

THE COST OF COVID

HOW THE PANDEMIC SHIFTED ABORTION AND THE FUNDS THAT GUARD PATIENT ACCESS, RIGHTS AND JUSTICE

For the past 48 years, Roe v. Wade has been perceived as the fortress that keeps abortion safe, legal and accessible. But people on the frontlines have cautioned the movement not to put their faith in that perception.

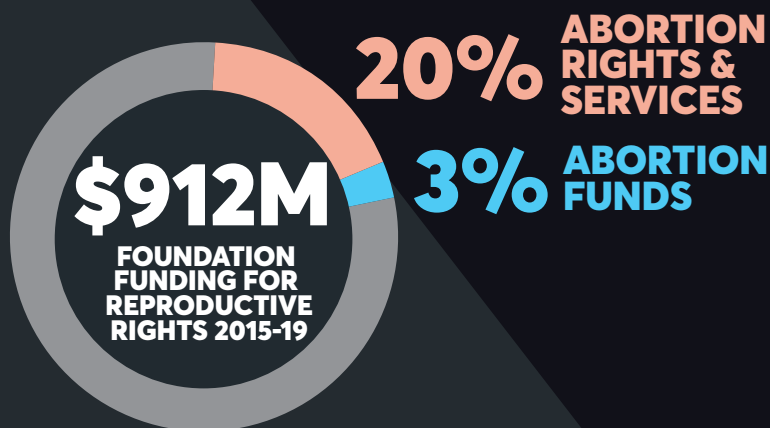
The past 12 months have shown just how dangerous and fragile that reliance on Roe is. Many expected the turmoil of an election year to result in new reproductive restrictions, but most were not prepared for those attacking abortion access to weaponize COVID-19 as a tactic.

There is no need to imagine a world without Roe v. Wade. It has become the de facto reality across the country.

Between 2015 and 2019, there was nearly \$912 million in foundation funding for reproductive rights issues, but only 20% was explicitly designated for abortion rights and services, while less than 3% was specifically designated for abortion funds.¹

The sector was clearly committed to abortion advocacy at both state and national levels, but there are little data showing foundation funding for the essential work held by abortion funds.

In early 2020, NCRP began exploring philanthropy's investment in reproductive justice. Abortion is not the foundation of this broader movement, but there was a clear gap in reproductive justice funding.



WHAT ARE ABORTION FUNDS AND WHAT DO THEY DO?

An abortion fund is a group of people who will help pay for your abortion when you cannot afford it. Some funds can help you with practical support (i.e. travel, lodging, child care) and doula and translation services so that accessing an abortion is less challenging. Abortion funds also work to change laws and cultures that make abortions hard to get.



FUNDING SUPPORT FOR PROCEDURES



PRACTICAL SUPPORT



ADVOCACY & GRASSROOTS ORGANIZING



SHIFTING STIGMA/ NARRATIVE CHANGE



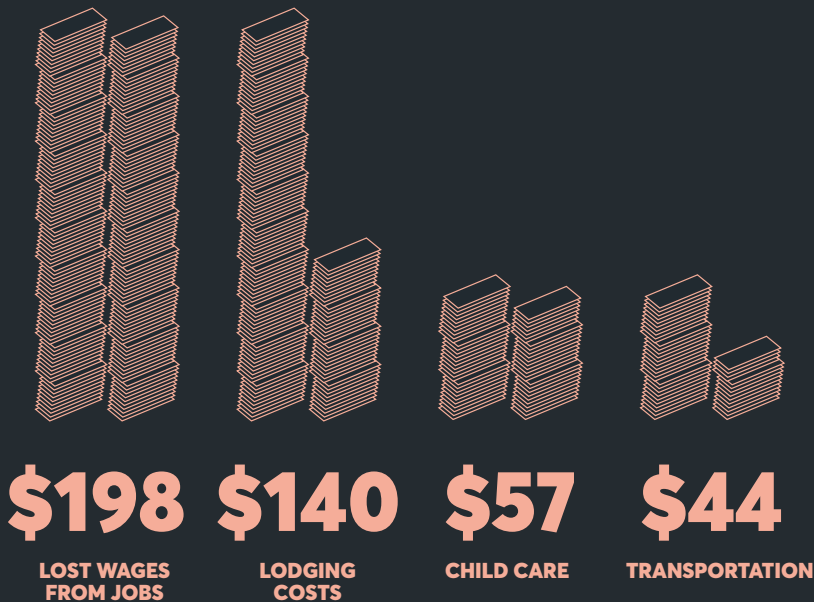
COORDINATED SERVICES

ACCESSING ABORTION/FUNDING SUPPORT

Since Summer 2020, NCRP has been in conversation with abortion funds around the country about their work and the ways philanthropy has and has not supported them. We hoped to better understand how abortion funds were providing the practical support callers needed and how a shift in funding would benefit their sustainability and capacity.

For this fact sheet, we talked to 5 funds located in the Southeast, Northeast, Southwest, Midwest and Northwest. The funds' work includes a range of geographic scope (i.e. serving one state or serving multiple states) and in budgets, from \$350,000 to \$3 million.


According to a 2013 study, most patients had at least one category of additional costs associated with getting an abortion.² The average additional expense for each category is:



IN ADDITION, IN ORDER TO PAY FOR AN ABORTION:

 **1/3** OF PATIENTS had to delay or forego paying bills

 **16%** OF PATIENTS had to delay or forego paying for food

 **14%** OF PATIENTS had to delay or forego paying rent

Abortion fund hotlines serve as the safe portals that guide and support patients through an often-tumultuous process. The process includes several hurdles, ranging from, but not limited to, state restrictions and requirements, parental consent loopholes and immigration traps.

These must be overcome before patients even locate their closest clinic, which may be in a different state, and schedule their appointments. Once they have scheduled an appointment, many have to take time off from work, secure child care and arrange transportation, as clinics will not allow them to transport themselves for medical reasons.

In addition to the cost of the procedure itself, transportation costs, hotel costs for overnight trips, child care, lost wages from taking time away from work, plus the risk of possibly having to forego rent payments or food to pay for the procedure add to the financial burden of an abortion.

State and local abortion funds support patients to overcome these obstacles and help fill the financial gaps that patients are often left with.

ABORTION ACCESS THROUGH A COVID LENS

Even before the pandemic, years of erosion of abortion rights have made costs increasingly prohibitive for patients, especially those from marginalized groups, including working poor/low-income individuals, people of color and transgender communities.³ And the pandemic has only increased the financial strain of an abortion.

As Covid-19 spread throughout the country, and 12 states attempted to block abortion services by using alarming language associated with the pandemic such as “nonessential,” abortion funds in many states found themselves both advocating for access and providing support to those needing to travel out of state to obtain services.

However, anti-abortion Covid legislation was just one of many pandemic-linked obstacles.

In 2019, the National Network of Abortion Funds, a network of abortion funds around the country, reported that their affiliates responded to approximately 30% of callers to their hotlines.⁴ With increased restrictions and complications because of Covid-19, funds are experiencing an increase in callers to their hotlines, as well as more need for funding support.

EXISTING RESTRICTIONS THAT ARE NOW COMPLICATED BY COVID-19



12 STATES

attempted to shut down abortion clinics as a nonessential business, and 4 states (TX, OH, AR, IA) followed through with restricting or banning abortion during the pandemic, increasing demand on other states' clinics⁵



26 STATES

have restrictions on using insurance (private or public) on abortion procedures⁶



19 STATES

banned telemedicine, so states that have few clinics, or states with clinics that closed have to travel out of state⁷



33 STATES

require counseling before an abortion procedure, and 25 of these states have waiting periods of at least 24-hours, which means patients would have to make multiple trips or travel for multiple days at a time⁸

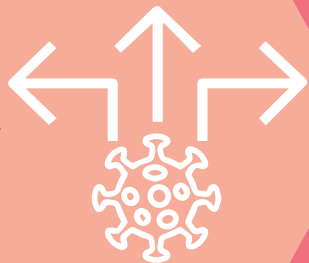


FEWER CLINIC STAFF

to provide the state mandated counseling and serve patients⁹

PREGNANT PEOPLE HAVE MANY FACTORS TO CONSIDER.

However, a global pandemic was one that nobody was prepared for, nor were they expecting the multifaceted impact it would have on their decision to access abortion.



The first task at hand for many seeking abortion care is locating their closest abortion provider to learn their options and what steps need to be completed before receiving services.

They are now faced with the task that comes with attending their appointment. Who could afford to take time away from work or leave their children with others outside the home in a pandemic?

With many facing unemployment and working frontline jobs, securing the funds to pay for their abortion seemed almost impossible for many. This led to more referrals to abortion funds and higher asks being made for vouchers.

Many patients are physically approached and shamed by maskless, anti-abortion groups and crisis pregnancy center staff that surround clinics in protest, jeopardizing the safety and well-being of patients, clinic escorts and clinic staff.

When Texas Gov. Greg Abbot banned abortion procedures as not “medically necessary” for 4 weeks, there were no abortions happening in Texas for that short amount of time, which felt like a year for us. It was just completely horrible chaotic crisis...we increased our vouchers, and, in some cases, we doubled what our average rate is.

— AMANDA BEATRIZ WILLIAMS,
LILITH FUND

There needs to be research and funding around training our volunteers how to stay safe. There is a lot of things that abortion providers do [to stay safe] that none of us ever knew they were doing. But when I started having security risks. I found out what that was because it’s just a lot. It’s just a lot.

— KAMYON CONNER,
TEXAS EQUAL ACCESS FUND

Our practical support expenditures increased by \$20,000 in 2020 to be able to continue to support our callers in accessing abortion. In the past we have relied on a network of volunteers who could house callers in their home while they were travelling for abortion care as well as provide rides to folks who needed to get to and from their appointments. After COVID-19, relying on our volunteer network for these necessary services was no longer a safe option. NWAAF has now transitioned to paying for hotel lodging 100% of the time for all our callers who are travelling as well as using rideshare apps to minimize the chance of COVID-19 exposure to our callers and volunteers.

— IRIS ALATORRE, NORTHWEST ABORTION ACCESS FUND

When Alabama passed its total abortion ban, we got money. Total abortion was something that they understood, but anything less than a total ban, it's just like, 'Oh, well, I'm sure there's still some way you can do it.'

— ROBIN MARTY, YELLOWHAMMER FUND

We recognize that the grantmaking trends we see are a reminder that a mainstream feminist approach — one that privileges legal advocacy over direct support on the ground or that insists on framing reproductive justice as an exclusively cis-woman issue — to funding is not enough and that giving built upon the reproductive justice framework will get both the movement and philanthropy closer to the social change we all wish to see.

5 WAYS TO HELP NOW

An increased investment in abortion funds is the most urgent ask of the sector as the uncertainty of Covid-19 and anti-abortion legislation leaves abortion advocates under protected and overwhelmed.

We know that if abortion funds saw an increase equal to even 1% of all reproductive rights funding, this would mean an additional \$9 million in foundation support for the frontlines. This investment would have a great impact, but would also require a shift in funding practices.

1

WIELDING POWER

Philanthropy must leverage its reputation, financial assets and capacity to destigmatize abortion, empower abortion funds and secure access for those seeking services.

2

UNRESTRICTED AND MULTIYEAR GRANTS

Abortion funds rely on 5 primary funders that make up 74% of their philanthropic support. If they were to lose their top institutional funder, it would compromise half of their philanthropic support, a risk that multi-year, unrestricted grants have the potential to reduce.

3

FUNDING AT THE STATE AND LOCAL LEVEL

At the moment the top 20 recipients of reproductive rights funding are all national organizations, while a majority of abortion services and practical support are happening at the state and local level.

4

TRANSPARENCY FROM THE SECTOR

Philanthropic transparency is vital in not only building trust with a movement that is rightfully cautious, but to disrupt the harmful practice of anonymously funding such a visible issue.

5

DIVEST FROM FAD-FUNDING

Short-lived funding inspired by a historic moment or the fear of abortion restrictions is a harmful practice and doesn't allow abortion funds to build their capacity.

ENDNOTES

(1) NCRP analysis of Candid data

(2) Rachel K. Jones, PhD, Ushma D. Upadhyay, PhD, MPH, Tracy A. Weitz, PhD, MPA. (2013) At What Cost? Payment for Abortion Care by U.S. Women, Women's Health Issues. [https://www.whijournal.com/article/S1049-3867\(13\)00022-4/pdf](https://www.whijournal.com/article/S1049-3867(13)00022-4/pdf)

(3) *ibid.* For additional context on increasing abortion access restrictions, read more from Guttmacher Institute and Washington Post. <https://www.guttmacher.org/article/2020/01/sure-lets-protect-roe-v-wade-abortion-rights-erode-we-must-do-much-more> <https://www.washingtonpost.com/nation/2019/05/09/which-states-are-blocking-abortion-and-which-are-enacting-protections/?arc404=true>

(4) National Network of Abortion Funds, "Operation Scale Up Will Transform Abortion Funding," <https://abortionfunds.org/osu-will-transform-abortion-funding/>. October 13, 2020.

(5) Laurie Sobel, Amrutha Ramaswamy, Brittni Frederiksen, and Alina Salganicoff. "State Action to Limit Abortion Access During the COVID-19 Pandemic," Kaiser Family Foundation, <https://www.kff.org/coronavirus-covid-19/issue-brief/state-action-to-limit-abortion-access-during-the-covid-19-pandemic/>. August 10, 2020.

(6) Guttmacher Institute, "Regulating Insurance Coverage of Abortion," <https://www.guttmacher.org/state-policy/explore/regulating-insurance-coverage-abortion>. January 1, 2021.

(7) Guttmacher Institute, "Medication of Abortion," <https://www.guttmacher.org/state-policy/explore/medication-abortion>. January 1, 2021.

(8) Guttmacher Institute, "Counseling and Waiting Periods for Abortion," <https://www.guttmacher.org/state-policy/explore/counseling-and-waiting-periods-abortion>. January 1, 2021.

(9) Sandra Rose Salathe, "The Nightmarish Challenge of Trying to Get an Abortion in a Pandemic," <https://www.self.com/story/abortion-access-challenges-pandemic>, October 8, 2020.