

This interview has been lightly edited for clarity.

AMELIA BONOW:

Hello, Abortion Academy friends. We're going to get started in just a moment for this special morning edition of Abortion Academy. Hope everybody's doing okay. What a time. What a time. What a time. Feels like people are feeling a lot of stress from a lot of different directions, and this work is feeling strapped, and like sort of under pressure. And I know that this election season is breathing down all of our necks. And we're really happy to see everybody. And we're really happy about our guest today who's going to be talking to us about just work at the most grassroots level and we all know that's work that can and will continue regardless of what happens in November, or in any election-Federal or State.

So let's just go ahead and get started and people can obviously join as they arrive.

My name is Amelia Bonow, and I use she/her pronouns, and I'm the co-founder and executive director of Shout Your Abortion, which is a nationwide organization, working to normalize abortion and elevate paths to safe access, regardless of legality. We make resources, campaigns, and media intended to arm existing activists, create new ones, and foster collective participation in abortion, access all over the country.

Abortion Academy is a monthly Webinar series where we get to introduce you to one of our exceptionally brilliant colleagues, and we hope that these sessions will deepen your knowledge, helps you connect some of the dots between the issues that you're navigating on the ground regionally and what's happening at the national and international level. And, ultimately, to give you fresh ideas to take back into your communities.

Audience members will be off camera and muted for security reasons. But you will be able to ask questions in the chat throughout the session, and also we're super excited that this is our second Abortion Academy where we have spanish interpretation available. So if you would like to use that, and if you'd like to hear this presentation in Spanish, you can go to the bottom bar of the Zoom app and just click on the little globe and then select the language that you'd like to hear the presentation in.

So we are going to be hearing today from Gina Martinez, from The Colorado Doula Project. And we're going to be hearing about the Colorado Doula Project and an overview of things like, 'what is an abortion doula?', 'what do abortion doulas do?', and hear from Gina about the range of ways that the collective supports abortion seekers, how Colorado is so incredibly and specifically important within the US abortion landscape. And ultimately, why it's so important that folks work outside the broad medical system like how regular folks, like all of us, can make big things happen in your community.

So, Gina Martinez is the director of Colorado Doula Project, which is an abortion fund and practical services collective based in Denver. CDP is a grassroots, nonprofit organization that provides free, logistical, financial and emotional support for people accessing abortion in

Colorado. CDP offers procedure funding, travel support, rides, and free emotional support via a cohort of trained volunteer abortion doulas for anyone having an abortion in Colorado. CDP is both a local and national organization serving both Colorado residents and, from anywhere in the world, for abortions at any point in pregnancy.

So, with that, I will hand it over to you, Gina.

GINA RODRIGUEZ:

Hi!

AB:

Hi!

GR:

Oh, there I am! Okay. This is really exciting. I'm really happy to be here. I'm in my hotel room and I'm usually, when I'm in any meetings or any zoom calls, I'm usually in my bedroom with my cats crawling all over me so this is lovely.

Yeah! So, the Colorado Doula Project began almost ten years ago, um, and we started with just a few people on a...what I'm sure is a defunct message board, and there was a little regional board and some of us thought that we should get together in person. And, um, you know, at first, the practical support aspect...you know, the rides and all the logistical things, weren't on our radar as much.

Usually when I tell this story, I talk about the fact that it was me and three hippies in a co-op living room which is absolutely true. We started out based in Boulder. We started out as the Boulder Abortion Doula Project. And you know, in the beginning, we really didn't know what we wanted to be. We met every other week in person, which is really crazy to think about now, like getting people to meet in person now, you know post the half-assed lockdown that we had, is pretty remarkable, and meeting every other week, too. But we met really frequently in person, and that...I really credit that to a lot of what gave us the foundation that our team has now, our core leadership because we really built a lot of friendships and and you know, and connections to each other that way.

But really the main thing for our work was figuring out what was actually needed in our area. I mean, this is definitely...this is way before Dobbs. This is before SB8 in Texas, the Bounty Hunter Law. This is, you know, probably eight or nine years ago that we started. And one of the things that really changed for us was talking with an interfaith group in the area that had a small fund for people seeking an abortion, and you know, just connecting with them about what was needed. And you know, something that they said to us was, you know, we have this little budget that we could help people with and what we don't have is any rides, or getting people to the appointments or, you know, places for them to stay. Things like that. And there were a lot of requests for that, and it was something that they couldn't help with. And so we said, Oh, we can do that, which has been how we respond to a lot of things over the years and so we really

started looking into providing that logistical super, honestly, at the time. We did not have another volunteer cohort like we have now. So it was me and Melissa Walton who is our deputy director now and a couple of other people who were doing rides and things that people need. But you know we didn't have the clinic connections that we have now. We didn't have those relationships and, you know, we really had very few people that we were giving these rides for which was great to start off slow. And so we went along, and we, you know, got to know providers in the area and you know kinda showed up in a way that showed, you know, we're trustworthy, that we were reliable, you know. That kind of thing.

We started slowly getting more referrals and you know, eventually we had a website where people could find us. And, you know, we would get people who just knew someone who was coming to the area. It was really kind of all over the place. And, you know, during that time we wanted to have more training for ourselves. And, you know, gosh...this was like five or six years ago.

The only group that we knew of that was doing any sorts of training at all was the New York Doula Project. And they had a program to train people and we were really excited about that. So, that ended up not panning out for them to come out and train us through their model. And we ended up having this really, you know, this significant...I can remember where I was...I can remember so many things about the conversation. We were on a group call and one of the people in our group said: "you know, why don't we put together our own training." Most of us had been trained as birth doulas with a lot of the ethics that we had been trained as doulas had overlapped with doing abortion support and being an abortion doula. And miscarriage and fetal loss is something that occurs, you know, it's not uncommon in pregnancies so there was also that overlap of training. And you know, just because we were people who were passionate about full spectrum doula work, we also had, you know, some of our own connections with other organizations and other doulas and things like that. And we started to put together our first training which was in person. And we built that first training as a two day training which was also daily different from how things emerged at the time. It's a lot longer. It's still a lot longer than a lot of other trainings and part of the reason for that is that we try to touch on some aspects of the work that don't seem directly relevant, maybe for some people. But you know, we have some aspects of racial justice, of barriers to care, of you know, maternal mortality for Black women, some sort of one on one foundation in Trans affirming care around abortion.

So, even though our training has changed tremendously since then and really grown and improved, we've really started out wanting to make it more comprehensive than just the basics of abortion and you know, sort of how to provide emotional support to people. Which is not a critique to any other trainings. It's just something that we came into this work doing differently.

So, that first training it was really like, you know, we had never done anything like this. We created the training in six months which was a terrible idea and I do not recommend it. It was not...you know, it was just a very...like I'm very proud of what we started with. But that was such a short time. It seemed like such a long time, and it wasn't, you know, and we were like, Wow, is anybody gonna show up like? And it was full, and we had people who were coming

from different parts of the country, and really wanted to learn how to support people through the abortion process.

And you know I mean that initial phone call we had amongst ourselves and, you know that person who initiated that idea, we have this...you know, base of knowledge ourselves and we have the ability to find other information that we need to put together a training that we can really feel proud of. That was just super important, you know, and I think there's a difference between saying okay, we can do this. We have the schedule. We have the knowledge to do this. And, you know, that doesn't mean we thought we knew everything we needed to know, or anything like that. It was just trusting in the ethics and the knowledge that we wanted to bring to this work in the first place. You know, we had a lot of help from other doula groups in different areas and we got their permission whenever we used any handout stuff they had or any things that they had, and we attributed anything that we used from anybody else in our training.

And you know, and that's something that obviously we still do and you know, we had two in person training before 2020. We had one planned for spring of 2020 and it's probably not surprising but we were not able to have that in person training and it took a while to shift to the online training that we have now. And you know, just to stay on track with that timeline.

When I talk to people, because I'll have some people reach out to me like maybe they travel through Denver and they're from another Doula organization, or they're someone who's interested in starting something similar where they are. I think one of the most important things that you can do is to, you know... if you are someone who's trained in birth doula work, something that they will probably talk to you about is, you know, kind of like not centering yourself in that, in that process, in the birth and the work that you do in the work with your client and really centering the person that you're working with. And you know, that's obviously applicable to what we do.

I've seen a lot of, especially leading up to Dobbs, I've seen a lot of groups and sort of like kind of social media things with, you know, a well meaning effort like the camping thing like 'oh, I'm going camping, da da da da'. My critique with some of the movements and some of the efforts to start those things and kind of have them on an individual basis is really just like access to, how are people gonna find you? How are they gonna know that you're trustworthy? Like these are worthwhile questions to ask yourself.

And, you know, and what already exists in your area. I mean, there's been a lot of other abortion funds and other PSOs who have talked about this, you know, online and, you know, in different places. You know, what already exists in your city, in your state, or county whatever. That's probably the first question anybody should ask themselves if they want to start really any sort of mutual aid or abortion support, really any kind of grassroots organization is what work is already being done. Because, you know, you don't want to...it's not just about duplicating work that someone is already doing, although that is part of it. But, it's also about like, you know, if you don't know what organizations exist locally, then maybe you need to take a step back before you really surge on with starting your own org.

And you know, having an idea of who is already doing the work, who's already doing the organizing, and how you can connect with them. Are there some things that they would like to do but don't have the capacity for? Are there other groups that you can volunteer with? That kind of thing.

At the time that we started, there weren't any other abortion doula orgs in our area. Now we partner very closely with Cobalt which is an amazing abortion fund, and we work with them on a daily basis, and they had not yet formed at that time. So, you know, I think, really, having that sense of who's already doing the work in your city is really important.

Colorado had been a significant location for a number of reasons. It's a receiving state, which means that, you know, we have people coming from all over the country, primarily from the center of the country. The east and west coast are pretty well covered. They have really great funds, great providers, and you know the sort of center area of the country...not so much. So we have people coming from everywhere, but right now, our clients are generally like half and half Colorado and other states. We have a high percentage of people coming from Texas, and the remaining percentage coming from a number of different states. Some of that is just Geography. Texas is really close to us. It is...I wouldn't say it's easy, but it is possible for people to drive from Texas if they want to. Oklahoma is sort of a similar thing. So those are two states that we get a lot of people traveling from.

And, you know, I think all the time with a lot of gratefulness for our early days, doing a lot of really slow, really...you know, it wasn't always exciting. It wasn't always like, you know, the landscape was just really different, you know, like I said when we began, it was before Dobbs. Just before SB8. The things were still...they were not great. But you know the volume of people was just drastically different then than it is now. And, you know, I'm really glad that we had some lead up time to figure out what worked for our area and our providers. We had time to figure out some of the early kinks. Things like doing airport pickups. You know, myself and Melissa, who I mentioned earlier. We were all volunteers for years and years. We've only started having any paid staff like two years ago, I think, so we were all doing unpaid work for a long time. But Melissa and I were the ones doing the airport rides like pretty exclusively for a long time. And there were weeks where the two of us were just like making circuits back and forth to the airport.

During that time, we figured out a lot of things that informed the development of our trainings and the way that we guide our doulas to care for people now. You know, because Colorado has abortions at all trimesters, we have a lot more people traveling. There aren't a lot of places in the country where you can get that care if you need it. We have incredible providers here. And that also increases the volume of people coming here. I think the part of our organization is the abortion fund and that is endlessly important. You know, we are working with a really small budget. And the thing that people ask all the time. You know, what do you need? How can we help? And the thing that we need is money. The thing that we need is money and I think, for whatever reason. I know some of the reasons why people don't like talking about that and don't like hearing that what we need is money, but like that is what people need in order to get their abortion. They need money for the procedure. They need money for their plane ticket. They

need money for their hotel. They need money for food. They need money, you know. We need money to hire a sitter. And that is, practically speaking, what people need for any aspect, really. We have seen like a lot of.. you know, this is... what you'll hear pretty much anywhere if you talk to anyone doing abortion funding or practical support is that donations have gone down hugely especially with the election coming up. People are really being vocal about, like, you know, putting their money to the election and not donating to maybe smaller organizations and not donating to abortion funds the way that they might have before.

Another thing that I'm hearing is people saying that if Kamala Harris is elected that the abortion situation will be fixed. That is absolutely not true. And that is not to say that I'm saying that the election doesn't matter, or that who's President doesn't matter. It does but if Harris is elected, the bans and things that we see in the States right now are not going to suddenly change. And to be very realistic, they're probably not going to change at all for a while. So, the situations that pregnant people and abortion seekers are living in through the majority of the country are going to be the same. And so I hope that people can keep the positivity that people are feeling and temper that with some practicality about the laws that people are living under.

You know, just yesterday, we have the name of a third woman whose death has been attributed to her inability to abandon her state. Something I've noticed about the three we have, you know the two from ProPublica and then the latest person I think I heard from another news outlet but each of their stories are different. There aren't the exact same scenarios happening. You know, Amber Thurman got delayed care that led to her death and I see a lot of people saying like, 'Oh, it's because the doctors like', you know, whatever like, 'it's legal'. The law is vague on purpose. It's supposed to hang people up, it's supposed to delay. And that delay in care is what killed her because sepsis acts fast and you don't have a lot of time.

Candy...I believe her name is Candy Miller. I apologize if I got her last name wrong. She didn't go in to seek medical care because it was her and her family's understanding that she would be arrested if she did and that is what led to her death. And this newest person, another young mom whose name I can't recall at the moment. She died because the abortion ban in her state, I believe it was in Indiana, created a care desert where there wasn't obstetrical care at all at the hospital that her husband brought her to. And there wasn't obstetrical care because of the abortion ban and because Obstetrician gynecologists can't do their jobs in a state with an abortion ban. She died because of complications from an ectopic pregnancy because there was no one trained to handle it.

And I think the fact that these three deaths, which are really just the three that we know about, have such different circumstances leading up to their death is really notable. Because people want to think of these things...you know pregnancy, abortion, miscarriage, and the care that people need in those circumstances, as being really tidy, and really cut and dry and 'oh, well it's legal like for the mother'. First of all, a lot of these laws will have lists of complications you're allowed to classify as threatening the life of a mother and if that thing that one person has is not on that list, then the doctor cannot provide an abortion. You know, and we've got the vagueness. We've got a lot of fear and anxiety with hospital administrators and lawyers contributing to this.

You know, it is not as simple because pregnancy, and miscarriage and childbirth and all these things are not simple. You know, I saw someone bring up the fact that even at the stage of sepsis and the twins that Amber Thurman was already pregnant with, they had already passed. I believe they didn't have a heartbeat at that time, but I'm not exactly sure of that. She would have still tested positive on a pregnancy test. So how we determine even what pregnant still means is not as simple as people really want it to be. And it infuriates me that we had...even if these three women were the only people who had died as a result of any of these bands, it infuriates me that these three mothers and their partners and their children and their family, like they lost their lives. Amber Thurman wanted to go to nursing school, you know. They had lives and dreams and things that they wanted to do, and all three of them should be alive right now. All three of them should be alive. They should have gotten speedy care. They should have gotten the care that they wanted and needed. And there is absolutely no good reason for any of them to have died.

I think now having now been in this work for almost ten years, I definitely got in the habit of, you know, or got out of the habit, I should say, of saying that I've kind of seen it all because I learned really quickly not to say that. You know, because there'll always be some situation and some story that I haven't encountered before. But the things that bring people to us for support are really different. Some people are in very dire situations, very dangerous situations. We have a lot of people who are...most of our clients are multiple marginalized people. They are poor. They are people of color. They are trans. They are in situations of domestic violence. Some are homeless. You know, they have a lot of different things going on. But we've also had clients who are about to start medical school and want to finish medical school. And as a parent of a young woman, that really activates something in me when we have someone who's like, 'I really just want to finish college'. And I'm like 'and finish college you shall. We're gonna make sure you are able to do that.' And they should be able to do that in a way that is best for them.

The range of stories, the range of people, the range of situations for our clients is so vast. I really wish that more people who kind of opine on abortion and miscarriage and abortion care would shut up and listen to anyone who has had an abortion and maybe stop and have a little curiosity and what made people make that decision. I hope that when people are listening to me yap that if they are excited or curious about starting an organization that they don't feel discouraged by anything that I'm saying. You know, when I say that there's a lot of boring work, that's the stuff that makes things easier for you later on. That's the stuff that makes your organization better.

There's so many different ways to do this. We are a 501c3 really, primarily, because there was another group that started about the same time that we did that had to disband for a bunch of life reasons. Somebody got married. Somebody was moving overseas. You know, that kind of thing, and they came to us and offered to transfer their 501c3 status to us which saved us a huge amount of money and heartache because that process is really long and a real pain. And being a 501c3 is right for some organizations, and not for others. It depends on where you are and the kind of work you want to do and there is no one right way to do that. We have a lot of

really necessary criticism of the nonprofit model happening right now. That's super important. And I just want to say that like the things that make nonprofits so prone to burning out their employees and duplicating a lot of crappy things from big power structures are things that you don't have to do. You can stick to your ethics and make that the center of your work. And you don't have to burn people out.

I have no regrets about us being a nonprofit but I'm really grateful that we get to do this work with a number of groups who are not. And I think that especially with abortion access because obviously that's what I'm the most familiar with...having those different models and working together is absolutely the strongest way to do this work. You know, and having groups and people with different backgrounds and different ways of approaching conflict with different ways of organizing the structure of their group makes the work stronger. And I don't know of any abortion funds or PSOs that are working on their own. All of us are working with each other every single day. I joke a lot about having, you know, 72 signal chats and that is true. But, you know, working on a daily basis with our local clinics, getting to know the staff there and know that we have these trustworthy providers, and being able to tell our clients is so important working with. I love abortion works so much. They are the coolest, bravest, most radical, intelligent, kind, funny people I've ever known. I am in and out of a lot of meetings, and a lot of calls throughout the week, and I love this work. I love it so much. And I'm so grateful to be able to work with people who really teach me every single day about how we can do our work better.

When I came to (unintelligible) full time a couple years ago, I came on as director. I didn't... This is my only nonprofit work. This is my only organizing work. I did not have any other nonprofit jobs. I was a nanny my whole adult life. I started when I was 19. That is the only kind of work I'd ever done. I did both of those things at the same time for a long time until that became impossible. And fortunately, that timed when I could shift out of Nanny work and into doing CDP full time. I didn't go to college. I don't have any degrees related to this work. What I have is a really steadfast commitment to this organization that I love so much and to our staff. Often our volunteers give so much of themselves and to our clients. And you know, really, all I want to do is like give tenfold back to them as much as they've given to me. I'm very lucky to be in this.

I want to look at the time. It's 10:43 and I can definitely talk a little bit more about what CDP is doing now and looking ahead at the election. I just want to do a little time check, and make sure that that's okay.

AB:

Yeah. Go for it. I'm so fired up and excited to chat with you. But yeah, why don't you sort of round it out by telling us what y'all are working on now, and how you're approaching the next few months. I put a link to the CDP website in the chat which is such a great site. And really, I think it showcases the breadth of ways that you support folks. I encourage everybody to give it a click. But yeah, tell us what you're working on.

GM:

Yeah. So you know, we have two main programs. One is our ADT, the abortion doula training which anyone can take. It's all online. It is a suggested donation, pay what you can, no one turned away. We really want that to be accessible for anyone. And you know that's something that also will be in continual development and improvement. And then we have our ASN which is our abortion support network. And that is where our intake team and intake manager, Anna, does absolutely phenomenal work. And what we're able to do with the ASN now is in large part due to what she's created.

And so we have, like you said in the intro, Amelia, we have funding for abortions. And we do a lot of practical support. Practical support is basically everything we do around the abortion itself. And a lot of stuff with transportation, rides, flights. A lot of those things are really applicable for Coloradans as well, because if they're not in the Denver metro area and even if they are, they may not have a car. There's all sorts of circumstances, and Colorado has, you know, the Rockies going right down the middle. If somebody's on the other side of those, there's a real void of clinics and providers in a lot of the parts of the state. It is really hard for people to get care. You know, there's some areas of the state like Colorado Springs, and some of the smaller like mountain areas that are less friendly to abortion in general, and a lot trickier to navigate for people who are in those areas. And also literally just the landscape itself can be a really big barrier.

It's, you know, if somebody is in Grand Junction, it's not easy for us to get somebody over there in time and that's something that we're working on. In 2025, we really hope to be able to get into more rural areas of Colorado, and reach people in some further parts of the state. We are looking at starting a drop-in post abortion support group because people have asked us about that a lot.

As far as the election itself, if you follow abortion stuff and if you follow us, we have a really important amendment in our election. Amendment 79 to protect abortion in the Colorado state Constitution. That is very important. What is arguably more important is removing the barrier on Medicaid covering abortion in Colorado because we have a lot of clients who are on Medicaid. And if they could use Medicaid to support abortion care, that would be massive. That would help us so much.

So, you know, I'm about to be really annoying to all of my friends and family about voting really, primarily because of that. We're really lucky. We have shield laws. We have incredible providers. We have not had the backlog...there was a period of time where it was harder to get an appointment here, but I think a lot of things have been organized since then. In general, people are able to get in pretty quickly, and that's because we have a lot of providers who can practice the way that they need to here. So we're really fortunate with that, and we have really great clinics and really amazing people doing this work here.

AB:

You are really amazing, Gina. Oh, my God! It's just been such a joy to listen to you speak today, and there's a question in the chat that is no question. Just thank you deeply for your work, integrity, compassion, and I want to second that. It's really just one of the reasons why we were so excited to have you as a guest is because you are coming at this work from this approach of like, 'I don't have a nonprofit background, I didn't go to college for social justice work. I am a really thoughtful person who has a lot of heart, and I'm brave, and I love this work, and love the people that I serve, and I'm going to do my very best to do it well with my eyes wide open, and surround myself with collaborators that are committed to doing the same.'

And you know, we really want people to feel empowered to get out there and do that, you know. And also, I think one of the things that you addressed in the beginning that I think is sort of like the dichotomy here is that we do know that folks can sort of have a lot of enthusiasm. And often, I think, paired with a sense of urgency can kinda end up like Kool-aid manning into the work, you know, and can create some form of harm whether it's not being prepared to deal with clients. Maybe it's interfacing with clients, or it's like stepping on toes in their area because they didn't even know the toes were there. And it's like a stylistic sort of issue.

You talk about the camping thing which is like a lot of times, I think that there's a great aversion in the movement of folks who don't have the right language and that can be communicated in a less than constructive way. And I really don't want to hear someone's enthusiasm for the work and tell them to fuck off because they said it wrong. I want to say, okay. So here's...I want to say here's this camping thing and it's like maybe not the most helpful way to do this. And like you said, it's difficult for abortion seekers to navigate intentionally opaque language that is like a little codeword that was created in a Facebook group. That's not...people are already sketched out about who to trust and what they're options are and this maybe isn't helpful in making people know who they are and aren't able to trust. And I think that that's a great example of a person who clearly wants to help like they want to help people have abortions, and they're like, not necessarily showing up in the way it's most helpful to those people. And I want us as a movement to get better at helping offer some constructive notes to those folks but not just telling them to go away. Unless they're unwilling to hear feedback and this kind of like stridently proceeding to cause harm. And then, I think that's a different conversation.

All of this to say, I really like the fact that you are coming from a place of like there's a place for everyone in this work and everyone has a different level of education, and let's create a movement where everybody can find a way in.

GM:

Yes!

AB:

You know what I mean? And so I guess, like one thing that I think about 'cause you talk about how you work with all different kinds of groups all the time. You're in all these signal chats and

your groups seem to be organized in a relatively informal way in terms of like, you're not a... like, yeah, you have nonprofit stuff. But I get the feeling that you're more like three punks sitting around the living room kind of organizing ethos than like a 'we are a nonprofit.'

So I guess what I'm wondering is, do you have an internal decision making process? And second part of that question is what is your personal and/or organizational approach to conflict, either within the group, or in the communities in the movement work that you navigate?

GM:

Yeah. Oh, gosh, yeah. So we have like the we have, like our core leadership group. We just you know, we just call it The Core. And so that's myself, our deputy director, our intake manager, our development director, an Admin. And you know some people who aren't on staff. We have one person, Emily, who does our data. You know, someone who does specific things that not a lot of people do and she does it really, really well.

And you know, recently we've had some friction really recently about like...and I think some of it is related to growth where now we're at this point where in many ways we're not that far from where we were in the beginning. We don't have an office. We all work remotely. You know, that kind of thing. But the growth in terms of...you know, we doubled our clients from 22 to 23 and it looks like, I mean, there's not much long left of the year, but it looks like we're going to double them again this year from 23 to 24. That is...that's so much. And I think that there isn't enough attention given to how much work practical support is. All of the moving pieces of hotel reservations. Somebody might need four rides or six rides during their time in Colorado. Those moving pieces are massively complicated to organize. Anna, our intake coordinator, and our volunteer intake coordinators do just a phenomenal job with that.

You know, we might have people coming in who don't need to talk very much. They just want to get their care, and that is fine and you know whatever they need. You might have people who bring their stress and what they're going through emotionally, and our intake team does just an incredible job of, you know, just really being there for them and making sure, like, 'okay, so we have client R, and you know she really needs some extra TLC, like, is anybody available to like blah blah...' It's a lot of care work and a lot of emotional labor for our intake team.

You know, I think that growth can cause some. You know, when I say friction, I think like...pretty much all of us came to this like CDP is our first and only experience working in abortion access. And so it's time for us to tighten up what our roles are like what are we all doing. Everybody has a lot of autonomy like whether their job is grant writing or putting on a volunteer appreciation event. And I think we all try to help each other out as much as possible. Small staff that we have, and we will go in and be in our chat. You know, we have weekly check-ins, that kind of thing. I think we turn to each other a lot like 'okay, this is coming up and what do y'all think about like this or that or whatever.

We turn to each other quite a bit on any decisions that are being made. And then, every once in a while, people will have like decisions that they just are part of their role, and they make on

their own. We also have over 120 trained volunteers which is just incredible and everywhere I go, when I talk to people, they'll say 'you have how many volunteers?' It's a lot that we've been able to maintain and that's intentional. You know, we really try our best to be transparent about what we're doing to have a lot of varied things for people to do. Not everybody can do rides, you know, rides during the workday are mainly accessible for people who have flexible work schedules or maybe retired, or something like that. That's not necessarily accessible if you're working like a standard 9 to 5, Monday through Friday job. So we have a lot of other things we can do. We do virtual doula support now. So when people just want somebody that they can text with, or maybe have a phone call with, while they're doing a medication abortion or something like that, we have people who can do that.

So, you know, I am super annoying about like-and you can ask my partners about this-you know, 'well, have you just like asked them? Have you said just like I think you should just like say so, I think you should say this to them.' And so, I think being direct with each other whenever that's possible. And another thing that is hella corny but I really do believe in it is that when you have friction or conflict come up with someone, that that's an opportunity for yourself, like if I find out that I am contributing to someone feeling really under appreciated in their work or something like that, that's an opportunity for me to be better at that and to listen to that and see how I can do a better job. So it is really corny but it's also really true.

So those are some of the things that I bring to like...you know, we are lucky we don't have a lot of conflict and things like that come up. And we have like, I said, you know, I'm never, ever, ever, gonna stop talking about how amazing our team is, and how amazing our volunteers are. We have the best people in the world, and we're human but we're all really dedicated. Nobody does...you know, I think I don't know if this can really be said about nonprofit work in general but nobody does abortion access unless they're really passionate about, and really have a lot of love for the people who are accessing abortion.

I said something on Twitter on my...You know I have. We have our organizational Twitter and I have one like a professional one for me, and I said something last week where you know, it was like the people who are bearing the heaviest burden of stress and holding the highest risk are our clients across the board all the time. It's not us. It's not even the doctors. And they are the ones who are carrying the most risk on a daily basis and remembering to keep that centered when we're feeling left out and feeling very overwhelmed.

AB:

So there's a couple more things in the chat. One person is asking, how can we get involved with CDP? And there is a get involved tab on the website, which is amazing. There's another person that just says 'I volunteer with CDP, and want y'all to know it's organized so that when and if you can help you, speak up. If life is too much, it's okay. It's awesome that we needn't worry about over commitment and just volunteer when able. CDP staff and volunteers are super supportive-'

GM:

Aw.

AB:

'And then also, the training to become a volunteer is so awesome. You can walk in not knowing much and finish ready to be assigned to be a safe and friendly face.' Oh my gosh, It's time for me to cry! I cry every Abortion Academy. It's just...

GM:

No. It's really, that's really I've...I've.... yeah, that's really beautiful. Like, I said, you know, our volunteers are really, really the best. So if you want to get involved with us, or if you want to take the training, anyone can take the training anywhere in the country regardless of whether... and you know, anybody in Colorado can take it whether or not they are gonna volunteer for that.

I really try to push this as a good way to get yourself a better foundational knowledge. Especially now. Especially with all the crap that's in the news, and the stuff that people are saying. It is a really good way to do that, and it's all at your own pace. You know, we really try to make it as easy as possible.

And yes, training is required if you want to volunteer with us. But volunteering with us isn't a requirement for taking the training. Like the person said in the chat, the way that we have our signal chat for client requests which is it's own thing, you know, if we say 'Oh, so and so needs a ride on Wednesday at 9:30 in the morning, how we have that configured is you only answer, if you're a yes or a maybe. We do not waste people's time with like having to justify why they can't do that. A lot of people who have had volunteer experience have had to say like, 'Okay, well, these are my parameters. And this is what I can do and have the organization, who's probably like really understaffed and strapped, be like super, I'm gonna ask you to do the exact thing that you just told me you can't do.' We really try not to do that. Our requirement really, for our volunteers, is that we ask them to commit to if they're doing rides, they do one ride a month. And that's mainly just to keep you active, and connected and being able to get a chance to use the skills you're learning. And we also have a general chat where people can talk about whatever. They can ask questions. We do lots of pictures of people's pets. And our volunteers will be like 'we're starting a reading group!' or 'we're starting a rollerskating group!'

It's like really cool, like they do, you know, they'll go off and like start, you know, these little groups themselves. I really want to plug the training just because that's a really great gateway to, you know, to finding out...And then, you know, if you aren't in Colorado, and you want to learn more about what might be in your area, The National Network of Abortion Funds has a list of you know all their number of funds in different States if you're looking for something in your state. We also work with Apiary which works with a lot of practical support organizations. So we're in both because we're both, and they also have a list of partner organizations.

One really simple way of getting connected to things is, if you have an organization you follow, or you follow us like, look at who we follow, who we share. Find out who might be closer to you.

Show up at things. You know, if they have a bingo night, or taco night, or tabling somewhere, show up and talk to them. Come and talk to us at an event. Come and like come and yap at us at our table like, you know, we really love talking to people, and I'm not the only one who likes to run my mouth. We're all talkers, and being a volunteer also offers a lot of possibilities for connection, and like making friends with people. And I think that's a little side benefit.

AB:

I have a couple of nerdy or technical questions. One is can you talk a little about your volunteer vetting process and it's okay if the answer is no. And then, part two of that is like how many 'cause 170 volunteers is wild, and it's also super, super cool that it's flexible. You're giving people a range of different ways to be involved and [time commitment]. And I'm wondering if you can talk a little bit about your volunteer management strategy, and like how the hell you do that.

GM:

So, you know, there's a couple of things. With our volunteer vetting, there's no way to perfectly vet someone. We do ask people to make their social media available to us, and that's mainly just because sometimes people will be really honest about having weird opinions-

AB:

Like they're a terf or something.

GM:

Like I'm not talking about like...I don't know like aliens or something. And we talked to them...you know, we have an orientation and we also have an informational night where people can just kind of like come in here just like on a bit deeper level, like what is involved in being a doula with us. We don't do background checks or anything like that. And I think the best way is really, as much of this is possible, is to be in conversation with them as much as possible because usually people will kind of talk about themselves and they're gonna say-

Like if someone were to come in, and were really anti-abortion, I doubt they would be able to keep a lid on it. There would be something in there. And I hope the Lord does not test me on what I just said but, you know, that's one thing.

And then for volunteer management, we'd hope to hire a volunteer manager this year but, unfortunately, it just wasn't in our budget to do so. I really hope that in 2025, we can hire someone to do that. We had some really great candidates and our volunteers really deserve someone who is maintaining those relationships, and making sure that they're all getting what they need.

And then, I think we do go, every so often, we'll go into the roster, and if there are people who haven't volunteered in a long time-you're not gonna get in trouble or something-but if someone calls and is like 'hey, are you still into this?' And also like we don't share any personal information, even if a client requests to chat. You will only be given that information directly

when a person needs a ride and so, there's a little bit of that, as well. We really try to keep their personal information as narrow as possible.

AB:

It's really astonishing to me that you, you know, you have all of these people in the chat being like 'volunteering is amazing, and you're like 'there's 170 people and they're all just like doing what they're called to do at the level that they're able to do it, and you have no volunteer manager' like you are stars. It's incredible.

GM:

Oh my god, I mean...I think that I have a theory that is just like when people go through our training and they go through the process, it pulls in people who are really drawn to this work. We have people of lots of different ages, lots of different backgrounds. The one thing we don't have is we do not have a racially diverse group of volunteers. That's another goal for us in the coming year which is really figuring out what to do to make sure that our volunteers reflect our clients more so than they do right now. But, you know, I think that people who are drawn to this work are exceptional people. We have some men who are doulas with us. You know, there's no restriction on, you know, gender or anything like that. And yeah, so it's like I said...I almost feel superstitious bringing it up but things have been super great, and i'm like 'oh, God is it..' But yea, hopefully we will be able to hire that volunteer manager soon. So if you have any sort of spiritual practice (unintelligible).

AB:

Yeah, I was...No, I'm sending you...like you said, everybody, I think, in the movement is feeling strapped as hell right now, in a way that's really scary and I think that it has everything to do with, you know, like you said, it's like the rage donations pose Dobbs have kind of dried up. I have the same concern that you do about how if Kamala is elected, people are going to be like, okay cool, abortion is handled. Obviously, abortion will still be restricted. It will still be like, essentially banned in like 14 states or whatever. But then, even like these, viability bans which in almost all the states at some point in pregnancy.

And when you look at a Colorado situation where people can't use medicaid and they're coming to have a \$20,000 procedure. Like that's not something that will change with a Harris Administration unless Democrats decide to like fucking, grow a backbone, and like, understand this issue all of a sudden which I'm not holding my breath, especially later care. And we're going to be hearing a lot about that for a long time, and you know these ballow measure, it just ought to be said a lot of these ballot measures are fucking up on that front and it's setting us back, and it's using later care as a bargaining chip.

And if you haven't watched Erika Christensen's Abortion Academy session, I encourage you to do so. She is a brilliant later abortion care patient advocate, and was a later abortion care patient herself. And you know ultimately, we don't have any reason to believe that this country doesn't support abortion later in pregnancy. It's just that people have not really ever asked them to think about it, and politicians not knowing how to talk about it on our side is a huge part of that

problem, and if you, as an advocate, are at all uncomfortable with this subject, I really encourage you to engage with Erika's and her partner, Garen's materials at the Patient Forward website. I'll put in the chat, or watch her Abortion Academy presentations.

And I bring this up because it's a huge huge part of the reason why Colorado is a totally, totally, unique place in the landscape of care in this country, and it's a huge part of the funding crisis that's being felt movement wide.

GM:

I want to say two things. One thing, I think, is a unique opportunity with our organization is that because we don't have, you know, a lot of the overhead, and like, you know, there's nothing wrong with an office. That sounds lovely. A lot of those things, you know, when you donate to us, it is going to our clients and then, you know, a portion of it is going to making sure that like us and our amazing team that I've been talking about can do our work and have food at the same time.

So, I want to encourage people just to look at it that way, and even though I talk about it, we have this tremendous need for money, which we do, we are supported so much by regular people who are giving their regular amounts of money from their regular app jobs. And so, you know, that's a big thing. And I think also like with later care, and I think of these fucking horrible stories that we're you know we're we're hearing about now. Now I do think one thing that is shifting is that now more people are hearing more of these stories. They might even know someone who did not get a ProPublica profile. If they didn't die, they had something really serious. And that's showing up because of these bans, and the reason people thought these things were so rare is because, relatively speaking, a few years ago, a lot of these newest bans are pretty recent. It was at least a little bit more, a little bit simpler to get that care, or have a provider in your area, and so we just didn't see them as much, and now we are.

And the other thing is, because there are some people who are like, you know, uneasy about talking about later care or you know any of these other things, that's another thing people can do which is really educate yourselves. Listen to and follow these abortion [academy sessions]. Go back, and you know, if they're old ones you can listen to, listen to those things, listen to people, educate yourself, and do a little bit of work confronting that discomfort in yourself because that discomfort doesn't help anyone. And [it's helpful to remember] that abortion seekers who, again, are the ones who have the biggest risk and the biggest burden in all of this.

AB:

And like don't feel, you know, guilty or something, if you have like...because most of us have (unintelligible) about later care. It's just a thing that needs to be confronted just like any other... You know, we're conditioned by the language around this and the lack of humanization of the people who need this care and those stories. It's left this vacuum that's filled with stigma. And engaging with stories of people who have had later abortions, and really listening to those advocates. Yeah, that's how you unwind that shit.

There's this expectation that like people...it's like you know that you're supposed to have the most radical opinion in order to like, be on the right side of movement stuff but you're sort of embarrassed to ask the questions necessary to find your way to that place in an authentic way, you know. And that's not helpful either, because, like, you're not...And it's really, really okay. I think it's really important to find your own, like philosophical orientation in this work by interrogating how the fuck you really feel about stuff, and finding and pushing through the things that come up in order to best show up for people.

GM:

We have one of the things that was the most popular, and we used to do it in person. One of the things that was most popular, and we got a lot of positive feedback about it in our training was our bias exercise, and the thing is, everybody has bias. And also when I say that word, there may be automatic things that come up in people's mind that you don't know about right. Like, 'Oh, God! I feel like really uncomfortable about that, and give people the opportunity to look at some things we were like, 'Oh, I never thought about somebody who had five abortions, or I never thought about', you know, about like what about all things with late trimester care. We have a higher number of very young people who are a lot further along and the reason that they are is that they're kids, they're doing magical thinking, they're hoping it goes away, they're really afraid to tell their parents with. Varying degrees of like...you know, when I say valid, I just mean parents can be really surprising. Every single minor that we've ever had some to get any sort of later care has been coming with a supportive parent. Has been coming with their mom, and sometimes their dad, too. And they're not coming on their own. They're not. They're not coming on their own to a 25k procedure. You know, they're coming with support and you know, we have a parental notification law in Colorado that we hope to, you know, to be able to challenge really soon.

You know, one of the things that's really great about it is I know a lot of the people who like work on those teams and help teens who need judicial bypass to get one, and they're amazing people. And they're going to fantastic providers that are going to give them excellent care. And a lot of people don't know what that looks like. Well, that's also another area of bias. So yeah.

AB:

I'm so glad to hear that the young patients you are seeing are well supported. One thing that I've learned from Erika, who I was just talking about, is that there is, I think, a significant number of young people who need care later in pregnancy who are victims, who are victims of abuse, who are victims of statutory rape, incest, and certainly a happy family dynamic is not the case in all situations. But I'm really glad that you've seen a lot of supportive experiences.

So, I think that we should kind of wrap it up. I want to attempt to make one connection, though, because I was really struck by, you know, you were talking about just the three of you. I believe your initial foundation was hanging out and being inspired to do this thing, and that you didn't have abortion experience, but you had birth doula ethical experience and you had experience with miscarriage and fetal loss. And I was struck by, when you were discussing these three

heartbreaking instances of these people dying preventable deaths. These three that we know about, and that we know that there are countless like this that we may never hear, but that these three situations were all different. Right? And they were all like, you know, what you said about how Amber Thurman had a pregnancy that no longer had a heartbeat, but she would have still probably had a positive pregnancy test, because that's the way that pregnancy tests work. They're measuring hormones that take a long time after a person has had an abortion to dissipate, and I was just thinking about these two things, and how much we are all sort of brainwashed in this culture to see abortion as this totally separate, different thing-

GM:

Yes.

AB:

And isolated and different from all other reproductive experiences, and in reality, the way that people experience their own pregnancies understand them, and the way that these things are treated medically, there is a hell a lot of liminality in these situations. And also, abortion bans are going to undermine reproductive healthcare for people who are giving birth to wanted and planned pregnancies, people who need miscarriage management, to people who are having medically indicated abortions, to people who are having non medically indicated abortions and everything in between, because the tools that are used in all of these situations are all the same shit yes, and ultimately deciding whether or not this is an abortion is the subjective opinion of a provider or, in some cases, a medical board of a hospital that's being leaned on by a bunch of lawyers to be as cautious as possible, and by cautious, they mean let this person almost die before you empty their uterus. And that is an inexact moment to try to find.

So, I think that my thoughts on that are just that, I think we all need to continue to understand that this is like a spectrum, that our reproductive experiences exist on a spectrum, and for us to sort of, in some ways, stop exceptionalizing abortion, but I also think that that's very tricky, because abortion is treated so different culturally, and we need to address that in order to combat stigma. You know what I mean? And so, I think that it's tricky because it's like, I know that you understand what I'm saying, and probably most of the people listening understand what I'm saying. I also think that the public and certainly politicians are still very much in this headspace of like abortion is here, wanted pregnancies are here, miscarriages are here, life and death is here, and that's just not...so, how do we address and begin to unwind this in people's minds while also recognizing ... and how do we also emphasize to people that everyone is fucked when it comes to abortion bans. It's not just abortion seekers. And without sort of entrenching stigma by making that point. Do you know what I mean?

GM:

Yeah. Oh, God, I know. I was talking to my sister who does a lot of end of life care, and just about the fact that like, sure, yes, if you know, if you have something catastrophic happen to you, the moment of death is really defined. But it's not always defined. It is really liminal for a lot of people as they are at the end of an illness or the end of old age, or things like that, and that's a whole other topic. And you know, maybe I'll write about that some time. But you know, that

liminality, I really think that underneath all the other stigma about sex and about women, and about people who have a uterus, and what we think about people who have a uterus, and all of that is this real fundamental uneasiness with the liminality of a lot of these stages of lie. And that is what is really getting at people because they want things to be tidy and it's just not.

AB:

Absolutely. And I think that most people who find their way into abortion work have a deep wire of like understanding that in-

Uh, oh, I think I'm freezing. My internet is really shitty, and it's a nightmare. But this is probably a good time to call it, anyway. Gina, I could listen to you and chat with you forever. You are brilliant. You have so much heart. I'm so glad that we had you be a part of Abortion Academy and talk to people about just getting out there and helping people in their communities. And it's just been an honor and a pleasure to talk to you and we love you.

GM:

Thank you so much. This was really, really great. Yeah, I'm just super appreciative and, you know, it was really fun. Thank you so much. And thank you to everybody who showed up and listened.

AB:

Yay, okay. Thanks, everybody. Thank you so much to our interpreters, as well.

GM:

Sorry, I did probably talk too fast

AB:

(laughs)

Okay, bye everybody. Have a good day. Thank you. Bye.