

Annual Report FY 2013

Supporting Women's Decisions



As a 501(c)(3) non-profit organization, the DC Abortion Fund (DCAF) is an all volunteer group that raises money to cover the gap between what a patient can afford toward abortion care and the full cost of the procedure.

On the Frontlines of Abortion Access

In 1996, Kelly Anderson was working at the DC Rape Crisis Center when a crisis line counselor came to her for advice. A young woman who had been raped was frantically looking for assistance in terminating a pregnancy. The 19 year-old, overwhelmed by the assault, didn't realize she was pregnant as a result from the rape. She had already called local providers, but couldn't afford the procedure and was desperate. While DCRCC offered free counseling and support, help with abortion funding was not part of their services. Kelly offered to call the victim from home after work to try and help.

After some research, they found that the procedure would cost significantly less in New York City than in DC, but the patient was still short of hundreds of dollars. Together with a colleague, Kelly contacted pro-choice friends and relatives for help. They made her an appointment with a New York clinic (that offered a discount), arranged help for a bus ticket, found free lodging, and located rides to and from the clinic. In the aftermath of thanking and updating all the people who had helped this young woman, there was one check for \$100 that had not been used. When they contacted the donor to see if the check should be destroyed or returned to her, the woman said, "Why don't you keep it for the next time?" Kelly recalled thinking, "The next time? Were we going to have to do this again? But of course we were - or someone would have to, because clearly this situation must happen more often than we'd ever thought." The check was cashed and the money set aside, ready for the next woman who needed similar help.

Kelly and her friends contacted the National Network of Abortion Funds for information on how to form a local abortion fund. They sought a commitment from the Washington Peace Center to be the DC Abortion Fund's fiscal agent. In 2002, Kelly moved to Wisconsin, but continued to help run the organization from a distance. In 2003, a group in DC that wanted to form a fund reached out to Kelly after learning one was already in existence. In 2006, the new DCAF leadership filed articles of incorporation allowing Kelly to retire, knowing that her work would continue. DCAF's new five-member board started raising funds in earnest. During FY06, DCAF had three volunteer case managers who made 42 pledges for assistance, 26 that were redeemed for a total of \$4,545.

Over the years, DCAF has adapted to address the changing needs of its community. During FY13, DCAF trained 44 volunteer case managers to make pledges to 758 women and girls. Of those offered assistance, 598 received \$132,525 in funding. Today, we remain a grassroots, all-volunteer organization serving at the frontlines of the abortion access fight.

Thank you to Kelly Anderson, Nat Okey, and Alexis Zepeda for their contributions to this article.

DCAF operates a helpline that provides safe and confidential information on how to access health care services often restricted or complicated by today's political climate around abortion. Our work and the support of our donors makes the freedom of choice a meaningful reality for more women. Since its inception, DCAF has served individuals in the DC metropolitan area, including parts of Maryland and Virginia, partnering with health care clinics to remove financial barriers to accessing abortion care. In some instances, DCAF partners with funds from other parts of the country to assist those in extraordinary circumstances.

We honor pregnancy in all of its complexity and affirm women and girls as the primary decision-makers in their lives.

A Message from the DCAF Board President

Dear Pro-Choice Friends,

This has been a powerful year for DCAF, and I'm so proud to tell you about what we've been up to.

The thing I hear most often when I talk about DCAF is an appreciation of our grassroots nature. We deeply value our roots, but in recent years it's been clear that since we got our start so many years ago, DCAF's political realities have changed and demand for our work in this community has risen at an extraordinary rate. ***As an indicator of that growth, we provided over \$130,000 to fund abortion care this year alone.*** We know that DCAF provides a critical service to bring justice and equality to our community, and with that comes tremendous responsibility.

And as a part of that responsibility, it seemed like the time was ripe to take a hard look at our organizational structure and health, to ensure that we're setting ourselves up for success in the short- and long-term. In January of 2013, we embarked upon a strategic planning process aimed at helping us do some critical thinking about our Fund. Much of it affirmed what we know to be true: that DCAF is a very strong, unique, and important organization. But we also used the process as an opportunity to identify areas for improvement and set goals for the future. In shaping our plan, we engaged stakeholders from various parts of our work as well as our own volunteers, including members of the board, case managers, fundraisers, donors, and allies.

Together, we isolated a few areas of focus, aimed to help us invest our time and energy into an organizational infrastructure that will provide DCAF's volunteer corps, the patients who call us, and the clinics who depend on us with the stability we need to be here for years to come. We set the following goals: 1) increase DCAF's capacity, 2) improve systems to keep, activate, and utilize current volunteers, 3) strengthen communication protocols, 4) diversify revenue streams, and 5) develop and implement targeted outreach campaigns. These goals reflect our commitment to meet both internal and external needs – honoring and maximizing the time and energy of our volunteers and making sure that patients in our community know about and can access our helpline to get the support they need in realizing their own choices.

But this has involved more than just setting goals. We've put a considerable amount of thought into an implementation plan that will guide us in achieving these goals. I am confident that we are setting in motion a feasible plan that keeps our patients and community at the center of our work.

However, there's one thing that isn't changing – and that's you. Our supporters and volunteers are what keep us going. We know that our strength has come from you in the past, and we hope that you will be a key part of realizing our goals moving forward.

I won't lie to you - it is tough being on the frontlines of the abortion access fight. We watch our patients teeter on the edge of the access gap each and every day. But it can also be incredibly rewarding. Ultimately, what enables us to make such a powerful difference is the time, money, and enthusiasm that you so generously give to us.

When we make pledges, have the tough conversations, and face down our opponents, we do so knowing that you are behind us – just like you always are.

And for that, I am forever grateful. On behalf of me, the Board, our volunteers, and the 2,500+ patients who called our helpline last year: thank you. We could not do this work without you.

For Equality,

Val Vilott
Board President
DC Abortion Fund

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A Story from Maryland

When Maya became pregnant again at age 29, she knew there was no way she could keep her family afloat with another child. Despite long hours working as a hospital aide, it seemed every paycheck was eaten up by the cost of her daughter's day care and gas for the 40-minute car drive to and from the hospital. On top of that, Maya was hit with hyperemesis—severe morning sickness—that left her so weak she couldn't work, and now faced the prospect of losing her job.

Ironically her hospital job didn't offer health insurance. With her income so low, Maya did qualify for Medicaid. However, she was enrolled in the federal Medicaid program, which is prohibited from covering abortion, rather than a state version which—like just 16 other states—permits abortion services in most cases. Staring down the prospect of a \$600 medical charge, she posted her car title for \$300 cash knowing she'd owe many times that amount over the course of repaying the loan. Still short of her goal on the day before her appointment, Maya borrowed \$100 from her mother, and contacted the DCAF helpline. The case manager was able to provide a \$200 pledge to the clinic in time for her appointment.

- Approximately 2,560 women and girls called the DCAF helpline, averaging 213 calls per month.
- 758 individuals were offered grants to help pay for a portion of their abortion procedures. Of those offered grants, 598 patients used their pledges and received funding.
- The average amount of funding assistance given for each patient was \$222. The costs of the procedures ranged from \$150 to \$17,500. The average reported cost for first trimester procedures was \$326, for second trimester procedures was \$1,504, and for later term abortions was \$6,349.
- A total of \$164,168 was pledged and \$132,525 disbursed on behalf of DCAF clients.
- Of the clinics that received funds from DCAF to help cover the costs of patients' procedures, 43% were located in DC, 35% in Maryland, 17% in Virginia, and 5% in states such as New Jersey and North Carolina.
- Of the 758 patients, approximately 12% were under 18 years of age, 29% were ages ranging from 18 to 21, 44% were ages 22 to 30, 14% were ages 31 to 40, and 1% were ages 41 to 50.
- Approximately 31% of those seeking funding lived in DC, 27% lived in Maryland, 34% lived in Virginia, and 8% outside the metropolitan region.
- Approximately 72% reported being Black or African-American, 15% were White or Caucasian, 7% were Latina or Hispanic, and the remaining 6% falling into numerous other ethnic categories.

Fiscal Year *	2007	2008	2009	2010	2011	2012	2013
1st trimester pledges	37	49	112	153	127	212	289
2nd trimester pledges	60	113	223	273	340	367	410
Procedures 24+ weeks	NA**	NA	NA	NA	48	50	59
Total grant pledges	97	162	335	426	515	629	758
% of grants disbursed	77%	58%	70%	68%	68%	73%	79%
Total amount disbursed	\$11,520	\$18,355	\$42,390	\$43,477	\$57,881	\$102,133	\$132,525

*DCAF's fiscal year runs July 1 to June 30 ** Information not available

Financial Report July 1, 2012- June 30, 2013

Assets at the end of FY 2012: \$242,693

Income

Grants	\$51,000
Events	\$63,134
Donations	\$50,664
Gain on Investments	\$3,960

Total \$168,758

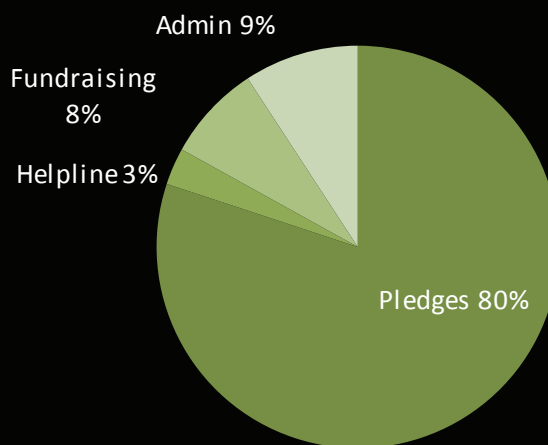
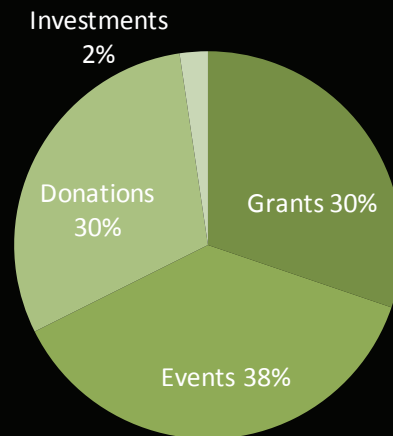
Expenses

Pledges Paid	\$132,525
Helpline	\$4,480
Fundraising	\$12,796
Administrative	\$15,692

Total \$165,493

Accounts Receivable	\$1,737
Undeposited Funds	\$17,975
Accounts Payable	(\$8,548)

Assets at the end of FY 2013: \$254,404



A Story from Virginia

Kasey, 37, with two grown children and three little ones, found out she was pregnant again. When she told the man involved, he left her—with three children to support and no job. It was an extremely emotional time for everyone, and she said she was in no place to have another child.

Kasey was enrolled in a work support program, but wasn't sure when she would get her first paycheck. By gathering all of her savings and paying her electricity and gas bills late—risking having the utilities shut off—she came up with just over \$300 to put toward her abortion. With the help of her DCAF case manager, she was able to reach out to other abortion funds, and after a \$75 contribution from DCAF, was able to have her procedure.

DCAF would like to thank the following volunteers for their great assistance and dedication in making this year successful:

Colin F.	Steph D.
Alesa M.	Steve A.
Tiffany R.	Nat O.
Lindsey W.	Jessie B.
Sandi B.	Tara E.
Kevin H.	Heather H.
Melissa K.	Emily M.
	Joy W.

FY 2013 Events Summary

DCAF's 8th annual Peace, Joy, and Choice holiday party brought our pro-choice community together in December 2012. The fundraiser, held at Capitale in D.C., featured remarks from Congresswoman Eleanor Holmes Norton (D-DC), Dr. Laura Meyers of Planned Parenthood of Metropolitan Washington, and DCAF President Val Vilott. We are extremely grateful to the 37 individuals and organizations who sponsored the event, and the record 205 attendees whose support is vital to DCAF's work. With the help of our dedicated holiday party volunteer committee, the event raised \$17,021 to expand abortion access in the greater DC metropolitan region.

In Spring of 2013, DCAF once again participated in the National Network of Abortion Funds (NNAF) annual Bowl-a-thon (this year, pool was our chosen sport), coming in second place in a national contest with other funds across the country. Thanks to the almost 100 volunteers who teamed up, we raised \$45,849 which accounts for nearly 1/4 of our annual budget. A total of 23 teams participated and those who truly went above and beyond in their fundraising were recognized. Team Chalk It Up for Choice raised over \$9,000, coming in first place for the

“Most Funds Raised” category. Other winners included Jill M. for the “Most Funds Raised by an Individual” award at \$3,500, as well as Baller Cue Dunit for “Best Billiards Team”. The Pool Sharks took first place in the popular annual costume contest. The spring event was held at Bedrock Billiard, a local venue in the



Congresswoman Eleanor Holmes Norton (D-DC)
and DCAF President Val Vilott
Photo: Colleen C.

Adams Morgan neighborhood of DC. which generously provided the space and games for free. To help our teams ramp up their fundraising thermometers and build momentum. we offered prizes for reaching early goals. These included donations from local businesses such as Secret Pleasures and Adam and Eve.

Thanks to the hard work of all our amazing fundraising volunteers, these events were a huge success, allowing us to continue helping local women and girls in need.



Team “The Pool Sharks” won the
costume contest
Photo: Colleen C.

Updates from the Field: DCAF Case Management

During FY13, the DCAF helpline responded to approximately 2,560 requests for assistance, offering pledges to 758 individuals — another record year for us. As an increasing number of state laws and policies are implemented to block or burden abortion access, more patients are reporting the intent to travel across state lines (especially from Virginia to Maryland or DC) to seek abortion care when facing gestation limits, 24-hour waiting periods, and clinic closures. The complexity of our cases has increased, with our volunteer case managers coordinating fundraising with other abortion funds in numerous states and providing resource referrals for travel and accommodations.

The case management team continues to explore and implement changes to strengthen our infrastructure. For more than a year, we have had success in using an electronic HIPAA compliant database to help our volunteers communicate with one another about individual cases. Last year, we created a separate voicemail box to collect requests from callers in DC and Virginia, and another for those in Maryland and other states. Information in our database has helped us learn that the helpline is receiving double the amount of calls from DC and Virginia, as compared to Maryland, so we will split the DC and Virginia mailbox this next year to alleviate the time and energy our case managers expend during their week-long shifts. We plan to increase the number of trainings routinely offered to have three case managers instead of two working each week.

The electronic database also allows us to track more client information than in the past.

In FY06, there were 3 volunteer case managers returning calls made to our helpline. In FY13, we trained 44 volunteers to meet the demand.

One of our case managers, Karin Bleeg, conducted formative research as part of her Masters of Public Health thesis that temporarily added items to our intake process using an adapted version of the Guttmacher Institute's 2008 Abortion

Patient Questionnaire.¹ We will determine in the coming year whether we will include any of these additional intake questions in our process going forward.

Thus far, the research from the thesis project has helped inform our case management team about how best to increase access to DCAF services. A study from the Guttmacher Institute asserts that limited financial capability is one of the obstacles in obtaining early abortion services.² Our helpline hears from those who are homeless, living in shelters, or do not have a safe or reliable mode of communication to contact us for assistance. At times, these women will resurface later in their pregnancies for help, explaining that their cell phones were disconnected or they were in between homes. Callers describing limited access to adequate finances coupled with ongoing states of transition helps to inform us of factors that can contribute to women receiving DCAF funding for abortions later in pregnancy. Of the 181 DCAF clients included in Bleeg's two-month study, 66% were at the 14-week gestation mark or later.³ More than 60% of clients who received funding worked with a DCAF case manager for more than a week, with more than 30% requiring two to four more weeks from the first date of contacting the helpline to the date of the procedure.⁴ Based upon this information and knowing that we want to help as many people as possible, we are currently investigating adding a toll-free number. We hope making a toll-free line available will remove one of the barriers that women and girls may experience in seeking abortion care.

1. Jones RK, Finer LB, Singh S. Characteristics of U.S. abortion patients, 2008. New York (NY): Guttmacher Institute; 2010.

2. Jones RK, Finer LB. (2011) Who has second-trimester abortions in the United States? *Contraception*. 2011;85(6):544-51.

3, 4. Bleeg KE. *The Characteristics of Women Seeking Funding from The DC Abortion Fund* [thesis]. Washington, DC: GWU 2013

DCAF would like to thank the following volunteer case managers for their time, energy and passion in assisting the many women and girls who contact our helpline:

Alesa M.
Aleya H.K.
Amelia T.D.
April C.
Ariste S.B.
Ashley H.
Bessem S. B.
Bettina R.
Caitlin M.
Danielle G.
Emily C.
Frances M.
Georgia A.M.
Halli O.
Heather D.
Jennifer Q.
Kari R.
Karin B.
Kassandra K.
Kate V.
Kathryn M.
Katie M.
Lindsey W.
Maggie R.
Meghan F.
Meha P.
Nancy M.
Sarah B.S.
Sharita G.
Travis S.
Trina S.
Val V.

A Story from Maryland

Ricki was 17 years old and a rising high school senior when her foster care caseworker contacted DCAF on her behalf. A college-track student in the DC public school system, Ricki had escaped physical and emotional abuse at the hands of her biological family and felt she was finally on the path to success. Yet, she knew trying to raise a child within the foster system would jeopardize her future plans.

Ricki turned to DCAF in her 11th week of pregnancy. The clinic was willing to give her a discount, but as a student, she didn't have a job. Her foster parents were unable to contribute, and her foster care organization was faith-based and would not help her with funding. She tried to save some money from her back-to-school stipend, but the foster organization required receipts for each purchase. Nevertheless, Ricki, her caseworker, and her DCAF case manager worked tirelessly to raise the \$375 she needed for her abortion. Now Ricki is back to her full schedule of school and extracurricular activities and is looking forward to her bright future after graduation.

For the third time in five years, DCAF has received an award from the Washington Area Women's Foundation. Made possible through the Rainmaker's Giving Circle, this \$18,000 grant will help implement "Brighter Futures Together", a collaborative program that will increase outreach efforts to youth ages 10 to 21 years. Expansion of our services will include:

- 1. Outreach Materials:** We will ensure that more youth have access to our services via development of outreach and informational materials directed toward this demographic.
- 2. Clinic Trainings:** We will build support and understanding among abortion and family planning clinic staff that interface with youth through direct outreach and training.
- 3. Service Organization Collaborations:** We will host collaborative training opportunities with other crisis/direct-service organizations to help staff and case workers understand their obligations to assist pregnant girls with a full range of options, including abortion.

Though DCAF serves many young women and girls, we recognize that there are likely youth who do not know about us and service providers who interact with this demographic daily that may have limited understanding of ways we may help their clients. Looking at our FY13 statistics, we realized that our referral sources have been limited in range: abortion clinics (46%), other abortion funds (26%), the internet (20%), family members/friends/partners of patients (5%), medical professionals (2%), and social service agencies (1%). The grant will fund this outreach initiative as well as the anticipated increase in the number of pledges for youth contacting our helpline.

Brighter Futures Together aims to meet urgent short term needs, while building long-term relationships to make DCAF's knowledge and expertise available to allies of youth. We also hope that partnerships in the community will allow opportunities for follow-up studies or projects that will tell us more about how these girls' lives are affected by their pregnancies.

In 2008, DCAF received the Washington Area Women's Foundation Leadership Award in the amount of \$10,000, and in 2010, a \$15,000 grant from the Rainmaker's Giving Circle for general support.

Our monthly donors are critical to our organization and help us forecast support we can count on throughout the year. New monthly donors of \$10 or more receive this Coat Hanger Pendant as a token of our appreciation and to help us promote public awareness of our mission as Friends of DCAF.

Thank you to our monthly donors!





DC Abortion Fund
P.O. Box 33722
Washington, DC 20033



Join the Friends of DCAF monthly giving program!
<http://www.dcabortionfund.org>



DCAF thanks the following clinics, allies, and friends for their support during FY 2013

A Capital Women's Health Center
A Preferred Women's Health Clinic
A Woman's Choice of Raleigh
American Women's Care
Association of Reproductive Health Professionals
Cherry Hill Women's Center
Choice USA
DC Doulas for Choice
DC Rape Crisis Center
DC Vote
Falls Church Healthcare Center
Femi Care Surgery Center
Germantown Reproductive Health Services
Greater Washington DC DSA
Gynemed Surgical Center
Harold & Marilyn Melcher Foundation
Hillcrest Clinic - Richmond
Jack D. and Fredda S. Sparks Foundation
Law Students for Reproductive Justice—American
University Washington College of Law chapter
League of Women Voters
NARAL Pro-Choice America/MD/VA
National Center for Lesbian Rights
National Abortion Federation
National Latina Institute for Reproductive Health
National Network of Abortion Funds
National Organization for Women/VA/MD/51st State
National Women's Health Network
National Women's Law Center
Planned Parenthood affiliates in MD/VA/DC/NC
Potomac Family Planning - DC and Rockville
Prince George's Reproductive Health Services
Religious Coalition for Reproductive Choice
Reproductive Health Technologies Project
Richmond Medical Center for Women
Roanoke Medical Center for Women
Social Workers for Reproductive Justice
The Moriah Fund
Visions in Feminism Collective
Washington Area Clinic Defense Task Force
Washington Area Women's Foundation
Washington Surgi-Clinic
Whole Women's Health of Baltimore
Women's Information Network