



EMERGENCY ABORTION FUND (EAF)

2010 REPORT

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DATE: JUNE 2011

NOTES ON THIS REPORT

Timeframe

This report is being released in June 2011 while several bills are pending at state and federal levels that threaten to make it even more challenging to secure a safe and affordable abortion. We believe that now is a crucial time to share what we know about funding abortions for low-income young people to increase support and advocacy within the field.

How we obtain our information

This document compiles Emergency Abortion Fund (EAF) data for 2010. There are very few questions we require every caller to answer. Most of the information we gathered was volunteered when the caller was asked to explain their situation. The only information we require are city and state, race, age, employment status, Medicaid status, and trimester. When we report on any other data in terms of percentage of people we funded, it is only based on the percent of people who volunteered that information; the actual percentage of people who experience that circumstance is likely higher.

Snapshots

The data reporting portion of this report is laid out by single issue (i.e. age, race, etc). Each issue is followed by a section called "snapshots." Snapshots are narrative examples of how the issue we presented with one set of data points plays out in people's lives as interrelated struggles that don't occur in isolation. These snapshots illustrate the intersections of issues we track and how these together directly affect people's ability to pay for an abortion.

Gender

We choose to write about the people we have funded in a gender-neutral manner. This acknowledges that although we are discussing people with female reproductive organs, we do not ask callers to disclose their gender identity as it is not essential to making funding decisions. We recognize that not only female-identified people get pregnant. Since we do not reveal any names of people we funded, we wrote about them using the pronoun "they." We have found that the history of framing abortion as a "women's issue" does not leave room for many people who don't identify as women, but who might have had or may need abortion services. We believe that speaking about abortion in a gender non-specific manner creates space for women, gender non-conforming and transgender youth to include themselves in the reproductive health and justice movement, and that this inclusion is critical for success.

INTRODUCTION

Third Wave Foundation's Emergency Abortion Fund (EAF) seeks to prevent economic injustice from determining the reproductive outcomes of young people, particularly for young people of color and low-income young people. While there are several funds that operate locally and nationally to meet this critical need for young people, Third Wave stands alone in connecting our abortion funding to the funding that we provide to grassroots and national organizations that challenge systemic inequities within the healthcare system, including barriers to abortion access.

Third Wave's organizational grant partners have been instrumental in defeating ballot initiatives that have sought to establish fetal personhood in Colorado (COLOR) and parental notification in California (Khmer Girls in Action). Groups like Chicago Abortion Fund, SPARK Reproductive Justice NOW, and Young Women United have challenged mainstream media messaging that frames abortion as genocide, or that invalidates the experiences of young mothers. Through our pledges to people seeking abortions and grants to organizations that advocate for reproductive justice, Third Wave seeks to impact the abortion landscape at the individual, community, and systemic levels.

Third Wave Foundation believes that reproductive rights, including one's right to choose to give birth or not, often comes down to a question of access, particularly for groups that are marginalized, underserved, and under-resourced. We give emergency funding for abortion procedures so that people from these communities can assert control over their bodies. We focus our funding on young people of color, minors, survivors of violence and rape, immigrants and undocumented people, and unemployed or underemployed people. Through our Emergency Abortion Fund, we seek to disentwine one's belonging to an underprivileged group from one's ability to access emergency reproductive care.

From *Roe v. Wade* to the Hyde Amendment to Abortion Funding
The Hyde Amendment, which was put into effect one year after *Roe v. Wade*, bans the use of federal funds to pay for abortions, with exceptions for cases of incest, rape, and life endangerment. By restricting low-income people's access to abortions, the Hyde Amendment functions as a tool to keep them without choices, without rights, and ultimately without a say in the outcome of their lives. Many people we fund don't want to have a child at the time they get pregnant because of how it might impact their ability to have a job or pay rent. The Hyde Amendment takes away a fundamental tool for social mobility from low-income people. In this way, the fight against the Hyde Amendment is a fight for both economic and reproductive justice.

EAF AND THE ABORTION FUNDING LANDSCAPE

Third Wave’s Emergency Abortion Fund (EAF) is one of very few national abortion funds: the National Abortion Federation (NAF), the National Network of Abortion Funds (NNAF), Make a Difference, Women’s Reproductive Rights Assistance Project (WRRAP), and the Hersey Abortion Assistance Fund. Third Wave’s EAF and NAF are the only national funds that have national funding available consistently throughout the year. Our fund is able to allocate resources on a weekly basis due to annual grants from institutional donors.

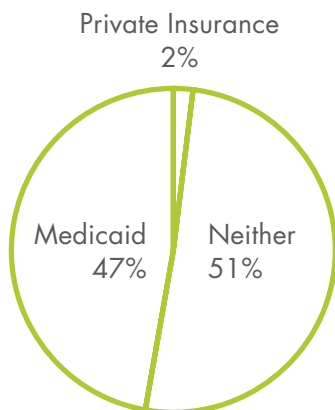
Each fund has its own set of funding priorities; some prioritize funding to Planned Parenthood clinics, or funding people who do not have access to Medicaid. We consider these funds’ priorities in determining where and how Third Wave’s EAF gives money.

For example, NAF limits funding to people who live in a state with inferior Medicaid funding. Reasons that Medicaid may not cover an abortion include:

- The individual is past the Medicaid trimester limit, which may differ from state legal limits;
- The circumstances of the pregnancy do not fit into strict laws requiring rape, medical emergency, or risk of life – laws that 33 states have; and
- The procedure is completed in a different state.

1.1

Insurance Status of Pledge Recipients



As a result of prioritizing funds to people in inferior Medicaid states, NAF is constrained in making grants to people in the following states: Alaska, California, Connecticut, Hawaii, Maryland, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, New York, Oregon, Vermont, Washington, and some counties in Texas. Additionally, NAF guidelines do not accommodate Medicaid’s policy of restricting coverage for interstate procedures and will not provide large grants to people even if their Medicaid is invalid due to interstate procedures. According to the National Network of Abortion Funds (NNAF), even within these states with better Medicaid coverage, only 27% of abortions are covered by Medicaid.¹

Understanding the dynamic situation between NAF and Medicaid, Third Wave has stepped in to support people at clinics located in states that allow Medicaid reimbursement for abortion, acknowledging that many low-income young people are ineligible for Medicaid or are not currently enrolled due to being undocumented or receiving unemployment benefits. Of the 505 people we funded in 2010, 50% lacked both private health insurance and Medicaid. 47% percent of pledge recipients were covered by Medicaid.

The current economic recession has deepened the need for the support we provide. Many local funds and clinics, which are the first and most comprehensive line of support, are now struggling to stay afloat. Through these shifts in the abortion funding landscape, the EAF has been critical in alleviating the unmet need for these services across the nation.

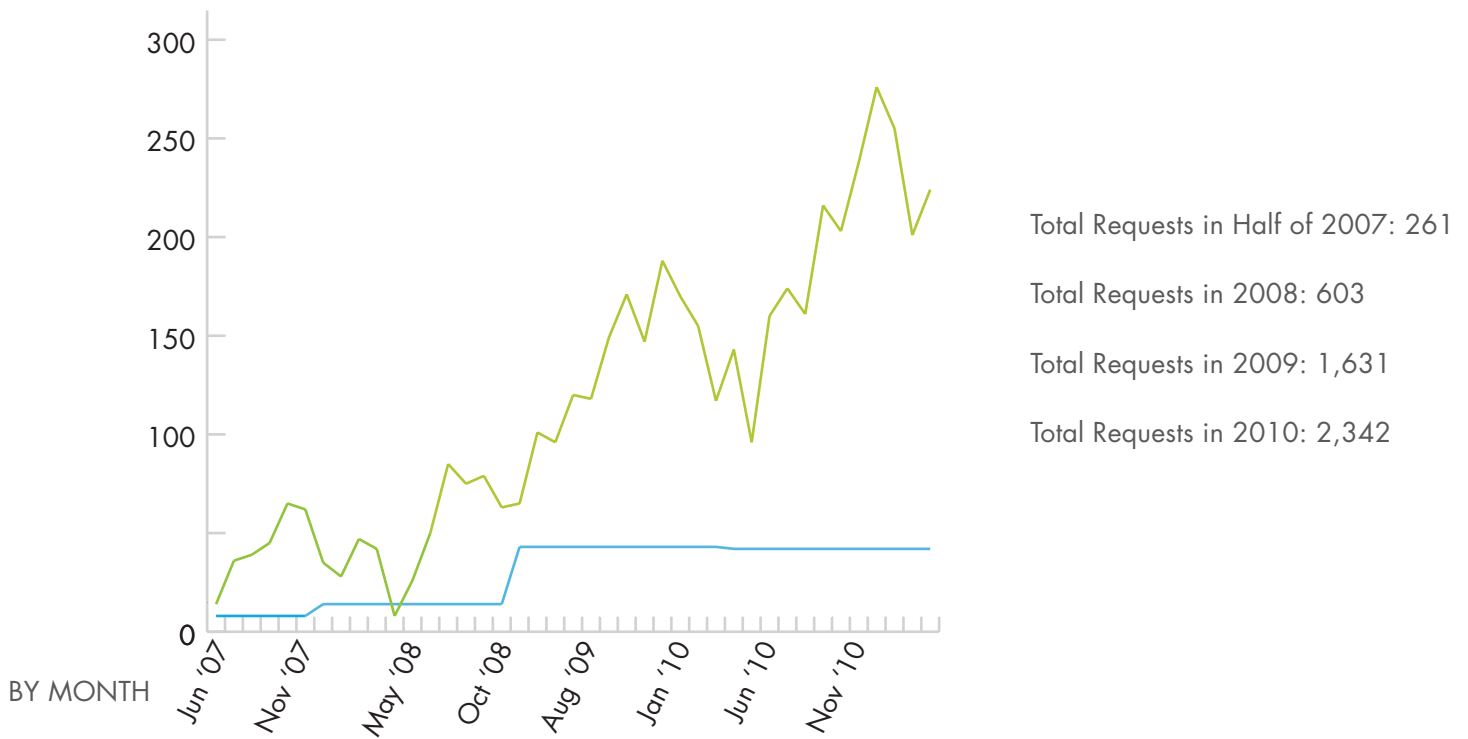
1. National Network of Abortion Funds. (2005). *Abortion Funding: A Matter of Justice*

2010 EMERGENCY ABORTION FUND OVERVIEW

Third Wave strives to increase its impact with each year. Our Emergency Abortion Fund budget has grown from \$9,545 in 2007 to \$62,500 in 2010. During 2010, we received 2,342 requests for funding, and helped fund 505 procedures. Graph 1.2 showcases the steady climb in fund activity over the last two years. As our call and pledge volumes have increased, so too has our role as a vital link within the abortion funding field. Our average pledge in 2010 was \$203, or 11% of the average procedure cost, and pledges ranged from \$25 to \$450.

1.2

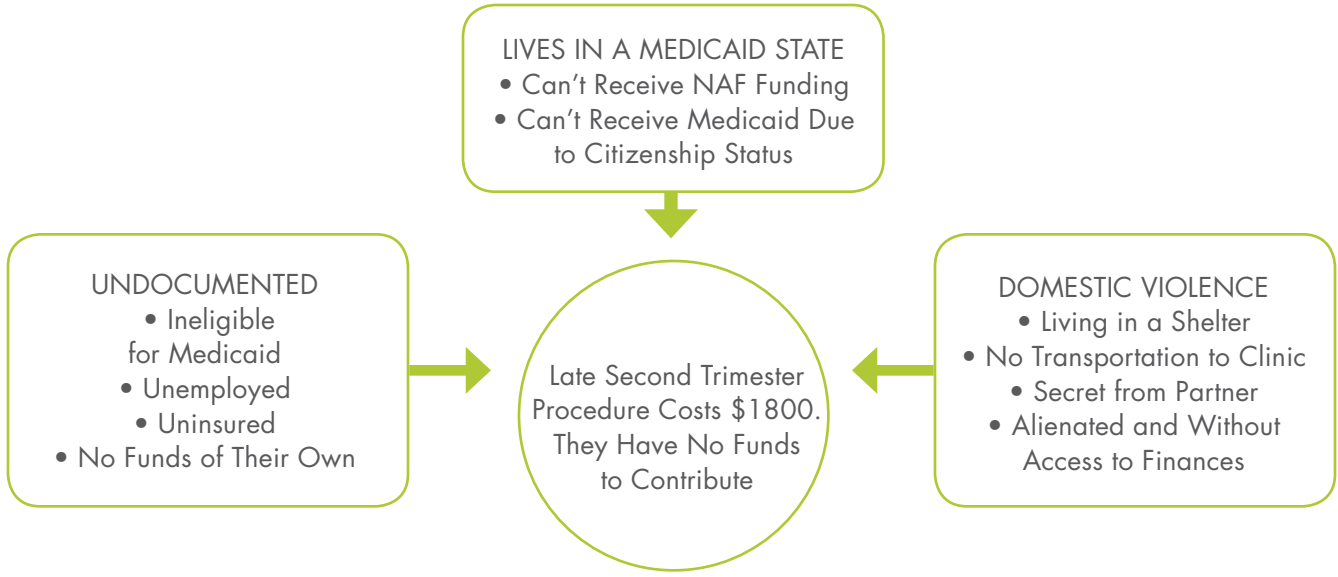
Number of Funding Requests vs. Pledges from 2007 – 2010 by Month



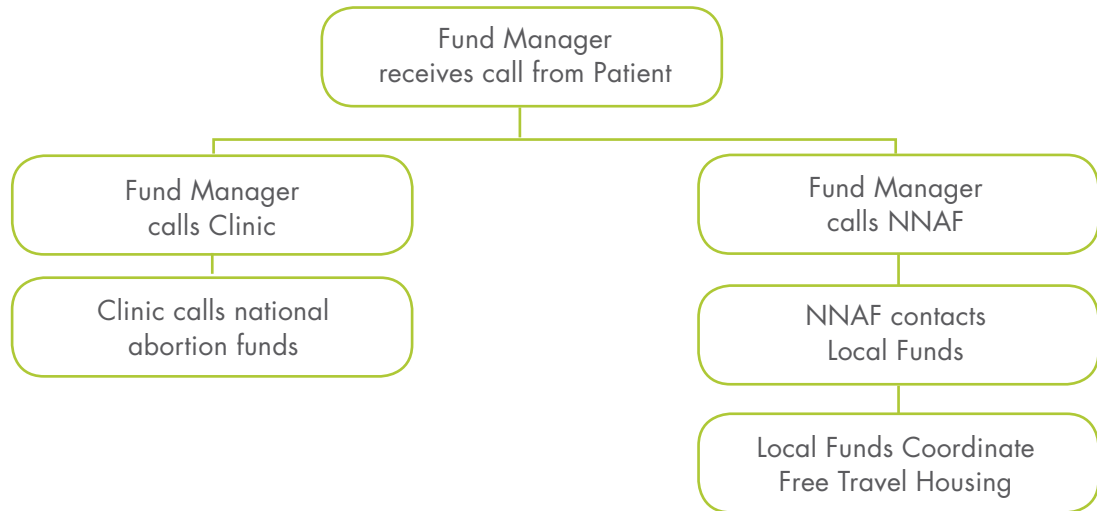
The EAF has been challenged by the economic crisis; our call volume has nearly quadrupled since 2008, going from 603 calls in 2008 to 2,342 calls in 2010. Though our funding budget has grown, we are experiencing what feels like a drop in funds relative to our increasing call volume. Third Wave has met this challenge by providing callers with vital information instead of or in addition to funding. We keep close tabs on local funds and provide callers with the protocol to access as many resources as possible before their procedure date.

When the EAF receives calls from individuals, the Fund Manager helps the caller navigate the funding process. The Fund Manager provides individuals with additional information needed to obtain funds, and researches local funds in their area. Oftentimes, after an individual receives information and referrals, the caller is no longer in need of EAF funding or the remaining need is an amount that the EAF fund can cover. An example of this process is depicted in the following images.

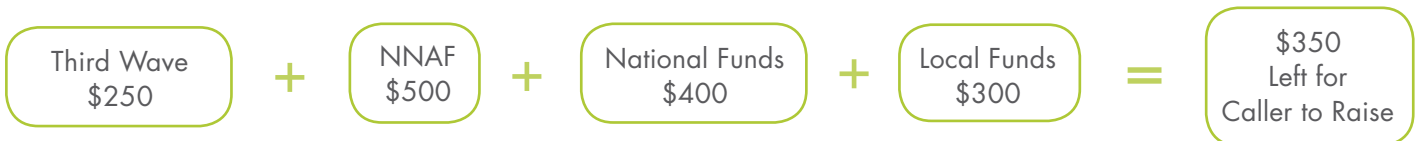
The Fund Manager does intake with the caller and gathers circumstantial information.



Fund Manager makes a pledge and contacts other sources of funding.



After pledges are gathered from other sources, the caller is left with a fraction of the cost.



Through our intake process, we learn as much as we can about the caller: age, race, state of residency, clinic location, number of weeks pregnant, cost of procedure, access to other funding sources, and other circumstantial data. This data informs our funding decisions and helps us understand what issues are common among people who cannot afford abortions. This data has promise in building a more comprehensive, intersectional analysis within our funding and within the national abortion discourse. This is why our fund has had a steady commitment to rigorous data collection, analysis, and reporting.

Based on the intake process during 2010, we learned the following information:

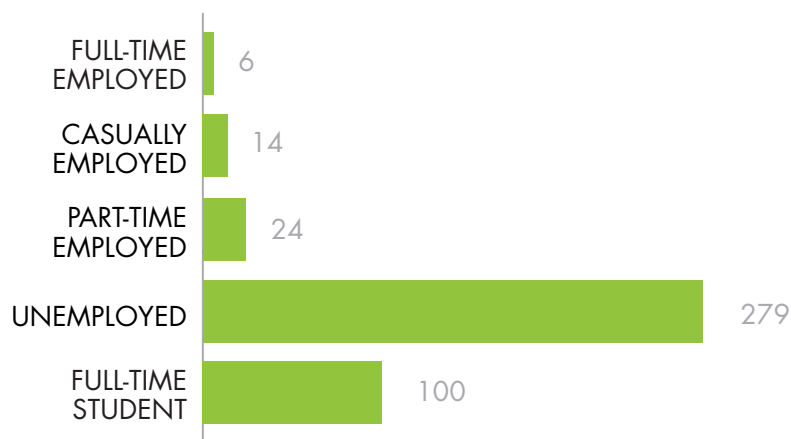
- The vast majority of minors we pledged to were legally required to notify their parents, or obtain consent from them. Of the 148 pledges made to minors, 64 (nearly half) had their abortions in states requiring parental consent, and 47 required parental notification. In addition, 13 minors deemed it necessary to seek a judicial bypass – that is, appealing to a judge to override the parental consent or notification mandate – for their own safety.
- 85% of pledges were directed towards second trimester procedures. 10% went towards first trimester procedures. 5% of pledges went towards third trimester abortions.
- 83% of pledges were made to people of color.
- 49% of pledge recipients had at least one child at the time of their abortion. Of the people with children, the vast majority had no involvement of a partner.
- 16% of all pledge recipients were pregnant as a result of rape. Of those pledge recipients, 10% were pregnant as a result of incest. Of the people we funded under the age of 14, 48% disclosed that they were pregnant as a result of rape.
- 9% of people we funded told us they were experiencing violence from their partner. Overall, partner involvement was very low; only 15% of pledge recipients had a partner involved. Of those cases where a partner was involved, 57% involved physical violence. Of the 505 people we funded, only 6% had a partner involved who wasn't physically violent.
- 17% of pledge recipients were homeless compared with 10% in 2009 and 6.5% in 2008.

FUNDING TRENDS IN 2010

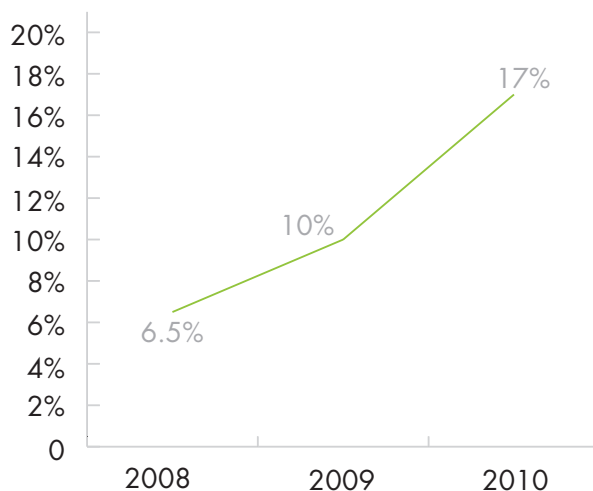
Economics

By almost every measure, our pledge recipients were economically worse off in 2010 than in any year since we started capturing this information in 2006. For example, in 2008, 13% of pledge recipients had private insurance, while only 2% did in 2010. Perhaps most startling is the rise of pledge recipients who have neither private insurance nor Medicaid. Low or no-income pledge recipients lacked Medicaid mostly due to homelessness or illegal residency, long waiting periods, or because the state dropped coverage once the person turned 18. Some people mentioned that they were ineligible for Medicaid in their state because they were recipients of unemployment benefits.

Employment Status of Pledge Recipients



Percent of Homeless Pledge Recipients by Year



Unemployment and underemployment rates increased drastically in 2010. It has become very rare that we would fund a full-time employed person except in very severe situations of life endangerment, safety risks, and rape. Thus, in 2010, only 6 out of 505 pledges were made to people who were employed full-time, and 19 out of 505 were made to people who had part-time employment.

Homelessness drastically increased among our pledge recipients. In 2010, the rate of homelessness increased almost threefold since 2008; 17% of pledge recipients were homeless in 2010. Of these pledge recipients who were homeless at the time of their procedure, 58% had children and 15% were homeless due to domestic violence.

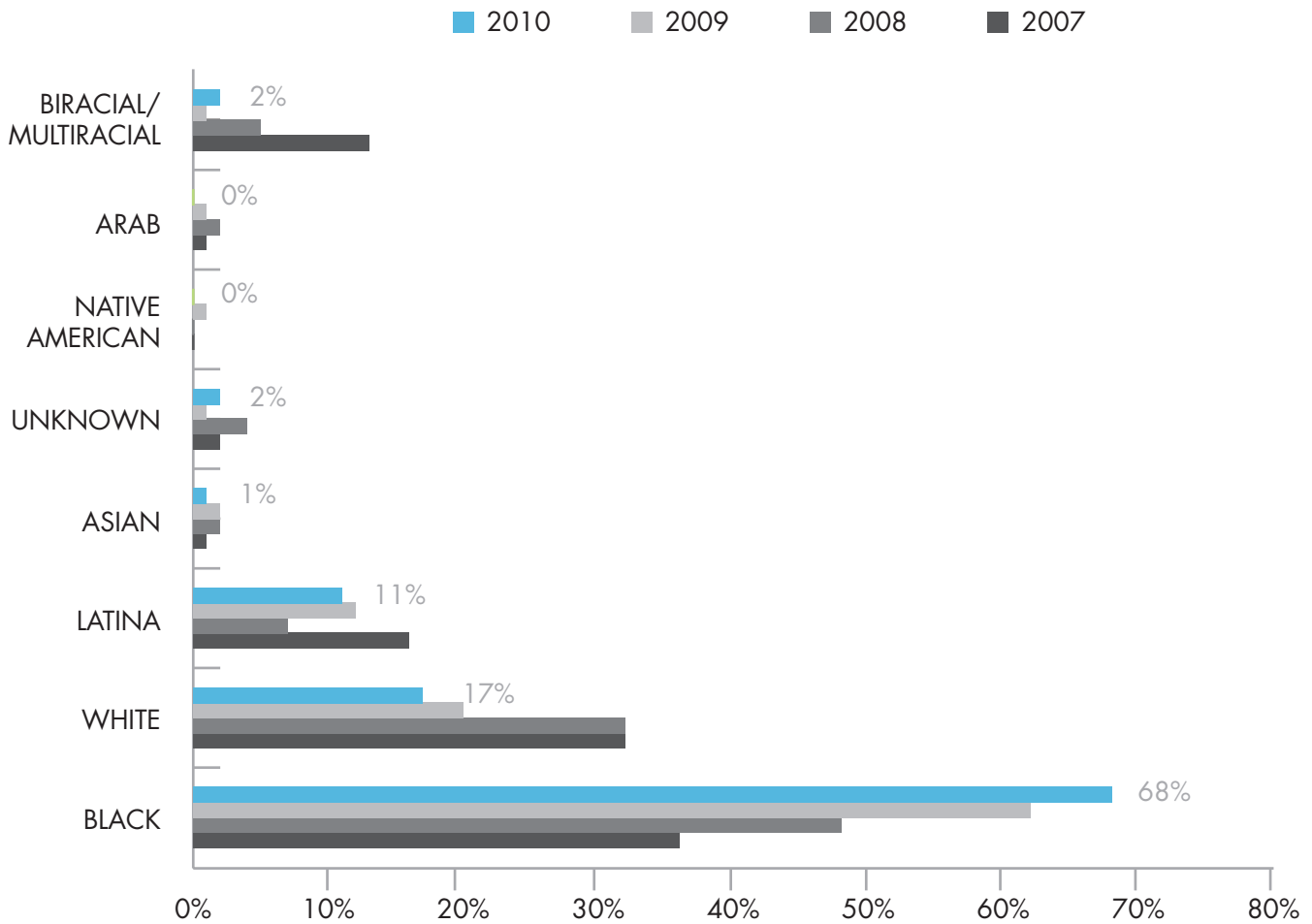
Snapshot

In 2010 we funded a 25 year old living in a battered women's shelter in Chicago, IL. The National Abortion Federation contacted our fund when they had five days left to fundraise before reaching the state cut-off point for abortion, of 23 weeks. They were pregnant as a result of being raped by their uncle and his friends. Because charges were pressed against the uncle that resulted in his arrest, their family rejected them and kicked them and their 2 small children out of the house. They fled to Chicago with two children to raise alone, without a job or support from their family, and with an appointment for an abortion that they were told would cost them \$1,650, with five days left to fundraise. After NAF's pledge, a pledge from WRRAP, a pledge from the Hersey Fund, and a \$200 clinic discount they still needed \$200 dollars that Third Wave was able to fully fund. The procedure took place two days later.

RACE / ETHNICITY

Poor health outcomes, especially reproductive health outcomes, are disproportionately high among people of color. Most legislative attacks on abortion are designed to add to the cost of getting an abortion. The language of the bills is not racialized, however, the outcomes disproportionately harm people of color who are at a distinct economic disadvantage. Every legislative barrier to accessing abortion necessarily produces additional monetary cost

Funding by Race and Ethnicity



that the person seeking an abortion must assume. Every time costs are added to a health procedure, ability to access that procedure becomes a matter of racial and economic justice.

For example, South Dakota now requires a 72 hour waiting period and multiple counseling sessions at so-called “crisis pregnancy centers,” in which medically unsound claims about abortion are made, before one is able to receive an abortion. Because the cost of an abortion increases over time, each day that passes limits who can still afford that abortion. Because people of color (and in particular, indigenous people in the case of South Dakota) have less access to transportation, are less likely to receive loans, and are more likely to be unemployed and without insurance, they are disproportionately affected by these kinds of restrictions. Thus, legislation that creates prohibitions on abortion represents a racialized form of reproductive oppression and violence. Third Wave Foundation attempts to counter these restrictions by distributing funding that focuses on low-income people of color.

Most of the people who call the EAF are unemployed people of color. That rate has increased every year since we have tracked that information starting in 2008. In 2010, 83% of our pledges were made to people of color as compared to 80% in 2009 and 68% in 2008 and 2007. Graph 1.7 details the race/ethnicities of our pledge recipients by year.

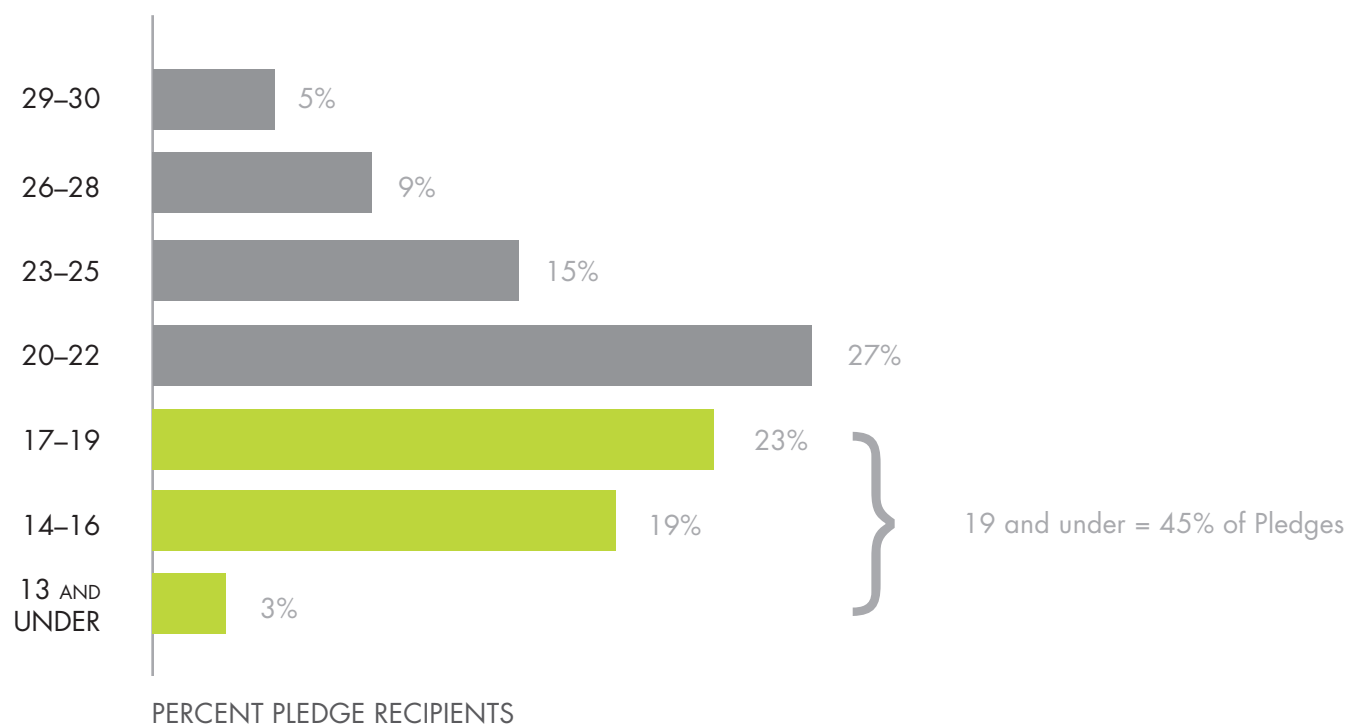
AGE

Every barrier against abortion puts young people's lives at risk because the longer people wait to have an abortion the riskier the procedure tends to be. It is often the case that young people are confronted with multiple barriers.

Notification and consent laws target minors, and can put the minor's safety at risk. Young people often live at home with caregivers, and may need to be secretive. They may also have difficulty finding their own means of transportation. We have also found that young people are less likely to have

1.9

Funding by Age



regular periods, have their own sources of income (of the 170 minors we funded, only 8 had at least part-time employment), or realize how far along they are in their pregnancy. They often don't know about legal limitations on late term abortions or the rate at which procedure costs increase, and they often try to delay telling anyone who might be able to help until the very last minute.

Over the past two years more EAF funding has reached younger people. This year 45% of our pledges went to teenagers while 18% of abortions are had by teenagers nationally.² This shows that though we choose to prioritize young people, youth account for a large proportion of abortion funding.

We have a general rule that we fund people who are 30 years of age and younger, though there have been rare instances where someone over 30 has such a particularly pressing need and we had the means to help. This year we made one such exception for a person who was 33 years old. They had recently escaped from a domestic violence situation and lost their job as a result.

2. http://www.guttmacher.org/pubs/fb_induced_abortion.html#2

Snapshot

In 2010, we funded a 14 year old middle school student living with their physically abusive mother in Jackson, TN. Caller X found out they were pregnant by someone they barely knew and who claimed no responsibility for the pregnancy. Caller X was too scared to tell their mother so they went through a lengthy judicial bypass process. By the time the judge granted a judicial bypass, Caller X turned out to be 28 weeks into the pregnancy—much too far to be seen in the state of Tennessee, or anywhere in the region. The nearest clinic they could attend was 1,000 miles away in Albuquerque, NM. The delay caused by the judicial bypass process put this 14 year old in danger with their abusive mother, and forced them into requiring a later and more dangerous procedure and travel experience. We do not know how they got to the clinic, came up with any funds for the procedure, found housing for a multiple day procedure in a distant city, or got themselves home, but between a large pledge from NAF, \$250 from us, and a clinic discount, they were able to be seen for a \$9,000 procedure. Similarly, can the snapshot on page 14 read: This year we funded a 14 year old high school student, Caller Y, who lived in in Detroit and was keeping the procedure a secret from their mom because their mom was suicidal and dealing with her own mother's recent death. All of the mom's savings went towards a recent divorce and the death of her mother, Caller Y's grandmother. By the time Caller Y was able to get enough funding together for an ultrasound, they were told that they were 27 weeks into the pregnancy. The only clinic they could attend was in Boulder, CO, 1,300 miles away. Without telling their mom, they fundraised after school, got enough money together for a bus ride, and made up a story to tell their mother about where they were going, but still faced a \$10,000 procedure cost. By the time the clinic notified us of this case, Caller Y only needed \$3,000 more dollars. After our pledge of \$350, the clinic agreed that they would provide the procedure at a steep discount given the severity of the case and their age.

LOCATION

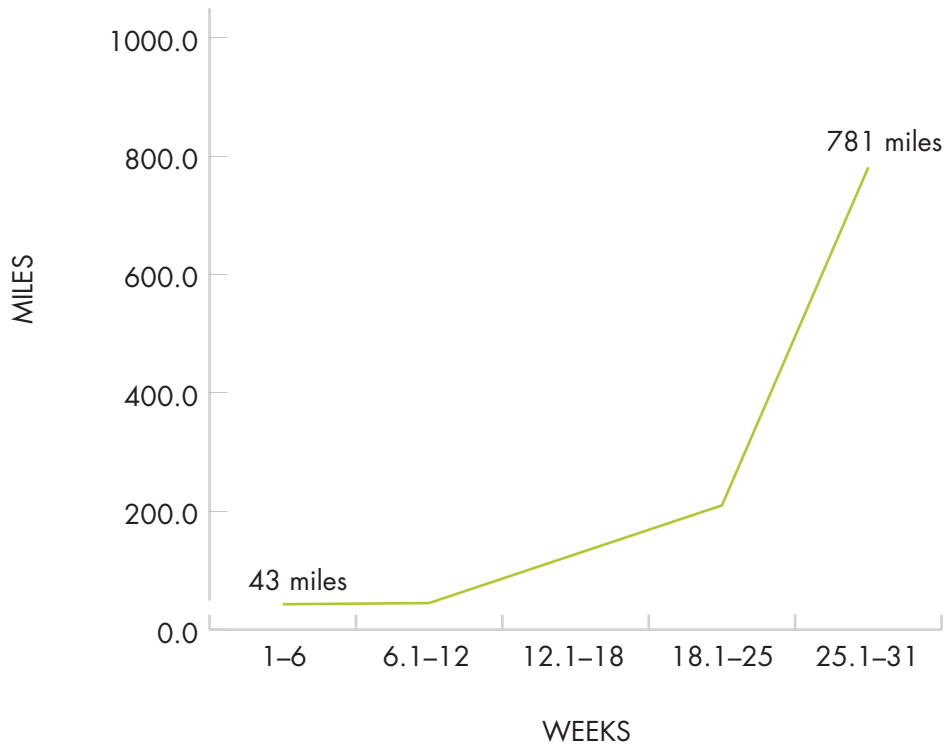
Where someone is living can have a tremendous impact on their ability to access abortion services. A large portion of our pledge recipients are minors and are therefore impacted by parental notification and consent laws, which differ state by state. Both types of restrictions have consistently threatened the safety of our pledge recipients. Several minors we funded in 2010 were kicked out of their homes as a direct result of notification and consent laws. Location at the time of the pregnancy also determines the geographic accessibility of an abortion clinic. When someone is late term, as most of our pledge recipients are, it becomes even more difficult. According to the National Women's Law Center, in the year 2005, 87% of US counties had no abortion providers and 35% of women live in such counties³. In 2010, our pledge recipients traveled an average of 117 miles to reach their clinics and 30% of our pledge recipients needed to travel to another state to be seen at a clinic. Our pledge recipient who traveled the furthest in 2010 was a 14 year old middle school student who lived in St. Vincent and traveled a total of 3,250 miles for a procedure performed at 25 weeks in Boulder, CO which cost \$7,500.

3. <http://hrc.nwlc.org/StatusIndicators/Womens-Access-to-Health-Care-Services/Women-in-County-without-Abortion-Provider.aspx>

Travel presents both a logistical and financial challenge for many people we fund. In addition to the cost of gas and mandatory hotel stays for potentially multiple nights that many clinics require, abortions that require travel are usually later term and therefore more expensive. We have found that there is a direct relationship between procedure cost and distance traveled; as people need to travel further for their abortion, their procedure cost tends to be higher, thus compounding the financial challenges of a late term abortion.

1.10

Average Miles Traveled to Clinic by Trimester



Snapshot

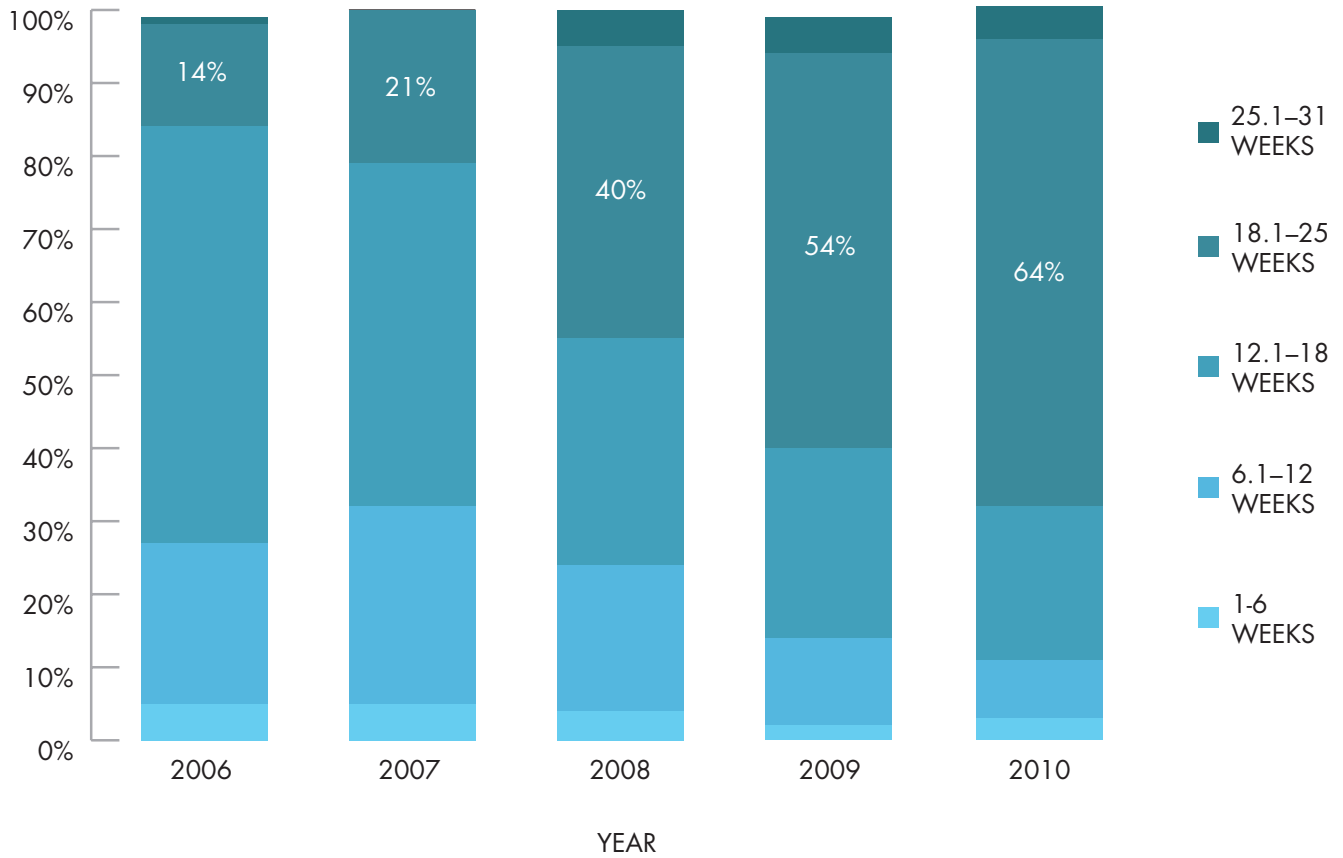
This year we funded a 14 year old high school student in Detroit who was keeping the procedure a secret from their mom because their mom was suicidal and dealing with her own mother's recent death. All of their mom's savings went towards their grandmother's funeral and a recent divorce. By the time they were able to get enough funding together for an ultrasound, they were told that they were 27 weeks into the pregnancy. The only clinic they could attend was in Boulder, CO, 1,300 miles away. Without telling their mom, they fundraised after school, got enough money together for a bus ride, and made up a story to tell their mother about where they were going, but they still faced a \$10,000 procedure cost. By the time the clinic notified us of this case, the patient only needed \$3,000 more dollars. After our pledge of \$350, the clinic agreed that they would provide the procedure at a steep discount given the severity of the case and their age.

PARENTAL STATUS OF PLEDGE RECIPIENTS

Among all the trends present in our data over the years, no measure has been more consistent than the percent of pledge recipients who have children. Every year we have received calls from and funded fewer employed people, fewer people covered by insurance, and more people who are later into their

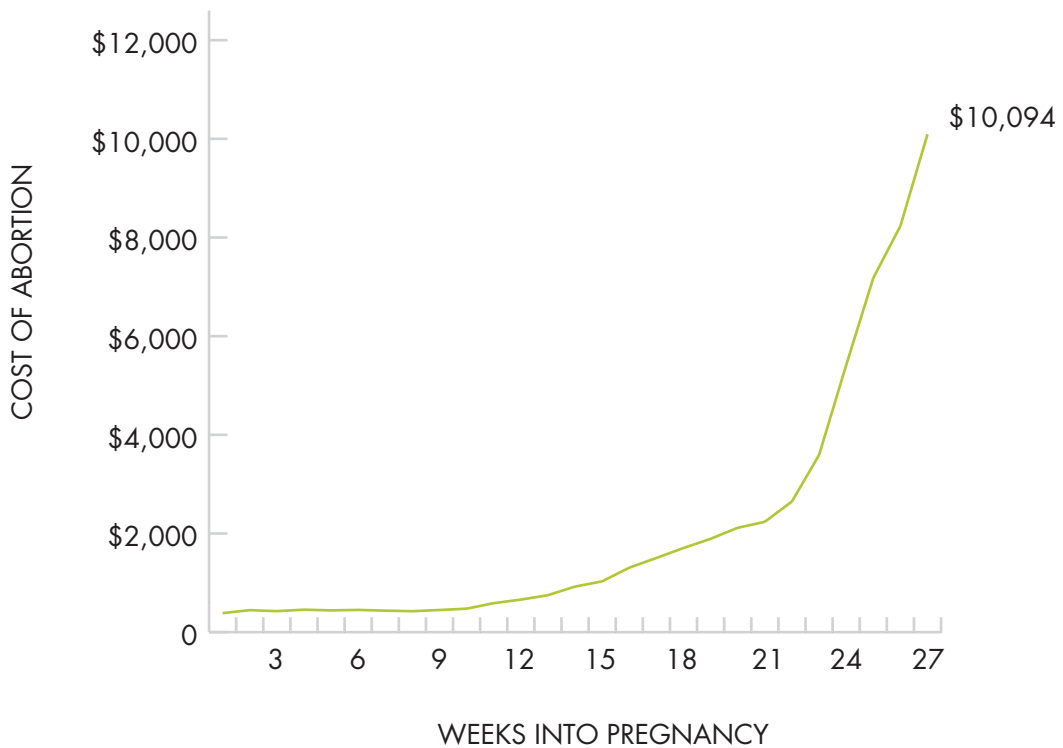
1.11

Funding by Weeks into Pregnancy



1.12

Average Cost of Abortion by Week



pregnancy. However, every year it appears that approximately half of our pledge recipients are parents to at least one child. Of the parents we funded in 2010, 39% had a child who was one year old or younger. Many parents were also balancing school demands at the same time as raising children; 42% of parents we funded were attending college or vocational school, and 13% of the high school students we funded were parents of at least one child, all of whom were one year old or younger.

TRIMESTER AND PROCEDURE COST

Procedure costs vary dramatically from one clinic to another, but across the board, the cost of abortion increases exponentially as a pregnancy progresses. We often find that people's fundraising cannot beat the pace of cost increases – a phenomenon often referred to as "chasing the price." This is the main reason we see for late term abortions.

The cost of an abortion increases exponentially over time, such that people in their second and third trimesters can see price jumps in the thousands as each week passes. Our practice is to prioritize funding procedures before the price is about to spike.

We prioritize funding later term procedures because they are so much more costly. Nationally, less than .08% of abortions are had after 24 weeks into gestation, while those procedures account for 17% of our pledges in 2010.⁴ Chart 1.11 shows how our funding has shifted towards the later trimesters, in keeping with our priority of time-sensitive emergencies.

Snapshot

We funded a 17 year old, Caller Z, who was 22 weeks pregnant and living in Detroit, MI. Every clinic they attended required that they have an ultrasound, which required an additional fee each time. After each ultrasound, the clinic declared them to be too far along to operate, leaving them without a procedure and having spent hundreds of dollars on ultrasounds. It became clear that the only option was to travel to Ohio to be seen, thus adding to the already expensive procedure cost of \$1,900. Caller Z had no job, was in high school, and lived alone with their mother who supported the procedure but was unemployed. Their family was reliant upon food stamps and Social Security checks. After ultrasounds and travel costs they had no money left to put towards the cost and none of the local funds were operating. NAF pledged \$760, NNAF pledged \$400, and we pledged \$300 and called the clinic to negotiate that they would operate without the remaining \$440. We passed the green light onto the pledge recipient and it was at that point that Caller Z started driving to Ohio.

4. http://www.gutmacher.org/presentations/abort_slides.pdf

CONCLUSION

Third Wave collects data to better understand the experiences of young people who seek an abortion, and shares this information with the wider reproductive rights and justice field. In the process of hearing people's stories, we learn about the interlocking systems of oppression that low-income young people are up against. We have found that abortion costs function to further lock people into these systems in a way that impacts generations. We help stop a potential spiral of economic depression for young people of color by funding what they absolutely need but can't afford.

It is our hope that this data will illuminate the experiences of young people of color and low-income young people who seek to access abortion services. As legislators restrict access to comprehensive sexuality education and reproductive health services including abortion, it is these young people who will bear the brunt of these attacks. Nearly every time we answer our abortion fund hotline, we see the effects of policies that put young people's lives in danger and rob them of their basic rights.

In the United States, abortion is an issue that is impossible to separate from political opportunism and debates around morality. We support grounding discussions of an issue in people's experiences — of their struggles, and in their resilience. This report clearly reveals who is punished by current abortion policy. It is centered in the lived experiences of those people who are rarely acknowledged in national abortion debates. All too often, those people who are most impacted by structural oppression are the least visible and heard. Third Wave Foundation is committed to centering the experiences of those who aren't heard. We affirm their rights, and work to advance economic justice and reproductive freedom so that young people are regarded as the leaders and experts in their own lives.

ACKNOWLEDGMENTS

We wish to acknowledge the commitment of the Richard and Rhoda Goldman Fund, the Dyson Foundation, as well as the generous contributions of countless individual donors to the Emergency Abortion Fund.

With your support, we provide direct grants for young people's access to abortion. In a climate of increasing attacks on reproductive rights, this fund has been able to ensure that their access and self-determination is not lost. The experiences of young people continue to inform our strategies to build a stronger movement for reproductive justice.