and Marsha P. Johnson to house and support LGBTQ+ youth (Hastings, 2021).

At the heart of mutual aid work is the need to build community assets and disrupt systems that aim to take power away from communities (Donaghey & Lachowicz, 2022). A historical success is the Black Panther Party for Self-Defense, which drew from Chinese communist teachings and “the long tradition of African American self-help” to develop their “serve the people” campaign (Horras, 2018; Nelson, 2011). Serve the people programs met community needs to ensure survival, raised awareness of the Party, and showed community members the transformative power of meeting needs by sharing resources and education about the root causes of those needs (Nelson, 2011). The Panther Party's free breakfast program was one of its most successful, expanding to thirty-six programs nationwide at its height in 1971 (Horras, 2018). The success of free breakfast programs threatened the perceived stability and security of institutions the Black Panther Party aimed to disrupt. The FBI described the success of the free breakfast program in communities as “the greatest threat to efforts by authorities to neutralize the [Black Panther Party] and destroy what it stands for” (Horras, 2018).

In practice, mutual aid groups run into numerous barriers which pose hurdles to their work. First, the co-opting of services offered by mutual aid projects by other actors may neutralize the radical and liberatory aims of mutual aid work. For example, the federal government launched a school breakfast program in 1975 in response to the serve the people program, co-opting the work of the radical, community-based program (Horras, 2018). Principles of mutual aid and voluntary cooperation can be “marginalized under capitalism”, which may distort and disrupt their effect by removing the transformative power of meeting community needs while raising awareness of structural inequity (Wigger, 2016).

Horras (2018) also argues that mutual aid can be disrupted by nonprofits with capitalist interests, which reduces the transformative power of projects and social movements. The social services disseminated by nonprofits and government agencies operate models more akin to charity, a departure from tenants of community care and radical solidarity (Taylor & Hendrix, 2019). Institutional services shared without the liberatory aims of community asset development and consciousness raising that are key to mutual aid projects limit the power of mutual aid; these institutions often contribute to the structural gaps in services that mutual aid funds are created to address, and then co-opt those services once aid projects become successful. This process limits movement building by communities.

Second, there are practical limitations of mutual aid projects. These practical limitations may include scarce resources relative to the number of people that need support, for example limited money to support project activities and organizer and volunteer burnout. There may also be logistical issues related to handling money (including whether non-profit status is needed and how taxes may or may not apply to mutual aid organization funds), and whether to subsist on volunteer-only work or to pay some and/or all people doing work for the project (Spade, 2020). These challenges may complicate day-to-day functions of the mutual aid project and may pose a barrier to successful expansion and recruitment of new community members. For example, in my own experience working with a mutual aid fund, we experienced challenges related to handling money and volunteer capacity to meet and honor commitments. This reduced our capacity to train new volunteers, meet community needs, and build the movement within our neighborhood.

Spade's definition of mutual aid

This research will employ the working definition of mutual aid developed by Dean Spade, lawyer, abolitionist organizer, and founder of the Sylvia Rivera Law Project. Developed

through his own experiences organizing social movements based in trans liberation and racial and economic justice Spade (2020) defines mutual aid via organizations as the “collective coordination to meet each other's needs” that most often stems from an “awareness that the systems we have in place are not going to meet them.” Within the definition Spade (2020) describes three key elements of mutual aid organizations:

1. First, mutual aid projects work to meet survival needs and build shared understanding about why people do not have what they need
2. Second, mutual aid projects mobilize people, expand solidarity, and build movements, and
3. Third, mutual aid projects are participatory, solving problems through collective action [by the community] rather than waiting for saviors [defined as those outside of the community system]

These elements are necessary to identify which needs the community needs met, to build capacity and interest to support the project in other community members, and to foster dialog about the connection between these needs, other conditions felt by the community, and the systems in which the community operates. He hypothesizes that mutual aid projects “cultivate a shared analysis of root causes of [problems]” that identifies systems as root causes and helps connect individuals to movements that aim to address these causes (Spade, 2020).

Further, this concept of mutual aid is positioned as liberatory and aspirational. Spade writes that mutual aid work “should enliven us” (Spade, 2020). This operationalization of mutual aid locates individual motivations and experiences within the project, describing how “all parts of our lives are sites of injustice and resistance” (Spade, 2020). Similarly, Spade notes that anger felt by individuals about their experiences and the necessity of mutual aid projects can be a positive for building a shared experience in mutual aid work, helping people feel connected through their shared struggle (Spade, 2020).

Contemporary Mutual Aid Groups in the Face of Disaster

Nevertheless, recent crisis events have shed light on the importance of mutual aid organizations, which meet the needs of communities in crisis, often filling gaps in state-sponsored aid relief. Two recent examples are The Common Ground Collective, founded by Black Panther Malik Rahim after Hurricane Katrina, and the Collective's evolution into the organization Mutual Aid Disaster Relief. These are organizations that provide resources and financial support, for example, serving as street medics, clean-up crews, and legal aid for housing protections in the aftermath of disasters (Hastings, 2021). Mutual aid received increased attention during the COVID-19 pandemic in the United States, when groups were founded to response to increased evictions, food insecurity, and other impacts COVID lockdowns and infection, including unemployment (Donaghey & Lachowicz, 2021; Hastings, 2021; Lofton et al., 2021). One Houston-based mutual aid organizer, Jimmy Dunson, expressed hope at the expansion of mutual aid work in the context of the COVID-19 pandemic.

“Part of recovering from these catastrophic events is being part of a communal recovery, and so that’s what mutual aid it is all about — it’s this participatory horizontal exchange among equals” (Hastings, 2021).

Building community capacity to meet needs in the face of neglect, as well as a shared understanding of the conditions that cause neglect, call back to Spade’s key elements of mutual aid projects. Even more, Dunson’s experience emphasizes the emancipatory potential in mutual aid organizing, as a community recovers together, deepens its understanding of its power, and imagines a better future. While Spade describes “raising funds for abortion for people who cannot afford them” as an act of mutual aid, there is limited documentation on how abortion funding functions as mutual aid project (2020). This research hypothesizes that the motivations and work of abortion funds and their volunteers can be understood through the lens of mutual aid theory and praxis.

Abortion funds

The term abortion fund refers to organizations whose missions are to provide financial assistance and practical support to people seeking abortions, and to conduct and support advocacy to remove barriers to abortion (Ely et al., 2018). In line with Spade's (2020) framework of mutual aid projects, abortion funds are participatory, community-based organizations that mobilize people to build an understanding of the need for abortion services and to help meet people's needs. Abortion funds create solidarity within communities by identifying and meeting the expansive needs of people seeking abortion services (Spade, 2020). For example, abortion funds that offer practical support often fund expenditures such as transportation, housing, childcare, and abortion doulas that people need in addition to funding the procedure (Reale, 2022). Abortion funds primarily serve people of color who are in their 20s, have at least one child, lack full-time employment, lack stable housing, and may not be in stable relationships (Levi & Gorenstein, 2022; Rice et al., 2021). The missions of abortion funds often highlight their expansive duties to support people in their communities (Table 1.)

Table 1.

The mission of select abortion funds in regions of the U.S. represented in the current study

Abortion Fund	Mission
<u>Access Reproductive Care Southeast</u> (GA, MI, FL, SC, AL, TN)	We provide funding and logistical support to ensure Southerners receive safe and compassionate reproductive care including abortion services. Through education and leadership development, we build power in communities of color to abolish stigma and restore dignity and justice.

<u>Yellow Hammer Fund</u> (AL)	Yellowhammer seeks to meet the needs of those living in or traveling to Alabama for reproductive healthcare needs, providing financial and practical support for those who are pregnant and require assistance. The Yellowhammer Fund believes that people who are pregnant are the best positioned to know how they prefer to be supported and endorse the belief that meeting pregnant people where they are in their lives and putting them directly in control of their decisions empowers them, their families and their communities.
<u>Hoosier Abortion Fund</u> (IN)	The Hoosier Abortion Fund exists to help people in Indiana pay for expenses related to getting an abortion. We believe that every person should be able to make the decisions that are right for them, and to access abortion care safely and with dignity. No one should go broke trying to take care of themselves and their family.
<u>Chicago Abortion Fund</u> (IL)	The mission of the Chicago Abortion Fund is to advance reproductive autonomy and justice for everyone by providing financial, logistical, and emotional support to people seeking abortion services and by building collective power and fostering partnerships for political and cultural change.
<u>Justice through Empowerment Network</u> (SD)	The Justice through Empowerment Network (JEN) helps South Dakota patients, not just with funding for their abortion, but also with costs associated with transportation, childcare, lodging, interpreters, medications, food, birth control, and the morning-after pill. If a patient is unable to access care in South Dakota, JEN will help them get to another state. We are acknowledging the reality of our situation and partnering with established abortion funds and advocacy organizations to ensure that patients receive the care they need, regardless of location or income.
<u>Abortion Rights Fund of Western Massachusetts</u> (MA)	The Abortion Rights Fund of Western Massachusetts (ARFWM) is a community-based, all-volunteer organization dedicated to overcoming barriers to abortion access. Every person has a human right to make their own decisions about when, whether, and how to create family. But a right is not a right if you can't afford it. To realize the human right to abortion health care, ARFWM provides financial assistance to people seeking abortions who cannot afford them.
<u>Vermont Access to Reproductive Freedom</u> (VT)	We provide financial assistance to help Vermonters pay for abortion through grassroots fundraising, working to equalize access and promote economic justice.

Reproductive justice as a foundation for abortion funds

Black women developed reproductive justice in 1994 to describe the reproductive health and abortion activism of Black women that aimed to meet the whole needs of Black women's

health by accounting for the impacts of poverty, unequal pay, racism, abuses of policing, and criminal justice systems (Okeowo, 2019). In 1997, sixteen groups comprising African American, Asian-American, Pacific Islander, Latina, and indigenous women joined to form SisterSong, a “national collective advocating for the reproductive and sexual health of women of color,” reframing conversations about reproductive health outside of a white supremacist lens (Okeowo, 2019). SisterSong remains a leader in the reproductive justice movement working regionally (from their headquarters in Atlanta, Georgia) and nationally to secure reproductive and human rights.

Contemporary reproductive justice is grounded in four principles:

1. every person has the right to decide if and when to become pregnant and to determine the conditions under which they will birth;
2. every person has the right to decide they will not become pregnant or have a baby and have options for preventing or ending pregnancy that are accessible, approachable, acceptable, available and accommodating, affordable, and appropriate;
3. individuals have the right to parent children they already have with dignity and with the necessary social supports in safe environments and healthy communities without fear of violence from individuals or the government;
4. individuals have the right to disassociate sex from reproduction and that healthy sexuality and pleasure are essential components to whole and full human life.

(Scott et al., 2020)

Practicing reproductive justice principles, coupled with cultural rigor, requires that Black feminism, reproductive justice, research justice, and participatory data collection practices be used to improve service provision, research, and policy (Hurtado, 2021; Okeowo, 2019; Scott et al., 2020).

Abortion funds guided by reproductive justice principles provide people with practical support in addition to financial assistance for abortion, attempting to address needs that people experience in other facets of their life (Daniel & Cedreic de Leon, 2020). The Chicago Abortion

Fund, for example, sought feedback from prior grantees to understand their needs, resulting in expanded offerings of housing justice, job searches, and professional training for interested callers (Daniel & Cedreic de Leon, 2020). Chicago Abortion Fund volunteers also canvassed neighborhoods to support abortion access legislation and attended conferences on abortion access (Daniel & Cedreic de Leon, 2020). Other funds, such as Northwest Abortion Access Fund (NWAAF) have implemented other supports to ensure that their services are accessible and aligned with reproductive justice practices, such as ensuring that their hotline has bilingual staff and providing an extra source of funding for Spanish speakers; this practice recognizes that non-native English speakers often face an additional barrier to health care (Burbank, 2017).

Abortion funds in Massachusetts also help people get on state health insurance and connect people to hotlines and counseling for sexual health, pregnancy loss, pregnancy counseling, (Reale, 2022). ARC-Southeast has helped homeless women find shelter while waiting for appointments, counselled families with multiple women seeking abortions, connected undocumented women to services, and driven one patient across state lines for a procedure to a state with more liberal laws that extent past Georgia's at-the-time twenty-week abortion restriction, providing housing for the woman in the other state for the procedure as well as childcare (Okeowo, 2019).

With the reversal of *Roe v. Wade*, people seeking abortion services will face additional barriers to care, primarily because of the need to travel, potentially to another state, to obtain an abortion (Makleff et al., 2023). Almost all patients will need significant resources to obtain an abortion, which could include some combination of the flexibility to travel for a few days for the procedure, the ability to pay for travel, lodging, and the procedure, and the loss of money from potential time away from work if their time off is uncompensated (Vásquez, 2022).

Abortion funds have connected patients seeking abortions to service in other states, often states with more liberalized abortion laws, since before *Roe v. Wade* was overturned (Kimport, K., 2022). Ideally, abortion funds could continue to operate this way if abortion was illegal or criminalized in their state by helping people get to an abortion provider out-of-state. Volunteers at the Tampa Bay Abortion fund are building networks with abortion clinics in states where abortion will remain legal and accessible, such as New York; the fund has focused on building their capacity to transport people out of state, which supports access while requiring more volunteer hours and greater costs (Peace, 2022).

However, the combination of increased need for support services and hostile policy and legal landscapes have complicated these efforts. For example, many funds in Texas, a state where anyone known to have assisted someone in having an abortion can be sued for \$10,000, have paused services temporarily while they consult with legal representation on their next steps (Vásquez, 2022). One abortion fund coordinator interviewed in Vasquez (2022) expressed that,

“There is no amount of money that’s going to make it safe for some people to travel because of the realities of their life. These are the people who are not going to be able to get care”.

Volunteering with abortion funds

While scholarship has largely overlooked the work of abortion funds, even less attention has been paid to the staff and volunteers that create and run the funds. Abortion fund volunteers engage in a “hands-on experience” through which they “safeguard and provide someone access to (reproductive rights),” an experience that puts abortion fund volunteers in conversation with work that, in the context of social-level abortion stigma, may be seen as “morally dubious” or “dirty” (Gantt-Shafer, 2020). Abortion funding engages with a “stigmatized political struggle” where staff and volunteers leverage their personal interest in reproductive justice to increase access to abortion and bodily autonomy (Hurtado, 2022).

Abortion fund volunteer roles

Abortion fund volunteers engage in varied roles including case worker, hotline operator, appointment accompaniment, transportation support, and administrative support. Volunteers connect people seeking abortions with available resources and may also help people brainstorm additional avenues for funding. This may include talking through ways to ask other people in the client's network for financial support, regardless of whether the person intends to disclose their pregnancy or plans to get an abortion (Okeowo, 2019). Abortion fund volunteers, particularly those who work on the fund's hotline, may also coordinate logistics across their callers to ensure that people with abortions scheduled sooner can be prioritized for aid (Burbank, 2017). This process may include counseling callers on how to proceed if the abortion fund does not have money available, rescheduling appointments when gestational limits are not an immediate factor, or reaching out to others in the volunteer and the fund's networks to see if there may be other sources of aid available (Burbank, 2017). The documentary [*Abortion helpline, this is Lisa*](#) (2019) provides a resonant example of the work of abortion fund helpline volunteers in Pennsylvania.

Volunteers at the Chicago Abortion Fund (CAF) hotline collectively support around 100 people each week with financial and practical support (Hurtado, 2022). This tangible support is supplemented by the emotional support volunteers offer to callers. Callers reaching out to abortion funds have often exhausted most resources at their disposal before seeking additional assistance to fund their abortion; as a result, callers may need someone to speak with about their experiences, including feelings of isolation and stigma, uncertainty around navigating a complex system, fear about their situation, and concerns about their decision to have an abortion (Burbank, 2017; Hurtado, 2022). Case managers at CAF report maintaining contact with callers throughout the process of gathering funds until the caller has their abortion, in some cases a commitment that can extend months after the procedure (Hurtado, 2022).

Abortion fund volunteers may also help callers navigate a social and political landscape in their communities that is hostile towards abortion; this landscape reduces a caller's resources and social support while seeking abortion care (Hurtado, 2022). Case managers at CAF described how integral it is to their work that callers are seen as whole people with a spectrum of needs. Case managers help callers navigate systemic failures, beyond both the case manager and caller's control, as they attempt to access abortion services (Hurtado, 2022). One past abortion fund client, Naomi, received transportation support from ARC-Southeast founder and former staff person Oriaku Njoku and described the impact of that practical support. Njoku drove Naomi to her appointment with Njoku's dog in the passenger seat. Naomi recalled that... "I didn't have nobody there with me, and just in the moment of time being in that car with [Njoku]—that really meant a lot" (Okeowo, 2019). Abortion fund volunteers providing practical support such as transportation may also provide social and emotional support for patients through the simple act of accompaniment.

Gaps in understanding of abortion fund volunteer motivations

While some of the services abortion fund volunteers provide are documented, the motivations and beliefs of abortion fund volunteers are less known. Insight into the motivations and experiences of abortion fund volunteers may be informed by related research on the experiences of abortion providers and clinic staff, or from the limited qualitative data available that describes the experiences of abortion fund staff. However, there are limitations to the transferability of these experiences to other volunteers who may work in different roles and different political and social contexts.

Abortion fund volunteers may share motivations with abortion clinic workers. A qualitative study of the experiences of workers in a deep South abortion clinic found that almost

all staff sought employment at the clinic to helping women lead the lives they wanted and exert control over their reproductive health (Wolkomir & Powers, 2007). Abortion fund volunteers may also be motivated to volunteer by their own experiences with abortion services and abortion funds. For example, case managers with CAF recalled their ability to understand the process of having an abortion “both in terms of having life-saving impacts, and in being exposed to bad-faith actors or other barriers” while seeking their own abortion services (Hurtado, 2022).

Volunteers who share their abortion stories may also provide support and relief to callers who feel understood and who gain a resource to ask questions about the volunteer’s own experience (Hurtado, 2022). Mostiller, a leadership development director with the National Network of Abortion Funds (NNAF), began volunteering with the CAF after receiving financial support for her own abortion; Mostiller described her interactions with the volunteer from the CAF: “I felt really held on that call and seen in a way that I had never ever felt. It gave me hope. [Things were] rough, and they were like this light” (Levi & Gorenstein, 2022).

Abortion fund volunteers may have knowledge and experiences not well understood or explored outside of volunteer circles that could add tremendous value of the understanding of the strategies and capacity needed to support mutual aid projects, like abortion funds, that are founded and led by communities. In Spade’s discussion of the limitations of mutual aid work, he describes how individuals (as well as organizations) can avoid burnout and make their contributions sustainable. Case managers at the CAF describe feeling and sharing the hurt their callers feel, caused both by the experiences of the caller and the larger systemic harms that restrict caller’s reproductive autonomy (Hurtado, 2022). In this context, as well as the larger, hostile environment towards abortion services in the US, little is known about strategies or approaches used by abortion fund volunteers, as individuals or groups, to support the vital work

of caring for one another and sustaining the work of their projects. For example, there may be examples of volunteers managing the emotions of other volunteers or donors not greatly explored in the existing literature that contributes to community-building for abortion funds (Gantt-Shafer, 2020).

In addition, little is known about how motivations and experiences may differ based on volunteer role. The limited qualitative data that explores the experiences of abortion fund volunteers focuses on case managers and hotline workers. While other volunteers who provide practical support such as transportation may contribute to literature on the work of abortion funds, little is asked or documented about their own perceptions of their role as a volunteer and how that role fits into the abortion funding community. Volunteers may also have thoughts on how the work of abortion funds overall could be expanded, to “move upstream” and address other structural causes of barriers to abortion services (Burbank, 2017).

More information about the experiences of all abortion fund volunteers is needed post-Roe. Alison Drieth, director of strategic partnerships at Midwest Access Coalition, shared that the weeks since Roe was overturned were “brutal” resulting in limited news intake, as well as a new anxiety medication for the director (Vásquez, 2019). One Carolina Abortion Fund board member noted that an increased need for volunteers coupled with increased interest also poses challenges for funds and their existing staff and volunteers; the process of vetting and training volunteers requires an investment that comes at a time when caller volume is up and needs change rapidly (Vásquez, 2019). Erin Smith, Executive Director of the Kentucky Health Justice Network, described how volunteers must now provide clarity to callers who may be unsure of their options for both abortion services and abortion fund support in the context of a changing legal landscape (Levi & Gorenstein, 2022).

Given the vital role abortion funds play in protecting access to abortion in a post-Roe landscape, it is important to understand what motivates people to volunteer with abortion funds, the social and policy context in which they volunteer, and the liberatory aims of their volunteer work. The motivations and experiences of abortion fund volunteers can be explored using a mutual aid organizing framework. This analysis may provide insight into how abortion funds create sustainable networks of mobilized volunteers that protect access to abortion.

Chapter 3: Project Content

Study methods

To explore the motivations of abortion fund volunteers in the Northeast, Southeast, and Midwestern United States, I conducted cross-sectional qualitative semi-structured in-depth interviews with current abortion fund volunteers.

Population and sample

The population of interest for this research was current and former abortion fund volunteers who had been volunteers for at least three months.

Rationale for population of interest: The study's aims were to understand what motivates people to volunteer with abortion funds. The study purpose was to apply mutual aid organizing frameworks to the experiences of abortion fund volunteers. I hypothesized that conditions that create the need for community-based abortion funding would be identified by abortion fund volunteers as motivational factors. Abortion access varies by state and region in the U.S., and volunteers from different regions may have unique motivations based on their location. To account for this variation, it was important to seek perspectives of abortion fund volunteers in different geographic regions of the U.S., which also represent different state-level legal landscapes to abortion access. The study also prioritized interviewing volunteers with at least three months of volunteer experience so participants would have enough familiarity with their role and the work of the abortion fund to be better equipped to answer interview questions.

Participant recruitment: For this research, I defined three eligible geographic regions by adapting the U.S. Census Bureau and U.S. Geological survey regional definitions (see Table 2) (Bureau, n.d.; (*Southeast Region* / *U.S. Geological Survey*, n.d.)). Participants were recruited using purposive sampling methods to ensure equal proportional representation of participants across the three regions.

Table 2

Eligible geographic regions for study participants

Region	Eligible states
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont
Southeast	Alabama, Florida, Georgia, Arkansas, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee

Using a list of abortion funds available on the National Network of Abortion Funds' website, I compiled a list of eligible abortion funds by region (*How to Find, Contact, and Donate to Your Local Abortion Fund*, n.d.). I checked fund websites for general information and/or volunteer information emails, or to locate general inquiry request submissions embedded in fund websites. I sent abortion funds a recruitment letter that described the study purpose and asked the fund to share the letter and/or a recruitment flyer for the study with their volunteers. Volunteers were able to express interest in participating in the study by emailing myself directly, or by filling out an electronic interest form with their contact information.

Eligibility criteria: Volunteers were eligible to participate if they (1) were a current and/or past abortion fund volunteer, (2) volunteered for a minimum of three months, (3) were 18 years or older, and (4) currently resided in a state in the Northeast, Midwest, or Southeast.

Ethical considerations

All portions of the study, including the recruitment, consent, and data collection materials, were reviewed by Emory University's Institutional Review Board (IRB). The study received IRB exemption (STUDY00005181).

Informed consent: Prior to the start of each interview, participants provided oral consent. I read through the consent form, answered any participant questions, and provided participants

with Emory IRB's contact information via the Zoom chat. Participants provided verbal consent to participate in the study. At the start of the interview, participants gave verbal consent for the interview to be recorded.

Study procedures: In January and February 2023, I completed fifteen in-depth interviews with abortion fund volunteers living in the Northeast (n=5), Midwest (n=6), and Southeast (n=4).

Data collection instruments: I developed an in-depth interview guide to collect qualitative data on abortion fund volunteer motivations and experiences. Interview questions were developed from key themes in the academic and gray literature on abortion fund volunteer experiences, as well as the literature on mutual aid projects. The interviews intended to explore a variety of topics related to volunteering, including volunteer roles, relationships with other volunteers, the personal and emotional impact of volunteering, and volunteer sustainability. Participants were asked the same set of questions, with additional probes from the interviewer applied throughout the course of the interview to explore specific experiences and perspectives that participants shared.

Settings: Interviews lasted for approximately one hour and were conducted using video conference on Zoom. All participant interviews were recorded.

Data management & analysis: I assigned study participants a unique study ID to link participants to their data while ensuring that data collected, such as interview recordings and transcripts, remained anonymous. Participant study IDs and names were stored separate from the data on Emory's OneDrive. Recordings were transcribed using Happy Scribe™, an automatic transcription service (*Happy Scribe Audio Transcription Services*, n.d.). I reviewed each transcript while listening to the interview recording and edited the transcript to revise the

language as needed. Then, participant transcripts were de-identified to remove participant names, the names of other volunteers, the names of abortion funds, and other identifying information such as the state in which the volunteer worked or local organizations with which an abortion fund partnered. Recordings and transcripts were saved on Emory's OneDrive for data security. Recordings were deleted when data analysis concluded.

Analysis was conducted using MAXQDA 2022 (VERBI Software, 2021) qualitative data analysis software. First, I developed a conceptual model of abortion fund volunteer motivations based on Spade's (2020) three key elements of mutual aid organizations,

4. First, mutual aid projects work to meet survival needs and build shared understanding about why people do not have what they need
5. Second, mutual aid projects mobilize people, expand solidarity, and build movements, and
6. Third, mutual aid projects are participatory, solving problems through collective action [by the community] rather than waiting for saviors [defined as those outside of the community system]

I developed an initial set of codes based on the conceptual model. Then, I wrote memos for a subset of transcripts to identify common themes that appeared in the transcripts. Additional codes were inductively developed based on the content of the memos. Dr. Narasimhan and I finalized a draft codebook and then double-coded a set of transcripts to confirm alignment between the coders and the clarity of the code definitions. We met to talk through the codes and to agree upon a final set of codes and definitions. Finally, I conducted line by line coding with the remaining interviews. Data analysis focused on the application of participant experiences to the conceptual model, using the thematic codes with the most segments across all fifteen transcripts: Impact of volunteering (n=105), community (n=132), motivation (n=69), and volunteer role (n=64).

Methodological limitations

There were two primary methodological limitations to the study. First, participant interviews were conducted using video conference on Zoom. This method was chosen given the geographic distribution of participants and the lack of resources to travel to different regions of the U.S. to conduct interviews in person. However, it is best practice to conduct in-depth interviews in person for building rapport with interview participants (Bailey et al., 2020). The use of video on the call, as well as an interview introduction and warm-up questions, helped address this limitation.

Second, I did not pilot test the in-depth interview guide before collecting data. Formative empirical research about abortion funds and their volunteers is limited. The study would have benefited from piloting the guide with participants from different regions who held different volunteer roles to confirm the questions captured diverse volunteer contexts. I attempted to account for this limitation by actively probing throughout participant interviews to capture unique experiences of participants from different regions or who held different volunteer roles. Four participants shared feedback at the close of the interview that they enjoyed the questions or found them helpful. No participants expressed concerns about the appropriateness of interview questions.

Results

Volunteer role

Participant characteristics are described in Table 3. The mean age of participants (n=15) was 44 years. Most participants were women (n=12, 80%), with the remaining identifying as Genderqueer or Non-binary (n=3, 20%). Most were White identifying (n=13, 87%) with the remaining identifying as Asian Pacific Islander (n=1, 6%), or Black (n=1, 6%). Volunteers held a mix of roles, including working directly with abortion fund callers (n=4, 26.6%), holding

administrative positions (n=4, 26.6%), and contributing to one or more committees within the fund (n=7, 47.6%). 67% (n=10) of participants began volunteering within the last two years.

Table 3

Demographics of Interview Participants

Participant characteristics	<i>n</i>	%
Volunteer region		
Midwest	6	40
Northeast	5	33
Southeast	4	27
Age		
20-30	7	47
31-40	4	27
41 and above	4	27
Race and ethnicity		
Asian Pacific Islander	1	7
Black	1	7
White	13	87
Gender		
Genderqueer, Non-binary	3	20
Woman	12	80
Primary volunteer role		
Caller/client facing	4	27
Administrative	4	27
Committee member	7	47
Length of time volunteering		
1 year or less	7	47
1-2 years	3	20
2-3 years	2	13
3+ years	3	20

Participants held a variety of roles at abortion funds. Some volunteers worked in intake, where their primary responsibility was to field funding requests made through phone calls and email. Intake volunteers discussed how much of the caller's request could be met and connected the caller to practical support available through other organizations for lodging, transportation, and childcare as needed. For volunteers with funds that provided direct support, this role

included paying for these services directly or by providing practical support, such as driving callers to appointments. Volunteers also described staffing and attending events with the fund where they aimed to raise awareness for their work, recruit new volunteers, network, and fundraise.

Volunteers also held specific administrative roles such as donor management, treasurer, or social media manager. Other volunteers provided ad hoc support for administrative functions such as prospective volunteer screening and grant writing. Volunteers also served on committees within their funds, including committees that focused on anti-racism, event planning, fundraising and finance, legislative and policy updates, and governance of the fund.

Two participants were paid part-time for components of their work with the abortion fund. These participants volunteered prior to being paid and continued to volunteer with the fund in addition to the work for which they were paid.

Motivations for volunteering with an abortion fund

Motivating factors were based on diverse experiences: Participants described the experiences that prompted them to sign up to volunteer with an abortion fund. Many participants worked in reproductive health, including participants who had past or present experience working in abortion clinics, as well as one who was a birth doula. Seven participants, including every participant interviewed from the Southeast, had previously worked or volunteered with Planned Parenthood. One participant from the Southeast with a long practical support volunteer history was employed full-time in an unrelated field and described how volunteering connected her to her prior aspirations of working in abortion access.

“So [volunteering] probably just feeds the part of me that really wanted to do it as a [full-time] job, but I get to do it for fun. And it's weird to say for fun, but it is to me, it's fun. It's fun and it's important.” (Southeast, caller/client facing role, 3+ years)

Participants also described their involvement with other progressive movements, such as labor unions, local electoral politics, mutual aid projects, and community organizing as something that drew them to the type of work being conducted by abortion funds.

Many participants discussed how personal events and experiences motivated them to volunteer. About one third of participants shared that their own experiences with abortion and pregnancy loss, or those of a family member, contributed to their interest in volunteering with an abortion fund. These participants empathized with callers' challenges in obtaining funds for an abortion, and with the emotional challenge of feeling like you don't have control over your body; participants expressed an interest in offering the type of support that they needed and wanted in similar situations. A participant from the Midwest who volunteered in intake described how her own abortion experience and the continued stigma associated with abortion care are motivating factors in her volunteer work.

“If I'm going to find somewhere to volunteer, it's going to likely be related to reproductive health and my own personal experience having an abortion. I'm frustrated that it's still stigmatized. And so anything I can do to help people who are currently going through their abortion journey, if I can provide a compassionate, nonjudgmental voice, that seemed really appealing to me. So when somebody had suggested that I get involved this in work, it just felt like an incredibly rewarding experience that I could help someone's journey be a little bit easier than mine was.” (Midwest, administrative role, 1 year).

Another participant volunteering on a fund committee in the Midwest echoed this sentiment, noting that she was motivated to volunteer after observing how a local abortion fund was able to support patients at the abortion clinic where she worked, noting that she “saw the amazing work that [the abortion fund] does and [how the fund] increased access for so many of our patients.”.

Participants also described how people within their communities and networks motivated them to volunteer. One participant from the Northeast who volunteered on intake noted that her

family's long-time involvement in the reproductive rights movement was a key motivating factor for volunteering. Another participant from the Midwest who volunteered on several fund committees described having a "loving relationship with abortion volunteers and abortion workers" in the years preceding the beginning of their work with the fund. Three participants received referrals to volunteer positions through their professional networks, based on the focus of their job or prior volunteer commitments. Three additional participants received referrals to funds through college classes. One participant founded an abortion fund with peers who ran a local health equity organization.

Most volunteers also described political events, such as elections or changes to the Constitutional protection for abortion, as a primary motivating factor that mobilized them to volunteer with an abortion fund. Eight respondents began volunteering after the *Dobbs v. Jackson Whole Women's Health* Supreme Court decision. Two longer-term volunteers cited the 2016 election as a catalyst for their interest in volunteering with an abortion fund. One participant from the Midwest described how the results of 2016 U.S. presidential election, when Donald Trump was elected to office, made her reconsider her understanding of reproductive justice issues and prompted her to seek out volunteer opportunities.

"I would say, it was like looking for a way to channel rage and really a much too late, in my opinion, realization about the problems and issues, especially in the reproductive justice area. And I was like, what can I do?" (Midwest, administrative role, 3+ years)

Other participants shared similar feelings of heightened recognition of threats to abortion access, as well as the need to act, after a major community or political event. This included one participant whose Southeastern community mobilized to create an abortion fund after the closure of the region's only abortion clinic, and another participant who began their work in the

reproductive justice movement while living in the South and observing the urgency around reproductive justice organizing in a restrictive abortion access context.

Volunteer goals focused on grassroots, direct action: Participants described various goals and aims at the outset of their volunteer work. A common theme in these reflections was the desire to provide direct help to people who were seeking funding for abortion services. Participants identified abortion funds as organizations where they could engage with work they collectively described as: grassroots, practical, material, tangible, concrete, direct, meaningful, and born out of necessity. These themes were salient in participant descriptions of motivations in each region, including participant perceptions of the type of work they hoped to do and the perceived benefit of that work to the community. One participant from the Southeast who volunteered in an administrative role described their interest in providing urgent assistance to people in a time of need.

“100% of our individual donations go directly into a patient's pocket because we get a lot of grant funding for our operational costs. I lived in [this state] and I wanted a place where I could donate and make sure that money was going to someone who really needed it to get this done.” (Southeast, administrative role, 3+ years)

A participant from the Northeast who volunteered with a fund committee shared how their perception of the benefit of direct action motivated them to volunteer.

“I just felt like [volunteering with an abortion fund was] something that was like, a really concrete, meaningful thing that I could do.” (Northeast, committee member, 3+ years)

Another participant from the Midwest who volunteered in an administrative role described how the local, tangible impact of funding abortion drew them to abortion funds.

“I was looking for an outlet for rage and the ability to, the fact that it was very local and just doing very direct work of raising money to give to women, people, so they can have abortions. Just, it was appealing to me that, just, concreteness of that.” (Midwest, administrative role, 3+ years)

About one third of participants recalled wanting to find a place to volunteer where the volunteer community shared their values. Some participants referenced moving to a new place as a motivator for volunteering due to their interest in finding a community to belong to in their new region or state. One participant from the Northeast described searching for a community of likeminded people who could lend support after the Dobbs decision was leaked ahead of the official SCOTUS ruling.

“I'm newer to the area I live in...and so it was a sense of, this organization feels a place where I could probably meet other women who share my values, share my beliefs, also, and I just found, the day of Dobbs, it's like, I want to be with other women to talk about this. So partly it was like, just really meeting that need, yeah, so community.” (Northeast, committee member, 1 year or less)

Participants also described aims related to community education and awareness. One participant from the Midwest who volunteered on fund committees shared the goal of raising awareness about abortion and abortion funds within her community as a mechanism to reduce abortion stigma. Other participants described an interest in providing education to their communities about abortion access.

Some participants expressed volunteer goals related to finding ways to meet people's needs outside of existing health care and government systems that prevent people from accessing abortion. A participant from the Midwest discussed their perception of the role of abortion funds in creating alternate, community-run networks to fund abortions in face of state and governmental restrictions on abortion.

“Providing community care and community support and not like relying on the state and the government and people that we elect to do things for us and actually just like doing it for ourselves and like building infrastructure outside of what exists to like support people around us. And I feel like abortion funds just do such a good job of really embodying that and being really creative around how can we give people funding.” (Midwest, caller/client facing role, 1 year or less)

These participants wanted to volunteer with abortion funds because of their grassroots approach to community care which acknowledged the limitations of operating within traditional systems or with traditional volunteer approaches. Instead, participants prioritized working around or outside of existing governmental, policy, and health care systems to better meet the expansive needs of people seeking abortions.

Motivations by participant region

Many participants reported similar motivations based on the region of the United States in which volunteers currently lived. In the Southeast, all four participants worked at or volunteered with a Planned Parenthood affiliate in the past. Two participants described long volunteer histories in the reproductive rights space, one of whom founded an abortion fund. All four participants discussed personal connections to abortion access, either through their own abortion experience or the abortion experience of a family member or friend.

In the Northeast, three participants reported prior experience volunteering in reproductive rights and reproductive justice, with one volunteer having volunteered with an abortion fund prior, in a different state. Three participants discussed hoping to find a community of people to belong to through their volunteer work. Two participants cited the Dobbs decision as a motivating factor for signing up to volunteer with an abortion fund. One participant also described being motivated by her own abortion experience.

In the Midwest, participants discussed a variety of past volunteer and work experiences that motivated them to volunteer with an abortion fund. Two participants worked in the reproductive health field. Three participants reported experience with progressive organizing and volunteer work. One participant volunteered with an abortion fund in a different state in the past. Two participants described their own reproductive health experiences with abortion and

pregnancy loss as motivational factors. Two participants listed motivations related to providing community care and aid to people seeking abortions.

Community as defined and experienced by abortion fund volunteers

As discussed in the context of participant motivations, volunteers sought out a community of “likeminded” people who worked collectively to support abortion access and shared their values. Participants connected with abortion funds based on the recommendations of family, friends, and colleagues. Participants contacted funds after moving to new places, hoping that funds would be a space where they could process policy and legislative updates with a supportive community.

Volunteers value and prioritize community building: Participants discussed their relationship with other volunteers within the fund. Many participants described positive, enriching relationships with other volunteers. One participant from the Southeast who volunteered with several committees described how fellow volunteers create a supportive, non-hierarchical environment within the fund.

“It also feels really nice, just to talk to likeminded people without getting nervous that you're going to say the wrong thing or set someone off or anything like that. I feel sometimes, even in the best of organizations...people can let things get to their heads sometimes or maybe be a little bit standoffish because they have more experience or things like that...I don't really feel that way with [abortion fund in the Southeast]. I just feel like everyone is just kind of there for the same reason and there's no like hierarchy.” (Southeast, committee member, 1 year or less).

Another participant from the Northeast who volunteered on a committee spoke to the participatory nature of the fund with which she volunteered, noting that shared values amongst volunteers helps create a cohesive volunteer environment.

“I feel like the community part is really important too...I really genuinely like everybody there. I feel like it's one of the few organizations I'm involved with where it doesn't feel like there's that layer of like, the administration and like the bureaucracy is out of touch...it feels very much like everybody is working together towards the same goal and

the way that like...we're all on the same page, like values wise and like approach wise” (Northeast, committee member, 3+ years).

Participants shared that their peers were supportive, passionate, open, and had a respect for humanity that helped participants sustain their work. For example, one participant from the Midwest described how volunteers helped each other share the emotional burden of volunteering in the abortion access movement. Other participants described how much they valued the ability to learn from other volunteers about topics related to abortion access within their state, transgender inclusion within reproductive justice organizing, and solidarity issues such as food insecurity.

Many participants reflected on the impact of the COVID-19 pandemic on the sense of community within the fund, noting that while meeting virtually allows the fund to stay connected and to build a broader volunteer base, volunteers shared an interest in creating more opportunities to meet and connect in person, and to engage in community building activities. Barriers to community and relationship building included limited interactions with volunteers outside of one’s role (for example, only meeting with other intake volunteers), a lack of physical space for the fund where volunteers might see each other regularly, as well as limited bandwidth amongst volunteers and staff to intentionally create opportunities for community building. Some participants noted that all-volunteer funds, where most volunteers work full-time or multiple part-time jobs on top of their volunteer commitment, are challenged to find time to create community-building opportunities.

Accounting for the challenges abortion funds face to create community in primarily virtual environments, with often over-burdened volunteers, participants saw a clear benefit of engaging with their volunteer community. Participants described other volunteers as people who “care about you and your life,” who provide support in times of crisis, and who are interested in

taking care of one another. One participant from the Midwest summarized the supportive relationship between volunteers, noting that “you just...you know somebody else is there.”

Community context of abortion funds

Participants described the networks their abortion fund belongs to, the relationships the fund builds with other abortion funds, and other causes within their community with which they have solidarity. Participants also identified dynamics that existed within the community like the impact of social, cultural, and political realities within states and regions.

Networks of abortion funds increase reach and impact: Most participants shared that their abortion fund has a relationship with other abortion fund(s) in the same state or in neighboring states. Participants noted that the National Network of Abortion Funds (NNAF) helps make connections between staff and volunteers at different funds. Funds establish relationships with one another to help fulfill caller needs that their fund may not have the capacity to meet. One volunteer from the Midwest described the process of building networks and sharing resources with other abortion funds in their region.

“We have just like community building phone calls where we're sharing information with other Midwestern states. We're making sure sort of like we know what's going on logistically and politically in their states and vice versa. They know what's happening here and sort of what needs might be coming down the pike. [In] the last six to nine months or so, we've had conversations around...solidifying that type of support and actually...doing like, block grants. So money that...we fundraise it [and] then we block grant it to another community organization like [another abortion fund in the Midwest] that's doing practical support, so that they can use that money to help [people] with...other pieces of the puzzle that might prevent abortion access. And then we as the abortion fund can just still strictly focus on covering the clinic bills since we don't have the capacity to do it all.” (Midwest, administrative role, 1 year or less).

Participants described how funds within the same state may also network to pool and share resources and to best serve people in all regions of states. Participants worked collaboratively with other abortion funds to meet caller needs and to coordinate responses across regions.

Community solidarity within regions

Participants discussed how their abortion fund supports and uplifts the work of other community organizations. Participants in all three regions noted that their fund has connections with local Planned Parenthood clinics and independent abortion clinics.

Participants from the Northeast described connections with local colleges and university communities and a local socialist organizing group through individual volunteers, as well as connections with a youth-led feminist organization, a voter mobilization group, state chapters of national advocacy groups such as NARAL, and local politicians and government working groups through local advocacy, policy, and protest movements.

Participants in the Midwest described connections with local mutual aid organizations, state-based abortion advocacy groups, a doula collective, religious leaders, an LGBTQ+ non-profit, an Indigenous-led non-profit, a racial justice organization, an addiction support organization, an organization supporting unhoused people, and a law firm from which an abortion fund receives pro-bono legal advice. In an environment where discussing abortion is taboo, a volunteer from the Midwest who served on a committee described the impact of learning about the community of people that support the fund through her volunteer work.

“People are good...I think that the fund brings out the best in people...before I was part of the fund...it's kind of defeating to be in [this state] sometimes because of our political climate. And so it was really cool to see, like, other people out there in [this state] are supportive of the same cause and want to step up and want to help. And that's the most important thing I've learned, is to remember that and not just assume everybody has a mindset because of where they are, where they live.” (Midwest, committee member, 1-2 years).

Participants in the Southeast described connections with a health equity organization, a local community fridge network, a local chapter of a national racial justice organization, and events such as Pride or food festivals. One participant described their perception of barriers to

building community in their region, noting that when people have limited interaction with their neighbors and their local community, it can be hard to create a strong, local network of community support.

Impact of volunteering on abortion fund volunteers

Volunteer work encourages continued learning: Participants described learning through their work and from their community as a key impact of their volunteer experience. Participants noted that they learned from interacting with other volunteers, interacting with abortion fund callers, and from monitoring the changing social and political landscape of abortion access where they lived. Participants from all regions reflected on how volunteering helped them clarify personal values related to abortion access, the language with which they described the movement (i.e., moving from pro-choice to pro-abortion), gender inclusivity within the reproductive justice movement, and definitions of reproductive freedom.

Participants also discussed building a deeper understanding of the barriers faced by people seeking abortion in their states. This included learning more about the specific challenges for participants whose identities are marginalized, such as undocumented abortion fund callers. Participants from the Midwest and the Southeast described learning about provider shortages in their states and challenges related to keeping abortion clinics open. Many participants attributed this heightened understanding of threats to abortion access to the nature of direct action. One participant from the Northeast who volunteered in intake described how participating in direct action with the fund shaped her understanding of barriers and solutions to improving abortion access.

“Direct action is like, you understand the issue so much more. And so I just, I want folks to volunteer and get involved with abortion funds so they really understand the barriers that exist for folks...but then also understanding like...because no one is coming to save us, so we have to save each other.” (Northeast, caller/client facing role, 1-2 years)

Some participants discussed learning about unique organizational barriers facing abortion funds.

One participant from the Midwest who participated in fund committees described learning about the number of businesses within the community who monetarily supported the fund; however, the participant learned this as a volunteer because the businesses do not share their support publicly due to abortion stigma in their state. A participant from the Southeast who founded an abortion fund noted that “things can be bleak in hostile environments” that are not viewed as promising by external funders; the participant’s fund experienced challenges when seeking funding from national organizations or foundations because conditions in the state are perceived as unwinnable.

Emotional impact of funding abortion: Participants described the personal and emotional impacts of volunteering with an abortion fund. A participant from the Southeast who volunteered in administrative roles summarized the complexity of the emotional impact of working in the abortion funding space.

“I really do have a really strong community and that comes along with [volunteering], too. [This work] brings a lot of stress into my life, but it also brings a lot of joy and rejuvenation. It kills me, but it also heals me sort of like...I really do have a good support system.” (Southeast, administrative role, 3+ years)

Most participants noted that they loved their volunteer work and found it to be positive and inspiring. A participant from the Southeast shared that volunteering was “emotionally rewarding,” and a participant from the Northeast shared that it made her “a better human” for having been involved.

Participants also referenced the impact of volunteering on their ability to process challenging experiences and events, such as the passage of legislation that restricts abortion and bodily autonomy of persons. One participant from the Midwest who served on a committee summarized this emotional dynamic present in their volunteer work.

“Understanding myself as a person who is healing from my own trauma...because a lot of the pushback, especially in [this state], feels very personal at times and hateful. So, understanding that when I'm feeling like, tense in my body and so angry that it carries out into other areas of my life, just recognizing that.” (Midwest, committee member, 1 year or less).

A participant from the Midwest noted that volunteering was an outlet that made her think “there’s still hope” about the state of abortion access, while another participant from the Southeast described how volunteering made her “feel like I’m doing something to get us out of this hellhole.” Some participants noted that volunteering itself helped sustain their volunteer work through challenging times. One participant from the Midwest described this restorative effect of volunteering with an abortion fund.

“The emotional impact of volunteering for me has been very positive, and so I just kind of enjoy it and revel in it a little bit. [It] really fills my cup to be a part of that, so I don't really have to do much to, like, there's no coping or anything I need to do.” (Midwest, committee member, 1-2 years).

Other participants described managing the challenging impact of volunteering in environments that are hostile towards people who work or volunteer in abortion access by practicing self-care techniques, seeing a therapist, and turning to their support networks.

Future priorities for funding abortion: Participants also reflected on priorities for their continued volunteer work. Related to the client experience, one volunteer in the Northeast who worked in caller intake noted that “everything the fund does should be in service of making things as easy as possible for the caller.” A participant from the Midwest emphasized her growing understanding of how important a few hundred dollars can be for callers, and how that

has motivated her to be more ambitious and vocal in asking people and organizations to donate to the fund.

“The difference that a couple hundred bucks can make. I have such a different mindset about money now. A couple of hundred dollars doesn't mean as much to me as it did when I had my abortion. And the simple thing that we can do, I go out and tackle people for money all the time now for abortion care. That is my role now, is to raise a shitload of money so that we can make this difference.” (Midwest, administrative role, 1 year or less).

Participants also discussed volunteer priorities related to the broader reproductive justice movement. One participant from the Midwest raised considerations for how to best bring people into the movement, with an emphasis on volunteers learning more about the history of reproductive justice. A participant from the Southeast discussed prioritizing work that cares for and protects the community as social and policy environments continue to be hostile towards abortion access.

“We have to just take care of each other. We have to create the networks to take care of each other because it's not being done for us, especially a state like [this state]. I really, as maybe as cynical as this sounds, but the needle is not moving as far as policy and legislation and it's all standing for years to come. And so we just have to figure out ways to take care of each other within it.” (Southeast, administrative role, 3+ years).

Several participants from the Northeast discussed prioritizing anti-racism initiatives within their funds to better reach people of color within the community the fund serves. One participant who volunteered with a committee focused on addressing white supremacy culture within the fund described the importance of anti-racism work.

“I felt very strongly that we should, that we need to be pushing ourselves further as a mainly white organization and as white folks and push our organization to really take on anti-racism, and especially because we're working to lead from a more reproductive justice lens, which all of this ties into how we get to reproductive justice (Northeast, committee member, 3+ years)”

A participant from the Southeast summarized their long-term aspirations for funding abortion by noting that the ultimate goal of this work is to dismantle the systems that threaten abortion access and make abortion funds necessary.

Chapter 4: Discussion, Recommendations, and Conclusion

Discussion

Volunteers played a key role in the abortion funding movement. By exploring the abortion fund volunteer motivations, and subsequent volunteer experiences, this study developed an understanding of how abortion funds function as mutual aid projects. We adapted Spade's (2020) framework of mutual aid to demonstrate that abortion funds are mutual aid projects. Volunteer experiences were analyzed using the tenants that first, abortion funds are mutual aid projects that help people access abortion services and build shared understanding about why abortion access is threatened. Additionally, abortion funds mobilize people, expand solidarity, and build movements. Finally, abortion funds are participatory spaces where volunteers protect abortion access through direct, collective action, rather than waiting for saviors [defined as state and federal governments, policy organizations, volunteer organizations that do not engage in direct action].

Volunteers learn about threats to abortion access through personal and professional experiences.

Mutual aid projects help people meet survival needs. In the landscape of limited abortion access and personal funding as a barrier to abortion, access to abortion can be viewed as the survival need. Abortion funds that protect access to abortion provide funds for abortion services, as well as other resources necessary to ensure access, such as transportation, lodging, and childcare for callers (Reale, 2022). Many people in the U.S. live in states where access to abortion is restricted and the degree to which people encounter barriers to abortion services varies substantially by location (*An Overview of Abortion Laws*, 2023). Abortion fund volunteers described their understanding of threats to abortion access through their personal experiences with abortion and reproductive health. Taken together, these experiences motivated study participants to seek out volunteer opportunities with abortion funds.

Participants shared that they were motivated to volunteer with abortion funds because of their own experiences with abortion and pregnancy loss. While no participant in this study reported utilizing an abortion fund for their own procedure, participants expressed empathy for callers based on their own experiences seeking funding for abortion, experiencing abortion stigma, and grappling with a feeling of loss of bodily autonomy. Volunteers were motivated to make abortion fund callers' experience better than their own abortion experience. This finding aligns with a study of abortion fund case managers, where case managers who had abortions described wishing they had known to reach out to an abortion fund for support when they had their own procedure (Hurtado, 2020). This motivation is also validated by the experiences of abortion fund staff who did receive support from a fund for their abortion, with one person recalling how hopeful their interaction with the abortion fund made them feel (Levi & Gorenstein, 2022).

Participants derived motivation from their exposure to threats to abortion access while working and volunteering in reproductive health and reproductive rights. Participants that worked in abortion care were exposed to challenges to abortion access through the patients in their abortion clinics. These participants recalled the individual challenges that patients faced as well as systemic barriers to care such as provider shortages or budget challenges to keep clinics open. This exposure motivated participants to volunteer with abortion funds as a direct way to counteract the challenges their patients faced.

While the literature on abortion fund volunteer motivations is limited, these findings aligned with findings reported in a study conducted with abortion fund clinic workers in the deep South. A study which examined the performance of emotional labor by abortion clinic staff found that clinic workers reported choosing their job with the specific goal of helping women

maintain control over their reproductive health and supporting them in exerting their reproductive choice (Wolkomir & Powers, 2007). Similarly, abortion fund volunteers with clinical experience were motivated to volunteer to provide additional support to patients who faced challenges in making their desired reproductive health decisions. These volunteers are engaged with the broader project of funding abortion to improve conditions for people seeking abortion services in their community.

Participants shared what they learned about access to abortion through their volunteer work and demonstrated that building understanding about threats to abortion access is an on-going process. Even participants with many years of experience in abortion care or reproductive justice organizing described how they learned new things or gained a deeper understanding about threats to abortion access in their current volunteer role. The limited literature on abortion funds primarily examined the demographics of abortion fund callers, or volunteer and staff experiences. However, these findings demonstrated that participation in the project of abortion funding facilitated volunteer learning, personal growth, and community building. This is supported by findings from a qualitative study of nurses working in abortion clinics experiences of stigma, where participants reported the positive impacts of working in an abortion clinic included growing stronger and more empathetic, empowered, and understanding (Jacobs, R. L., 2015).

These effects have positive implications for the capacity of abortion funds to conduct movement building and pointed to the importance of investing in community education about abortion and the work of abortion funds. Participation in funding abortion helped volunteers build greater understanding of threats to abortion access, as well as the power of mutual aid projects to overcome barriers to abortion access. This finding aligns with Spade's assertion that

mutual aid funds are themselves mobilizing and participatory (2020). Awareness of the abortion fund within the community motivated volunteers, who continued to support education and awareness that will motivate future volunteers to fund abortion.

The role of community in abortion fund volunteer motivations cut across the findings for personal and professional motivations. Participants shared how people in their lives motivated them to volunteer, from learning about a family member or friend's abortion experience, to being referred to abortion funds by colleagues or peers who were themselves abortion fund volunteers. The role of volunteer referrals sources is not explored in the literature on abortion funds. However, this finding spoke to the importance of building understanding of threats to abortion access within one's community. Raising the awareness of the importance of access to abortion motivated people to volunteer with an abortion fund.

Volunteers are mobilized by key events that change their perception of threats to abortion access.

Most study participants described personal and professional volunteer motivations that were long-standing. Volunteers discussed abortion access as an existing passion, as an issue of which they had been aware for some time, or as a space in which they had already volunteered. However, most participants identified recent engagement with abortion funds, with 12 out of 15 participants beginning volunteering with an abortion fund in the last three years. Participants were mobilized to volunteer with abortion funds when key events changed their perception of threats to abortion access.

Volunteers in this study reported seeking out volunteer opportunities with abortion funds after political events such as the 2016 Presidential election and the *Dobbs v. Whole Women's Health* SCOTUS decision leak in May 2022. Volunteers also sought out volunteer opportunities

after experiencing changes to abortion access, including the closure of a regional clinic or an increase in policy that is hostile towards and restricts abortion access.

The most cited mobilizing event for study participants was the *Dobbs v. Whole Women's Health* decision. When the *Dobbs* overturned *Roe v. Wade*, many people lost access to abortion. In January 2023, the Guttmacher Institute reported that 12 states enacted near-total abortion bans in the six months since *Roe* was overturned, while three additional states that enacted near-total bans were blocked from enforcement due to on-going legal challenges to the laws. Four states had enacted 15-week abortion bans, and two additional states no longer had abortion clinics, effectively making abortion care unavailable even though an abortion ban was not being enforced (*Six Months Post-Roe, 24 U.S. States Have Banned Abortion or Are Likely to Do So*, 2023). People living in these twenty-one states recognized that people faced new, significant barriers to accessing abortion. People living in the states where abortion remained legal recognized how fragile abortion access was, and how people in states where abortion was restricted would need more resources to be able to travel and obtain an abortion.

Even for people who were involved in reproductive health care, reproductive justice, and abortion access movements, a political event like *Dobbs* or the 2016 Presidential election changed their perception of threats to abortion access. These mobilizing events changed volunteer perceptions of the urgency of threats to abortion, which led volunteers to change the actions they took to protect abortion access. Information published in local, regional and national news publications in the wake of the *Dobbs* decision supports the findings that people were mobilized to act after *Roe* was overturned. Abortion fund members reported increased donations and increased volunteer interest after the *Dobbs* decision (Vásquez, 2019).

Volunteers who were mobilized after a key event chose to volunteer with abortion funds with intention. Study participants described their motivation to work in direct action and to provide tangible, concrete support to meet the needs of people seeking abortion in an increasingly hostile and restrictive environment. Participants also embraced the idea of caring for your community through direct action when governmental and health care systems fail to protect abortion access. Volunteers chose to volunteer with abortion funds because abortion funds were known to be grassroots organizations where volunteers work to directly counteract barriers to abortion access.

This aligns with the academic and gray literature on mutual aid projects after natural disasters such as Hurricane Harvey in Houston, Texas or across the U.S. during the COVID-19 pandemic. Communities mobilize to meet urgent needs after a key event, choosing to support mutual aid projects that are perceived to meet community needs through methods that are responsive, timely, and direct compared to government sponsored relief efforts (Donaghey & Lachowicz, 2021; Hastings, 2021; Littman et al., 2022). Spade's mutual aid organizing framework also supports assertion; mutual aid organizations, such as abortion funds, draw volunteers because they meet community needs and acknowledge the systemic failures that contribute to threats to abortion access (2020). The visibility of the radical work conducted by abortion funds, and the fund reputation in the community, mobilizes volunteers to take direct action to support abortion access.

Abortion fund volunteers prioritize work that is participatory and collective

Volunteers prioritized work that emphasized direct action. The participatory nature of mutual aid projects required a high level of volunteer engagement and commitment. Volunteers

created and participated in a community within the abortion funds that was vital to conducting and sustaining direct action.

Participants described dynamic communities that welcomed volunteers and increased volunteer capacity, even within evolving, often hostile volunteer contexts. The volunteer community supported volunteer satisfaction and pride in the work, encouraged volunteer learning, and helped volunteers process emotional responses to barriers to abortion faced by callers and threats to abortion observed in community. These volunteer experiences mirror findings from emerging research on the values and beliefs of people participating in mutual aid projects. A study of mutual aid volunteers during the COVID-19 pandemic in Colorado reported that participants viewed the relationships they formed through mutual aid work as resources that helped meet people's short-term and long-term needs (Littman et al., 2022). The relationships volunteers form served as a key resource to make volunteering with an abortion fund enjoyable and sustainable.

The power of community connection to build and sustain volunteer relationships also increased the capacity of the abortion fund to continue its work. Volunteers emphasized the importance of their community even when describing its constraints, such as virtual meeting environments or limited bandwidth to create social engagement with other volunteers. The sense of community volunteers described was protective, helping volunteers preserve the time, energy, and the will to engage in direct action and fund abortion.

These findings are supported by two of Spade's reflections on the power of mutual aid work and community building. First, Spade notes that the collective processing of emotional experiences is key to helping people feel a sense of connection through their shared struggles (2020). Abortion fund volunteers sought out a likeminded community who offered support when

new challenges to abortion access arose and found it comforting to have a community who shared similar emotions about these events. Second, Spade described how participating in mutual aid projects “should enliven us” (2020). Volunteers drew energy and inspiration from their fellow volunteers and felt hopeful about the ability of their community to respond to threats to abortion.

Volunteers practice solidarity and build volunteer networks

Volunteers supported abortion access and reproductive justice movements through their volunteer work. They also demonstrated solidarity with related social causes in their communities. Participation in the mutual aid project of funding abortion increased volunteer awareness of the needs of abortion fund callers and the interconnected movements organizing to meet those needs. By volunteering with an abortion fund, participants learned or reinforced that abortion fund callers had expansive needs. Callers seeking funding for abortion services also reported a lack of transportation, lodging, and childcare which created barriers to accessing services even if the fund covered the cost of the procedure. Abortion funds collaborated with other funds and with abortion clinics to fill the caller’s primary need for abortion funding, and to facilitate access to abortion in meeting needs for the transportation and lodging to travel to appointments.

Volunteer support of callers with complex needs spoke to the principles of reproductive justice in which many abortion funds ground their work. Reproductive justice recognizes the multifaceted needs of abortion fund callers. Research demonstrates that many people in the U.S. who seek abortion services are predominantly people of color who occupy a lower socioeconomic status and who already have at least one child (National Academies of Sciences, Engineering, and Medicine, 2018). Transgender, nonbinary, and gender-expansive people

seeking abortion services also report barriers to care because of their gender identity (Moseson et al., 2021). Abortion fund callers who hold intersecting, marginalized identities face unique barriers to accessing abortion. Abortion funds and their volunteers support the reproductive justice movement by supporting callers' control over their reproductive health and autonomy in a system that often reduces autonomy for people from marginalized communities.

In addition to supporting the reproductive justice movement, participants increased their awareness of interconnected social movements that support community care. Some abortion fund callers experienced complex needs that were outside of the scope of abortion fund to address. Volunteers shared that those callers seeking funding for abortion services also reported issues with food insecurity, housing insecurity, and limited access to a broad range of health care services. Participants described the connections their abortion funds created with other community organizations and events, including LGBTQ+ focused events and organizations, racial justice organizations, Indigenous-led organizations, and organizations focused on specific topics of voting rights, food access, and health equity. These community partnerships supported the aims of volunteers to meet the needs of a diverse community that faces barriers to accessing abortion, and to creating networks of community support that are reciprocal and collaborative.

Mutual aid projects emphasize the experiential learning and movement building volunteers described. These processes help volunteers act in solidarity with related social causes. Networks of community organizations that work together to take care of a wide range of needs improve the overall conditions within the community and to equip the community with the resources and power to address their own needs on their own terms (Spade, 2020). This also reinforced the importance of community education about the importance of access to abortion and the grassroots work of abortion funds. Access to abortion, and the ability to have autonomy

over your reproductive health, should be incorporated into the broader understanding of community care.

Limitations

This study has several limitations. Recruitment with abortion funds was limited to funds who had emails publicly available, or places on their websites to submit requests. Abortion funds without publicly available contact information, and therefore their volunteers, were not invited to participate. For funds that shared the recruitment materials with participants, there is a potential bias from snowball sampling amongst participants who participated in an interview and then recommended the study to a fellow volunteer. Potential relationships between participants, which were unknown to the interviewer, may have resulted in more homogenous perceptions of volunteer experiences.

The sample is also homogenous in the race, ethnicity, and gender of volunteers that participated. The study does not capture the diverse experiences of volunteers who hold various intersecting identities and who may participate in different community spaces from the study participants. Volunteer bandwidth also contributed to the ability to participate in an interview. The study may have missed the valuable perspectives of busy volunteers who did not have the time to participate due to the increased urgency and level of work needed to protect abortion access post-Roe.

Another limitation of the study is that we did not have existing relationships with the abortion funds who were contacted for the study. This is a particular challenge for contacting abortion funds who have to protect their volunteers from anti-abortion activists who may attempt to exposure or harm people involved in the abortion access movement. Funds may have chosen not to engage with the recruitment materials to prioritize the safety and privacy of volunteers.

We attempted to account for this limitation by including verifiable information on recruitment materials, such as the Emory IRB study ID, and by providing the name and institutional associations of the interviewer and thesis student.

Strengths

This study also has several strengths. The study captured the perspectives of volunteers from three regions in the United States: The Midwest, the Northeast, and the Southeast. The regions and locations of participants represent various policy, legal, and cultural contexts for abortion access and volunteer work. Interviews were conducted virtually, via Zoom, to reach participants at their preferred time on their preferred schedule.

The study was able to reach saturation; clear themes about volunteer motivations, the importance of community, and the impact of volunteering with an abortion fund emerged by across the entire sample, with some reported variation by region or by volunteer role. The study met the recommended sample size to reach saturation for in-depth interviews, with 15 interviews, with a balance of participants from each region (Hennink, 2022).

The study also fills a gap in the literature about the motivations and experiences of abortion fund volunteers. The study findings come at a crucial time when abortion funds have gained more attention while the environment towards abortion becomes increasingly hostile in the US. In this context, it is important to understand what abortion funds do, as community-based mutual aid projects, to attract and retain volunteers. This may have broader implications for the ways that mutual aid projects that support abortion access can engage in movement building.

Public health and policy implications

Community-based public health efforts to fund abortion

Given that empirical research on abortion funds and their volunteers is limited, common themes present in volunteer interviews can be used to make recommendations for future abortion fund volunteers. Overwhelmingly, volunteering with an abortion fund was enhanced and made sustainable when volunteers reported a personal connection to the reproductive rights and reproductive justice movements. People who align their volunteer role with their interests and skills may experience greater satisfaction and sustainability with their work. Additionally, volunteers who participate in the community within the fund will be exposed to opportunities for continued learning about abortion access and strategies for community care. Community-building for collective action with other volunteers may be key to meeting personal volunteer goals.

Volunteer perspectives may also inform abortion fund organizational activities. Based on the importance volunteers placed on their volunteer community, abortion fund donors could increase donations and grants that could support investing additional time and resources in activities to foster community among volunteers. An engaged volunteer community increases volunteer engagement and may be a key motivational factor for future volunteers to participate in the fund. Abortion funds could also consider beginning or expanding community education, which may also be important for mobilizing future volunteers. Community education raises people's awareness of threats to abortion access, emphasizes importance of access to abortion services, and establishes the reputation of the fund in the community as a place to engage in direct action.

Abortion funds can also consider how to prioritize meeting caller needs while maintaining transparent communication with volunteers. Professional organizations allied with abortion funds could consider contributing volunteer protocols and resources that abortion funds could modify and personalize. For prospective volunteers who may wait several months to be on-boarded, communication that confirms a volunteer application has been received, or provides an estimate of when the fund may be able to take on new volunteers, may be helpful for building trust and rapport. Volunteers who experienced delays in onboarding noted that delays made sense after they began their work and experienced first-hand how busy staff and volunteers were on other tasks; these volunteers may have found it helpful to receive periodic communications with updates about on-boarding. Once volunteers become integrated into a fund, they can help build up the fund's capacity by creating new committees or initiatives. Volunteers can help abortion funds expand their efforts to meet more community needs, such as distributing emergency contraceptives or updating internal procedures for intake. The collective action of volunteers drives and evolves the movement to fund abortion.

Abortion funds should also continue to network with other abortion funds, abortion clinics, and abortion providers. Based on volunteer descriptions of abortion fund collaborations, these relationships appear to be key to addressing unique challenges that abortion funds experience, such as sharing the cost and labor associated with caller needs. For example, abortion funds who collaborate to cover the cost of a procedure and to provide transportation and lodging are able to successfully meet client needs without overextending the scope of their work. Professional organizations which support abortion funds, or may have abortion funds as members, could facilitate this community building by connecting their members and supporting community building and networking with resources as needed.

Policy implications for funding abortion

Laws and policies regulating abortion access continued to change following the *Dobbs v. Whole Women's Health* SCOTUS decision in June 2022. Many states attempted to further restrict abortion access, including recent attempts to ban or criminalize abortion in Florida and South Carolina (Richards, 2023; Sarkissian, 2023). An abortion restriction law was passed in Utah, set to go into effect in January 2024 (Stern, 2023). Other states have increased protection and resources for abortion. Massachusetts included grants for reproductive health and family planning in their fiscal 2023 budget, including the four abortion funds in the state as recipients (Smith, 2022). The fast-paced changes to abortion access made the work of abortion funds more important than ever, as the legality and access to procedures changed by the month and by the state.

Policy actors should consider how to best support access to abortion, including how to engage with community-led organizations like abortion funds. Volunteers in this study expressed a need for more money to fund abortions and to support operational needs in the fund. This is supported by recommendations from empirical research with people traveling for abortion services that abortion funds need to be better resourced to ensure access to abortion (Makleff et al., 2023). Foundations or supportive state and local governments could award abortion funds grants that could be used to compensate volunteers for their labor. This could increase volunteer and abortion fund capacity without taking resources away from people seeking abortions.

However, awarding grants to abortion funds may impose new requirements on funds that add to or complicate their existing operational activities. Grants may require monitoring and reporting activities for funders that are outside of the scope of their normal operations; abortion funds may need to create roles to manage the grant. Funders should also consider how to work

with abortion funds to build capacity to manage and utilize increased resources. Abortion funds may not be able to immediately scale up their activities to accommodate increases in resources and new reporting requirements. Support for abortion funds should not disrupt their primary mission of helping people pay for abortion services.

Grants and funding opportunities for abortion funds also should not require concessions about abortion fund activities. Abortion funds operate through the collective action of members of the community the fund serves. The mission of abortion funds, the way they allocate their resources, the partnerships they create, and the language with which they describe their work should reflect the priorities of the community. Funders that request abortion funds change aspects of their work as a condition of funding risk co-opting the abortion funding movement and reducing the efficacy of direct action (INCITE!, 2007).

The role of public health in funding abortion

Public health institutions and actors should also consider how to support the abortion access movement. First, any public health initiative promoting abortion access should uplift the perspectives of communities and organizations already engaged in this work. People working and volunteering in the abortion access space bring a unique, informed perspective of the abortion access landscape, including creative methods for protecting access in hostile environments. For example, when volunteers in this study reflected on the overturning of *Roe v. Wade*, they described the awareness within their community that the decision was coming, and how their communities have pivoted to imagining new, greater protections for abortion access in the future. The public health field has an opportunity to involve these volunteers and advocates now to build future strategies to protect access to abortion. Abortion funds and their volunteers should be involved before the research, programs, or campaigns are planned and launched.

Second, the public health field should acknowledge the importance of access to abortion to overall community health. Access to abortion is a key component of reproductive health, and the public health field should support efforts to de-stigmatize abortion services in our field and to oppose efforts to restrict abortion in our communities. Roberts et al. (2017) adapted the Centers for Disease Control and Prevention's 10 Essential Public Health Services to create a framework for how public health organizations, such as health departments, can extend their abortion-related supports and services. The public health field should also learn about steps related fields are taking to preserve access to safe abortion services in the U.S., such as harm reduction strategies recommended for physicians (Tasset & Harris, 2018).

Third, public health professionals can identify ways to plug into direct action. People can volunteer with an abortion fund and leverage their time and resources to build fund capacity for new projects and initiatives. Volunteers in this study recommended aligning your volunteer role with your interests and strengths. Public health professionals can apply their skills and training fund activities, and to engage in community building and community education about the importance of abortion access. People can also connect with related movements and practice solidarity with organizations that contribute to community care that addresses challenges experienced by people seeking abortion services.

Conclusion

The abortion access landscape in the U.S. can appear bleak. While restrictions on abortion care and stigma towards abortion care are not new, the post-Roe environment introduced a sharp uptick in abortion bans and restrictions, most of which were enacted unchecked. Abortion funds have supported access to abortion in the U.S. for nearly half a century. Today, the vital work of abortion funds continues in hostile, under-resourced landscapes

where demand is high, and capacity to meet the demand varies. In the face of these challenges, abortion fund volunteers demonstrated a commitment to fund abortion and to take care of their communities.

By examining the motivations and experiences of abortion fund volunteers using a mutual aid organizing framework, this study learned how people were motivated and mobilized to volunteer with abortion funds. The study developed a multi-layered understanding of volunteer peer communities within abortion funds, of community connections between abortion funds, and of the broader solidarity networks in which abortion funds participate. Study findings also supported recommendations for how abortion funds can support volunteers, and for how the public health field can uplift and amplify the work of abortion funds volunteers.

Abortion funds demonstrated the power of direct action and community care. The joy and passion abortion fund volunteers brought to their work helped people across the U.S. retain and exercise their reproductive rights. While abortion access continues to be threatened, abortion fund volunteers provide hope to people seeking abortion services, to the people searching for a community with which to belong, and to the people looking to fight back.

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