

To members of the council,

My name is Alexandria Miranda; I am a registered nurse at a pregnancy resource center or “limited services pregnancy center” called Hopeline Pregnancy Center that offers pregnancy-related services to women in the communities of Bridgeport, Danbury, and Stamford. The services rendered by our certified nurse aids, licensed nurses, registered diagnostic medical sonographers, and our Medical Director Dr. Gerard Foye MD are all completely free and entirely confidential. Thank you for allowing this opportunity to be heard regarding Senate Bill 835 and for taking the time to consider my written testimony. I pray that if nothing else, this testimony allows you a fuller understanding of what services we provide so that you can make an informed decision concerning this bill.

In section 1-7 on lines 26-28 of SB 835, “limited services pregnancy center” is defined as “A pregnancy services center that does not directly provide or provide referrals for abortions or emergency contraception.” This is accurate that our center does not provide referrals for abortions, abortion clinics, nor emergency contraception; however, we do provide information concerning medical and surgical abortions, at what point they are a safe and viable option for a mother, and what questions to ask an abortion or OBGYN provider in order for the patient to be an informed self-advocate and ensure their safety. Our belief is that women are fully capable of making their own decisions and should be fully informed of *every* option available to them, including what options are available to them at the estimated gestational age of their baby. This includes understanding the development of the pregnancy at the time of their visit, what organizations are willing to partner with them financially and socially, what services they are entitled to including state insurance, *and* what abortion options are available to them at the time of their pregnancy. A mother at 6 weeks estimated gestational age has more options than a mother at 11 weeks, and so each educational consult following a positive pregnancy test is specifically tailored to the medical, social, financial, and spiritual circumstances our patients find themselves in.

We have found that not everyone shares our beliefs of empowering mothers in diligent and fully informed care. The following anecdote is solely meant to juxtapose our services with those considered “more legitimate” and for privacy the former client will remain unnamed. Our clinic had a patient a few months ago that saw us for a free pregnancy test and education consult who eventually decided to terminate her pregnancy. We provided a list of questions to ask her abortion provider, educated her on exactly what would be occurring physiologically during the termination, and what signs and symptoms to be aware of in the case of needing emergency care. Due to the termination of her pregnancy, she was medically discharged from our clinic, but we still maintained contact throughout the process: informing her boyfriend and the father of the baby (FOB) of what medications were safe over the counter, providing emotional support to the patient and the FOB, and offering prayer. Three months later, we reached out to ensure the former client had received a follow-up from her provider and find out that she had been told she would receive a follow-up after producing a negative pregnancy test three months after the termination of her pregnancy. She had been bleeding for three months straight and received no follow-up.

Granted this anecdote is emotionally stirring, but, and I am sure that you agree, healthcare that is cold and purely pragmatically clinical fails to see the patient before them as a whole human: the physical, the mental, and the emotional. The care that we provide strives to see them not only as a whole person but as a rational human being capable of making their own decisions. In my experience, so many mothers feel trapped between the following two options: have an abortion or go into debt raising a baby without any social support, ostracized by their family and friends. So much of the educational consults I have provided have been educating mothers on their options *beyond* these two. If they choose to carry to term and deliver, they can give the baby up for adoption or co-parent with their partner. If they are concerned with finances, there are organizations like “Let Them Live” that are willing to raise whatever money is needed for a mother to be empowered to choose life. So many mothers are worried for how their parents will react, and upon further discussion they realize how dearly they love their grandchildren already born no matter how they were conceived.

All of this to say, that so many of the women that we service become aware of us through our online advertising. To deny us this avenue of reaching and addressing needs in the community is to deny these women the *free* and confidential services we provide, and further limit their options and ultimately further limiting their choice.

Thank you for your consideration of my testimony. I pray it has given you a fuller understanding of the implications of this bill so that you are able to make an informed choice.

Sincerely,

A handwritten signature in cursive script that reads "Alexandria Miranda". The signature is written in black ink on a white background.