Amelia Bonow:
Hi everybody. We're so happy, we're very, very excited about our guests today, talking to us about The Turnaway Study and The Turnaway Play.

So hello, and welcome to Abortion Academy. My name is Amelia Bonow. I use she/her pronouns. I'm the executive director of Shout Your Abortion, which is a nationwide organization working to normalize abortion and elevate paths to 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 speak to one, or in this case three, of our brilliant colleagues who take a deeper dive into their area of expertise. These sessions are for anybody who's looking to deepen their knowledge, connect dots between issues happening at the regional, national, and international levels, or to just get some fresh ideas to take back into your community. We speak very fairly often with international activists as well, and that work remains incredibly important to us.

And a thing to flag is just that 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 our speakers are going to be speaking to us for somewhere in the neighborhood of an hour, and then we will have a chat where we take some of your questions. And we also have live Spanish translation available. If you go down to the bottom of your Zoom bar, and you click the globe on the right-hand side, you can select the language you'd like to listen in. And thank you to Diana and Maria, our translators.

So we are super, super excited today to hear from Lesley, Deb, and Diana about The Turnaway Study and The Turnaway Play. This is our first time speaking to a MacArthur Fellow. It is our first time speaking to a pair of sisters. It's our second time speaking to Deb, who joined us before to talk about young people and abortion access. And if you're not aware of this research, I'm so excited for you because, I don't know, it's the kind of thing that when you encounter it, it's just a thing that makes you know that we are winning, we are going to win, where victory is inevitable. People are with us. Abortion is a part of life that is not fringe or abstract. This is our real lives. This is just one of the many tools in our reproductive healthcare toolkits that we can use to create families in the way that we want, or don't want, and to live our best lives as human beings.

It's probably the most landmark, the most, I think, famous abortion study that I know about. And it's some of the most incredible research I've ever heard of, because it doesn't feel like very often that you hear something that resembles, I don't want to use the word consensus, but that so many people feel such similar ways about a human experience. It's just incredibly compelling in what it illustrates about what is a really, really complex emotional experience, but there are some really huge fundamental trends that are pretty incredible to look at.

So I want to just read quick bios. Deb Coffy is a queer, Black, Haitian American reproductive justice advocate, event planner, writer, creative, and researcher. In 2024, they were a communications fellow for community change writing on social justice and LGBTQ+ issues. Deb has continued their repro work through ICAH, Healthy Teen Network, advocates for Youth's Abortion Support Collective and YWOC, and Floridians for Reproductive Freedom. And Deb is now a social media intern for The Turnaway Project. Welcome back, Deb.

Lesley Greene is a playwright and event producer based in Ithaca, New York. The Turnaway Play is her first full length play, and Lesley is currently co-director of Story House Ithaca, an organization that brings people together to share, study, create, and enjoy stories in all their forms. She also co-founded Porchfest, a festival that began in Ithaca in 2007, and now takes place in more than 250 cities across North America.

And Diana Greene Foster is a demographer and professor at the University of California San Francisco who studies the causes and consequences of unwanted pregnancy. She was named a 2023 MacArthur Fellow, and is the author of the 2020 book, The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having--or Being Denied-- an Abortion. And with that, I'm going to hand it over to you folks. I'm not sure who's going first.

Dr. Diana Foster:

Thank you so much. I think you're handing it to me, and I'm thrilled to be here-

Amelia Bonow:

Sounds good.

Dr. Diana Foster:

... I'm thrilled to be part of anything that has to do with Shout Your Abortion. And I'm thrilled to get to do this with Deb, because one connection that we haven't explored is that our mother, Lesley and my mother, wrote her PhD dissertation on Haiti. So we have a Haitian connection, too. And I'm always thrilled to do something with my sister. It's just the biggest... Yeah, to take feminism, and science, and then family altogether is just the bee's knees. And nerdiness, as I've just proved with the bee's knees comment.

So here is, I'm going to start a slide share. This is thanks to Annabel Sheinberg who runs The Turnaway Project, that we have these beautiful slides, and the idea is to help guide us through so that we make sure we tell you the things we need to tell you and have great green graphics while we're at it. Or colorful graphics. So this is part of The Turnaway Project. The Turnaway Study is the science. The Turnaway Play is the play, and the project is trying to pull it all together and get the word out. So that's what The Turnaway Project is that Annabel Sheinberg runs.

And I would love to tell you a little bit about the study, and then my sister Lesley will tell you about the play. And then Deb will tell you about activism.

So The Turnaway Study was something that we started at UCSF in order to answer the question, "Does abortion hurt women?" And that was the conversation we were having in the early 2000s, where states were passing all sorts of restrictions on abortion with the claim that women were hurt by getting them. But with no consideration, if you restrict access to abortion on that basis, are there harms from not being able to get a wanted abortion? Because these restrictions don't make people stop needing abortions, it just makes them harder to get.

So it took us over a decade to do this research. We recruited for three years, and it was really an effort to look at mental health, physical health, careers, education, romantic relationships, children, to look at the consequences of both getting an abortion and being denied an abortion. And what we found is that people who are denied abortions have, in all the ways that the groups differ, those who got their abortions and those who didn't, it's to the detriment of people who were unable to get their abortion. Worse mental health in the short run, worse physical health, just a totally changed life course.

So this is our group of three that's talking today, so I'm going to give you an overview of the study. But first, just, I started this study in 2007 and it's been a while, and a lot has changed, including 14 or 13 states banning abortions. And so there's a question, "Is this study still relevant?" And what we've seen is just a massive change in service provision in those four years. And in fact, the number of abortions has increased. So that's partly because pills can now be sent via the mail via telehealth, which makes it less expensive and potentially more convenient, through Plan C pills or I Need An A, people are finding out how they can get pills sent to them.

In protected access states, there's been an increase in clinics, and clinics increasing their limits to enable more people to be seen. Huge increase in telehealth. You can get pills even outside of telehealth by ordering from online vendors with no attachment to the medical system, and from community groups like Las Libres. And also, the fury that people felt about the Dobbs decision and the overreach of the government in trying to control people's pregnancy decisions, meant that there was just massive donations to hotlines and funds to help support people who needed to travel to get abortions.

So you could think, with all these changes, that maybe it's not an issue anymore, that everyone's able to get their abortions. But we know this is not true. There are many people who just can't travel to get an abortion. Maybe they're too far along to use pills that they order on the internet. Maybe they don't know about the possibility of being sent pills. Maybe they prefer to go to a clinic. Maybe they're worried about getting in trouble with the law. And for those who would travel, some people just cannot. They don't have a working car, or the money to travel, or the ability to take time off work. Or they're caring for kids or they're disabled, incarcerated,

institutionalized, hospitalized, and can't just up and go. So things are not working for everybody.

And some people have wanted pregnancies, and they go to the emergency department and they need an abortion to preserve their health and life, and they're unable to get it because the emergency department feels unable to provide care in a timely way. And so these abortion bans are affecting people who will have wanted pregnancies, or just regular pregnancy complications.

And so this increase that we're seeing in the number of abortions, I think it may be meeting more unmet need in states that have protected access and we cannot assume it's serving everybody who wants an abortion, particularly in the states with bans.

So what are the consequences for people who can't get a wanted abortion? And for this, we can turn to The Turnaway Study, which I told you the overarching point is to look at mental health, physical health, and socioeconomic consequences of either getting an abortion, or carrying an unwanted pregnancy to term.

And how do we do this crazy study? We had to recruit for three whole years. Over a course of three years, 2008 through 2010, we recruited three types of women. People who were just a little bit too late to get their abortion from the place they sought an abortion. We call those Turnaways, people who were just under the limit and did get their abortion. And then because most of the sites that we picked had limits in the second trimester, but 90 something percent of people then were getting their abortions in the first trimester, we also recruited a first trimester sample.

We ended up with almost a thousand women recruited between 2008 and 2010 and followed through 2016, some of them, calling them every six months for five years, in English or Spanish with surveys. And then we did beautiful interviews with a subset of just 31 people. We did full, my colleague Heather Gould did interviews to hear their stories in their own words. And one of the mistakes I made in this study was to have the eligibility criteria be pregnant women. So to my knowledge, no trans men or non-binary people participated.

Here are sites, each of them provides the latest abortion within 150 miles. So if you were too far along for an abortion at this site, there was nowhere nearby to go.

And in one slide, here's our main findings. So if we compare people who got an abortion, the people who were denied an abortion had worse mental health in the short run, worse physical health for years, not just the end of the pregnancy, not just the risk of delivery, but years of more chronic pain and worse health. They're more likely to live below the federal poverty level, and tell us that they didn't have enough money for food, housing, and transportation. They're more likely to be evicted, declare bankruptcy, have debt, less able to provide for their existing children, less likely to have an intended pregnancy in the next five years. So much for being anti-abortion being pro-child. It doesn't work that way.

Equally likely to be in a romantic relationship with the man involved, but those who are denied abortions were more likely to have continued exposure to violent partners. They're less likely to say that their relationship with their romantic partner is very good quality.

And then, I think most important for summing up this whole change in life course, is that the people who are denied abortions were less likely to set and achieve aspirational plans for their future.

So this study design, comparing people who are all in the same situation of wanting an abortion, but some got it and some didn't, really enables us to see the importance of access to abortion on people's health and wellbeing. So their physical health, their wellbeing of their families, and the trajectory of their lives. And if you want even smaller bullet points, or fewer bullet points to summarize the study, if we look among people who wanted to end their pregnancy, abortion is associated with better physical health, financial security, aspirational plans, and ability to take care of their existing children and future children.

So I wrote a book. And the idea of the book was to take the science, tell the story of the science and what we found, like how did we do the study and what did we find, and combine it with stories of people from the study. Because it is so important to not just hear this as facts, but to know that these are people, these are human beings with real lives, and real concerns and responsibilities. And so I included 10 of those 31 interviews, in people's exact own words, taking out their ums, and making sure people's stories were chronological, otherwise completely their words to tell their stories into this book. So there's 10 women in the book, plus all the science. And if you want to find out more about our scientific findings, you can look at this link about the annotated bibliography that's available at ANSIRH. And if you want the book, here's a link to the book.

And the book was going to come out, one second, in 2020. And my older sister is a theater person, and super creative and artistic. And in 2019 when I was writing the book, knowing the book's coming out in 2020, I went to Lesley and I said, "I want to go on this book tour, I'm super excited, and I don't want to just be a scientist talking science and facts and P values and confidence intervals. I want to bring the voices of people from the study along with me. Can you do some kind of adaptation of the stories in the book, so that I can bring them with me?" And I think she agreed. But then 2020 was not a good year for a book tour. There was no book tour. There was instead a global pandemic. And so I'm going to pass the story to her, about what happened next.

Lesley Greene:

Hello. What happened was that I did start this theatrical treatment for the book tour, and then there was no book tour, and then somehow just kept writing. Because the idea of turning this into a play seemed really exciting, that it could have a different, maybe broader reach than the book. So in order to turn it into a play, had to sort of figure out, "Who are the characters going to be, what's the story going to be?" And so, Diana and I had many, many conversations about

this. I also talked to everybody else I knew, and I interviewed many people who worked on the study aside from my sister.

Because at some early point, I had the idea that the people who were making the phone calls to participants in the study would be good characters for the play, and maybe there would be drama there. "Yes, of course they're all in favor of abortion, but they might have different views and they might have arguments that come out." So I interviewed different people who worked on the study, and it turned out the office environment was amazing. They loved working there, and so I did not want that to be the story, so kept thinking.

And ultimately, the play is sort of in two different sections that, it alternates back and forth between places where you see a character named Dr. Foster, who addresses an audience of college students. She's a guest lecturer. And this Dr. Foster is the author of The Turnaway Study. You might think that that's Diana Foster, who's here, who just spoke to you. But no, totally different person, when I would write something and Diana would say, "I'd never say that," and I'd say, "It's not you." Not a totally different person, but I did allow that character to say things that were more political, more activist than Diana was, certainly at that time.

Dr. Diana Foster:

It's why I thought it was important to mention that you were my older sister, for people to understand how you got away with this.

Lesley Greene:

Exactly. So there are those sections. So Dr. Foster talks to a class of college students, she talks about the findings of the studies, and as an example of each point she makes, you meet some of these real participants of the study that Diana was talking about.

So that's part of the play, and then it alternates with another part of the play where fictional characters who work on The Turnaway Study, I talked to so many, and I created three characters influenced by the conversations I had. And I created a storyline, not about arguments, but in fact about an unwanted pregnancy. And originally, I thought the play would be performed by four actors, that one actor would play Dr. Foster, three would play those three people who worked on the study, and each of those three actors would also play two women from the study. So it would be doubling, and the purpose would be that we'd feel like these stories can happen to anybody.

Since then, the play has been performed with four actors, but it's also been performed with 10 actors, so all of the characters a different actor, and that has worked out really nicely too because you can get a very nice, diverse cast. If you read the guide that Annabel put together about how to present this play, there are ideas like, "Invite a local politician to play one of the roles." So you can be thoughtful about how you cast it, as well.

And so the play had some workshops, worked with directors and dramaturgs, and then it had an opening, a full production, a full run at the Kitchen Theater Company in Ithaca, New York, which is the theater where I worked for 20 years and still have a great relationship. So that was a wonderful experience, a two-week run. Diana came, and in fact, Diana invited a number of her colleagues who had worked on the study to attend, and that went over really nicely.

And then, what has happened since then, is that the play has received readings, over 50 readings across the country, and that became the idea. I mean, I don't know that we had it from the very first moment thinking about this play, but pretty early on we realized that, "If this play is simple to produce, then it can be produced in many places, and it doesn't have to be a full production. People can sit there with the script in a living room, they can be on a stage and do a full production, and that's wonderful. But also, they can stand at music stands and bring these characters to life." And so it's very flexible, and therefore has been widely done, and still is being done.

And so yeah, reasons for creating the play, get the findings of the study out to people who haven't read the book, might not read the book or the scientific papers. Humanize the topic, reduce stigma, because it contains these stories of real people who have had this experience and you see them in front of you on stage, and you relate. That's really what theater is about. But also, start community conversations. So there's usually, maybe always even, a conversation after the reading. Often with an activist, an abortion provider, a researcher, somebody who can add to the conversation. And then, inspire action and raise money for good causes. And the play has fortunately been able to do those things as well.

Yeah, some pictures of places it's been, it's been on quite a few college campuses. It's been in churches and synagogues. It's been in living rooms, theaters. There was another full production in a really cool theater in New Orleans.

Dr. Diana Foster:
This one, just to interrupt you, is at Duke University and these are medical students, and I thought they just did a beautiful job. I've seen professional actors do it, and I like these medical students as much, because you can tell that they're so familiar with seeing patients who need abortions that they brought an extra level of humanity, I thought.

Lesley Greene:
Totally. Totally agree. Yes.

Oh, so I guess something I didn't say is, so that Dr. Foster section of the play is set in 2022, in fact, the day of the Dobbs decision. And so in the play, as she's lecturing in front of a group of young people, she learns about the Dobbs decision and talks to them about that.

And then, as I said, it's really intended to be easy to produce, and it really is. You need actors, you need some fun hats, you need to show slides, because we provide the slides for it that have

the scientific results and some other graphics. And there's a free do-it-yourself kit that has the script, the slides, and discussion ideas available at theturnawayplay.org, although I think we're going to move. There's also a website called The Turnaway Project, and I think maybe everything's going to move there.

Yeah, so I think I've told you everything that's on this slide except for, that we also did a plenary session at Medical Students for Choice, which was really cool. And that we do regularly get requests for the script from around the world, which is also cool.

Yes, and I think I said those things. So yeah, maybe we can meet Deb.

Deb Coffy:

Yes. Thank you so much, Lesley. Let me share my screen real quick. Okay, awesome.

So the question is, what happens to a person who wants an abortion but can't get one, as a major theme for The Turnaway Project. And at The Turnaway Project, we want to increase understanding about the real impacts of abortion access, and to support informed, compassionate conversations about reproductive care. So at The Turnaway Project, we collaborate directly with student activists, policymakers, care providers, cultural influencers, organizations, and other reproductive freedom organizations to spread the word about key findings and stories from The Turnaway Study, as well as The Turnaway Play, through toolkits and custom content. And we truly focus on really meeting people where they are.

So just given the severe changes in our political and social landscape, we know that Roe has fell, and that the Dobbs decision has made a wave, and along with just an onslaught of anti-abortion attacks from Washington DC and state capitals to just really further restrict abortion access. There's just really a strong, important reason of why The Turnaway Study exists, and also why The Turnaway Play existing as well is so crucial when it comes to focusing on being pro-abortion, and increasing abortion access.

We know that when people organize, and when people show up, that the victories are possible. We saw that two weeks ago, or even a couple of weeks ago in Massachusetts, where deductional limits on abortion care were removed. And we know that since Dobbs has happened, there are more abortions provided. That's what Dr. Foster shared early on, as well. And there's evidence that our community is strong, that we're smart and that we're nimble, and that we've had so much support through donors and through our ambassadors and other people who are involved within our work.

So The Turnaway Project grew from the play and the study, just to really amplify and uplift the findings of the study to new audiences. So we've worked on a new mission, vision, and values this year, and we're changing our social media content and campaign to really showcase who we are and our place within the repro freedom movement. We have the groundbreaking science through The Turnaway Study, stories from the people who were participants in a wonderful

70-minute play, that really bridges it all together. And The Turnaway Project, and The Turnaway Study specifically, has been quoted in Supreme Court decisions both nationwide and in other states' Supreme Courts. And repro organizations have also used The Turnaway Study within their work through what Dr. Foster and her team at ANSIRH have done, and through talks on college campuses, medical school campuses, and just conferences around the country. And she wrote a book which she showcased earlier, and she also has a TED Talk, which can be linked within the comment section for you to watch later on, after our conversation today.

And our project and our campaign is just about really focusing on those key facts, to not only those who are within the field of medicine and public health or repro freedom, but also those who are everyday people, those who are involved within politics, or anything in between or all together. And these conversations that we have through our social media, through our website and the work that we do, we want to make sure that is digestible, that it's accessible, and that we are using art and science as a mechanism to really change minds, but also really focus on the importance of lived experience.

We know that storytelling is communal, and that it's not only personal, and that it intersects every single time. And we want to encourage both of that, and there are just many ways to really reduce the stigma that exists when it comes to people accessing reproductive care, overall. Storytelling builds empathy. It cuts through the noise that we often see, and it really validates the lived experiences of those who seek abortions and those who want an abortion. And that's really our key strategy for building public understanding, and we're really fortunate to have partners within the storytelling space as well.

So within the screen right now, there's some screenshots of some of the things that we've done on our social media. There is the kind of chic trend that was going on, the Empire State Building, and we made sure to really tie back to what we do at The Turnaway Project, whether it's through amplifying the play or the study's key facts. We had My Top Horror Stories, and then there's a video on the side, which I'm not going to be playing, but it was essentially just a video really showcasing a little bit about mife, and misoprostol, and how there were attacks that happened a little bit earlier this year that thankfully the court did not uphold. But just really educating folks about abortion access and what's taking place, because Roe was never the ceiling and there was still a lot of constraints that existed when it came to accessing abortion, such as with the Hyde Amendment, and a lot of state legislatures during the 2010s really passing limitations on accessing abortion such as mandatory waiting periods.

And Diana, I saw that you came off camera. Did you want to add something, or... Okay, cool.

Dr. Diana Foster:
I just was nodding so much, and I thought, "It's a little lonely to be presenting without seeing anyone," so I thought I would show you how on board I am with what you're saying.

Deb Coffy:

Of course, and thank you so much for that.

Our social media handles are @turnawayproject on both TikTok and on Instagram, where we do a lot of this bridging of science and storytelling. But I also want to showcase, as someone who is the social media intern for The Turnaway Project and has also been a youth advisory board member through The Turnaway Project in the past, I really had the opportunity to just really learn from those who are in the repro field. Whether it's through Dr. Foster, or through Dr. Lincoln who also did a live with us last year, and also Nikki Vink, who's working with us for our campaign that will be out in October. It just really gave me the chance to see the different elements of repro care, and also get involved through my own advocacy as someone who does a lot of repro actions and activism down in the South where I used to live, but also still where I'm living now in Brooklyn, New York.

So I'm going to go to the next slide. So this was our 2024 awareness campaign. So in addition to the 52 play readings to date that The Turnaway Play has done, The Turnaway Project has partnered with advocates for youth and others to create campaigns with students and youth activists during 2024 and 2025. So these are some examples from our 2024 campaign, sharing facts, really elevating the results of the study with people, so that they can have better conversations about abortion. Of course, there are things that we did online, but there's also a lot that youth ambassadors and youth advisory board members are able to do in person through their campuses. Because speaking with people in person is also the work as well, not only digital organizing, and we want to make sure that we're having both components.

And we had partnerships with Advocates for Youth, like I mentioned earlier on, Planned Parenthood Generation, Plan C, and just young people and young people who lived in restricted access states, like where I used to live in Florida. And we did that through our annual campaign.

And then this is some things from our 2025 awareness campaign. We had a MythBusters theme with our campaign for back to school, and we had worked with students who are in college who are returning back to their college campuses to do a MythBuster segment, whether it's through digital organizing, or through tabling that they did, to really dispel the falsehoods that are often shared regarding abortion and those who want to get abortions.

So here we have a tabling that was done, on the left. So there's someone who is holding, or two people holding Your Voice Is Your Power, and we had a zine that was co-created by advisory council members. We were able to give our input on it, and zines are very popular nowadays, it's a great way to share information and to really be creative with your organizing and activism. And then in the center, it's a graphic of some of the people who are part of the Youth Advisory Board last year and work with The Turnaway Project. And then the final photo is just showcasing the live that we did with Dr. Jennifer Lincoln, and we'll be having another live for our campaign coming up this October for Turnaway Play Month, and that'll be with Nikki Vink, who is a OB-GYN physician assistant and also a content creator.

So like I said a little bit earlier, we plan to launch our 2026 campaign in October, and more details regarding our campaign will be shared on our website, through our newsletter and email blast, as well as our social media. But I just wanted to showcase on this page a little bit about our objectives with our ambassadors. And our ambassadors, we see them as co-creators with us. They are there to really take the energy that they have brought on their own, because with the ambassadors that we work with, and as someone who also worked with Turnaway through an ambassadorship and as an advisory board member, they're experts within their own communities as well. They have organized for repro freedom in different ways too, whether it's through different organizations outside of Turnaway, or through legislation. And they're working with us to really amplify the project and amplify and connect the project through the facts that exist, and through the arts, through The Turnaway Play.

So some objectives that we had is we want more Turnaway Play readings. Like we were saying, storytelling and the arts is so crucial to talking about abortion, there's so much stigma that comes to abortion, and being able to bridge all that together to really educate people on that importance is very effective. Ambassadors that are part of our program, this cohort, many of them will be hosting readings of The Turnaway Play during October, and just throughout the campaign and throughout our time, and we're really excited to see how they'll be hosting their own readings.

And ambassadors will also be posting content that really increases the number of people who download the play, or people who may be interested in doing their own play in their own cities. And if anyone in this call who's watching or ends up listening to the Abortion Academy episode later on is interested, our website has an option where you can go on and order our book club kit, or you can order, or really ask to be like, "Hey, I want to do my own play or host my own reading," and we will connect with you and provide you the resources that are available so you can do that, and we'll provide support along the way.

We also want more Turnaway facts to be shared, so we've done partnerships like I little bit shared early on, with reproductive health rights and justice organizations. But just one way to really build on awareness is to share the facts. I think that's one thing that we have on our side, that we share lived experiences, we really hold lived experience to be important, but there's facts that are backing up the data of the importance of abortion access and what happens to those who've been turned away, or those who've been able to access that abortion.

And also, just more presentations. We want to show up in different rooms. We want to be in the room, in different repro conferences, conventions, and other social justice convenings or spaces that want to have us. The Turnaway Project has facilitated readings of The Turnaway play at repro health conferences. We're supposed to be doing something at the National Sex Ed Conference early next year, I believe. But if you're in the know of any conferences coming up, or you are hosting or running a conference and you want a play reading, please keep in touch with us and we would love to just coordinate that with you, and work with you. And it can happen at a college campus, a community college campus, or a university. It can happen in your local

church building. It can happen in your community center. We're open to going wherever you want to have the reading at, and we'll provide those resources.

So that's it pretty much, on my side, but if anyone has any questions about more things that we do at The Turnaway Project, feel free to ask them. And I'm just really grateful to be back in this space at Abortion Academy again.

Amelia Bonow:

Yay. That was so awesome. Thank you so much.

Dr. Diana Foster:

Thank you, Deb.

Amelia Bonow:

Yeah, that was all so thoughtful, and just the way the three pieces fit together. I just really appreciate how much you all put into preparing to tell us about your work. And I had some answers beforehand, and you kept answering them because you were just so on it, but I do have a few questions for each of you.

So Diana, I feel like, as a person who I was saying before the session hasn't spent that much time in the research world, or talking to folks in research. And of course, a question that I think people have from the outside, is sort of surrounding ethics. And I'm wondering if you can just talk a little bit about how you prioritized, what was your ethical code in interfacing with folks in this incredibly vulnerable time in their lives, where often you end up documenting bad things happening. And I'm wondering if you can talk a little bit about how you approached that.

And also, related I guess to the way that you designed the research, knowing that it was going to be so scrutinized by the ops. How did you design a study that was rigorous enough to withstand all the bullshit that they were going to bring?

Dr. Diana Foster:

The first question about ethics, the study was designed at UCSF, where the model for starting research is clinical trials of drugs that could kill you. So in that context, calling people after they seek an abortion to ask them about their wellbeing shouldn't have seemed like very risky research, because there's no way that our intervention of talking to people was... It wasn't treating a life-threatening illness. But nevertheless, the university had some concerns that we might be talking to people at a vulnerable time, and we were very careful. People didn't have to answer questions if they didn't want to. We've been very careful about keeping it confidential about who participated, and obscuring some facts of their life so that they aren't recognizable.

We had code names for the study, code names for the interviewers, all so that... And we'd send people reminders about their interviews, and the reminders did not say, "For your interview about abortion." It said something very much more generic, so that they could stick it on their fridge, and no one would ask.

We were careful in various ways and how were we able to withstand the nut balls? It's very easy, because most of the people who are opposed to abortion are not scientists. They have their moral ideas, their religious ideas. Scientists who work on abortion, who are opposed to abortion, tend to be very weak. So it's not that difficult to create a study that is rigorous enough to withstand their critiques. So there was a critique, there have been a couple, one published in the Journal of Catholic Medical something. And another, which I can't remember right now where it was published, but we got it retracted. It was just such stupid criticisms. For example, and anyone can understand why their criticisms are wrong, but just for fun, just so we can have a giggle.

For example, they only wanted to count how many people finished the whole five years of study, and that was our true sample size was, you had to do all 11 interviews in order to be considered a participant. But inevitably, over time when you're talking to people, you lose some folks over time. They change their phone number, they decide they don't want to participate, they move to Argentina, whatever, they do something and you don't get to talk to them anymore. And if it were the case that the quality of a study is only the people who do the very last interview, then the longer you try and follow people, the worse your study is.

It doesn't work that way. We collected data from people over the whole course of it, and some people finished and some people didn't, and we know who didn't finish, and we collected information from all of them. So it's just a tiny thing. Bugs me, though. But in any case, this article, we managed to have it retracted.

Amelia Bonow:

Yes.

Dr. Diana Foster:

And one very funny thing about that retraction is, the title of the critique was something like, "The Turnaway Study," I'm going to make it up, but it's of this spirit. "The Turnaway Study, Bad Science, Conflict of Interest, Admitted False." Something like that, just really as if-

Amelia Bonow:

Just a projection?

Dr. Diana Foster:

... that was the name of our study. I can't remember. So that was the name of the critique, and when we rebutted it, they made us title our rebuttal the same as the original. So I currently have a publication on my CV that says, "Turnaway Study, Bad Science." So I think that's funny too, but in any case, after we rebutted it and had to write that as our title. We also, they retracted the original, because it was just so bad. So no, it's not very hard. The study is very good. It's not perfect, it is very good. It's not very difficult, though, to get around the anti-abortion researchers.

Amelia Bonow:

Right, right, right. I guess another question that's sort of really from somebody who's outside of this world is, is it hard to... Did you have the urge to help people? And how did you deal with that?

Dr. Diana Foster:

Yeah, I was worried that people would tell us about plans to hurt themselves, and what would we do. And in fact, we had lots of protocols for dealing with things that we were worried about, and we always put a priority on preventing harm over quality of science.

Amelia Bonow:

Sure.

Dr. Diana Foster:

So for example, if we thought that everyone who ever thought about abortion was suicidal, we would intervene because it's right to intervene, even if it messed up our data. Because of course... But that is not the case, it is not the case that people who have abortions are disproportionately suicidal, and certainly not because of an abortion. But we had safety protocols in place, and we had no cases where somebody tried to harm themselves to induce an abortion. And we did have people who were harmed by carrying pregnancies to term.

Amelia Bonow:

Sure.

Dr. Diana Foster:

We had, in fact, two maternal deaths. Women who died just after birth from complications of delivery, which is heartbreaking. We had no deaths from abortion. So yeah, it is heavy stuff, and we were very careful and prioritized people's safety over the science. But the science is very strong.

Amelia Bonow:

I'm wondering if there were findings along the way that surprised you, and I'm also wondering if now that it's been a few years since the study has concluded and we've seen the impacts of the Dobbs decision, is there research... And I'm sure that it's just a different study that you're probably already scheming on, but is there research that the original study couldn't answer that you're interested in now, especially with regards to later abortion?

Dr. Diana Foster:

Okay, Amelia, you said you haven't had researchers on. I have done a bazillion interviews about this study, and you have asked me completely different questions than I have been asked before.

Amelia Bonow:

Are they good?

Dr. Diana Foster:
So you need to start bringing on the researchers-

Amelia Bonow:
Okay.

Dr. Diana Foster:
... because this is amazing, you're shining a totally different light on the study.

Amelia Bonow:
I'm so glad. Yay. Okay, good.

Dr. Diana Foster:
And that wasn't a technique-

Amelia Bonow:
And what's the answer?

Dr. Diana Foster:
... to avoid answering those questions, but let's see if I remember them. Surprise, the deaths are a total shock.

Amelia Bonow:
You mean, of how many folks who participated in the study, just didn't-

Dr. Diana Foster:
The two maternal deaths from people denied abortions.

Amelia Bonow:
Okay, I see.

Dr. Diana Foster:
I know that carrying a pregnancy to term is risky, and I did not still expect to see it, in this size of a study. So that was horrifying and consistent with the medical literature, but still really a surprise.

Amelia Bonow:
Yeah, I was going to say, how does that compare to the average rate of maternal mortality?

Dr. Diana Foster:

It's much higher.

Amelia Bonow:
I see.

Dr. Diana Foster:
And I was so wowed that I forgot the second question already.

Amelia Bonow:
It's like, now that we're four years out from Dobbs, is there a specific finding-

Dr. Diana Foster:
Yes.

Amelia Bonow:
... or do you have questions that couldn't be answered in the original research that you're curious about now-

Dr. Diana Foster:
Yes.

Amelia Bonow:
... especially regarding later abortion?

Dr. Diana Foster:
So in The Turnaway Study, people were denied abortions because they were too far along, and it shows exactly what Deb was saying, about Roe was not a good law of the land. That there were plenty of people who couldn't get abortions even when Roe versus Wade was the law. And now there are a lot of people who can't easily get it in-state, because of abortion bans. And so, in The Turnaway Study, it was all people who were being turned away because of clinic policy and not the law. So this new world is about, what's the impact when you're fearful of government, law enforcement actual involvement, in your pregnancy? Is a whole new topic that we could not have discussed because that wasn't the environment we were in during The Turnaway Study.

And I am already working on a study that we call The End of Roe, which is looking at, I though was going to be another birth versus abortion study with this legal aspect tied in, but I'm happy to tell you that very few people are unable to get an abortion. So my colleague Nancy Berglas has estimated it's somewhere around 3% of people living in banned states, who want a clinic-based abortion, aren't able to get one. That's so much lower than I expected it to be-

Amelia Bonow:

Here, in the... Yeah.

Dr. Diana Foster:
... even though it's not great for those 3%.

Amelia Bonow:
I mean, yeah, and it's still tens of thousands of people, right? I mean, how many people-

Dr. Diana Foster:
Over the six years-

Amelia Bonow:
Right?

Dr. Diana Foster:
... yeah. Yep.

Amelia Bonow:
Yeah. I wonder how many-

Dr. Diana Foster:
And kind of even worse is-

Amelia Bonow:
... of those people are doing SMA.

Dr. Diana Foster:
... just the sheer number is, who is affected-

Amelia Bonow:
Of course.

Dr. Diana Foster:
... and what state they're in. So I don't mean geographic state, but someone with a life-threatening health complication, the idea that there would be any delay in providing them care is one of the consequences of these bans that shouldn't be overlooked. It's not just not being able to get an abortion, it could be immediately dying of eclampsia, because you need an abortion and can't get it in an emergency department.

Amelia Bonow:
Right. Or just sitting at the intersection of any number of just catastrophic axes of marginalization, whether it's you live outside, or you have some incredibly difficult mental health

issue, or other just really, really tricky and potentially catastrophic living situation. It's an abuse, it's a DV situation.

And I guess I'm wondering, last question for you, but in terms of those kinds of cases, obviously a huge part of what we're looking at in post-Dobbs world and how to wrap our minds around the impacts, it really feels like some of this is just going to be an unknown number of people, because they fell through the cracks, or they are people who have fallen through the cracks. And if we didn't find them to help them, then how do we find them to survey them, or whatever?

But I guess I'm wondering if you have any preliminary inclinations about if there are 3% of people in restricted states who you think are unable to reach in-clinic care, I'm wondering if you have a notion of what they are doing. Obviously, some are giving birth. I'm assuming that some are doing SMA later in pregnancy.

Dr. Diana Foster:

The 3% is people who are actually just giving birth. There are many more-

Amelia Bonow:

I see, okay, right.

Dr. Diana Foster:

... who are doing self-managed abortion, which tends to be very safe even later in pregnancy. Whether it's people's choice to do SMA is a question, whether they wanted medical attention and didn't get it is a question, but the 3% is just people we know gave birth.

Amelia Bonow:

Right. Okay. I see. Thank you so much, Deb.

Dr. Diana Foster:

And I, because I'm-

Amelia Bonow:

Or, I mean, Diana. Sorry.

Dr. Diana Foster:

... because I know everything, and also because there maybe is a little side chat going on on phones, I know Deb has something to add.

Amelia Bonow:

Oh, Deb. Jump in.

Dr. Diana Foster:

About the consequences.

Deb Coffy:
Yeah, for sure. Because we know about Amber Thurman and Candi Miller, who were two women who were Black, who were in the South, who because of state laws that passed that really criminalized the usage of medication abortion, or put up more obstacles towards it, there does happen because of medical providers being fearful of losing their licenses.

So I just think it's very important, even though 3% may sound like a small number to people or whatever percentage it is, these are people that somebody knows who these people are, and these are people who, they're human for one, but they're also parents, they're also mothers, they're also community members. And I think it's just so crucial for people to recognize that, that even if that number may look very minimal to you, there's a lot that's tied back to that number. And it roots back to the maternal mortality rate that a lot of Black women and Black birthing people have to go through and experience.

Amelia Bonow:
Yeah. Thank you for naming that, Deb. And I know that ProPublica work has been devastating in highlighting a lot of those cases, primarily Black women, I think, that are in the ProPublica piece. And just in all sorts of parts of their journey, whether it's somebody who's being denied miscarriage management, somebody who is being denied abortion, somebody who miscarries at home and then is prosecuted for not acting right in the eyes of the prosecutor. And I think that the fact that all pregnancy outcomes are now criminalized, in this really sort of erratically applied way, that's code for racist and classist, and targeting drug users. And this is the reason why these laws are never going to... Even in some evil world where you're like, "Okay, I only want to fuck with abortion seekers," it's never going to be that. It's always going to have these enormous impacts that undermine public health and safety in all of reproductive healthcare, and persecute people for all sorts of reproductive health outcomes.

And that's going to happen to the most marginalized people among us in a way that deepens the existing disenfranchisement that shapes this country in the most fucked up ways. And yeah, this is why we talk about racial justice and reproductive healthcare as being... We can't address racial justice issues in this country without repealing all abortion bans and decriminalizing all pregnancy outcomes. These things are completely... It's the same project. So thank you for making that connection, Deb.

I want to ask you, Deb, about... So obviously you've done a range of organizing and advocacy work at this point, and it feels like this is kind of different than a lot of stuff that you've done, because it's a creative organizing tool, I guess. And I'm wondering if you can just talk a little bit about how this current work of yours compares to more traditional advocacy work in the past, that you've done in the past.

Deb Coffy:

Yeah, that's a pretty good question. I would say that when it comes to a lot of traditional advocacy, oftentimes I think people think that you have to put things in silos, and I don't believe that has to exist for organizing overall. I think there's power in using artivism, and using the arts to really make a message come clear. Because I know for a lot of things, for me, it was the songs I've listened to, or people's own stories that have allowed me to really put myself in places to organize and to share my lived experience, and to organize for the things that matter for me.

I think with this role, I think there's a lot of power to reach out to young people, but also people who are older as well. We had a play that happened, a play reading that happened in Massachusetts, at Martha's Vineyard, and the crowd was intergenerational. There were older folks who were present. And I think when we think about organizing, it doesn't have to be a one shoe fits all approach. It could be something that really allows for everyone to come together, and to give their own piece of how they want to see a more equitable world, a world where access is available for people when it comes to abortion, and many other things that connect to reproductive justice.

Amelia Bonow:

That was such a beautiful answer. It was a perfect, perfect answer. I'm wondering about, in your experiences of doing this, I forget how many places you've said that you've facilitated this kind of thing, it's from the Martha's Vineyard to the Deep South. How does the conversation change? I'm sure that you've facilitated, or been part of, just a huge range of conversations. And it sounds like you feel like this work provides entry points for all sorts of different kinds of people, but I guess I'm wondering, how does the conversation change when you're in a restricted state versus a Martha's Vineyard? I don't even know where Martha's Vineyard is. I'm like, is it in-

Deb Coffy:

In Massachusetts. But it's like-

Amelia Bonow:

I [inaudible 01:03:03]

Deb Coffy:

... yeah. So as someone who was born in the South, and lived in the South for 10 years, especially Florida is just a very special situation. Because Florida used to be a beacon for the Southeast when it came to abortion access. A lot of clinics have closed, there was attempts for a clinic to close in Orlando, and SWAN did a great job making sure it didn't get closed. But I think one thing I really want to challenge folks who aren't from the South, is that there are people on the ground doing work every single day, to make sure that abortion access still exists. There's for instance, Floridians for Reproductive Freedom. Florida had that ballot amendment back in 2024, the only reason it didn't pass was because of the blockages from the state, because of that 60% threshold. There are people all over in red states, whether it's in the

Midwest, the West, or the South, who believe in the power of having access to abortion.

And there's readings that I know that are going to take place in the South, there are readings that we're trying to connect with people in the South to hold, and there's still work that needs to be done even though it may be more challenging after Roe was overturned. There's abortion funds that do so much great work. I think about the Florida Access Network, I think about the Tampa Bay Abortion Fund, and I'm only mentioning Florida. There's so many other Southern states that do the work as well. So it is hard in restricted states, but there are people down there who continue to do the work.

And although I'm no longer living in the South, I'm in New York City, I still keep in touch with those people. And they're still passionate about recruiting more people to join this fight, because it's going to take all of us, and most people in the South do care about this. And most Black people live in the South. Florida has the second largest LGBTQ+ adult population, and the second-largest transgender population, so there is a plethora of so many different people, and wonderful people who care about abortion access. And I just hope people don't write them off.

Amelia Bonow:

Oh, yeah. I was just writing the SWANs this love letter, when I saw them post about saving the clinic-

Deb Coffy:

Yes.

Amelia Bonow:

... and how much money they've raised to keep that clinic open. What a beacon, of starting a thing that your community needs, and just having an enormous impact in the lives of people in that community. And also just giving the movement so much joy, too. I'm like, "Damn, we needed to laugh like that."

And we love the Florida Access Network. They were guests, and their work is so beautiful, and is just a beacon of love and light. And also very creative, and just looks good. I love that they're like, "We want to make..." It's like the Bread and Roses thing. They're like, "We're not just trying to do the thing bare bones. We want it to be beautiful, and look good, and feel good. And we want you to feel good." Yeah. Florida is an incredible place. And yes, the people that are in this work in places all over the South, I think have a lot to teach folks in other contexts, and so much heart. And we continue to be inspired by all of our folks in those places.

Dr. Diana Foster:

Lesley-

Amelia Bonow:

Oh, go ahead.

Lesley Greene:
I actually kind of want to ask Diana to speak to it, because she'll know the ins and outs better, but I was so inspired by the conversations after readings in North Carolina and New Orleans, and Massachusetts. Actually, various places, learning about the work that people are doing, either because they're in a state without access or because they are reaching out to other states. I feel like that's been a really exciting, inspiring part of it.

But Diana, you would have more specific memory, I think.

Dr. Diana Foster:
The reading that we just did, the full performance that was just done in New Orleans, was beautiful. And it was arranged by people at Tulane, but done in the... Do you remember the name of the theater, Lesley? Anyway, they didn't tell us it was a whole performance, we thought we were going to see a reading where people would be holding the script. But in fact, it was a full performance, and it was beautiful and it was totally creatively done. Where, I got there and looked at the program, and it listed men's names as among the actors. And Lesley has not written any men in this, so I was a little bit like, "Oh no, what are they going to do? What are they doing?"

And what they had is, they acted like the voices from the people in the study were part of some video documentary. So the person who was playing Dr. Foster could call up these videos of people in the study. And so if someone said, "If I hadn't gotten that abortion, I never would have met the man I married, and I wouldn't have this life of calm." And there's this guy sitting next to her on the sofa as she talks about it. So that was the actor who, supportive husband, actor. It was just so well done and creative, to use videos to bring the voices of women.

Lesley, can you do the shout-out to the amazing director of that?

Lesley Greene:
Her name was Armani Watson, really wonderful.

Dr. Diana Foster:
And she passed away after being the director of this, and I just thought since we're here talking in public, just to shout out the beautiful thing she did. And unfortunately, she isn't with us anymore.

Amelia Bonow:
Thank you for that. So Lesley, this really is such a dreamy sister project. I'm so happy for the two of you, getting to have... Yeah, it's the coolest thing. I'm sure that you're just beside yourselves that you get to do this work with your sis.

Dr. Diana Foster:

Yes.

Lesley Greene:
So great.

Amelia Bonow:
So beautiful.

Dr. Diana Foster:
Exactly right.

Amelia Bonow:
Lesley, I guess, there's lots of ways that this data could be creatively adapted. And I guess I'm wondering what you feel like a live reading can do that some of those other things can't.

Lesley Greene:
I guess I'm a really big believer in theater's power to reach people. It's just so, those actors are right in front of you, and you just can't help but feel what they're feeling. And yeah, you go through it in a different way than any other medium, I feel. So that, combined with the... And you're with a group of people who are all experiencing this at the same time. A movie can be powerful, but you might be sitting looking at your own little screen, but this is a group experience.

And then the conversations that happen afterwards, really, people have felt very free to share their own stories with the group. The conversations have ranged, but they've been really inspiring and powerful.

Amelia Bonow:
Yeah, and probably different than if it was just a documentary screening-

Lesley Greene:
I think-

Amelia Bonow:
... or something like that. Are there any moments from talk-backs, or performances that really stick with you, in terms of how audience members connected with the material?

Lesley Greene:
I'll tell one, and then Diana has to tell another one. But the one I want to tell is just the very first workshop reading of the play. So it was the first time an audience had heard it, and the discussion afterwards included multiple people in the audience sharing their own abortion stories. Now, I know that for everyone on this call probably that's not an unusual thing but I had

never experienced that before, and it was kind of mind-blowing. And I don't know, it felt very powerful to hear, right out loud, people say, "Oh yes, this happened to me." And it was people, older women, young people. It was really a mix of stories, a mix of people. So that was, I found... Yeah, I was like, "Oh."

Amelia Bonow:
That must have felt amazing-

Lesley Greene:
It did.

Amelia Bonow:
... the first time. Yeah.

Lesley Greene:
What would you do? And then Diana, do you want to, the story you know I'm thinking about?

Dr. Diana Foster:
Yes, I know, because this is my best story ever.

Lesley, so in creating a play, you do workshops where the audience gives you feedback, and she had one scheduled for Heartbeat Theater, Connecticut, which is cute for the name of it. And we got to see who had tickets ahead of time, so I could see that someone named Loretta Ross was coming to the play.

Amelia Bonow:
Oh my gosh.

Dr. Diana Foster:
Where I had been calm and cool, I was super anxious like, "Oh my God, Loretta Ross is coming. What is she going to think about it? What if she doesn't come, now that I think she might come?" So I was all of a sudden super anxious, and eager, and whatever. And she did come, and it was astounding. And then there was this talk-back thing where Lesley and I are on stage with the director after, to get feedback from the audience. And one of the actors had invited a friend who was opposed to abortion, a woman who was opposed to abortion sitting in front, very young woman, I think that's important to mention. And she says, "I'm opposed to abortion. I don't believe in it, but I see that people who are making that decision are trying to make the best decision for themselves. So the only solution is not to have sex until you want to make a baby."

And I'm up on stage and I'm not going to say, "No," you know? So I was like, "Thank you so much for raising that possibility. People choose to live their lives differently," and I'm totally

hemming and hawing, and just trying to be respectful. But also, not knowing what the exact right thing to say is in response to this suggestion, which it would be very hard for most people to implement. And from the back of the theater, booming voice, and Loretta Ross says, "Sexual pleasure is good."

Amelia Bonow:
Yes.

Dr. Diana Foster:
Which was so amazing, so to the point.

Amelia Bonow:
Yeah.

Dr. Diana Foster:
It was so great. So I didn't need to say a thing after that.

Amelia Bonow:
God, how beautiful. And-

Dr. Diana Foster:
Isn't that awesome?

Amelia Bonow:
... so bad. Yeah. Yeah, totally. Just a forward voice of God.

Dr. Diana Foster:
That's exactly how it felt.

Amelia Bonow:
Yeah, totally.

Dr. Diana Foster:
The definitive word came from the back of the theater.

Amelia Bonow:
That back seat.

Dr. Diana Foster:
Yeah.

Amelia Bonow:

Well, and what are you going to say? I mean, I guess, "No, it's bad." Obviously, some people feel that way, but yeah, it's a perfect-

Dr. Diana Foster:

Yeah, it was great.

Amelia Bonow:

... perfect response. Yeah. What an exciting moment. So I guess another question that I had, Lesley, is obviously it's really cool that you make this intentionally to be adapted, and you're so open source about it. And I'm wondering if there's anything, just a way, a place or a community or a crew that ran with it that you're like, "I never would have expected that to happen."

Lesley Greene:

Well, to some extent, I feel that about all of the readings. It's very exciting and thrilling and surprising, and great. So yeah, on one hand, it's exactly what I wanted to happen, and I wanted it to happen across the country, and it has. But that's also very surprising. Yeah, I don't know that there was any... Was there any one group that was particularly surprising?

Dr. Diana Foster:

I have a good one. I was at the University of Cincinnati, and the actors were all students and faculty, and so they had, like the dean was one of the characters.

Amelia Bonow:

Ah, yes.

Dr. Diana Foster:

The dean played one of the women getting an abortion. Just amazing.

Amelia Bonow:

That's awesome.

Dr. Diana Foster:

Yeah, I loved it. If she wasn't a dean, she was someone extremely senior that probably doesn't sit next to the students on a daily basis, just guessing. So it brought out all levels of the university to participate.

Amelia Bonow:

This has been such an awesome chat, and I have so much gratitude for this work and the approach that each of you have taken. And I guess this is kind of a Deb question, and you kind of answered it at the end of your section, but I'm just wondering if... So how do we support your work as an organizer who's trying to push this forward? And I know that you talked about you want to be places, you want to be out doing this in community and at conferences and stuff, and

let you know if... How can people get ahold of you if they have an idea, and what can we do to help push this forward into as many corners of this country as possible?

Deb Coffy:

Yeah, of course. We always want more play readings, that's the hugest thing, and also our book club kits. So if a play reading is not feasible, if you can, if you're able to have a group of friends or colleagues, or even your own book club, do a mini reading at your friend's place, or wherever y'all do your place to have that space, that would be amazing. And I know there's a link that y'all have that you could share with people who are listening.

And also, if they do want to reach out, of course, emailing us at info@turnawayproject.org, if you're interested or have any questions about the work that we do. Whether it's hosting a play, if you're a young person who's interested in getting involved with us as an ambassador, or whether it's this year or especially next year, there's just a lot of ways that you can get plugged in and really connect with us. And we're just wanting to have more play readings so that people can be aware of the importance of abortion access and this study, and what this study says about abortion.

Amelia Bonow:

Beautiful. Does anybody have anything to add? Anything that you want to say that you didn't have a chance to say, ways we can support you in your work?

Dr. Diana Foster:

I want to thank the person putting all the great stuff in the chat. There's a steady flow of really wonderful things there, from the websites, to how to host a play, the answer fact sheets. So thank you for doing that.

Amelia Bonow:

Yeah, shout out Erin, SWA's comms maven.

Dr. Diana Foster:

Thank you, Erin. And we also are about to launch a book club kit that has gifts and stuff in it, Greene family recipes and a little gift I made-

Amelia Bonow:

Oh my gosh.

Dr. Diana Foster:

... so if you want to get that-

Amelia Bonow:

Wow, that's-

Dr. Diana Foster:

... it might be fun.

Amelia Bonow:

... that's really special. Cool. Well, we love you and are grateful to be in this movement with you, and it was really awesome to finally chat. And thank you everybody for being at Abortion Academy.

Dr. Diana Foster:

I can't wait to set you up with a bunch of researchers for this, because you have a totally fresh take. I love it.

Amelia Bonow:

Awesome. Cool. Yeah, I want to talk to more researchers if they're all as cool as you, but that can't be possible.

Dr. Diana Foster:

Well. Cool [inaudible 01:20:06].

Amelia Bonow:

Maybe, maybe not. Okay. Well, everybody have a great day, and thanks again, and thank you for being here, Abortion Academy attendees. And we'll see you next month.

Lesley Greene:

Thank you so much.

Dr. Diana Foster:

Thank you.

Amelia Bonow:

Bye-bye.

Dr. Diana Foster:

Good-bye to you.

Deb Coffy:

Thank you. Take care, everyone.

Dr. Diana Foster:

Bye.