

## 33 *Pre-Dobbs but Post-Roe*

### Funding Abortion in Louisiana in Early Pandemic Years

ELIZABETH GELVIN

*You can fund abortions all day long, but if you can't get to the clinic, what good is it?*

The early days of pandemic were rife with fear and confusion. Our job (as the client services team of the New Orleans Abortion Fund) was to provide stability, information, and access to abortion care to the best of our abilities. Our responsibility was to keep the line open. Our duty was to redefine, led by the self-identified needs of our clients, what holistic abortion access support could look like for each client who called our line. Before 2020, the New Orleans Abortion Fund focused its work on covering financial gaps or in some cases the full cost of abortion procedures for people in Louisiana and our neighbors in surrounding Gulf South states. The helpline was available for clients to call directly, seven days a week, to seek support in English or Spanish language.

March 2020 came crashing in, and it quickly and dizzily became apparent to some of us that this pandemic would be with us for a long, long time. Everything had to change. Everything that we built

had to meet the needs of those requiring travel support and contour to the unique safety measures necessary for said travel—both within the state and across state lines. We had to not only book bus tickets and arrange for Ubers, but we had to provide PPE (masks, hand sanitizer, face shields). It was our duty to not just get people from point A to B but to listen intently to people’s needs and preferences for how they sought to travel, for how they gauged their risk and the risk of their families’ safety.

The first practical support case my team took was in April 2020. Two kids (both over eighteen years of age, a client and her companion) traveled by bus to New Mexico. I believe it was their first time leaving the state—as it is for many. The bus was stalled or broke down at least once on the trip there, and heading home was treacherous too. Sure, it was a long week and a half for those of us on this side of the phone. It was a lifetime for those two kids. They made it back safely, and I have never stopped exhaling my sigh of sheer relief.

So here we are and there we were. The maligned, mythologized state of Louisiana: a state whose history is steeped in the transatlantic slave trade, the domestic slave trade, Jim Crow, mass incarceration, mass surveillance, disaster capitalism, and disaster resistance. Strike that, just call it resistance—all resistance is against a disaster, be it white supremacy, capitalism, violent infrastructure by design—including draconian limitation on abortion access.

In those first two years defined by the COVID-19 pandemic, the client services team supported roughly a thousand Louisianans (and our neighbors in Gulf South states) each year in access to abortion care—at clinics in Louisiana and across the United States. We covered procedure costs, plane tickets, gas money, train and bus tickets, food stipends. Our team of fifteen client services volunteers grew to nearly thirty, and each volunteer provided deep, person-driven care. They listened to needs. They listened to fears. They rejoiced in

clients' successes and safety. They pinned down details, they devised and presented options, and they held each other through each passing week. They made sure pregnant children had headphones to listen to their favorite songs, or a stuffed animal to hug on the long journey ahead. They arranged for money orders to arrive at clinics, for Uber rides to safely transport people, for calls confirming safe arrival at the clinics and safe returns back home. They mailed care kits to each client who sought one—menstrual pads, heating pads, cotton underwear, comfy socks, good quality masks, and emergency contraception.

In summer of 2020, Hurricane Laura devastated the city of Lake Charles and southwestern Louisiana, and Hurricane Zeta, though far less ferocious, impacted New Orleans and surrounding areas. In late summer of 2021, Hurricane Ida devastated the cities of Houma, New Orleans, and much of southeastern Louisiana. For those impacted by Laura, our work shifted into ensuring people make it safely to care and safely back home—whether home was a structure or a community, or, God willing, both. We went out to Lake Charles and Lafayette to bring emergency contraception, condoms, pregnancy tests, and informational materials. We kept our line open, through hotspots and battery packs, when members of the client services hotline team lost power from Zeta here in New Orleans, to ensure that people had a place, a person to touch in with if they needed it—*that they would never be alone.*

In 2021 new (yet age-old) crises emerged. In the wake of Hurricane Ida the city of New Orleans lost power for roughly ten days (depending on your neighborhood or ward). I had left the New Orleans Abortion Fund three weeks prior to Ida making landfall, but I knew that a Category 4 hurricane would mean pressing, urgent challenges to the access of basic needs, including reproductive health and harm reduction resources—as it is every hurricane season, as it is in the face of every climate crisis.

Alongside shifting into survival mode ourselves, some members of the former client services team focused our energies on other ways to support our communities, in mutual aid disaster response networks, as neighbors, in the care networks that we rely upon to keep each other safe. Some of us, despite lack of electricity, stayed committed to providing emergency supplies to more severely impacted regions in southeastern Louisiana, for that is health and Reproductive Justice—it is not just paying for the cost of an abortion . . . it is ensuring that people have tarps for their roofs, warm food for their bellies and souls, mold remediation supplies for their homes, water for drinking and washing, Narcan for their loved ones who use opiates, diapers for the babies, and more.

Here are a few things I know for certain:

1. Everyone should have access to abortion care at any point in pregnancy—regardless of location, age, race, religion, income, citizenship, or any other quality of their personhood.
2. People should have access to nonstigmatizing abortion care even if by basis of their family, community, upbringing, or faith practice *they claim they are an exception from the reasons why abortion is “wrong.”* Those who seek an abortion should receive abortion care, point blank. I will always hear the voices of the people who had abortions calling me later on, days or weeks later, asking if God hated them. Baby, I can’t speak for any God. But as you exist on this earth, you are loved. And if you somehow read this, hear it like I told you then—the God I worship may or may not be the same God you worship, but my God loves you so very, very much . . . and I have a sneaking suspicion that maybe, just maybe, your God and my God may be the very same God.
3. The fight for bodily autonomy and reproductive sovereignty began when human bodies first came on stage. The fight for

health justice began when capitalism, white supremacy, patriarchy, transphobia, ableism, and other modes of oppression began waging violent wars on people's bodies. Alone, we tackle them piecemeal. Together, we destroy all barriers standing between your body (perfect) and your personhood (perfect), and whatever you dream for your life and the life of your loved ones.

4. The American South is not a lost cause. People for whom *Roe* never stood have been living in the future, not the past. The understanding of what's at stake when *Roe* doesn't stand and the skills needed to navigate that landscape with wit, wile, creativity, bravery, and grace have been honed in the South and the Midwest for decades. People in the South and Midwest who have sought and provided abortion care have been paving the way for us in this post-*Roe* time for decades. They've given us the tools. They've shown us how to survive. It is our duty to honor the lessons they've given us and use them to build a new world that they've always known is possible.