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JEFFERSON CITY

**Bill White**  
DISTRICT 32

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  - SELECT COMMITTEE ON REDISTRICTING

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[WWW.SENATE.MO.GOV/WHITE](http://WWW.SENATE.MO.GOV/WHITE)

November 30, 2021

Mehreen Rasheed  
American Oversight  
1030 15th St. NW, Suite B255  
Washington, DC 20005  
[records@americanoversight.org](mailto:records@americanoversight.org)

**Re: Sunshine Request**

Dear Mehreen:

We have received payment for your records request and attached hereto, please find said records for your file.

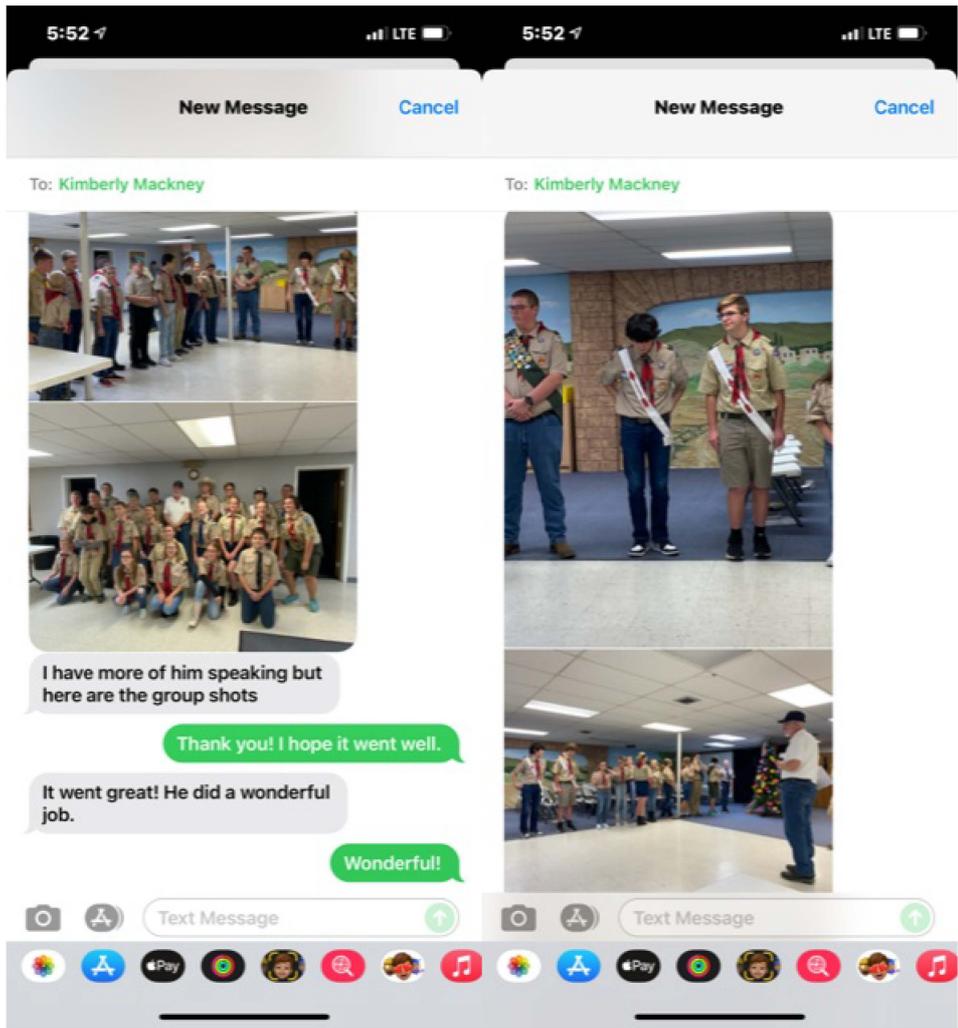
Should you need additional information, please feel free to contact me at (573) 751-2173.

Sincerely,

Bill White  
*Senator – District 32*  
*Assistant Majority Floor Leader*  
*Chairman, Seniors, Families, Veterans and Military Affairs Committee*  
Missouri State Senate  
Proudly Serving the 32<sup>nd</sup> Senate District

BW/gr

**From:** Mike Kelley <Mike.Kelley@senate.mo.gov>  
**Sent:** Monday, November 15, 2021 7:05 AM EST  
**To:** Bill White <Bill.White@senate.mo.gov>





On behalf of Senator Bill White

Mike Kelley  
Chief of Staff  
Senator Bill White

Please be advised that any communications or documents received by this office may be subject to public disclosure pursuant to a request made under the Missouri Sunshine Law due to the recent passage of Amendment 1 on November 6th, 2018.

**From:** Rep. Billy Long <Congressman.BillyLong@mail.house.gov>  
**Sent:** Friday, August 20, 2021 1:46 PM EDT  
**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** Beating China in Rare Earth Minerals

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U.S. Representative Billy Long

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August 20, 2021

## Beating China in Rare Earth Minerals

Whether militarily or economically, Chinese President Xi Jinping has proven time and again that he wants to be the most powerful man in the world and will use his authoritarian power to get there. This past year has shown more than ever how we cannot allow this to happen. One area where China is already decades ahead of the rest of the world is in mining and processing rare earth minerals, and it is imperative that the United States reestablish their dominance in this field. We can't fiddle while Rome burns.

Since the 1990s, China has dominated the world market of rare earth minerals, producing around 80% of the market, while owning only 30% of the global supply. The reason they have been so successful is through manipulated markets. China drastically lowers the price of their minerals, making it harder for other countries and companies to compete in the marketplace. When combined with the arduous process of opening new mines, it is not hard to understand why China is leading the world in this area.

So, why does this matter? Rare earth minerals are a group of 17 elements, which are used in a wide variety of manufacturing projects. Critically, they are used to make semiconductors, batteries and even defense systems. COVID showed the world why relying on China for critical medical supplies is a disastrous plan. In the event of a global crisis, China can raise prices on these necessary items, handicapping the rest of the world, while profiting handsomely. After seeing this process play out during COVID, we must prevent China from dominating in any other critical industry.

Thankfully, we can still win the war, but not if we don't loosen burdensome regulations. Even though the U.S. Geological Survey has shown that the United States has an abundance of these rare earth minerals, it can take years of permits and lawsuits to open a mine. Environmental Protection is one reason why the process takes so long. We need to update our regulations to streamline the process so that environmental needs are still met while also easing up on costly red tape. If we would allow the United States and our allies to build mines faster the net effect would be to greatly cut into China's market share.

It's common sense that we should not be putting our faith in China to mine essential minerals that are used for everything from cell phones to military technology. The time has come for the United States to ease our regulatory burdens, so that we may prevent China from controlling such critical materials.

For more information on my activities in our district and in Washington, I encourage you to follow my Facebook page at <https://www.facebook.com/Rep.Billy.Long> and my Twitter page at <https://twitter.com/USRepLong>. You can also subscribe to my weekly newsletter, "Long's Short Report," by visiting <https://longforms.house.gov/newsletter-and-email-updates-form>.

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**From:** Rep. Billy Long <Congressman.BillyLong@mail.house.gov>

**Sent:** Friday, August 27, 2021 1:07 PM EDT

**To:** Bill White <Bill.White@senate.mo.gov>

**Subject:** Biden Wants To Undo Everything Trump Did Except His Arrangement With The Taliban Apparently

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U.S. Representative Billy Long

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August 27, 2021

## Biden Wants To Undo Everything Trump Did Except His Arrangement With The Taliban Apparently

While campaigning for president, Joe Biden promised he would not be Donald Trump. This may have been the most honest thing he has ever said. Since taking office, whenever given the chance, President Biden has sought to overturn every successful pro-American policy implemented by President Trump. The end result is that in seven short months, America has become unrecognizable to the country we once knew. To paraphrase FDR 'January 20, 2021 is a date that will live in infamy.' Keystone XL Pipeline gone, border wall halted, foreign policy - embarrassing on the world stage, inflation rampant, gasoline prices - higher than a cat's back. Before he started forgetting everything, President Biden was bound and determined to forget and erase everything the 45th President had accomplished. You can rest assured that if Trump was still at 1600 Pennsylvania Avenue, we would not have abandoned our Bagram Air Base before evacuating our Embassy personnel and all Americans that wanted to leave as we exited Afghanistan. There also would not be 13 dead service members and thousands of Americans and our allies still trapped behind enemy lines.

I'm sure you've noticed that the cost of everything from gas to groceries to lumber has shot through the roof since [January 20](#). Over the last several months, key inflation indexes have continued to hit record highs. From an economic standpoint, this should come as no surprise. This is all very reminiscent of 1979 when we had the second worst President in American history. Now we have the worst, and the liberal progressive democrats in DC are partying without masks like it's 1979. President Biden and Congressional Democrats have gone on a wild spending spree and are asking all of us to pay the bill. President Biden says that no one making less than \$400,000 a year will see a tax increase, and if you believe that I have some ocean front property in Arizona you might be interested in. Rising cost of goods due to bad economic policies is a tax on everyone, particularly on lower and middle-class Americans. President Biden campaigned on repealing the Trump Tax Cuts, and that is exactly what he intends to do. Increasing both spending and taxes will only make inflation worse.

While inflation is spiking, another crisis rages at our southern border. Since January, there has been a record number of illegal border crossings, with the number increasing every month. July saw more than 212,000 apprehensions by Border Patrol, a 21-year high. We were told that the numbers would fall again once the summer months arrived but unfortunately this was not the case. These numbers have increased because President Biden threw out President Trump's strong border policies. New wall construction was halted almost immediately after President Biden took office and the absurd catch and release policy was reinstated. The result was a swift upswing in illegal crossings. If we are going to control the border, we need to bring back these Trump era policies. The only thing lower than Biden's approval numbers is the morale among the brave public servants of the once proud Border Patrol. Being babysitters and paper pushers is not what they signed up for and they are quitting in droves.

President Biden is not just reversing President Trump's policies at home but abroad as well. Last year, President Trump negotiated the most significant Middle East peace deal in 30 years. He was able to do this by standing strong with Israel and against Iran. President Trump took an unconventional approach to foreign policy, and guess what, it worked. On the other hand, President Biden has decided to return to the status quo on Israel and Iran, which will only serve the interests of the world's leading state sponsor of terrorism.

These are just a few areas where President Biden has completely reversed the accomplishments of the last four years. It's not about protecting President Trump's legacy as much as it's about protecting and restoring his policies that were moving the country in the right direction. After four years of moving the ball forward, we cannot sit idly by while this president takes his ball and goes home to his basement while leaving innocent Americans stranded behind enemy lines overseas.

For more information on my activities in our district and in Washington, I encourage you to follow my Facebook page at <https://www.facebook.com/Rep.Billy.Long> and my Twitter page at <https://twitter.com/USRepLong>. You can also subscribe to my weekly newsletter, "Long's Short Report," by visiting <https://longforms.house.gov/newsletter-and-email-updates-form>.

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**From:** Rep. Billy Long <Congressman.BillyLong@mail.house.gov>  
**Sent:** Friday, August 13, 2021 2:01 PM EDT  
**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** Combatting Critical Race Theory

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U.S. Representative Billy Long

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August 13 2021

## Combatting Critical Race Theory

When our founders drafted the Constitution, they began with the preamble, setting out to “form a more perfect union.” They accepted the fact that nothing in life is perfect, especially our American experiment, so they created a set of laws to establish a government that is constantly capable of improvement. Today, many in our media and academia choose to distort the history of the United States, and view everything through a racial lens. This view is entirely ahistorical and teaches children that they are either victims or victimizers.

A key component of Critical Race Theory (CRT) teaches that America today is systemically racist as a result of slavery and the Jim Crow era segregation laws. Those who push this theory believe that every aspect of American society is rigged in favor of white people and use this view to indoctrinate children in our schools. The Civil Rights Movement of the 1960s brought forth great changes, and as a result, in the 21<sup>st</sup> Century, there is not a single law on the books in the United States that discriminates against people of color. In fact, there are several laws prohibiting discrimination both in government and private business. As much as CRT proponents hate to hear this, it is the truth, America is not a systemically racist country.

Many proponents of CRT will claim that challenging their warped view means that we don't want to teach the truth about American history. This is a bold-faced lie. There is not a single school in this country that doesn't teach about the history of slavery and the impact the Jim Crow before the Civil Rights Movement. Entire chapters in history books are dedicated to these topics. Wanting our students to be taught the history of slavery in our country does not mean that we want them lied to about supposed systemic racism in our institutions today. Our children should know about the atrocities of the past, while also learning to never repeat these mistakes, but teaching them that an entire race is responsible for victimizing people of color is counterproductive. Perpetuating this lie to our school aged children will only further divide our country along racial and political lines for generations to come.

While CRT is nothing new, the recent debate over it has ignited over the past several months. Last year, President Trump prohibited CRT teaching to federal employees, but like everything else that President Trump did in office, President Biden rescinded the order on day one. Since then, the American people have begun to speak up. Parents who were normally apolitical have stood up against school boards all across the country, demanding their children not be fed CRT's despicable lies. In order to win this fight, we need more parents who are willing to speak up against CRT. Our children are counting on us, we can not let them down.

For more information on my activities in our district and in Washington, I encourage you to follow my Facebook page at <https://www.facebook.com/Rep.Billy.Long> and my Twitter page at <https://twitter.com/USRepLong>. You can also subscribe to my weekly newsletter, "Long's Short Report," by visiting <https://longforms.house.gov/newsletter-and-email-updates-form>.

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**From:** Franklin, Lori <Lori.Franklin@dmh.mo.gov>

**Sent:** Tuesday, September 28, 2021 5:28 PM EDT

**To:** Anderson-Harper, Rosie <Rosie.Anderson-Harper@dmh.mo.gov>; Bagby-Stone, Stephanie <bagbystonepsychiatry@gmail.com>; Camp, Del <tdcamp@freemanhealth.com>; Clevenger, Janet <watermarkcounseling@gmail.com>; Cole, Marjorie <Marjorie.Cole@health.mo.gov>; Copeland, Jenny <JECopeland@freemanhealth.com>; Firebaugh, Marie-Laure <mcallewaert@wustl.edu>; Fitzsimmons-Craft, Ellen <fitzsimmonse@wustl.edu>; Flynn, Stephanie <mobleys@fccinc.org>; Franklin, Lori <Lori.Franklin@dmh.mo.gov>; Freese, Rebekah <rebekah.freese@uhsinc.com>; Harrell, Beth <beth@bethharrell.com>; Huhn, Valerie <Valerie.Huhn@dmh.mo.gov>; Jones, Rachel <Rachel.Jones@dmh.mo.gov>; Lester, Rebecca <rjlester@wustl.edu>; Martin, Eric - MHD <Eric.D.Martin@dss.mo.gov>; McCallum, Kimberli <kimberli.mccallum@icloud.com>; O'Connor, Carla <Oconnor\_edpkc@msn.com>; Polychronis, Paul <Pauldpolychronis@gmail.com>; Ramseyer Winter, Ginny <RamseyerWinterV@missouri.edu>; Seal, Annie <annieseal@sbcglobal.net>; Strickler, Heidi <Heidi\_Strickler@uhc.com>; Bill White <Bill.White@senate.mo.gov>; Wilfley, Denise <wilfleyd@wustl.edu>

**CC:** Hicks, Brett <Brett.Hicks@dmh.mo.gov>

**Subject:** FW: Email Template to Sen. Blunt & Rep. Hartzler Offices

**Attachment(s):** "CNR Youth Mental Health Bill Draft 7.26.21.docx"

Hello EDC members—

Please see the below email from Annie.

Lori Franklin, MS  
Mental Health Manager for Recovery Supports  
Missouri Department of Mental Health-Division of Behavioral Health

Telephone-573-751-0768  
Email-lori.franklin@dmh.mo.gov

**Stressed by COVID-19? Access these resources for your emotional health:** <https://dmh.mo.gov/disaster-services/covid-19-information>  
**DHSS COVID-19 24 hour hotline: 877-435-8411**  
**Disaster Distress Helpline: Phone 800/985-5990. Text "TalkWithUs" to 66746**

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**From:** Annie Seal <annieseal@sbcglobal.net>

**Sent:** Tuesday, September 28, 2021 11:00 AM

**To:** Hicks, Brett <Brett.Hicks@dmh.mo.gov>; Franklin, Lori <Lori.Franklin@dmh.mo.gov>

**Subject:** FW: Email Template to Sen. Blunt & Rep. Hartzler Offices

Can you please forward this email to the MOEDC as soon as possible?

-----

Hi everyone, I mentioned that we had a great call with the Eating Disorders Coalition (EDC) and would like to align with them on some of their strategic initiatives. This will help us in Missouri with the SMI classification, it will give us greater visibility throughout the US for the great work our Council is doing, and it will help us with our overall awareness for eating disorders among MO legislators.

The EDC is approaching Senator Roy Blunt and Representative Vicky Hartzler to co-lead "Improving Mental Health and Wellness in Schools Act". This effort is being led by the EDC, The Alliance for Eating Disorders Awareness and Be Real USA. They EDC would like for the MOEDC to endorse this effort and have asked that we email the legislator's offices ASAP.

Please see the attached statutory language about the bill. The green highlighted portions notate where this bill would amend the current statute (which was passed in 1966). You will see eating disorders is a part of the language.

**Please email me by 3pm today if you have any concerns about MOEDC's participation in this effort otherwise I will be sending a letter of support to Senator Blount and Representative Hartzler.** Going forward, I will do my best to give you more notice on this types of efforts.

Thank you,  
Annie

**STATUTORY OVERLAY TO SEE HOW TEXT WOULD LOOK**

**Commented [A11]:** Green highlights notate where our bill would amend current statute.

42 U.S.C.A. § 1758b  
§ 1758b. Local school wellness policy  
Currentness

**(a) In general** Each local educational agency participating in a program authorized by this chapter or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) shall establish a local school wellness policy for all schools under the jurisdiction of the local educational agency.

**(b) Guidelines** The Secretary shall promulgate regulations that provide the framework and guidelines for local educational agencies to establish local school wellness policies, including, at a minimum,--

- (1)** goals for nutrition promotion and education, physical activity, mental health promotion and education and other school-based activities that promote student wellness;
- (2)** for all foods available on each school campus under the jurisdiction of the local educational agency during the school day, nutrition guidelines that--
  - (A)** are consistent with sections 1758 and 1766 of this title, and sections 4 and 10 of the Child Nutrition Act of 1966 (42 U.S.C. 1773, 1779); and
  - (B)** promote student health and reduce childhood obesity and eating disorders;
- (3)** a requirement that the local educational agency--
  - (A)** permit parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrators, registered dietitians, school based mental health services providers, and the general public to participate in the development, implementation, and periodic review and update of the local school wellness policy; and
  - (B)** establish a multidisciplinary team of school personnel to lead the development, implementation, and periodic review and updating of the local school wellness policy.
- (4)** a requirement that the local educational agency inform and update the public (including parents, students, and others in the community) about the content and implementation of the local school wellness policy; and
- (5)** a requirement that the local educational agency--
  - (A)** periodically measure and make available to the public an assessment on the implementation of the local school wellness policy, including--
    - (i)** the extent to which schools under the jurisdiction of the local educational agency are in compliance with the local school wellness policy;
    - (ii)** the extent to which the local school wellness policy of the local educational agency compares to model local school wellness policies; and
    - (iii)** a description of the progress made in attaining the goals of the local school wellness policy; and
  - (B)** designate 2 or more local educational agency officials or school officials, as appropriate, to ensure that each school complies with the local school wellness policy.

**(c) Local discretion** The local educational agency shall use the guidelines promulgated by the Secretary under subsection (b) to determine specific policies appropriate for the schools under the jurisdiction of the local educational agency.

**(d) Technical assistance and best practices**

- (1) In general** The Secretary, in consultation with the Secretary of Education, and the Secretary of Health and Human Services, acting through the Centers for Disease Control and Prevention in consultation with the Administrator of the Substance Abuse and Mental Health Services

Administration, shall provide information and technical assistance to local educational agencies, school food authorities, school based mental health services providers when available, and State educational agencies for use in establishing healthy school environments that are intended to promote student health and wellness.

(2) **Content** The Secretary shall provide technical assistance that--

(A) includes resources and training on designing, implementing, promoting, disseminating, and evaluating local school wellness policies and overcoming barriers to the adoption of local school wellness policies;

(B) includes model local school wellness policies and best practices recommended by Federal agencies, State agencies, and nongovernmental organizations;

(C) includes such other technical assistance as is required—

(i) to promote sound nutrition and establish healthy school nutrition environments,

(ii) to promote mental health, encourage mental health assessments, and establish resilient school environments, and

(D) is consistent with the specific needs and requirements of local educational agencies.

3) **Study and report**

(A) **In general**

Subject to the availability of appropriations, the Secretary, in conjunction with the Director of the Centers for Disease Control and Prevention and the Administrator of the Substance Abuse and Mental Health Services Administration, shall prepare a report on the implementation, strength, and effectiveness of the local school wellness policies carried out in accordance with this section.

(B) **Study of local school wellness policies**

The study described in subparagraph (A) shall include-

(i) an analysis of the strength and weaknesses of local school wellness policies and how the policies compare with model local wellness policies recommended under paragraph (2)(B); and

(ii) an assessment of the impact of the local school wellness policies in addressing the requirements of subsection (b).

(C) **Report**

Not later than January 1, 2026, the Secretary shall submit to the Committee on Education and Labor of the House of Representatives and the Committee on Agriculture, Nutrition, and Forestry of the Senate a report that describes the findings of the study.

**From:** Franklin, Lori <Lori.Franklin@dmh.mo.gov>

**Sent:** Tuesday, October 05, 2021 9:28 AM EDT

**To:** Sabala, Jon <Jon.Sabala@dmh.mo.gov>; Anderson-Harper, Rosie <Rosie.Anderson-Harper@dmh.mo.gov>; Bagby-Stone, Stephanie <bagbystonepsychiatry@gmail.com>; Camp, Del <tdcamp@freemanhealth.com>; Clevenger, Janet <watermarkcounseling@gmail.com>; Cole, Marjorie <Marjorie.Cole@health.mo.gov>; Copeland, Jenny <JECopeland@freemanhealth.com>; Firebaugh, Marie-Laure <mcallewaert@wustl.edu>; Fitzsimmons-Craft, Ellen <fitzsimmonse@wustl.edu>; Flynn, Stephanie <mobleys@fccinc.org>; Franklin, Lori <Lori.Franklin@dmh.mo.gov>; Freese, Rebekah <rebekah.freese@uhsinc.com>; Harrell, Beth <beth@bethharrell.com>; Huhn, Valerie <Valerie.Huhn@dmh.mo.gov>; Jones, Rachel <Rachel.Jones@dmh.mo.gov>; Lester, Rebecca <rjlester@wustl.edu>; Martin, Eric - MHD <Eric.D.Martin@dss.mo.gov>; McCallum, Kimberli <kimberli.mccallum@icloud.com>; O'Connor, Carla <Oconnor\_edpkc@msn.com>; Polychronis, Paul <Pauldpolychronis@gmail.com>; Ramseyer Winter, Ginny <RamseyerWinterV@missouri.edu>; Seal, Annie <anniaseal@sbcglobal.net>; Strickler, Heidi <Heidi\_Strickler@uhc.com>; Bill White <Bill.White@senate.mo.gov>; Wilfley, Denise <wilfleyd@wustl.edu>

**Subject:** FW: Military and EDs

Good morning Council members,

Please see the below email from Annie.

I have included Jon Sabala, the Veterans Services Director at DMH.

Jon---if you have any information to share please reach out to Annie Seal.

Thank-you

Lori Franklin, MS  
Mental Health Manager for Recovery Supports  
Missouri Department of Mental Health-Division of Behavioral Health

Telephone-573-751-0768  
Email-lori.franklin@dmh.mo.gov

**Stressed by COVID-19? Access these resources for your emotional health:** <https://dmh.mo.gov/disaster-services/covid-19-information>

**DHSS COVID-19 24 hour hotline: 877-435-8411**

**Disaster Distress Helpline: Phone 800/985-5990. Text "TalkWithUs" to 66746**

---

**From:** Annie Seal <anniaseal@sbcglobal.net>

**Sent:** Monday, October 4, 2021 2:58 PM

**To:** Franklin, Lori <Lori.Franklin@dmh.mo.gov>; Hicks, Brett <Brett.Hicks@dmh.mo.gov>

**Subject:** Military and EDs

Lori and Brett, would you please send this out to the Council members?

---

Hi, Senator Roy Blunt is considering co-sponsoring an eating disorders amendment within the National Defense Authorization Act. This amendment would require all military physicians to be trained in the identification, screening and referral to treatment for eating disorders.

Senator Blunt is asking if any military bases in Missouri can speak to this need. We have had high-level discussions about EDs and the military, but we have not begun any products with this population. Can anyone speak to the need or introduce me to someone who could speak to the need for this bill?

***If so, please reach out to me directly and soon.***

Many thanks,  
Annie

**From:** Mike Kelley <Mike.Kelley@senate.mo.gov>

**Sent:** Monday, November 15, 2021 6:55 AM EST

**To:** Bill White <Bill.White@senate.mo.gov>

**Subject:** Fwd: Billy Long Joplin Staffer Kimberly Mackney text messages from Senator White Boy Scout visit.

On behalf of Senator Bill White

Mike Kelley  
Chief of Staff  
Senator Bill White

Please be advised that any communications or documents received by this office may be subject to public disclosure pursuant to a request made under the Missouri Sunshine Law due to the recent passage of Amendment 1 on November 6th, 2018.

Begin forwarded message:

**From:** Bill White <Bill.White@senate.mo.gov>

**Date:** November 15, 2021 at 5:54:22 AM CST

**To:** Mike Kelley <Mike.Kelley@senate.mo.gov>

**Subject:** Billy Long Joplin Staffer Kimberly Mackney text messages from Senator White Boy Scout visit.

**From:** Mike Kelley <Mike.Kelley@senate.mo.gov>  
**Sent:** Monday, November 15, 2021 6:58 AM EST  
**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** Fwd: From Bill: Consideration for VOCA Funding Questions

On behalf of Senator Bill White

Mike Kelley  
Chief of Staff  
Senator Bill White

Please be advised that any communications or documents received by this office may be subject to public disclosure pursuant to a request made under the Missouri Sunshine Law due to the recent passage of Amendment 1 on November 6th, 2018.

Begin forwarded message:

**From:** "Cannon, Joelle (Blunt)" <Joelle\_Cannon@blunt.senate.gov>  
**Date:** November 7, 2019 at 9:59:54 AM CST  
**Subject:** RE: From Bill: Consideration for VOCA Funding Questions

Also, this is a federal program, but the funds come through the state and the information they have is related to the STATE level department telling them why they can't get the funding .  
We are happy to meet with them regarding the federal piece of it, but it may be more of a state decision on why they didn't get approved, which would be out of our jurisdiction

---

**From:** Mike Kelley <Mike.Kelley@senate.mo.gov>  
**Sent:** Thursday, November 7, 2019 9:51 AM  
**To:** Cannon, Joelle (Blunt) <Joelle\_Cannon@blunt.senate.gov>  
**Subject:** Fwd: From Bill: Consideration for VOCA Funding Questions

Help pretty please ☐

On behalf of Senator Bill White,

Mike Kelley  
Chief of Staff  
Senator Bill White

Please be advised that any communications or documents received by this office may be subject to public disclosure pursuant to a request made under the Missouri Sunshine Law due to the recent passage of Amendment 1 on November 6, 2018.

Begin forwarded message:

**From:** Mike Kelley <[Mike.Kelley@senate.mo.gov](mailto:Mike.Kelley@senate.mo.gov)>  
**Date:** November 6, 2019 at 3:21:26 PM CST  
**To:** Caleb Neeley <[Caleb.A.Neeley@dss.mo.gov](mailto:Caleb.A.Neeley@dss.mo.gov)>  
**Subject:** Fwd: From Bill: Consideration for VOCA Funding Questions

Caleb,

Is this something you could look into for Senator White?

On behalf of Senator Bill White,

Mike Kelley  
Chief of Staff  
Senator Bill White

Please be advised that any communications or documents received by this office may be subject to public disclosure pursuant to a request made under the Missouri Sunshine Law due to the recent passage of Amendment 1 on November 6, 2018.

Begin forwarded message:

**From:** Bill White <[Bill.White@senate.mo.gov](mailto:Bill.White@senate.mo.gov)>  
**Date:** November 6, 2019 at 3:08:19 PM CST  
**To:** Mike Kelley <[Mike.Kelley@senate.mo.gov](mailto:Mike.Kelley@senate.mo.gov)>  
**Subject: From Bill: Consideration for VOCA Funding Questions**

---

**From:** William White <[wew@cableone.net](mailto:wew@cableone.net)>  
**Sent:** Wednesday, November 6, 2019 2:46 PM  
**To:** Bill White <[Bill.White@senate.mo.gov](mailto:Bill.White@senate.mo.gov)>  
**Subject:** Fwd: Consideration for VOCA Funding Questions

Mike, can you look into this for me?

Thanks,  
Bill

Sent from my iPhone

Begin forwarded message:

**From:** [lori.smith1@wellsfargoadvisors.com](mailto:lori.smith1@wellsfargoadvisors.com)  
**Date:** November 6, 2019 at 2:09:05 PM CST  
**To:** [wew@cableone.net](mailto:wew@cableone.net)  
**Subject: FW: Consideration for VOCA Funding Questions**

Hi Bill,

I'm on the board of the Jasper County CASA and unfortunately our VOCA grant was declined based on us not having been a recipient in years past. But we are brand new. I wondered if you might be willing to speak to Debi Koelkebeck, our Executive Director, to see if there are any avenues for appeal that we aren't aware of. Please see the attached and below letter that was sent to the board today. Any help or ideas you can provide would be hugely appreciated.

Best regards,  
Lori  
Lori Smith, CFP®, MBA  
Associate Vice President – Investment Officer  
Wells Fargo Advisors  
2819 E 29th St.  
Joplin, MO 64804  
417-624-0600 Office  
800-641-2010 Toll Free  
417-624-3740 Fax  
[lori.smith1@wfadvisors.com](mailto:lori.smith1@wfadvisors.com)

**From:** Debi Koelkebeck <[debi@jascocasa.org](mailto:debi@jascocasa.org)>  
**Sent:** Wednesday, November 06, 2019 10:41 AM  
**To:** Andy Perigo <[aperigo@midmobank.com](mailto:aperigo@midmobank.com)>; Betsy Kissel <[betsykissel@gmail.com](mailto:betsykissel@gmail.com)>; J Wilkerson <[joygwilkerson@gmail.com](mailto:joygwilkerson@gmail.com)>; Jennifer Reeves <[jreeves@smbonline.com](mailto:jreeves@smbonline.com)>; Jesse DeGonia <[jdegonia@wcr7.org](mailto:jdegonia@wcr7.org)>; Smith, Lori <[lori.smith1@wellsfargoadvisors.com](mailto:lori.smith1@wellsfargoadvisors.com)>; Marty Smith <[mrmartinlsmith@yahoo.com](mailto:mrmartinlsmith@yahoo.com)>; Meghan Klosterman <[meghanklosterman@joplinschools.org](mailto:meghanklosterman@joplinschools.org)>; Pam Roychaudhury <[PRoychaudhury@lawmo.org](mailto:PRoychaudhury@lawmo.org)>; Rick Kenney <[tkenney@mchsi.com](mailto:tkenney@mchsi.com)>; Suzanne Hall <[suzanne.hall@leggett.com](mailto:suzanne.hall@leggett.com)>  
**Subject:** Fwd: Consideration for VOCA Funding Questions

I am devastated to let you know that we were not approved for funding from VOCA. I have had sleepless nights and much worrying since I found out; but we do have a very small glimmer of hope.

I am attaching our "score sheet" and the "Considerations" sheet from DSS (Missouri

Department of Social Services) that I requested to explain their decision and as far as we can tell the only reason we were excluded is that we had not previously received VOCA grant funding. I have asked for an appeal or review of our situation since we are stuck in a "chicken vs. egg" cycle where as a new entity serving a core priority of the funding we won't be eligible simply because we didn't exist in the past. It is maddening.

Talking to Lafayette House and other CASA programs, there is a great deal of frustration and demand for answers on where the huge increase in funding is going this year as no CASA programs got an increase and first time applicants were not approved. The Domestic Violence Coalition is furious because there was funding cuts all around for their programs and Alison will keep us updated on their fight.

I am awaiting an answer to my email below to DSS. If you have any suggestions or contacts we can talk to about this cycle of not being considered because we are new, PLEASE let me know. I will work any angle to get our application re-considered.

Based on all the hard work on fundraising we did this year we are in good shape to continue serving our kids and training new advocates for now (currently we have \$164,000 in the bank) but obviously this is a serious challenge for the future and for our goal to serve all kids by 2024.

My key point to DSS on why we should have an appeal process is in my email below and here it is again:

**"Over 400 kids are in state custody every night here due to abuse and neglect. Jasper County is a Class 1 County and has the 8<sup>th</sup> largest population by county in Missouri. The community recognized the need to help our abused and neglected kids and formed a CASA program in 2018 to meet the need, but we were not considered for any level of funding for these victims as it didn't exist in this county before. Without any VOCA funding, a huge percentage of these 400+ child victims will be unserved."**

I would love to have Board input on any messaging ideas or avenues to pursue to get consideration from DSS to change this decision. Please let me know if you have any ideas. This is so very disappointing and doesn't even make sense to me. CASA was originally told that all programs would be fully funded but that has not been the result of the letters received from DSS.

Thanks for letting me vent and for any ideas you have,  
Debi

----- Forwarded message -----

From: **Debi Koelkebeck** <[debi@jascocasa.org](mailto:debi@jascocasa.org)>  
Date: Tue, Nov 5, 2019 at 9:06 AM  
Subject: RE: Consideration for VOCA Funding Questions  
To: Perkins, Ann <[Ann.Perkins@dss.mo.gov](mailto:Ann.Perkins@dss.mo.gov)>  
Cc: Morgan, Kristin <[Kristin.Morgan@dss.mo.gov](mailto:Kristin.Morgan@dss.mo.gov)>

Ann & Kristin:

Thank you for sending this information. I do have additional questions. Reading our score sheet and the considerations, it appears that we did not receive any funding because we are a new agency and so are stuck in a cycle where we would never be considered for any level of funding, even though we are providing a core priority service to kids in a county with a very high need.

Over 400 kids are in state custody every night here due to abuse and neglect. Jasper County is a Class 1 County and has the 8<sup>th</sup> largest population by county in Missouri. The community recognized the need to help our abused and neglected kids and formed a CASA program in 2018 to meet the need, but we were not considered for any level of funding for these victims as it didn't exist in this county before. Without any VOCA funding, a huge percentage of these 400+ child victims will be unserved.

What process can we follow to ask for an appeal or review of our situation? We are

very committed to helping our kids and will follow up in the appropriate manner.

Thanks for your help and consideration.

**Debi Koelkebeck**  
**Executive Director**  
**Jasper County CASA**

**Office: 417-680-3250**  
**Email: [debi@jascocasa.org](mailto:debi@jascocasa.org)**

**Court Appointed Special Advocates**  
Change A Child's Story!

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**From:** [Perkins, Ann](#)  
**Sent:** Monday, November 4, 2019 4:02 PM  
**To:** '[Debi Koelkebeck](#)'  
**Cc:** [Morgan, Kristin](#)  
**Subject:** RE: Consideration for VOCA Funding Questions

Good afternoon.

Attached is the score sheet that was done for Jasper County CASA. I have included Kristin Morgan, Victims of Crime Unit Manager in on this email as she will be able to assist you should you have additional question.

I also attached the VOCA consideration letter that was sent out on Friday, November 1, 2019 should you have not received it, which may assist you with some of your questions.

Ann Perkins  
Procurement Officer  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

Phone: (573) 522-1571  
Fax: (573) 526-4678  
[ann.perkins@dss.mo.gov](mailto:ann.perkins@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS) and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email.

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**From:** Debi Koelkebeck <[debi@jascocasa.org](mailto:debi@jascocasa.org)>  
**Sent:** Monday, November 4, 2019 10:35 AM  
**To:** DFAS DSSContracts <[DFAS.DSSCONTRACTS@dss.mo.gov](mailto:DFAS.DSSCONTRACTS@dss.mo.gov)>  
**Subject:** Consideration for VOCA Funding Questions

I would like to receive feedback on why our request was not approved for any VOCA funding. We are the CASA program for the 29<sup>th</sup> Judicial Circuit in Jasper County, and our application is for Jasper County CASA. I look forward to the opportunity to discuss our application. My contact info is listed below.  
Sincerely,  
Debi Koelkebeck

**Debi Koelkebeck**  
**Executive Director**  
**Jasper County CASA**

**Office: 417-680-3250**  
**Email: [debi@jascocasa.org](mailto:debi@jascocasa.org)**

**Court Appointed Special Advocates**  
Change A Child's Story!



**From:** Rep. Billy Long <Congressman.BillyLong@mail.house.gov>  
**Sent:** Friday, November 12, 2021 3:12 PM EST  
**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** Have You Heard The One About The 100 Year Old D-Day Veteran That Went Fishing?

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U.S. Representative Billy Long

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November 12, 2021

## Have You Heard The One About The 100 Year Old D-Day Veteran That Went Fishing?

Working with Veterans has always been one of the most rewarding aspects of serving as your congressman these past 11 years. The men and women who have selflessly served our country deserve all the thanks we can give them for the sacrifices they have made. Ceremonies and celebrations take place across the nation each year, and over the last several years here in Missouri's 7th Congressional District, I have taken part in an incredible tradition.

On Wednesday, we held our Annual Fishing Dreams for Veterans event on Lake Taneycomo in Branson. Every year we take disabled veterans fishing from across the state of Missouri. This year we set a record by taking 112 veterans – including a 100 year old D-Day survivor – fishing with 50 professional guides that donated their time, boats and equipment to the effort. I'm always thrilled to see how happy they are to be out on the lake in the great outdoors. There are always plenty of tears flowing as they are used to hearing "thank you for your service," but many are touched deeply by someone actually taking the time to spend the day with them and treating them like royalty.

Fishing Dreams would not be possible without the hard work of our sponsors Bass Pro Shops, Diversified Freedom for Disabilities and Fish Tails. Both Johnny Morris, the founder of Bass Pro Shops, and J.P. Sells, the Director of Diversified Freedom for Disabilities and Fish Tails, have always had a tremendous appreciation for our veterans and the work that they did to secure our freedoms. That is why they partner with us in putting together this experience every year.

Freedom is not free. The men and women who have served our country in the Armed Forces understand this fact better than anyone. Whether they were drafted or enlisted, they answered duty's call. In the last several decades, our nation has liberated Europe from Nazi occupation, held back communist advances, and fought against the terrorists who attacked our country on 9/11. None of this could have been accomplished without the men and women of the American Military. Hundreds of millions of Americans live in peace now because of the sacrifices made by these brave heroes.

After going out on the lake, we have lunch to thank the veterans in attendance. Here, I present each of them with an American Flag that was flown over the United States Capitol Building. Whenever I visit with veterans and hear their stories, I am reminded of the unique role a congressman can play in their life. My office in Springfield has two caseworkers who deal specifically with the bureaucratic red tape at the Department of Veterans Affairs and all other federal agencies. If you are a constituent of the seventh district who is having issues with the VA, or any federal agency, I invite you to call my office at 417-889-1800, and we will assist you in navigating your issue. Ask for Lisa or Sydney.

Each year, I am humbled to spend time with the disabled veterans who participate in the Fishing Dreams event. It was an honor to join these veterans, and I am grateful to Fishing Dreams and Bass Pro Shops for once again hosting a successful event.

For more information on my activities in our district and in Washington I encourage you to follow my Facebook page at <https://www.facebook.com/Rep.Billy.Long> and my Twitter page at <https://twitter.com/USRepLong>. You can also subscribe to my weekly newsletter, "Long's Short Report," by visiting <https://longforms.house.gov/newsletter-and-email-updates-form>

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**From:** Jake Buxton <Jake.Buxton@mdc.mo.gov>

**Sent:** Friday, October 29, 2021 9:58 AM EDT

**To:** Jake Buxton <Jake.Buxton@mdc.mo.gov>

**Subject:** Joplin Media Event with Sen Blunt

Good morning!

I hope this message finds you well! On November 5th we have a wonderful opportunity to highlight the importance of Recovering America's Wildlife Act (RAWA). Senator Roy Blunt is hosting a media day to discuss the importance of Recovering America's Wildlife Act for the Nation and Missouri. As you know, Senator Blunt is the lead cosponsor for S. 2372. If passed, Recovering America's Wildlife Act would provide an additional \$21 million to the Missouri Department of Conservation for conservation efforts. Funds would allow the Department and our partners to meet strategic goals in more conservation opportunity areas by:

- Providing healthier habitats, improving air and water quality, and supporting outdoor recreation on more landscapes
- Working with more private landowners to enhance habitats while meeting their goals
- Addressing more invasive species, including feral hogs, bush honeysuckle, and sericea lespedeza, in more areas
- Increasing the economic impact of outdoor recreation and the forest products industry

RAWA would also allow:

- More partnerships to expand conservation outreach & recreational opportunities
- Greater security for Missouri's fish, forest, and wildlife species, making them less likely to need federal Endangered Species Act protections

The media event will be held at **Wha-Sha-She Prairie Natural Area**, near Asbury on November 5th at 11:00 AM to 11:30 AM. From Asbury, take Highway 171 north approximately 2 miles, then take Route M east approximately 0.75 mile.

I hope your able to make this special event.

Thanks!

Jake Buxton  
Legislative Liaison  
Missouri Department of Conservation

**From:** Rep. Billy Long <Congressman.BillyLong@mail.house.gov>

**Sent:** Friday, July 30, 2021 2:17 PM EDT

**To:** Bill White <Bill.White@senate.mo.gov>

**Subject:** My Dad Was Famous for Saying "Anyone Can Spend Money!" I Wonder What He Would Have to Say if He Knew We're Now Spending Money We Don't Have?

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U.S. Representative Billy Long

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July 30, 2021

## My Dad Was Famous for Saying "Anyone Can Spend Money!" I Wonder What He Would Have to Say if He Knew We're Now Spending Money We Don't Have?

Inflation has reared its ugly head again and 88% of the public find that very concerning. You've heard the numbers and felt the impact in your wallets, but you may not know what has been causing it to surge. The cause of inflation can be summed up in only a few words: out-of-control spending. Since taking office, President Biden and the Democrats in Congress have sought to blow out the deficit whenever they have the chance. For proof, you only need to look at the radical budget proposal the White House released two months ago. It's a proposal that would drastically run up spending for a progressive liberal wish list that would make Bernie Sanders blush. All of this while at the same time ignoring critical funding for our military and national security.

A quick glance at the numbers shows Biden's budget would spend almost \$7 trillion, that's Trillion with a 'T' per year over the next 10 years, totaling \$69 trillion in spending. President Biden wants to spend \$7.2 trillion this year, nearly 33% of our Gross Domestic Product (GDP), which would be the highest peacetime spending level in American history. This budget would add \$17 trillion to the national debt by 2031. This would bring the total national debt to \$39 trillion, or 117% of the United States economy. Of course, whenever you talk about debt, you need to talk about interest. The interest payment on the debt would be \$914 billion by 2031, which is more than the US will spend on Medicare this year.

My Dad also said, "they can put you in jail for failing to pay your taxes." Paying your taxes will become much more difficult with the almost certain tax increases that will be sold to the public as a way to help pay for all of this spending. President Biden's administration continues to say that tax increases will not impact families earning less than \$400,000 a year, but that is not the case. Whenever you raise the corporate tax rate the cost trickles down to employees and consumers and jobs are moved overseas. We saw this happen under the Obama administration. So, these radical tax increases will affect all Americans. Not to mention runaway inflation is most certainly a tax increase on all Americans from those living in abject poverty to those living in penthouses. The budget proposal would also allow the Tax Cuts and Jobs Act of 2017 that I worked so hard on alongside President Trump to expire, which again would raise taxes on all most Americans.

So, what does President Biden want to spend all of this money on? Not national security. In a time where we are facing an unprecedented border crisis, this budget proposal would have no new money for the Department of Homeland Security. As a percentage of the economy, defense spending would be at its lowest level since World War II. While China and Russia are busy building up their armed forces to challenge the United States, President Biden would rather decrease defense spending so that he can spend money on taxpayer-funded abortions and radical Green New Deal policies.

If you want to see where someone's priorities truly lie, you only need to look at how they spend their money, or in this case, the taxpayer's money. Congress holds the purse strings and controls how our government's money is spent. Over the next few months, we will see where the Democrat's priorities truly lie, simply by watching how they want to spend taxpayer dollars. If any budget proposal that increases our deficit comes up for a vote in the House of Representatives I will strongly oppose it.

For more information on my activities in our district and in Washington, I encourage you to follow my Facebook page at <https://www.facebook.com/Rep.Billy.Long> and my Twitter page at <https://twitter.com/USRepLong>. You can also subscribe to my weekly newsletter, "Long's Short Report," by visiting <https://longforms.house.gov/newsletter-and-email-updates-form>.

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**From:** Rep. Billy Long <Congressman.BillyLong@mail.house.gov>  
**Sent:** Friday, July 09, 2021 1:20 PM EDT  
**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** Pelosi's Socialist Drug Pricing Scheme is Bad for our Country

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U.S. Representative Billy Long

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July 9, 2021

## Pelosi's Socialist Drug Pricing Scheme is Bad for Our Country

We all know the cost of prescription drugs is too high, and there's no question that Congress needs to work to lower prices. President Trump leaned hard into this issue and asked Congress to send him drug pricing reform that he could sign into law. House Republicans introduced H.R. 19, the Lower Costs More Cures Act, a package of bills that were all supported by both sides of the aisle. Unfortunately, Speaker Pelosi unilaterally spiked efforts to pass it and instead introduced her staff's own partisan drug pricing scheme, H.R. 3, which is a radical attempt to expand government control. Work hard on a bipartisan bill - get to an agreement then have the rug jerked out from under us. A recurring theme in Speaker Pelosi's Washington.

H.R. 3 would impose price controls for hundreds of drugs selected by the Health and Human Services (HHS) Secretary. The prices would be set on an international reference price based on six foreign countries. HHS would then 'negotiate' a price below this reference price, to be determined entirely by the HHS Secretary. Manufacturers will then have to offer that price across the entire commercial market. If a drug manufacturer declines to accept the price, then the federal government will confiscate 95% of all gross revenue from the drug. That's the United States Government mind you and yes you read that right - confiscate!

This heavy-handed government intervention will stifle innovation and limit access to life-saving medications. We know this because that's what has happened in the countries that have set these same government price controls. We've heard story after story of patients in these countries being denied care because lifesaving drugs aren't available. New cancer drugs are delayed by as much as two years in these countries. On average, 54% of new drugs introduced since 2011 are available in these same countries. It's 100% in the United States. If we mimic the drug pricing schemes of these foreign countries, we will see this number decline.

In fact, the rate of medical innovation in European countries with similar price controls shows that their system is flawed. Before many European countries adopted this pricing scheme, Europe was beating the United States in research and development by nearly 25%. Now, the United States leads Europe by 40%. If Speaker Pelosi's partisan drug pricing plan becomes law, we can expect research and development of new drugs to decline drastically in the United States.

Make no mistake H.R. 3 is a heavy-handed government takeover of the pharmaceutical industry. We were on our way to finding a bipartisan solution that would have lowered drug prices and ensured the United States continued to lead the world in innovative drug treatments. Speaker Pelosi's introduction of H.R. 3 effectively killed any bipartisan progress that was made and turned this into a partisan issue overnight. I fully support lowering the cost of prescription drugs, and there is no question that Congress needs to work to lower prices. I hope that my colleagues can buck their party and continue to work with the other side of the aisle to find a solution that lowers drug prices without stifling innovation. One sure way to lower drug prices to zero cost is to stop all innovation of drugs and run the drug companies out of business. No drugs, no cost, the math is simple.

For more information on my activities in our district and in Washington, I encourage you to follow my Facebook page at <https://www.facebook.com/Rep.Billy.Long> and my Twitter page at <https://twitter.com/USRepLong>. You can also subscribe to my weekly newsletter, "Long's Short Report," by visiting <https://longforms.house.gov/newsletter-and-email-updates-form>

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**From:** Mallory Schwarz <mallory@prochoicemissouri.org>

**Sent:** Tuesday, August 10, 2021 4:45 PM EDT

**To:** Bill White <Bill.White@senate.mo.gov>; karla.esslinger@senate.mo.gov <karla.esslinger@senate.mo.gov>; Lauren Arthur <Lauren.Arthur@senate.mo.gov>; Mike Bernskoetter <Mike.Bernskoetter@senate.mo.gov>; Justin Brown <Justin.Brown@senate.mo.gov>; Mike Cierpiot <Mike.Cierpiot@senate.mo.gov>; William Eigel <Bill.Eigel@senate.mo.gov>; Karla May <Karla.May@senate.mo.gov>; Jill Schupp <Jill.Schupp@senate.mo.gov>; Elaine Gannon <Elaine.Gannon@senate.mo.gov>

**CC:** Brian Wingbermuehle <brian@prochoicemissouri.org>; Mevie Mead PPMissouri <mevie.mead@ppmissouri.org>; Michelle Trupiano <mtrupiano@mfhc.org>; Mandy Hagseth <mhagseth@mfhc.org>; Felts, Sarah <sarah.felts@ppmissouri.org>; Megan Price <Megan.Price@senate.mo.gov>; Gina Richardson <Gina.Richardson@senate.mo.gov>

**Subject:** Requested follow up from August 4th MTAP cmte meeting - on "crisis pregnancy centers"

**Attachment(s):** "MO CPC Report 2012.pdf", "6.-The-Truth-About-Crisis-Pregnancy-Centers (1).pdf", "2018 Research-Report\_End-The-Lies (1).pdf", "JAMA\_CPCs legal but unethical\_pfor1-1803.pdf", "Bad Faith\_11606\_2018\_Article\_4703.pdf"

Members of the Interim Committee on Medicaid Accountability and Taxpayer Protection,

Thank you for the opportunity to testify last Wednesday August 4th, on the incredible harm that the state of Missouri would cause by discriminating against patients who rely on Medicaid coverage, and preventing them from seeking essential healthcare at Planned Parenthood Health Centers.

During my testimony a number of questions were asked about what are often called Crisis Pregnancy Centers - or Pregnancy Resource Centers, but are in fact not medical centers but religious and ideologically-driven fake clinics with the express purpose of tricking pregnant people out of having abortions. I've attached and/or linked a number of resources below.

- **Attached (and linked) is a 2018 article from our nation's leading medical association the American Medical Association's Journal of Ethics, "[Why Crisis Pregnancy Centers Are Legal but Unethical](#)."** The AMA describes crisis pregnancy centers in the following way: *"They strive to give the impression that they are clinical centers, offering legitimate medical services and advice, yet they are exempt from regulatory, licensure, and credentialing oversight that apply to health care facilities. Because the religious ideology of these centers' owners and employees takes priority over the health and well-being of the women seeking care at these centers, women do not receive comprehensive, accurate, evidence-based clinical information about all available options."*
- **At this link and attached is a 2018 study published in the [Journal of General Internal Medicine](#), [Crisis Pregnancy Centers: Faith Centers Operating in Bad Faith](#)** which found that a growing number of these centers have obtained licenses to conduct medically unnecessary ultrasounds intended to shame and dissuade people.
- **Attached is a 2012 Investigative report by NARAL Pro-Choice Missouri, "[Show Me Truth](#)," conducted in St. Louis and mid-Missouri** that revealed the lies and disinformation these centers peddle to pregnant people seeking healthcare access and information, including alarming stories in which they lie to a pregnant person about their pregnancy status in order to prevent them from seeking abortion.
- **In 2018, the St. Louis-based [Riverfront Times](#) published an expose of this exact story, "[At 16, Jessica Estes was shamed by a Crisis Pregnancy Center. Now She's Speaking Out](#)."** This kind of behavior causes immense harm to the pregnant person regardless of their decision. Should they choose to carry to term, like Jessica did, they are prevented or delayed from seeking prenatal care in a timely manner, threatening the health and wellbeing of their pregnancy and fetus.
- **Earlier this summer (2021) the watchdog project, Equity Forward, published a report, "[Mapping Deception: A Closer Look at How State's Anti-Abortion Center Programs Operate](#)"** revealing how lawmakers are diverting money earmarked for impoverished families to fund these anti-abortion fake clinics.
- **Attached is a 2017 report from NARAL Pro-Choice America, "[The Truth About Crisis Pregnancy Centers](#),"** exposing their manipulative tactics and the state and federal funding they receive.
- **Attached is a 2018 report from NARAL Pro-Choice America, "[End the Lies](#),"** compiling evidence of the deceptive tactics of these centers from across the country.
- **At this link is an article published just two days ago by Ms Magazine, "[Fighting Fake Abortion Clinics: No One Should be Lied to](#)".**

I am happy to answer questions about any of this information, particularly the Missouri-specific reports we led in the past decade, please don't hesitate to ask.

Mallory Schwarz

Mallory Schwarz  
Executive Director  
(she/her/hers)

NARAL Pro-Choice Missouri

[1210 S. Vandeventer](#)

[St. Louis, MO 63110](#)

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c: 708.307.4488

<http://www.prochoicemissouri.org>

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@NARALMissouri



FREEDOM IS FOR  
**EVERYBODY**

**END  
THE  
LIES**

# **FAKE WOMEN'S HEALTH CENTERS**

Anti-choice fake health centers, sometimes called "crisis pregnancy centers" or CPCs, draw women in with misleading references to abortion care and then feed them anti-choice propaganda. They often masquerade as real clinics by taking on similar names and addresses, and they push medical misinformation to scare or shame women out of choosing abortion.

Past research has demonstrated the incredible lengths these centers go to in order to stop women from accessing abortion care. Though many of these centers lack medical staff, they often work to — in their own words — "look medical" to appear authoritative and gain trust. At the same time, they have been repeatedly shown to promote false or misleading information as medical fact in their attempts to manipulate women's decisions. Some anti-choice centers mislead women about the status of their pregnancies to delay their decisions until it is too late to access abortion. Some convince women to sign documents that block them from later deciding on abortion.

Though these centers claim to offer women valuable medical services at no cost, their actual offerings are often deliberately limited in scope so that the centers can avoid scrutiny or legal liability. Because they are not medical clinics, many of these fake health centers do not have to comply with HIPAA patient privacy regulations.

These fake health centers also serve as the physical infrastructure for the anti-choice movement's broader misinformation and intimidation campaigns and often partner with anti-choice protesters who harass women outside of clinics. Clinic protesters work to redirect women away from legitimate, full-service clinics and toward nearby fake health centers or to their own fake health center buses parked outside legitimate clinics. Protest groups and fake health centers often share personnel or funding sources, and protesters sometimes use allied centers as organizing or meeting space.

Despite their deceptive practices, many of these anti-choice centers are taxpayer-funded. Fake health center leaders have increasingly gained stature within the conservative movement, influencing policy and giving their centers new opportunities to foist misinformation on women.

# FAKE HEALTH CENTERS

**Fake Health Centers Often Use False And Misleading Advertising And The Offer Of Free Pregnancy Tests To Lure Women Into Their Offices.** Their goal is to stop women from accessing abortion care. To do that, many fake health centers intentionally misinform and mislead women seeking pregnancy-related information. Some of these centers force women to watch anti-choice films, view slideshows and photographs, and hear biased lectures. The centers will not refer women to an abortion provider — and some may refuse even to provide information about or referrals for birth control. 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. [NARAL Pro-Choice America, [1/1/17](#)]

**Anti-Choice Pioneer Robert Pearson Argued That Fake Health Centers Have No Responsibility To Disclose That They Are Not Full-Service Women’s Health Clinics.** Catholic homebuilder Robert Pearson opened the first fake health center in Hawaii in 1967 and then founded the Missouri-based Pearson Foundation to train others to open their own centers based on his model. Pearson contended it wasn’t his job to tell women that these centers don’t offer medical care: “We’re just not saying what we don’t do. ... A car dealer, when he’s advertising, does not list the things his auto won’t do. So why should we say we don’t do abortions?” [The New York Times, [1/23/87](#); Crisis Pregnancy Center Watch, accessed [11/27/17](#), via Mother Jones]

**Pearson’s Original Fake Health Center Manual “Has Been Described By Law-Enforcement Officials Around The Country As A 93-Page Guidebook Of Ways To Mislead Consumers.”** According to The New York Times, Pearson’s foundation offered “training sessions, slide shows, pamphlets, discounted video equipment and kits to perform urine tests and a manual entitled ‘How to Start and Operate Your Own Pro-Life Outreach Crisis Pregnancy Center.’” From The Times:

“The manual urges local operators to use ‘neutral advertising,’ to seek listings in the Yellow Pages telephone directory alongside abortion clinics and to adopt ‘dual names,’ one to ‘draw abortion-bound women’ and one to attract donations from people against abortion.

Referring to the centers’ pregnancy tests, the same sort available at a drugstore, the manual suggests: ‘Tell her it’s a refined form of the old rabbit test. This usually satisfies them. At no time do you need to tell them what you’re doing.’

Of telephone calls from people asking for abortion services, the manual says, ‘Remember there is nothing wrong or dishonest if you don’t want to answer a question that may reveal your pro-life position by changing the caller’s train of thought by asking a question in return.’” [The New York Times, [1/23/87](#)]

**Today, Most Fake Health Centers Are Supported By One Of Three Major Umbrella Organizations: National Institute Of Family And Life Advocates (NIFLA), Care Net And Heartbeat International.**

Founded in 1971, Heartbeat International was the first large fake health center network, offering resources to Christians who seek to establish their own local fake health centers. The group was originally known as Alternatives to Abortion. Heartbeat International says it has helped found or support about 2,000 centers worldwide. According to its website, “Heartbeat International does not promote birth control (devices or medications) for family planning, population control, or health issues, including disease prevention.” [Heartbeat International, accessed [11/27/17](#)]

Care Net is a sister organization of Heartbeat International. Originally known as the Christian Action Council, it was founded in 1975 by evangelical leaders who were aligned with Heartbeat International but wanted to require their centers to make a stronger statement of evangelical faith. [Heartbeat International, accessed [11/27/17](#); Care Net, accessed [12/29/17](#)]

National Institute of Family and Life Advocates (NIFLA) was founded in 1993 by attorney Thomas Glessner with support from pro-life leaders. It says it operates more than 1,430 centers across the country. [National Institute of Family and Life Advocates, accessed [1/4/18](#)]

# FAKE HEALTH CENTERS ARE A CORE ORGANIZING FORCE WITHIN THE ANTI-CHOICE MOVEMENT

**Americans United For Life's Jeanneane Maxon On Fake Health Centers: "They're Really The Darlings Of The Pro-Life Movement."** She specifically highlighted their approach, which she described as "ground level, one-on-one, reaching-the-woman-where-she's-at." [The New York Times, [1/4/13](#)]

**National Anti-Choice Leaders Serve On Fake Health Center Boards. Penny Nance, president of Concerned Women for America, has served on the Virginia board of Bethany Christian Services, a national fake health center umbrella organization.** Americans United for Life President Catherine Glenn Foster serves on the board of directors of Rockville Pregnancy Center. Foster is also on the advisory board for Stanton Healthcare, a "life-affirming" organization that says it provides health care services to women but does not offer contraception or abortion care. [Politico, accessed [10/30/17](#); NARAL Pro-Choice Virginia Foundation, [2013](#); Americans United for Life, accessed [5/9/17](#); Cosmopolitan, [6/15/16](#)]

# FAKE HEALTH CENTERS MASQUERADE AS REAL ABORTION CLINICS TO TARGET WOMEN CONSIDERING ABORTION

**Anti-Choice Activist Abby Johnson In A Fake Health Center Training: "The Best Client You Ever Get Is One That Thinks They're Walking Into An Abortion Clinic."** In a recording released by Vice News, Johnson counseled: "Women that are seeking abortions, women that are pregnant, that are vulnerable, they are going into Google and they are typing 'pregnancy symptoms.' There's a way in Google where you can basically set that search to your website. ... We want to look professional, ... businesslike. And, yeah, we do kind of want to look medical. The best client you ever get is one that thinks they're walking into an abortion clinic." [Vice News, [9/17/14](#), via YouTube]

**Fake Health Centers Use Misleading Names To Sound Like Abortion Clinics.** NARAL Pro-Choice Virginia "identified [fake health centers] with the names 'AAA Women for Choice', 'A Woman's Choice', 'Emergency Pregnancy Services', and 'First Choice', all misleading to an individual seeking abortion services." [NARAL Pro-Choice Virginia Foundation, [2013](#)]

**Centers Choose Locations Near Abortion Clinics In Order To Deceive Women Into Coming To Their Clinics Instead.** Fake health centers locate nearby full-service women's health clinics and assume similar names to trick women seeking abortion care into walking through their doors instead. [NARAL Pro-Choice America, [1/1/17](#)]

An Anti-Choice Group Purchased A Closed Abortion Clinic In Virginia And Used It To Deceive Women Into Coming To Its Fake Health Center. AAA Women for Choice, a fake health center, was located next to Amethyst Health Center for Women for decades — "same brick building, same sign, same generic office decor" — in order to trick women

seeking abortions at the clinic to enter the fake health center instead. When Amethyst closed, the fake health center's owner purchased the former abortion clinic. The Washington Post wrote, "Nothing indicates that the abortion clinic is closed except a locked door. The clinic's Google ads still pop up, and the phone number still works. When women dial the closed abortion clinic, the call is forwarded straight to the pregnancy center. Everything remains in place to lure women to the clinic and hope they try the door, figure they made a mistake, then go right next door to the carefully named AAA Women for Choice." NARAL Pro-Choice Virginia told The Washington Post that this was the first time it had seen a fake health center buy an abortion clinic. In 2017, another fake health center in Maryland planned to buy a closed abortion clinic. [The Washington Post, [2/4/16](#); The Washington Post, [8/25/17](#)]

Rewire: "In Duluth, Minnesota, a [fake health center] called Women's Care Center built a new clinic directly across the street from Women's Health Center, the sole abortion provider in northern Minnesota. The center's director, who also runs the '40 Days for Life' campaign, whose participants picket the Women's Health Center every year, said the [fake health center] needed to be 'immediately proximate to the Women's Health Center' to be effective at giving 'previously abortion-minded young women [the opportunity to] choose life for their precious babies.'" [Rewire, [5/20/13](#)]

Broadly: "Hartford Women's Center, which opened its doors for the first time this month, is the newest St. Gerard's location. It's a mere 30 feet from Hartford GYN Center, in the same office complex, with nearly identical signage. This is very confusing, and intentionally so." [Broadly, [5/30/17](#)]

**Heartbeat International Runs Option Line, A Phone Line That Counsels Women Against Abortion And Steers Them To Fake Health Centers.** One of the most potent tools fake health centers have at their disposal is Option Line, a Heartbeat International program that operates as a 24-hour call center and web tool referring women to the nearest fake health center. During its first month in operation, 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 answers more than 600 contacts a day, and Option Line claims more than 2 million contacts since 2003. [NARAL Pro-Choice America, [1/1/17](#); Heartbeat International, accessed [1/4/18](#)]

The Option Line Handbook Tells Volunteers That "While [They] Are On The Phone, [Their] Objective Is To Schedule An Appointment" So That Women Will Come To The Center. Misled by fake health center ads, some women call these centers to inquire about available reproductive health services and prices. When presented with such inquiries, the centers' staffers often evade the question or lie outright in order to convince woman to come to their center. Advocates for these centers have been very explicit that the goal of these phone conversations is not to answer questions but rather to lure women to their centers. [NARAL Pro-Choice America, [1/1/17](#)]

An Anti-Choice Hotline Training Advised Fake Health Center Volunteers On Ways To "Hook Her Right Away." In a documentary about fake health centers called "12th & Delaware," a fake health center director trains volunteers in the telephone script she uses to deflect questions from potential clients and lure them to 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. [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!" [NARAL Pro-Choice America, [1/1/17](#)]

**Fake Health Centers Advertise Under Headings That Falsely Imply They Provide Full Reproductive Health Services, Including Abortion.** NARAL Pro-Choice America found that "a web search revealed that many [fake health centers] 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." NARAL also found, "Some [fake health centers] list themselves in phone books or online directories under the headings 'abortion,' 'abortion alternatives,' 'abortion services,' 'family planning information centers,' or 'women's organizations' to appear as though they offer abortion care or counseling, even though the only 'abortion service' they provide is anti-abortion coercion." [NARAL Pro-Choice America, [1/1/17](#)]

**Fake Health Center Group Human Coalition Uses Search Engine Optimization And Online Advertising To Direct Women Seeking Abortions To Its Centers Instead Of Full-Service Women's Health Clinics.** Human Coalition uses search engine optimization to ensure that women searching for legal abortion services on sites such as Google found Human Coalition instead, which directed the women to anti-choice centers where the women could not receive abortions. [Live Action News, [4/12/16](#); The Washington Times, [3/22/17](#)]

**Human Coalition Founder Brian Fisher Admitted That Women Seeking Abortions Do Not "Voluntarily" Go To Its Centers.** Fisher said, "The abortion-determined woman will not walk into the pregnancy center voluntarily. They must be outreached to and found and brought into a system of care. The reason is they don't want to go to a place that won't offer them an abortion. They want to go to a place that is going to offer them an abortion." [The Washington Times, [3/22/17](#)]

**Heartbeat International Helps Fake Health Centers Draw Women In Through Deceptive Online Advertising.** Heartbeat International promotes a program called Extend Web Services, which it says "was formed with the goal of giving your pregnancy help organization the most effective, professional Web presence to reach the woman who's looking for help." The group promises fake health centers that the program "allows centers to compete online with abortion providers" through "search-friendly optimizations," geographically targeted ads and other strategies. For Extend Web Services, the ability to help fake health centers mislead women seeking abortion is a key selling point. Its website says, "We are experts at making sure your website is attracting the abortion-minded client and representing your center in a way that will make your clients feel comfortable with the service they will receive." [Heartbeat International, accessed [11/27/17](#); Extend Web Services, accessed [12/19/17](#); Extend Web Services, accessed [12/19/17](#); NARAL Pro-Choice America, [1/1/17](#); Extend Web Services, accessed [12/19/17](#)]

## CENTERS EMPLOY SCARE TACTICS AND PEDDLE MEDICAL MISINFORMATION TO STOP WOMEN FROM CHOOSING ABORTION

**Centers Provide "False And Misleading Information About A Link Between Abortion And Breast Cancer."** In 2006, Rep. Henry Waxman commissioned a report investigating fake health centers receiving federal funding. An investigator talked to 23 centers on the phone, posing as a 17-year-old trying to decide if she should get an abortion. Despite the medical consensus that there is no connection between abortion and breast cancer, many centers told women calling for information that having an abortion increased their risk of breast cancer. One clinic even claimed abortion could increase the risk of breast cancer by up to 80%. Other centers falsely claimed abortions influenced the development of breast tissue and could "affect the milk forming in your breasts." [False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers, U.S. House of Representatives Committee on Government Reform, [July 2006](#)]

NARAL Pro-Choice Montana Found That Fake Health Center ZoeCare Lied About Abortion To Patients And Only Provided Information On The Risks Of Abortion. After visiting ZoeCare undercover, a NARAL Pro-Choice Montana "secret shopper" stated, "The only information given was on the risks of abortion. The nurse ... talked about abortion potentially causing breast cancer due to the increase in HCG [human chorionic gonadotropin]. The other risk focused on was cervix incompetence. She ... illustrated on the diagram how it [the cervix] could become 'too stretched out' and that could lead to later miscarriages and potentially lead to not being able to have children in the future." [NARAL Pro-Choice Montana Foundation, [2013](#)]

**REALITY: The National Cancer Institute (NCI) Has Clearly Stated That “Induced Abortion Is Not Associated With An Increase In Breast Cancer Risk.”** NCI noted that this determination is “well established,” the institute’s highest rating. [Guttmacher Institute, [10/23/06](#)]

**Centers Falsely Claim That Abortion Causes Future Infertility.** Centers contacted through the 2006 congressional investigation claimed that “a lot of women” were unable to have children after having an abortion. Centers told callers it was “common” for women to become infertile, have “many miscarriages” or be unable to carry a pregnancy to term because of “permanent damage” caused by abortions. Centers claimed abortion could make it so a woman’s cervix “won’t stay closed in future pregnancies.” However, first trimester abortions “do not pose an increased risk for future fertility.” [False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers, U.S. House of Representatives Committee on Government Reform, [July 2006](#)]

**REALITY: “Abortions Performed In The First Trimester Pose Virtually No Long-Term Risk Of Problems Such As Infertility, Ectopic Pregnancy, Spontaneous Abortion (Miscarriage) Or Birth Defect.”** [Guttmacher Institute, accessed [12/19/17](#)]

**Centers Tell Women That Abortion Leads To “Severe, Long-Lasting, And Common” Psychological Effects, Including Increased Suicide Rates.** Despite the “considerable scientific consensus that having an abortion rarely causes significant psychological harm,” centers contacted through the 2006 congressional investigation promoted the claim that abortions “frequently” lead to “severe long-term emotional harm” called “post-abortion syndrome.” One center falsely said that, after having abortions, women experience symptoms “much like” those seen in soldiers returning from Vietnam and that they are “something that anyone who’s had an abortion is sure to suffer from.” Another center claimed abortions lead to “guilt, numbness, dreams and nightmares, changes in relationships, ... difficulty with making friends, sexual problems, preoccupation with abortion date or due date, ... sadness, anxiety, suicidal ideas, sedatives, alcohol, drug use, eating disorders, sense of loss, inability to relax, fear of failure, crying spells, regret, anger, helplessness, headaches, loneliness, panic, ... signs of marital stress.” One center claimed women face emotional distress after abortions because a woman having an abortion “is doing something totally contrary to what her role is,” while giving birth “is fulfilling one of the roles that she has.” [False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers, U.S. House of Representatives Committee on Government Reform, [July 2006](#)]

**REALITY: “Leading Experts Have Concluded That Among Women Who Have An Unplanned Pregnancy, The Risk Of Mental Health Problems Is No Greater If They Have A Single First-Trimester Abortion Than If They Carry The Pregnancy To Term.”** [Guttmacher Institute, accessed [12/19/17](#)]

**Centers Provide False Information About Birth Control And Condoms.** Montana fake health center Echoz claims that “all morning-after pills, including ella, can cause abortions.” NARAL Pro-Choice Montana reported that Echoz also made false claims about condoms, spermicides, birth control pills and abortion risks. NARAL Pro-Choice Montana cited brochures from Echoz claiming birth control pills and the NuvaRing caused abortions. One stated, “Birth control pills can and do kill little human beings,” and the other said the NuvaRing “has the potential to abort your baby — without you ever knowing it.” Echoz also falsely claimed condoms and spermicides “could be harmful to you,” and counseled, “Chastity is the best choice for single people.” [Echoz Pregnancy Care Center, accessed [4/10/17](#); Echoz Pregnancy Care Center, accessed [4/10/17](#); NARAL Pro-Choice Montana Foundation, [2013](#)]

**REALITY: “The Weight Of The Evidence Clearly Shows That Emergency Contraceptives And IUDs Are Not Abortifacients.”** As Guttmacher Institute notes, “The campaign to conflate contraception with abortion is based on the assertion that certain methods of contraception actually end — rather than prevent — pregnancy. That assertion, however, contradicts what science says about how pregnancies are established and how contraceptives work.” According to “the most up-to-date evidence about how hormonal and copper IUDs and the emergency contraceptives Plan B and ella work ... none have been shown to disrupt an existing pregnancy — meaning that none can accurately be called an abortifacient.” [Guttmacher Institute, [12/9/14](#)]

**Centers Offer “Abortion Pill Reversal,” A Procedure With No Scientific Backing. Despite a complete lack of scientific evidence supporting the procedure, fake health centers advertise abortion reversal on their websites and Facebook pages.** A 2017 investigation by Rewire identified “about 25 physicians and about 20 so-called [fake health centers] that claim to offer

this service.” In describing medication abortions, Montana fake health center Echoz says on its website, “If you change your mind after the first visit, please contact us and we will connect you with a network of doctors who can reverse the effects of Mifepristone in some cases.” [Rewire, [3/21/17](#); Facebook, [8/9/14](#); Echoz Pregnancy Care Center, accessed [4/10/17](#)]

The Pioneer Of “Abortion Reversal,” George Delgado, Is On The Medical Advisory Council Of Heartbeat International. [Heartbeat International Annual Report 2016, accessed [11/27/17](#)]

**REALITY: Guttmacher Institute Says There Is No Evidence Supporting The Possibility Of Abortion Reversal. Salon has also reported that abortion reversal is a “lie” and “impossible.”** [Guttmacher Institute, [January 2017](#); Salon, [2/23/17](#)]

**NARAL Pro-Choice Montana Found That Centers Provided “Graphic And Extreme And Anecdotal” Information About Abortion.** After an undercover visit to St. Catherine’s Pregnancy Resource Center, a fake health center, a NARAL Pro-Choice Montana “secret shopper” reported, “[When I asked about abortion], their responses were graphic and extreme and anecdotal. The younger volunteer shared horror stories from women she knew who took RU486, the ‘abortion pill.’ One of the stories ended with a blood clot and death. They explained the risks of surgical abortion to be cervix incompetence and breast cancer. They said that people are getting misinformation ... and are not being told the extreme risks involved. I asked if they had studies on this information, and their response was, ‘Oh, somewhere around here, yes.’ They didn’t pull out these studies, but instead dug out plenty of information on adoption services and went digging for graphic abortion videos.” [NARAL Pro-Choice Montana Foundation, [2013](#)]

**REALITY: “A First-Trimester Abortion Is One Of The Safest Medical Procedures,” According To Guttmacher.** In fact, abortion is much safer than carrying a pregnancy to term. Reuters has reported, “Researchers found that women were about 14 times more likely to die during or after giving birth to a live baby than to die from complications of an abortion.” [Guttmacher Institute, [October 2017](#); Reuters, [1/23/12](#)]

# CENTERS OFTEN LACK MEDICAL STAFF OR DELIBERATELY LIMIT THEIR MEDICAL OFFERINGS TO ESCAPE SCRUTINY AND LIABILITY

**Anti-Choice Activist Abby Johnson At A Fake Health Center Training Session: “We Want To Look Professional, ... Businesslike. And, Yeah, We Do Kind Of Want To Look Medical.”** [Vice News, [9/17/14](#), via YouTube]

**But Many Centers “Have No Trained Medical Professionals” And Provide Inaccurate Information To Convince Women Not To Receive Abortions.** For example, a center staffer told a woman that her IUD was “your baby” when it appeared on her ultrasound. [Salon, [3/18/15](#)]

A Fake Health Center In Virginia Failed To Report A Sexually Active 11-Year-Old To Authorities: “Oh No, We Don’t Do That. We’re Not Doctors, So We Don’t Have To.” Fake health center operator Pat Lohman said this about an 11-year-old who came into the center with her parents, who thought she was pregnant. [The Washington Post, [2/4/16](#)]

**Fake Health Centers Increasingly Claim To Offer Medical Services. Although fake health centers are still largely unlicensed, many have developed in sophistication to such a degree that they now offer limited medical services.** As of 2018, at least 1,100 of NIFLA-affiliated centers operated as medical clinics. In an effort to speed this process, other key organizations, including Heartbeat International and Focus on the Family, have offered guidelines and other resources to help fake health centers medicalize. Focus on the Family has donated ultrasound machines, books and funding to Care Net and to individual centers across the country. [Heartbeat International, accessed [12/20/17](#); Focus on the Family, Standards of Care, [2009](#); NARAL Pro-Choice America, [1/1/17](#); Focus on the Family 2014 Form 990, [4/15/16](#); Focus on the Family 2015 Form 990, [10/26/17](#); National Institute of Family and Life Advocates, [1/4/18](#)]

**Volunteers Dishonestly Convince Women That A Sonogram At A Fake Health Center Will Help Them Get An Abortion.** In a training video for fake health center phone volunteers offered by Heartbeat International, Pegi Deeter, director of operations at PDHC, a fake health center, says that the promise of a free sonogram is her primary tool for getting women in the door. She describes how she tells women that sonograms are necessary before an abortion. “I want to get into offering them our services,” she says. “If the conversation is still on abortion, then I want to offer them a free ultrasound: ‘One of the things you’re going to need before your abortion, you need to know exactly how far along you are. ... Different abortion procedures are done at different stages in your pregnancy. We would like to offer you a free ultrasound. This will help you make the best decision for you.’” [Heartbeat International, Abortion Minded Caller, accessed 12/20/17]

Fake Health Center Training Materials: “Typically, When [A Sonogram Is] Free, And They Believe They’re Going To Need That Information, Then They’re Open To Hearing More About Our Services.” The training continues, “We don’t, of course, tell them where they can get an abortion, but we tell them we have information that will help them make the best decision for them. And we do! [Laughs.]” [Heartbeat International, Abortion Minded Caller, accessed 12/20/17]

**Meanwhile, Focus On The Family Advises Centers Not To Waste Resources On Women Who Plan To Continue Their Pregnancy: Sonograms Are For “Abortion-Minded” Women, “To Help Them In The Decision-Making Phase.”** Focus on the Family’s medical guidelines note that for most small clinics, the purpose of offering sonogram services is to affect “decision-making” about abortion. It does not recommend that centers expend resources offering free sonograms to women who already plan to continue their pregnancies if resources are limited: “Services will be provided for abortion-minded and abortion-vulnerable women to help them in the decision-making phase of their pregnancy. The provision of ultrasound services to women who are not abortion-minded or abortion-vulnerable is at the discretion of the medical director.” [Focus on the Family, Standards of Care, [2009](#)]

**Focus On The Family Recommends Clinics Avoid Liability By Avoiding Most Medical Services: “Women Who Go To These Clinics Should Be Referred To Other Physicians For Regular Prenatal Care.”** It notes that “legal liability issues exist” if clinics offer “more comprehensive” sonogram services but fail to diagnose medical issues. To avoid this liability, it recommends offering “limited ultrasound scans,” which do not attempt to diagnose medical issues, and notes that women seeking real prenatal care “should be referred to other physicians.” From Focus on the Family:

“There is some discussion among those involved in Clinics as to the extent of sonographic services that should be offered to pregnant women. Some suggest that pregnancy medical clinics should offer only a limited sonogram (a term which itself is not well defined) and should not perform scans of adnexa (the tissues and organs surrounding the uterus) routinely. Their rationale is that women being scanned are generally asymptomatic, and therefore Clinic resources would be expended unnecessarily. More importantly, legal liability issues exist if the scan or interpretation of the scan of the fetus and pelvic anatomy does not detect an existing medical problem. Women who go to these Clinics should be referred to other physicians for regular prenatal care, and should be referred immediately if they present with symptoms.

On the other hand, some Clinics are striving to expand their medical care. Their objective is not only to diagnose

a viable intrauterine pregnancy and educate women who may be considering abortion, but also to provide a more comprehensive medical clinic, possibly involving complete prenatal care or help with adverse fetal diagnosis. In this case, the possibility of legal liability (and its implications for the Clinic) may not be as large as it might be with smaller Clinics, and comprehensive sonograms may be performed more routinely, provided personnel are well qualified and the medical director has provided orders to do so.

**The level of sonographic services offered by a Clinic should be determined by the mission of the Clinic, and at the discretion and direction of the Clinic's board and medical director.** If the Clinic's mission is to provide medically accurate information to at-risk women regarding their pregnancy, the best sonographic option might be to perform limited scans while referring to other physicians and clinics for prenatal care. If the Clinic's mission is medically broader, the Clinic's board and medical director might deem it appropriate for that Clinic to offer more comprehensive scanning, as medically indicated." [Focus on the Family, Standards of Care, [2009](#)]

**One Fake Health Center Intake Form Includes A Liability Waiver For "Any Errors In Diagnosis Based On The Pregnancy Test Or Ultrasound."** From an intake form from Crossroads Pregnancy Resource Center, a NIFLA center in Louisiana:

I have read and understand the statements above. I request services related to pregnancy provided by Crossroads Pregnancy Resource Center at no charge. Because I intentionally seek these services for my own benefit, I release Crossroads and its paid and volunteer staff from any and all liability arising out of or connected with this pregnancy, particularly with regard to any errors in diagnosis based on the pregnancy test or ultrasound.

Client's Signature _____	Date _____
Consultant's Signature _____	
Date _____	

[Crossroads Pregnancy Resource Center, accessed [11/29/17](#); Crossroads Pregnancy Resource Center, accessed [11/30/17](#)]

**Heartbeat International Advises Fake Health Center Volunteers To Artificially Delay Appointments Until The Point A Sonogram Would Have More Visual Impact.** In the Heartbeat International training video, Deeter advises phone volunteers speaking to women who may be very early in their pregnancy on tactics to delay scheduling a free sonogram until they are at least seven or eight weeks along, when a heartbeat might be detected. Deeter describes how she would navigate a conversation with a woman who is very early in her pregnancy: "In our centers, we typically like the client to be seven or eight weeks before we offer the ultrasound. So I might say, 'Would you like to schedule an appointment with the nurse at our center? Then she will be able to let you know when we can schedule your ultrasound.'" Another presenter replied, "That's good, because you're inviting her in to get information. ... And in a couple of weeks, you can offer that ultrasound, there's still plenty of time, and that gives you the opportunity to build up a rapport with her, and trust." [Heartbeat International, An Abortion Minded Caller, accessed [12/20/17](#); American Congress of Obstetricians and Gynecologists, accessed [11/30/17](#)]

Fake Health Center Leader: "Let's Look For A Heartbeat To Influence Her Decision." In the fake health center documentary "12th & Delaware," a center director advises volunteers on ways to sway women. The film shows an ultrasound she performed for a young couple, during which she typed "Hi Daddy" across the screen. [HuffPost, [8/2/10](#)]

**Since They Are Not Medical Clinics, Fake Health Centers Do Not Have To Comply With HIPAA Patient Privacy Regulations, Putting Patients' Information At Risk.** NARAL Pro-Choice North Carolina wrote, "Most [fake health centers] do not disclose that they are not beholden to HIPAA. Some create their own privacy statements," such as Hope Pregnancy Center, which states, "Since Hope offers all services free of charge, we have no need to communicate with any insurers, and HIPAA is inapplicable." [NARAL Pro-Choice North Carolina Foundation, [July 2017](#)]

# FAKE HEALTH CENTERS PUSH WOMEN TO SIGN A FORM THAT BLOCKS THEM FROM LATER CHOOSING ABORTION

**Fake Health Centers Fill Out Forms For Women Stating They Do Not Want An Abortion, Forcing Abortion Doctors To Refuse Care If The Woman Later Decides On Abortion.** ExposeFakeClinics.com says, “Many [fake health centers] convince women to sign a contract that they will carry their pregnancy to term, and then send it — with all of their personal information, including Social Security number — to every abortion provider nearby to try to scare both patients and real health care providers into refusing women care.” [ExposeFakeClinics.com, accessed [11/29/17](#)]

**Life Dynamics Offers A Free “Force Form” For Fake Health Centers Or Clinic Protesters To Fill Out For Women Stating That Any Abortion She Could Receive Would Be Legally Against Her Will.** Life Dynamics provides many resources for fake health centers and anti-choice protesters. On its website, it says that protesters or staff at fake health centers “can help a woman who is being forced to have an abortion with the Life Dynamics Force Form. This FREE form, when used correctly, legally documents that any abortion done on the client, regardless of what she says at the clinic, would be against her will. Clinics know that if they receive this signed document and decide to do an abortion anyway, they could be faced with civil suits — and sometimes criminal charges. This form makes a client almost ‘radioactive’ to clinics in the area.” Life Dynamics asks users to agree to the following terms of use before downloading the form: “The form will not be given to the client for her to fill out but will, instead, be filled out by a counselor at the center. The client will be given a copy of the completed document after she has signed it. The counselor agrees to immediately begin making the notifications called for in the document.” [ForceForm.info, accessed [11/29/17](#); Life Dynamics, accessed [11/29/17](#)]

Mark Crutcher Of Life Dynamics Described Fake Health Centers And Anti-Choice Protesters Using “Force Forms” To Put Abortion Clinics At Legal Risk To Stop Them From Performing Abortions. In a Life Dynamics video, Crutcher says that fake health centers and anti-choice protesters “take this form, they fill it out, they get all the pertinent information on this girl and her statement. She signs the statement saying, ‘I’m not wanting this abortion, ... and here are all the legal ramifications for doing that.’ In some states you can even be charged with sexual assault for doing that. And so sometimes it’s criminal; usually it exposes them to a civil suit. And you send these to all the area abortion clinics, and they get ... either a fax or an email. And you follow up, make sure they got it. You talk [to] somebody at the abortion clinic, make sure they got the form. They’ve been put on notice now. They are taking an enormous risk if ... this girl is brought to the facility and they do an abortion on her. Their legal exposure here is through the roof, and they know it, and their attorney’s going to tell them that. So what we’re doing is we’re making this child more trouble than she’s worth. They’re going to get rid of her. That’s going to be the way they’re going to handle that.” The description of the video on YouTube targets fake health centers and protesters. [Life Dynamics, [12/11/13](#), via YouTube]

**Operation Rescue’s Troy Newman Discussed Using A Force Form To Try To Stop An Abortion. In the same video, Newman says, “I just used that last week with a little girl up in Iowa that her parents were wanting to force her to get an abortion. We got those forms, we got it in her hands. And I’ve yet to find out the outcome.”** Newman has appeared in many Life Dynamics videos, along with Janet Morana of Priests for Life and Kristan Hawkins of Students for Life. [Life Dynamics, [12/11/13](#), via YouTube; Life Dynamics, [2/23/12](#), via YouTube; Life Dynamics, [3/29/12](#), via YouTube; Life Dynamics, [6/11/12](#), via YouTube]

# CENTERS DELIBERATELY MISLEAD WOMEN TO DELAY THEIR DECISIONS UNTIL IT'S TOO LATE FOR ABORTION

**Centers Lie About Gestational Age To Delay Women Until Abortion Becomes Unavailable. Some fake health centers tell women they are earlier in their pregnancy than they actually are.** By lying about the gestational age, the centers can cause women seeking abortion care to miss the window of opportunity when it is available. “12th & Delaware” documents one center’s use of the tactic: Upon visiting the legitimate reproductive health provider across the street from the center, a woman learns she is several weeks farther along in her pregnancy than the center’s ultrasound operator had told her. The health clinic director says it is not unusual for the fake health center to misinform women about the dates of their pregnancies in an effort to cause them to delay seeking care until it is too late to obtain an abortion. [NARAL Pro-Choice America, [1/1/17](#)]

**Centers Discourage Women From Accessing Abortion By Claiming Pregnancies Are Likely To End Naturally.** The website for ZoeCare states, “One out of every four or five pregnancies ends in a natural miscarriage.” St. Catherine Family Health Care Clinic & Pregnancy Resource Center says on its website, “Statistics show that approximately 1 in 5 pregnancies end in miscarriage. That’s important to know before you go through a procedure like abortion.” According to NARAL Pro-Choice Montana, fake health centers use such language “to insinuate that [a pregnant woman] might not have to consider abortion at all” in order to “get women through the doors.” [ZoeCare, accessed [1/4/18](#); NARAL Pro-Choice Montana Foundation, [2013](#); St. Catherine Health Care, accessed [4/4/17](#)]

# FAKE HEALTH CENTERS WORK WITH ANTI-CHOICE PROTESTERS TO TRICK WOMEN INTO MISSING THEIR APPOINTMENTS AT LEGITIMATE CLINICS AND DELAY THEIR PROCEDURES

**Anti-Choice Activists Use Mobile Fake Health Centers To Mislead Women About Care Options And Promote Unsubstantiated Treatments Not Recommended By Experts.** Protesters at North Carolina’s busiest abortion clinic, A Preferred Women’s Health Center (APWHC), typically park RVs that serve as mobile fake health centers along the road leading to the clinic entrance, a move designed to confuse patients. These RVs try to pull patients away from the clinic by advertising services such as free ultrasounds and pregnancy testing. Cities4Life, one of the key organizations behind the protests, operates a bus that claims to offer “abortion pill reversal” services, a medically unsubstantiated procedure that the American Congress of Obstetricians and Gynecologists says is “not supported by the body of scientific evidence” and is “not recommended.”

[Instagram, [7/12/17](#); HuffPost, [12/4/16](#); American Congress of Obstetricians and Gynecologists, [2015](#); Guttmacher Institute, [May 2017](#)]

**Mobile Fake Health Centers Lie To Women About Their Health And Pregnancies To Stop Them From Seeking Care.** HuffPost reported that the mobile centers at APWHC have gone so far as to lie to women about their likely health outcomes: “Patients have been told that their pregnancy wasn’t “attached properly” and that they would miscarry, so they should cancel their [abortion] appointment,’ one volunteer clinic escort, who asked to remain anonymous, told HuffPost. ‘Another was told that her pregnancy was too far along for an abortion, and that she should cancel, too, even though it wasn’t.” [HuffPost, [12/4/16](#)]

**Mobile Fake Health Center Workers Trick Women Into Missing Appointments.** According to HuffPost, “Some clinic escorts have also said that [mobile fake health center] staff members have falsely offered to check women into their APWHC appointments — which causes the women to miss their appointments altogether and have to wait a week or so to reschedule.” In North Carolina, women have to receive an ultrasound and wait 72 hours before they can get an abortion, which is banned after 20 weeks except for the life or health of the woman. These prohibitions mean getting an abortion is time-sensitive and any delays to appointments threaten a woman’s ability to receive care. [HuffPost, [12/4/16](#); Guttmacher Institute, [July 2017](#); Motto, [12/6/16](#)]



Activists Have Delayed Women’s Abortions By Giving Them Food Or Water As They Enter A Clinic, Which Can Require Some Procedures To Be Postponed. The New York Times wrote of clinic protesters, “Others have caused women to unknowingly violate preoperative procedures by handing them water or food; if the woman eats or drinks shortly before the abortion, it must often be postponed.” [The New York Times, [7/30/14](#)]

**Fake Health Centers Use Mobile Units To Go To Strategic Locations And Meet Target Demographics “Where They Are.”** NARAL Pro-Choice Virginia reported that fake health centers “are beginning to explore the use of ‘mobile units’, portable vans that are able to travel to strategic locations and more directly target key demographics. In Virginia, [fake health center] mobile units are open about this strategy. As ‘A Best Choice Mobile Ultrasound and Pregnancy Resource Center’ explains: ‘We are the only mobile ultrasound and pregnancy resource center in the D.C. area. We hope to service approximately 15 colleges and universities in the Northern Virginia and D.C. areas by offering free pregnancy tests, limited ultrasound, and eventually, sexually transmitted disease testing within a 50-mile radius. If only 10% of women are walking into traditional [fake health centers,] we need to go where they are.’” [NARAL Pro-Choice Virginia Foundation, [2013](#)]

**An Anti-Choice Protester Discussed The Value Of The Mobile Fake Health Center Unit In Providing A Private Place For Anti-Choice Activists To Convince Women Not To Seek Care At An Abortion Clinic.** Cities4Life protester Jessica M. says, “God has been able to take [protesters] with Cities4Life and Monroe HELP unit, and he’s been able to just give us a place where we can share the Gospel. ... It’s a place for us to be with these women in private. We’re not standing on the sidewalks where they

can't open their hearts to us worrying about who's hearing, and they're able to just spend as much time as they need with us. It may be 30 minutes or it may be a couple hours, and it's just a wonderful relationship that we have." [Cities4Life, [2/23/16](#), via Vimeo]

**A Protester Discussed The "Camaraderie" Between The Mobile Fake Health Center Staff And The Cities4Life Protesters, Referring To Them As "One Body, Working In Unison Together."** In a Cities4Life video about HELP mobile fake health center unit, protester Celia J. identifies Patrick and Sherry as staffers at the center and says, "When I have Patrick there, when I have Sherry there, and the rest of our Cities4Life team, it is just this camaraderie that we share because we're standing in unity against the gates of hell. ... I love that it is not two ministries, but it's just one body. We might be two different members, but we are one body, working in unison together." The video shows Patrick driving the mobile center to the clinic and then protesting outside of the clinic. [Cities4Life, [2/23/16](#), via Vimeo]

**A Protester Discussed How Using The Mobile Fake Health Center To Show Women Ultrasounds Made Anti-Choice Activists More Effective In Preventing Women From Getting Abortions.** Cities4Life protester Celia J. says, "What I love about the ultrasound unit is that picture can do what I could never do. I could sit and talk till I'm blue in the face, I could give all the Scripture points, I could stand there and rehearse the Gospel to them, but when they see that image of the baby, they're instantly bonded and united with that child. That is their child that is growing inside of them. And I can try and conjure that up, and I can try and talk about that, but that image speaks a thousand words. So when that mommy sees that baby on that screen, it almost always causes them to just stop what they're doing and to rethink and to feel that bond as a mom with that child in their womb." In the same video, another woman describes her experience watching an abortion film at the fake health center with her pregnant daughter and how that helped steer her daughter away from getting an abortion. The video also shows a woman receiving an ultrasound at a fake health center and telling the story of how she ended up there while seeking an abortion. [Cities4Life, [2/23/16](#), via Vimeo]

# FAKE HEALTH CENTERS PARTICULARLY TARGET YOUNG WOMEN AND MINORITY COMMUNITIES WITH THEIR DECEPTIVE ADVERTISING

**Colorlines: Fake Health Center Leaders Have Been Driving A "Massive Marketing Campaign In Black Communities."** A report from Colorlines exposed a plan by fake health centers to deliberately set up shop in predominantly black communities to target vulnerable women and deny them the reproductive care and honest information to which they have a right. From the report:

"Over the past four years, national anti-abortion strategists have designated 'urban' and 'underserved' women and babies as a priority for saving. In practice, these terms tend to be euphemisms for 'black' and, to a lesser extent,

'Latina.' ... Care Net and its allies have used this kind of material to drive a massive marketing campaign in black communities over the past three years. The campaign's most prominent platform has been a series of billboards that label black children as endangered species and declare black women's wombs "the most dangerous place" for their children. The first round appeared in Atlanta, to dovetail with Black History Month in 2010." [Colorlines, [5/2/13](#); NARAL Pro-Choice America, [3/9/15](#)]

**NARAL Pro-Choice North Carolina Found That Fake Health Centers "Overwhelmingly" Are Located In "Lower-Income Neighborhoods, Neighborhoods Of Color, Urban Centers, And Counties With Higher Than Average Rates Of Segregation."**

[NARAL Pro-Choice North Carolina Foundation, [July 2017](#)]

**Fake Health Centers Use "Strategic Location Placements" To Target Women From Specific Demographics.** According to NARAL Pro-Choice Virginia, fake health centers "increasingly target groups that are the most underserved by the current health-care system and are therefore most vulnerable to the misinformation [fake health centers] provide. These groups include women of color, young women, women living in rural locations, and low-income women. Through a variety of methods, including the offering of free services, strategic location placements and market-specific advertising, [fake health centers] work to attract women from specific demographics." [NARAL Pro-Choice Virginia Foundation, [2013](#)]

**Fake Health Centers Also Target College Students Through Location, Affiliations And Advertising.** ZoeCare targets college students by associating itself with Montana State University. Both are in Bozeman, Montana, four minutes apart by car. ZoeCare sponsors the T-shirt cannon used by the mascot at MSU sports games and posts the results of MSU games on its Facebook page. According to Facebook posts, ZoeCare closed for "spring break" in 2017 and "Christmas break" in 2016, indicating that its schedule is based around an academic calendar. A mobile fake health center in Virginia said it aimed to serve "15 colleges and universities in the Northern Virginia and D.C. areas" by offering its services near the schools. Advertisements in Virginia specifically reached out to college students, with one advertisement for Lifechoices Resource Center stating, "helping [George Mason University] students since 2005" and another fake health center offering coupons for free pregnancy tests to University of Virginia students. [Google Maps, accessed [4/4/17](#); Facebook, [12/21/16](#); Facebook, [3/9/17](#); Facebook, [9/15/16](#); Facebook, [9/19/16](#); NARAL Pro-Choice Virginia, [2013](#)]

# FAKE HEALTH CENTERS' PRACTICES HAVE SERIOUS CONSEQUENCES FOR WOMEN

**A Clinic Investigator Recounted Her Experience At Fake Health Centers: "I Left Each [Fake Health Center] Feeling Humiliated, Terrified And Panicked."** Caitlin Bancroft described her experience visiting several fake health centers as part of a NARAL investigation into their tactics. One visit began with a series of "personal and invasive" questions designed to help the center find the most effective persuasion tactics. The conversation was interspersed with "subtle judgments of my life decisions." For example: "So you do have some scruples about you," [the interviewer] said at one point, referring to my low number of sexual partners." Bancroft concluded: "The way that these women treated me made one thing very clear: they

didn't care about me, my future, my happiness, or my relationships. I was simply a shell that needed to be distracted and kept questioning until it was too late for me to make my own choices, and too late for me to decide if this is what I wanted — or not. I truly can't imagine the pain that [fake health centers] inflict on women who are actually struggling with an unintended pregnancy." [HuffPost, [8/15/13](#)]

**A Man Described His Teenage Daughter's Experience At A Fake Health Center: "They Had An Ax To Grind And Just Terrorized Her."** An Arizona man whose 16-year-old daughter had been raped took her to a fake health center, not realizing it was an anti-choice fake clinic. Center volunteers showed her "brutal footage," including pictures of dismembered fetuses, and "just emotionally raped her," the man said. "They are advocates for the unborn, and to hell with the troubled person. They had an ax to grind and just terrorized her." [NARAL Pro-Choice America, [1/1/17](#)]

**After Hearing A Fake Health Center's False Claims Of The "Risks" Of Abortion, One Woman Resorted To Dangerous Measures To Induce Miscarriage.** "12th & Delaware" tells the story of a young woman named Widline, who seeks care and ends up at a fake health center. After hearing a volunteer detail the supposed "risks" of abortion, Widline is frightened and decides against abortion. Instead, she attempts to self-induce an abortion, trying "everything in [her] powers," from drinking vinegar to lifting heavy objects. As NARAL has noted, these measures are not as extreme or as dangerous as some to which she might have resorted, but Widline was driven away from safe medical care because of the lies and coercive tactics of the fake health center. Later in the documentary, Widline is shown at seven months pregnant, regretfully preparing for motherhood. [NARAL Pro-Choice America, [1/1/17](#)]

**A Woman Was Told She "Had The Devil Inside Her." In Milwaukee, a woman went to a fake health center to talk about her options.** Instead, she was told she "had the devil inside her" and was "bombarded with graphic images of disfigured babies and aborted fetuses." [NARAL Pro-Choice America, [1/1/17](#)]

**One Fake Health Center Pressured A Woman To Consider Continuing An Abusive Relationship, Saying, "For All You Know, The Baby Changes Him."** In "12th & Delaware," a young mother of two tells a fake health center staffer she is considering abortion because her boyfriend is abusive and she needs to do what is best for her children. The staffer protests, arguing, "For all you know, the baby changes him." [NARAL Pro-Choice America, [1/1/17](#)]

**REALITY: 95 Percent Of Women Who Have Had Abortions Say They Made The Right Decision.** A 2015 study by researchers from the Bixby Center for Global Reproductive Health at the University of California, San Francisco's School of Medicine tracked 667 women for a three-year period after their abortions. The study concluded, "The overwhelming majority of women felt that termination was the right decision for them over three years. Emotional support may be beneficial for women having abortions who report intended pregnancies or difficulty deciding." [PLOS ONE, [7/8/15](#)]

## MANY FAKE HEALTH CENTERS ARE TAXPAYER-FUNDED

**Government Funding Of Fake Health Centers Exploded Under The Bush Administration.** According to a 2006 congressional investigation prepared for then-Rep. Henry Waxman, "Prior to the Bush Administration, only a few [fake health] centers received federal funding. Beginning in 2001, however, federal funding of [such] centers increased sharply. In total, over \$30 million in federal funds went to more than 50 [fake health] centers between 2001 through 2005." [False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers, U.S. House of Representatives Committee on Government Reform, [July 2006](#)]

**Many States Are Directly Funding Fake Health Centers. Many anti-choice politicians have successfully introduced and passed bills that fund fake health centers directly with taxpayer dollars, either by allocating state funds or by redirecting federal funds for the state to the centers, and/or through favorable tax benefits.** By directly funding these centers, the state not only is complicit in the deception of its own residents, but also bestows a level of legitimacy on these anti-choice clinics, creating the false impression the centers are part of the mainstream medical community. At least 14 states — Georgia, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Texas and Wisconsin — fund fake health centers directly. [NARAL Pro-Choice America, [1/1/17](#)]

**14 States Have “Choose Life” License-Plate Programs That Directly Fund Fake Health Centers.** State legislatures also lend support to fake health centers by enacting legislation to fund them through the sale of anti-choice license plates. Some states funnel money from the sale of “Choose Life” license plates to fake health centers through specific anti-choice organizations, such as Arkansas Right to Life or Choose Life of Georgia Inc. Other states ensure fake health centers receive the money by allocating it to organizations that provide pregnancy services while prohibiting it from going to organizations that provide, refer or even counsel about abortion care. There are 14 states with anti-choice license-plate programs whose proceeds fund fake health centers. [NARAL Pro-Choice America, [1/1/17](#)]

**21 States Require Health Care Providers To Refer Women To Fake Health Centers.** In addition to pushing forced-ultrasound laws to give fake health centers a more convincing argument to bring women through their doors, anti-choice politicians are requiring legitimate health care providers to refer women to the centers. Provisions in many forced-ultrasound and biased-counseling laws require that states create and maintain registries of fake health centers and compel providers to present or offer such lists to women seeking abortion care. These laws clearly are designed as another way to direct women to a fake health center without their knowledge of its ideologically driven agenda. Twenty-one states have passed laws that force providers to refer women to the centers. [NARAL Pro-Choice America, [1/1/17](#)]

**South Dakota Is Trying To Force Women To Go To Fake Health Centers For “Counseling.”** In an especially alarming example of fake health centers making inroads with anti-choice lawmakers, in March 2011, South Dakota’s anti-choice Gov. Dennis Daugaard signed into law a first-of-its-kind mandate that a woman seeking abortion care first submit to an in-person lecture at a fake health center. In addition to “counseling,” the law also requires a 72-hour waiting period before care, forcing women to make three separate trips, which in a rural state such as South Dakota can be nearly impossible. The law has been challenged and is not in force, but this aggressive new tactic is another indicator that fake health center activists are on offense. [NARAL Pro-Choice America, [1/1/17](#)]

## CASE STUDY

# TEXAS' EXPERIMENT REPLACING REAL CLINICS WITH ANTI-CHOICE PREGNANCY CENTERS WAS A PUBLIC DISASTER

**Texas Recently Slashed Family Planning Grants And Redirected Funding Away From Real Clinics Toward Fake Health Centers.** Though state funding was already barred from covering abortion, clinics that offered family planning services such as contraception, cancer screenings, breast exams and other health services had previously received some help covering those costs. That changed with Texas' Healthy Texas Women program, which shifted funding away from full-service clinics that also offered abortion services toward anti-choice organizations that claimed they could cover the loss in health care services. The program included a \$1.6 million grant to anti-choice organization The Heidi Group, which had no experience providing medical services. The group claimed it could redirect the 50,000 patients who would lose health care access at the full-service clinics to fake health centers. [Dallas News, [3/17/17](#)]

Heidi Group President Carol Everett: "I Founded The Heidi Group To Follow My Heart For The Hurting By Supporting Pregnancy Resource Centers." Everett also said, "I now use my experiences and faith to help set girls and women free from abortion by connecting them with positive, life-affirming options. The Heidi Group partners with these women and their families to meet the needs of a crisis pregnancy with practical and scriptural solutions." [The Heidi Group, accessed [11/28/17](#)]

Despite Rebranding Her Fake Health Center Network As Offering "Minimum Health Services," Everett Told The Austin Chronicle That State Health Care Funds Would Flow To Fake Health Centers. [The Austin Chronicle, [8/23/17](#)]

**The Associated Press: "Eight Months Later, The Heidi Group Has Little To Show For Its Work."** An Associated Press report "found the nonprofit has done little of the outreach it promised, such as helping clinics promote their services on Facebook, or airing public service announcements. It hasn't made good on plans to establish a 1-800 number to help women find providers or ensure that all clinics have updated websites." [The Associated Press, [3/14/17](#)]

**30,000 Women Lost Health Care After Texas' Decision To Cut Off Family Planning Funding For Full-Service Abortion Clinics.** As The Associated Press reported, "After Texas state funding was cut off to abortion providers in 2011, 82 family planning clinics closed in the state, a third of which were Planned Parenthood affiliates. A state report later found that 30,000 fewer women were served through a Texas women's health program after the changes." [The Associated Press, [3/14/17](#)]

**After The Funding Cuts To Legitimate Clinics, Texas Saw An Increase In The Teen Birth Rate And The Abortion Rate.** A study by Miami University's Analisa Packham found that "the 67 percent decrease in funding [to family planning clinics] has resulted in an increase in the teen birth rate by 3.4 percent, or nearly 2,200 more teens giving birth," ThinkProgress reported. The year after the cuts went into effect, the state's abortion rate also increased 15 percent. [ThinkProgress, [7/17/17](#)]

## CASE STUDY

# SCOTT LLOYD'S CAMPAIGN TO BLOCK JANE DOE'S ABORTION SHOWS THE TRUMP ADMINISTRATION'S CLOSE TIES TO FAKE HEALTH CENTERS

**For Weeks, Trump Appointee Scott Lloyd Was Instrumental In Blocking Jane Doe From Accessing Constitutionally Protected Abortion Care, And She Is Not The Only One.** Seventeen-year-old “Jane Doe” fought for weeks to access abortion care, but was blocked by restrictions from Health and Human Services’ Office of Refugee Resettlement. As Slate reported, “In March, ORR announced that federally funded shelters could not take ‘any action that facilitates’ abortion for unaccompanied minors, including ‘scheduling appointments, transportation, or other arrangement,’ without ‘direction and approval’ from Scott Lloyd, the agency’s director. A Trump appointee and longtime anti-choice activist, Lloyd has refused to allow minors to access abortion services. Instead, he has directed shelters to take these women to [fake health centers] which ‘counsel’ them not to get abortions. At least once, Lloyd himself called a pregnant minor to talk her out of terminating her pregnancy. If a minor still wants to get an abortion after navigating these obstacles, ORR instructs its shelters to block her from attending her appointment.” [Slate, [10/19/17](#)]

**Lloyd Served On The Board Of Directors Of Front Royal Pregnancy Center, A Fake Health Center. Front Royal Pregnancy Center is part of the National Institute of Family and Life Advocates network.** NIFLA provides the centers “with legal counsel, education, and training.” [This Week In Immigration, [3/28/17](#); Breitbart, [4/4/17](#); NIFLA, accessed [10/18/17](#); NIFLA, accessed [10/18/17](#)]

NARAL Pro-Choice Virginia Found That Front Royal Pregnancy Center Provided A Pamphlet With Inaccurate, “Repeatedly Debunked” Information About Breast Cancer And Abortion. The pamphlet said, “New scientific evidence shows that the increase in abortions worldwide has caused a sharp increase in breast cancer. Over thirty-four studies indicate that women who abort their first pregnancy have a much higher risk of developing cancer. ... Dr. H. Olsson found, if she had aborted her first pregnancy, that the cancer was more aggressive, metastasized earlier and was lethal more quickly as compared to women who had completed their first pregnancy.” [NARAL Pro-Choice Virginia Foundation, [2013](#)]

Front Royal Pregnancy Center Promotes “Abortion Pill Reversal,” A Procedure With No Scientific Backing. Guttmacher Institute says there is no evidence supporting the possibility of abortion reversal. Salon has also reported that abortion reversal is a “lie” and “impossible.” [Front Royal Pregnancy Center, accessed [10/18/17](#); Guttmacher Institute, [January 2017](#); Salon, [2/23/17](#)]



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## 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 informed choice"*

*–American Medical Association<sup>1</sup>*

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 the best decision for themselves about their reproductive health. Mindful of this, the anti-choice movement has for years tried to restrict, control, and manipulate the information women facing unplanned pregnancies receive. To do so, they have built a national network of anti-choice organizations, some of them posing as comprehensive health-care clinics – 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 video<sup>2</sup>*

CPCs are storefronts that use false and misleading advertising and the offer of free pregnancy tests or other services to lure women into their offices. Then their goal is to dissuade women from exercising their right to choose.

While some CPCs may provide appropriate support and information to women facing unintended pregnancies, many do not. Many CPCs intentionally misinform and mislead women seeking pregnancy-related information.<sup>3</sup> In fact, some CPCs may force women to watch anti-abortion films, slide shows, photographs, and hear biased lectures.<sup>4</sup> No CPC will refer women to an abortion provider – and in fact, some may refuse even to provide information about or referrals for birth control.<sup>5</sup> 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.<sup>6</sup> 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 3,500 partner and affiliate CPCs.<sup>7</sup> 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.<sup>8</sup> 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 considering abortion, CPCs often 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. Below are just a few examples of the deceptive practices used by CPCs.

#### *Misleading Advertising Tactics*

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

- Some CPCs list themselves in phone books or online directories under the headings "abortion," "abortion alternatives," "abortion services," "family-planning information centers," or "women's organizations" to appear as though they offer abortion care or counseling, even though the only "abortion service" they provide is anti-abortion coercion.<sup>9</sup>
- 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 answers more than 600 contacts a day and Option Line claims more than two million contacts since 2003.<sup>10</sup> 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.<sup>11</sup>

- Heartbeat International’s website promotes its Extend Web Services program by promising CPCs that “this effective web presence allows centers to *compete online with abortion providers*.”<sup>12</sup> One result of this strategy was that a Google search of “abortion clinic” resulted 79 percent of the time in ads funded by CPCs.<sup>13</sup> (In response to this discovery, in 2014 NARAL Pro-Choice America worked with Google and Yahoo to remove the ads to ensure truth in advertising on these search engines.<sup>14</sup>)

### *Evasive Answers on the Phone*

Misled by CPC ads, some women call 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 convince woman to come to 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 qualified to do so, by reminding them that “callers are looking for fast answers and may turn elsewhere if they do not get them.”<sup>15</sup>
- At a CPC conference, the trainer advised attendees, mostly CPC operators, to tell callers asking about abortion care that, although the center does not offer abortion services, it does provide *free ultrasounds* that the woman will need to have before she can get abortion care.<sup>16</sup>
- Worse, CPCs have a new strategy to bolster this telephone sales pitch. More and more states are passing laws forcing women to submit to an ultrasound before getting abortion care,<sup>17</sup> and national umbrella organizations openly state that an ancillary purpose of these proposals is to give CPCs a new tool of persuasion—they allow staff on the phone to tell a woman truthfully that by law she will *have* to have an ultrasound. While they may insinuate that their facility will help her comply, in reality there are no guidelines to ensure a CPC’s ultrasound meets these laws’ requirements. CPCs even are free to refuse to release a print-out of the image for a woman to take to her provider, should she indicate that she is seriously considering abortion.
- 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!<sup>18</sup>

### *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.

- In Minnesota, Robbinsdale Women's Center, a CPC 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 reported 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]."<sup>19</sup>
- In *12th & Delaware*, a CPC 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."<sup>20</sup>

### **Intimidation, Anti-Choice Propaganda, and Misinformation**

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.<sup>21</sup>

- An Arizona man whose 16-year-old daughter had been raped took her to a CPC, not realizing that it was an anti-choice fake clinic. 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.”<sup>22</sup>
- In Milwaukee, a woman went to a “pregnancy help center” to talk about her options. Instead, she was told that she “had the devil inside her” and was then “bombarded with graphic images of disfigured babies and aborted fetuses.”<sup>23</sup>
- 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.<sup>24</sup>
  - 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.”<sup>25</sup>

### **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 accurate, comprehensive, or unbiased 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 were receiving 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.<sup>26</sup>
- Investigations in California, Maryland, Massachusetts, Minnesota, Missouri, New York, North Carolina, Texas, and Virginia<sup>27</sup> 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."<sup>28</sup>

#### ***False Promises of Miscarriage***

Many CPCs offer free ultrasounds as a way to lure women in their doors. The proliferation of forced-ultrasound laws is one point of leverage CPCs use to persuade women that they will benefit by coming in. In addition, many CPC websites promise women they need an ultrasound because 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."<sup>29</sup> (In fact, the actual number is nearly half that, with about 10 percent of pregnancies ending in miscarriage.<sup>30</sup>) The website goes on to encourage visitors to "come in today to see if you are a candidate for natural pregnancy termination."<sup>31</sup>

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.<sup>32</sup>

#### ***Lies about Gestational Age***

Many CPCs try to delay women from getting legitimate counseling or medical care until it is too late to consider abortion as an option. In addition to delaying women considering abortion by suggesting they wait to see if they miscarry, some CPCs simply tell women that they are less far along in the pregnancy. By lying about the gestational age, CPCs can cause women seeking abortion care to miss the window of opportunity when it is available.

- 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.<sup>33</sup>

### ***Propaganda to Scare Women Away From Considering 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. Many CPCs tell women that abortion is dangerous to their health; in reality, legal abortion is extremely safe.<sup>34</sup>

- In *12th & Delaware*, a counselor details the alleged "risks" of abortion to a young woman named Widline. 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.<sup>35</sup>

### ***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 go to extreme lengths and 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."<sup>36</sup> Suggesting a woman remain in an abusive relationship reveals that, to this counselor, women's health and safety are hardly even afterthoughts. This further demonstrates the need for women to receive care at legitimate health centers.

### **Crisis Pregnancy Centers Target Low-Income Women and Women of Color**

Care Net, which touts itself as "one of the largest network of pregnancy centers in North America," has begun expanding its reach even further.<sup>37</sup> The organization claims that abortion providers prey on low-income communities and communities of color, so its solution is to open CPCs in "urban communities." In 2003, Care Net launched a campaign it dubbed the Urban Initiative and established 15 new centers in 13 cities.<sup>38</sup> 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.<sup>39</sup>

Heartbeat International, too, launched a campaign to target women of color. In 2007, having identified Miami as a city with the “neediest neighborhoods,” it rolled out a project to pursue women of color purposefully and aggressively. Heartbeat Miami’s website stated that “the pregnancy center movement must become a true urban movement. And to do that, it must be mainstreamed into Black and Latino churches in the cities.” Describing its CPC operators as “virtue capitalists,” the website, complete with a demographic map with neighborhoods with high concentrations of Latinas, outlined the campaign—to “to develop a life-support network of ultrasound-equipped pregnancy centers strategically located in high abortion-marketed neighborhoods, staffed and supported by the Greater Miami Christian community.” It boasted, “this highly aggressive, heavily funded approach to starting multiple centers has never been done before.”<sup>40</sup> In the past year, Heartbeat Miami apparently learned that its targeted language was inflammatory and removed it from its website.

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 clients.”<sup>41</sup>
- 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.”<sup>42</sup> (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.”<sup>43</sup>

This 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.<sup>44</sup>) 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.<sup>45</sup> These daunting statistics speak to the need for more reproductive-health information and resources in these communities, not a proliferation of fake clinics and anti-choice propaganda.

### **Anti-Choice Lawmakers' Support for Crisis Pregnancy Centers**

Politically savvy anti-choice groups have pursued the patronage of anti-choice lawmakers at all levels of government. They have sought – and often received – government support for crisis pregnancy centers.<sup>46</sup> These laws enable the national network of CPCs to grow and block still more women from getting honest, medically accurate health information. Below are just a few examples of government support for CPCs.

#### ***Federal Support for CPCs***

The crisis pregnancy center movement has strong support from anti-choice lawmakers in Congress. CPC proponents have sought federal support in the form of direct funding, 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, then-Rep. Michele Bachmann (R-MN) introduced the Positive Alternatives Act (H.R.636), which would amend the Social Security Act to permit federal funds to be used for “alternatives-to-abortion” services, a code phrase for CPCs.<sup>47</sup>
- In 2009, then-Sen. John Ensign (R-NV) offered an amendment to the National Service bill (H.R.1388) that would have made CPCs explicitly eligible for federal funding under a new program, the Nonprofit Capacity Building Program. The amendment failed, 41-56.<sup>48</sup>
- In 2009, Rep. Cliff Stearns (R-FL) introduced legislation called the Informed Choice Act (H.R.195) and in 2011, he introduced similar legislation (H.R.165), both of which would create a grant program for CPCs to purchase ultrasound equipment at taxpayers’ expense.<sup>49</sup>

#### ***State Support for CPCs***

Crisis pregnancy centers also have strong support in the state legislatures. Anti-choice lawmakers are passing a wide range of legislation to direct both women and money to CPCs,

including funding CPCs directly with taxpayer dollars, referring women seeking abortion care to CPCs – or even forcing women to go to a CPC before they can obtain abortion services – and establishing “Choose Life” license-plate programs which funnel money to CPCs.

- **Directly funding CPCs.** Many anti-choice politicians have successfully introduced and passed bills that fund CPCs directly with taxpayer dollars, either by allocating state funds or by redirecting federal funds for the state to CPCs, and/or through favorable tax benefits for CPCs. By directly funding CPCs, not only is the state complicit in the deception of its own citizens, but it also bestows a level of legitimacy on these anti-choice clinics that creates the false impression that CPCs are part of the mainstream medical community. At least 14 states fund CPCs directly – Georgia, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Texas, and Wisconsin.<sup>50</sup>
- **Forcing women to go to CPCs.** 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.<sup>51</sup> 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. Thankfully, the law has been challenged and is not in force,<sup>52</sup> but this aggressive new tactic is another indicator that CPC activists are on offense.
- **Referring women to CPCs.** In addition to pushing forced-ultrasound laws to give CPCs a more convincing argument to get women into their doors, anti-choice politicians are requiring legitimate health-care providers to refer women to CPCs. Provisions in many forced-ultrasound and biased-counseling laws require that states create and maintain registries of CPCs and compel providers to present or offer such lists to women seeking abortion care. These laws clearly are designed as another way to direct women to a CPC without their knowledge of its ideologically driven agenda. Twenty-one states have passed laws that force providers to refer women to CPCs.<sup>53</sup>
- **“Choose Life” license-plate programs.** State legislatures also lend support to CPCs by enacting legislation to fund them through the sale of anti-choice license plates. Some states funnel money from the sale of “Choose Life” license plates to CPCs through specific anti-choice organizations, such as Right to Life Arkansas or Choose Life Inc. Georgia. Other states ensure CPCs receive the money by allocating it to organizations that provide pregnancy services but prohibiting the funds from going to organizations that provide, refer, or even counsel about abortion care. There are 14 states with anti-choice license-plate programs whose proceeds fund CPCs.<sup>54</sup>

## Pro-Choice Lawmakers and the Courts Take Action

Thankfully, pro-choice lawmakers are taking proactive steps to ensure that women seeking medical care or counseling receive comprehensive and accurate information, rather than lies and manipulation. In some cases, CPCs' deceitful or misleading practices have been so outrageous that courts have also taken action to intervene on the public's behalf. These proactive measures have included preventing CPCs from receiving taxpayer funding, prohibiting CPCs from advertising falsely that they offer abortion services or medical care, and requiring CPCs to disclose the limited nature of their services. Below are a few examples of pro-choice actions.

- In 2006, Rep. Carolyn Maloney (D-NY) first introduced the Stop Deceptive Advertising for Women's Services Act 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. This bill was most recently introduced in the 114th Congress by Rep. Maloney (H.R.3378).<sup>55</sup>
- In 2009, the Baltimore City Council passed the first-of-its-kind ordinance requiring CPCs to disclose that they don't provide or refer for birth control or abortion services. This truth-in-advertising law was challenged not only by a Baltimore CPC but also by the archbishop of Baltimore. In October 2016, a federal court permanently enjoined the ordinance from being enforced against the CPC; the city has appealed and litigation is ongoing.<sup>56</sup>
- In 2010, the Austin City Council passed an ordinance that would require CPCs to post signs disclosing that they do not provide or refer for birth control or abortion services. CPCs challenged the law, and in June 2014, it was struck down.<sup>57</sup>
- In 2010, the Montgomery (Maryland) City Council approved a regulation to ensure that women in the county are told about the limited nature of the services offered by crisis pregnancy centers. Unsurprisingly, the law was quickly challenged by a CPC and unfortunately, the law was struck down by the Fourth Circuit Court of Appeals.<sup>58</sup>
- In 2011, the San Francisco Board of Supervisors passed an ordinance to ensure women seeking reproductive-health services are not lured into CPCs by deceptive advertising. Mirroring the federal Maloney bill, the Pregnancy Information Disclosure and Protection Ordinance gives the city attorney increased authority to hold CPCs accountable for false or misleading advertising about the pregnancy-related services they offer.<sup>59</sup> The ordinance passed after the city attorney noted that a San Francisco CPC, First Resort, was "misrepresenting itself as an abortion provider for the purpose of luring women with unwanted pregnancies to its office." He called 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.”<sup>60</sup> First Resort immediately challenged the law claiming the ordinance violated its free-speech rights. Fortunately, in February 2015, a federal judge dismissed the claim and upheld the law, ruling that the ordinance “only restricts false and misleading commercial speech, which is not protected by the First Amendment.”<sup>61</sup> As a result, women seeking pregnancy-related counseling in San Francisco can find health-care clinics that provide factual, unbiased, and medically accurate information.

- In 2011, the city council in New York City also passed a law to rein in CPCs’ deceptive practices.<sup>62</sup> Although anti-choice organizations challenged it, the Second Circuit Court of Appeals upheld a key provision of the law that requires CPCs to disclose whether or not there is a licensed medical provider on staff. The Supreme Court rejected an appeal from the CPCs to block the provision.<sup>63</sup>
- In 2013, the Dane County Board of Supervisors in Wisconsin took action to prevent CPCs from receiving taxpayer funding by passing a first-of-its-kind ordinance that bars the county from contracting with groups that do not offer or refer for comprehensive, unbiased, and medically accurate information about reproductive-health care.<sup>64</sup>
- In 2015, California Gov. Jerry Brown (D) signed into law the Reproductive Freedom, Accountability, Comprehensive Care and Transparency (FACT) Act. This law requires licensed reproductive-health clinics to inform women about the state programs available to help them get affordable family planning, abortion services, and prenatal care. It also requires unlicensed facilities that provide pregnancy-related services to disclose that they are not licensed medical facilities. The law stops anti-choice CPCs from deceiving women by posing as legitimate, comprehensive reproductive-health clinics and ensures that women know all their options when seeking reproductive-health services.<sup>65</sup> CPCs have filed multiple law suits challenging the law,<sup>66</sup> which have failed in federal district courts.<sup>67</sup> In October 2016, the U.S. Court of Appeals for the Ninth Circuit upheld one of these decisions, ruling that “[t]he district court properly found that [CPCs] cannot demonstrate a likelihood of success on their First Amendment free speech or free exercise claims.”<sup>68</sup>
- In July 2016, Oakland was the second city in the country to pass a law prohibiting CPCs from using false and deceptive advertising. This was modeled on the ordinance passed by San Francisco in 2011.<sup>69</sup>

## Conclusion

Crisis pregnancy centers continue their campaign to misinform and mislead 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, 2017

### Notes:

<sup>1</sup> 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> (last visited Oct. 1, 2015).

<sup>2</sup> Ohio Right to Life, *Life Talk: From Overturning Roe to Ending Abortion Permanently* (2012), at [https://www.youtube.com/watch?v=T-WX\\_YS2YF8](https://www.youtube.com/watch?v=T-WX_YS2YF8) (last visited Oct. 1, 2015).

<sup>3</sup> United States House of Representatives Committee On Government Reform, *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers* (2006), at <http://www.chsourcebook.com/articles/waxman2.pdf> (last visited Dec. 9, 2015).

<sup>4</sup> 12TH & DELAWARE (Home Box Office 2010).

<sup>5</sup> Planned Parenthood of America, Inc. (PPFA), *Anti-Abortion Counseling Centers: A Consumer's Alert to Deception, Harassment, and Medical Malpractice* (2002).

<sup>6</sup> Family Research Council, *A Passion to Serve, A Vision for Life: Pregnancy Resource Center Service Report 2009*, Family Research Council (2009).

<sup>7</sup> National Institute of Family and Life Advocates at <http://www.nifla.org/>; Care Net, *Care Net Affiliation* at <http://www.care-net.org/care-net-pregnancy-center-affiliation>; Heartbeat International, *Worldwide Directory of Pregnancy Help*, search "United States" at <http://www.heartbeatinternational.org/worldwide-directory> (last visited Dec. 9, 2015).

<sup>8</sup> Thomas Glessner, Editorial, *Ultrasound: Double Bonus for Life, Knowledge*, FREE LANCE-STAR, March 22, 2012 at A7.

<sup>9</sup> Planned Parenthood of America, Inc. (PPFA), *Anti-Abortion Counseling Centers: A Consumer's Alert to Deception, Harassment, and Medical Malpractice* (2002); 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](http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010_cpc-sp-yp.html) (last visited Dec. 9, 2015).

<sup>10</sup> Heartbeat International, *Option Line* at <http://www.heartbeatinternational.org/our-work/option-line> (last visited Dec. 9, 2015).

<sup>11</sup> 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/pregnant/questions/abortion.php> (last visited Dec. 9, 2015).

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- <sup>12</sup> Heartbeat International, *Option Line serves PHCs* at <http://www.heartbeatinternational.org/item/141-option-line-serves-phcs> (emphasis added) (last visited Dec. 9, 2015).
- <sup>13</sup> NARAL Pro-Choice America, *Get Involved/Issue Campaigns* at <http://www.prochoiceamerica.org/get-involved/issue-campaigns/google-cpc.html> (last visited Dec. 9, 2015).
- <sup>14</sup> Pres Release, NARAL Pro-Choice America, *In Response to NARAL Pro-Choice America, Google Removes Deceptive Anti-Choice Ads from Search Engine* (April 28, 2014) at [http://www.prochoiceamerica.org/media/press-releases/2014/pr04282014\\_google\\_cpc.html](http://www.prochoiceamerica.org/media/press-releases/2014/pr04282014_google_cpc.html) (last visited Dec. 9, 2015).
- <sup>15</sup> Heartbeat International and Care Net, *Option Line Handbook*, 2007.
- <sup>16</sup> Cosmopolitan, *"Save the Mother, Save the Baby": An Inside Look at a Pregnancy Center Conference*, April 6, 2015, at <http://www.cosmopolitan.com/politics/a38642/heartbeat-international-conference-crisis-pregnancy-centers-abortion/> (emphasis added) (last visited Oct. 2, 2015).
- <sup>17</sup> For more information about forced-ultrasound laws, see NARAL Pro-Choice America's fact sheet, *Forced-Ultrasound Legislation is an Egregious Intrusion into Medical Care*.
- <sup>18</sup> 12TH & DELAWARE (Home Box Office 2010).
- <sup>19</sup> Rachel E. Stassen-Berger, *More Than a Street Divides Clinic, Center*, ST. PAUL PIONEER PRESS, Apr. 10, 2005.
- <sup>20</sup> 12TH & DELAWARE (Home Box Office 2010).
- <sup>21</sup> Alan Cooperman, *Abortion Battle: Prenatal Care or Pressure Tactics?*, WASH. POST, February 21, 2002, at A01.
- <sup>22</sup> Martin Van Der Werf, *Some Abortion Centers Bogus Counseling is 'One-Sided,' Panel Told*, ARIZ. REPUBLIC, Sept. 21, 1991, at A1.
- <sup>23</sup> Center for Reproductive Rights, *Crisis Pregnancy Centers Seek Public Funds and Legitimacy*, 11 REPROD. FREEDOM NEWS, July/Aug. 2002, at 3.
- <sup>24</sup> Center for Reproductive Rights, *Crisis Pregnancy Centers Seek Public Funds and Legitimacy*, 11 REPROD. FREEDOM NEWS, July/Aug. 2002, at 4.
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PERSPECTIVE

**Crisis Pregnancy Centers: Faith Centers Operating in Bad Faith**

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On June 26, 2018, the Supreme Court of the United States issued its long-awaited ruling on a California law that required licensed crisis pregnancy centers (CPCs) to post information about affordable abortion and contraception services offered by the state. The California law also required unlicensed CPCs to disclose that they were not licensed medical clinics.<sup>1</sup> In a 5-4 vote, the Supreme Court ruled that both provisions of the law violated the clinics’ free speech rights under the First Amendment.<sup>2</sup> Antiabortion advocates celebrated the decision, as CPCs are designed to intercept women with unintended or “crisis” pregnancies and dissuade them from undergoing abortion,<sup>3</sup> and California’s law interfered with this mission.

The moral and legal aspects of abortion have always been hotly contested, and both sides of the ideological divide are entitled to promote their perspective. Crisis pregnancy centers, also known as “pregnancy resource centers” or “pregnancy support centers,” are organizations that provide pregnancy-related counseling and support from an antiabortion perspective. While CPCs have a right to exist and can provide valued emotional, spiritual, and material (e.g., diapers and formula) support for some women,<sup>4</sup> they often engage in practices that are dubious at best and unethical at worst.<sup>5</sup>

Most CPCs are affiliated with evangelical Christian networks and national antiabortion organizations. Rather than being transparent about their ideological position, however, they typically advertise their services (most famously on highway billboards) using language and images that present themselves as unbiased, comprehensive health centers.<sup>5, 6</sup> Some have their staff wear white coats, although they typically have no medical training. A growing number of centers have obtained licenses to conduct (medically unnecessary) ultrasounds, presumably for the purpose of using fetal images to dissuade women from abortion.<sup>5</sup> Further, CPCs often employ

sophisticated strategies to draw in women who are seeking abortion services, including locating themselves near abortion clinics and using Internet search optimization techniques to elevate their visibility when people search for abortion services.<sup>7</sup> Women may present to these centers only to find that they neither provide abortion nor refer to abortion providers.

Once a woman has entered a CPC, rather than using solely moral arguments to dissuade her from abortion, staffers use scientific language to advance their mission. Secret shopper studies of CPCs’ practices and reviews of their public-facing websites demonstrate that they commonly draw links between abortion and adverse mental health sequelae, breast cancer, and future infertility,<sup>8-11</sup> (all of which have been discredited by research), with the goal of diverting women with undesired pregnancies from abortion toward adoption or parenting. In one study evaluating CPC practices in Ohio, staff at some centers greatly overstated the risk of miscarriage, suggesting that abortion may therefore be unnecessary or even explicitly recommending to delay abortion given the high likelihood of spontaneous pregnancy loss.<sup>9</sup>

In clouding transparency about the provision of abortion services at their site, withholding information about abortion referral, and providing inaccurate information about the frequency of miscarriage and the safety of abortion, CPCs can obstruct access to timely abortion. Because abortions are medically safer and more accessible within the first trimester, delays in seeking abortion may have significant consequences. Moreover, as CPCs disproportionately attract low-income women and women of color because they advertise free pregnancy-related services,<sup>6</sup> they can exacerbate observed socioeconomic and racial/ethnic disparities in the ability to access abortion in a safe and timely manner.<sup>12</sup>

Because most CPCs do not charge for services and are not licensed medical practices, they can slip through the cracks of many states’ consumer protection statutes and regulations that govern the practice of medicine. While they may not be operating in violation of the law, numerous lawmakers, women’s health advocacy organizations, and scholars have decried them as being unethical given their engagement in deceptive practices targeting women at a vulnerable time to propel a particular ideology. Moreover, given their commonplace practice of disseminating inaccurate medical information to women seeking out reproductive health services, CPCs can inappropriately influence women’s reproductive health decisions and impact subsequent health outcomes, leading some to

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argue that they pose a public health hazard,<sup>3, 13</sup> though scholarly research on the public health impact of CPCs is limited.

CPCs have been around since the late 1960s, primarily in states that permitted abortion, but their numbers grew significantly during the 1980s and 1990s after the national legalization of abortion. According to the National Abortion Rights Action League (NARAL), an advocacy organization committed to ensuring abortion access, there are an estimated 2500 CPCs in the US, compared to only 800 abortion clinics. In some states, CPCs outnumber abortion providers by ratios as high as 15:1.<sup>14</sup> Numerous states fund CPCs either directly or indirectly through the sale of “Choose Life” license plates.<sup>15</sup> For example, in Pennsylvania, taxpayer money directly funds CPCs via legislation that creates grants for “nonprofit agencies whose primary function is to assist pregnant women seeking alternatives to abortion.”<sup>16</sup> Through this mechanism, the Pennsylvania Department of Human Services gave over \$30 million in grant money to Real Alternatives, a funding conduit for CPCs, from 2012 to 2017. Pennsylvania was also the first of a handful of states to use federal Temporary Assistance for Needy Families (TANF) dollars, which are intended to provide safety-net monies for low-income families, to fund CPCs. Many CPCs throughout the country also receive state and federal funds to promote and conduct abstinence-only sexual education in public schools.

The rise in number of CPCs has coincided with a decrease in abortion clinic numbers primarily due to targeted laws, informed more by ideology than science, designed to shut down abortion clinics or heavily curb their scope of practice.<sup>13</sup> Numerous states have also mandated scripted counseling by abortion providers that contains unscientific claims about abortion risks.<sup>15</sup> Thus, women seeking abortion are at risk of being caught between CPCs that choose to provide misleading information and abortion providers who are mandated to do so, curtailing women’s ability to make well-informed decisions about their reproductive health.

In the midst of abortion politics and warring ideologies, our mandate as health care professionals is to ensure that patients’ interests are at the center of health service delivery and policy and protect their ability to make informed, autonomous health decisions. For some women, especially those who have chosen to parent and/or who share a similar ideological position, CPCs can provide a meaningful support system. Being transparent about their antiabortion commitment, lack of medically trained staff (if applicable), and the limitations of the services they provide are critical first steps that would allow CPCs to operate more ethically. Until they do that, we as primary care providers must help our patients navigate a fraught abortion service climate. For those of us who are uncomfortable or unable to provide pregnancy options counseling and refer women elsewhere, we need to be aware of the prevalence and practices of these centers and educate our patients about where they can get unbiased comprehensive counseling and services. As physician-advocates, we can pressure our federal officials and state representatives to withhold funding from

CPCs until they can assure transparent advertising and refrain from providing scientifically invalid information. As physician-researchers, we can investigate more rigorously the impact of CPCs on women’s reproductive decision-making and outcomes. More broadly, we need to be aware of the intrusion on medical practice that CPCs and the Supreme Court ruling create and fight to ensure that informed medical decision making is protected at every opportunity.

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## POLICY FORUM

### Why Crisis Pregnancy Centers Are Legal but Unethical

Amy G. Bryant, MD, MSCR, and Jonas J. Swartz, MD, MPH

#### Abstract

Crisis pregnancy centers are organizations that seek to intercept women with unintended pregnancies who might be considering abortion. Their mission is to prevent abortions by persuading women that adoption or parenting is a better option. They strive to give the impression that they are clinical centers, offering legitimate medical services and advice, yet they are exempt from regulatory, licensure, and credentialing oversight that apply to health care facilities. Because the religious ideology of these centers' owners and employees takes priority over the health and well-being of the women seeking care at these centers, women do not receive comprehensive, accurate, evidence-based clinical information about all available options. Although crisis pregnancy centers enjoy First Amendment rights protections, their propagation of misinformation should be regarded as an ethical violation that undermines women's health.

#### What Are Crisis Pregnancy Centers?

Drive down any highway in America, and you might see a sign: "Pregnant? Scared? Call 1-800-555-5555." Most often, these signs are advertisements for crisis pregnancy centers (CPCs). CPCs, sometimes known as "pregnancy resource centers," "pregnancy care centers," "pregnancy support centers," or simply "pregnancy centers," are organizations that seek to intercept women with unintended or "crisis" pregnancies who might be considering abortion. Their mission is typically to prevent abortions by persuading women that adoption or parenting is a better option [1, 2]. One of the first CPCs opened in 1967 in Hawaii [3].

Most CPCs are religiously affiliated [4], and a majority are affiliated with a network or umbrella organization such as Birthright International, Care Net, Heartbeat International, or the National Institute of Family and Life Advocates [1, 3]. These umbrella organizations offer legal support, ultrasound training, and other services to CPCs. With an estimated 1,969 network-affiliated CPCs in the US in 2010 [1], CPCs outnumber abortion clinics, which were estimated at 327 as of 2011 [5]. Many state governments fund CPCs through mechanisms such as "Choose Life" specialty license plates and grants, and many also receive federal funding [3, 6].

In this article, we will argue that both the lack of patient-centered care and deceptive practices make CPCs unethical. We will first highlight the discrepancy between the lack of standards for quality of care provided by CPCs and the innumerable restrictions on abortion clinics. We then show that CPCs violate principles of medical ethics, despite purporting to dispense medical advice. Finally, we will review legal challenges to CPCs, including an upcoming Supreme Court case, and regulatory challenges in an industry that seeks to be perceived as providing health care while simultaneously seeking to elude the need to be held to evidence-based standards of caring for women with unexpected pregnancies.

### **What Do Crisis Pregnancy Centers Do?**

What might not be immediately apparent to someone seeking help at a CPC is that these centers take a distinct anti-abortion approach to pregnancy in that unintended or “crisis” pregnancies have two viable options, adoption or parenting. Multiple “undercover” or “secret shopper” surveys of CPCs and detailed reviews of the centers’ promotional materials and websites reveal that these centers give the impression of being medical clinics or having medical expertise [3, 7-9]. Often using neutral-sounding language, these centers offer to help women with free pregnancy tests, [ultrasounds](#), testing for sexually transmitted infections, and counseling on “all options” for pregnancy. In addition, pregnant women are often offered resources such as maternity clothes, diapers, and parenting classes. These centers often offer to give a “pregnancy verification” form, which women can use to enroll in prenatal care or to apply for government assistance with medical care (e.g., Medicaid or the Special Supplemental Nutrition Program for Women, Infants, and Children) [3, 8, 9].

CPCs, as a rule, not only discourage abortion but also refuse to provide referrals to abortion clinics, although they often provide “counseling” about “dangers associated with premarital sexual activity” [10]. Women who visit CPCs typically do not realize that they are not in an abortion clinic and are surprised to find that abortion is not considered an option at these centers [3]. As obstetrician-gynecologists, we have had several disgruntled patients come to us who were disappointed and felt deceived by the care that they had received at CPCs.

### **Arguments against Crisis Pregnancy Centers**

CPCs have received criticism from lawmakers, physicians, scholars, and reproductive rights organizations for many of their practices [2, 3, 11]. They strive to appear as sites offering clinical services and unbiased advice. Lay volunteers who are not licensed clinicians at CPCs often wear white coats and see women in exam rooms [3, 8]. They also purport to provide medical advice on a variety of issues, including sexually transmitted infections, early pregnancy, and abortion [3, 8]. Because centers are sometimes located close to abortion clinics and have names and logos similar to nearby abortion clinics,

women could mistakenly seek care there rather than at the intended clinic. They also seek to target women who are most likely to seek abortion, particularly low-income women and women of color [12]. These strategic practices appear designed to mislead abortion clinic clients [3, 8].

Despite looking like legitimate clinics, most CPCs are not licensed [9, 13], and their staff are not licensed medical professionals [13]. CPCs that are not licensed medical clinics cannot legally be held to the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA) [3], which could lead to violations of [client privacy](#). For example, client information might not be kept confidential, and information about pregnancy or abortion intentions might be shared with people outside the clinic [14, 15]. Some CPCs have adopted a “Commitment of Care and Competence” statement that is provided by umbrella organizations, such as Heartbeat International and Care Net [16, 17]. This statement includes provisions on patient confidentiality and accurate clinical information; however, adoption of these guidelines is optional and adherence is not regulated or enforced [3].

Perhaps most worrisome, regardless of whether a particular location is licensed, CPCs engage in counseling that is misleading or false [8]. Despite claims to the contrary, these centers do not meet the standard of patient-centered, quality medical care [18]. The counseling provided on abortion and contraception by CPCs falls outside accepted medical standards and guidelines for providing evidence-based information and treatment options. For example, CPCs often suggest a link between abortion and subsequent serious mental health problems [3], while multiple studies have invalidated this assertion [19-21]. Similarly, centers cite debunked literature showing an association between abortion and breast cancer [22]. Although abortion has been shown to be safer than childbirth [23], it is portrayed as a dangerous or even deadly procedure [7].

Contrary to the claim that many CPCs make that they provide comprehensive services and offer women “all options,” most of these centers do not provide comprehensive women’s reproductive health care, abortion care, or referrals for abortion [1, 3]. For example, CPCs tend to avoid discussion of contraception and dismiss the role of condoms in preventing sexually transmitted infections [24].

### **Are Crisis Pregnancy Centers Legal?**

The question of whether CPCs are “legal” is complicated. Centers lack regulatory oversight as they are not medical practices and do not charge for services. This exempts them not only from laws and statutes specific to medical clinics but also from Federal Trade Commission or state regulations that apply to commercial enterprises. Their practices are considered to fall under the classification of free speech, which is protected by the First Amendment [2, 11]. This makes them much harder to regulate and provides

them with a loophole to avoid scrutiny while providing information that does not conform to medical standards of care.

Multiple, largely unsuccessful legal challenges have been brought against CPCs, mainly in the form of local ordinances that require them to disclose that they are not medical centers and that they do not refer for abortion [4, 9]. One notable exception is the Reproductive FACT Act in California, which requires CPCs to offer information on where clients can obtain a full scope of low-cost or free reproductive health services. CPCs without a physician on staff must also disclose their unlicensed status [13]. This law was upheld by the Ninth Circuit Court of Appeals in October 2016 [13], but it is likely to be heard before the Supreme Court in March 2018 [25]. A ruling by the Supreme Court in favor of CPCs could definitively hamper efforts to curb deceptive practices by considering them free speech. This would be unjust because of the harms to women incurred by inaccurate information provision and by an organization's noncompliance with regulations such as HIPAA. Seeking abortion is time-sensitive; providing inaccurate information causes delays that can lead to higher costs and risks or even an inability to receive care [8]. The safety and well-being of women seeking abortion or any reproductive health care should take precedence over free speech, particularly when exercising that right can harm patients.

In stark contrast, despite receiving no federal and often no state funding [26], abortion clinics face increasingly high legal barriers [11]. Abortion clinics are strictly regulated, and abortion practice is often restricted by waiting periods, gestational age limits, and targeted regulation of abortion providers (TRAP) laws [11, 27]. Moreover, several states require medically inaccurate scripts and counseling that fail to protect free speech for abortion providers [27]. In North Carolina, where we practice, the state requires directed counseling, and informed consent must be given 24 hours prior to an abortion procedure [28]. This mandated counseling includes information on how women can see real-time images of the fetus and hear the heartbeat through an agency that provides this service for free; in other words, health care professionals must let women seeking abortion know about the existence of CPCs.

### **Are Crisis Pregnancy Centers Unethical?**

Because CPCs purport to offer medical advice and care, it seems reasonable to expect them to abide by medical ethical principles. Four fundamental principles are widely recognized as guides to practice: beneficence, nonmaleficence, respect for autonomy, and justice [29]. Beneficence requires that treatment and care do more good than harm; that the benefits outweigh the risks, and that the greater good for the patient is upheld [29]. Providing inaccurate and misleading information violates the principle of beneficence because it is not patient-centered and does not fully consider the patient's well-being. Anti-abortion ideology thus supersedes the needs, values, and preferences of the woman seeking care. Respect for autonomy is similarly not expressed, because a

key component of autonomy is having the information needed to make an informed decision and the ability to make medical decisions free of coercion. Again, by placing ideology over accurate and comprehensive counseling, CPCs violate respect for a woman's autonomy by failing to give her the tools necessary to make the decision that is best for her life and circumstances [3].

Nonmaleficence, or the idea that health care professionals should "do no harm," is violated in multiple ways by CPCs. First, because these centers might tell women they have "plenty of time" to get an abortion, they could delay access to abortion, which could lead to women missing the gestational age cut-off for abortion in a given state; expose women to more involved and slightly riskier procedures at higher gestational ages; or cause women to miss the opportunity for abortion altogether [8]. Second, false or misleading information about contraception, condoms, and abortion could lead to unnecessary anxiety or failure to use measures that protect against sexually transmitted infections [24].

From a public health standpoint, these centers endanger women by misinterpreting and misrepresenting medical evidence. States implicitly endorse these centers when they provide support for them. Women are put in a difficult position when they have to navigate a perplexing landscape: abortion is safe and legal in every state, yet some states support and promote centers that provide inaccurate information on abortion. These conflicting messages presume a level of sophistication on the part of patients—that they understand the political landscape that underlies the abortion debate and that they are able to make informed, autonomous decisions despite the misinformation that they are given [11].

Distributive justice assumes a fair distribution of resources. In the setting of CPCs, justice is violated when women are not apprised of the availability of abortion services and access to abortion is consequently obstructed. Moreover, CPCs often target low-income women and women of color, adolescents, and women with less formal education [3, 12]. By [impeding access](#) to abortion through delays, expense, or other tactics, CPCs may propagate racial, ethnic, and socioeconomic inequities [12]. Multiple factors contribute to women's seeking to terminate a pregnancy, including economic considerations, the need to parent other children, relationship factors, professional aspirations, and educational goals [30, 31]. Those who are unable to obtain an abortion might be less likely to have and achieve aspirational goals, which affect overall well-being, and are exposed to the greater health risk of carrying a pregnancy to term [23, 32].

What are the ethical obligations of CPC personnel? CPCs are often staffed by lay volunteers [13], but many have volunteers who are licensed medical professionals such as nurses, physicians, and ultrasound technicians [1]. Even in their capacity as volunteers, health care professionals should conform to the ethical standards guiding

their profession. It is less clear what the standards for providing ethical care should be for lay volunteers. However, given that the federal government and 14 states fund CPCs [13], taxpayers should expect that all volunteers adhere to accepted medical ethical standards when providing health care advice.

### **Towards a More Ethical Approach**

As nonprofit organizations, CPCs have the right to exist. Indeed, they could provide a valuable resource for some women, particularly those seeking material support for a pregnancy they plan to continue [33]. However, as we have seen, they also employ dubious communication strategies— withholding information about abortion referral, not being transparent about clinically and ethically relevant details, or using inflammatory language to scare women and dissuade them from having abortions [3, 8, 9].

Honest information about the perspective from which they dispense advice and support, in addition to forthright acknowledgement of their limitations, is essential for these centers to provide an ethical service to women. For no other medical procedure would someone who is not a health care professional seek to give detailed counseling on the risks of the procedure. CPCs should provide clear advertising and refrain from providing misleading and false information about abortion. Clear acknowledgement that no abortion referrals will be made would also be a step in the right direction. Until taxpayers can be assured that these centers conform to ethical standards of licensed medical facilities, offer sound medical advice, and do not lead to harm, states should refrain from directly or indirectly funding these centers.

Finally, health care professionals should be aware of the existence of CPCs and alert to the harms they can cause. Because primary care physicians who encounter pregnancy diagnoses may not be comfortable with options counseling [34], they should educate themselves about where women can obtain comprehensive reproductive health care locally to avoid referrals to CPCs for women considering abortion. Health care professionals also should support laws, like California's, that regulate CPCs by preventing them from withholding critical information about abortion availability from women seeking abortion.

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# Show Me Truth: an Investigation into Crisis Pregnancy Centers in St. Louis and Mid-Missouri



## FOREWORD TO OUR INVESTIGATIVE REPORT

Driving through rural Missouri or looming above I-70 in St. Louis, you can see the billboards: “Pregnant? Scared? Need help? Call us ...” To a scared young woman, these billboards seem comforting. But the organizations that put up the billboards are not always as interested in the welfare of pregnant women as their highway signs imply. Many so-called Crisis Pregnancy Centers (CPCs) want to stop women from having abortions and using birth control, and they don’t want unmarried women to have sex.

Some lure unsuspecting women with promises of free pregnancy tests or ultrasounds and then subject them to “counseling” about options that decidedly do not consider abortion, peppered with blatant lies about abortion and birth control, with generous helpings of religious proselytism thrown in. Most of them do not have any medical personnel, and they are completely unregulated.

While 96% of Missouri counties have no abortion provider, CPCs proliferate. *And* they get tax credits from the State of Missouri to push sectarian religion, provide false health information, and coerce pregnancy. While these statements are not true of all CPCs in Missouri, they are, according to our investigation, unfortunately all too typical.

NARAL Pro-Choice Missouri Foundation is proud to release our report on these “fake clinics.” We hope that our “Show Me Truth” report will be the starting point toward regulating them. We hope our report makes you as concerned as we are.

## EXECUTIVE SUMMARY

### So What Exactly is a “Crisis Pregnancy Center?”

Crisis Pregnancy Centers (CPCs) are anti-choice organizations that often pose as legitimate reproductive healthcare providers. Often, they set up their locations near actual women’s clinics such as Planned Parenthood. They advertise on billboards, online, and in the phone book an array of services, such as pregnancy testing and counseling about a pregnant woman’s options. **What these fake clinics don’t always advertise is their agenda.**

They are generally operated by anti-choice organizations. Almost none have doctors or nurses on staff, and some are staffed entirely by anti-choice volunteers, whose training is uncertain. Many employ coercive and shaming tactics to get women to continue a pregnancy, practice abstinence, and swear off birth control. They provide biased counseling and blatantly false health information, perpetuate gender stereotypes, and often aggressively push Christian beliefs on the women and teens who go there. In Missouri, many of the fake clinics receive tax credits, so taxpayers are in some measure subsidizing both erroneous medical and social facts as well as religious proselytism.<sup>1</sup>

In debate on an anti-abortion bill on the floor of the Missouri House of Representatives on March 17, 2011, an anti-choice representative offered a story about a 15-year-old who had wandered into a CPC seeking an abortion. “She had not gone to a Planned Parenthood-type facility, but into the Lighthouse Ministry in Kansas City. They don’t do abortions there. It was the hand of the Lord at work,” he said.

During the 2011 legislative session, a resolution appreciating CPCs resoundingly passed. During the 2012 legislative session, six bills were introduced to protect CPC funding streams and tax credits, ranging from renewing the sunset date on the original Alternatives to Abortion Program, which contains the tax credits, to completely immunizing CPCs from regulation—including regulation under consumer protection laws. House Bill 1357, which fortunately did not complete its passage through both chambers in order to become a law in 2012, would have prevented any municipality in Missouri from requiring disclosures about services (or the lack thereof) provided by CPCs. The legislative rationale was the religious liberty of CPCs. Without question, House Bill 1357 was a home-grown preemptive strike against pro-choice successes in passing ordinances across the country requiring disclosure of whether a CPC actually offers medical services provided by a licensed professional, provides medically accurate information, or refers for abortion services – in other words, that seek to rein in CPCs’ deceptive practices.

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<sup>1</sup> We realize that a tax credit is not the same as a direct budgetary outlay, which Missouri also has. Any state is free to set its tax policy in accordance with legislative priorities. CPCs also are nonprofit entities, and hence tax-exempt. (Missouri’s tax-credit schema is embodied in Mo. Rev. Stat. ch. 135, sec. 135.630 et seq. ) Nonetheless, CPCs are demonstrably proselytizing with their oral communications and their written materials. During Missouri’s 2012 legislative session, state funding for programs assisting blind Missourians was cut from the budget, and although ultimately restored, the funding and tax credits for CPCs advanced steadily through the General Assembly, without a quiver.

In Missouri, data-collection notoriously runs a year or two behind—in part because healthcare data is not always able to be crunched within a year, and budgets have been slow to be adopted over the past couple of years.

Ten of the CPCs we investigated were eligible for state tax credits in the last fiscal year. Of these, only one functions primarily as an adoption agency and makes no pretense of any other services. That agency, in 2009 and 2010, received tax-credited donations of \$74,740. One of the facilities we investigated that religiously proselytized, and which does not specialize in adoption, received \$281,959.32 in 2009 and 2010. Another received almost \$37,000 in the same period. Another received almost \$60,000. Still another took in just shy of \$492,000.00. As last reported for 2010, although the tax credits technically are aggregately capped at \$2,000,000 total a year, because they can be rolled over into the subsequent tax year, they amounted to \$2,756,136.10 in the years 2008 and 2010. (*See* Addendum.) Direct budgetary outlays are discretionary with the Governor and the legislature and vary from year to year. Unfortunately, the political reality is that unrelated bills—such as bills to fund foster care and food pantries—wind up getting amended with budgetary allotments for CPCs in the House Appropriations Committee. Since the pro-choice movement cares about children in being—and about their safety and their being able to eat—it cannot always stop direct budgetary outlays or even oppose them with great effectiveness, given the pro-choice movement’s legislative allies’ commitment to helping children lead healthy lives. <sup>2</sup>

### **NARAL Pro-Choice Missouri Foundation’s Investigation of CPCs**

We have been aware for some time that facilities operating in the St. Louis metro area that claim to offer “options counseling” — meaning *all* of a woman’s reproductive options including abortion — instead . . . discourage abortion, discourage birth control, and promote non-marital abstinence and explicitly Christian beliefs. (For one thing, we conducted a study of them in the 1990s.) Other NARAL affiliates in Maryland, North Carolina, Virginia, and Texas undertook investigative work and found myriad abuses of public trust by way of deceptive and coercive practices.

From 2010-12, with funding from NARAL Pro-Choice America Foundation and the National Institute for Reproductive Health’s Urban Initiative Program, we launched our investigation into 23 CPCs in the St. Louis metro area and four others in the mid-Missouri area, as well as public funding streams.<sup>3</sup> Since these entities frequently morph into other entities or fold, ultimately 21 of the facilities remained. We were unable to schedule appointments at some clinics because of limited hours or demands for personal information that

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<sup>2</sup> Missouri ballot initiatives require the state auditor to supply a fiscal note, giving an estimate of the net impact on state revenues that a particular ballot initiative will create. The House Committee on Legislative Research, Oversight Division, is similarly tasked for legislation. The fiscal note for the 2011 reauthorization of the tax credits lists zero net impact for fiscal years 2012-14. However, the Committee note states: “This proposal will reduce general and total state revenues.” The auditor’s office was unable to project as of FY 2012, because of the rollover feature, how many tax credits would be redeemed, and thus reported a potential increase in credits up to \$2,000,000. It was explicitly noted that this money for the tax credits was taken from the public schools.

<sup>3</sup> We visited facilities in the towns of Hermann, Jefferson City (Missouri’s capital) and Columbia (home of the University of Missouri’s main campus and several other colleges).

might have jeopardized our investigation. We were able to gather evidence on 13 of them in St. Louis and an additional three in Mid-Missouri.<sup>4</sup> Of these, two provided medically accurate information and one provided a referral upon request to Planned Parenthood for birth control, but even at that facility, the counselor proselytized. The vast majority, through verbal interactions or written materials they provided, betrayed the fact that they do not give true “options counseling” even if they claim to, and that they condemn abortion and will not refer a woman for it. This is, of course, consistent with Missouri’s Alternatives to Abortion Act—which forbids any state funds going to refer for or counsel for abortion.

## Our Findings

Analysis of the data collected by our volunteers showed a systematic pattern of providing misleading information. While the majority of these facilities claim to provide counseling to women about their reproductive options, it became apparent upon personal inspection that they provided inaccurate information, sought to dissuade a woman from having an abortion, discouraged birth control, and disproportionately sought to get visitors to the facilities to convert to Christianity and practice abstinence. (All of our volunteers posed as unmarried individuals.) The entire context was intimidating and manipulative. Our data for both locations are summarized in charts as an addendum to this report. Here are our key findings for St. Louis area clinics.

- 69% of CPCs in our study told women that hormonal birth control increases the risk of infertility either directly or in written materials they provided.
- 92 % of CPCs refused to tell the woman where she could obtain birth control.
- 100% of CPCs refused to refer for abortion care services when asked.
- 54% of CPCs in our study stated or implied that condoms are far less effective in preventing sexually transmitted infections, HIV/AIDS, and pregnancy than they actually are (with one suggesting that condom use actually increases the risk of HIV infection).
- 28% told women or implied in their written materials that abortion increases the risk of breast cancer.
- 92% of testers were not given the opportunity to speak to medical staff.
- 85% of testers were not given any information about the type of pregnancy test used by the facility.
- 38% told women or implied in their written materials that abortion increases the risk of infertility.
- 70% advocated abstinence-only until marriage.
- 62% employed nominal financial incentives, from free pregnancy tests to a “baby boutique” where pregnant women could shop for items for their babies.
- 92% of CPCs did not have a nurse or doctor on staff. (However, at least one facility did tell our tester to see her doctor.)
- 69% of CPCs engaged in religious proselytism.<sup>5</sup>

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<sup>4</sup> An additional facility was closed when we visited, even though we visited during its stated operating hours. A woman who had brought clothing to donate was waiting outside as well. It remained closed, and our tester left after waiting for 30 minutes.

<sup>5</sup> A tester at two facilities was not given any written materials after her pregnancy test was negative; this lowers the statistic.

It is clear from our research that these CPCs endemically abuse options counseling by presenting motherhood as the only option and speaking of abortion, if at all, as murderous, traumatic, and destructive.

### **Unlicensed CPCs**

CPCs operate without medical regulation in the State of Missouri. Although a CPC may counsel thousands of women a year, they are not required to have any medical, psychological, or social work personnel — indeed, almost all that we surveyed were staffed by volunteers. Having clients read their own pregnancy tests that the CPC had provided free of charge technically means that the CPC is not offering a medical service, enabling the CPC to skirt any regulations that otherwise might apply in other jurisdictions in which CPCs operating outside Missouri within the same “chain” might have to comply, for example.

### **Taxpayer Funding of CPCs**

On July 11, 2006, Missouri’s governor signed into law the “Pregnancy Resource Center Tax Credit Act,” which creates a tax credit for donations to crisis pregnancy centers. Tax credits are earned for half the value of donations between \$50 and \$100, up to \$2 million annually. Then-Governor Matt Blunt signed the bill at Open Arms Pregnancy Center, a CPC. At the signing ceremony, he stated his desire to “build a culture of life” and opined, “Your money is better spent here than at Planned Parenthood.”<sup>6</sup> Funding streams for CPCs have been extended in recent years through Missouri’s “Alternatives to Abortion Act.”

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<sup>6</sup> Jason Rosenbloom, “Pregnancy Centers Rate Tax Credit,” *Columbia Daily Tribune*, July 11, 2006.

## Our Findings Up Close

Our analysis of the data, including the on-site reports of our volunteers, is troubling. Here is a snapshot of what we found:

*The facility was in a small, half-abandoned strip mall across from a hair salon. The waiting room was a handful of chairs and a massive quantity of "Guideposts" magazines. There was another door that said "Please Knock." I knocked, someone came out, gave me a form to fill out, and then knocked again when I completed the form to be showed into the counseling room. In addition to the counseling room which had a couch and a few chairs and several fetal models displayed and other posters/pamphlets with religious messages, you had to walk through the ultrasound room (which had fetal-development posters hanging behind the ultrasound screen to walk to the bathroom where you self-performed the pregnancy test).*

Leah, tester

*There were pictures of fetal development on the walls, posters advocating abstinence on the walls of the bathroom and little plastic fetuses in a cup on the desk in the exam room! She advocated an abstinence-only sex life and said that girls my age have a 92% chance of getting pregnant if they have sex regularly. There was a lot of anti-abortion literature around the office and my opinion about abortion was required on the questionnaire that I filled out when I got to the "clinic." There was a booklet about abortion making God cry.*

Stephanie, tester

*She said that it was a pro-life organization and that they didn't perform abortions or give referrals for them. She also said that they had no actual medical staff — just counselors who were "very good at talking to people." She did the test in a back room and then invited us in so she could talk to us in private. She was actually pretty nice; she asked me whether or not I wanted Tyler to come in with me and didn't seem to mind when I said yes.*

*Also there was a bucket of baby clothes/toys that were free and in one of the backrooms there were TONS of diapers. It seemed like they really wanted to give out stuff so people felt less overwhelmed having a baby.*

Stephanie, tester

## EC and Birth Control

Materials distributed by CPCs to visitors included fliers designed to resemble medical brochures such as a doctor would give his or her patient to describe contraceptive devices, but the content is anything but scientific and objective. When we open it we learn that it works to “kill an already conceived individual”; that it is “a serious drug that can have serious consequences up to and including the abortion of a baby”; and that it “seems convenient but it can end a life.” The same brochure advises that Plan B “alter[s] what your body does naturally (the releasing of an egg) into something unnatural,” which can cause nausea, vomiting, life-threatening ectopic pregnancies, and infertility. The fertilized egg is referred to as “the little person.” A newly fertilized egg “is a human being waiting to grow up and be born.” The pamphlet concludes: “Why not avoid the risks and side effects of the morning after pill altogether? Abstinence is the only 100% effective method to prevent pregnancy (and sexually transmitted diseases).”

A similar brochure on Depo-Provera falsely claims that it doubles the risk of breast cancer, causes depression, and increases a woman’s risk of contracting chlamydia and gonorrhea.<sup>7</sup> If the scare tactic doesn’t work, perhaps guilt will: “Making the choice not to use birth control pills can be difficult, but please consider that a human life may be saved or lost depending on your decision.” If oral contraceptives do increase the risk of breast cancer, authorities agree the increase is slight and that other factors are involved, such as early puberty, late menopause, the period and age of use, and how prolonged the use was. Conversely, as recognized by the National Cancer Institute, oral contraceptives significantly lower the risk of ovarian and endometrial cancers.<sup>8</sup>

### Snapshot of a CPC visit

*I asked her if she could tell me where to get birth control. She said no. This facility was located near an actual hospital and a couple of medical buildings. My male friend asked what we could do about an abortion while I was taking my pregnancy test. The woman said it was a pro-life organization that didn't perform abortions or give referrals for them. When I wondered about the presence of actual doctors or nurses, she said there was no medical staff, "just counselors who were very good at talking to people." There was a bucket of baby clothes that were free and in one of the back rooms, there were a lot of diapers. She told me about Medicaid and adoption.*

Stephanie, tester

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<sup>7</sup> The package insert for the contraceptive says no such thing. Pfizer & Upjohn Company, “DEPO-PROVERA<sup>®</sup> Contraceptive injection,” 2006 May, Pfizer, 11 March 2011 <[http://media.pfizer.com/files/products/ppi\\_depo\\_proveracontraceptive.pdf](http://media.pfizer.com/files/products/ppi_depo_proveracontraceptive.pdf)>

<sup>8</sup> National Cancer Institute Fact Sheet, *Oral Contraceptives and Cancer Risk: Questions and Answers*, available at <http://www.cancer.gov> (retrieved March 17, 2011).

## **“Condoms Break and You’ll Get a Nasty Disease”**

The CPC message about condoms is intimately tied to its message about abstinence. The brochure “Condoms: What You Should Know,” distributed at some of our studied CPCs, states:

**Condoms have been shown to provide some risk reduction for some STD infections. But, isn’t this like playing Russian roulette? That’s the game where one bullet is put in a six-shooter’s cylinder, the cylinder spun and the gun pointed at your head and fired. In chamber one, you have a condom that breaks and you get syphilis, in chamber two, you have an STD that condoms don’t protect against very well, in chamber three you have a routinely fatal disease ... The health care philosophy in America assumes you are incapable of making choices that will completely protect you from STDs and pregnancy. It assumes that you cannot make a choice to save sex until you are married. That is why condoms have been so widely promoted, even when their limitations are well known.**

In reality, condoms are highly effective at preventing pregnancy and STIs. When condoms are used consistently, unplanned pregnancy results only 3% of the time.<sup>9</sup> Similarly, the HIV infection rate for partners who use condoms consistently is less than 1%.<sup>10</sup> To tell women that condoms do not protect against pregnancy and STIs is not only an outright lie, but also affirmatively dangerous. Intimately tied to the false messages about condoms is a heavy emphasis on abstaining from non-marital sex.

A clinic tester was told that having sex with a person who had had sexual relations with 12 partners would expose her to the sexually transmitted diseases of thousands of people. The brochure she was given says 4,095, to be exact.

The truth is that, while unprotected sex in general could expose a person to sexually transmitted infections (STIs), there is no basis in fact for this statistic. Married people, too, get STIs.

## **Exponential Exaggeration of the Risks of Abortion**

Early abortion performed by a qualified doctor in a medical setting is a safer procedure than a tonsillectomy<sup>11</sup> — but not according to the materials a local CPC might give you. One visitor was given a pamphlet called “You’re Considering an Abortion: What Can Happen to You?” The pamphlet lists every conceivable complication, no matter how rare, using loaded language. Women are told they could suffer a perforated uterus or bowel, leading to deadly inflammation — or necessitating a colostomy bag.

The brochure falsely claims that there is a link between abortion and cancer, when massive governmental studies have demonstrated otherwise.<sup>12</sup> The brochure falsely claims that women

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<sup>9</sup> “Effectiveness of Male Latex Condoms in Protecting Against Pregnancy and Sexually Transmitted Infections.” World Health Organization. <http://www.who.int/mediacentre/factsheets/fs243/en/index.html>

<sup>10</sup> Ibid.

<sup>11</sup> “Facts on induced abortion in the United States.” Guttmacher Institute. January 2011. [http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://www.guttmacher.org/pubs/fb_induced_abortion.html).

<sup>12</sup> Ibid.

who have had an abortion are 8-20 times more likely to have a dangerous ectopic pregnancy (a fetus growing in the Fallopian tube) that may cause them to bleed to death. Of course, 8-20 is a fairly wide statistical variation.

**Other scary — and completely manufactured — horrors are recited:**

- Subsequent live-birth children are more likely to die in their first months of life, and could have low birth weight.
- A woman will bleed more in the first trimester of future pregnancies and have a more complicated delivery than if she had not had an abortion.
- Having an abortion can “damage your reproductive system and make it impossible for you to have a normal pregnancy later in life.”
- Women who’ve had abortions are more likely to give birth to premature babies.
- “One to 14 percent” of women who had abortions will require a blood transfusion and a blood transfusion can give you hepatitis.
- “Mild fever and sometimes death” occurs when there is an infection from an abortion. This happens in anywhere from “1-in-4 to 1-in-50” women.
- The doctor could leave fetal parts in the woman.
- The cervix could be lacerated and go undetected, giving the woman even chances of miscarrying in a subsequent pregnancy.
- “Between 1-out-of-40 and 1-out-of-400” women who abort experience a perforated uterus, causing inflammation or rupture.
- Deadly conditions such as placenta previa are “6 to 15 times” more likely in the subsequent pregnancies of women who have had an abortion.
- Women will suffer post-traumatic stress disorder “frequently” after an abortion.
- Women whose doctors did not check the blood type of the aborted fetus can hemorrhage, and if the fetus was an incompatible blood type with the woman, it could mean that future babies would be stillborn, die soon, or need an immediate transfusion at birth.
- Women who’ve had an abortion have 3-4 times greater risk of sterility than women who have not.

Not only are these claims mainly false, but the most recent source cited in the pamphlet for many of these extravagant claims was 1987; other sources are dated in the 1960s and 70s — hardly cutting edge. Should anyone citing such wildly variant “statistics” as “between 1-in-4 and 1-in-50” or “between 1-out-of-40 and 1-out-of-400” be given public confidence or support to perform counseling functions, or receive any degree of public support whatsoever?

**Abortion is “African-American” Genocide**

All over the country, billboards have been springing up that inform drivers from Atlanta to St. Louis that “the most dangerous place” for an African American is the womb. One of the “counselors” handed a white tester a pamphlet published by Dayton Right to Life that claimed that African-Americans have been “targeted” for extermination by pro-choice people.

Even if black women did proportionally have more abortions than white women, this claim denies their moral agency and their capacity to make decisions for themselves. It portrays them as the unwilling dupes of white eugenicists, or worse yet, as race-murderers. African-American women,

like all American women who make choices about pregnancy and abortion, make those choices conscientiously.

African-Americans have fought back against this cynical attempt to frame them in these terms. (For more information about how women of color fought back against these “race-genocide” tactics, visit <http://www.sistersong.net>.)

### **“Abortion (and Birth Control) Cause Breast Cancer”**

Visitors to some CPCs were given a pamphlet entitled “Breast Cancer Risk from Abortion.” The pamphlet advised them that birth control pills and abortion greatly increase a woman’s risk of breast cancer, whereas a woman reduces that risk with every child she bears. It says that should a woman develop breast cancer during pregnancy, she should have the baby because it will increase her own survival rate by 20%. The pamphlet contains contact information for a variety of Catholic entities that can provide information on “natural family planning.”

In fact, no definitive link between birth control pills and breast cancer has been shown.<sup>13</sup> The idea that abortion causes breast cancer has been discredited for some time.<sup>14</sup> Massive federal studies and studies published in reputable peer-reviewed journals have made this abundantly clear. Yet CPCs perpetuate this lie.

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<sup>13</sup> “Oral Contraceptives and Cancer Risk: Questions and Answers.” National Cancer Institute. <http://cancer.gov/cancertopics/factsheet/Risk?oral-contraceptives>

<sup>14</sup> “Facts on induced abortion in the United States.” Guttmacher Institute. January 2011. [http://guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://guttmacher.org/pubs/fb_induced_abortion.html).

*I was given “Your First Nine Months” — showing fetal development week by week. The staffer handed me an “Abortion Raises Breast Cancer Risk” pamphlet first — and said “this pamphlet is most important” when she did — she said that having an abortion raises the risk of a woman having breast cancer by 50%, because when a woman becomes pregnant her breast tissue begins to change and her hormone levels change. She said that when you have a miscarriage the hormone level and cells change back normally, but with an abortion, they drop off immediately and that’s why the risk of breast cancer is higher. She gave me two pamphlets about how abortions are done, one that only talks about “partial birth abortion,” which she described in detail as a “baby that is fully delivered, except for the head. Then the doctor slices the skin at the baby’s neck in order to vacuum out the brain and deliver the baby the rest of the way.” She said that suction aspiration is the most common type of abortion, and in it they “use a vacuum that breaks the baby apart and sucks it out.” She also handed me a CareNet “Before you Decide” pamphlet and “The Pain that Follows — Coping After an Abortion.” She also gave me “Hope for the Future,” which is sections of the New Testament interspersed with a young woman’s story about getting pregnant.*

Leah, tester

## “Abortion Trauma Syndrome”

Visitors to some CPCs were given materials prepared by Focus on the Family telling them that women who have had abortions are guilty, angry, and grieving — and even unable to “come to peace with God.” While CPCs have a right to their religious beliefs, it is a matter of serious concern when a taxpayer-funded organization wields political and medical inaccuracy as a tool to “guilt” and shame women. No entity that claims it wants to “help” women should place forwarding its ideological agenda ahead of giving her comprehensive healthcare information (like information about all her reproductive options).

Anti-abortion activists have long hoped to find scientific support for their claims that abortion causes a range of negative effects. One of the most common allegations is that abortion causes higher rates of depression. Expert medical and health organizations have found no such evidence. Nonetheless, our testers found this to be a theme among the CPCs studied. A pamphlet titled “Healing the Hurt”<sup>15</sup> says that a woman’s initial relief at terminating an unwanted pregnancy, over time turns to anxiety and a profound sense of loss because women try to repress their grief and shame. Women who have abortions, the pamphlet says, may have the following signs of stress:

*Guilt from violating your own sense of morality; Self-destructive behaviors such as eating disorders, alcohol and/or substance abuse, abusive relationships, promiscuity; Re-experiencing events related to the abortion: memories or nightmares including lost or dismembered babies; Anxiety that leads to headaches, dizziness, pounding heart, abdominal cramps, muscle tightness, difficulty sleeping; Psychological numbing: your unconscious vow to never let anything hurt this badly again hampers your ability to enjoy emotional intimate relationships; Depression, which reveals itself through deep sadness, sudden and uncontrollable crying, poor self-concept, sleep and appetite disturbances, loss of normal sources of pleasure, even thoughts of suicide; Preoccupation with becoming pregnant again: an unconscious hope of replacing the baby you aborted; Trouble in bonding with other children, either by being overprotective or feeling detached from them; Anniversary reactions: an increase in symptoms around the time of the anniversary of the abortion, the due date of the aborted child, or both.*

The pamphlet reminds the reader that God forgives any sin, but that women must learn to forgive themselves for the sin of an abortion before they can heal emotionally. It advises women who have had abortions also to “grieve the loss”: “the need to grieve a pregnancy loss fully is well-documented, and for good reason. But you may cry out, ‘How do I grieve the death of a child when I was the executioner?’ Some ways to work through your grief include thinking of your child as a real individual, naming the baby, writing out your feelings about your child, and even having a quiet, private memorial service. Many pregnancy resource centers host small, confidential groups where you can take this path together with other women.”<sup>16</sup>

<sup>15</sup> Prepared by Teri K. Reisser and Paul C. Reisser, M.D. The copyright is to Focus on the Family.

<sup>16</sup> Indeed, a St. Louis clinic tester received a handout that referenced a Bible study group for “post-abortion support,” with “grieving the loss” therapy consisting of Scripture and discussion of a book dealing with reconciling oneself to loss.

The pamphlet directs readers to a website that contains a litany of false information about abortion and post-traumatic stress disorder, and selective excerpts from medical studies to make it appear that reputable sources support their position — when the opposite is true.

Another brochure given to a clinic visitor, “Before You Decide: An Abortion Education Resource,” cites the claim of a man named David Reardon that abortion increases the risk of the woman’s suicide astronomically. The claim is incredible on its face since one in three women will have abortions in their lifetimes and they’re not killing themselves. But “Dr.” Reardon is, by training, an electrical engineer, much as many of the CPC staff are by training “volunteers.” His doctorate in bioethics is from an unaccredited institution that offers only online courses and which has no classrooms. In 2007, he and his ostensible think tank, The Elliott Institute, filed a ballot initiative that would have banned abortions in Missouri.

Women may feel a range of emotions after an abortion, but there is no legitimate scientific or medical study showing a link to depression. The American Psychiatric Association does not recognize any phenomenon known as “abortion trauma syndrome” in its definitive manual delineating psychological illnesses or impairments, DSM-V. While some women might regret having an abortion, the leading studies show that the chief emotion experienced by women following an abortion is relief.<sup>17</sup> Moreover, a study published in a leading medical journal in 2011 revealed that teenagers do not suffer from “trauma” related to abortion.<sup>18</sup> This doesn’t stop some CPCs from relying on bogus or bad studies from decades ago to try to dissuade women from having abortions. This is typical of their pattern: employ false science as a tool of manipulation and fear.

### **Gender–Stereotyped Messages**

Some clinic visitors were told that men had physical needs and were sexually motivated, whereas women’s needs and motivations are emotional. Here is a sample brochure:

**Guys and girls have conflicting goals. Guys are looking mostly for physical pleasure. They are driven by their hormones and what they see and feel at the moment. Girls are almost always looking for a lasting relationship. For them, sex is something in the future that is a result of that long term relationship, not something that starts it.**

**If you are a girl, dress like you expect to be treated with respect. Guys are stimulated by what they see. The way you dress sends a strong message, so be sure it’s the one you want to send.**

**The responsibility of saying “No” always seems to fall on the girl. Although that may not be fair, it’s just the way things are.**

<sup>17</sup> Broen, Anne, et al., “Course of Mental Health after Miscarriage and Induced Abortion: A Longitudinal, Five-Year Follow-Up Study.” BMC Medicine 2005. 3:18.

<sup>18</sup> <http://www.npr.org/2011/01/27/133237875/study-abortion-don-t-cause-mental-health-issues>.

Another brochure, “Intimacy: The Difference Between Men and Women,” advises:

**As a woman you probably see intimacy much differently than a man would. It really isn't about sex at all. Like most girls you probably see in your future an ideal marriage with the man of your dreams. Of course, he is handsome and strong. But, more importantly, he deeply cares for you and respects your feelings. He wants to be emotionally intimate with you, and sex is just one more way to show you that he feels that way. The trouble begins in the real world**

### Religious Proselytism/Ideological Directives

*She shared personal stories, and said that she “got into this” because her daughter’s friend had an abortion at eighteen and it’s now 10 years later and she is still dealing with “the consequences.” Before she gave me abortion information, she told me this and said that her daughter’s friend now says that “if she had known then what she knows now, she never would have had an abortion.” She also said that she wants to make sure that all women are really well informed before they choose to have an abortion and so they were happy to give me more information and pamphlets (which she definitely did).*

*She mentioned Hope Clinic and said that women walk in the front door and walk out the back door because any woman going in that saw the emotional state the women leaving here were in, would choose not to go through with an abortion. She said that immediately after an abortion you might feel relieved, but that the effects last for many weeks and years afterwards and are often delayed. She said that you might feel sad every year around the time the baby was supposed to be born, or that you might wince or react negatively when you hear a vacuum or dentist’s drill. She said they have support groups for post-abortion.*

*The staffer said that they see many women who come in for post-abortion counseling. The counselor said that many women have physical complications from pregnancy but that more so, women have emotional effects like years (and decades) of guilt, flashbacks “cyclical depression,” etc.*

Leah, tester

We have no objection to a CPC’s religious affiliation alone, and CPC volunteers and staff should of course be free to express their religious beliefs. (Some CPCs throughout Missouri, including some surveyed, disclose that they are religious on their websites, which is fair disclosure for website viewers.) However, our testers found that CPCs used religion as a tool to intimidate, shame, and attempt to coerce women, sometimes without disclosing until the counseling is well underway that they are sectarian organizations. Delays in disclosure could be coercive. The concern is magnified when the public is involved. Taxpayers should not be funding intimidation.

CPC-distributed materials are shot through with religious, sectarian content. This is particularly troubling in Missouri because they receive not only tax credits, but direct funding through the budget. At one “clinic,” a woman was informed by an earnest counselor that men want sex, but women want to give their hearts. A tester reported that her counselor revealed that now that she was married, she had sex with her husband even if she didn’t want to because she knew that he had pent-up ejaculate that his body required him to release. The counselor provided her with a brochure detailing “10 steps to a Committed Relationship,” *i.e.*, one culminating in heterosexual, monogamous marriage. Then she offered to pray over the tester.

*The counselor was eager to help. She told me about parenting classes and earning “baby bucks” to shop at the “baby boutique.” She gave me brochures about committed relationship and the benefits of waiting until marriage to have sex, brochures about fetal development with pictures and illustrations — a few brochures about abortion’s “risks,” physical and emotional. She gave a half-sheet detailing legal complaints about the Planned Parenthood down the street (with case citations), a sheet about how abortion is black genocide, pamphlets about condoms, emphasizing that they aren’t effective and that abstinence is the only effective birth control.*

*She told me that condoms sometimes have holes and that buying a condom is like buying a bag of balloons and expecting that not one will have a hole in it. She talked to me a lot about how I felt about having “casual” sex. The abstinence-based materials were heavily reliant on language about marriage.*

*She gave me several pamphlets about Jesus and accepting Jesus as my savior. The counselor seemed genuinely concerned about me. She was very interested in talking to me about Christianity and revealed early on that she was coming from a Christian perspective. She told me that there are a lot of lies about sex in our culture. She told me that if I aborted my baby, I’d be depressed, especially on my due date (which was supposedly October 10, if I had been pregnant) and on Mother’s Day. She said there’s no going back after you know you’re supposed to become a mother and then you don’t end up with the child. She talked a lot about how women’s bodies are made to have babies and we should be fulfilling that purpose. She gave me a pamphlet about “abortion trauma syndrome” that talks about God and Jesus.*

*I specifically asked about birth control, but she didn’t give me information about that. She said they’re making us into “guinea pigs” for their contraceptive methods and that our bodies should be used for “natural” purposes. She continued to discourage me from having sex outside of marriage. She gave me a brochure about accepting Jesus and explained her own “journey” with Jesus to me.*

Paige, tester

This facility's brochure claimed that it provided "options counseling," but it disavowed abortion, made no abortion referrals, and wouldn't even provide requested information about birth control. Other women who went to one of these "clinics" were given further religious materials. One tester received an abbreviated Bible with a foreword and epilogue by "Brandy," a girl who got pregnant in high school and chose to deliver the child. "Brandy" wound up divorced, became a Christian, and the boy who had been her boyfriend once but had practiced abstinence, later married her, and adopted her daughter.

One tester who visited a facility learned that it was actually an adoption counseling organization. Staff there referred her to Birthright, Thrive or Planned Parenthood for an ultrasound. Despite the mention of Planned Parenthood's ultrasound services, this facility's counselor gave the woman a pamphlet telling her that she could "feel good" about one choice and remember giving birth (adoption) or remember taking a life (abortion).

The staffer at the adoption facility that referred the tester to two CPCs and one legitimate provider for ultrasound services, while considerate and attentive, "repeatedly referred to abortion as an 'easy' alternative" and said that women choose it to "not have to wade through all the complicated feelings" they experience about an unplanned pregnancy. She prayed for this visitor at the end of their talk and made it clear throughout that, as a Christian organization, they believe that abortion is murder.

At a clinic that did not offer "all-options" counseling, a brochure, *Making an Informed Decision About Pregnancy*, was distributed. It informs women who went to an actual abortion-care facility that they "have the right to know all of [their] options and any other factor that might affect [their] decision to have an abortion." However, the pamphlet stating this includes numerous Christian scriptural verses.<sup>19</sup>

The Christian fundamentalist group Focus on the Family, which has given grants to Missouri CPCs in the past, has adopted a more therapeutic than judgmental tone latterly regarding abortion, in media appearances anyway. At CPCs in Missouri, Focus on the Family's 2001 material quoting Bible verses having nothing to do with abortion still are being appropriated for the political propositions that doctors who perform abortions are "cursed" and that Christians will be held accountable for not preventing abortions. The brochure states that women do not have control over their own bodies because they belong to the Lord.

In Missouri, CPCs get tax credits and direct budgetary outlays to hand out this material. However sincere they may be, and however much they have a right to have and to act on their religious beliefs, they should not get taxpayer subsidies to push an ideological agenda. At a minimum, a facility receiving state funding should be subject to state standards requiring that those funds be used only for secular counseling.

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<sup>19</sup> Another location from the same office claimed to provide women information about options. Options include abortion, and this "options counseling" excluded abortion and birth control and gave false information about the "risks" of each.

*I had told the woman that I had been on oral contraceptives and had gone off them a while ago. She asked what type I had taken and when I said a brand name, she said that many oral contraceptives have side effects that can affect your cycle and that starting them at a young age can affect your chance of breast cancer. I told her I was still sexually active and she asked if I had considered abstinence and that abstinence would “take care of my worries.” Bryan, my boyfriend, was in the waiting room, and she had asked for his name earlier. She said, “If Bryan really loves you, he would honor your decision to be abstinent.” When I told her I was in a committed relationship and felt emotionally supported and that my sexual behavior felt healthy, she said that sex is special, that it’s created by God, that it’s meant to be shared by a man and a woman in the marriage environment, and that we could always wait until we were married to choose to have sex.*

*Within 15 minutes we had the pregnancy test. It was negative. She was very, very talkative and kept handing me pamphlets and more information about abortion (mainly how they are done by breaking babies into bits, along with the emotional and medical side effects), adoption, and abstinence. Towards the beginning her tone was more medical, and several of my questions she said would be best answered by a doctor. Towards the end of the conversation, she started asking more and more about my relationship, my plans about marriage, my religious beliefs, if I attended church regularly, etc. She talked about God’s plan and how He has created everything, including my potential baby (that was clearly no longer a potential). In the end, she asked if she could pray for me, and when I seemed uncomfortable, she said that I didn’t have to if I didn’t want to. I consented (curious!) and she just prayed for guidance for me. One of her last comments was about how if something happened to me on the way home, I would want to know that I knew that I was safe with God (presumably when I’m dead).*

Leah, tester

The numerous other examples of religious proselytism made our testers acutely uncomfortable. Imagine that you were not Christian (or even religious), but just some possibly pregnant woman who walked into the CPC, expecting help—expecting medical services or a medical referral—especially if you tested positive for pregnancy and were given an ultrasound, and did not learn of the facility’s bias until later in the counseling. The context would be highly coercive.

No matter what a woman’s religion or irreligion is, when a facility has purported it will give a woman the full range of pregnancy options, that is what she expects when she walks in the door. If a CPC supplants the health-care information it has promised, it could have dangerous implications for a woman’s health. Whatever choice she makes about her pregnancy, a woman needs comprehensive and accurate information. False promises of such counseling could negatively impact her health by delaying her from accessing the full range of health care services, from prenatal services to abortion care.

NARAL Pro-Choice Missouri Foundation believes that women are entitled to the full range of their reproductive options—from healthy pregnancies through terminations within the legal framework initially established by Roe v. Wade. We believe that women are entitled to all the genuine, evidence-based medical knowledge that will help them to make informed decisions. That does not include ideologically driven “facts” or discredited science that can serve only to harass, intimidate, and manipulate women who are seeking help.

**NARAL Pro-Choice Missouri Foundation is committed to exposing the truth about Crisis Pregnancy Centers! If you or someone you know has been deceived by one of these facilities, call us at (314) 531-8616. We’d like to hear your stories.**

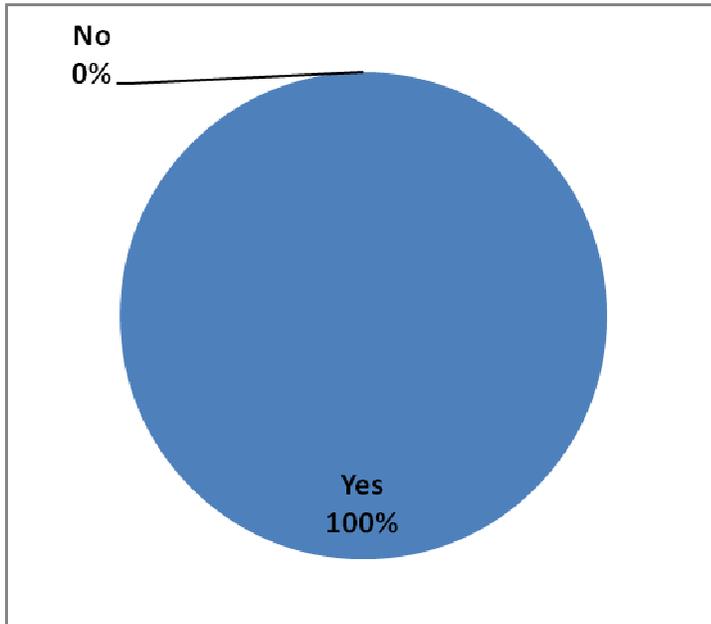
**Survey work was conducted by volunteer testers posing as potentially pregnant young women with or without companions, whether friends or male sex partners. All presented themselves as unmarried persons having non-marital sex.**

**For some questions, testers may have selected more than one checkbox, so percentages may add up to more than 100% for St. Louis facilities. These questions are marked with an asterisk.**

## Summary of Responses – St. Louis Area

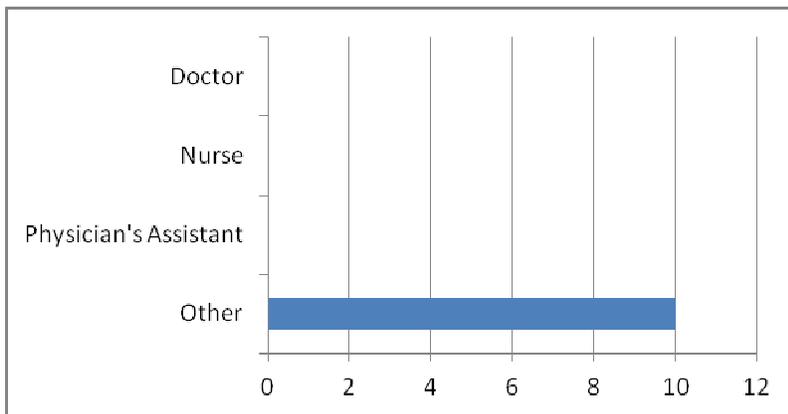
### Phone Call Results

I think I might be pregnant. Can you help me?



	N	Percent
Yes	13	100%
No	0	0%

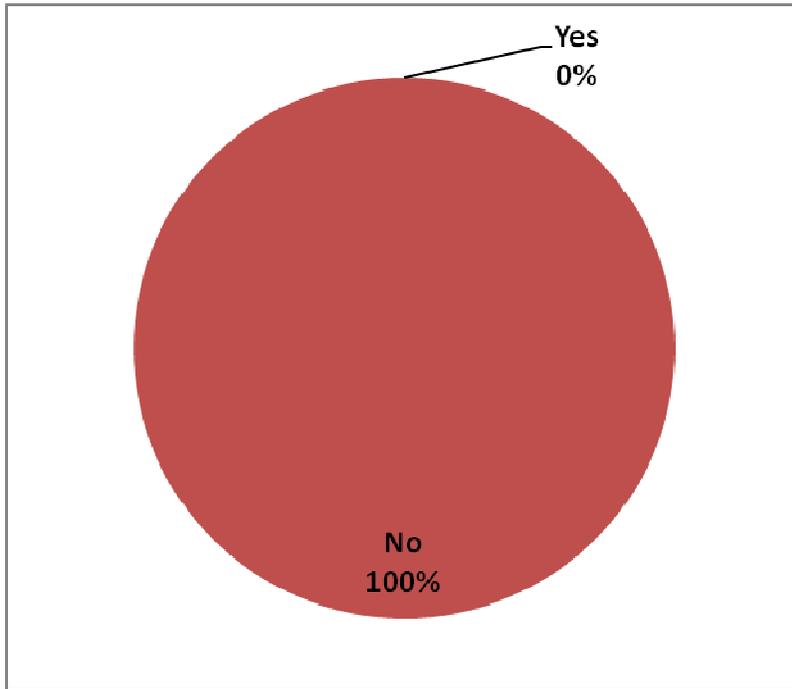
Will I be meeting with a ... ? †



	N	Percent
Other	10	100%
Physician's Assistant	0	0%
Nurse	0	0%
Doctor	0	0%

† No data for 3 facilities.

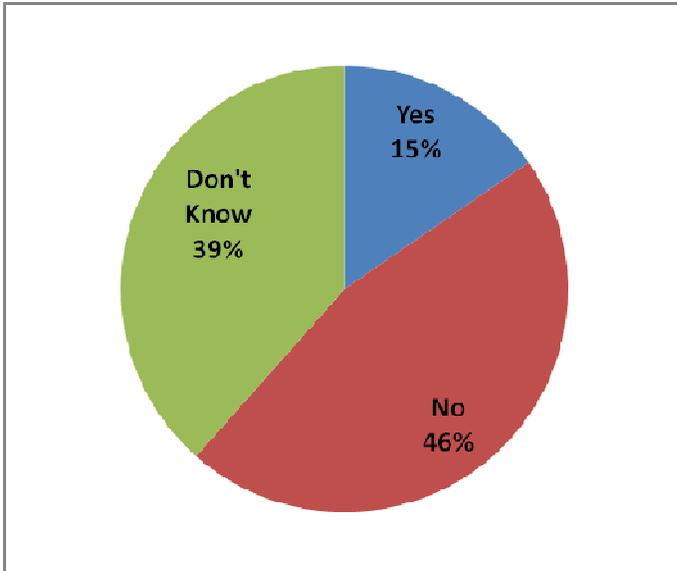
**If I am not pregnant, can I get birth control from you?**



	N	Percent
Yes	0	0%
No	13	100%

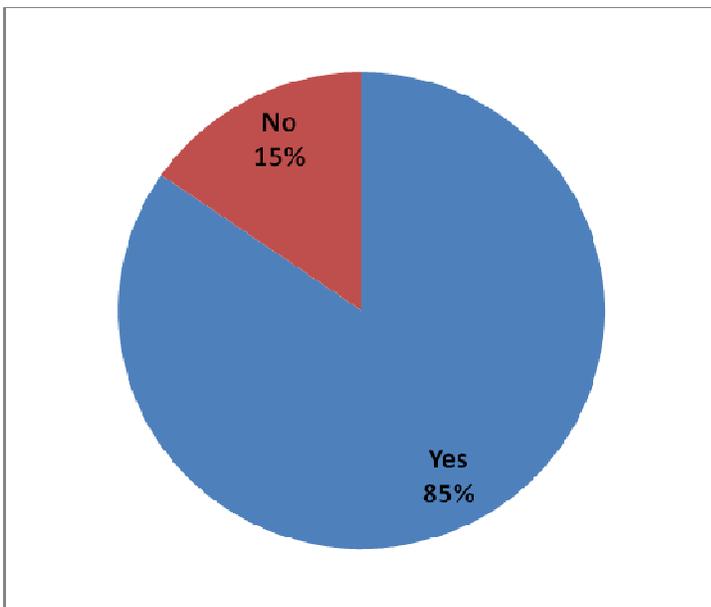
## CPC Walk-In Investigation – St. Louis

Was the CPC located near a woman’s health clinic?



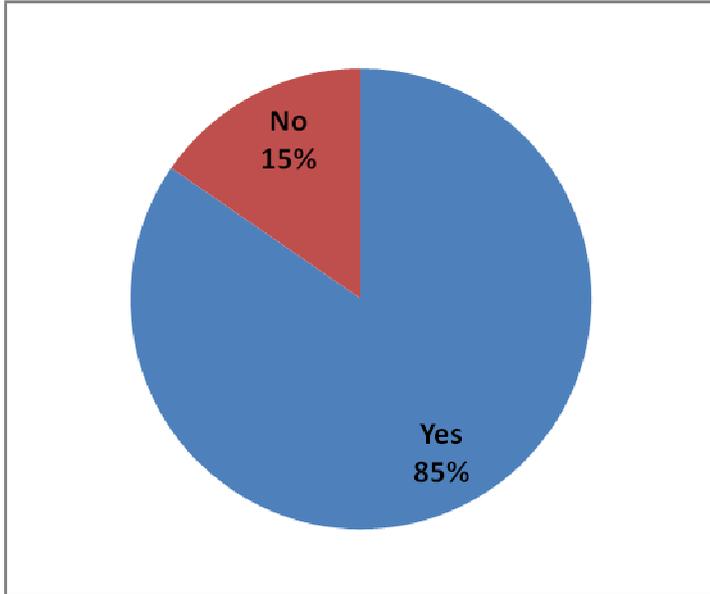
	N	Percent
Yes	2	15%
No	6	46%
Don't Know	5	39%

Did you call the CPC prior to your visit?



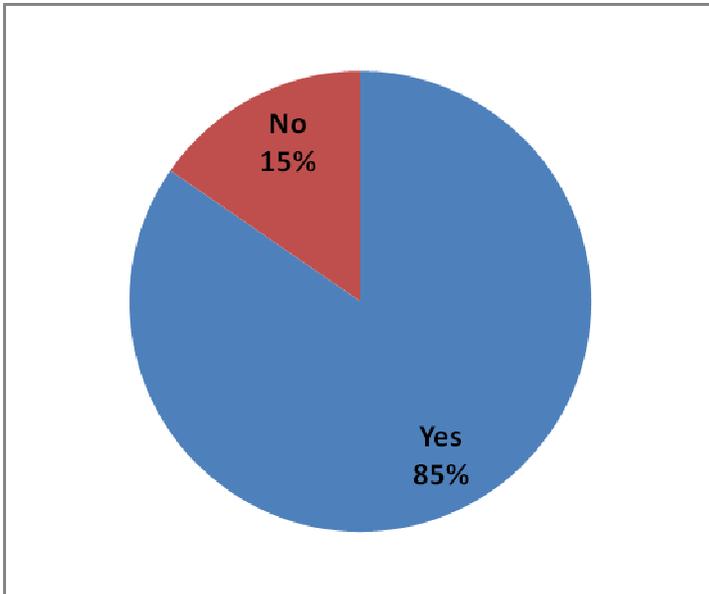
	N	Percent
Yes	11	85%
No	2	15%

**Was the person you spoke with able to answer questions over the phone?**



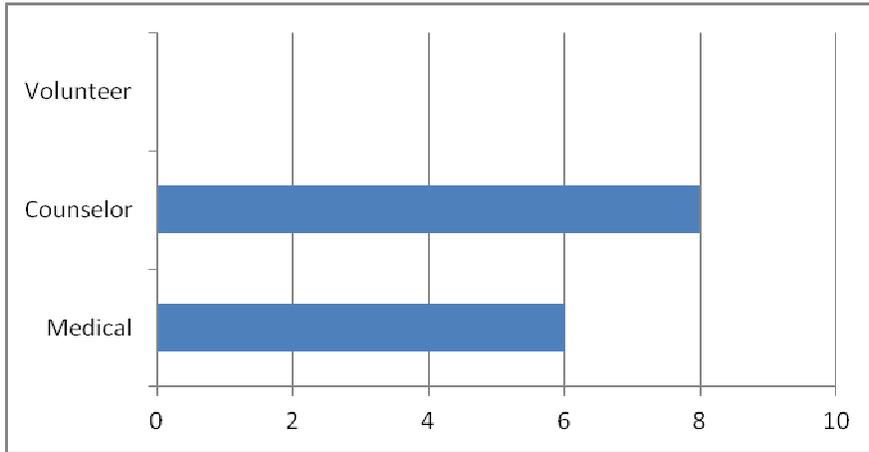
	N	Percent
Yes	11	85%
No	2	15%

**Did you sign any paperwork?**



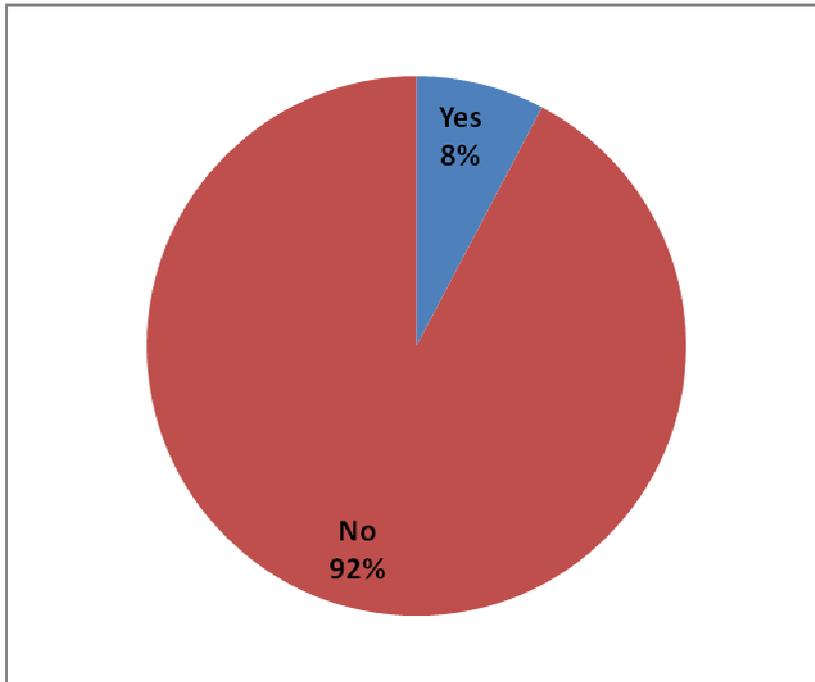
	N	Percent
Yes	11	85%
No	2	15%

### How did the staff identify themselves?



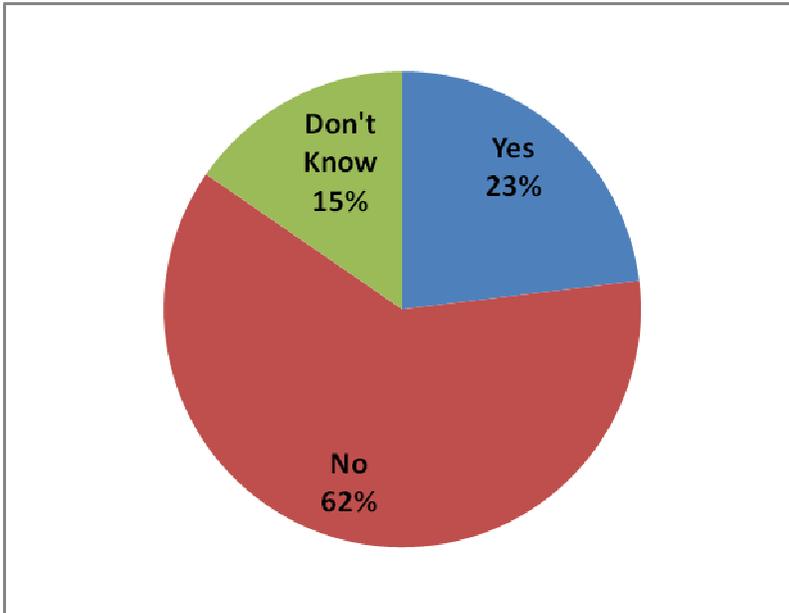
	N	Percent
Medical	6	43%
Counselor	8	57%
Volunteer	0	0%

### Were you offered the chance to speak to medical staff?



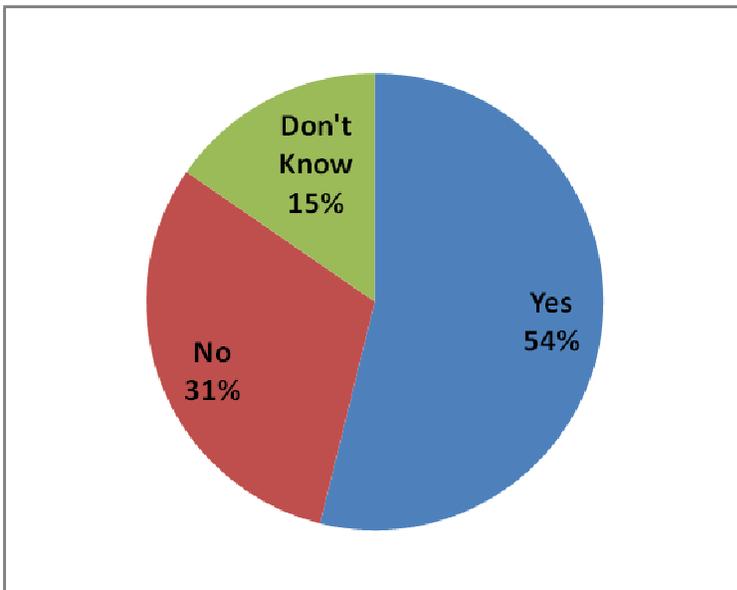
	N	Percent
Yes	1	8%
No	12	92%

**Did the staff estimate the number of weeks of the pregnancy and/or give a due date?**



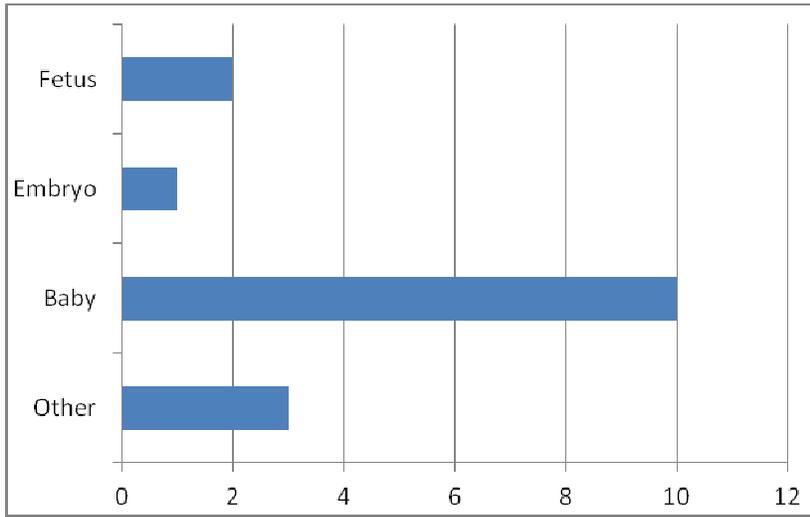
	N	Percent
Yes	3	23%
No	8	62%
Don't Know	2	15%

**If your test came back negative, were you given an explanation for your missed period or told to see a doctor for further care?**



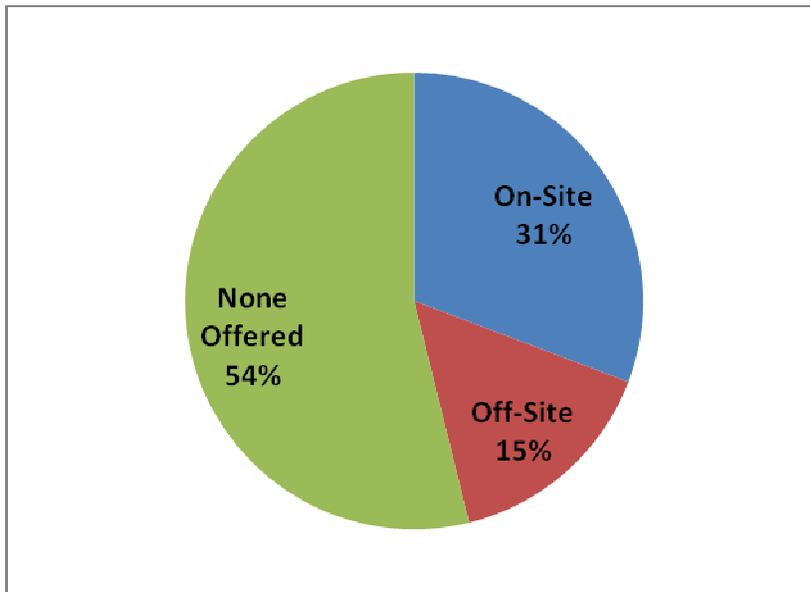
	N	Percent
Yes	7	54%
No	4	31%
Don't Know	2	15%

**What terminology was used to describe the pregnancy?\***



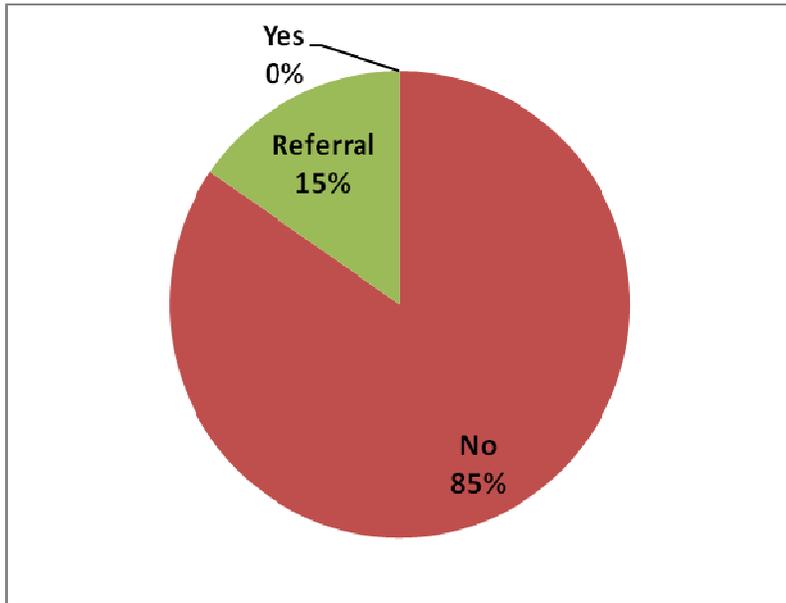
	N	Percent
Other	3	23%
Baby	10	77%
Embryo	1	8%
Fetus	2	15%

**Did the staff offer an ultrasound? (If there was no evidence of pregnancy, it obviously would not be offered.)**



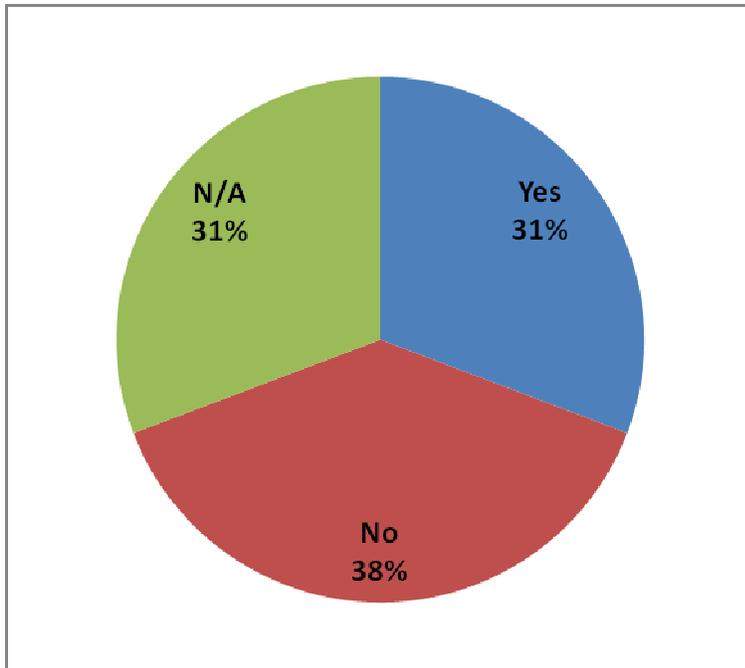
	N	Percent
On-Site	4	31%
Off-Site	2	15%
None Offered	7	54%

**Does the CPC provide birth control?**



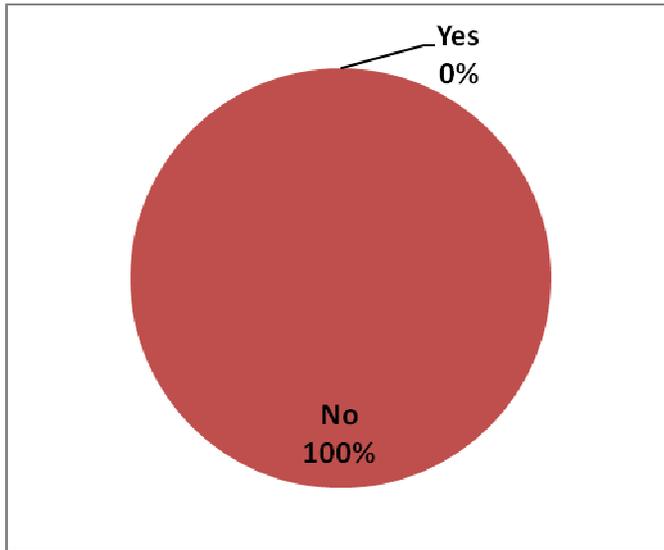
	N	Percent
Yes	0	0%
No	11	85%
Referral	2	15%

**Were you promised any financial assistance if you continued the pregnancy?**



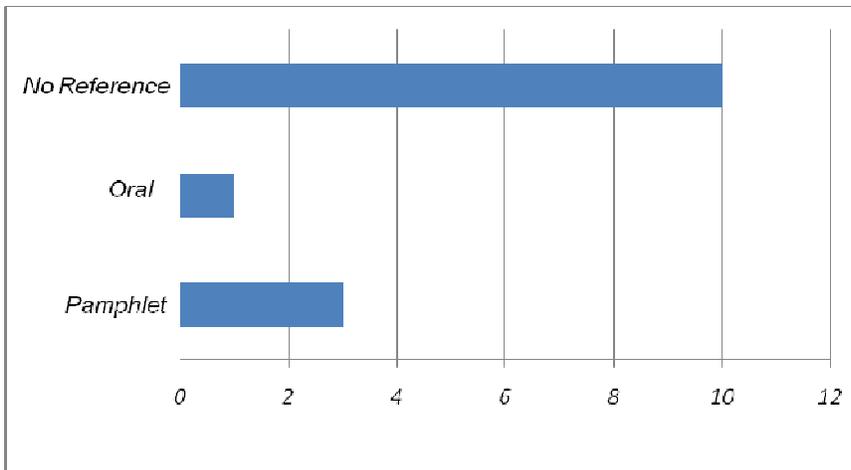
	N	Percent
Yes	4	31%
No	5	38%
N/A	4	31%

### Provides Abortion Referrals



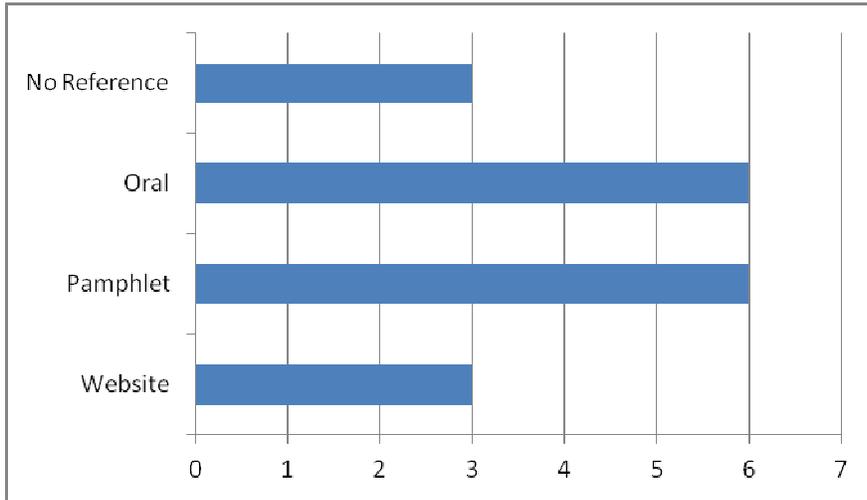
	N	Percent
Yes	0	0%
No	13	100%

### Breast Cancer Link\*



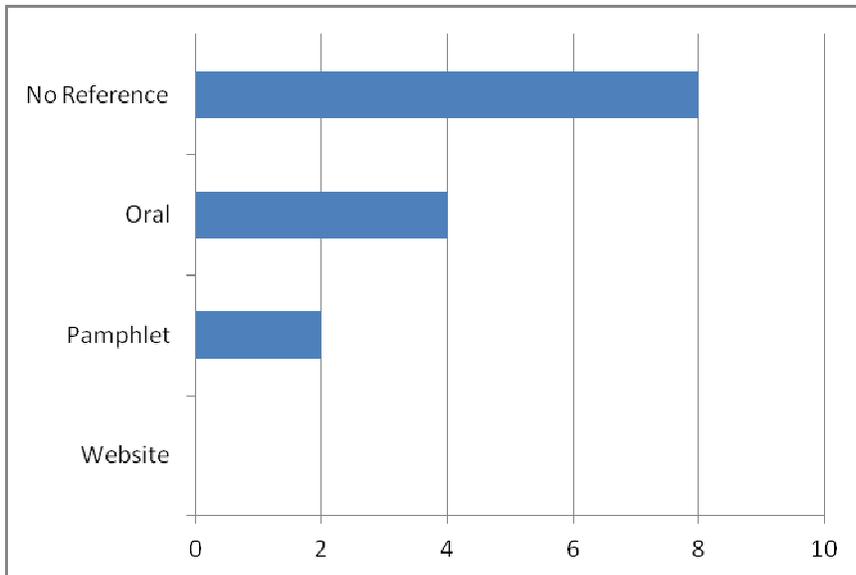
	N	Percent
Pamphlet	3	23%
Oral	1	8%
No Reference	10	77%

### Post-Abortion Stress\*



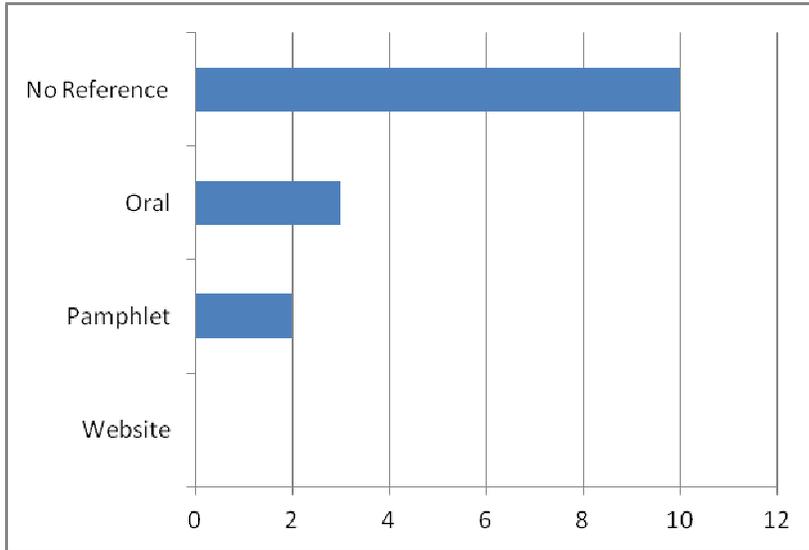
	N	Percent
Website	3	23%
Pamphlet	6	46%
Oral	6	46%
No Reference	3	23%

### Misleading Fetal Development\*



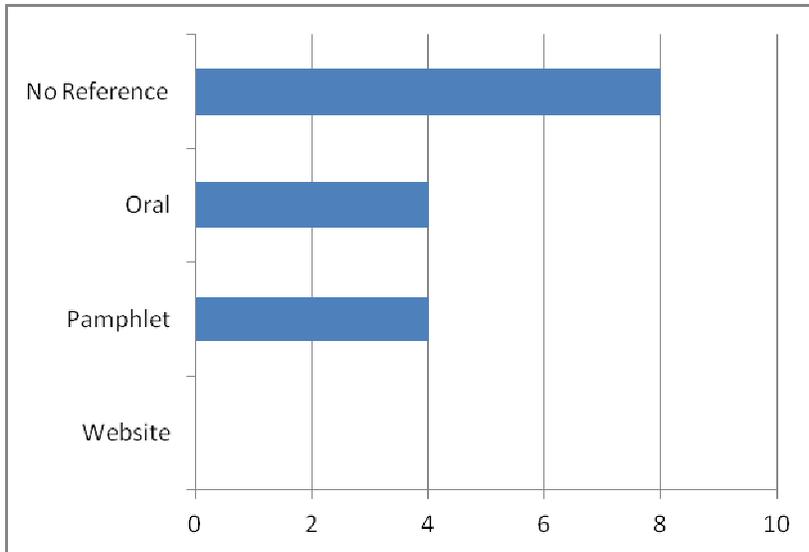
	N	Percent
Website	0	8%
Pamphlet	2	15%
Oral	4	31%
No Reference	8	62%

### Abortion Infertility Link\*



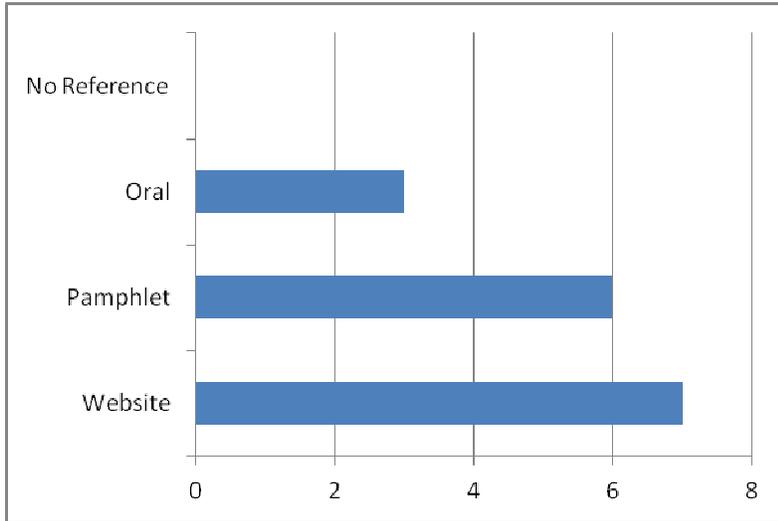
	N	Percent
Website	0	0%
Pamphlet	2	15%
Oral	3	23%
No Reference	10	77%

### Misleading Abortion Risks\*



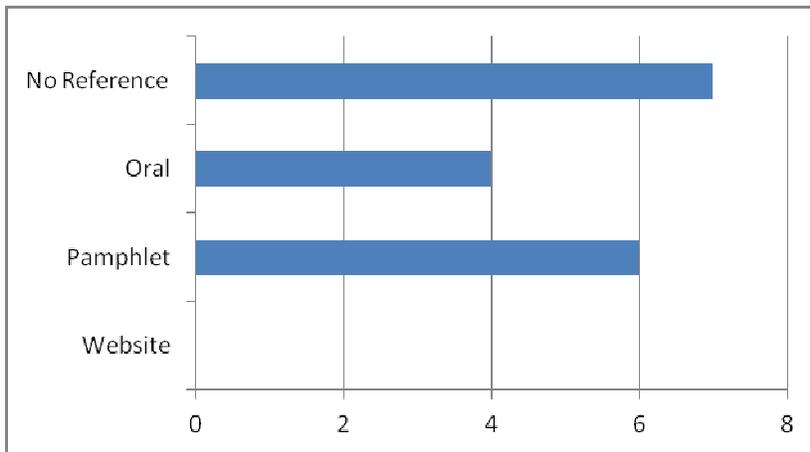
	N	Percent
Website	0	0%
Pamphlet	4	31%
Oral	4	31%
No Reference	8	62%

### Misleading Birth Control Risks\*



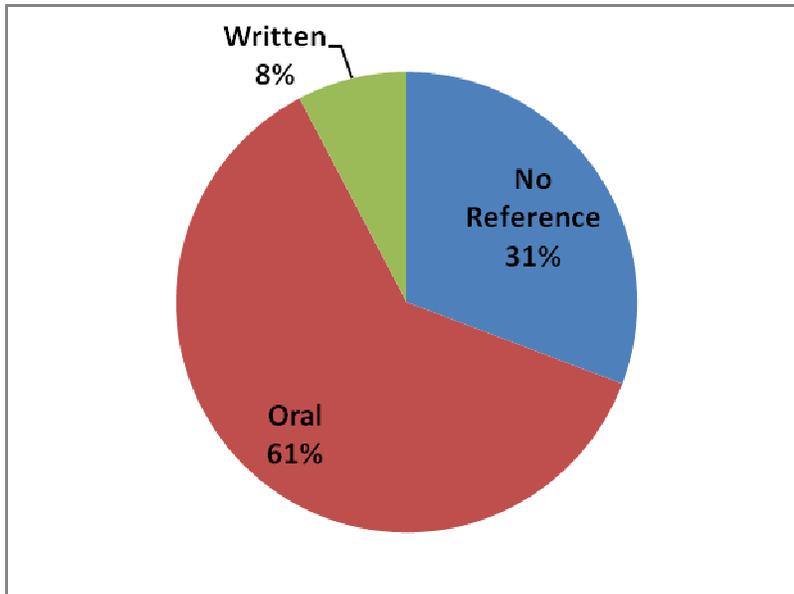
	N	Percent
Website	7	54%
Pamphlet	6	46%
Oral	3	23%
No Reference	0	0%

### Misleading STI Information\*



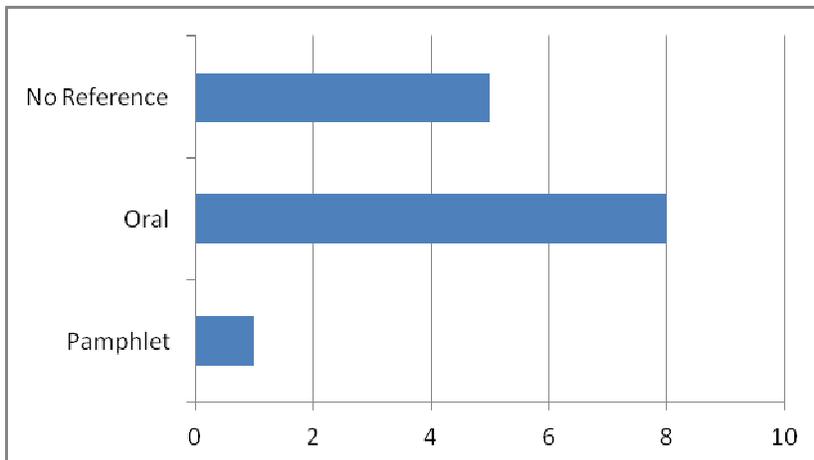
	N	Percent
Website	0	0%
Pamphlet	6	46%
Oral	4	31%
No Reference	7	54%

## Religious Proselytism



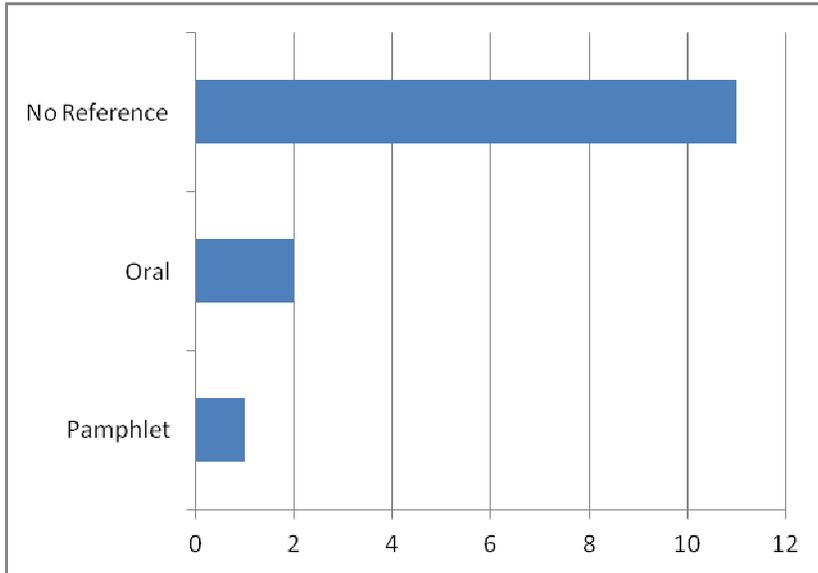
	N	Percent
No Reference	4	31%
Oral	8	61%
Written	1	8%

## Proposed Abstinence Only\*



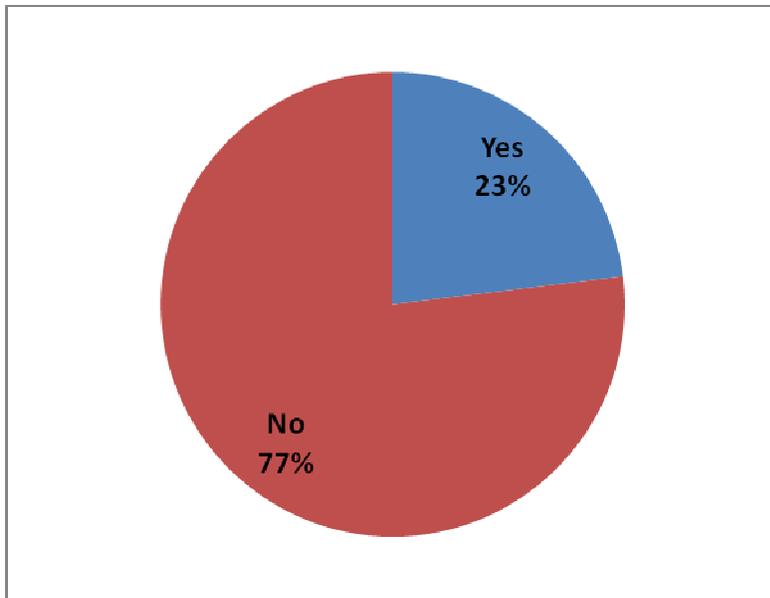
	N	Percent
Pamphlet	1	8%
Oral	8	62%
No Reference	5	38%

### Discussed Possibility of Miscarriage Post-Abortion\*



	N	Percent
Pamphlet	1	8%
Oral	2	15%
No Reference	11	85%

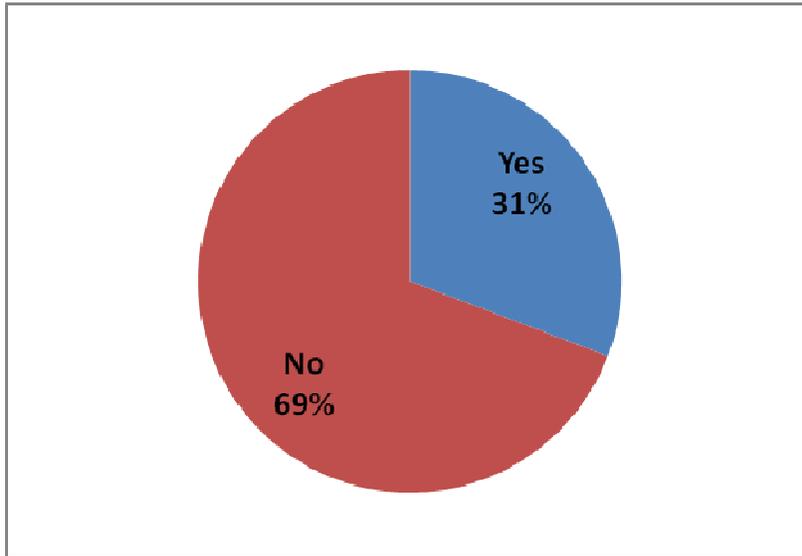
### Employs MD/Nurse



	N	Percent
Yes	3	23%
No	10	77%

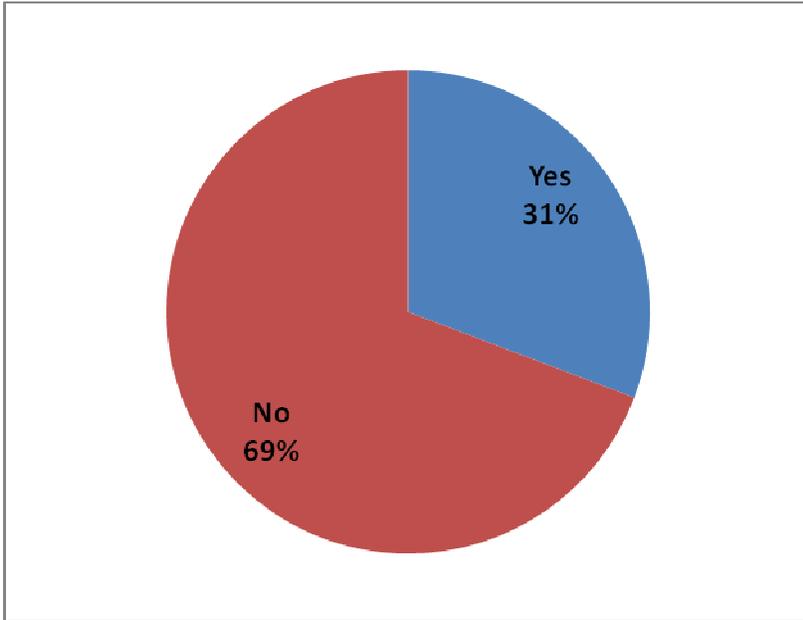
It should be noted that at one facility, the MD/Nurse is there only one day a week.

## Volunteer Facilitated Test



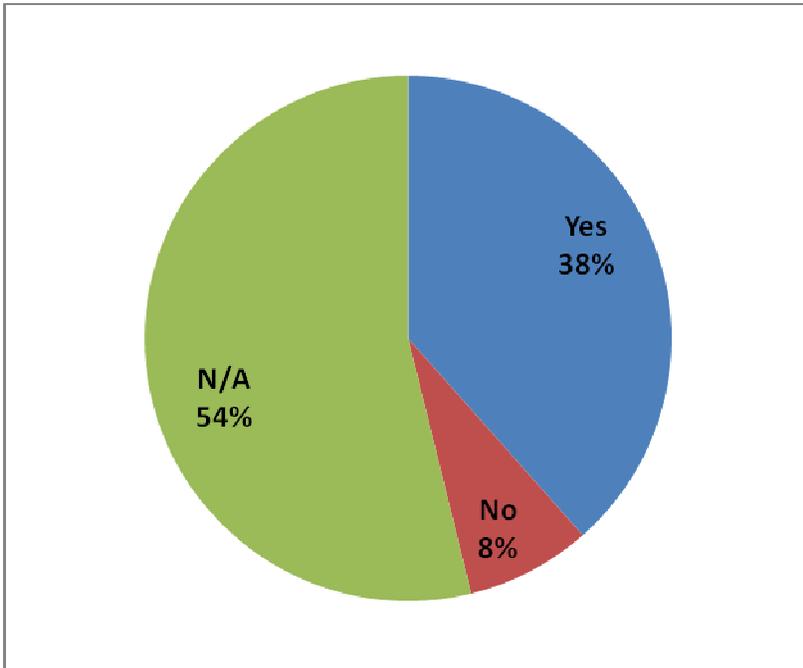
	N	Percent
Yes	4	31%
No	9	69%

### Ultrasounds On-Site



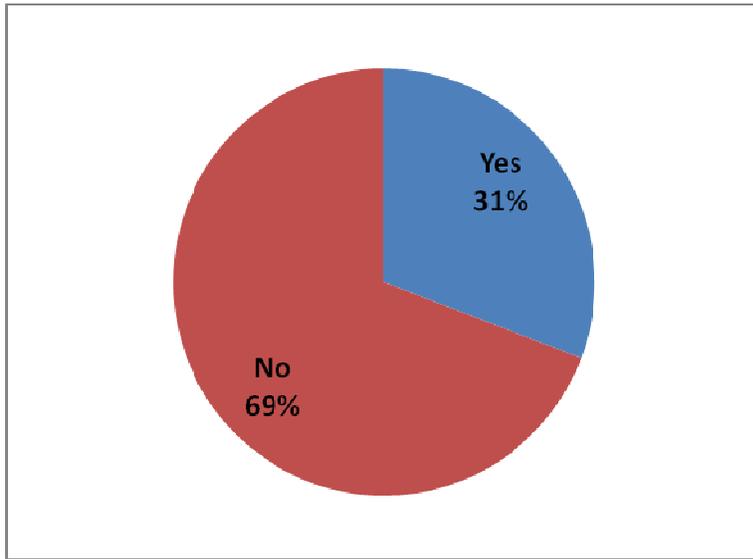
	N	Percent
Yes	4	31%
No	9	69%

### Ultrasound Referral



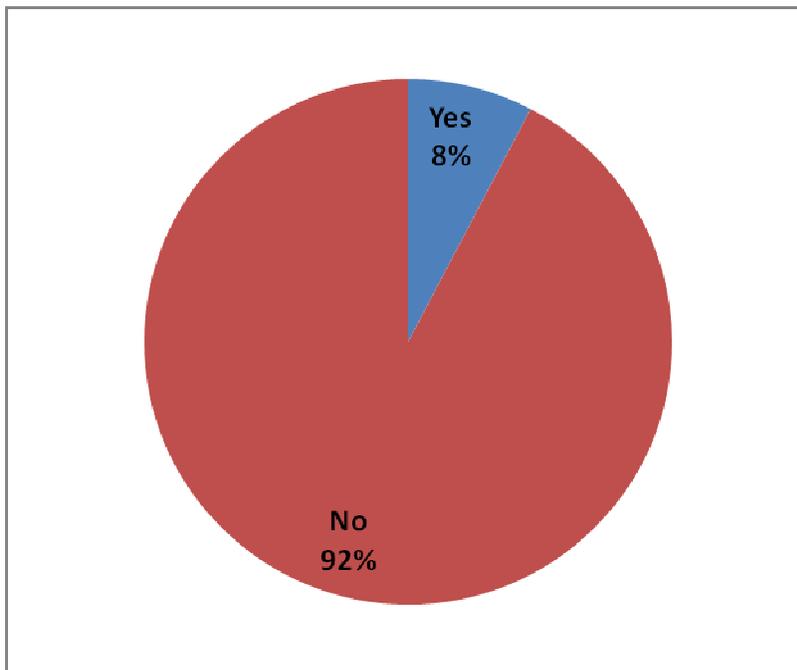
	N	Percent
Yes	5	38%
No	1	8%
N/A	7	54%

## STD Testing



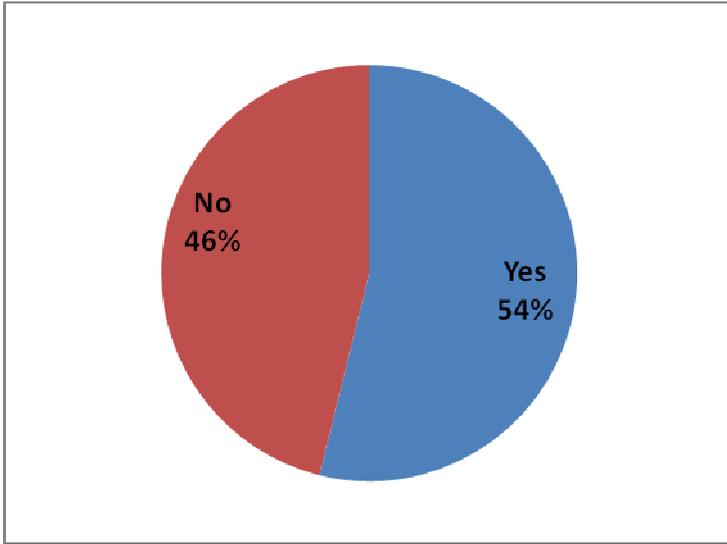
	N	Percent
Yes	4	31%
No	9	69%

## Birth Control Referral



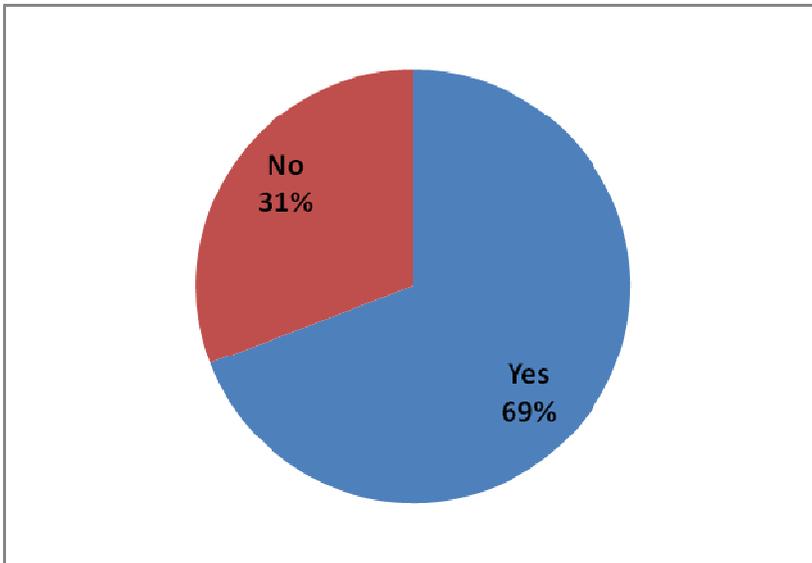
	N	Percent
Yes	1	8%
No	12	92%

### Patient Confidentiality Agreement



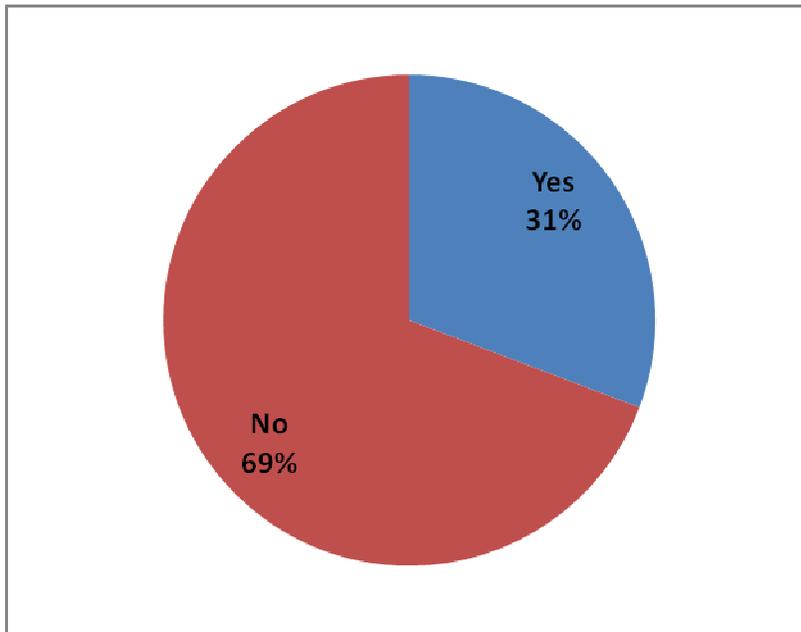
	N	Percent
Yes	7	54%
No	6	46%

### Non-Abortion Facility Disclosure After Tester Appeared



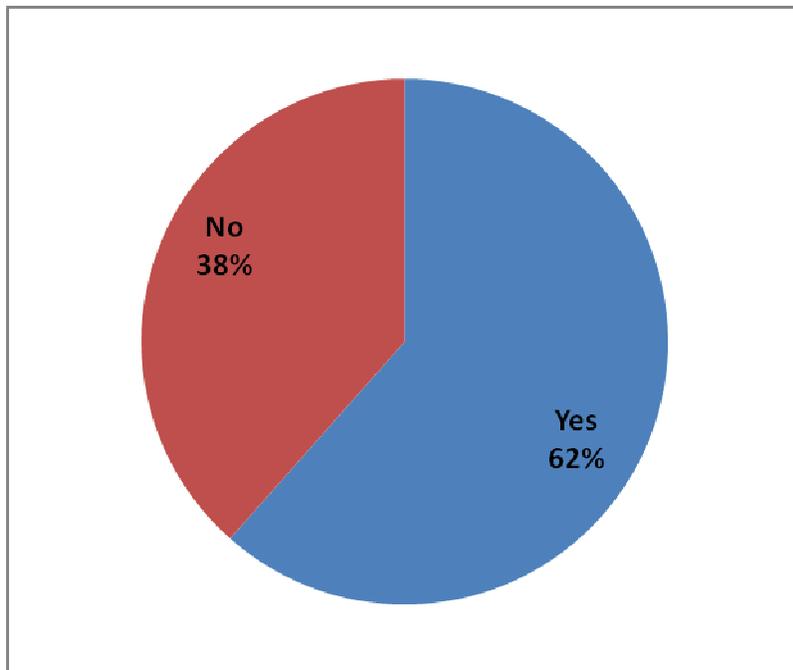
	N	Percent
Yes	9	69%
No	4	31%

### Near Women's Health Clinic



	N	Percent
Yes	4	31%
No	9	69%

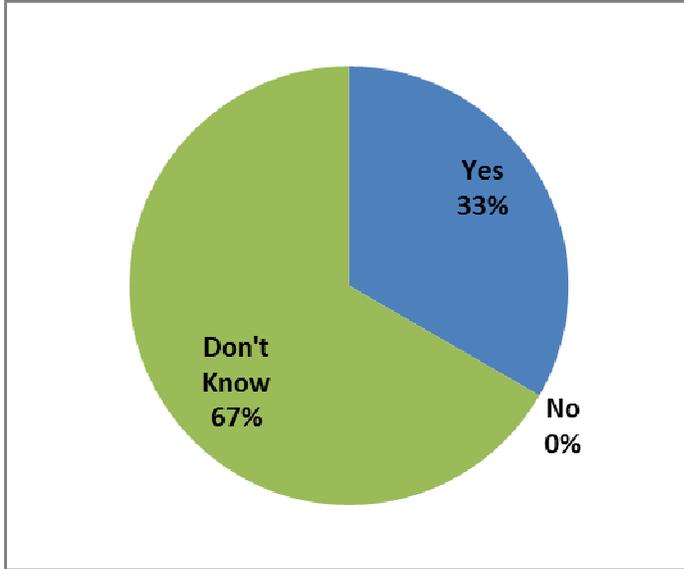
### Provides Baby Items



	N	Percent
Yes	8	62%
No	5	38%

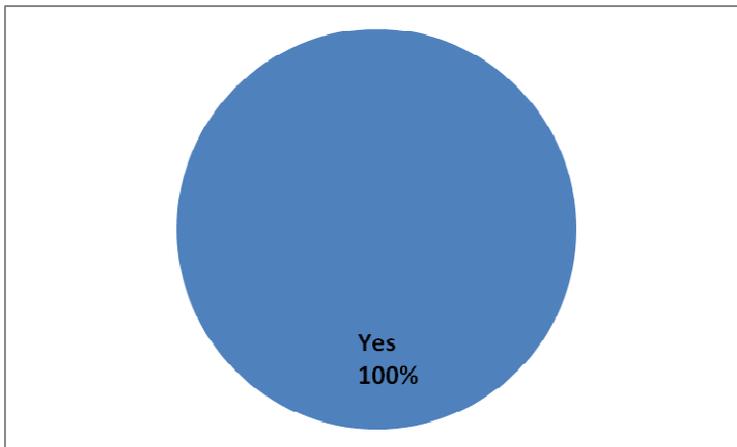
## Summary of Responses – Mid-Missouri<sup>20</sup>

### Was the CPC located near a woman’s health clinic?



	N	Percent
Yes	1	33%
No	0	0%
Don't Know	2	67%

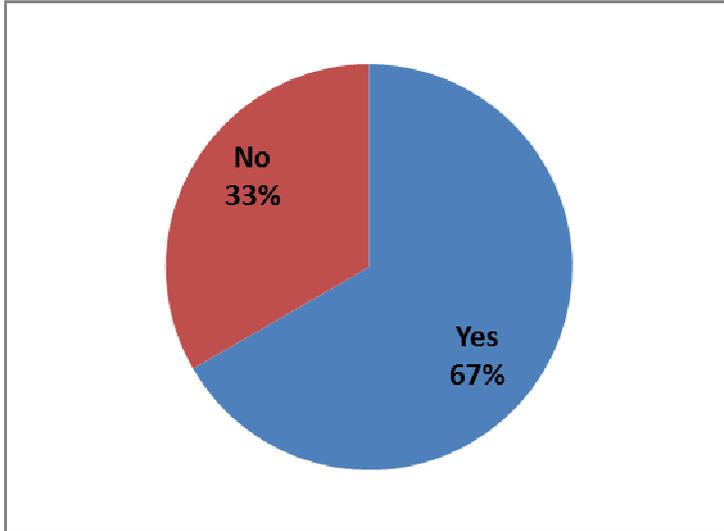
### Did you call the CPC prior to your visit?



	N	Percent
Yes	3	100%
No	0	0%

20 During most of the mid-Missouri visits, the testers stated that they were asking for the information for a friend who thought she might be pregnant. As a result, the in-person discussions with the counselors proceeded in a slightly different fashion than when the testers stated that they thought they might be pregnant. This accounts for the relatively large number of “Not Applicable” responses.

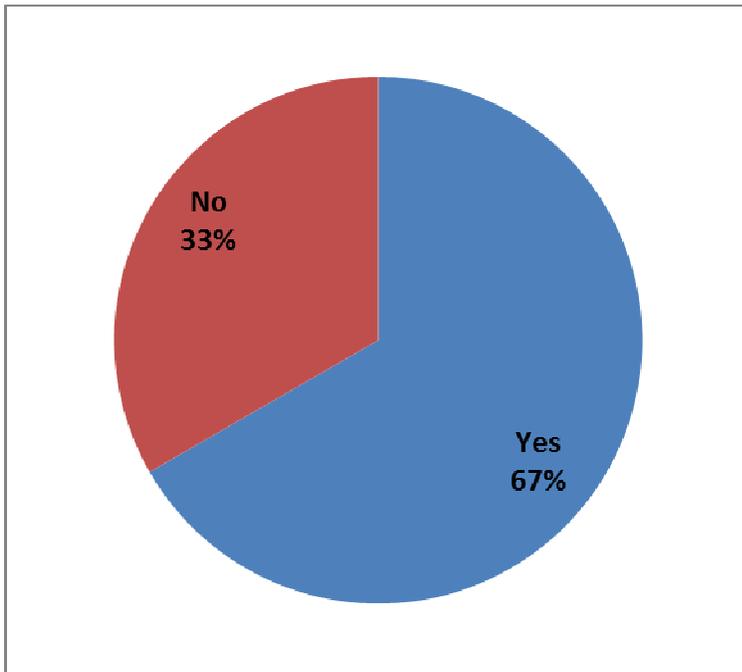
**Were you offered the chance to speak to medical staff? †**



	N	Percent
Yes	2	67%
No	1	33%

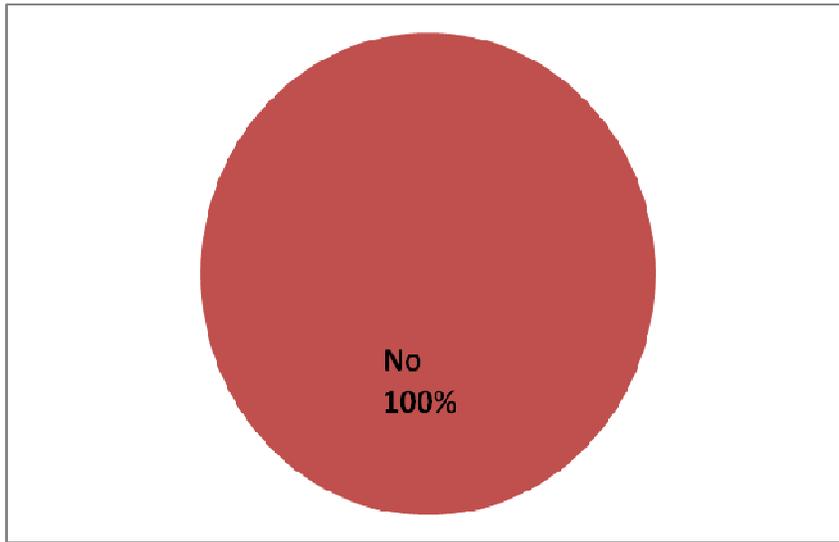
†One facility stated that the tester could meet with a volunteer nurse who reported one day a week. Another stated that our tester could meet by appointment with an LPN.

**Did the staff offer an ultrasound? (If there was no evidence of pregnancy, it obviously would not be offered.)**



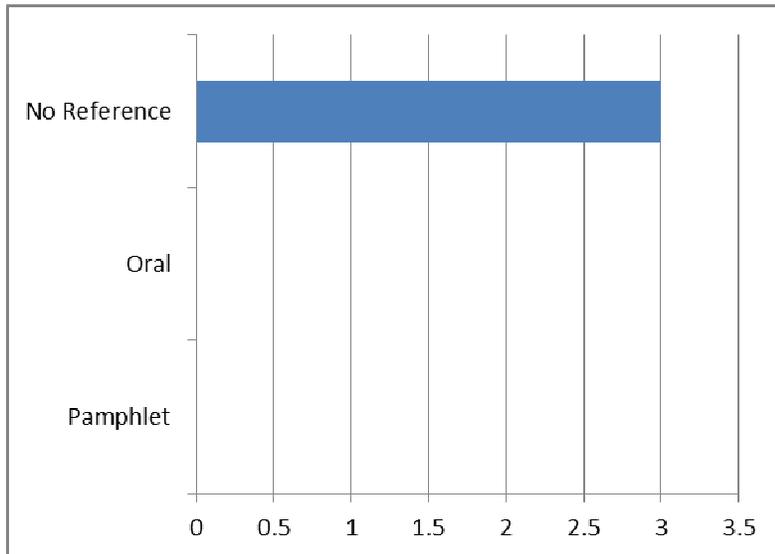
	N	Percent
Yes	2	67%
No	1	33%

### Provides Abortion Referrals When Asked



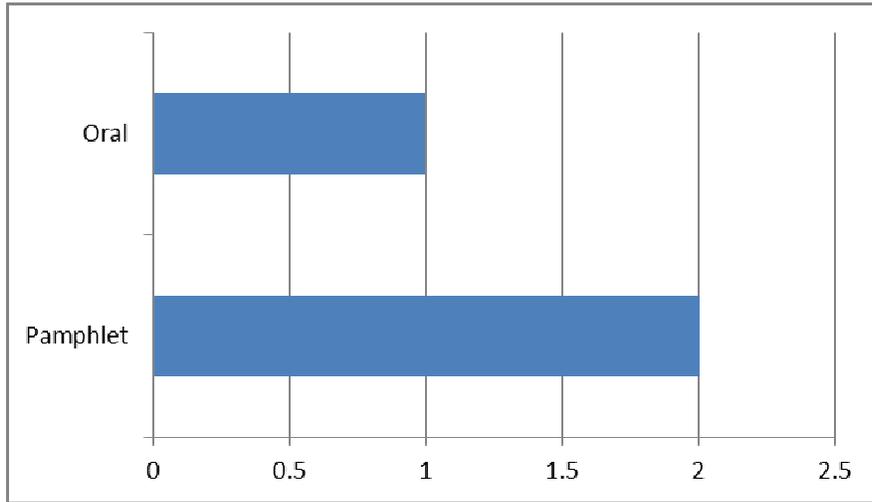
	N	Percent
Yes	0	0%
No	3	100%

### Breast Cancer Link



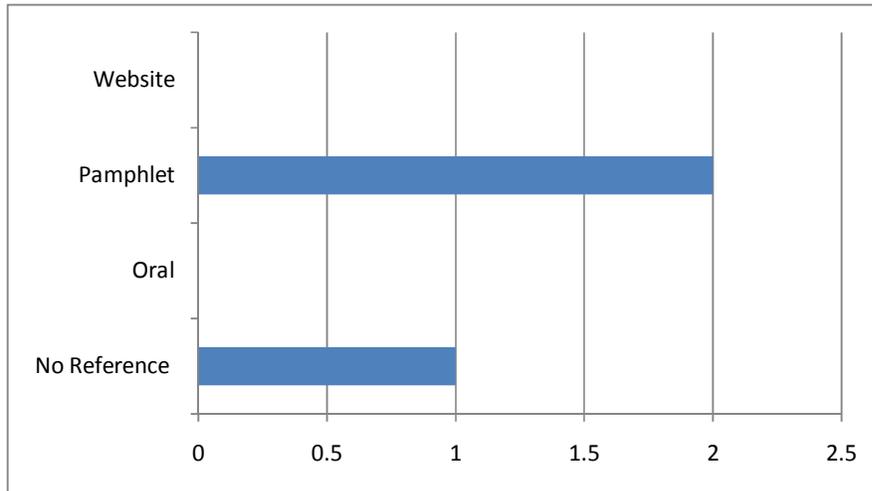
	N	Percent
Pamphlet	0	0%
Oral	0	0%
No Reference	3	100%

### Post-Abortion Stress



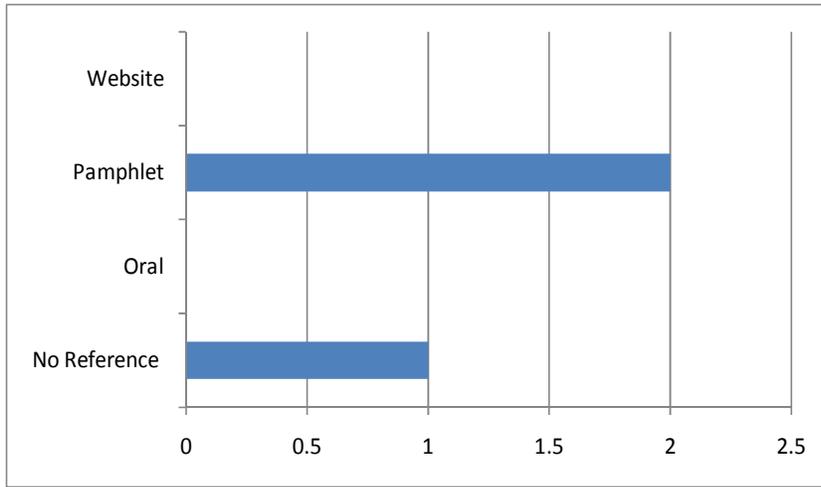
	N	Percent
Pamphlet	2	67%
Oral	1	33%

### Abortion Infertility Link



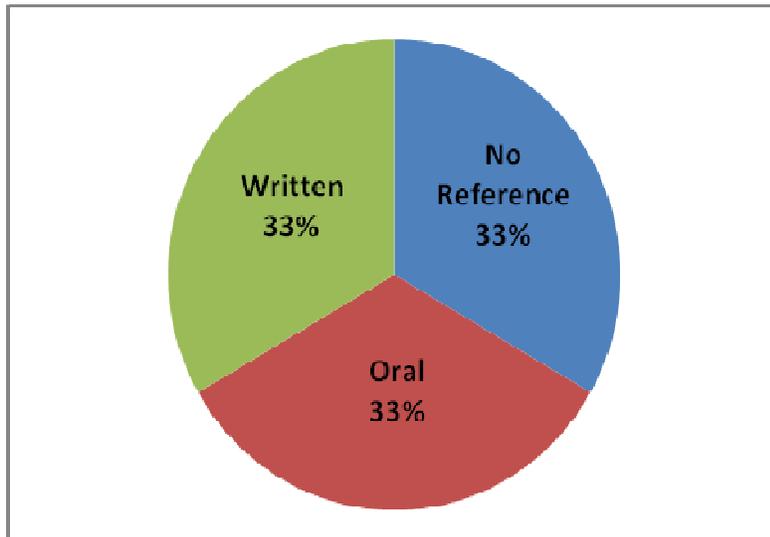
	N	Percent
Website	0	0
Pamphlet	2	67%
Oral	0	0
No Reference	1	33%

### Misleading Abortion Risks



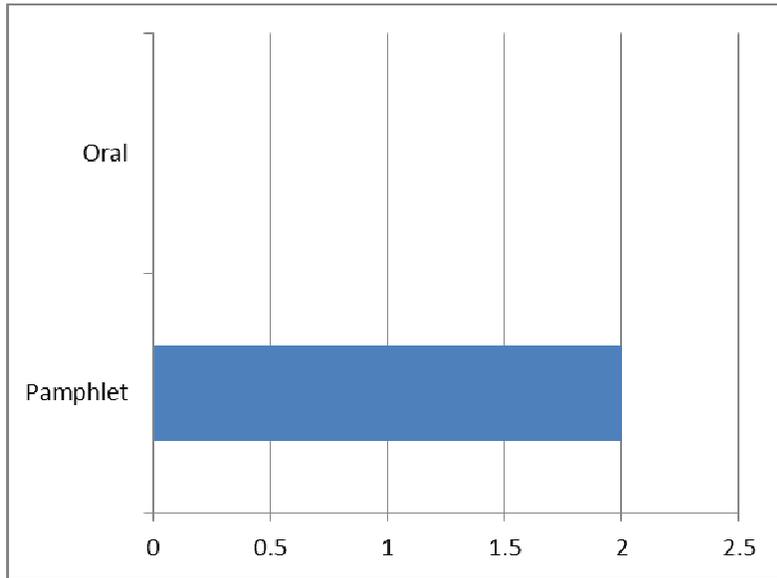
	N	Percent
Website	0	0%
Pamphlet	2	67%
Oral	0	0%
No Reference	1	33%

### Religious Proselytism



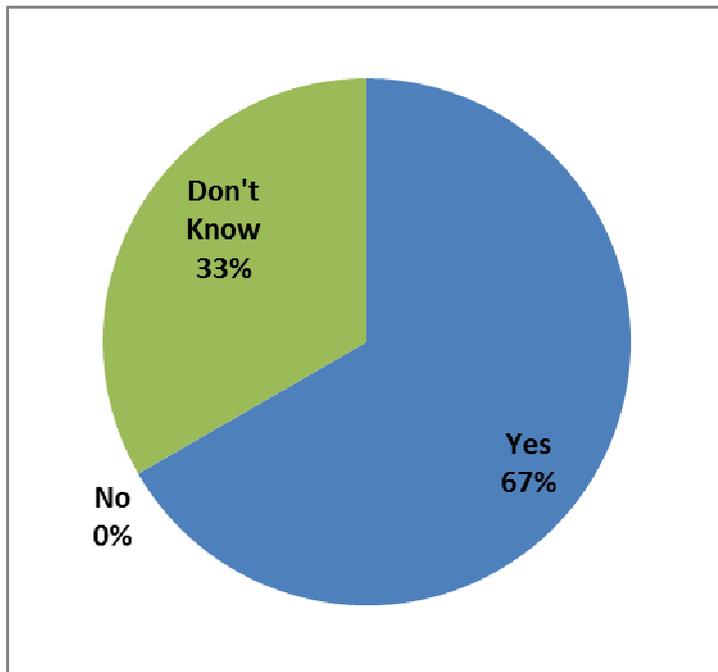
	N	Percent
Written	1	33%
Oral	1	33%
No Reference	1	33%

### Discussed Possibility of Miscarriage



	N	Percent
Pamphlet	2	67%
Oral	0	0%
No Reference	1	33%

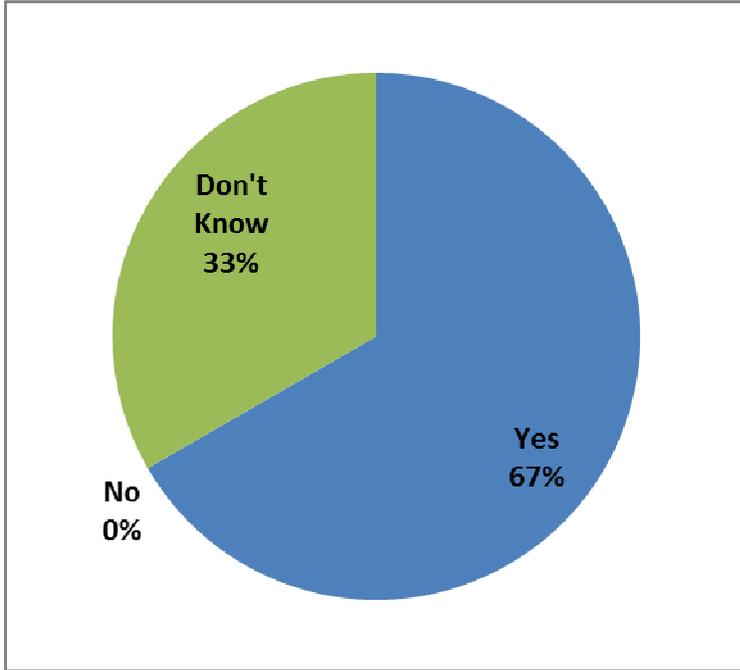
### Employs MD/Nurse/Nurse Practitioner†



	N	Percent
Yes	2	67%
No	0	0%
Don't Know	1	33%

†It should be noted that at one of these facilities, a nurse comes in only one day a week.

### Provides Baby Items



	N	Percent
Yes	2	67%
No	0	0%
Don't Know	1	33%

## ADDENDUM – CPC DONATIONS

Name of Organization	Donations 2009-2010
Alpha House	\$ 52,374.51
Bethany Christian Services ‡	\$ 74,740.00
Birthright Counseling St. Louis, Inc. ‡	\$ 281,959.32
Birthright of Cape Girardeau	\$ 56,205.00
Birthright of Chillicothe	\$ 1,725.00
Birthright of Columbia ‡	\$ 3,670.00
Birthright of Greater Kansas City	\$ 13,015.00
Birthright of Hannibal	\$ 20,200.00
Birthright of Hermann ‡	\$ 2,900.00
Birthright of Hillsboro	\$ 16,498.25
Birthright of Mid-Missouri ‡	\$ 35,360.00
Birthright of Rolla	\$ 27,550.00
Birthright of Wentzville ‡	\$ 8,260.00
Catholic Charities of Kansas City-St. Joseph	\$ 10,599.71
Catholic Charities of St. Louis	\$ 172,233.66
Christian Family Services	\$ 74,074.02
Christian Family Services of the Midwest Inc.	\$ 18,242.75
Crisis Pregnancy Center--Excelsior Springs	\$ 3,406.36
Hand N Hand	\$ 17,892.01
Hands of Hope Crisis Pregnancy Center	\$ 8,838.69
House of Ruth Women's Resource Clinic	\$ 7,470.00
Jefferson County Pregnancy Care Center ‡	\$ 37,565.64
Laclede County Pregnancy Support Center	\$ 52,599.86
Liberty Women's Clinic	\$ 83,736.98
Life Choice Center for Women	\$ 31,901.47
Life Choices -- Joplin	\$ 245,370.65
Life Network of Central Missouri	\$ 60,122.00
Lifeline Pregnancy Care Center -- Cuba	\$ 16,860.00
Lifeline Pregnancy Resources Center -- Kirksville	\$ 42,861.81
Lutheran Family and Children's Services of MO	\$ 104,103.59
MBCH Children and Family Ministries	\$ 71,600.00
Memphis Area Pregnancy Care Center, Inc.	\$ 1,855.26
New Beginnings	\$ 54,272.60
Options Pregnancy Center --Ava	\$ 5,345.00
Options Pregnancy Center --Branson	\$ 82,386.94
Parkland Pregnancy Resource Center	\$ 43,732.30
Pettis County Birthright Inc.	\$ 2,095.00
Pregnancy Assistance center	\$ 15,000.00
Pregnancy Care Center	\$ 355,361.81

Name of Organization	Donations 2009-2010
Pregnancy Help Center	\$ 42,673.00
Pregnancy Life Line	\$ 34,270.06
Pregnancy Resource Center of Rolla	\$ 94,192.54
Pregnancy Resource Clinic of Mountain Grove	\$ 6,423.00
Pregnancy Resource Center of St. Joseph	\$ 94,161.83
Rachel House Pregnancy Resource Center	\$ 143,238.00
Riverways Pregnancy Resource Center	\$ 8,430.00
The Women's Clinic of Kansas City	\$ 97,228.00
Thrive St. Louis Inc ‡	\$ 21,535.00
<b>TOTAL</b>	<b>\$ 2,756,136.10</b>

‡ These are a few of the CPCs we investigated. All facilities eligible for tax credits may not have applied or received them in the time frame for which we have dollar figures.

It is important to note that not all of these organizations were subjects of our investigation. However, this comprehensive list of CPCs gives insight into the tax-credit practices of the state of Missouri.

## Truth Index

- It is well-established that there is no link between an increase in breast cancer risk and abortion.<sup>21</sup>
- When used correctly and consistently, condoms are highly effective in preventing sexually transmitted infections and HIV/ AIDS.<sup>22</sup>
- There is no medical evidence indicating a link between abortion and an increased risk of infertility.<sup>23</sup>
- A congressional investigation into abstinence-only education programs revealed that abstinence-only curricula contain scientific errors, often have religious roots, and present inaccurate information regarding abortion and contraceptives.<sup>24</sup>
- The American Psychological Association does not consider abortion to be a threat to women's mental health.<sup>25</sup>
- Abortion is not a threat to teenagers' mental health. One study found that "Adolescents who have an abortion do not appear to be at elevated risk for depression or low self-esteem in the short term or up to five years after the abortion."<sup>26</sup>

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<sup>21</sup> "Summary Report: Early Reproductive Events and Breast Cancer Workshop." National Cancer Institute. <http://www.cancer.gov/cancertopics/causes/ere/workshop-report>

<sup>22</sup> "Condoms and STDs: Fact Sheet for Public Health Personnel." Centers for Disease Control and Prevention. <http://www.cdc.gov/condomeffectiveness/latex.htm>

<sup>23</sup> "Getting Pregnant: Expert Answers." Mayo Clinic. <http://www.mayoclinic.com/health/abortion/AN00633>

<sup>24</sup> "The Content of Federally Funded Abstinence-Only Education Programs." United States House of Representatives Committee of Government Reform – Minority Staff Special Investigations Division. December 2004. [http://www.apha.org/apha/PDFs/HIV/The\\_Waxman\\_Report.pdf](http://www.apha.org/apha/PDFs/HIV/The_Waxman_Report.pdf)

<sup>25</sup> "Report of the APA Task Force on Mental Health and Abortion." American Psychological Association. <http://www.apa.org/pi/women/programs/abortion/mental-health.pdf>

<sup>26</sup> Warren, Jocelyn T., et al., "Do Depression and Low Self-Esteem Follow Abortion Among Adolescents? Evidence from a National Study." Perspectives on Sexual and Reproductive Health 2010. 42:230.

Thank you for reading our report on CPCs in Missouri. If you are interested in learning more about issues in Missouri, please visit our website: <http://www.prochoicemissouri.org/issues/>. If you have any information regarding CPCs and would like to contribute to our future research, call us at (314) 531-8616.

**From:** Rep. Billy Long <Congressman.BillyLong@mail.house.gov>  
**Sent:** Friday, September 10, 2021 11:48 AM EDT  
**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** The Border Crisis Just Keeps Getting Worse

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U.S. Representative Billy Long

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September 10, 2021

## The Border Crisis Just Keeps Getting Worse

I have talked incessantly about the crisis on our southern border and how it will only get worse if we don't take action. Many of us rightly assumed President Biden would usher in Obama-era policies that would weaken our border security, but we never fathomed the damage it would do to our country. Now that we are seven and a half months into the Biden-Harris Administration, it's time to take another look at the southern border to see the effect of these failed policies.

When I toured the border with President Trump on June 30th, I saw the real world implications of this tragedy first hand. You don't need to go to the physical border to see what is going on, all you need to do is go to the McAllen, Texas airport and observe. While waiting for my flight home, I saw large groups of illegal immigrants waiting to board commercial flights just as I was with one exception; I was required to show my I.D. to board but they were not. They all had large manila envelopes hanging by a white string around their necks. These envelopes had instructions in them to tell them what to do once they landed. The Department of Homeland Security doesn't even tell the city leaders that they are sending these illegal immigrants into their communities.

We were told by the "experts" in the administration that this surge in illegal immigration was normal and seasonal. Surely this surge would not last into the summer, once the temperatures increased. The experts were wrong. August saw the highest number of illegal immigrant encounters at our southern border, with more than 212,000 apprehended by the Border Patrol. We don't even know how many people got past the Border Patrol. Clearly this surge is not caused by seasonal migration, but by the disastrous policies of President Biden and his stellar Border Czar Kamala Harris.

When faced with the facts about this crisis, the administration deflects. If you ask Vice President Harris about it, she will answer with her usual nervous laugh, an apparent tic of hers when faced with a question she doesn't want to answer. It turns out she has a reason to be nervous about the border, given that it took her more than 90 days to visit the area. President Trump and I went where the actual crisis is occurring, McAllen Texas, but Vice President Harris went to a much more secure part of the border in El Paso, Texas. Even after the visit, the Biden-Harris Administration has offered no plan for addressing the crisis.

While we're all concerned about the COVID-19 Delta variant as it surges across the country, there seems to be no concern of COVID cases entering through an open southern border. While it is hard to know exact numbers, it is estimated that between 20% and 40% of illegal immigrants released into the United States are COVID positive, but all we get is crickets from the media. I guess they're too busy blaming everything on Florida Governor Ron DeSantis or Republicans in general.

During the short time the Biden-Harris Administration has been in charge, the border crisis has only gotten exponentially worse. In fact, over 1.1 million illegal immigrants have been encountered at the southern border since January 1<sup>st</sup> and there have been over 100,000 encounters per month. Monthly encounters have increased consistently and in August, we surpassed over 200,000 monthly encounters. I've said it before and I'll say it again, we need to secure our southern border. President Trump implemented a series of policies that did just that, and President Biden reversed them on day one. Knowing this, it really shouldn't come as a surprise that our border and the federal agents that protect it are being overwhelmed. It is time for this administration to secure our border.

For more information on my activities in our district and in Washington, I encourage you to follow my Facebook page at <https://www.facebook.com/Rep.Billy.Long> and my Twitter page at <https://twitter.com/USRepLong>. You can also subscribe to my weekly newsletter, "Long's Short Report," by visiting <https://longforms.house.gov/newsletter-and-email-updates-form>.

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**From:** Rep. Billy Long <Congressman.BillyLong@mail.house.gov>  
**Sent:** Friday, September 03, 2021 11:50 AM EDT  
**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** The Death Tax Hurts Family Farms

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U.S. Representative Billy Long

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September 3, 2021

## The Death Tax Hurts Family Farms

President Biden and the Democrats are proposing massive spending proposals that will increase taxes for most Americans. Their working theory seems to be 'What's mine is mine, what's yours is mine and what's your family's after you're gone is mine too.' Taxes that Democrats are most likely to increase are the estate and capital gains taxes. Essentially, the estate tax, commonly referred to as the death tax, is a tax on multi-million-dollar inheritances after someone passes away. Capital gains taxes are paid whenever someone makes a profit off a sale. While millions of dollars in inheritance seems like it would only affect a small number of Americans, the truth is, it affects the most essential American workers, farmers.

According to the American Farm Bureau, 98% of all farms in the United States are either individually or family-owned. These family farms provide vital resources to our nation, putting food on our tables which in turn keeps America running. It is largely thanks to our family farms that our food supply was not impacted by the COVID-19 pandemic. Many of these family farms are passed down from generation to generation, and when the owner passes away, their family is left to shoulder the burden of the estate tax.

What many people may not realize about the estate tax is that businesses with millions of dollars in assets don't necessarily have millions of dollars at their disposal. When it comes to family farms, roughly 82% of the assets are illiquid, this includes land and buildings. To pay for these taxes, farmers may have to sell these assets, crippling their operation and sometimes losing their family farm. In 2017, Congress passed the Tax Cuts and Jobs Act, which doubled the estate tax exemption, going from \$11 million per couple to \$22 million. This gave farmers more breathing room and allowed them to remain in business. These tax cuts came with a sunset provision though and Congress must make them permanent if we are going to continue protecting family farms.

While family farms must pay an estate tax, the current tax code does not require them to pay capital gains taxes when passing down from generation to generation. Since 82% of farm assets are illiquid, most of the so-called gains are not seen by the farmers and are instead reflected in the value of the land. This exemption will change if President Biden gets his way. I mentioned that Democrats were on a wild spending spree. Their most recent plan is to spend \$3.5 trillion on 'human infrastructure'. To pay for this spending, they want to end the family farm exemption to capital gains taxes, which would see massive new tax burdens on our farmers. Texas A&M University estimates that these increases could be as much as \$726,104 per farm. When you combine this with the already present estate tax, that would create a crippling tax burden on our farmers, forcing many to sell off land and give up generations of hard work to make ends meet.

Last year proved more than ever that we must do everything in our power to protect our farmers. Burdening them with taxes that could force them to sell their land is not protecting our family farmers. These spending proposals by President Biden and Speaker Pelosi will devastate our farmers. This is yet another case of rural America being an afterthought in Democrat's legislative proposals.

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**Sent:** Friday, July 23, 2021 12:43 PM EDT  
**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** The United States Should Not Reenter the Iran Nuclear Deal

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U.S. Representative Billy Long

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July 23, 2021

## The United States Should Not Reenter the Iran Nuclear Deal

If I didn't know better I'd swear Barack Obama was still calling the shots at 1600 Pennsylvania Avenue. Shutting down the Keystone Pipeline, increasing the corporate tax rate, and rejoining the Paris Climate Accords. As Yogi Berra used to say, it's like déjà vu all over again. President Biden seems fixated on resuscitating the failed policies of his former (or current) boss and dismantling President Trump's legacy. There have even been serious efforts to rejoin the disastrous Iran Nuclear Deal, formally named the Joint Comprehensive Plan of Action, or JCPOA. The Iran Nuclear Deal was a signature of President Obama's foreign policy and was also a colossal mistake that should never be revisited.

Agreed to in 2015, the JCPOA was supposed to limit Iran's nuclear capabilities, at least this is what we were told, but nothing can be further from the truth. The deal was ill-conceived with flawed implementation, not allowing for even basic enforcement procedures. The only verification allowed under the JCPOA was subject to a rigorous and time-consuming process, which easily allowed Iran to conceal their illicit activities. United Nations and American inspectors weren't even allowed to visit Iranian military installations. You can't rely on scout's honor when dealing with the world's leading state sponsor of terrorism. The JCPOA also did nothing to stem Iran's development of ballistic missiles, a key vehicle in delivering nuclear weapons to their target.

Besides being poorly written, Iran refused to fully comply with key provisions. They never stopped stockpiling and enriching uranium. Throughout all of this, Iran continued to be a leading state sponsor of terrorism in the Middle East. Iran poses a serious threat to American troops in the region and our most important allies. Rejoining the JCPOA would only exacerbate the threat.

Now, President Biden has begun talks with the Iranians to officially reenter this flawed nuclear deal. In just a few months of negotiating, Iranian President Hassan Rouhani claimed that "almost all the main sanctions have been removed." If President Biden's negotiating tactic is to remove sanctions before we even agree to reenter the JCPOA, then what leverage do we have in negotiations with Iran? How can we move forward with the Iranians when the Biden Administration is just giving them everything they want without any conditions?

In 2018, President Trump exited the JCPOA and took strong military actions to curtail Iranian aggression. Now that there is a new administration, it is crucial to our national security that we not rejoin the JCPOA. President Biden should not repeat the mistakes of President Obama and instead he should present a strong plan of action to Congress. Any deal with Iran should be verifiable so that we can be assured that they cannot obtain nuclear weapons.

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**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** Want To Buy A Beautiful Swan?

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U.S. Representative Billy Long

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May 28, 2021

## Want To Buy A Beautiful Swan?

You destroyed your tire on a pothole, you drove an extra hour out of your way because a bridge was out, your kid's school bus was unable to pick them up because it could not navigate the crumbling infrastructure in rural America safely. Don't worry, be happy because President Biden and his team are from the government and are here to help. And, just like Underdog 'they are here to save the day!' How you say? Biden's team introduced a \$2.25 trillion "infrastructure" package. That would be like you going to Wendy's and ordering a double hamburger with cheese and telling them to hold the hamburger and the cheese. That's right a 'nothing burger' - "Where's the beef?" \$2.25 trillion sounds like more than enough for the task; highways, byways, roads, bridges, waterways, locks and dams across America will all be modernized thanks to this generous investment.

And, if you believe that I have a bridge to sell you. When taking a closer look at the bill it doesn't take a PhD from M.I.T. to figure out it should have been titled the "Infrastructure-free Package." Out of the \$2.25 trillion the administration is proposing, only \$90-\$100 billion, or the equivalent of 5% of this bill, is spent on road infrastructure projects. This bill contains even less money for waterways and other traditional infrastructure items like bridges, locks and dams.

The Biden Administration attempted a similar tactic when they passed their COVID-19 relief package, also known as the American Rescue Plan. They marketed it as a massive bill to fight the spread of COVID-19, but the bill itself devoted less than 10% of its funds to actual COVID-19 related health spending. In a similar fashion, this bill is being marketed as an infrastructure plan, but the reality is the spending provisions in the bill show that it isn't.

So what exactly is the purpose of this bill you ask? Democratic Socialist Representative Alexandria Ocasio-Cortez put it best, "As much as I think some parts of the [democratic] party try to avoid saying Green New Deal... Ultimately, the framework I think has been adopted." She is referring to the framework set forth in this infrastructure bill which focuses on Socialist Green New Deal priorities. Half of the bill is devoted to reducing CO2 emissions; be it through spending, subsidies, regulation, tax credits, etc. President Biden's Green New Deal priorities in this so-called "infrastructure" bill include \$50 billion for the National Science Foundation, \$35 billion for general climate research, \$174 billion to increase the sale of electric vehicles, \$20 billion to advance racial equity and environmental justice, the list of broad non-infrastructure items goes on.

What Congressional Democrats and President Biden are doing with this bill is trying to sell us a pig, and by calling it a swan - but from all of the pork in it everyone knows it's a pig that would win a 'Grand Champion Ribbon' at any State Fair. I can't even begin to tell you how many times I have heard constituents telling me the roads and bridges they use are deteriorating, yet this bill devotes more money to electric car subsidies than it does to fixing roads and bridges. Senate Republicans recently released their own infrastructure proposal with one quarter the price tag, yet it included three times the amount of money for actual items that fall under the definition of infrastructure. It also includes money for public transit, rail, drinking water infrastructure, ports and waterways, and airports. These are the items we can all agree constitute actual infrastructure needs.

America is in desperate need of a real infrastructure bill, not a repackaged Green New Deal which is actually a progressive wish list. I will continue to advocate for a true infrastructure bill where the sole focus is repairing and modernizing our nation's infrastructure. Guess what, the Democrat's bait and switch doesn't fly with Missouri's 7th District and I cannot support this legislation as proposed.

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**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** Who's On First?

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U.S. Representative Billy Long

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October 15, 2021

## Who's On First?

Fun fact: Major League Baseball decided to move this year's All Star Game out of majority minority Atlanta because they didn't approve of what they considered restrictive voting laws that had recently been passed by the Georgia legislature. Where did they move it? Interestingly enough they moved it to minority minority Denver which, oh by the way, has more restrictive voting laws than the recently passed Georgia law. As my buddy Congressman Brad Wenstrup likes to point out, the only thing Major League Baseball knows about voting is the voting they oversee for the selection of players for the All Star Game. Oh, and by the way, the league lets their fans vote multiple times and to add insult to injury the managers pick the starting lineup.

In 1965 when I was ten years old, Congress passed the most substantial voting rights legislation in American History. The Voting Rights Act (VRA) was designed to curb blatantly discriminatory voting laws in southern states, and in the decades since its passage, it has been incredibly successful. Now, 56 years later, the Democrats are trying to bring back outdated provisions of the VRA in an effort to stomp out common sense voting regulations that they don't like, such as the new voting law in Georgia. They claim that nothing has changed since the 1960s, but reality does not support their false narrative.

The VRA contains a provision allowing the Department of Justice to take discriminatory voting procedures to court. This is the same way any law violations are handled in this country; a prosecutor charges the violation, and a court hears the case, making the final decision based on evidence and facts. This is the constitutional method of due process and it has worked for nearly 250 years. The VRA also contained a provision that required the Department of Justice to approve any voting changes in certain states. Known as preclearance, Section 5 of the VRA allowed the federal government to halt discriminatory procedures, which at the time made sense. However, Section 5 has never been updated and was using vastly out-of-date metrics to decide which states would be subject to preclearance. This led the Supreme Court to strike down Section 5 in 2013. Now the Democrats and their allies in the media want to bring back this anti-due process provision.

In recent years, the media and Democrats have been crying foul over common sense voting regulations, such as voter ID. When an election does not go their way, they simply claim that Republicans were suppressing voters. These outlandish allegations have no basis in reality, and a quick look at the facts proves it. The last few elections have seen record voter turnout in minority communities, especially in Southern states. If there were widespread voter suppression in these states, would minority turnout be at record highs? Of course not, but the Democrats never let the truth get in the way of a good story. This same logic applies to Georgia's new elections bill. President Biden said that this bill was worse than Jim Crow, a bold claim by a man who lived during that time and should know better. Funny enough, Georgia's new law allows up to 17 days of early voting, which is more than President Biden's home state of Delaware allows.

In late August, the House of Representatives narrowly passed H.R. 4, a bill that would reinstate Section 5 of the VRA, impose burdensome reporting requirements on local governments, and expand certain aspects of preclearance to all 50 states. Together with H.R. 1, which would force states to implement certain voter registration practices and give federal tax dollars to political candidates, these bills would federalize the election process and take power away from states to determine how their elections are run. I already told you that Democrats despise common sense voting regulations, and these bills are designed to stop them. If the Democrats get their way, there would be no voter ID laws in the United States. All decisions regarding elections would be made by unelected bureaucrats in Washington and not by the proper state election authorities. Throughout our nation's history, these decisions have always been made at the state and local levels and this separation must remain intact. As long as I am in Congress, I will fight for election integrity, and that includes preventing the federal government from seizing unprecedented control of our elections from state and local governments. Oh, yeah, one other thing. Going to the 2022 All Star game? Be sure and take your ID because Major League Baseball won't let you pick up your tickets without it. Talk about unreasonable and restrictive.

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**Sent:** Friday, June 04, 2021 12:52 PM EDT  
**To:** Bill White <Bill.White@senate.mo.gov>  
**Subject:** Working Together for Rural Students

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U.S. Representative Billy Long

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June 4, 2021

## Working Together for Rural Students

As a member of Congress, I'm afforded the opportunity daily to speak from the well of the House and pontificate on anything of my choosing. I'm also allowed to join in on any debate of any bill we may be considering. I could get really fired up and scream and gesture about how great or how truly awful said bill is. I could act as mad as an old wet hen or put on an air of supremacy that I am the only one in the chamber that truly knows what is best for the American people. You know Motherhood, apple pie, and Billy Long's thoughts on a subject. If you like seeing yourself on T.V. it's a great way to go. When I'd go home my constituents at Rosie Jo's, Granny Shaffer's, Cracker Barrel, or Gateway Cafe would all be telling me how good I'd done when they were watching me on C-Span. Many politicians choose this method of leading but I'm not a politician, I'm a Congressman. As a Congressman, I like to work effectively not theatrically. My thought of how career politicians do it is - what a waste of time. You see the dirty little secret is approximately 99.796% of the time not one person changes their mind on how they are going to vote on a bill based on the debate on the floor. The reading, cussing, and discussing of a bill is done in our office with C-Span on the T.V. but on mute. Usually with the assistance of four or five staffers so as to not miss any nuances in the bill or unexpected consequences. Another inside baseball secret is when you first get elected to Congress you're told whatever you do, don't ever mention your staff. Why? I asked. Because you want the folks back home to think you're the Congressman and you're doing this all on your own. My first thought was 'That's nuts!' My second thought was 'I'm gonna start today bragging on my staff and never let up. I did and I haven't. Well, admittedly that's a long way around the barn to tell you I like to spend my time actually making a difference by doing things that matter and not by doing things that only make it look like I'm being effective. Working effectively means working with like-minded folks that truly want results on either side of the aisle. Need someone to work with you on good policy? I'm your guy.

Believe it or not, bipartisanship still exists in Washington D.C. When Republicans and Democrats can work on good legislation together, it is something I like to highlight. In hyper-partisan times, members of Congress should demonstrate that we can work across the aisle on legislation that can improve lives. The Success for Rural Students and Communities Act is one of those things.

This bill is a classic example of Congress identifying a problem and working in a bipartisan fashion to address it. In many aspects of life, people in rural communities feel that they are left behind and that more opportunities are afforded to their urban counterparts. Unfortunately, this tends to be true more often than it should be. In the case of accessing higher education, it is. The problem here is that students from rural communities graduate from high school at rates that exceed the national average yet attend college at a lower rate than students from urban and suburban areas. This is because urban and suburban students have significantly more access to opportunities and resources to learn about and apply for college. The COVID-19 pandemic has only increased this educational attainment gap.

To address this gap, members from both sides of the aisle, including myself, came together to introduce the Success for Rural Students and Communities Act. Led by House Republican Conference Chair Rep. Elise Stefanik (R-NY), this bill seeks to address the problem of postsecondary enrollment in rural communities by providing resources for rural students to learn more about these opportunities. If signed into law, this bill would provide early support for rural students such as educational counseling, expose them to higher education programs, give them access to dual enrollment, and provide support for the students as they transition out of high school and into postsecondary education programs.

This bill not only aims to support rural students, but also rural communities. This legislation emphasizes local partnerships that would help create development strategies and connect students with local employers. Bringing students back to their communities after they graduate will bring highly skilled workers to rural communities, allowing local talent to contribute to the community's economic growth.

The COVID-19 pandemic exacerbated the educational gap between rural and urban students and highlighted the need for more resources to allow rural students to succeed. When students in rural communities are graduating from high school at a higher rate but not attending college at the same or higher rate than urban and suburban students, we have a clear problem. It is encouraging to see members from both sides of the aisle come together to identify this problem and introduce a solution that will fix it. This legislation will help us close the attainment gap that persists between rural and urban communities and it is something that both Republicans and Democrats can be proud of. I support this legislation whole heartedly and look forward to it moving forward.

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