



NARAL
Pro-Choice America

The Truth about Crisis Pregnancy Centers

“The patient’s right to self-decision can be effectively exercised only if the patient possesses enough information to enable an intelligent choice”

–American Medical Association¹

Anyone seeking health-care services should receive comprehensive, unbiased, medically and factually accurate information. Women facing unintended pregnancy deserve no less. When women are fully informed, they are better able to make responsible and appropriate decisions about their reproductive health. Mindful of this, the anti-choice movement has for years tried to restrict, control, and manipulate the information doctors give women facing unplanned pregnancies. Unable to shut down legitimate public-health clinics, their most recent strategy is instead to build a network across the country of anti-choice organizations, some of them posing as comprehensive health-care clinics – so-called “crisis pregnancy centers” (CPCs).

What are Crisis Pregnancy Centers?

“When we look at the overall strategy of ending abortion, not just in Ohio but nationwide, we have to have a strong federal strategy, a very strong state strategy, and then a local strategy to support our pregnancy centers.”

–Ohio Right to Life promotional video²

While some CPCs may provide appropriate support and information to women facing unintended pregnancies, many do not. Unfortunately, reports indicate that many CPCs intentionally misinform and mislead women seeking pregnancy-related information with the intention of dissuading them from exercising their right to choose.³ In fact, some CPCs may force women seeking objective health-care information to watch anti-abortion films, slide shows, photographs, and hear biased lectures.⁴ Some may refuse to provide information about or referrals for birth control.⁵ These practices block women from making fully informed choices about their reproductive health and may endanger women’s health by delaying access to legitimate health-care services.

Today, there are CPCs in every state and dozens of countries overseas.⁶ Many are supported by one of three major umbrella organizations: the National Institute of Family and Life Advocates (NIFLA), Care Net, and Heartbeat International. These three groups provide technical assistance and other support to CPCs including training, legal advice, organizational

development, and financial assistance. Among them, these organizations boast more than 2,300 partner and affiliate CPCs; the total number of CPCs across the country is estimated to be more than 4,000.⁷ Although such centers are still largely unlicensed, many have developed in sophistication to such a degree that they now offer certain limited medical services. There are at least 800 CPCs that have converted to medical centers, and nearly two-thirds of the NIFLA-affiliated centers operate as medical clinics or are in the process of acquiring ultrasound equipment.⁸ In the CPC setting, however, ultrasound is generally not used as a diagnostic tool, but as another means of shame and coercion.

Crisis Pregnancy Centers Rely on Deception

A CPC's ideal client is a woman facing an unintended pregnancy who is seeking information about all her options but does not have access to a regular doctor or health center. CPCs recognize that if they are up front about the limited nature of their services and their ideological agenda, they will lose this constituency. Instead, to attract women who are undecided or "abortion-minded," CPCs often opt to present themselves as comprehensive health-care providers. Their misleading practices may include questionable advertising tactics, providing dishonest or evasive answers when women call to inquire about their services or even selecting confusing locations or names that obscure their true agenda.

Misleading Advertising Tactics

The deception often starts at a woman's first step in her search for information: Internet searches and advertisements.

- CPCs may list themselves in phone books or online directories under the headings "abortion," "abortion alternatives," "abortion services," "family-planning information centers," or "women's organizations" even though the only "abortion service" they provide is anti-abortion coercion.⁹ A study of CPC listings on two popular online telephone directories, SuperPages.com and YellowPages.com, found that CPCs often advertise as if they provide abortion services or counseling.¹⁰
- One of the most potent tools that CPCs have at their disposal is the Option Line, a joint venture between Care Net and Heartbeat International that operates as a 24-hour call center and web tool that transfers or refers women to the nearest CPC. During its first month in operation, the Option Line received approximately 2,000 calls and since then has added instant messaging and email capabilities to its arsenal. Its operators boast that the service receives about 16,000 calls a month¹¹ and Option Line claims more than one million contacts since 2003.¹² Further, a web search revealed that many CPCs listed by Option Line advertised under headings that could lead women to believe that they provide the full range of reproductive-health services, including abortion care and contraception.¹³

- A webinar posted July 20, 2011 on Heartbeat International's website called *Search Engine Results* promises subscribers that they will learn "how [their] center can *compete online against abortion clinics* on Google.com and Yahoo.com." The description also explains that the webinar content will cover "some of the factors influencing what appears on the first page of search results, as well as learn how to research competing businesses and *build a plan to beat them in searches*"¹⁴

Evasive Answers on the Phone

Misled by CPC ads, some women call these crisis pregnancy centers to inquire about available reproductive-health services and prices. When presented with such inquiries, the staff at CPCs often evade the question or lie outright in order to attract the woman into their center. CPC advocates have been very explicit that the goal of these phone conversations is not to answer questions but rather to lure women into their centers.

- The *Option Line Handbook* stresses to volunteers that "while [they] are on the phone, [their] objective is to schedule an appointment" so that women will come to the center. While the guidelines advise volunteers to give clients only factual information, the handbook also pressures them to keep the client interested and provide responses, whether or not the volunteer is equipped to do so, by reminding them that "callers are looking for fast answers and may turn elsewhere if they do not get them."¹⁵
- At a Heartbeat International conference, the trainer advised attendees, mostly CPC operators: "One of the things that I encourage people when women ... ask 'do you provide abortion services?' ...say something like this: 'No, we do not provide abortion services, but we *do* provide *ultrasounds*. And you're going to need to have an ultrasound before you have your abortion. So you can come in here and you can get your ultrasound done for free. Because you're gonna have to have it anyway when you have an abortion.'"¹⁶
- In 2002, a University of Maryland student posing as a woman worried that she was pregnant called a crisis pregnancy center and made an appointment at the center's office. During the call, she asked "if they knew anything about abortion." The response? They "blew [the question] off. They just said, 'Come in and we'll figure it out.'" Once at the CPC, the student mentioned that she might want to consider abortion, the volunteer said "Oh, you don't want to do that. You'll mess up your body." The student indicated that the woman was "really trying to scare me into not having [an abortion] as an option."¹⁷
- In a documentary about crisis pregnancy centers called *12th & Delaware*, a CPC director trains volunteers in the telephone script she uses to divert questions from potential clients and lure them into the center:

If you don't hook her right away, she hangs up on you. When she calls and she says "Do you do abortions?" I say "Are you calling for yourself or are you calling for your friend?" ...and we engage in conversation. Because if she calls and says "Do you do abortions?" and I say "No," click. [The CPC director pantomimes hanging up the phone]

I'm trying to get her in the door. Take control of the conversation...I don't mind the criticisms of taking control. "That doesn't sound fair." Well too bad!¹⁸

Confusing Names and Locations

CPCs also may choose names similar to those of legitimate reproductive-health clinics that provide abortion services and locate themselves near those clinics to confuse women and lure them into their center.

- For example, in Minnesota, Robbinsdale Women's Center, an anti-choice pregnancy center that counsels women against abortion is located across the street from the Robbinsdale Clinic, P.A., which offers a range of medical care from licensed medical providers, including abortion services. According to the *St. Paul Pioneer Press*, several women who accidentally went to the center instead of the clinic complained that the center tried to deceive them. One woman even filed a complaint with the Minnesota attorney general: "In trying to find the Robbinsdale Clinic, I mistakenly went into the women's clinic across the street. When I told them my name and appointment, they had me take a seat and had a counselor talk to me about anti-abortion. At which time I learned I didn't have an appointment there at all. They then said they did not know of [the facility that provided abortions]."¹⁹
- In *12th & Delaware* a crisis pregnancy center director conducts a volunteer training in which she highlights the benefits of locating near a reproductive-health clinic. She tells volunteers: "Clearly our competition is the abortion clinic. We are actually on opposite sides of the street...They're not always sure who they're calling anyway. They don't know if they're calling us or the abortion clinic."²⁰

Patterns of Deception have Prompted Government Response

In some cases, CPCs' deceitful or misleading practices have been so outrageous that courts and government agencies have intervened on the public's behalf.

- In 2002, then-New York Attorney General Eliot Spitzer issued subpoenas to a number of CPCs based on concerns that their advertising and business practices could lead women to believe that the centers provided medical services—including professional pregnancy testing—or that they provided abortion services or referrals.²¹ Spitzer eventually

reached an agreement with one of the CPCs requiring it to: (1) tell people who call or visit the center that the center is not a medical facility; (2) clarify in advertising and consumer contacts that the pregnancy tests the CPC provides are self-administered or over-the-counter tests; (3) disclose orally and in writing—before providing a pregnancy test or counseling about pregnancy—that the center is not a licensed medical provider qualified to diagnose or accurately date pregnancy; and (4) clearly inform people who inquire about abortion care or birth control that it does not provide those services or make referrals for them.²²

- In June 2004, a pro-choice organization filed suit against a Louisiana resident on behalf of three women, a medical facility, and one of its physicians and his patients, alleging that the CPC used false advertising, trademark infringement, fraud, and various forms of criminal and emotional manipulation to intentionally interfere with women’s constitutional right to choose.²³ The defendant allegedly lured women to him by “co-opting the name of a well-known medical provider,” and by falsely advertising that he provided abortion referral services. Then, rather than providing these services, the defendant promised to connect women with doctors in private practice for a bargain, then claimed to set up appointments and repeatedly “re-scheduled” them. During this time, he discussed the women’s medical conditions with them, wrongly advising them that the longer they waited for abortion care, the less risk there would be to their health, with the intention of blocking women from having an abortion during the gestational period when the procedure is legal.²⁴
- In August 2004, a federal district court issued a preliminary injunction preventing this defendant from using the name of the medical provider or any other name that would be confusingly similar, including renewing or initiating yellow pages or other directory assistance listings. The injunction also required that the defendant refrain from holding himself out as a provider of medical services, promising to make referrals for abortion care or offering financial assistance for those services, in advertising, orally, or otherwise.²⁵
- In August 2011, San Francisco City Attorney Dennis Herrera sent a letter calling on First Resort, one of the city’s CPCs, to correct its print advertising, Internet marketing practices, and website copy, to make clear that it did not provide or refer for abortion services. In a press release, Herrera said the CPC was “misrepresenting itself as an abortion provider for the purpose of luring women with unwanted pregnancies to its office.” He went on to call the First Resort’s advertising “an insidious practice that victimizes women who are, in some instances, already victims. It’s especially problematic because the delays these centers can cause interfere with women’s time-sensitive, constitutionally protected right to reproductive choice.”²⁶

Women Suffer Intimidation, Anti-Choice Propaganda, and Misinformation at Some Crisis Pregnancy Centers

Once women are enticed into crisis pregnancy centers, they may be subjected to a variety of coercive and offensive tactics intended to prevent them from exercising their right to choose.

- Women may be forced to watch shocking films, slide shows, or pictures, designed to scare vulnerable women into carrying pregnancies to term.
 - One volunteer at a CPC states that to shake the complacency of women seeking abortion care, she pulls out a big, color photo of a fetus with closed eyes and a smile. She then flips to another full-page color picture: fetuses in a trash bin. Sometimes she takes [the pregnant women] into a tiny chapel to pray before a marble altar.²⁷
 - An Arizona man unwittingly took his 16-year-old daughter to a CPC after she had been raped. After being shown “brutal footage” including pictures of dismembered fetuses, the man claimed that, “they just emotionally raped her. . . . They are advocates for the unborn, and to hell with the troubled person. They had an ax to grind, and just terrorized her.”²⁸
 - According to a 2002 report, a woman at a “pregnancy help center” was told that she “had the devil inside her” and was then “bombarded with graphic images of disfigured babies and aborted fetuses.”²⁹
- In an effort to scare women away from considering abortion care, some CPCs provide false propaganda about the “consequences” of abortion—including false claims that abortion causes breast cancer, sterility, and psychological damage.³⁰
 - In a *New York Times* op-ed, one woman described of her experience at a CPC in Cedar Rapids, Iowa: “the ‘counseling’ that I received included the following: I was cautioned that abortions caused breast cancer...I was warned that I would inevitably suffer from post-abortion stress syndrome... I was told that I would not hear this information from doctors, because doctors make money performing abortions and would lie about the procedure’s risks.”³¹

Investigations Consistently Confirm CPCs’ Deceptive Practices Persist

While CPCs may claim they exist simply to empower women in carrying their pregnancies to term, in reality, an overwhelming body of research indicates these centers fail to provide honest, comprehensive, and non-directive information about reproductive health.

- In 2006, Rep. Henry Waxman (D-CA) released a study which found that crisis pregnancy centers often mislead and misinform teenagers about the medical risks of abortion. Investigators posing as pregnant 17-year olds seeking medical counseling called more than two dozen CPCs that receive federal funding. The report found that 87 percent of these CPCs provided either false or misleading information about the health effects of abortion. Specifically, several center employees told the women that abortion increases the risk of breast cancer. Callers were incorrectly told that abortion could cause “permanent damage” that would affect their future ability to bear children. And many centers continued to advance the myth of “post-abortion syndrome.” Each of these claims is false.³²
- Investigations in California, Maryland, Massachusetts, Minnesota, Missouri, New York, North Carolina, Texas, and Virginia³³ all have documented CPCs’ intentionally misleading practices. Many of those investigated gave women inaccurate information, including that birth control and abortion increase the risk of infertility and breast cancer, that condoms are ineffective in reducing pregnancy and the transmission of certain STDs, and that abortion causes mental illness.

CPCs’ Deceptive Tactics Can Jeopardize Women’s Health and Safety

From misleading advertising to disseminating inaccurate information, CPCs’ systematic use of manipulation is a clear attempt to push an ideological agenda even at the cost of women’s health. In an article about the ethical and health risks CPCs pose to society, Joanne Rosen, a scholar at the Johns Hopkins Bloomberg School of Public Health, concluded that, “collectively, [CPCs’] practices jeopardize the health of women and their children, and a public health response is warranted.”³⁴

Ultrasound and False Promises of Miscarriage

Many CPC websites promise women they may naturally miscarry. One site advises women: “You should realize you may not need an abortion! About 1 in 4 pregnancies ends *naturally*, in what is called a miscarriage or spontaneous abortion.” It goes on to encourage visitors to “come in today to see if you are a candidate for natural pregnancy termination.”

This bizarre and shocking advice takes advantage of the likely anxiety that comes with facing an unintended pregnancy, casually downplays an otherwise urgent situation, and even suggests that a woman would do well to ignore the need for pregnancy-related care by leaving it up to nature. It can hardly go unnoticed that its result—and likely intent—is to divert women from legitimate providers who will be honest about all of their health-care options.

In contrast, no legitimate health-care provider would encourage a woman to disregard a pregnancy. The consequences could include not only a lost opportunity to make important

decisions about the pregnancy as early as possible, but also to access prenatal care in the crucial early months of pregnancy.³⁵

Additional Delay Tactics

Many CPCs try to delay women from getting legitimate counseling or medical care until it is too late to consider abortion as an option. The documentary *12th & Delaware* demonstrates this tactic:

- Upon visiting the legitimate reproductive-health provider across the street from the CPC in *12th & Delaware*, a woman learns that she is several weeks further along in her pregnancy than the ultrasound operator at the CPC had told her. The director of the health clinic states that it is not a rare practice that the CPC misinforms women of the dates of their pregnancies in an effort to cause clients to delay seeking care until it is too late to obtain an abortion.³⁶

Propaganda to Scare Women Away From Accessing Safe, Legal Abortion

The principle of informed consent dictates that in order for a patient to make safe and healthy decisions about medical care, he or she first must receive information about all the procedure's risks, benefits, and alternatives. CPC counselors do just the opposite when they selectively edit or outright lie about health-care information to further an ideology.

- In one scene in *12th & Delaware*, a counselor details the alleged "risks" of abortion to a young woman named Widline. In reality, safe, legal abortion carries a mortality risk of 0.0006 percent.³⁷ Frightened by the counselor's claims, Widline decides against abortion; however, over the course of her pregnancy, she "tries everything in [her] powers" to self-induce abortion, from drinking vinegar to lifting heavy objects. While thankfully these measures are not as extreme or as dangerous as some to which she might have resorted, it is clear that Widline has been driven away from safe medical care because of the lies and coercive tactics of the volunteers at the crisis pregnancy center. We last see her at seven months pregnant as she is regretfully preparing for motherhood.³⁸

Prioritizing an Anti-Choice Agenda Over Women's Safety

In a singular quest to convince women not to choose abortion, anti-choice advocates at crisis pregnancy centers may even advise women to take measures that are dangerous to their health and safety.

- In *12th & Delaware* a young mother of two tells a CPC counselor that she is considering abortion because her boyfriend is abusive and she needs to do what is best for her children. The counselor protests, arguing "for all you know, the baby changes him."³⁹

Suggesting a woman remain in an abusive relationship reveals that, to this counselor, women's health and safety are hardly even afterthoughts.

Crisis Pregnancy Centers Target Low-Income Women and Women of Color Who are Among the Most Vulnerable to the Lure of Free "Services"

Care Net, which touts itself as "the largest network of pregnancy centers in North America," has begun expanding its reach even further. According to the organization's website, "[r]ecognizing that over 70% of the nation's abortion clinics are located in minority neighborhoods, Care Net is strategically planting new pregnancy centers in these urban communities in order to provide needed abortion alternatives and pregnancy support services."⁴⁰ In 2003, Care Net launched a campaign it dubbed the Urban Initiative and established 15 new centers in 13 cities.⁴¹ In 2009, the initiative was renamed the Underserved Outreach Initiative. Regardless of the name of the campaign, the goal is clear: to target African-American and Hispanic women.⁴²

Heartbeat International, too, has launched a campaign to target women of color. Having identified Miami as a city with the "neediest neighborhoods," it has rolled out a project to pursue women of color aggressively and purposefully. Describing its CPC operators as "virtue capitalists," Heartbeat Miami's website, complete with a demographic map with neighborhoods with high concentrations of Latinas, outlines the campaign—to "open multiple centers in key neighborhoods, equip them with ultrasound, and inspire and raise the local support, staff and volunteers needed for long-term operations." It boasts, "this highly aggressive, heavily funded approach to starting multiple centers has never been done before."⁴³

Through a combination of targeted marketing campaigns, training, and community partnerships, both organizations are making significant inroads in the inner cities and to women of color.

- In a Heartbeat International video, a CPC activist described its "mobile center," a vehicle that allows anti-choice volunteers to position themselves directly outside abortion providers in the city. She says, "We're going straight to the 'hood, straight into urban areas...to reach more abortion-minded and -vulnerable women."⁴⁴
- The executive director of the pro-CPC and misleadingly named Women's Choice Network in Pittsburgh discusses what she calls the "Third Wave," an initiative to partner with churches and other institutions in communities of color: "By placing the centers right in those neighborhoods, we were strategically addressing the issue of abortion... what we wanted to see was those leaders emerge and basically take the reins of that ministry so that it wasn't our team that was leading but it was a team *indigenous* to that area that was leading the way."⁴⁵ (emphasis added)

- In a promotional video from the Vitae Foundation, which provides advertising advice to CPCs, its president explains how to reach an audience reliant on public transportation. While she does not mention explicitly that the goal is to target women of color, the video features testimonials from an African-American woman and the intent is clear: "we picked the subway ads because we first and foremost listened to people in the inner city of New York, they were saying we have to figure out a way to connect with this woman, and she spends a lot of time on the subway."⁴⁶

This new focus is of particular concern when one considers that the rate of unplanned pregnancy among African-American women, particularly among teens, far outpaces that of other groups—51 percent of African-American teen girls will become pregnant at least once before they turn 20. (In comparison, 19 percent of non-Latina white teen girls will become pregnant before that same age.⁴⁷) Further, African-American women are more than twice as likely to get late or no prenatal care as non-Latina white women, and are three times more likely to die from pregnancy-related complications.⁴⁸ These daunting statistics speak to the need for more reproductive-health information and resources in these communities, not a proliferation of anti-choice propaganda fake clinics.

Crisis Pregnancy Centers and Their Proponents are Well-Funded and Organized

Recently, the crisis pregnancy center movement and its supporters have furthered their efforts by seeking—and often receiving—state or federal funding. Funding may come in the form of direct allocations or tax credits in state budgets, through the establishment of "Choose Life" license plates (the revenues of which are used to fund CPCs), the donation of special equipment, or even through federal "abstinence-only" programs. Ironically, some of the staunchest defenders of CPCs in Congress also have been some of the most outspoken proponents of gutting funding for programs that support prenatal services and a range of other health-care for low-income women and their families.

- In 2009, Rep. Michele Bachmann (R-MN) introduced the Positive Alternatives Act (H.R.636),⁴⁹ which would amend the Social Security Act to permit federal funds to be used for "alternatives-to-abortion" services, a code phrase for CPCs.
- In 2009, then-Sen. John Ensign (R-NV) offered an amendment to the National Service bill (H.R.1388)⁵⁰ that would have made CPCs explicitly eligible for federal funding under a new program, the Nonprofit Capacity Building Program. The amendment failed, 41-56.
- Anti-choice Rep. Cliff Stearns (R-FL) has authored legislation called the Informed Choice Act (H.R.165), which would create a grant program for CPCs to purchase ultrasound equipment at taxpayers' expense.⁵¹

State legislators also lend support to CPCs. They are passing legislation to direct taxpayer funding their way and/or to require women seeking abortion care to hear a state-maintained list

of “alternatives to abortion” many of which likely are CPCs. In 2012, Alaska became the 28th state to enact legislation to fund CPCs through the sale of anti-choice license plates.⁵² Additionally, 15 of the states where “Choose Life” license plates already are available donate a portion of the proceeds raised from their sale to specific anti-choice organizations that include CPCs—Alabama, Arizona, Delaware, Hawaii, Kentucky, Maryland, Massachusetts, Missouri, Montana, New Jersey, North Dakota, Pennsylvania, South Carolina, Tennessee, and Virginia.⁵³

CPCs are Courting Anti-Choice Lawmakers at All Levels of Government

In addition to their patronage of anti-choice lawmakers in Congress, politically savvy, national-level anti-choice groups have launched efforts to partner with CPCs to court state and local elected officials to pass pro-CPC legislation.

- **Resolutions honoring the work of “pregnancy resource centers.”** Americans United for Life (AUL) teamed up with Care Net to conduct a briefing at its national conference featuring AUL’s model “Joint Resolution Honoring Pregnancy Care Centers,” which it promised to “aggressively pursu[e]” in other states during the 2011 legislative session.⁵⁴ These resolutions – like the false advertising in which some CPCs engage – are intended to create the impression that CPCs are part of the mainstream medical community.
- **Forcing providers to direct women to CPCs.** Provisions in many forced-ultrasound and biased-counseling bills—which are passing at alarming rates across the country—require that states create and maintain registries of CPCs and compel providers to present or offer such lists to women seeking abortion care. These bills clearly are designed as another way to direct women to a CPC without their knowledge of its ideologically driven agenda.
- **Mandated CPC “counseling.”** In an especially alarming example of CPCs making inroads with anti-choice lawmakers, in March 2011, South Dakota’s anti-choice Gov. Dennis Daugaard (R) signed into law a first-of-its-kind mandate that a woman seeking abortion care first submit to an in-person lecture at a CPC.⁵⁵ In addition to requiring “counseling,” the law also includes a 72-hour waiting period before care, forcing women to make a total of three separate trips, which in a rural state like South Dakota can be nearly impossible. Pro-choice groups immediately challenged the law. Thankfully, the judge issued a preliminary injunction while the case is litigated,⁵⁶ but this pioneering legislative success is another indicator that CPC activists are mounting an aggressive political offensive.

Pro-Choice Lawmakers Take Action

Thankfully, pro-choice lawmakers have taken proactive steps to curb CPCs' deceptive practices. One approach has been to stop these centers from advertising falsely that they offer abortion services or medical care. For example, Rep. Carolyn Maloney (D-NY) and Sen. Bob Menendez (D-NJ) introduced the Stop Deceptive Advertising for Women's Services Act (H.R.2543/S.1374) to grant the Federal Trade Commission (FTC) the authority to sanction CPCs that use deceptive advertising practices to mislead women into believing they offer comprehensive reproductive-health care.⁵⁷

Local lawmakers also have stepped up efforts to combat deceptive practices by CPCs. In October 2011, the San Francisco Board of Supervisors passed an ordinance—the first of its kind on the state level—to strengthen the city's power to hold CPCs accountable for deceptive advertising practices. Mirroring the federal Maloney-Menendez bill, the Pregnancy Information Disclosure and Protection Ordinance gives the city attorney increased authority to hold CPCs accountable for false or misleading advertising.

Four municipalities—Baltimore, Maryland, Montgomery County, Maryland, Austin, Texas, and New York City—have passed ordinances requiring CPCs to post signage indicating the limited nature of their services. Unfortunately, but not surprisingly, the ordinances are in various stages of litigation. If CPC defenders really do believe that women deserve full information about their medical options, then they should have no objection to a sign requiring disclosure about the nature of a CPC's services.

Conclusion

Crisis pregnancy centers continue their campaign to misinform women about abortion and to dissuade women from exercising their right to choose. While there are centers that do not deceive women or attempt to coerce them into making choices against their will, many CPCs continue to use deceptive and intimidating practices in order to prevent women from accessing the full range of reproductive-health options. Women are entitled to accurate, comprehensive and unbiased medical information with which they can make their own decisions.

The government should support legitimate, comprehensive reproductive-health clinics, rather than centers whose goals are to prevent women from exercising their constitutionally protected right to choose.

January 1, 2013

Notes:

- ¹ Council on Ethical and Judicial Affairs, American Medical Association (AMA), Informed Consent, Ethical Opinion E-8.08, CODE OF MEDICAL ETHICS, at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion808.shtml>.
- ² Ohio Right to Life, *Life Talk: From Overturning Roe to Ending Abortion Permanently* (2012), at https://www.youtube.com/watch?v=T-WX_YS2YF8.
- ³ United States House of Representatives Committee On Government Reform, *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers* (2006), at <http://reform.democrats.house.gov/Documents/20060717101140-30092.pdf> (last visited Oct. 25, 2012).
- ⁴ 12TH & DELAWARE (Home Box Office 2010).
- ⁵ Planned Parenthood of America, Inc. (PPFA), *Anti-Abortion Counseling Centers: A Consumer's Alert to Deception, Harassment, and Medical Malpractice* (2002).
- ⁶ Family Research Council, *A Passion to Serve, A Vision for Life: Pregnancy Resource Center Service Report 2009*, Family Research Council (2009).
- ⁷ 12TH & DELAWARE (Home Box Office 2010).
- ⁸ Thomas Glessner, Editorial, *Ultrasound: Double Bonus for Life, Knowledge*, FREE LANCE-STAR, March 22, 2012 at A7.
- ⁹ Planned Parenthood of America, Inc. (PPFA), *Anti-Abortion Counseling Centers: A Consumer's Alert to Deception, Harassment, and Medical Malpractice* (2002).
- ¹⁰ Press Release, NARAL Pro-Choice America, *66,608 Americans Call on Yellowpages.com and Superpages.com to Stop Allowing Deceptive Anti-Abortion Ads*, (July 6, 2010) at http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010_cpc-sp-yp.html (last visited Oct. 25, 2012).
- ¹¹ Heartbeat International and Care Net, *Option Line Handbook*, 2007.
- ¹² Care Net, *About Care Net*, at <https://www.care-net.org/aboutus/index.php> (last visited October 25, 2012).
- ¹³ For example, a sidebar advertisement on Encyclopedia.com with the heading "Las Vegas Abortion" led to the homepage for First Choice Pregnancy Services, an organization that, in its FAQs tells women that "you can avoid the pain and cost of a surgical abortion. First Choice Pregnancy Services is not here to sell you a surgical abortion. So come in today to see if you are a candidate for natural pregnancy termination." See First Choice Pregnancy Services, *Abortion*, at <http://firstchoicelv.org/abortion.html?gclid=CK-5pt6VqZ0CFZJM5QodzReMiw;> (last visited Oct. 24, 2012).
- ¹⁴ Heartbeat International, *Search Engine Results*, at <http://www.heartbeatinternational.org/training/academy/heartbeat-lms/preview/29-search-engine-results> (emphasis added) (last visited April 20, 2012).
- ¹⁵ Heartbeat International and Care Net, *Option Line Handbook*, 2007.
- ¹⁶ RH Reality Check, *Abby Johnson Explains To CPCs How To Use Forced Ultrasound Bills To Lie and Get Women In the Door*, April 8, 2012, at <http://www.rhrealitycheck.org/article/2012/04/08/abby-johnson-explains-to-cpcs-how-to-lie-to-get-women-in-door> (emphasis added) (last visited on Oct. 26, 2012).

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- ¹⁷ Kate Shatzkin, *Inquiry Sought for Pregnancy Crisis Sites. Group Claims Counsel Offered at Centers Based on Opposition to Abortion*, BALTIMORE SUN, Aug. 17, 2002.
- ¹⁸ 12TH & DELAWARE (Home Box Office 2010).
- ¹⁹ Rachel E. Stassen-Berger, *More Than a Street Divides Clinic, Center*, ST. PAUL PIONEER PRESS, Apr. 10, 2005.
- ²⁰ 12TH & DELAWARE (Home Box Office 2010).
- ²¹ Press Release, Office of New York Attorney General Eliot Spitzer, *Spitzer Reaches Agreement with Upstate Crisis Pregnancy Center* (February 28, 2002), at <http://www.ag.ny.gov/press-release/spitzer-reaches-agreement-upstate-crisis-pregnancy-center> (last visited on Oct. 26, 2012).
- ²² Press Release, Office of New York Attorney General Eliot Spitzer, *Spitzer Reaches Agreement with Upstate Crisis Pregnancy Center* (February 28, 2002), at <http://www.ag.ny.gov/press-release/spitzer-reaches-agreement-upstate-crisis-pregnancy-center>, (last visited on Oct. 25, 2012).
- ²³ Center for Reproductive Rights, *Louisiana Man Sued for Faking Abortion Services*, June 7, 2004, at <http://reproductiverights.org/en/press-room/louisiana-man-sued-for-faking-abortion-services> (last visited on Oct. 26, 2012).
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