The Truth Revealed:

NORTH CAROLINA'S CRISIS PREGNANCY CENTERS

A report by
NARAL Pro-Choice North Carolina Foundation

October 24, 2011

Contents

EXECUTIVE SUMMARY

Between October 2010 and July 2011, NARAL Pro-Choice North Carolina Foundation (NPCNCF) conducted an investigation of "crisis pregnancy centers" (CPCs) operating throughout the state. The following report provides insight into the potential harm these facilities pose to women and North Carolina communities, evidence for the need to inform women of the limitations of their services, and policy recommendations.

Because much of the reproductive health information provided by CPCs is inaccurate, NPCNCF believes these centers are a threat to public health, made more urgent by recent legislation that creates a channel of funds and referrals through "Choose Life" license plates and a state-sponsored website.

About Crisis Pregnancy Centers in North Carolina

Anyone seeking healthcare services should receive comprehensive, unbiased, and medically accurate information. Women facing unintended pregnancies deserve no less.

Unable to shut down legitimate reproductive health clinics, the anti-choice movement built a national network of organizations of generally unlicensed, unregulated organizations posing as comprehensive health-care providers – "crisis pregnancy centers." Since 2006, the number of CPCs in North Carolina has almost doubled.[1]

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NPCNCF identified 122 CPCs in North Carolina, the vast majority of which are not medically licensed facilities and have neither medically trained nor medically supervised personnel on staff. CPCs do not provide or refer for abortion care or birth control. In addition, research conducted by NPCNCF found that most CPCs in the state provide inaccurate information that may put the health of North Carolinians at risk. Even when

[1] NARAL Pro-Choice North Carolina. Choosing lies and deception: Crisis pregnancy centers in North Carolina. 2006. http://www.prochoicenc.org/assets/files/cpcdocument.pdf

these centers are overseen by medical professionals, the state has no regulations in place to ensure that clients will receive medically accurate information or comprehensive, non-directive counseling; nor are there regulations that protect clients' confidentiality. Since they are not medically licensed, HIPAA regulations do not apply to CPCs.

Investigation Findings

The investigation, conducted by a team of NPCNCF staff and volunteers, included 27 in-person visits, 47 website analyses, and 40 phone calls to 66 of the state's CPCs. The study sought to answer three questions:

- Are CPCs *staffed by qualified, trained personnel*?
- Are *they dispensing medically sound information and guidance*?
- Are *they forthright and honest in their promotion and advertising*?

The answer to all of these questions for many of the CPCs operating across the state is a resounding "no."

- 92% of the CPCs studied (61 of 66 CPCs) had no medical professionals on staff.
- Only 24% (16 CPCs) disclosed that they are not medical facilities.
- 35% (23 CPCs) provide ultrasounds on site and 12% (8 CPCs) conduct STI testing.

26% of CPCs incorrectly stated as fact that abortion leads to breast cancer.

The lack of medical staff does not prevent CPCs from presenting themselves as medical clinics, including outfitting staff in white lab coats like those worn by doctors and nurses in hospitals and clinics.

Several items of inaccurate information were found to be commonly provided by CPCs, including the following:

- 26% (17 of 66 CPCs) incorrectly stated as fact that abortion leads to breast cancer.
- 48% (32 CPCs) advised women seeking family planning services that none of the common methods of birth control are effective at preventing pregnancy.

- 24% (16 CPCs) suggested the high possibility of miscarriage as a reason to avoid an abortion.

The primary goal of many CPCs in North Carolina is to promote an anti-choice point of view in order to dissuade women from seeking abortion care, and even from using contraception, which many CPCs incorrectly equate with abortion.

Furthermore, CPCs actively target college-aged women and women of color. Every university campus in the state has at least one CPC located within 25 miles. More than 75% of CPCs in North Carolina operate in communities with higher-than-average populations of color.

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***State-sponsored funding and referrals to* CPCs**

The case for state regulation is even stronger now that CPCs are to receive state funding through the sale of "Choose Life" specialty license plates. For each license plate sold, a portion of the proceeds goes to the Carolina Pregnancy Care Fellowship (CPCF), a North Carolina non-profit organization that is the state's official contact for Choose Life, Inc., a national anti-choice organization, as distributor of those funds to CPCs throughout North Carolina.

Of the 60 CPCs that are a part of the CPCF and will receive state funding:

- 94% (51 CPCs) have no medical professionals on their staff, although only 20% (11 CPCs) disclose this to their clients.
- 30% (16 CPCs) provide ultrasounds; of these, only 3 have any medical professionals on staff.
- 26% (14 CPCs) engage in deceptive advertising in phonebooks, internet sites and college newspapers.
- 22% (12 CPCs) inaccurately claim abortion causes breast cancer.
- Over half (56%) of the CPCs claim that abortion usually results in so-called "Post Abortion Stress."
- 59% (32 CPCs) incorrectly exaggerate abortion risks.
- 39% (21 CPCs) disseminate misleading information regarding birth control effectiveness.
- 46% (25 CPCs) promote abstinence over contraception.

Additionally, HB 854, the recently passed so-called "Woman's Right to Know" Act will require the state to establish and maintain a registry of organizations providing free ultrasounds for pregnant women. Under this law, women seeking abortions in North Carolina must have an ultrasound performed between 72 and four hours prior to the procedure, even if they have had one previously. This creates an additional, undue financial burden on these women. Legitimate public health clinics are often unable to offer all of their services free of charge, meaning that the law will effectively direct low-income women to these ideologically-driven CPCs without any mention of their anti-choice agenda. By forcing the government to create and maintain a registry of these groups, the law, in essence, establishes a state-sanctioned channel through which women are referred to CPCs.

A more basic reason, however, for urging policymakers to establish reasonable regulations for CPCs is that women facing unintended pregnancies deserve professional, medically-sound counsel. Women may be desperate for advice at such a critical time and should not instead receive biased or inaccurate information from volunteers posing as medical and counseling professionals.

24% of CPCs suggested the high possibility of miscarriage as a reason to avoid an abortion.

Policy Recommendations

When any group, community organization, museum, or economic development enterprise receives state money or referrals there is typically an assumption that they must meet certain state standards. Now that nearly half of the CPCs in North Carolina receive funds from the state government they should not be treated differently. The state should:

- Require honest advertising and promotion that begins with disclosing anti-choice bias.
- Ensure that CPCs not employing trained medical or counseling staff make clear that clients will be seen by untrained staff/volunteers.
- Guarantee that advice and counsel being dispensed are medically-sound and accurate.

- Require that CPCs keep client confidentiality as is required by legitimate medical and counseling clinics.

In the absence of state legislation, local governments should take action.

NPCNCF is dedicated to ensuring that all North Carolinians have complete and medically accurate information when faced with reproductive health decisions. These recommendations will help guarantee that CPCs throughout the state maintain an honest and medically accurate standard of care, and better support of public health.

INTRODUCTION

Approximately 50 percent of pregnancies in the United States are unintended.[2] Even under the best circumstances an unintended pregnancy can bring with it shock, confusion, and sometimes fear. At such a time it is more important than ever that women and their partners are able to talk with and learn from trusted professionals who will provide them with unbiased and medically accurate information on their pregnancy and all of their options.

Anti-choice CPCs outnumber abortion providers in North Carolina by 4 to 1.

"Crisis pregnancy centers" (CPCs) advertise themselves to be just that: places for women and their partners to engage with healthcare professionals and learn about options for unintended pregnancies. In reality, many CPCs are anti-choice organizations that misrepresent themselves as full-service reproductive health clinics.

Since 2006, the number of CPCs in North Carolina has almost doubled.[3] In response, NARAL Pro-Choice North Carolina Foundation (NPCNCF), beginning in October 2010 and ending in July 2011, conducted an in-depth, confidential, under-cover investigation of CPCs in the state. The purpose of this research was to learn whether CPCs accurately present themselves and to assess the quality of information they provide to clients. This report will discuss the growing prevalence of CPCs in North Carolina, clarify what CPCs are, and explain how they differ from comprehensive women's health clinics. The results of the investigation will show that many of the CPCs in North Carolina provide misinformation and emotional manipulation when women turn to them for help.

[2] Guttmacher Institute. Facts on induced abortions in the United States. 2011. http://www.guttmacher.org/pubs/fb_induced_abortion.html

[3] NARAL Pro-Choice North Carolina. Choosing lies and deception: Crisis pregnancy centers in North Carolina. 2006. http://www.prochoicenc.org/assets/files/cpcdocument.pdf

Highlights

This report documents the following:

- Anti-choice CPCs outnumber abortion providers in North Carolina by 4 to 1.[4] [5]
- Women in North Carolina searching online for information about abortion are potentially misled by CPC statements.
- CPCs are frequently staffed by unpaid volunteers with no medical or counseling training, some of whom administer and interpret medical tests (ultrasounds, pregnancy tests, and/or STI tests).
- CPCs routinely attempt to frighten and intimidate women through inaccurate information about birth control, sexually transmitted infections, and abortion.
- A recently approved "Choose Life" license plate established a new state-sponsored funding source for CPCs.
- A new law will require the state of North Carolina to develop a website that will offer referrals to CPCs.

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What are CPCs?

CPCs are facilities that advertise free services to women facing unintended pregnancies while promoting an anti-choice agenda. The most common services include free pregnancy testing, onsite ultrasound or ultrasound referrals, counseling, and short-term assistance. Some promote themselves as women's health clinics, and a few even falsely advertise that they offer abortion services. The majority of CPCs are volunteer-run, though some have medically licensed staff, often working as volunteers once or twice a week.

While many CPCs claim to provide unbiased information and assistance, their fundamental goal is to dissuade women from exploring the full range of reproductive health options. To attain this goal, some may

[4] NARAL Pro-Choice North Carolina. Choosing lies and deception: Crisis pregnancy centers in North Carolina. 2006. http://www.prochoicenc.org/assets/files/cpcdocument.pdf
[5] Guttmacher Institute. State facts about abortion: North Carolina. 2011. http://www.guttmacher.org/pubs/sfaa/pdf/north_carolina.pdf

provide women facing unintended pregnancies with medically inaccurate and deceptive information on reproductive health, fetal development, miscarriages, sexually transmitted infections, contraception, and abortion.

In North Carolina, CPCs outnumber comprehensive reproductive health-care providers that perform abortions (medical or surgical) four to one, with approximately 122 CPCs and fewer than 30 abortion providers. The map of North Carolina (Figure 1) depicts the locations of all crisis pregnancy centers NPCNCF identified throughout the state.

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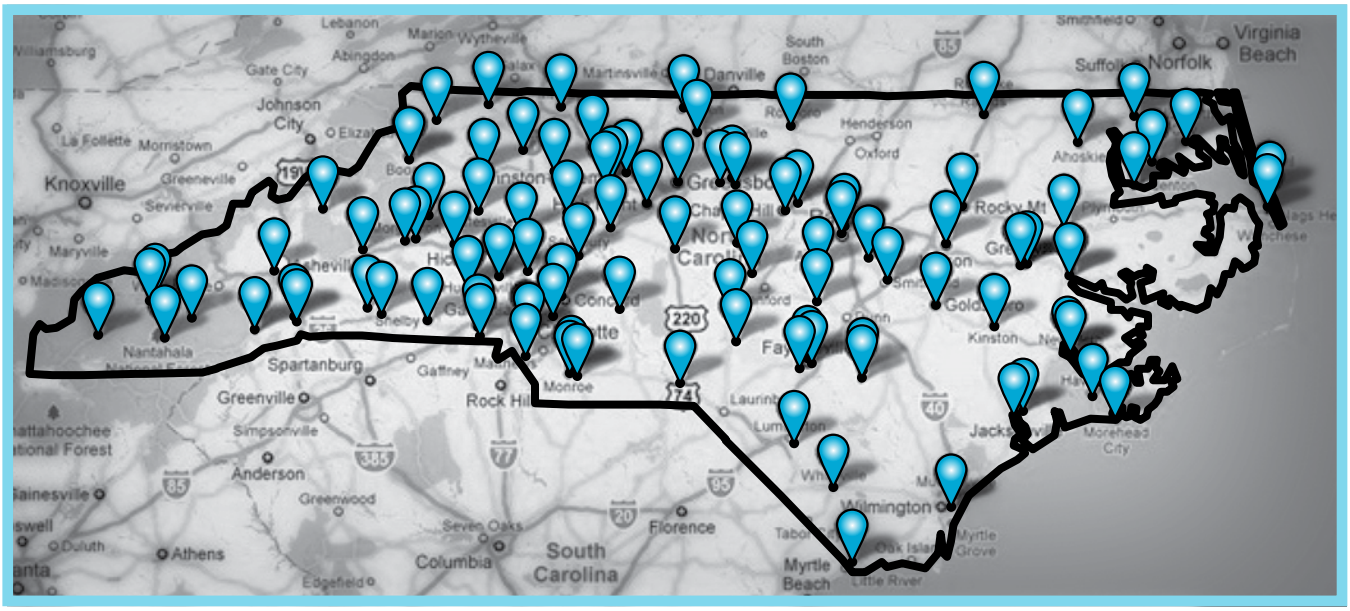

Many CPCs are affiliated with and receive funding from national anti-choice groups such as Care Net, Bethany Christian Services, Birthright, Ramah International, and Heartbeat International. The parent organizations often track CPCs throughout the country, and operate call centers and websites to match potential clientele with a local CPC.

How do CPCs *differ from medical clinics?*

The American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the National Association

of Social Workers (NASW) recommend a number of specific services for pregnant women. The need for and frequency of medical care increases as fetal development continues, especially if a woman's pregnancy is high risk. In addition, any pregnant woman, especially one who lacks support systems or is economically disadvantaged, may need professional social services. The vast majority of CPCs surveyed did not provide the medical and social services recommended by experts, including prenatal care, medical care for pre-existing conditions, or education on and assistance with cessation of tobacco, alcohol, and drug use, and therefore are unequipped to properly assist pregnant women.

The following charts provide a detailed comparison of recommended medical and social services as contrasted with services offered at CPCs:

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AAP and ACOG recommended medical services for pregnant women	Offered at CPCs?
Prenatal care	✖ No
Family history/genetic counseling, information, and screening	✖ No
Medical care for pre-existing conditions	✖ No
Cessation of use of tobacco, alcohol, and drugs	✖ No
Dietary recommendations and restrictions	✖ No
Education on and avoidance of toxins	✖ No
STI and HIV testing and counseling	✔ Yes at some CPCs
Evaluation and assistance for domestic violence situations	✖ No
Postpartum depression information and treatment	✖ No
Referrals for social services	✔ Yes at some CPCs
Childbirth and child care classes	✔ Yes at some CPCs

NASW recommended social services for pregnant women	Social services offered at CPCs?
Evaluation of licensed social services	✖ No
Evaluation of social history, including current living arrangements, household environment, and work, school, or vocational history	✖ No
Evaluation of the impact of health condition on cognitive, emotional, social, sexual, psychological, or physical functioning	✖ No
Evaluation of formal and informal social supports	✖ No

(chart continued on page 10)

(chart continued from page 9)

NASW recommended social services for pregnant women	Social services offered at CPCs?
Evaluation of financial resources, housing, transportation, and health insurance	✖ No
Evaluation of relevant biomedical, psychosocial, and cultural factors and needs of the client and family	✖ No
Evaluation of past and current health history, including genetic and family history	✖ No
Evaluation of domestic violence and interventions	✖ No
Evaluation of postpartum depression, information and treatment	✖ No
Evaluation of behavioral and mental health status and current level of functioning, including mental health history, suicide risk, and coping styles	✖ No

Nor do CPCs provide the health and social services offered at comprehensive women's health clinics such as annual gynecological exams, Pap tests, and contraception assistance. Below is a list of such services, juxtaposed against those provided by CPCs:

Health/social services	Provided at comprehensive women's health clinics	Provided at CPCs?
Annual gynecological exams	✔ Yes	✖ No
Pap tests and lab tests	✔ Yes	✖ No
Family planning and contraception	✔ Yes	Only "natural" family planning information provided
STI testing, counseling, and treatment	✔ Yes	Testing only at some CPCs
HIV testing, counseling, and treatment	✔ Yes	Testing only at some CPCs
Abortion services	✔ Yes	✖ No
Urinary tract infection treatment	✔ Yes	✖ No
Vasectomies	✔ Yes	✖ No
Essure and tubal ligation services	✔ Yes	✖ No
Emergency contraception	✔ Yes	✖ No
Colposcopy and cryotherapy	✔ Yes	✖ No
Clinical research	✔ Yes	✖ No
Pregnancy testing, both blood and urine	✔ Yes	Urine testing only
Adoption service referrals	✔ Yes	Only to select adoption agencies
Pregnancy counseling	✔ Yes	Only anti-abortion counseling provided

The following chart offers a detailed contrast of the regulations of comprehensive women's health clinics with those of CPCs and the accountability of trained, professional counselors with that of CPC volunteers:

Regulation requirement of comprehensive women's health clinics	Regulation requirement of CPCs
Must have a licensed physician on staff	✖ No such requirement
Are subject to inspection by North Carolina Department of Health and Human Services	✖ No such requirement
Must meet health and safety standards for hygiene, employee qualifications and supervision, and quality of care	✖ No such requirement
Cannot reveal a patient's identity without his or her consent – violations are subject to injunctions and fines	✖ No such requirement
Must obtain written permission before releasing health information for marketing purposes	✖ No such requirement

Regulation and accountability for licensed clinical social workers	Regulation and accountability for CPC volunteers
Legal and professional accountability is maintained through the risk of loss of license and ability to practice, as well as civil and criminal penalties if found to be acting unprofessionally	✖ No such regulation or accountability
Licensure is obtained by meeting minimum requirements of formal education, training, completion of supervised work experience, and passing of a licensure exam	✖ No such regulation or accountability
License maintenance is accomplished through continuing education courses, including ethics training, as well as review for licensure renewal	✖ No such regulation or accountability

Because the majority of CPCs in North Carolina are not medically licensed clinics, they are not bound by federal medical privacy laws that are required of licensed medical facilities under the Health Information Portability and Accountability Act (HIPAA). In fact, in literature obtained from Bethany Christian Services, the fine print states: "There are times when confidential information may be shared without your permission, [including] giving certain information to parents or guardians of minors; sharing information with companies we contract with to provide services on our behalf."[6]

[6] *Notice of Privacy Practices for Consumer Confidential Information*. Bethany Christian Services, 2008. Print. Page 2

RESEARCH

The research consisted of six parts: (1) compiling a list of the state's CPCs, (2) analyzing their websites, (3) researching and analyzing their 990 non-profit tax forms, (4) visiting the CPCs in person, (5) placing telephone calls to CPCs, and (6) reviewing the literature provided by the CPCs during in-person investigations.

Compiling a list of CPCs

Investigators obtained the names, addresses, phone numbers, and websites of CPCs through numerous internet searches. As CPCs often change locations and contact information, it is difficult to provide an exact count of CPCs in the state. However, by using the databases of national affiliation organizations such as Care Net, Ramah International, and the National Institute of Family and Life Advocates (NIFLA), investigators determined that approximately 122 CPCs exist in North Carolina. Investigators also conducted individual internet searches for each of the CPCs listed by the national affiliation organizations in order to document the most up-to-date listing of CPCs, addresses, and phone numbers.

Website analysis

Forty-seven of the 122 CPCs have websites that could be located. Each website was reviewed to determine the following:

- Whether the CPC stated that it neither offers nor provides referrals for abortions;
- What services are advertised and provided;
- What other referrals are provided; and
- The accuracy of the posted information on abortion, breast cancer, adoption, parenting, contraception, STIs and HIV, and infertility.

Tax form 990 analysis

A 990 tax form is a required, annual form that details financial information and must be submitted to the Internal Revenue Service by any nonprofit that wishes to maintain its 501(c)3 status. Investigators conducted a 990 tax form search using GuideStar (www.guidestar.org), a website database of nonprofit organizations that offers detailed information about U.S. nonprofits to potential donors, researchers, and others. They systematically searched for the most recent 990 tax form of each CPC in North Carolina. They found these forms for 57 (out of 122) CPCs. Forms for the other 65 CPCs could not be found. They examined the forms to determine each CPC's annual revenue, expenses, assets, percentage of private funding, grants given out, and amount spent on advertising.

In-person investigations

Staff and volunteers conducted 27 in-person investigations of CPCs across the state, including those located in rural, suburban, and urban areas. The CPCs that received in-person investigations were chosen based on the travel ability of staff and trained volunteer investigators. Whenever possible, investigators went in pairs, with one investigator posing as a potentially pregnant woman and the second one posing as a supportive friend. When it was not possible for investigators to go in pairs, the investigator who went alone made sure to take safety precautions and posed as a potentially pregnant woman who did not have a support system. Most often, the investigator told the CPC volunteers that her menstrual cycle was very late; she suspected she was pregnant; the pregnancy was not intended; and therefore she wanted to learn about all of her options, including abortion. Immediately after each visit, investigators completed a detailed narrative of the visit.

Phone investigations

Volunteers were trained in data collection, what to expect during the calls, and which issues to pursue. They conducted phone investigations of 40 CPCs. Presenting themselves as either potentially pregnant women or as the male partners of potentially pregnant women seeking help and

information, the investigators took notes during the calls and immediately afterward documented detailed narratives of the conversations. While attempts were made to contact a majority of the CPCs, many of the phone numbers were either disconnected, lacked a voicemail option, connected to an individual's voicemail without a reference to the CPC, or calls were simply unanswered and unreturned. However, almost all of the CPCs required set appointments rather than walk-in appointments, so all 27 CPCs visited in-person were also preceded with a phone investigation. An additional 13 CPCs received a phone investigation without a follow-up in-person visit.

Review of CPC *literature*

Investigators accepted all of the written materials provided by the CPC volunteers during in-person visits. Collected literature included all brochures and pamphlets provided in the waiting room and during the counseling sessions. Informational materials were grouped according to CPC site and then analyzed for medical accuracy and tone.

Limitations of the investigation

The results of the investigation are factual and show trends among CPCs in North Carolina. However, the findings do not seek to make blanket statements about all nonprofit, ideologically-motivated, pregnancy assistance centers in the state.

Determining the actual number and compiling a list of CPCs in North Carolina was difficult. It is possible that existing CPCs were omitted, or that some CPCs that are no longer in operation were included on the list.

Fewer than half of the CPCs had public websites that could be analyzed, volunteers were unable to reach every CPC by phone, and investigators were not able to conduct an in-person visit for every CPC. Furthermore, this report lacks documented evidence on how CPCs would respond to an actual pregnancy or a non-English speaker, as none of the volunteers were actually pregnant or attempted to speak with CPC volunteers in any language other than English.

This report does not single out or attack any particular CPC or the people who volunteer at CPCs. The sole purpose of this report is to educate and inform North Carolinians about CPCs and the misinformation and manipulative tactics utilized by them.

FINDINGS

It is important to recall when reviewing these findings that of the 122 CPCs found operating in North Carolina, slightly more than 50 percent (66 CPCs) were investigated through website analysis, a phone call investigation, and/or an in-person investigation. Many of the remaining 56 centers are affiliates of the same national networks as the CPCs investigated in this report and may engage in similar practices. However, the results presented here are specific only to 66 CPCs in North Carolina.

"Empowering women to make informed decisions."

"Pregnant? Not sure what to do? We're here for you. We empower you with the information you need to make an informed choice."

Many CPCs use key words such as "pregnancy" and "help" thus obscuring their anti-choice agenda.

These are the first phrases appearing on the websites, advertisements, and informational brochures of many CPCs. Such reassuring greetings work in conjunction with the names of the CPCs themselves, many of which use key words such as "pregnancy" and "help" thus obscuring the anti-choice agenda that so many CPCs promulgate and may be a comfort to women in crisis. While the amount of information on websites differs, nearly all present CPCs as supportive places where women can receive information on all their pregnancy options.

However, despite promises of providing unbiased, in-depth information on all choices including abortion, 70 percent (46 of the 66 CPCs) expressed some disregard for abortion, making clear that it is not an option they would offer or support for a woman seeking to make an informed choice. While this clear position against abortion does not help women make informed choices, only three CPCs disclosed that they were anti-abortion on their intake forms, 12 verbally disclosed this during the counseling session, and 10 used both methods of disclosure.

Deceptive advertising and practices

With many of North Carolina's CPCs, deception begins before a woman even walks through the door. Besides failing to disclose their anti-choice agenda, many CPCs in North Carolina use deceitful advertisements in their attempts to lure women into turning to them for help. In order to pose as legitimate reproductive health clinics, some CPCs are located in the same office buildings as medical providers or near hospitals, medical offices, and even near genuine reproductive health clinics.

A study conducted by NARAL Pro-Choice America[7] found that many CPCs use or have used deceptive advertising in phonebooks and on internet databases such as yellowpages.com and WhitePages.com. NPCNCF discovered that a great number of CPCs appear on these informational search engines when one searches for "Planned Parenthood." The following images (Figures 2 and 3) are screen shots of listings of CPCs that appeared during a search for "Planned Parenthood in North Carolina" on yellowpages.com.

Several CPCs even outfitted their staff in scrubs or white lab coats like those worn by doctors and nurses in legitimate hospitals and clinics.

CPC deception also may come in the form of creating a false atmosphere of a professional medical practice. Several CPCs even outfitted their staff in scrubs or white lab coats like those worn by doctors and nurses in legitimate hospitals and clinics. It is reasonable to assume that many women entering a "pregnancy center" would be under the belief that medical care and impartial counseling are available. Unfortunately, that is often not the case with respect to CPCs. Consider the following:

- 92% of the CPCs studied (61 of 66 CPCs) do not have medical professionals on staff.
- Only 24% (16 CPCs) disclose that they are not medical facilities.
- 35% (23 CPCs) provide ultrasounds on site and 12% (8 CPCs) conduct STI testing.

[7] NARAL Pro-Choice America. "66,608 Americans call on yellowpages.com and superpages.com to stop allowing deceptive anti-abortion ads." July 6, 2011.
Available at: http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010_cpc-sp-yp.html

FINDINGS

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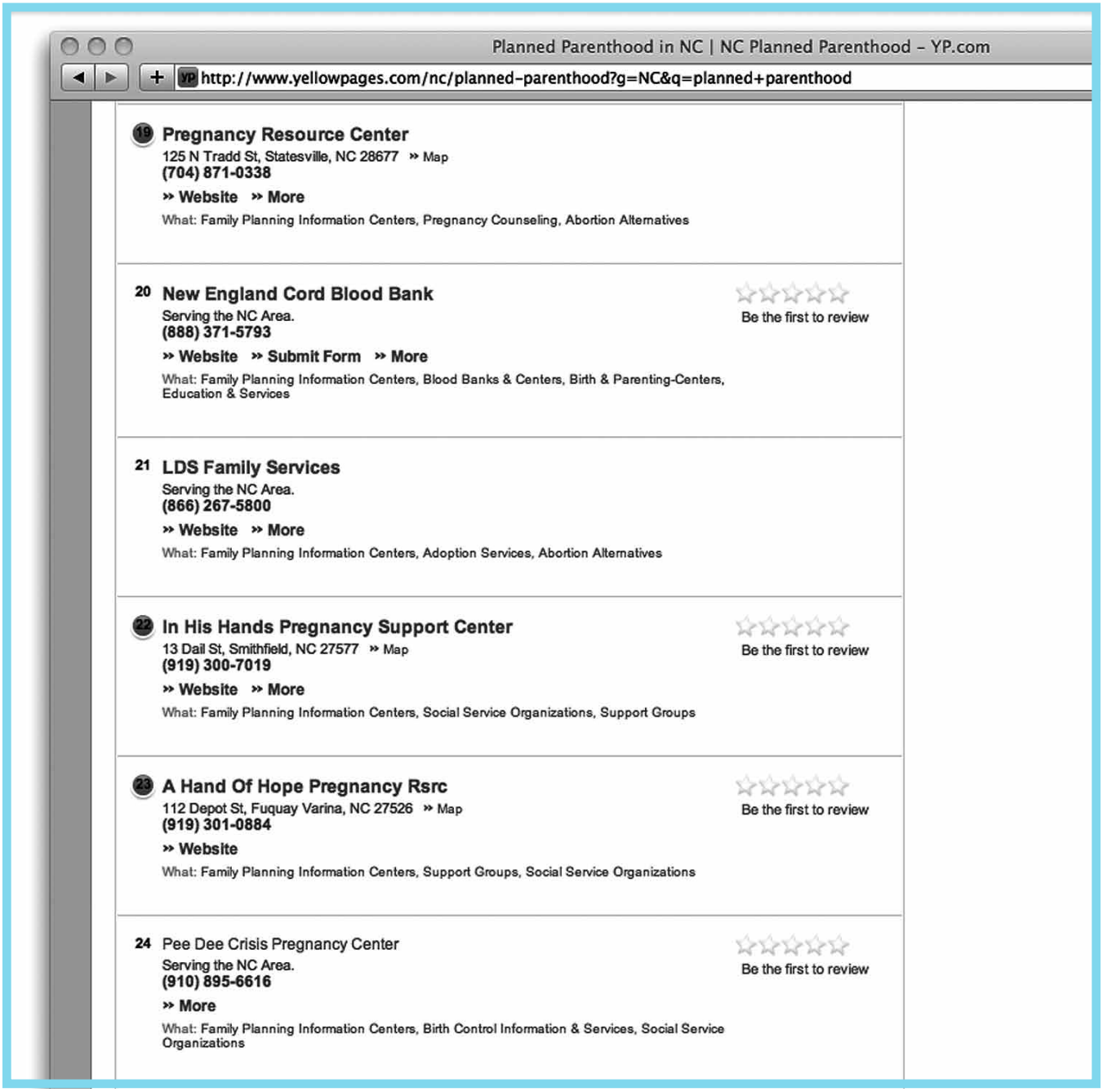


Figure 2
Screenshot of listings, which include CPCs, that appeared during a search for "Planned Parenthood in North Carolina" on yellowpages.com.

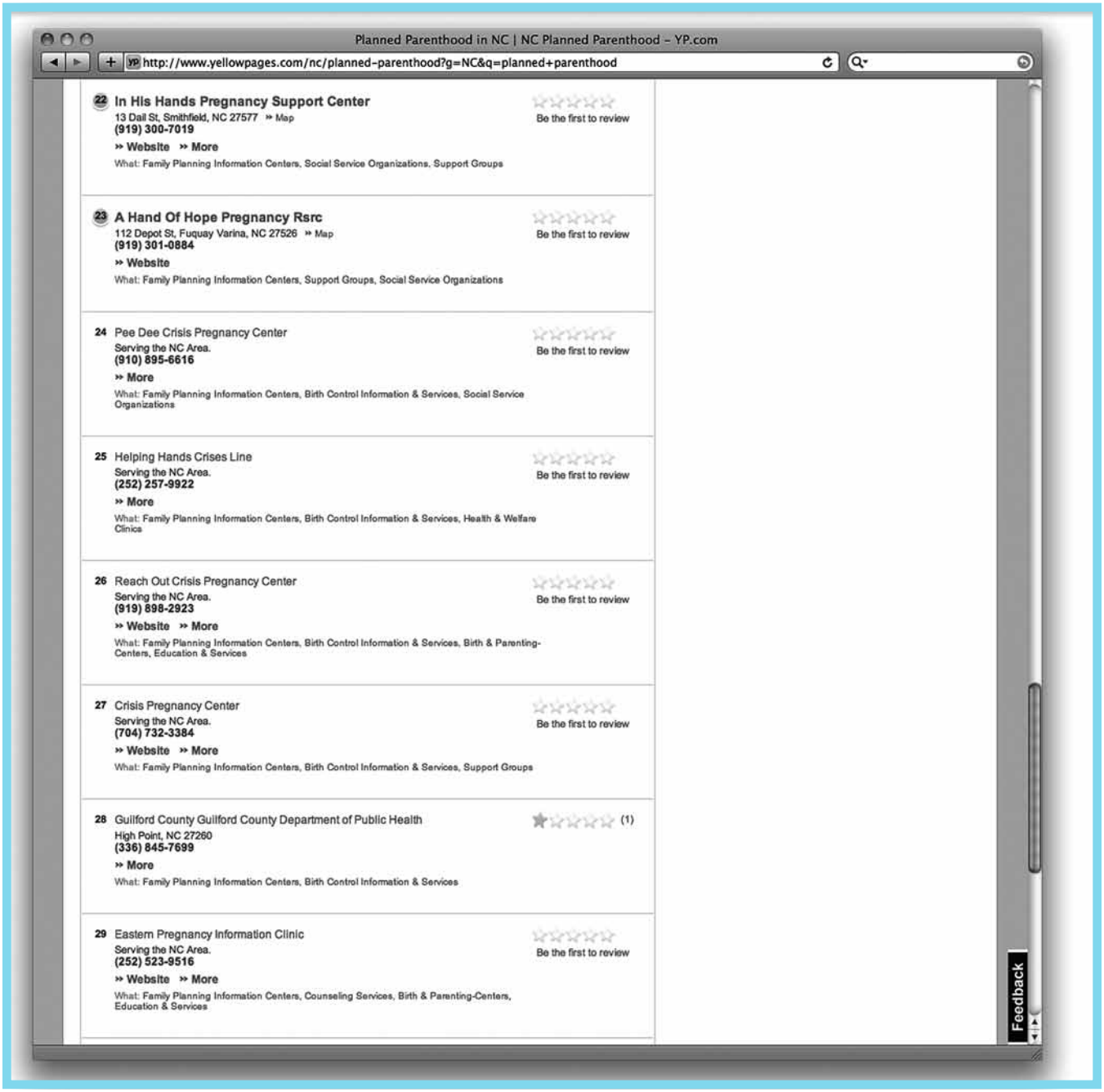


Figure 3
Screenshot of listings, which include CPCs, that appeared during a search for "Planned Parenthood in North Carolina" on yellowpages.com.

Providing medically inaccurate information

More than two-thirds (67%) of CPCs investigated provided distorted, if not entirely fabricated, information about abortion, its risks, and its consequences. This deception was advanced through CPCs' websites, outreach materials, and during counseling sessions. Some of the misinformation provided by CPCs is detailed below:

One CPC volunteer went so far as to cite a non-existent Australian study in which "every single 18-year-old woman who chose to have an abortion was diagnosed with breast cancer."

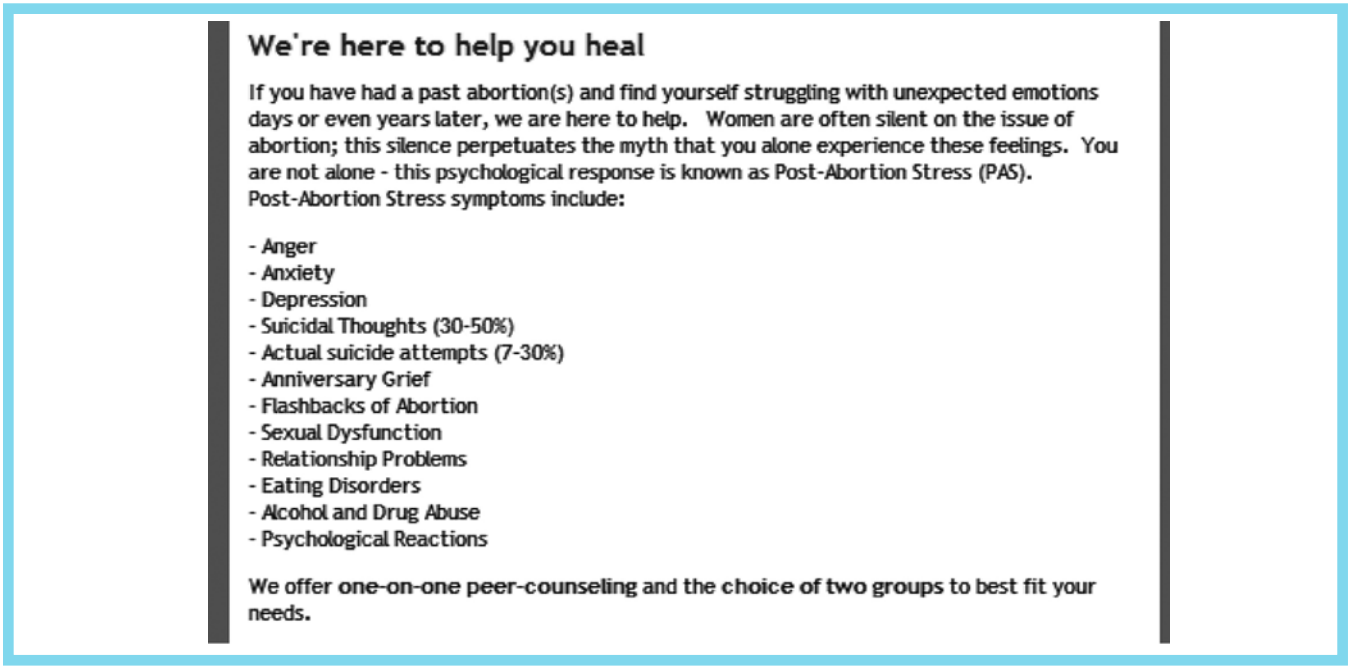
- **Abortion increases the risk of breast cancer.** Numerous studies conducted by the National Institutes of Health and the Centers for Disease Control and Prevention, as well as many universities in the U.S. and abroad, have concluded that there is no link between abortion and breast cancer.[8] However, 17 of the 66 CPCs promulgate this inaccuracy through literature, websites, and during counseling sessions. Several volunteers of the CPCs visited told investigators that it is "a 100 percent proven fact that abortions cause breast cancer." One CPC volunteer went so far as to cite a non-existent Australian study in which "every single 18-year-old woman who chose to have an abortion was diagnosed with breast cancer."

- **Abortion results in so-called "Post-Abortion Stress"** (sometimes called "Post-Abortion Stress Disorder" or "Post-Abortion Stress Syndrome") (PAS). While many studies over the past three decades have concluded that abortions do not cause mental health problems for women[9] and the DSM IV, which is the gold standard diagnostic manual used by psychologists, psychiatrists, social workers, and medical professionals does not recognize or include PAS among its clinical forms of stress or many clinical diagnoses, 65 percent (43 CPCs) made claims that abortion results in PAS. Fifty-one percent (34 CPCs) posted information about this purported diagnosis on their websites, including its "symptoms." The following screenshot of one North Carolina CPC's website (Figure 4) is an example of the type of erroneous "medical" information these groups disseminate.

[8] Guttmacher Institute. Facts on induced abortions in the United States. May, 2011. http://www.guttmacher.org/pubs/fb_induced_abortion.html
[9] Guttmacher Institute. Facts on induced abortions in the United States. May, 2011. http://www.guttmacher.org/pubs/fb_induced_abortion.html

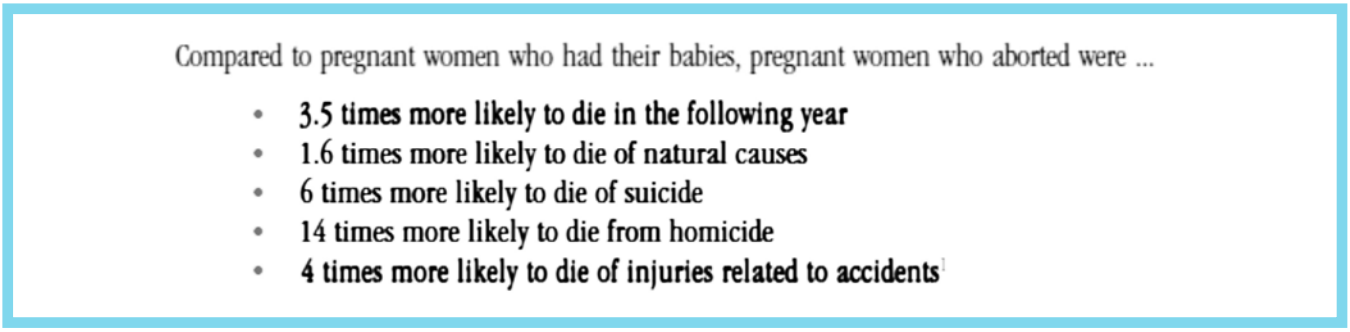
■ **Abortion is a risky procedure with myriad complications, including death.** Abortion is a safe procedure when conducted by a trained and licensed medical professional. According to the Guttmacher Institute, less than 0.3 percent of abortions in the U.S. result in complications that require any further medical assistance or hospitalization.[10] In fact, the rate of complications from abortions is lower than that of in-office surgeries such as tonsillectomies, the complications rate of which ranges from 1.3 to 2 percent.[11] [12] Nonetheless, many CPCs claim that abortions are strongly associated with or even cause outcomes such as Pelvic Inflammatory Disease (PID), infertility, future ectopic pregnancies, future preterm births, excessive bleeding, and even death. Of the CPCs investigated, 67 percent (44 CPCs) make such claims through literature, websites, and counseling sessions. By claiming that abortions create risks for additional health problems, CPCs aim to scare women out of

Figure 4
This screenshot from one North Carolina CPC's website is an example of the type of erroneous "medical" information these groups disseminate.



[10] Guttmacher Institute. Facts on induced abortions in the United States. May, 2011. http://www.guttmacher.org/pubs/fb_induced_abortion.html
[11] Laureyns G, Lemkens P, & Jorissen M. Tonsillectomy as a day-case surgery: a safe procedure? B-ENT. 2006; 2(3): 109-16. Available at: http://www.ncbi.nlm.nih.gov/pubmed/17067079
[12] Norton, Amy. "Tonsillectomy technique shows lower complication rate." Reuters Health. June, 2010. Available at: http://www.reuters.com/article/2010/06/01/us-tonsillectomy-technique-idUSTRE6504QO20100601

choosing to have an abortion. One CPC in North Carolina makes the following incorrect statement on their website (Figure 5):


Compared to pregnant women who had their babies, pregnant women who aborted were ...

- 3.5 times more likely to die in the following year
- 1.6 times more likely to die of natural causes
- 6 times more likely to die of suicide
- 14 times more likely to die from homicide
- 4 times more likely to die of injuries related to accidents[1]

Figure 5
By claiming that abortions create risks for additional health problems, CPCs aim to scare women out of choosing to have an abortion. One CPC in North Carolina makes this incorrect statement on their website.

The same CPC also falsely claims that abortion is linked to lung cancer, second-degree burns, and embolisms.

The same CPC also claims that abortion is linked to lung cancer, second-degree burns, and embolisms. Several of the CPCs visited by investigators showed a video in which an alleged doctor inaccurately describes abortion procedures and risks, while brandishing large scalpels to frighten viewers. During one CPC interview, the CPC volunteer provided incorrect information about how late-term abortions are performed. At the same time, the CPC volunteer cried and urged the investigator not to have an abortion.

Abortion is not the only target for misinformation by CPCs. Several groups additionally attempt to dissuade the use of birth control. Many rigid anti-choice proponents view birth control as a form of abortion; subsequently, at CPCs, which exist largely to promote anti-choice views, birth control of any form is discouraged almost as much as abortion itself.

Findings include:

- **Forty-eight percent (32 of the 66 CPCs) provide misleading and inaccurate advice regarding birth control in any form.** These CPCs claim that IUDs and oral contraceptives are not truly effective in preventing pregnancy, and that condoms are ineffective at protecting users from STIs, and HIV/AIDS.

- **Sixty-four percent (42 CPCs) provide no accurate information on modern contraceptive methods.** Several CPC volunteers

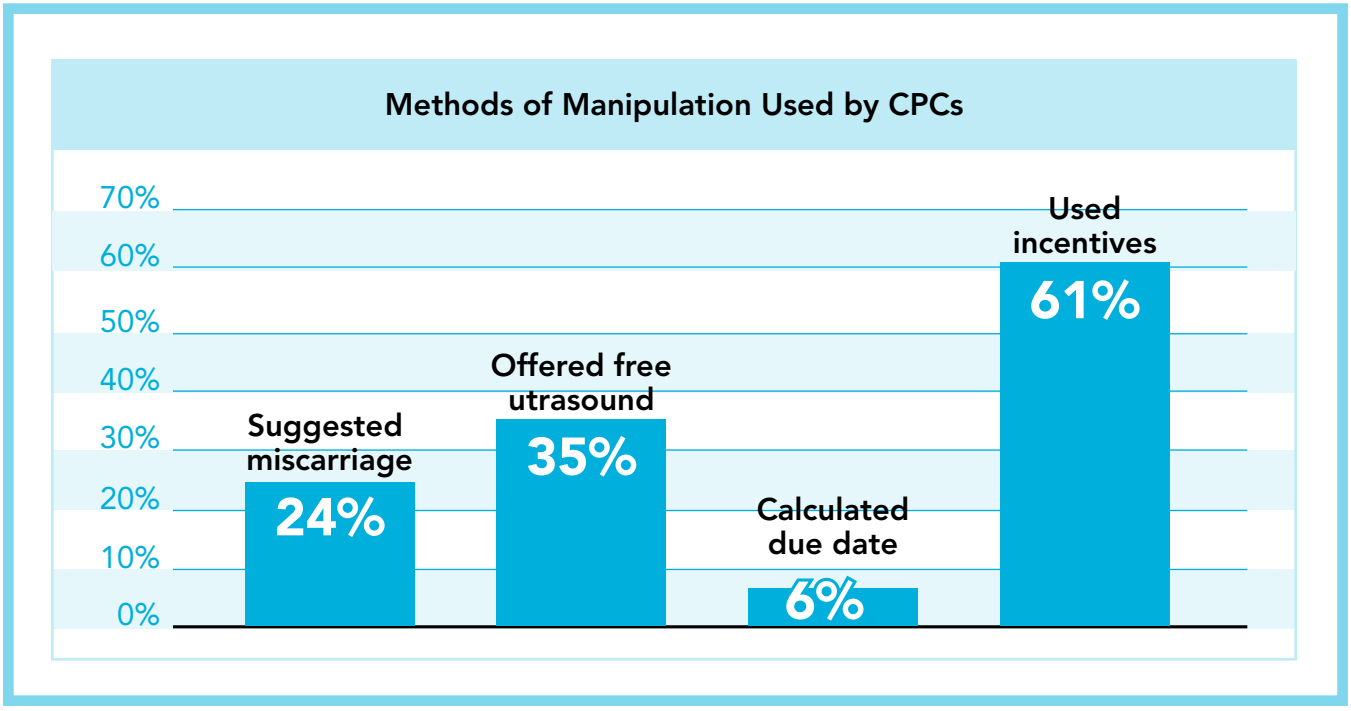
misrepresented the efficacy of "natural" family planning, telling investigators that it was 100 percent effective. These same CPC volunteers told investigators that oral contraceptives cause breast cancer and are the same as abortion.

■ **Many CPCs use religious ideology to shame and frighten women.** More than half of the 66 CPCs (59%) investigated are affiliated with Christian organizations and many use biblically-based arguments to encourage people to refrain from sex until marriage. Several CPC volunteers prayed for investigators while they were meeting; one challenged an investigator to become a "born-again virgin;" and one investigator who posed as a pregnant Jewish woman was given a Bible and told by volunteers at five different CPCs that she would not go to heaven unless she became a Christian.

Using manipulative tactics

As the goal of CPCs is to promote their own anti-choice agenda rather than assist women to make their own choice that is best for them, many CPCs use manipulative tactics in addition to misinformation (Figure 6).

Figure 6
As the goal of CPCs is to promote their own anti-choice agenda rather than assist women to make their own choice that is best for them, many CPCs use manipulative tactics in addition to misinformation.



24 percent (16 CPCs) suggested the possibility of miscarriage as a reason to avoid making an immediate decision on abortion.

■ **Suggesting that women delay decision-making until it is too late to have a legal abortion.** One tactic CPCs use is to suggest to women that they should wait to have an abortion as they may have a miscarriage and end the pregnancy naturally, which would negate the need for an abortion. As abortions can only be performed in North Carolina up to the 20th week of gestation (unless the woman's life is in danger or in cases of fetal anomaly)[13] by encouraging women to wait to make a decision, CPCs attempt to run out the clock on the time that women have access to a legal and safe abortion. Of the CPCs investigated, **24 percent (16 CPCs) suggested the possibility of miscarriage** as a reason to avoid making an immediate decision on abortion. At several CPCs contacted by investigators, CPC volunteers told investigators that there is a 33 percent chance for miscarriage, and the investigator should therefore wait to decide whether to have an abortion.

■ **Offering free ultrasounds as emotional manipulation.** By offering free ultrasounds to pregnant women, it is the hope of CPCs that as soon as women see the ultrasound image, they will connect with their pregnancy and will be too emotionally caught up to choose to have an abortion. Since few CPCs have trained professionals on staff, the ultrasounds cannot provide any relevant medical information about the potential pregnancy. **Thirty-five percent (23 CPCs) of the 66 CPCs offer free ultrasounds to pregnant women**, with several CPCs encouraging investigators to have an ultrasound before even finding out the results of the urine pregnancy test.

■ **Offering incentives to women who choose not to have an abortion.** The most common incentive is free baby products for women who choose to parent and then attend either parenting classes or Bible study sessions. **Investigators learned that 61 percent (40) of the 66 CPCs offered baby items as incentives for women who chose not to abort.** The offer of free baby items can be enticing to women who are in need of help, and there is a legitimate

[13] Guttmacher Institute. State policies in brief: An overview of abortion laws. 2011. http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf

need for such resources to new mothers who lack them. However, rather than providing long-term support for those women who need it, assistance by many CPCs is, in reality, sporadic and contingent upon submitting to religious education. When pressed by investigators several CPC volunteers admitted that their organizations would only assist women for the first few months after delivery before cutting off all help.

Targeting specific demographics

Every public university campus in the state has at least one CPC located within 25 miles.

CPCs have identified specific segments of women to target, with many CPCs even terming these segments as "abortion vulnerable." This includes college-aged women, African-American women, and Latinas, all of whom are more likely to seek abortion care than women in other demographic groups.[14] College-aged women account for a sizeable proportion of those seeking abortion services every year, with women between the ages of 18 and 19 accounting for 11 percent of abortions in the U.S. and women between the ages of 20 and 24 accounting for 33 percent.[15] In addition, 30 percent of all abortions in the U.S. are obtained by African-American women and 25 percent by Latinas.

In order to target these groups, CPCs often tailor promotional materials and increase facilities' visibility where these populations are high. For example, CPCs often plant facilities near universities and colleges and in towns with disproportionately high minority populations. NPCNCF found that every public university campus in the state had at least one CPC within 25 miles. Several CPCs even advertise directly to college students. One CPC connects with students at North Carolina State University through an ad in a coupon book distributed around the campus. The image on the next page (Figure 7) shows the advertisement for Gateway, a CPC, nestled among coupons for various restaurants and shops popular with students.

[14] Guttmacher Institute. Facts on induced abortions in the United States. May, 2011. http://www.guttmacher.org/pubs/fb_induced_abortion.html
[15] Guttmacher Institute. Facts on induced abortions in the United States. May, 2011. http://www.guttmacher.org/pubs/fb_induced_abortion.html

FINDINGS

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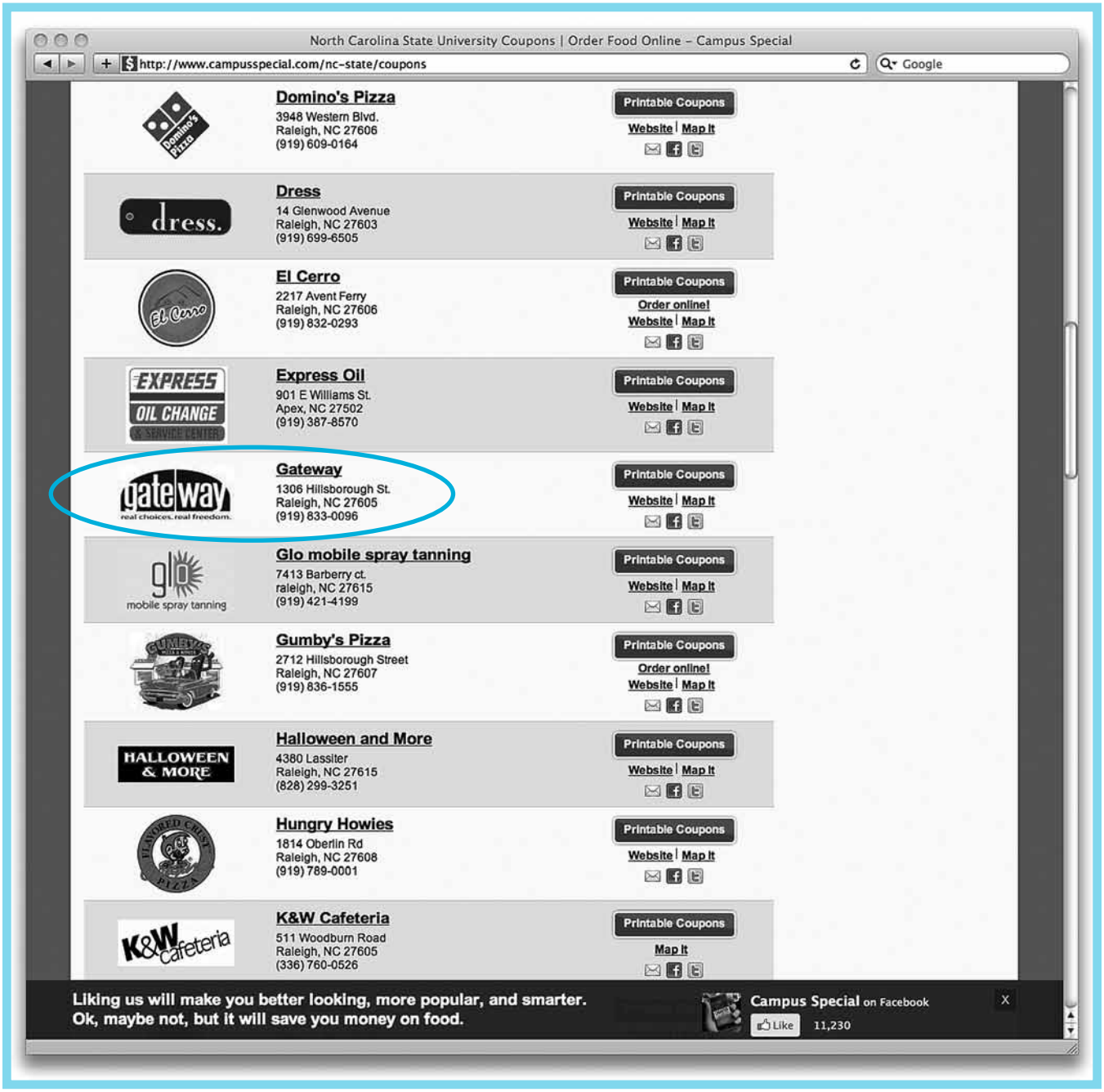

Figure 7
Advertisement for Gateway, a CPC, nestled among coupons for various restaurants and shops popular with students.

Figure 8
One CPC is listed as a general community partner of Western Carolina University.

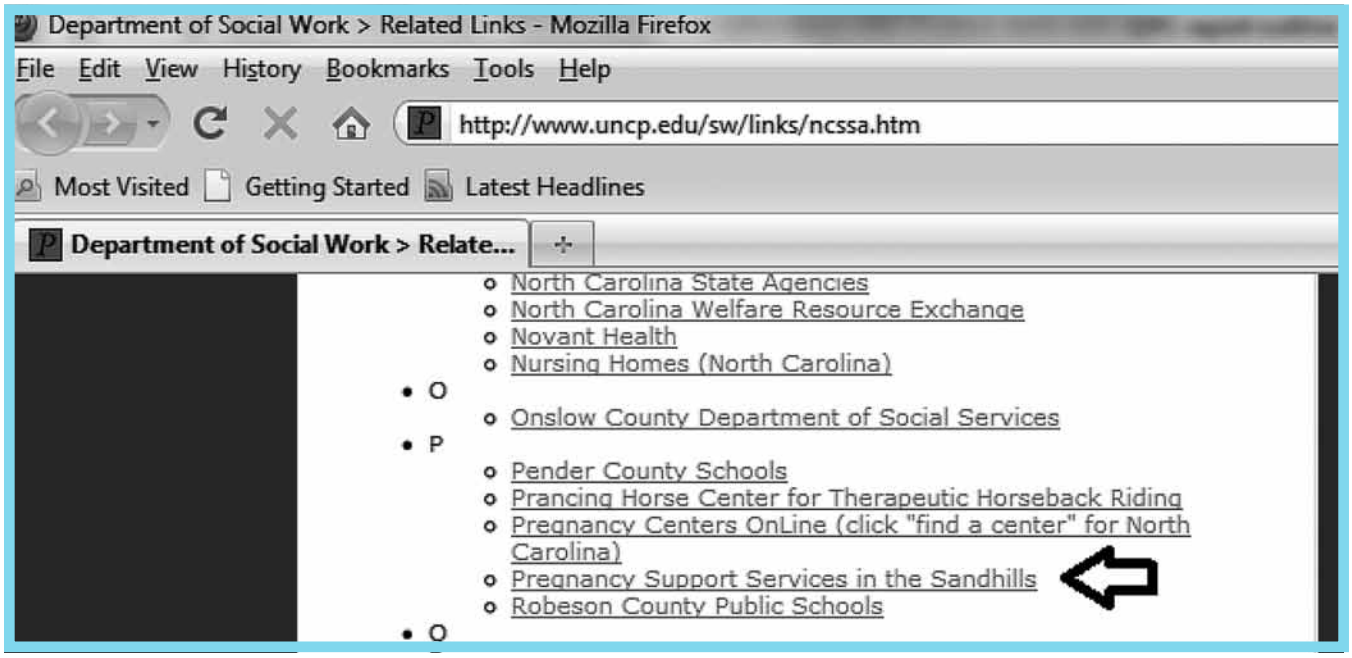

Figure 9
This CPC offers students a possible internship through the social work department at the University of North Carolina at Pembroke.

75 percent of the 122 CPCs in North Carolina are located in areas that have higher-than-average populations of color.

Several other CPCs advertise to students by promoting themselves as community partners of the universities and offering internships to students. While college students should, of course, have internship opportunities in any field they choose, that CPCs are soliciting themselves to university students is illustrative of a broader trend: CPCs have accelerated efforts to partner with community service providers. This is of particular concern because with CPCs' innocuous-seeming listings, community service providers may unknowingly serve as conduits to CPCs. The previous figures identify two CPCs that seek to enlist college students as volunteers. One CPC is listed as a general community partner of Western Carolina University (Figure 8). The other CPC offers students a possible internship through the social work department at the University of North Carolina at Pembroke (Figure 9).

Many CPCs establish themselves in communities with high populations of women of color. As a part of the investigation, the racial and ethnic diversity of the towns in which CPCs are located was assessed. North Carolina's population consists of 21.1% African-Americans and 7% Latina/os. But when populations of the towns in which CPCs are located are compared with state averages, 75 percent of the 122 CPCs in North Carolina are located in areas that have higher-than-average populations of color.

Care Net, which touts itself as "the largest network of pregnancy centers in North America," has been vocal about this strategy, even issuing publications reporting its success in planting affiliates in communities with high populations of women of color. In one such report, Care Net applauds one of its North Carolina facilities for being in the top five centers in the nation with the most African-American clients.[16]

[16] Care Net Report. "Making It Count: Evaluating Crisis Pregnancy Centers." March/April 2007. Available at: https://www.care-net.org/uploads/report_date/cnrMarApril07.pdf

STATE FUNDING AND REFERRALS TO CPCs IN NORTH CAROLINA

In March 2011, H.B. 289, a bill to establish a range of specialty plates, was introduced into the North Carolina General Assembly. However, of the many specialty plates it authorized, the anti-choice plate was considered so controversial that the bill became known as the "Choose Life License Plate Bill" (Figure 10). Ultimately, the bill passed and was signed into law by Governor Bev Perdue on June 30, 2011 with the "Choose Life" plate still on the authorized list.

Figure 10
The "Choose Life" specialty license plate.

By authorizing the "Choose Life" license plate, the state of North Carolina has started down a path already taken by 24 states that will result in the state funding of CPCs. The state will charge an additional $25 to anyone who desires to purchase a "Choose Life" specialty plate, with $10 going to the state for production expenses, and $15 going to CPCs that are a part of the Carolina Pregnancy Care Fellowship (CPCF), a 501(c)(3) nonprofit, anti-choice umbrella organization. The CPCF is the official North Carolina state contact for Choose Life, Inc., which is a national anti-choice organization dedicated to having "Choose Life" license plates available in all 50 states.

The CPCF is composed of 60 CPC affiliates. NPCNCF volunteer investigators conducted website analyses, eight phone investigations, and 20

in-person investigations, thereby investigating 54 of the 60 CPCs that will be receiving state funds through "Choose Life" license plates. The results of this research were not encouraging:

- Ninety-four percent (51 CPCs) do not have medical professionals on their staff, although only 20 percent (11 CPCs) provide non-medical facility disclosure forms to their clients.
- Thirty percent (16 CPCs) provide ultrasounds; however, only three of those have medical professionals on site.
- Twenty-six percent (14 CPCs) engage in deceptive advertising in phonebooks, internet sites and college newspapers.
- Forty-six percent (25 CPCs) attempt to encourage women not to have abortions by providing baby items.
- Twenty-two percent (12 CPCs) attempt to dissuade women from making a timely decision by suggesting a possibility of miscarriage.

One CPC even outfitted its staff in white lab coats like those worn by doctors and nurses in legitimate hospitals and clinics.

In addition to these unethical practices, a great number of the CPCF CPCs were found to be dispensing misinformation:

- Twenty-two percent (12 CPCs) incorrectly link abortion to breast cancer.
- Over half (56%) of the CPCs claim that abortion results in "Post-Abortion Stress."
- Forty-one percent (22 CPCs) provide misleading fetal development information.
- Fifty-nine percent (32 CPCs) claim incorrect high abortion risks.
- Thirty-nine percent (21 CPCs) disseminate incorrect information regarding birth control effectiveness.
- Forty-six percent (25 CPCs) promote abstinence only.

Authorizing "Choose Life" license plates was not the only pro-CPC legislation to pass in North Carolina in 2011. HB 854, the so-called "Woman's Right to Know" Act, requires the state to establish and maintain a registry of organizations providing free ultrasounds for pregnant women. Under this law, women seeking abortions in North Carolina must have an ultrasound performed between 72 and four hours prior to the procedure,

even if they have had one previously. This creates an additional, undue financial burden on these women. Legitimate public health clinics are often unable to offer all of their services free of charge, meaning that the law will effectively direct low-income women to these ideologically-driven CPCs without any mention of their anti-choice agenda. By forcing the government to create and maintain a registry of these groups, the law, in essence, establishes a state-sanctioned channel through which women are referred to CPCs.

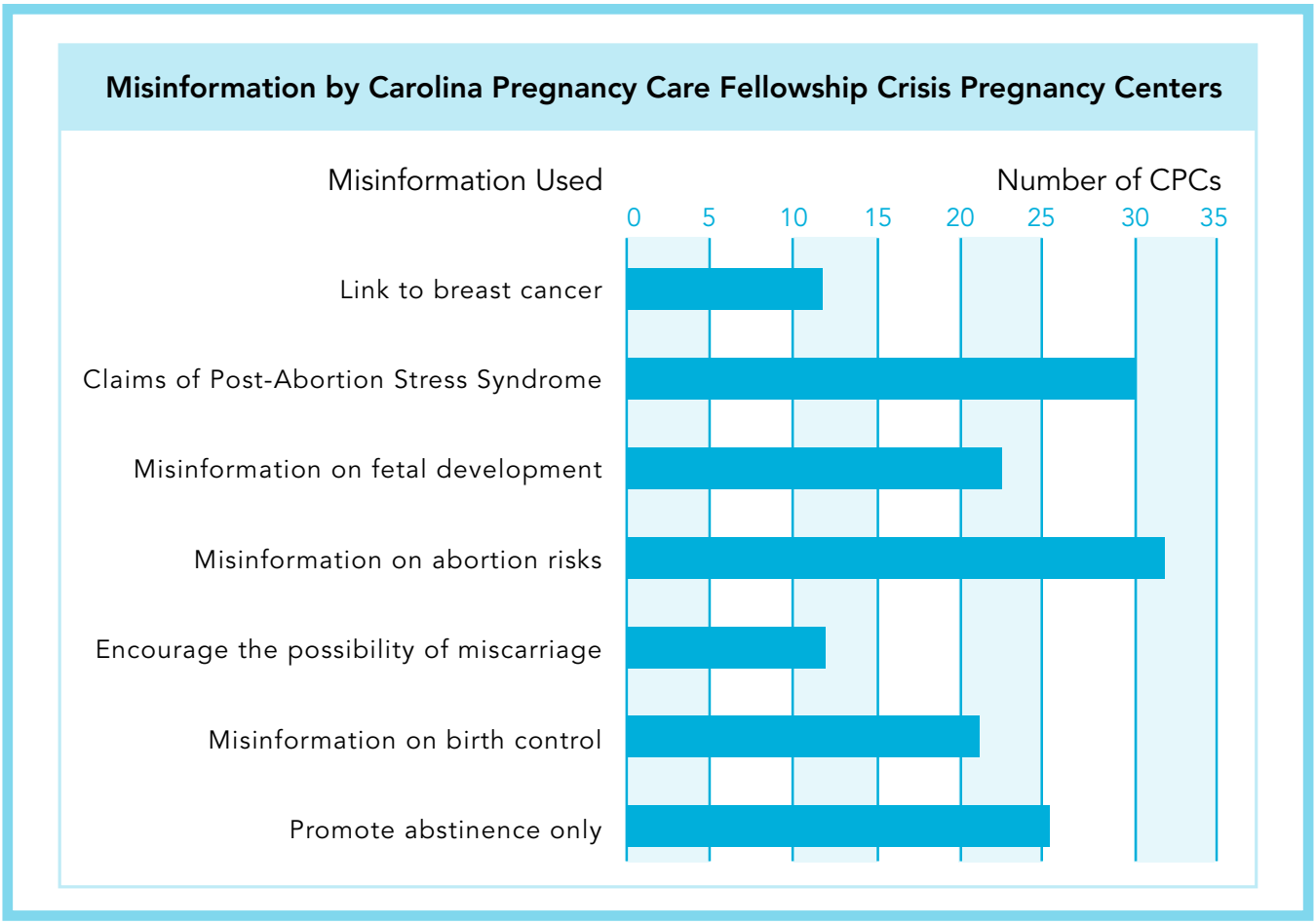

Figure 11
The chart shows the frequency of misinformation provided by Carolina Pregnancy Care Fellowship Crisis Pregnancy Centers.

POLICY RECOMMENDATIONS

When any group, community organization, museum, or economic development enterprise receives state money or referrals there is typically an assumption that they must meet certain state standards. Now that nearly half the CPCs in North Carolina receive funds and referrals as a result of state government they should not be treated any differently. The state should:

- Require honest advertising and promotion that begins with disclosing anti-choice bias.
- Ensure that CPCs not employing trained medical or counseling staff make clear that clients will be seen by untrained staff/ volunteers.
- Guarantee that advice and counsel being dispensed are medically sound and accurate.
- Require that CPCs keep client confidentiality as is required by legitimate medical and counseling clinics.

In the absence of state legislation, local governments should take action.

CONCLUSION

Regardless of a range of opinions on abortion across North Carolina, everyone should be able to agree that misleading women about their healthcare options is wrong.

NPCNCF conducted this study for one reason: women facing unintended pregnancies deserve the best professional counseling and support they can get. They do not need propaganda. If the state of North Carolina is going to endorse CPCs, it should ensure that they are staffed by professionals who will give women the comprehensive, medically accurate and non-directive counseling and support that they deserve.

NPCNCF believes that all women and men deserve and have a right to comprehensive, unbiased information on their full range of reproductive health options. CPCs do not provide such services and instead many make every effort to mask their anti-choice agenda. CPCs provide women and men with incorrect information not only on abortion, but also about contraception and sexual and reproductive health and safety. Allowing these entities to spread such deceptive information with the support of the state poses a critical threat to women's reproductive health.

It is the hope of NPCNCF that this report will bring public attention and awareness to the threat CPCs pose to women's health and wellbeing and spark the kind of outcry necessary to make North Carolina's legislative leaders take notice and make changes. Women deserve it. The state should require it.

Regardless of a range of opinions on abortion across North Carolina, everyone should be able to agree that misleading women about their healthcare options is wrong.

The mission of NARAL Pro-Choice North Carolina Foundation is to support and protect the right of every woman to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing safe, legal and accessible abortion. This mission is accomplished through public education, training, organizing, and research.

NARAL
Pro-Choice North Carolina Foundation

514 Daniels Street, Box 142; Raleigh, NC 27605 | 919.706.4510 | www.prochoicenc.org