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A STUDY OF THE **CRISIS PREGNANCY CENTER INDUSTRY** IN NINE STATES

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ALLIANCE

STATE ADVOCATES
FOR WOMEN'S RIGHTS
& GENDER EQUALITY

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ABOUT THE ALLIANCE

The Alliance: State Advocates for Women's Rights and Gender Equality ("The Alliance") is a collaboration of state-based law and policy centers working across the country to advance gender equality at the intersection of reproductive rights, economic justice, LGBTQ+ equality, and gender-based violence:

GENDER JUSTICE | Minnesota

LEGAL VOICE | Washington, Oregon, Montana, Idaho, Alaska

SOUTHWEST WOMEN'S LAW CENTER | New Mexico

WOMEN'S LAW PROJECT | Pennsylvania

The Alliance law centers advance proactive policies and litigation at the federal, state and local levels, leveraging state constitutions, opportunities, and causes of action. Our work is intersectional, and we are committed to explicitly and proactively grounding it in racial equity. We strive to center and amplify the voices of those most marginalized and work in and with diverse grassroots and client communities seeking equity and justice.

A centerpiece of the Alliance collaboration is our work to ensure equitable access to evidence-based reproductive health care and to secure transparency and accountability in government-funded programs for pregnant people. To that end, the Alliance has partnered with California Women's Law Center and researchers across the country to examine the expanding network of crisis pregnancy centers (CPCs), which are anti-abortion organizations that undermine the reproductive autonomy of vulnerable pregnant people while purporting to assist them.

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CPC Report Team:

Principal Authors: Jenifer McKenna and Tara Murtha

Research Advisor: Laura E. Dodge, ScD, MPH

Researchers: Thais Alves, Taylor Fallon, Taylor Gumm, Mariah Lindsay, Sarah Loughman, Vanessa Nahigian, Jenny Wu

Contributors: Wendy L. Basgall, Amal M. Bass, Naomi Black, Betsy Butler, Christine Castro, Courtney Chappell, Kim C. Clark, Mackenzie Darling, Sophia Elliot, Karina Estrada, Noble Frank, Susan J. Frietsche, Christy L. Hall, Ashlynn Kendzior, Jennifer Martinez, Terrelene Massey, Chelsea Mutual, Maggie Neely, Megan Peterson, Amy C. Poyer, Erin Maye Quade, Shira Saperstein, Liz Spikol, Lisa M. Stone, Carol E. Tracy, Claire Wernstedt-Lynch

CPC Report Reviewers:

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Design: Tarsha Rockowitz | trockdesign.com

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A NOTE ON LANGUAGE: The Alliance recognizes that people of all gender identities experience pregnancy and need access to comprehensive evidence-based reproductive health care. We use gender- inclusive language throughout this report except when referencing research and data that focuses on women exclusively, and laws that are written and interpreted based on binary gender concepts and use binary language.

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A STUDY OF THE **CRISIS PREGNANCY CENTER INDUSTRY** IN NINE STATES

The Alliance CPC Study: Full Findings & Study Methods

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*Note that n=the total number of CPCs evaluated from the database, and n=the total number of CPCs in a given state

Services provided by crisis pregnancy centers

MOST OFFERED

LEAST OFFERED

Service*	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Any pregnancy testing	537(88.5)	162(90.5)	138(88.5)	80(88.9)	50(89.3)	41(93.2)	27(87.1)	20(95.2)	17(85.0)	10(90.9)
Urine pregnancy test	177(29.2)	42(23.5)	38(24.4)	21(23.3)	21(37.5)	13(29.5)	16(53.3)	12(57.1)	11(55.0)	3(27.3)
Blood pregnancy test	7(1.2)	2(1.1)	4(2.6)	0(0.0)	1(1.8)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
Free/"earned" goods**	535(88.1)	149(83.2)	144(92.3)	86(95.6)	41(74.5)	42(95.5)	27(87.0)	18(85.7)	19(95.0)	9(81.8)
Support/counseling***	477(78.6)	147(82.1)	128(82.1)	81(90.0)	48(87.3)	14(31.8)	9(29.0)	21(100.0)	19(95.0)	10(90.9)
Non-diagnostic ultrasounds	340(56.0)	104(58.1)	81(51.9)	44(48.9)	37(67.3)	28(63.6)	15(48.4)	15(71.4)	12(60.0)	4(36.4)
STI-related services										
Testing/treatment****	172(28.4)	44(24.6)	45(29.0)	28(31.1)	23(41.8)	12(27.3)	5(16.1)	7(33.3)	7(35.0)	1(9.1)
Referral	43(7.1)	10(5.6)	13(8.4)	13(14.4)	0(0.0)	2(4.5)	2(6.5)	0(0.0)	1(5.0)	2(18.2)
None	389(64.4)	125(69.8)	100(64.5)	49(54.4)	32(58.2)	30(68.2)	19(61.3)	14(66.7)	12(60.0)	8(72.7)
Sex education	101(16.6)	16(8.9)	44(28.2)	8(8.9)	22(40.0)	6(13.6)	0(0.0)	3(14.3)	1(5.0)	1(9.1)
Student-specific services	90(14.8)	37(20.7)	28(17.9)	9(10.0)	5(9.1)	5(11.4)	2(6.5)	3(14.3)	1(5.0)	0(0.0)
Keyword—"campus"	22(3.6)	16(8.9)	3(1.9)	0(0.0)	0(0.0)	0(0.0)	2(6.5)	1(4.8)	0(0.0)	0(0.0)
Mobile health unit	61(10.0)	27(15.1)	2(1.3)	1(1.1)	20(36.4)	3(6.8)	5(16.1)	0(0.0)	3(15.0)	0(0.0)
Prenatal care										
Provides	31(5.1)	18(10.1)	2(1.3)	4(4.4)	3(5.5)	1(2.3)	0(0.0)	0(0.0)	2(10.0)	1(9.1)
Refers	244(40.2)	85(47.5)	45(28.8)	41(45.6)	28(50.9)	15(34.1)	11(35.5)	11(52.4)	4(20.0)	4(36.4)
Well-person care*****										
Provides	29(4.8)	18(10.1)	1(0.6)	2(2.2)	1(1.8)	1(2.3)	0(0.0)	2(9.5)	4(20.0)	0(0.0)
Refers	181(29.8)	70(39.1)	20(12.8)	36(40.0)	22(40.0)	14(31.8)	11(35.5)	3(14.3)	4(20.0)	1(9.1)
Contraceptives										
Provides all options/Plan B	1(0.2)	1(0.6)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
Hormonal contraceptives	1(0.2)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
Provides fertility awareness	18(3.0)	7(3.9)	4(2.6)	2(2.2)	2(3.6)	1(2.3)	0(0.0)	1(4.8)	1(5.0)	0(0.0)
Provides abstinence education	47(7.7)	13(7.3)	19(12.2)	2(2.2)	3(5.5)	3(6.8)	0(0.0)	3(14.3)	2(10.0)	2(22.2)
None	542(89.3)	159(88.8)	133(85.3)	86(95.6)	50(90.9)	41(93.2)	31(100.0)	18(85.7)	17(85.0)	7(77.8)

* Services are presented in descending order of rate of provision.

** Many CPCs condition free maternity and baby goods on completion of counseling/classes, through "earn while you learn" or "mommy bucks" programs.

*** "Pregnancy options" counseling typically includes pregnancy "decision-making," pregnancy education, and adoption counseling; other counseling offered often includes "after abortion recovery," "abortion pill education," "fetal development education," "couples pregnancy counseling," "emotional support," "support "for guys," and childbirth and parenting education. Some CPCs offer breastfeeding education, abstinence education, and community referrals.

**** These data capture CPCs that offer clinical STI services as well as those offering STI education and "at home" testing information only on their website.

***** Well-person care includes preventive reproductive health services, such as breast exams and pap tests, and other primary health services, such as physicals.

Educational offerings off-site by crisis pregnancy centers*

Offering*	N (%) n=613**	CA n=185	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Sexuality education	47 (7.7)	14 (7.6)	17 (10.9)	3 (3.3)	10 (18.2)	2 (4.5)	1 (3.1)	1 (4.8)	0 (0.0)	0 (0.0)
Abstinence education	39 (6.4)	22 (11.9)	9 (5.8)	0 (0.0)	3 (5.5)	3 (6.8)	0 (0.0)	1 (4.8)	1 (5.0)	0 (0.0)
Pregnancy/infant/other education	9 (1.5)	6 (3.2)	0 (0.0)	1 (1.1)	1 (1.8)	0 (0.0)	1 (3.1)	0 (0.0)	0 (0.0)	0 (0.0)

* Researchers coded CPCs as providing "educational" offerings related to sexuality, abstinence, and/or pregnancy/infant education when their website stated that the reader can engage the CPC go to their school or community group to provide presentations or classes on these topics, or where the website indicated the CPC sponsored a sexuality, abstinence, or pregnancy/infant education program or curriculum that is offered off-site. If the CPC included sex ed/abstinence only ed in their "services" page and did not specify that those services are offered off-site, we did not flag those CPCs as providing these as educational offerings.

** n=613 and n=185 because 6 additional CPCs in California were added after all other data had been collected.

False & biased medical claims by crisis pregnancy centers

Characteristic	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Makes false/biased medical claims	385 (63.4)	118 (65.9)	101 (64.7)	57 (63.3)	33 (60.0)	20 (45.5)	15 (48.4)	16 (76.2)	15 (75.0)	10 (90.9)
False claims*	193 (31.8)	78 (43.6)	21 (13.5)	51 (56.7)	11 (20.0)	6 (13.6)	5 (16.1)	4 (20.0)	10 (50.0)	7 (63.6)
Biased claims**	137 (22.6)	25 (14.0)	68 (43.6)	2 (2.2)	15 (27.3)	8 (18.2)	3 (9.7)	11 (55.0)	3 (15.0)	2 (18.2)
Mentions APR only***	55 (9.1)	15 (8.4)	12 (7.7)	4 (4.4)	7 (12.7)	6 (13.6)	7 (22.6)	1 (4.8)	2 (10.0)	1 (9.1)

* We defined as false any medical claims that are untrue or unsubstantiated, or that misstate or selectively and incompletely cite factual information. Examples of false claims related to post-abortion counseling captured in this data include: 1) abortions can lead to "increased promiscuity" and other psychological issues; 2) "abortion has been associated with preterm birth, emotional and psychological impact, and spiritual consequences"; 3) abortion increases the risk of breast cancer and infertility; 4) the abortion pill is only approved during a 49-day window (it is approved during a 70-day window); 5) some doctors illegally provide medication abortion beyond 10 weeks; 6) "abortion clinics have provided clients with incorrect information in order to obtain their abortion fee," 7) people suffer from post-abortion syndrome (this is not a clinically recognized condition).

** We defined biased claims as those that, while not necessarily false, were presented in loaded or gratuitous language and/or promoted anti-abortion rhetoric. Examples of biased claims captured in this data include: 1) referring to abortion as "killing"; 2) using the word "baby" when referencing a fetus; 3) unnecessarily detailed description of fetal development; 4) use of grotesque language to describe abortion.

*** These CPCs promote the false claim that a medication abortion can be reversed but did not promote other false or biased claims.

Abortion pill reversal (APR) promotion, referral, & provision by crisis pregnancy centers

Status	TOTAL n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Promotes APR*	212 (34.9)	70 (39.1)	50 (32.0)	22 (24.4)	28 (50.9)	12 (27.3)	9 (29.0)	12 (57.1)	8 (40.0)	1 (9.1)
Provides and Refers	4 (0.7)	2 (1.1)	0 (0.0)	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.8)	0 (0.0)	0 (0.0)
Provides Only**	30 (4.9)	13 (7.3)	1 (0.6)	3 (3.3)	7 (12.7)	1 (2.3)	2 (6.5)	2 (9.5)	1 (5.0)	0 (0.0)
Refers Only***	163 (26.9)	53 (29.6)	41 (26.3)	15 (16.7)	20 (36.4)	11 (25.0)	7 (22.6)	10 (47.6)	5 (25.0)	1 (9.1)
Advertises Only****=	30 (4.9)	7 (3.9)	8 (5.1)	7 (7.8)	3 (5.5)	1 (2.3)	0 (0.0)	1 (4.8)	3 (15.0)	0 (0.0)
Does not mention APR	395 (65.1)	109 (60.9)	106 (68.0)	68 (75.6)	27 (49.1)	32 (72.7)	22 (71.0)	9 (42.9)	12 (60.0)	10 (90.9)
Unclear	15 (2.5)	7 (3.9)	4 (2.6)	1 (1.1)	0 (0.0)	1 (2.3)	2 (6.5)	0 (0.0)	0 (0.0)	0 (0.0)
None	380 (62.6)	102 (57.0)	102 (65.4)	67 (74.4)	27 (49.1)	31 (70.5)	20 (64.5)	9 (42.9)	12 (60.0)	10 (90.9)

* CPCs can fall into more than one category, and thus the total of those providing, referring, and promoting/advertising may add to more than the total of CPCs that mention APR.

** CPCs fell under "provides" if they advertise that their clinic has a nurse or other medical professional that administers APR treatment.

*** CPCs fell under "refers" if they include links to a website or phone number that provides APR. All CPCs in this study referred to the Abortion Pill Rescue website and accompanying 24/7 hotline. Most of the language used for APR reversal included "it's not too late" phrasing and encouraged women to not take the second dose of medication as normally required for a medical abortion and instead to call the hotline. Many websites also provided statistics about medical abortions being ineffective and causing harm to "babies" that remain viable.

**** CPCs fell under "advertises only" if they provide information about APR, but do not direct visitors to a hotline or website that provides APR.

Presence of licensed medical professionals among crisis pregnancy center staff & board, among all CPCs*

Licensed Medical Professional	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Licensed professional on staff**	216 (35.6)	77 (42.5)	36 (23.8)	34 (37.8)	20 (36.4)	23 (52.3)	6 (19.4)	8 (38.1)	11 (55.0)	3 (27.3)
<i>Registered nurse</i>	157 (25.9)	58 (32.4)	22 (14.8)	18 (20.0)	18 (32.7)	22 (50.0)	2 (6.5)	5 (23.8)	10 (50.0)	2 (18.2)
<i>Physician</i>	99 (16.3)	45 (25.1)	17 (11.5)	8 (8.9)	5 (9.1)	14 (31.8)	1 (3.2)	3 (14.3)	6 (30.0)	3 (27.3)
<i>Nurse practitioner</i>	29 (4.8)	19 (10.6)	3 (2.0)	1 (1.1)	2 (3.6)	1 (2.3)	0 (0.0)	2 (9.5)	1 (5.0)	0 (0.0)
<i>Social worker</i>	23 (3.8)	5 (2.8)	8 (5.3)	6 (6.7)	2 (3.6)	2 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Physician assistant</i>	15 (2.5)	9 (5.0)	0 (0.0)	2 (2.2)	1 (1.8)	1 (2.3)	1 (3.2)	0 (0.0)	0 (0.0)	1 (9.1)
<i>Volunteer physician</i>	7 (1.2)	2 (1.1)	3 (2.0)	0 (0.0)	1 (1.8)	0 (0.0)	0 (0.0)	1 (4.8)	0 (0.0)	0 (0.0)
<i>Volunteer RN</i>	2 (0.3)	1 (0.6)	1 (0.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.8)	0 (0.0)	0 (0.0)
<i>Volunteer NP</i>	1 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.8)	0 (0.0)	0 (0.0)
Licensed board member	48 (7.9)	16 (8.9)	17 (11.3)	3 (3.3)	3 (5.5)	1 (2.3)	2 (6.5)	2 (9.5)	3 (15.0)	1 (9.1)

Presence of licensed medical professionals among crisis pregnancy center staff & board, among CPCs providing staff &/or board information on their website

Licensed Medical Professional	N (%) n=286	CA n=89	PA n=43	MN n=44	WA n=45	OR n=26	NM n=12	ID n=11	MT n=13	AK n=3
Licensed professional on staff	216 (75.5)	77 (86.5)	36 (83.7)	34 (77.3)	20 (44.4)	23 (88.5)	6 (50.0)	8 (72.7)	11 (84.6)	3 (100.0)
<i>Registered nurse</i>	157 (54.9)	58 (65.2)	22 (51.2)	18 (40.9)	18 (40.0)	22 (84.6)	2 (16.7)	5 (45.5)	10 (76.9)	2 (66.7)
<i>Physician</i>	99 (34.6)	45 (50.6)	17 (39.5)	8 (18.2)	5 (11.1)	14 (53.8)	1 (8.3)	3 (27.3)	6 (46.2)	3 (100.0)
<i>Nurse practitioner</i>	29 (10.1)	19 (21.3)	3 (7.0)	1 (2.3)	2 (4.4)	1 (3.8)	0 (0.0)	2 (18.2)	1 (7.7)	0 (0.0)
<i>Social worker</i>	23 (8.0)	5 (5.6)	8 (18.6)	6 (13.6)	2 (4.4)	2 (7.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Physician assistant</i>	15 (5.2)	9 (10.1)	0 (0.0)	2 (4.5)	1 (2.2)	1 (3.8)	1 (8.3)	0 (0.0)	0 (0.0)	1 (33.3)
<i>Volunteer physician</i>	7 (2.4)	2 (2.2)	3 (7.0)	0 (0.0)	1 (2.2)	0 (0.0)	0 (0.0)	1 (9.1)	0 (0.0)	0 (0.0)
<i>Volunteer RN</i>	2 (0.7)	1 (1.1)	1 (2.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (9.1)	0 (0.0)	0 (0.0)
<i>Volunteer NP</i>	1 (0.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (9.1)	0 (0.0)	0 (0.0)
Licensed board member	48 (16.8)	16 (18.0)	17 (39.5)	3 (6.8)	3 (6.7)	1 (3.8)	2 (16.7)	2 (18.2)	3 (23.1)	1 (33.3)

* Since many CPCs do not provide staff and board information on their websites, we decided to present findings on the presence of licensed medical professionals in the context of all CPCs in our data pool (Table 6a), which likely underestimates presence of licensed staff at CPCs, as well as in the context of only those CPCs with information available (Table 6b), which likely underestimates presence of licensed staff.

** We were not able to determine the status of these licensed medical professionals at CPCs. Anecdotal information indicates that many CPCs engage licensed medical professionals on a very part-time or volunteer basis, which is backed-up by the limited public reporting available. (Among CA CPCs licensed as "community clinics" that must report what clinical staff they employ, many list a physician and/or nurse, often working on a volunteer basis, at considerably less than .50 FTE.

Public contracts held by crisis pregnancy centers*

Public contract*	N (%) n=613***	CA n=185	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Positive Alternatives (MN)	29 (4.7)	0 (0.0)	0 (0.0)	29 (32.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Real Alternatives (PA)	27 (4.4)	0 (0.0)	27 (17.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
MediCal (CA)	9 (1.5)	9 (4.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Title X**	15 (2.4)	15 (8.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
None	538 (87.8)	166 (89.7)	129 (82.7)	61 (67.8)	55 (100.0)	44 (100.0)	31 (100.0)	21 (100.0)	20 (100.0)	11 (100.0)

* CPCs can hold more than one public contract, and thus this may sum to more than 100%

** The Obria CPC network was receiving Title X funding when the Alliance collected these data in early 2021. In April 2021, in response to the Biden Administration proposal to revoke Trump Administration changes to the Title X program under which Obria had received funding in 2019, Obria left the Title X program.

*** n=613 and n=185 because 6 additional CPCs in California were added after all other data had been collected

Social media presence of crisis pregnancy centers

Platform	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Any social media	554 (91.3)	168 (93.9)	133 (85.2)	89 (98.9)	51 (92.7)	35 (79.5)	28 (90.3)	20 (98.4)	20 (100.0)	10 (90.9)
Facebook	553 (91.1)	168 (93.9)	133 (85.2)	88 (97.8)	51 (92.7)	35 (79.5)	28 (90.3)	20 (98.4)	20 (100.0)	10 (90.9)
Instagram	209 (34.4)	57 (31.8)	63 (40.3)	24 (26.7)	25 (45.5)	13 (29.5)	9 (29.0)	10 (47.6)	5 (25.0)	3 (27.3)
Twitter	157 (25.9)	35 (19.6)	63 (40.3)	25 (27.8)	19 (34.5)	7 (15.9)	1 (3.2)	4 (19.0)	2 (10.0)	1 (9.1)

Services provided & false/biased medical claims made by CPCs funded by Positive Alternatives in MN & Real Alternatives in PA

Services/Claims	N (%) n=607	MN: Total n=90	MN: Positive Alternatives Funded n=29	PA: Total n=156	PA: Real Alternatives Funded n=27
Any pregnancy testing	537 (88.5)	80 (88.9)	25 (86.2)	138 (88.5)	27 (100.0)
<i>Urine pregnancy test</i>	177 (29.2)	21 (23.3)	7 (24.1)	38 (24.4)	4 (14.8)
<i>Blood pregnancy test</i>	7 (1.2)	0 (0.0)	0 (0.0)	4 (2.6)	0 (0.0)
Free/"earned" goods	535 (88.1)	86 (95.6)	27 (93.1)	144 (92.3)	26 (96.3)
Support/counseling	477 (78.6)	81 (90.0)	25 (86.2)	128 (82.1)	26 (96.3)
Non-diagnostic ultrasounds	340 (56.0)	44 (48.9)	11 (37.9)	81 (51.9)	11 (40.7)
STI-related services					
<i>Testing/treatment</i>	172 (28.4)	28 (31.1)	9 (31.0)	45 (29.0)	10 (38.5)
<i>Referral only</i>	43 (7.1)	13 (14.4)	4 (13.8)	13 (8.4)	0 (0.0)
<i>None</i>	389 (64.4)	49 (54.4)	17 (58.6)	100 (64.5)	17 (63.0)
Sex education	101 (16.6)	8 (8.9)	5 (17.2)	44 (28.2)	6 (23.1)
Student-specific services	90 (14.8)	9 (10.0)	3 (10.3)	28 (17.9)	6 (23.1)
<i>Keyword—"campus"</i>	22 (3.6)	0 (0.0)	0 (0.0)	3 (1.9)	1 (3.7)
Mobile health unit	61 (10.0)	1 (1.1)	0 (0.0)	2 (1.3)	0 (0.0)
Prenatal care					
<i>Provides</i>	31 (5.1)	4 (4.4)	2 (6.9)	2 (1.3)	0 (0.0)
<i>Refers</i>	244 (40.2)	41 (45.6)	12 (41.4)	45 (28.8)	13 (48.1)
Well-person care					
<i>Provides</i>	29 (4.8)	2 (2.2)	1 (3.4)	1 (0.6)	0 (0.0)
<i>Refers</i>	181 (29.8)	36 (40.0)	11 (37.9)	20 (12.8)	2 (7.4)
Contraceptives					
<i>Provides all options/Plan B</i>	1 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Hormonal contraceptives</i>	1 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Provides fertility awareness</i>	18 (3.0)	2 (2.2)	1 (3.4)	4 (2.6)	0 (0.0)
<i>Provides abstinence counseling</i>	47 (7.7)	2 (2.2)	1 (3.4)	19 (12.2)	1 (3.7)
<i>None</i>	542 (89.3)	86 (95.6)	27 (93.1)	133 (85.3)	26 (96.3)
Makes false/biased claims	385 (63.4)	57 (63.3)	14 (48.3)	101 (64.7)	17 (63.0)
<i>False claims</i>	193 (31.8)	51 (56.7)	13 (44.8)	21 (13.5)	2 (7.4)
<i>Biased claims</i>	137 (22.6)	2 (2.2)	1 (3.4)	68 (43.6)	12 (44.4)
<i>Mentions APR only</i>	55 (9.1)	4 (4.4)	0 (0.0)	12 (7.7)	3 (11.1)
Mentions abortion pill reversal	212 (34.9)	22 (24.4)	9 (31.0)	50 (32.0)	11 (40.7)
<i>Provides</i>	30 (4.9)	3 (3.3)	0 (0.0)	1 (0.6)	0 (0.0)
<i>Refers</i>	163 (26.9)	15 (16.7)	6 (20.7)	41 (26.3)	11 (40.7)
<i>Advertises/promotes</i>	30 (4.9)	7 (7.8)	3 (10.3)	0 (0.0)	0 (0.0)

Affiliations of crisis pregnancy centers

Affiliation*	TOTAL n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	NM n=31	ID n=21	MT n=20	AK n=11
Organizational affiliation										
<i>Any national/regional org**</i>	278 (45.8)	37 (20.7)	32 (20.5)	34 (37.8)	43 (78.2)	34 (77.3)	27 (87.1)	14 (66.7)	12 (60.0)	6 (54.5)
<i>Care Net</i>	117 (19.3)	11 (6.1)	24 (15.4)	7 (7.8)	25 (45.5)	21 (47.7)	12 (38.7)	5 (23.8)	7 (35.0)	5 (45.5)
<i>Heartbeat International</i>	65 (10.7)	9 (5.0)	6 (3.8)	7 (6.8)	11 (20.0)	9 (20.5)	12 (38.7)	6 (28.6)	4 (20.0)	1 (9.1)
<i>Birthright</i>	35 (5.8)	7 (3.9)	3 (1.9)	10 (11.1)	4 (7.3)	3 (6.8)	4 (12.9)	3 (14.3)	1 (5.0)	0 (0.0)
<i>Real Alternatives</i>	27 (4.4)	0 (0.0)	27 (17.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Obria</i>	15 (2.5)	9 (5.0)	0 (0.0)	0 (0.0)	4 (7.3)	2 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Elevate Life</i>	13 (2.1)	0 (0.0)	0 (0.0)	13 (14.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Church</i>	10 (1.6)	2 (1.1)	3 (1.9)	3 (3.3)	0 (0.0)	0 (0.0)	2 (6.5)	0 (0.0)	0 (0.0)	0 (0.0)
<i>NIFLA</i>	4 (0.7)	0 (0.0)	0 (0.0)	2 (2.2)	2 (3.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Culture of Life Family Services</i>	2 (0.3)	2 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Other</i>	58 (9.6)	33 (18.4)	0 (0.0)	18 (20.0)	5 (9.1)	0 (0.0)	2 (6.5)	0 (0.0)	0 (0.0)	0 (0.0)
<i>None Specified</i>	280 (46.1)	110 (61.5)	94 (60.3)	37 (41.1)	7 (12.7)	10 (22.7)	2 (6.5)	7 (33.3)	8 (40.0)	5 (45.5)

* Some CPCs have more than one affiliation, thus the number of affiliations exceeds the number of CPCs and the percentages

** Includes all organizations listed except church and other.

Prenatal care offered by most common crisis pregnancy center affiliates

Prenatal Care Provision	Total n=607	Care Net* n=117	Heartbeat* n=65	Birthright n=35	Real Alternatives n=27	None n=279	Other** n=90
Provides	31 (5.1)	3 (2.6)	0 (0.0)	1 (2.9)	0 (0.0)	13 (4.7)	14 (15.6)
Refers	244 (40.2)	48 (41.0)	16 (24.6)	32 (91.4)	13 (48.1)	109 (39.1)	26 (28.9)
No prenatal care	275 (45.3)	58 (49.6)	32 (49.2)	2 (5.7)	13 (48.1)	135 (48.4)	39 (43.3)
Unclear	57 (9.4)	8 (6.8)	15 (23.1)	0 (0.0)	1 (3.7)	22 (7.9)	11 (12.2)

* Five CPCs are affiliated with both Care Net and Heartbeat and are shown in both columns.

** Includes CPCs affiliated with national/regional CPC umbrella groups other than Care Net, Heartbeat, Birthright, or Real Alternatives. CPCs with a Care Net, Heartbeat, Birthright, or Real Alternatives and some other affiliation are not included in this column.

Operating status of crisis pregnancy centers during COVID-19 closure of non-essential services April 15–June 5, 2020*

Platform	N (%) n=607	CA n=179	PA n=156	MN n=90	WA n=55	OR n=44	ID n=21	MT n=20	AK n=11
Open—in-person	318 (59.2)	96 (64.4)	68 (53.1)	56 (53.3)	39 (70.9)	26 (55.3)	15 (65.2)	14 (73.7)	4 (36.4)
Open—remote	44 (8.0)	5 (3.4)	14 (10.9)	16 (15.2)	2 (3.6)	4 (8.5)	1 (4.3)	1 (5.3)	1 (9.1)
Closed	21 (3.9)	7 (4.7)	4 (3.1)	2 (1.9)	0 (0.0)	1 (2.1)	2 (8.7)	4 (21.1)	1 (9.1)
Unclear	154 (28.7)	41 (27.5)	42 (32.8)	31 (29.5)	14 (25.5)	16 (34.0)	5 (21.7)	0 (0.0)	5 (45.5)

* Size of study sample differs from the remaining data (537 vs 607 CPCs) because this study was conducted in advance of other data collection (before which we updated the database of CPCs in all states) and because we excluded New Mexico CPC findings when their shutdown was lifted early in our data collection.

Services offered by crisis pregnancy centers studied during COVID-19 ordered closures April 15–June 5, 2020

Service	All n=537*	Open n=318	Remote Only n=43	Closed n=18	Unclear n=158
Pregnancy testing	426 (79.3)	278 (87.4)	31 (72.1)	15 (83.3)	102 (64.6)
Pregnancy counseling/support	419 (78.0)	257 (87.7)	36 (90.0)	18 (83.3)	108 (83.7)
Ultrasounds	248 (46.2)	192 (66.0)	13 (30.2)	4 (22.2)	39 (24.7)
Prenatal care					
Provides	9 (1.7)	5 (1.7)	0 (0.0)	0 (0.0)	4 (2.8)
Refers	215 (40.0)	133 (45.9)	15 (35.7)	4 (22.2)	63 (43.8)
Well-person care					
Provides	11 (2.0)	9 (3.1)	0 (0.0)	0 (0.0)	2 (1.4)
Refers	159 (29.6)	92 (31.5)	9 (21.4)	9 (50.0)	49 (33.8)
Highly-effective contraception	2 (0.4)	2 (0.6)	0 (0.0)	0 (0.0)	0 (0.0)

Alliance Study Methods

The crisis pregnancy centers included in the Alliance Study data pool were identified by staff and interns in the five organizations participating in the Alliance CPC project (California Women's Law Center, Gender Justice, Legal Voice, Southwest Women's Law Center, and Women's Law Project) through online research and comparative analyses of CPC databases and reports from the field. Staff compiled databases of CPCs operating in each of the nine project states – Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington State – in 2019 and reviewed and updated those lists in 2020.

In preparation for fact collection, project staff verified and updated each state's list of CPCs using various methods including: 1) Google searches of existing entries to verify current operation and document any online presence; 2) Google searches by state and county using standard keywords such as "pregnancy center in (state/county)" and "abortion in (state/county)" to identify new and missing CPCs; 3) review of the websites of regional, national, and international organizations that support CPCs, including Birthright International, Care Net, Culture of Life Family Services, Elevate Life, Heartbeat International, National Institute of Family Life Advocates, Obria, Pennsylvania Pro-Life Federation, and Real Alternatives to identify affiliates in each state; 4) cross-referencing of Alliance project CPC lists against national CPC databases hosted by Reproaction (The Fake Clinic Database¹) and the University of Georgia project led by Drs. Andrea Swartzendruber and Danielle Lambert (Crisis Pregnancy Center Map²); and 5) review of CPC websites for a map feature locating affiliated centers and mobile clinics in our nine project states.

The Alliance also engaged Dr. Laura Dodge, a Boston-based reproductive epidemiologist and CPC researcher, to provide expert support for this project. Dr. Dodge compiled the nine state lists in a central database, provided training and technical assistance to project staff to ensure collection of CPC data would meet rigorous research standards, and oversight and technical assistance for data aggregation and reporting.

Data collection was conducted between April 2020 and February 2021 to document CPC services offered; educational offerings off-site; promotion of false and biased medical claims and abortion pill reversal; presence of licensed medical professionals on staff and board; public contracts held; services offered and rate of false and biased claims and APR promotion by state-funded CPCs; affiliations of CPCs with regional, national, and/or international CPC networks and rate of prenatal care provision and referral by affiliates; mobile units; social media presence; and operating status during COVID-related closure of non-essential services in spring 2020.

Please see notes on the tables above for methods that informed collection of data in each category, including definitions used to guide data collection and coding.

Operating status during COVID-related closure of non-essential services: notes on methods

In March 2020, as The Alliance commenced systematic fact collection for this project, the coronavirus pandemic took force. By April 2020, elected officials were ordering non-essential businesses and services to close, and The Alliance decided to document the operating status of CPCs in each project state.

We collected data on the operating status and services offered by the 569 CPCs that were in the Alliance database between April 15 and June 5, 2020, from information posted on CPC websites and social media. CPCs were considered "open" if they offered in-clinic appointments and considered "open remotely" if they offered only online classes, remote consultations, or material pick-up. CPCs were considered "closed" if they noted they were closed and "unclear" if they did not indicate whether in-center services were available. We considered specific services to be unavailable if they were not mentioned.

Data for California, Minnesota, Oregon, Pennsylvania, and Washington (90.1%) were collected prior to the reopening of essential services; we began data collection for Alaska, Idaho, and Montana (9.1%) while non-essential services were closed and concluded data collection within 18 days of reopening. We excluded data from our ninth project state, New Mexico, because the shut-down in New Mexico was lifted early in our data collection; however, an informal Southwest Women's Law Center survey of New Mexico CPCs during the April shut-down identified nearly all to be open for in-person visits, consistent with findings in the other states.

In early 2021, we prepared a supplementary index documenting the closure orders in each study state as companion and context for this study's findings, using the Boston University COVID-19 U.S. State Policy (CUSP) Database³ and research by each CPC project organization into state and local closure orders and implementation (e.g., what was ordered closed and any data on what was actually closed).

Once COVID-closure related data collection was complete, a team of California Women's Law Center (CWLC) staff attorneys and interns systematically updated the database of CPCs in all nine project states, in June and July 2020, and resumed data collection on the 607 CPCs in the database as of July 2020.

"Abortion Pill Reversal" (APR): Notes on Methods

Between July and August 2020, CPC project staff reviewed the online presence of CPCs in the project states to identify and document CPCs that were promoting abortion pill reversal. Data were collected by review of CPC websites and social media, primarily Facebook pages, to identify whether CPCs were promoting APR in one or more of three ways: offering APR services, referring people for APR, and/or advertising APR in some way. Some CPCs listed the APR service or referral on their homepage; some nested APR information within tabs such as "abortion education" or other options; some shared or linked to APR articles, testimonials, or information from another organization.

CPCs fell under "provides" if they advertise that their clinic had a nurse or other medical professional that administered the APR process. CPCs fell under "refers" if they included links to a website or phone number that provides APR. All of these referrals were to the same Abortion Pill Rescue website and accompanying 24/7 hotline. CPCs fell under "promotes/advertises only" if they provided information about APR, but did not direct visitors to a hotline or website that provides APR. CPCs fell under "unclear" if there was no longer a website or Facebook page to review or the website was unavailable, e.g., it would not load, or the domain had changed ownership. CPCs fell under "no" if there was no mention of APR on their website or social media.

In August 2020, CWLC project staff cross-referenced our APR findings with Reproaction's online Fake Clinic Database, which was updated mid-2020 to include results of Reproaction's outreach to identify which CPCs in their national database "advertise APR". Some of the Alliance data conflicted with Reproaction's findings of which CPCs in Alliance states advertise APR, which may be due to differing data collection methods (e.g., the Alliance data was collected entirely from information available online and tracked brick and mortar CPCs and CPCs that were mobile units only and did not include mobile clinics that were adjunct to a brick-and-mortar CPC as individual records). Discrepancies may also be due to the different time frames of our data collection: the Alliance Study's first set of APR data was collected mid-2020, while Reproaction's data was collected months earlier. Alliance data is also more refined than Reproaction's; the Alliance collected data in three categories (provides, refers, promotes only) while Reproaction's data is in one category (advertises).

As of August 2020, the Alliance had found 31.1% of the CPCs in our nine states to be promoting APR in some way, as compared to Reproaction's finding that 21.1% of CPCs in their national database were "advertising" APR. CWLC staff generated a comparative spreadsheet of Alliance vs. Reproaction findings regarding CPCs promoting APR in the nine Alliance states and shared that with our allies at Reproaction in September 2020 and will collaborate to consider the discrepancies upon release of this report.

As data collection in other categories proceeded into the fall and winter of 2020, Alliance project staff observed that some CPCs had added references to APR that had not been present during summer 2020 data collection. As a result, we conducted a second review of the entire database to update the records regarding APR between December 2020 and February 2021.

Upon second review, we found the proportion of CPCs promoting APR had increased significantly: from 31.1% to 34.9%. While it is possible that researchers missed some CPCs promoting APR during the summer review, we believe this increase is too significant to be attributed to researcher error, and shows an increase in the rate of APR promotion by CPCs in the Study states in the six-month interval between APR data collection rounds.

Public Contracts: Notes on Methods

In order to code the state-funded CPCs in Minnesota and Pennsylvania to assess how they performed in the various data categories compared to those not receiving state funding, Gender Justice staff obtained the list of Minnesota programs getting Positive Alternatives Act (PAA) funding and Women's Law Project staff obtained the list of Pennsylvania programs funded by the Real Alternatives (RA) program. Both lists included some maternity homes and youth programs that are not CPCs. Project staff isolated the CPCs on both lists through internet research; review of the funded program websites to identify those that were/were not CPCs (using the Alliance definition of CPCs cited in this report); and comparison the PAA and RA lists against CPC records in the Alliance database.

Data on Title X-funded CPCs were collected January – February 2021. Researchers identified which CPCs were receiving Title X funding through Obria using the list of all Title X grantees and subgrantees published by Office of Population Affairs (OPA) of the Department of Health and Human Services updated as of January 2021. We also reviewed the OPA archive page, which lists Title X clinics by month⁵. As of January 2021, Alliance researchers identified six new Obria-affiliated CPCs in California that were not present in summer 2020 when we did our review and update of the database. We added those six CPC to the California and public contracts data only, noting on the findings table above that they were added after all other data had been collected and so have a different denominator. (In April 2021, in response to the Biden administration proposal to revoke Trump administration changes to the Title X program under which Obria had received funding in 2019, the Obria Group left the Title X program.)

Data on California CPCs billing for Medi-Cal were collected by reviewing the California Office of Statewide Health Planning and Development⁶ (OSHPD) which subject CPCs licensed as “community clinics” to reporting requirements. California Women’s Law Center staff reviewed the California CPCs in the database to identify any licensed as community clinics, then searched the OSHPD site by clinic and reviewed each clinic’s annual utilization report on health services provided, status of clinical staff/volunteers providing services, and whether/how much they billed the state Medi-Cal and/or Medi-Cal Managed Care program.

Study Limitations

Data on crisis pregnancy centers are not static. The Alliance data represent our best understanding about how many CPCs were operational in our nine project states as of early 2021 (and as of April–June 2020 during the COVID-related closure study) and how they were operating in the fact categories in which we collected data. Since individual CPCs open, close, move, and change names on a regular basis, some of the information in this Study will likely have changed as of publication of this report.

1. <https://reproaction.org/fakeclinicdatabase/>
2. <https://crisispregnancycentermap.com/>
3. <https://www.evidenceforaction.org/grant/covid-19-us-state-policy-cusp-database>
4. <https://opa.hhs.gov/sites/default/files/2021-02/title-x-family-planning-directory-january2021.pdf>
5. <https://opa.hhs.gov/grant-programs/archive/title-x-directory-archive>
6. <https://lfis.oshpd.ca.gov/>

DESIGNED to DECEIVE

A STUDY OF THE **CRISIS PREGNANCY CENTER INDUSTRY** IN NINE STATES

Crisis Pregnancy Centers Are Not Essential Healthcare, Yet Stayed Open As COVID-19 Spread in the U.S.

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BMJ Journals

By Jenifer McKenna, *The Alliance: State Advocates for Women's Rights & Gender Equality*; Tara Murtha, *Womens' Law Project*; Kim C. Clark, *Legal Voice*; Christy L. Hall, *Gender Justice*; Wendy Lee Basgall, *Southwest Women's Law Center*; Amy C. Poyer, *California Women's Law Center*; and Laura E. Dodge, *Beth Israel Deaconess Medical Center, Harvard T.H. Chan School of Public Health*

In March 2020, as the COVID-19 pandemic rapidly spread across the United States, a singular question emerged: What are essential services?

The answer to this critical question shaped COVID-19 response efforts and the trajectory of the pandemic across the country. In healthcare, procedures and tests deemed "essential" remained available, while non-essential services were postponed. Though abortion-related services are essential, time-sensitive healthcare—as affirmed by the American College of Obstetricians and Gynecologists² and other professional medical organizations at the dawn of the pandemic—anti-abortion lawmakers attempted to classify abortion healthcare as non-essential. While extensive research demonstrates that denying access to abortion results in significant medical and social harm³, at least 12 states attempted to ban abortion to some degree during early months of the pandemic, forcing abortion providers in at least nine states to initiate litigation to stay open as recommended by public health experts.

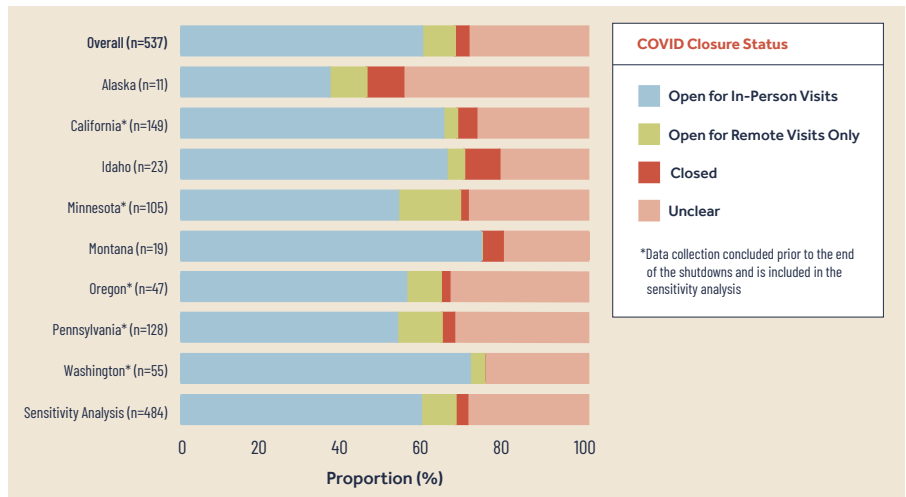
Anti-abortion lawmakers and officials, meanwhile, largely ignored the status—and potential virus-spreading threat—of crisis pregnancy centers (CPCs). CPCs are anti-abortion organizations whose mission is to reach low-income people experiencing unplanned or "crisis" pregnancies to prevent them from accessing abortion and contraception. Public health literature recognizes CPCs as "unethical" organizations that pose a range of possible harms. While the anti-abortion movement increasingly markets CPCs as medical facilities, the vast majority do not provide medical services. Research shows most promote medical misinformation to discourage people from accessing abortion.

In this context, The Alliance: State Advocates for Women's Rights & Gender Equality ("The Alliance") conducted a study⁴ to determine whether CPCs remained open during early months of the COVID-19 pandemic, when non-essential services were generally ordered closed. This study was part of a broader Alliance investigation of CPC services in nine states: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington.

The Alliance study found 59.2% of CPCs in eight states stayed open for in-person visits when non-essential services were ordered closed between April and early June 2020. Most provided pregnancy tests (87.4%) and counseling (87.7%), but the urine tests many CPCs provide are available over the counter, and most counseling appears to be provided by "peers," not licensed professionals. Some open CPCs did not offer even these limited services; almost none offered well-person care (3.1%), prenatal care (1.7%), or contraception (0.6%). Only 49.0% of open CPC websites indicated a licensed professional was on staff, so it is unclear what essential healthcare the remaining 51.0% without a licensed professional could provide.

We excluded New Mexico findings because their shutdown was lifted early in our data collection; however, an informal survey also found nearly all New Mexico CPCs were open for in-person visits during the April shutdown.

In an era defined by urgent debate about what is an essential service, there was no apparent public discussion about CPCs. CPCs were not explicitly mentioned in any state guidelines regarding essential services, and decisions about staying open amid the rapidly spreading coronavirus appear to have been left to CPCs themselves. In this context, most CPCs stayed open while providing no apparent healthcare services, as the lobbying arm of the anti-abortion movement sought to close abortion clinics providing essential healthcare.



CPCs in the U.S. Increasingly Rely on Public Funds With Scant Oversight

As detailed by watchdog group Equity Forward⁵, crisis pregnancy centers are generally not subject to policymaker oversight despite their escalating reliance on public funding in the U.S. Twenty years ago, three states funded CPCs. Today, 14 states directly fund CPCs, and CPCs in at least 27 states obtain state dollars through other means. Ten states divert money intended for children in poverty to CPCs through Temporary Assistance for Needy Families (TANF). Yet Equity Forward found CPC “contractors are subject to very little oversight or requirements to actually meet benchmarks or report on the use of (taxpayer) dollars.”

This lack of oversight is troubling for multiple reasons. While CPCs increasingly present as medical offices, most are not licensed medical providers and most offer no medical services. CPCs are largely staffed by lay volunteers. Yet some CPCs have received public money earmarked for public health services, including federal Title X Family Planning funds. And while CPCs can appear to be small, independent facilities, a significant percentage are “affiliates” of national and international anti-abortion organizations, for which the CPCs effectively function as neighborhood storefronts.

This lack of oversight is especially troubling since public funding has enabled CPC networks to expand while comprehensive, evidence-based reproductive healthcare has eroded under an onslaught of state abortion restrictions. Today, CPCs outnumber abortion providers in every state by an average of 3:1. In many states, especially states that directly fund CPCs, the disparity is exponentially higher: In Pennsylvania, CPCs outnumber abortion clinics by 9:1; in Minnesota, by 13:1. This shift in the landscape of reproductive healthcare in the U.S. disproportionately affects Black women and people of color – increasingly targeted by the CPC movement⁶ – who have less access to affordable contraception and are more likely to die from pregnancy-related causes because of deeply-entrenched structural racism and gender discrimination.

Conclusions

While CPCs purport to help vulnerable pregnant people, most did not close or shift to remote-only services in the early months of the pandemic, despite mandates that non-essential services close and warnings that pregnant people who contract COVID-19 face a higher risk of severe complications, including death. The lack of oversight of the CPC industry allowed CPCs providing non-essential services to stay open as the coronavirus rapidly spread and undermine efforts to protect the public health during a pandemic.

With COVID-19 variants circulating and the United States unlikely to reach herd immunity⁷, future decisions around classifying essential services must be based on science and facts, and closure of non-essential services must be rigorous. That so many CPCs defied or evaded the attention of policymakers amid a public health crisis—despite being recipients of public funding—underscores the urgent need to clarify their status in general, implement accountability mechanisms, and analyze the nature and scope of services CPCs provide and their consequences for the public health.

1. <https://blogs.bmj.com/bmj/srh/2021/08/27/crisis-pregnant-centers-are-not-essential-healthcare-yet-stayed-open-as-covid-19-spread-in-the-u-s/>

2. <https://www.acog.org/news/news-releases/2020/03/joint-statement-on-abortion-access-during-the-covid-19-outbreak>

3. <https://default.salsalabs.org/T5a1cd280-40ff-449e-aa07-855614b103e5/3fecc62c-a881-11e7-9f10-0a01872fcfbe>

4. <https://srh.bmj.com/content/early/2021/07/27/bmj/srh-2021-201208>

5. <https://equityfwd.org/research/mapping-deception-closer-look-how-states-anti-abortion-center-programs-operate>

6. <https://link.springer.com/article/10.1007/s11133-018-9392-0>

7. <https://www.nytimes.com/2021/05/03/health/covid-herd-immunity-vaccine.html>

DESIGNED to DECEIVE

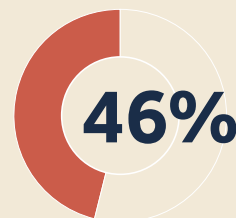
A STUDY OF THE **CRISIS PREGNANCY CENTER INDUSTRY** IN NINE STATES

Global, National, Regional Anti-Abortion Organizations Supporting CPCs

Glossary of CPC Networks & Their Presence in Alliance Study States.....	15
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<i>Spotlight:</i> CPCs in the Radical Anti-Abortion Movement.....	25

While individual crisis pregnancy centers (CPCs) may appear to be small, local, and independent facilities, the broader CPC industry is a sophisticated global network led by large anti-abortion organizations. Most of these organizations advance a conservative Christian ideology that opposes abortion, supports traditional gender and family roles, and encourages proselytizing to convert CPC clients.¹ Many are overtly connected with evangelical Christian and Catholic institutions.^{2 3 4} Some have ties to the white Christian nationalist activism.⁵ Almost 50% of the CPCs in the Alliance Study were affiliated with one or more of these groups.

While severe legislative restrictions on abortion make headlines, the modernized and proliferating CPC industry's critical role in the anti-abortion, anti-LGBTQ+ movement is relatively obscured from public view. Modern CPCs are plugged into the global anti-abortion movement's sophisticated digital infrastructure, which facilitates expansion, client surveillance, and systemic, coordinated promotion of anti-abortion disinformation.



THE ALLIANCE FOUND 45.8% OF CPCs IN OUR STUDY STATES ARE AFFILIATED WITH ONE OR MORE OF THESE GROUPS:

Organizational Affiliation*	
Any national/regional org	239 (45.8)
Care Net	117 (19.3)
Heartbeat International	65 (10.7)
Birthright	35 (5.8)
Real Alternatives	27 (4.4)
Obria	15 (2.5)
Elevate Life	13 (2.1)
Religious Institution	10 (1.6)
NIFLA	4 (0.7)
Culture of Life Family Services	2 (0.3)
Other	58 (9.6)
None Specified	280 (46.1)

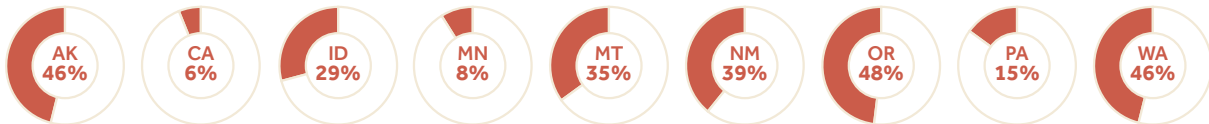
*Some CPCs have more than one affiliation

Glossary of CPC Networks & Their Presence in Alliance Study States

CARE NET (www.care-net.org) was founded in Virginia in 1975 as the Christian Action Council to engage evangelicals in responding to the “historic death sentence decision, *Roe v. Wade*.”⁶ In the 1990s, the Care Net mission shifted to helping “anyone considering abortion by presenting them with realistic alternatives and Christ-centered support through our life-affirming network of pregnancy centers, churches, organizations, and individuals.”⁷ Programs include a Pro Abundant Life ministry connecting churches and crisis pregnancy centers⁸ and Care Net requires activists in affiliated CPCs to sign a “Statement of Faith” adapted from the National Association of Evangelicals.⁹

Care Net claims over 1,100 affiliated CPCs in North America and 30,000 volunteers.^{10 11} Almost 20% of CPCs in the Alliance Study were Care Net affiliates; there were Care Net affiliates in all nine Study states. The states with the highest percentage of Care Net affiliates were Alaska, Oregon, and Washington.

PRESENCE OF CARE NET AFFILIATES IN STUDY STATES



HEARTBEAT INTERNATIONAL (HBI) (www.heartbeatinternational.org), founded in 1971 and based in Columbus, Ohio, identifies as the first network of pro-life pregnancy resource centers in the United States and the most expansive network in the world.¹² HBI identifies as “an explicitly Christian organization”¹³ whose stated goal is to convert women through a born-again experience to “save the mother, save the baby.”¹⁴ HBI has close ties to members of the former Trump Administration.¹⁵

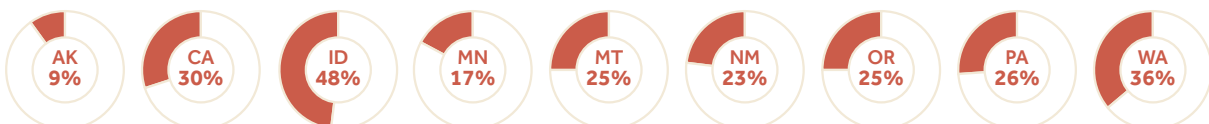
Heartbeat International claims a worldwide network of more than 2,700 affiliated pregnancy centers.¹⁶ Almost 11% of the CPCs in the Alliance Study were affiliated with HBI; there were HBI affiliates in all nine Study states. The states with the highest percentage of HBI affiliates were New Mexico, Idaho, Oregon, Montana, and Washington.

PRESENCE OF HBI AFFILIATES IN STUDY STATES



All CPCs in the Alliance Study that made referrals for “abortion pill reversal” (27% of CPCs studied), whether affiliates of Heartbeat International or not, directed people to the HBI-sponsored Abortion Pill Rescue website and replicated HBI messaging about APR.¹⁷ For more information, see “Heartbeat International: Mainstreaming ‘Abortion Pill Reversal’ through CPCs,” below.

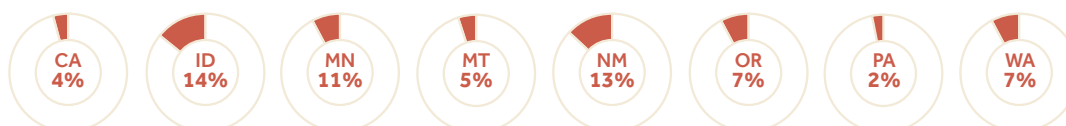
PERCENTAGE OF CPCs REFERRING CLIENTS TO HBI FOR “ABORTION PILL REVERSAL”



BIRTHRIGHT INTERNATIONAL (<https://birthright.org>) is a Catholic CPC chain founded in 1968 in Toronto, Canada. Birthright receives annual support from Catholic Charities of the Archdiocese of Toronto.¹⁸ Unlike Care Net and HBI affiliates, Birthright International centers do not evangelize to clients.¹⁹ Birthright International presents itself as a provider of free, nonjudgmental support for people facing unplanned pregnancies, providing pregnancy tests, maternity and infant supplies, and referrals. Birthright centers do not mention abortion or contraception on their websites.

Birthright claims to operate some 200 centers in the United States and 100 across Canada.²⁰ Almost 6% of CPCs in the Alliance Study were Birthright International affiliates; there were Birthright affiliates in all states except Alaska. The states with the highest percentage of Birthright affiliates were Idaho, New Mexico, and Minnesota.

PRESENCE OF BIRTHRIGHT INTERNATIONAL AFFILIATES IN STUDY STATES



OBRIA (www.obria.org, www.obriagroup.org, www.omcsocal.org) is a nonprofit based in Southern California operating Obria Medical Clinics and The Obria Group. Obria Medical Clinics of Southern California was founded in 1981 by Kathleen Eaton Bravo, who pioneered the “medical model” crisis pregnancy center to draw funding away from Planned Parenthood.²¹ In 2014, Bravo formed the Obria Group to expand the Obria CPC network nationally,²² branded as fully licensed community care clinics that provide comprehensive health care.²³ Contrary to this branding Obria does not offer contraception.²⁴ Catholic organizations are major funders of Obria, including the U.S. Conference of Catholic Bishops.²⁵ In 2015, Bravo told *Catholic World Report* that abortion “threatens our culture’s survival... When [European] nations accepted contraception and abortion, they stopped replacing their population...with Europeans having no children, immigrant Muslims came in to replace them.”²⁶

As of 2019, Obria reported 45 clinics around the country, with locations in California, Iowa, Georgia, Oregon, and Washington.²⁷ There were 15 Obria affiliates in the Alliance Study states: nine in California, four in Washington, and two in Oregon.

PRESENCE OF OBRIA AFFILIATES IN STUDY STATES



NATIONAL INSTITUTE OF FAMILY AND LIFE ADVOCATES (NIFLA) (<https://nifla.org>) is an evangelical Christian law firm founded in 1993 and based in Fredericksburg, Virginia. NIFLA brings impact litigation on behalf of the anti-abortion movement and provides legal services to over 1,500 affiliated CPCs across the United States. NIFLA provides legal advice, training, and audits to affiliates; advocates against pro-choice bills; and sues federal, state, and local entities to block pro-choice laws from being enacted and overturn pro-choice court rulings.²⁸

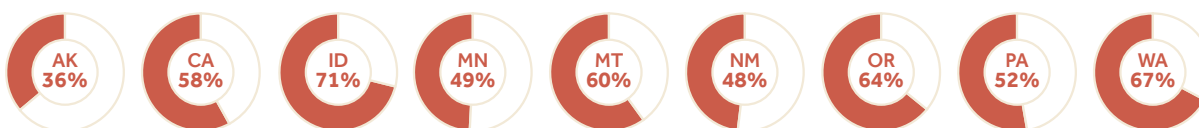
NIFLA claims more than 1,500 affiliated CPCs around the country. The Alliance found NIFLA affiliates in two of the nine Study states, Minnesota and Washington.

PRESENCE OF NIFLA AFFILIATES IN STUDY STATES



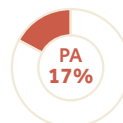
While only 6% of CPCs in the Alliance Study were NIFLA affiliates, more than one-half (56%) of the CPCs in the Study offered “non-diagnostic” or “limited medical ultrasound” that NIFLA promotes as a tool to persuade clients to carry their pregnancies to term and signal medical legitimacy.^{29 30} For more information, see “NIFLA: Mainstreaming Use of Ultrasound by CPCs,” below.

PERCENTAGE OF CPCs USING NIFLA-PROMOTED ULTRASOUND



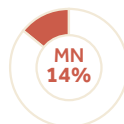
REAL ALTERNATIVES (RA) (www.realalternatives.org) is an anti-abortion Christian organization based in Harrisburg, Pennsylvania. Founded in 1996, Real Alternatives operates 82 “service provider centers” in Alliance Study state Pennsylvania, including CPCs (the Alliance identified 27 RA-funded CPCs in Pennsylvania), as well as maternity residences, adoption agencies, and social service agencies. Real Alternatives also claims to operate 21 programs in Indiana (17 CPCs and 4 social service agencies).³¹

PRESENCE OF REAL ALTERNATIVES AFFILIATES IN STUDY STATES



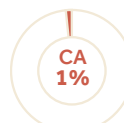
ELEVATE LIFE USA (<https://elevatelifeusa.org>) is an anti-abortion Christian organization founded in 1974 in Eagan, Minnesota. Elevate Life emphasizes its role in supporting and expanding the CPC movement through “training, resources, and thought-leadership” to established CPCs, including marketing, website, social media, management and financial support, and start-up of new centers.³² Elevate Life claims to operate 32 crisis pregnancy centers in Minnesota and western Wisconsin.³³

PRESENCE OF ELEVATE LIFE AFFILIATES IN STUDY STATES



CULTURE OF LIFE FAMILY SERVICES (CLFS) (www.colfsclinic.org) operates two CPCs in California: one in San Diego and one in Escondido. CLFS brands itself as medical clinics providing “holistic family and women’s health care” but provides no abortion or contraception, and promotes “abortion pill reversal” as one of its primary services.³⁴

PRESENCE OF CULTURE OF LIFE FAMILY SERVICES AFFILIATES IN STUDY STATES



Anti-Abortion Organizations Directing the CPC Industry

These global, national, and regional organizations advance anti-abortion movement goals through networks of crisis pregnancy centers across the country by providing digital strategy, infrastructure, and content; marketing, messaging, and public relations tools; and training and technical support to engage volunteers, start new CPCs, and secure private and public funds.

Four of these groups — **Care Net, Heartbeat International, Obria, and NIFLA** — direct central CPC industry tactics:

- Marketing, messaging, and digital strategies to target clients and collect client data
- Promoting “abortion pill reversal” and other forms of abortion disinformation and stigma
- Mainstreaming use of “non-diagnostic” ultrasound
- Branding CPCs as medical clinics and signaling medical legitimacy
- Expanding the CPC network nationwide

The other four groups — **Birthright International, Real Alternatives, Elevate Life, and Culture of Life Family Services** — employ many of these tactics and utilize centralized CPC industry messaging, resources, and digital platforms within their respective networks.

Care Net & Heartbeat International: Steering CPC Messaging & Digital Strategies

Care Net and Heartbeat International are the drivers of CPC industry rhetoric and digital strategy.³⁵

MARKETING AND MESSAGING

Care Net and HBI publish most of the client-focused advertising and materials used by local CPCs including radio spots, billboards, and bus ads; counseling materials and volunteer training manuals; and website content and pop-ups.³⁶ Together these two organizations are considered “the public relations arm of the CPC movement.”³⁷

Both groups organize annual conferences — Care Net conferences were held in-person during the pandemic³⁸ — providing CPC “ministry leaders,” staff, board members, and volunteers with training that ranges from marketing, fundraising, legal and financial operations, and “best practices in the performance of medical services,” to responding to pro-choice arguments and “embracing Christ, marriage, fatherhood.”³⁹

HBI also hosts “Heartbeat Academy,”⁴⁰ a website promoting and selling materials, webinars, courses, and other resources to CPCs on organizational development, messaging, medicalizing, building relationships on the state and local level, and more. Current HBI webinars include training on messaging with donors about *Dobbs v. Jackson* (the upcoming U.S. Supreme Court case that anti-abortion advocates hope will overturn *Roe v. Wade*), and uniting Catholics and Evangelicals in CPC leadership and staff.⁴¹

Both organizations produce podcasts. Care Net’s CareCast⁴² and HBI’s Pregnancy Help⁴³ promote central narratives of the anti-abortion movement, including that abortion is not really a choice and that abortion providers coerce vulnerable people,⁴⁴ which CPCs amplify on their websites.



It's Your Choice

The Supreme Court has given you the right to choose abortion. "Choice" assumes that you are fully informed and understand all your options including alternatives to abortion. Our job is to empower you with the information you need to make a **truly informed choice**. We offer a safe, quiet place for you to think through your options. Our trained client advocates provide information and insight in a warm, friendly, non-judgmental atmosphere in which you can thoughtfully consider your options and plan for your future.

Abortion is not a word we are afraid to say or talk about, and it's not intimidating or taboo to us. We just want to equip and support you in making **the best choice for your life** in a truthful and honest manner. Whatever you choose to do with your pregnancy —it's **YOUR choice**. We offer free, medically-sourced, up-to-date abortion information along with **free pregnancy tests**, **free ultrasounds** and information about all your options

► Screenshot from Care Net Pregnancy Center of Santa Fe, New Mexico
<https://santafepregnancy.com/abortion/>



FORCED TO ABORT?

It is unlawful for anyone to force you to have an abortion; anyone — your mother, your father, the baby's father, a sibling, a doctor. Any physician who performs an abortion on a woman...

READ MORE

► Screenshot from Real Alternatives home page (CPCs in Pennsylvania and Indiana)
<https://www.realalternatives.org/abortion/>

Messaging and mobilizing publications for the CPC industry include "Pregnancy Help News"^{45 46} published by Heartbeat International and "At the Center," a Christian magazine aimed at evangelical CPCs.⁴⁷ National evangelic organizations also provide public relations support for CPC industry, including the Family Research Council, which conducts marketing research for CPCs and Heritage House, which publishes pamphlets and films local CPC activists use in lay counseling.⁴⁸

DIGITAL STRATEGIES

As detailed in the Alliance report⁴⁹ the CPCs industry uses sophisticated digital tactics to target prospective clients online and on mobile phones, intercept people seeking abortion information online, direct clients to centralized hotlines and online chat services, and collect massive amounts of data on the reproductive and sexual histories of people who contact or visit a CPC.⁵⁰

An in-depth investigation of CPCs by Privacy International found that Heartbeat International is leading the anti-abortion movement's effort to collect and store client information. Heartbeat International hosts its own content management system, called Next Level, that affiliated CPCs around the country use to collect and store extensive information on people who contact and visit their center.⁵¹ HBI's Heartbeat Academy website recently moved to a platform that requires users to register or log in with an email address.⁵²

HBI also collects client data through their online chat service Option Line,⁵³ which requires people to enter their name, demographic information, location information, and indicate whether they are considering an abortion before the chat can begin,⁵⁴ and through their Abortion Pill Reversal helpline portal via calls, live chats, emails, and texts.⁵⁵ Both sites use the same chat "support agent" (Clarissa) and messaging.

The CPC industry has its own software company and client data management system: eKYROS. Local CPCs use eKYROS software to maintain files on clients that access their services, including demographic data, as well as the purpose and outcome of the visit regarding abortion decision-making, and status of each client's potential conversion to evangelical Christianity.⁵⁶



"eKYROS.com has been serving the Pregnancy Resource Center (PRC) ministry through its center management software solution called CenterPiece™ since 1999. CenterPiece supports the challenging demands of Christ-centered PRCs around the globe, allowing them to spend more time on their core mission of saving LIVES."⁵⁷

► Screenshot of eKYROS PRC Statistics home page
<https://ekyros.com/Pub/default.aspx?tabindex=3&tabid=16>

eKYROS links CPCs to centralized call centers, including HBI's APR hotline, where caller data is collected:



PlusLink Call Center Integration

Increase appointment referrals to your center through PlusLink's network of national and regional call centers, including Heartbeat International's OptionLine and Options United. Referrals are integrated within your center's Scheduler. Created, powered, and maintained by eKYROS.

► Screenshot from eKYROS, Centerpiece
<https://ekyros.com/Pub/default.aspx?tabindex=0&tabid=1>

The Privacy International report provides a critical look at how the CPC industry is leveraging big data, the lack of transparency regarding how it uses and shares client data, and the serious potential for privacy violations.⁵⁸ As most CPCs are not subject to federal privacy laws, the confidentiality, uses, and potential sharing of massive amounts of data about people who visit, call, chat with, or otherwise contact a CPC is unknown.

Heartbeat International: Mainstreaming "Abortion Pill Reversal" Through CPCs

"Abortion pill reversal" (APR) is an anti-abortion movement term that refers to the experimental practice of the injecting or prescribing of high-dose progesterone for pregnant people who have taken the first medicine in the two-step protocol for medication abortion. Anti-abortion activists promote this rogue practice by claiming it can "reverse" a medication abortion.

In April 2018, Heartbeat International took over the Abortion Pill Rescue Network (APRN)⁵⁹ and now operates a 24-hour "abortion pill reversal" helpline accessible via phone, live chat, email, and text 24/7.⁶⁰ HBI claims to have a referral network of "over 1,000 healthcare professionals" who provide APR⁶¹ and that they are expanding that network by "recruit[ing] more physicians, physician assistants and nurse practitioners" and advising them on how to administer APR.⁶²



► Screenshot Abortion Pill Reversal homepage
<https://abortionpillreversal.com/>

HBI promotes APR advertising and provision by CPCs through its Heartbeat Academy website, which markets and sells APR materials, webinars, courses, and trainings.⁶³ The HBI Abortion Pill Reversal's FAQ page features disinformation about medication abortion, selective and misleading use of quotes from the American Academy of Obstetricians and Gynecologists, as well as marketing materials for promoting APR via social media, and APR materials, brochures, and yard signs for sale.⁶⁴

Medical professionals call APR “unproven and experimental,”⁶⁵ and “unethical” and “not based on science.”⁶⁶ In 2019, Dr. Mitchell Creinin, an OB-GYN and professor at the University of California, Davis, led a research project that attempted to test the APR treatment promoted by the CPC industry in a rigorous, ethically designed controlled study. Dr. Creinin and his colleagues halted the study after three of the 12 women enrolled were taken to the hospital with severe vaginal bleeding.⁶⁷ As a result, the researchers concluded, “We could not estimate the efficacy of [APR] ... Patients in early pregnancy who use only mifepristone may be at high risk of significant hemorrhage.”⁶⁸ For now, such a treatment is experimental and should be offered only in institutional review board–approved human clinical trials to ensure proper oversight.⁶⁹

Despite these warnings from medical professionals, Heartbeat International is promoting “abortion pill reversal” through a centralized nationwide CPC infrastructure. Every CPC in the Alliance Study that made referrals for APR sent people to the HBI-sponsored APR website and hotline.

In May 2020, the nonprofit watchdog group Campaign for Accountability (CfA) submitted a letter to the U.S. Food and Drug Administration (FDA) requesting the agency seize website domains of any entity improperly marketing “abortion pill reversal” and specifically named HBI’s Abortion Pill Reversal site as well as Obria Medical Clinics. CfA also called on the FDA to investigate the treatments these groups claim to provide.⁷⁰

An openDemocracy investigation in 2021 found that Heartbeat International has connected with doctors in countries in North and South America, Europe, and Africa who are prescribing APR to women “under the radar of medical regulators and health authorities.”⁷¹ The investigation also found that Abortion Pill Rescue Network hotline operators “will email women dosage instructions if they can’t make a connection with a doctor.”⁷²

NIFLA: Mainstreaming Use of “Non-Diagnostic” Ultrasound by CPCs

National Institute of Family and Life Advocates is a major driver of the CPC industry’s use of ultrasound. Various described on CPC websites as “non-diagnostic,” “limited,” and “limited obstetrical” ultrasound, the CPC industry increasingly offers free ultrasound as a tool to signal medical legitimacy and persuade clients to carry their pregnancies to term.^{73 74}

Non-diagnostic ultrasounds are not recognized by medical professionals as a medical service. Also known as “keepsake” or “souvenir” ultrasounds, they cannot study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. Limited ultrasounds are recognized by the American College of Obstetrics and Gynecology (ACOG) as a medical service, but only in narrow circumstances.



Abortion Pill Rescue Network Training

Brand: Heartbeat Academy
Product Code: 44

Price: \$119.95

Available Options

- Assign to Email Address/Username

The following trainings complement the Abortion Pill Rescue training and can be purchased for an additional bundle discount.

- ☐ APR Ultrasound Training (+\$50.00)
- ☐ I'm a Life Affirming Specialist or have completed LOVE Approach training through my organization.
- ☐ Life Affirming Specialist Training (+\$75.00)
- ☐ The LOVE Approach Online (+\$20.00)

► Screenshot, Heartbeat Services, APR Training
<https://www.heartbeat-services.org/resources/store/heartbeat-academy/abortion-pill-rescue-network->

According to ACOG, “a limited ultrasound exam is done to answer a specific question. For example, if you are in labor, a limited ultrasound exam may be done to check the fetus’ position in the uterus. If you have vaginal bleeding, ultrasound may be used to see if the fetus’ heart is still beating or if the placenta is too low.”⁷⁵

In 1998, NIFLA created the Institute of Limited Obstetric Ultrasound to “introduce mothers to their unborn children.” NIFLA is clear that CPCs should use ultrasound technology because it is “a powerful medical tool ... that empowers mothers to choose life.”⁷⁶ A number of other anti-abortion organizations, including Focus on the Family,⁷⁷ support this NIFLA initiative by providing funding for CPCs to purchase ultrasound equipment.

Scholarly research notes that CPCs use ultrasound to further their religious goals, imparting “evangelical ideas about personhood, motherhood, and morality that shape the experience of pregnancy for clients.”⁷⁸ The American Institute of Ultrasound in Medicine condemns the use of ultrasounds for any non-medical purpose: “The use of ultrasound without a medical indication to view the fetus, obtain images of the fetus, or identify the fetal external genitalia is inappropriate and contrary to responsible medical practice.”⁷⁹

By 2001, NIFLA was leading the CPC movement to use ultrasound as a tool to “medicalize” clinics and entice more clients and donors. NIFLA markets “The Life Choice Project (TLC)” as a comprehensive medical conversion program to support pregnancy centers in their transition to medical clinic status.⁸⁰ According to NIFLA: “Medical clinics report improved credibility within their community which results in an increase of donors.”⁸¹ NIFLA now sponsors a three-day “Institute in Limited Obstetric Ultrasound.”⁸²



Established pro-life medical clinics report that more than 80 percent of abortion-minded mothers choose life after they see their unborn baby via ultrasound. Through the window to the womb provided by ultrasound, the personhood of these unborn children becomes undeniably evident.

Our goal is to have more pro-life medical clinics in operation using the invaluable tool of ultrasound, with clinics nationwide averaging 1,500 at-risk mothers a year. By achieving this goal, 1.5 million mothers contemplating abortion will have the opportunity to see the wonderful handiwork of the Creator move, kick and dance in celebration of life.

- ▶ Screenshots from NIFLA | Medical Clinic Conversion for Pregnancy Resource Centers
<https://nifla.org/life-choice-project-tlc/>

ULTRASOUND IMPACT

Opening a window into the womb

HOW DOES AN ULTRASOUND WORK?

High-frequency sound waves are sent into the womb where they bump into the baby's tissues and echo back. A computer analyzes the echoes and transforms them into images on a monitor.

WHEN IS IT PERFORMED?

This is typically performed around week six or seven to locate the heartbeat and estimate the age of the baby.

WHY DOES IT MATTER FOR PRO-LIFE MEDICAL CLINICS?

80% of abortion-minded mothers choose life after they see their unborn baby via ultrasound.

NIFLA www.nifla.org

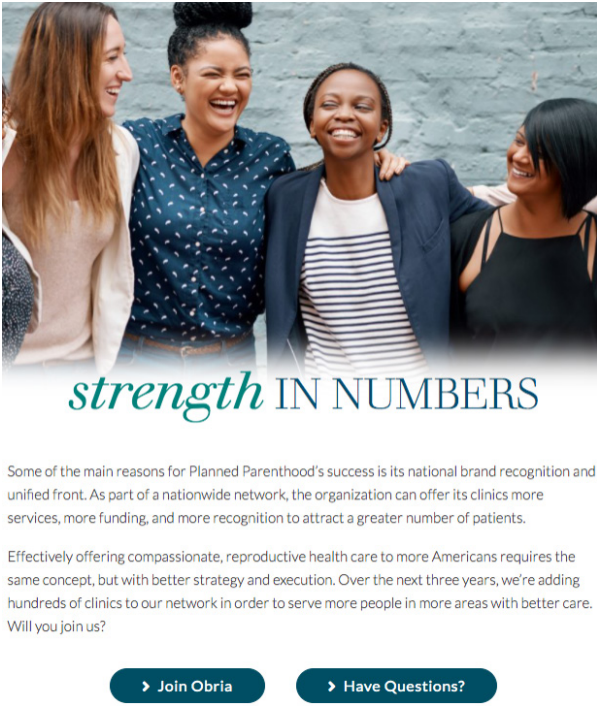
FALSE CLAIM CORRECTION: *Despite NIFLA claims about ultrasound impact, research shows that viewing an ultrasound does not change people’s minds about abortion.*⁸³

Use of ultrasound has spread in the CPC movement. Over half of the CPCs in the Alliance Study (56%) offered “non-diagnostic” ultrasounds. Care Net and its affiliated CPCs now market limited ultrasound services to “confirm an intrauterine pregnancy, measure fetal heart rate, and provide an estimated gestational age.”⁸⁴ Obria clinics routinely offer ultrasound services.⁸⁵ Heartbeat International markets an online ultrasound training for \$495 through its Heartbeat Academy website. Notably, HBI requires those registering to accept a “Training Acknowledgement” that specifies: “I understand I am purchasing a web-based resource intended for a pro-life audience I understand that this is an educational resource and is considered off the record.”⁸⁶

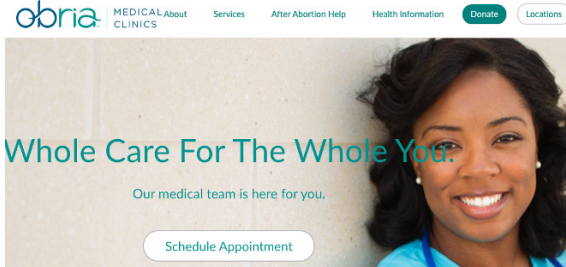
OBRIA: Medicalizing CPCs & Co-Opting the Wellness Movement

While NIFLA, Care Net, and HBI move to medicalize their affiliated centers, Obria has branded its CPC network itself as “fully licensed medical clinics” that offer “comprehensive reproductive care,”⁸⁷ despite the fact that Obria does not provide contraception or abortion care.

Obria has also expressly positioned itself as the holistic alternative to Planned Parenthood. Obria’s CEO told the *Catholic World Report*, “to be successful in our mission, we have to get patients out of Planned Parenthood clinics and into our centers. We’re doing this by matching their services, minus contraception and abortion.”⁸⁸



► Screenshot from Obria.org:
<https://www.obriagroup.org/affiliate-program>



► Screenshot, Obria Medical Clinics: <https://www.obria.org/#tab-id-4>

In 2019, Obria realized a long-time goal of securing federal funds and wresting funding away from Planned Parenthood.⁸⁹ While in 2018, Obria’s application for a federal Title X family planning grant was denied because the organization did not provide hormonal birth control. In 2019, Obria secured \$1.7 million in Title X funds from the Trump administration after allegedly promising to provide birth control. At the same time, the Trump administration’s Department of Health and Human Services announced it was cutting funds to Planned Parenthood affiliates in Hawaii, North Carolina, Ohio, Wisconsin, and Virginia.⁹⁰ After securing Title X funding, Obria CEO Kathleen Bravo wrote in an email to supporters that the group would “never provide hormonal contraception.”⁹¹

Instead of FDA-approved contraception, Obria promotes “natural family planning.” Obria uses the rhetoric of the wellness industry and frames its services as being for women who don’t want to use hormones, while at the same time prominently advertising the high-progesterone “abortion pill reversal” treatment on its websites. Obria also uses the language of the wellness industry to promote abortion stigma.



► Screenshot of Obria Medical Clinics | After Abortion Help:
<https://www.obria.org/services/after-abortion-help/>

Expanding the CPC Network

In 2006, CPCs outnumbered reproductive health clinics providing abortion care in the United States by approximately two to one.⁹² Today, CPCs outnumber abortion clinics nationwide by more than three to one. In many states that directly fund CPCs, the disparity is exponentially higher: in Pennsylvania, CPCs outnumber abortion clinics by nine to one; in Minnesota, by eleven to one.⁹³

The CPC umbrella groups play a central role in feeding the expansion of the CPC industry, offering extensive resources to create new crisis pregnancy centers, benefits to expand their affiliate base, and strategies to increase the number of volunteers and anti-abortion activists.



Obria is operating under a strategic plan for 2019-2025 that includes national expansion to “compete more effectively with abortion providers” by growing the number of Obria’s branded clinics to 200 by the end of 2025. The plan states the goal of developing a network of 200 clinics will be accomplished “by adding Affiliates at a national level.”⁹⁴

Care Net’s online “Center of Excellence University and Caring Foundations” provides training on “the basics of pregnancy center ministry” and starting new pregnancy centers, including marketing, fundraising, and training volunteers.⁹⁵

Heartbeat International provides trainings and materials to start a “pregnancy help ministry,”⁹⁶ including “Built By Design,” a new guide starting a CPC from scratch,⁹⁷ matching grants of \$30,000 for CPC start-ups,⁹⁸ and extensive benefits for affiliated CPCs.⁹⁹

CARE.NET

Centers of Excellence University

Essential Online Learning for Pregnancy Centers

Centers of Excellence University is Care Net's online professional development program for pregnancy center team members: from the board of directors to staff and volunteers. These quality courses teach best practices and spiritual truths that will increase your center's effectiveness. The user-friendly online learning platform makes it easy and engaging to access the courses.

Tap into the knowledge gleaned from Care Net's 45-year history equipping pregnancy centers to minister to women and men considering abortion.

► Screenshot of Centers of Excellence University by Care Net: <https://resources.care-net.org/centers-of-excellence-university/>

Want to Start a Pregnancy Help Ministry?

Every day, in every corner of the world, God is moving His people to launch new efforts on behalf of mothers and children at-risk for abortion, as well as efforts aimed at healing those affected by previous abortions and reaching communities with positive pro-life messages focusing on *imago Dei* and Sexual Integrity.

Heartbeat International is here to support front-line life-savers carry out the unique call of God with excellence in real-life settings and circumstances. Through support and resources, Heartbeat is available to answer your questions and provide guidance as you journey down this new path. Just email our Ministry Services department at Support@HeartbeatInternational.org and a specialist will connect with you.

► Screenshots from Heartbeat International / Want to Start a Pregnancy Help Ministry? <https://www.heartbeat-services.org/about-us/why-affiliate/starting-a-ministry>

Birthright International and Elevate Life also offer assistance and resources to open new centers.^{100 101}

According to the most reliable estimate, more than 2,500 crisis pregnancy centers are currently operating in the United States.¹⁰² Some anti-abortion groups claim the number to be much higher, approaching 4,000.¹⁰³ Fewer than 800 abortion clinics now serve patients in this country¹⁰⁴ (95% of abortions take place in clinics).¹⁰⁵

With CPCs outnumbering abortion clinics in almost every state,¹⁰⁶ this unregulated and expanding network of ideological, deceptive, and manipulative providers of mostly non-medical services is increasingly more likely to be the most logistically accessible facility in the landscape of services for pregnant people with limited resources.

Opening a Center

Help extend Birthright's compassion, love and support to more women facing unplanned pregnancies.



From our humble beginnings in a one-room office to our hundreds of centres across the globe, Birthright continues to help thousands of women facing unplanned pregnancies.

If you are interested in opening a centre in your area, we would love to hear from you. Birthright works alongside you to provide guidance and training to support your journey in opening a Birthright centre.

Please Contact:

Birthright International

► Screenshot from Birthright International | Opening a Center
<https://birthright.org/get-involved/?tab=3>



Study Spotlight

CPCs in the Radical Anti-Abortion Movement

According to crisis pregnancy center researchers, the CPC movement is the oldest and largest anti-abortion movement in the United States,¹⁰⁷ encompassing "more organizations, volunteers, and volunteer hours than all other forms of pro-life/anti-abortion activism."¹⁰⁸

CPCs operate as part of a multi-sector anti-choice movement — comprising lawmakers, direct-action street protesters, and national anti-abortion groups — working together to roll back women's rights and LGBTQ+ equality and promote a fundamentalist Christian agenda. Beyond manipulating pregnant people to prevent their access to abortion, CPCs offer female faces and caring language to feminize and rehabilitate the harsh tactics and language of the overwhelmingly white and male lawmakers who promote abortion restrictions and lead the large anti-abortion groups that mobilize the movement.

CPCs often locate near an abortion clinic, providing a hub where anti-abortion protesters can mobilize and where volunteers are recruited and radicalized to participate in more aggressive tactics. Even during COVID-19 pandemic-related closures of essential services, Alliance organization staff and allies were witness to CPCs continuing to operate as gathering places for protesters heading en masse to demonstrations in front of their nearby abortion clinic.

CPCs may not be effective in realizing their fundamentalist evangelical goals, but they are effective in radicalizing donors and volunteers as anti-abortion movement activists.¹⁰⁹

Abortion is many things, but at its worst, it is a sin

We must show up at abortion facilities, not because we are sinless, but because we are sinners who know Jesus Christ will forgive any sin and set us free. Sin is at the root of the abortion crisis - the sins that lead to abortion, the sins of silence surrounding abortion, and the sins of those who do the abortions.

► Screenshot of Doors of Hope Pregnancy Care Center, Madera, CA
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