



**ALL-OPTIONS**

pregnancy • parenting • abortion • adoption

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**U.S. Subcommittee on Oversight and Investigations**

Hearing on: “Roe Reversal: The Impacts of Taking Away the Constitutional  
Right to an Abortion”

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Written Testimony

Good morning Chair DeGette, Ranking Member Griffith, and other members of the Subcommittee. I submit this record on behalf of myself and the clients I serve through All-Options. Thank you for allowing me to speak today about the devastating impacts of the recent reversal of *Roe v Wade* by the Supreme Court that has taken away the constitutional right to an abortion.

My name is Paulina Guerrero and I am the National Programs Manager at All-Options. I stand before you today as a proud grassroots organizer, educator, and most importantly of all, as an emotional support provider and peer-counselor for pregnant people.

All-Options is a nonprofit organization that provides unbiased, judgement-free support to people in all of their pregnancy experiences, including parenting, abortion, adoption, miscarriage, and infertility. We do this through our extensive programming, which includes our Hoosier Diaper Program and Hoosier Abortion Fund in Indiana, and two national counseling hotlines. Our national hotlines include the Talkline, which is a secular line staffed by trained peer-counselors, and Faith Aloud, which provides spiritual support staffed by clergy and spiritual leaders. Our services support pregnant people and their partners, family members, friends, and other community members.

All-Options offers support to the full spectrum of pregnancy experiences. We know that our clients can include the mother of two kids who may also need to have an abortion, who could also be an adoptee, and could have also suffered a previous miscarriage. They are all the same person. Parenting, adoption and abortion should not be siloed off from each other as if it belongs to different sets of people, but rather seen as a compendium of experiences that can happen within a reproductive lifetime of an individual.

Our national All-Options Talkline answers between 1400-1600 calls per year and our Faith Aloud line more than 150. In Indiana, our abortion fund has supported more than 800 clients this year, and our diaper program has provided diapers to over 300 families this year, including 121 abortion fund clients. We also offer free menstrual products, toiletries, diaper cream, pregnancy tests, and condoms. All of our services provide resources and referrals that connect clients to Medicaid, WIC, and other government, community, and national programs. I state this to show that our clients truly need all of our services and that we are building a model of care that recognizes the importance of supporting people at every stage of their lives, regardless of their decisions about pregnancy and parenting. We know one thing for certain: Everyone deserves all options.

I have been working in the abortion field for 25 years, and have counseled many, many people around their pregnancies, pregnancy options, and past pregnancy, parenting, abortion, and adoption experiences. I have worked as an abortion counselor, clinic assistant, family case manager, school teacher, and abortion fund coordinator. In my time working in this field and talking with people, I have seen and heard the incredibly cruel, unjust, horrific and inhumane treatment that people have had to face when trying to access basic healthcare. It is war on the most marginalized, and it is violence against someone at their most vulnerable. In overturning

*Roe v Wade*, the Supreme Court has created conditions where families and communities are denied a basic human right - the right to make the reproductive decisions that are best for them.

And we know this denial of basic human rights will fall hardest on those already marginalized by society, including those living in poverty. As such, I want to break down step by step, what the lived reality of poverty in Indiana looks like:

In Indiana the current FPL income for one person is \$12,880 and \$26,500 for a family of four.<sup>1</sup> According to the Bureau of Economic Analysis, the cost of living in Indiana averages to \$38,097 per year.<sup>2</sup> Just looking at those basic numbers, we know that people living below the poverty level do not have any disposable income.

Someone who does not have disposable income, and is just trying to get their basic needs met, has incredible obstacles when it comes to accessing abortion care, even before the latest ruling of the Supreme Court.

In Indiana there is a mandatory 18-hour mandatory delay, which means it takes two appointments to access abortion care. Indiana prohibits any private and public insurance from covering abortion care, except for rape, incest, and life endangerment, so people must pay for services out of pocket. The abortion clinics in Indiana are concentrated in Indianapolis and five other cities, which means that people in rural areas must travel for several hours, across substantial distances, in order to access care. I know that some people on the committee today would not consider these restrictions an undue burden.

I bring up Federal poverty guidelines, average salaries, and low-income communities because I want to be very clear: to attack the right to access abortion care is to wage war on the poor. To attack access to abortion care is to disproportionately attack Black and Brown communities, who have both historically and concurrently borne the brunt of political ineptitude in securing basic human rights. Individuals of wealth and means have always been able to access abortion care and will continue to be able to access abortion care no matter what the laws decide. Access to abortion care should be accessible to ALL people. Securing abortion as a fundamental right can be a small step toward addressing racial and economic inequities in the United States. It will not solve it and it is not nearly enough. But it is a start.

I have worked with people who do not have a reliable car, or do not have access to a car at all, and public transportation in the rural areas of Indiana is nonexistent. With two days of appointments, that means missing two days of work, finding child care, and coordinating transportation to get healthcare that is so stigmatized and shamed, that you might not even be able to tell anyone why you need to be gone for two days without facing repercussions.

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<sup>1</sup> <https://www.in.gov/fssa/thehub/office-of-healthy-opportunities/exploring-poverty-in-indiana/>

<sup>2</sup> <https://www.bea.gov/news/2021/personal-consumption-expenditures-state-2020>

Let's say that you procure a car. Someone lends it to you, or perhaps you share a car with another family member. You make arrangements, find childcare (which you must pay for) and have managed to scrape enough money from your last paycheck to pay for the procedure. The money from this paycheck was supposed to go for rent, but you will worry about that later. The clock is ticking, because you can only access care until the 13th week of pregnancy in Indiana. You live in Terre Haute, and Indianapolis is only an hour and a half away.

About halfway through the trip, the car breaks down off the side of the highway. Just like that, the window for getting an abortion has almost shut. There is no credit card or AAA to magically come fix the car. You can't tell anyone why you have to go to Indy and so the best you can do is try to find a way back home, and push back your appointment. Care is delayed. If it was your own car that broke down, the money that was going to go towards the abortion now has to go to fixing your car. So now you don't have money for the abortion OR rent. The next paycheck isn't until two more weeks and you are risking going over the number of weeks where you can be seen in Indiana. Now, imagine that you are trying to escape an abusive partner. Or you have a medically risky pregnancy. Suddenly the obstacles become exponentially potent, because these setbacks can actually be catastrophic.

Sounds dramatic? Unfortunately it is not. This is the actual lived reality of people we talk to every single day.

Now *Roe* has been overturned. Your ability to seek care has now become exponentially, and in some cases dangerously, more difficult. Laws are being proposed (and have passed) in certain states to quite literally criminalize pregnant people and anyone who might help them. We have now created a situation where pregnant people are shut out from care, cut off from trusted resources, and could face severe legal repercussions. Those most at risk of being criminalized are Black, Indigenous, Latinx, AAPI, and People of Color, queer people, immigrants, young people, and people living in poverty. I am sure of this because it has already happened in the state of Indiana: Bei Bei Shuai, a Chinese Immigrant living in Indiana, was criminalized in 2011 for attempting suicide while pregnant. Purvi Patel, who is Indian American, was criminalized in 2013 for allegedly self managing her abortion.

Our clients call our national hotlines and our abortion fund frantically, trying to understand the confusing legal complications that overturning *Roe* has caused. This Supreme Court's ruling has opened the door for complete and utter chaos.

At the Hoosier Abortion Fund, we know that Indiana's special session on July 25th will probably result in abortion no longer being available in Indiana. So we are urgently working with clients to coordinate their care and help them navigate the current and possible additional barriers hurtled their way. 35% of our clients must already be redirected to neighboring states. If abortion is banned in Indiana, 100% of our clients will need to receive care outside of their home state. Healthcare providers in Illinois now need to prepare for taking in the influx of patients that will come from Indiana, Kentucky, and Missouri. What is an already untenable situation has now become close to impossible. These are the conditions that are leading to a humanitarian crisis.

The Supreme Court and the opinions given by Justice Alito, Justice Kavanaugh and Justice Thomas have allowed legislators at the state and federal level to unleash a Pandora's box of oppressive and cruel laws, and more draconian laws are sure to follow. Conservative lawmakers have already voiced interest in restricting or banning certain types of emergency contraception, such as Plan B. In Louisiana, legislation would classify abortion as a homicide and define "personhood" as beginning from the moment of fertilization.

Over my 25 years of working in reproductive rights, health, and justice, I have struggled to understand why the anti-abortion movement believes it is right. I have attempted to communicate and persuade anti-abortion proponents to see how abortion access is actually a moral, healthy, and safe choice for many people.

The polls show that the majority of Americans support abortion access, while still having some complicated feelings and thoughts around it. This has always made complete sense to me. Anybody facing a pregnancy decision is sitting with all the layers, complexities, and challenges of what it would take to make any decision. Parenting can be a very difficult choice, especially if you already have children and are struggling with emotional and financial capacity. We know from working with our clients that adoption is not a better or worse option, but simply another option, with its own layered and complex dynamics. And, finally yes, abortion can be a difficult choice for some, a very obvious choice for others, and a life-saving decision for many. At All-Options, our experiences of supporting people with any of their pregnancy decisions has given us one simple truth: Abortion is a parenting decision.

I will say that again: Abortion is a parenting decision.

It is a decision based on a self-assessment of whether or not an individual feels that this is the right time to have a child. And it is a decision that every single person should be able to make.

20 years ago, I had an abortion. I was 26 years old, living in New York City as an artist. Both my partner and mother were supportive of whatever decision I decided to make. I knew, almost instantly, that I wanted to have an abortion. I simply was not ready to become a parent. It is not always so clear and simple for many people, but it was for me. And I am grateful that I was able to make that decision, and I am grateful that the people in my life were supportive of me. I am grateful that I had that option and freedom to make that choice. That has not been the case for many other aspects of my life.

I should not have to unpack my prior traumas and catastrophic life experiences here, to convince anybody why abortion is a human right. You should simply listen to the countless abortion storytellers, abortion funds, and providers who have already spoken about why overturning *Roe* will decimate people's lives. But these stories seem to constantly fall on deaf ears.

Why would a movement that touts itself as “pro-life” not support policies or aid that would allow a child to be fed, diapered, clothed, and loved? Or those that would enable families to access Medicaid, WIC, social security, or paid sick time and family leave for their jobs? Why would a movement calling itself “pro-life” ignore people grieving the murder of their loved ones by mass shootings and calling for gun reform, choosing instead to focus their efforts instead on forced birth?

There are many offensive positions that the anti-abortion movement takes towards pregnant people, but perhaps the most offensive is the assumption that they are somehow smarter and better equipped to make decisions for another individual. At All-Options, our fundamental principle when working with any of our clients is this: The client has the answer. Or, another way of saying it is, the person is the authority over their own lives. We are simply there to listen, hold space, and witness their feelings. We don't have an agenda or judgment for whatever decision they make. We are there to support them through any of their options, no matter what. Through this approach, our clients are finally able to block out all of the noise our country creates about people's pregnancy decisions, and instead really listen to themselves, which, at its core, is the basis of autonomy. At the forefront of our clients' minds are deep and fundamental feelings and questions about their relationships, partnerships, families, and communities. The feelings they express range from shock, sadness, relief, anger, determination, happiness, and at times, a heartfelt and abiding sense of love. Love for their families, their children, their communities, and themselves.

I am really not sure what the impact of my testimony will be today. People who have been providing abortion care have been screaming themselves hoarse for many, many years that Roe's fall was imminent and that the consequences would be cataclysmic. Disdain and inertia from factions of both the left and right has shown us what it will lead to: A basic healthcare need, a fundamental human right, has now slipped into nothingness, and the people responsible for it –the Supreme Court– have made it clear that they won't stop there.

If anything is a harbinger of more bad things to come, this would be it. We established *Roe* as a constitutional right for a reason: Because we saw that people were seeking abortion regardless of whether or not it was legal, out of desperation and urgency. Today, we will still see people seeking abortion care out of desperation and urgency, but with the added burden of knowing that the government could have chosen to take care of its people, could have chosen to establish it as a human right, could have made a decision that would provide basic healthcare, but instead chose to abandon them. I am not sure how anyone can stomach that.

Nevertheless, I know that you, Chairwoman DeGette, and other subcommittee members come to this work from a sense of wanting to make your communities, your states, and this country better. I believe that even the members here who support the anti-abortion movement believe that too. What I ask from all of you, is to consider what we have all been sharing, what we all have been screaming, and not dismiss it as emotionalism, or hyperbole, or lefty-snowflake dramatics. We come here as people steeped in the very soil of the work, and our words and messages are from direct, day-to-day, contact from the people that live in your communities,

right now. We help people get the care and resources they want, even when no one else can or will. I have worked with members and pastors of anti-abortion churches in helping them access abortion care, totally in secret, because I know that they are, in their own strange and seemingly confusing ways, doing what is best for their families – even if they can't publicly admit it or be honest with themselves about it. I supported them in all of their pregnancy decisions, and thank God they were able to access abortion care when they needed it.

Finally, I ask that all the members of this committee consider what else is missing in their home states for children and families. Abortion access is the floor, not the ceiling. That seems like an impossibly lofty goal right now, but it is still within reach. We can't just stop at abortion access; we need to provide diaper support, access to formula, access to comprehensive safety net programs, federally codify sick and family leave, and make abortion care part of regular, normal health care. This can only be done if inertia and political gridlock is smashed. I am ready to pick up the hammer. Are you?

Thank you.