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SUMMARY

Without *Roe v. Wade*, medically-unlicensed, anti-abortion crisis pregnancy centers threaten both those facing unintended pregnancies and our democratic institutions. Yet, states have failed to ban their deceptive practices. This is a critical time to develop robust legal strategies against their unethical operations. States must first enlist the help of legal experts to unravel centers' legislative defenses in the freedom of speech and religion. From here, researchers around the nation can collaborate to establish a portfolio of the concrete health consequences of CPCs. Lastly, states must combine this knowledge with the collective voice of the public. By doing so, states can establish a publicly-backed argument in court that can both prevail over centers' defenses *and* welcome an era of intolerance against medically-deceiving the vulnerable people CPCs target.

Wolf in a White Coat:

Fighting against crisis pregnancy centers in the face of abortion inaccessibility

Janna Mangasep

In May of this year, a leaked document revealed the Supreme Court's decision to overturn *Roe v. Wade*. This removal of federal protections on abortion signals a frightening future for female-bodied people. In the states that have long desired complete abortion illegality, those seeking abortion will flood states where abortion is still legal. Within these 16 sanctuary states (plus DC), a particular barrier to reproductive services will become further empowered: crisis pregnancy centers.

These often medically-unlicensed facilities – known as CPCs – disseminate misinformation on abortion, instilling fear of the practice within those facing unintended pregnancies. Such fear-mongering, scientifically-disproven information on abortion includes a grossly-exaggerated fatality rate for abortion and claims of health issues post-procedure (i.e. infertility and depression). As abortion clinics face an overwhelming amount of patients, CPCs will prey upon those who are unable to obtain an abortion.

The consequences of abortion denial

Studies show that denying someone an abortion engenders economic hardship like increased debt; those denied an abortion face a greater likelihood of raising the resulting child alone in comparison to those who received the service. The negative effects of being "turned away" are not only on the person seeking an abortion. Children that abortion-seekers already have demonstrate relatively worse child development.

A neglectful past and a reparative future

The majority of abortion-seekers are people facing unintended pregnancies, the main target of CPCs. Unintended pregnancy rates, when analyzed by race, are highest among Black and Hispanic/Latiné communities. Regarding economic status, low-income female-bodied people have higher rates of unintended pregnancy.

Historically, the U.S. has disenfranchised and medically neglected those most harmed by CPCs. However, states still have the opportunity to overcome the obstacles to legitimate pregnancy services and equitable health care. Existing literature on reproductive health policies does not thoroughly portray the path to delegitimizing these fake facilities. Despite this gap, active and intentional collaboration among researchers, legal experts, and the interested public can effectively extinguish CPCs.

Legislative attempts against CPCs in the past decade

The dangers of crisis pregnancy centers have not gone unnoticed by pro-choice political actors. States have attempted to pass legislation that bans CPCs' deceptive tactics to mixed results in the courts.

In 2015, California passed the Reproduction Freedom, Accountability, Comprehensive Care, and Transparency Act. The law, called the "FACT Act," required that all reproductive health facilities inform patients of the state's public provisions for low-cost or free contraception and abortion services. Additionally, it mandated that unlicensed facilities (e.g. CPCs) inform all potential clients that they do not hold a health care license. The National Institute of Family and Life Advocates (NIFLA) – a centralized network overseeing more than a thousand CPCs – challenged the law in the Supreme Court. The federal lawsuit resulted in the Court finding the FACT Act unconstitutional on the basis of violating the First Amendment.

Similarly, Connecticut passed a law preventing CPCs from disseminating abortion misinformation and advertising themselves as medical facilities. The law was met with a lawsuit on behalf of Care Net Pregnancy Resource Center, a local center operated by a national CPC network. Claiming that the law "punished those who abide by their religious beliefs," the law's opposition continued CPCs' reliance on the First Amendment. Though the case is still active, the bill is projected by legal experts to succeed as deceptive commercial speech is *not* protected under the First Amendment.

In response to the leaked *Roe v. Wade* decision, Massachusetts is currently developing a law, similar to Connecticut's, against CPCs' deceptive advertising. The nation has yet to see whether this and any future, similar initiatives will fail like California or presumably succeed like Connecticut in the courts. The path to the latter will require a level of national collaboration that the United States has yet to witness.

Effects of Abortion Inaccessibility and Deception

"People are coming in in chaos and desperation, with this anxiety that you're either too early or you're too late."
- Nurse Catalina Leaño at Houston Women's Reproductive Services

"Not only are Black women fighting for the right to decide when and how to start a family, but also the ability to raise their children in safe and healthy environments."
- Nakita Shavers, health educator at the Institute of Women and Ethnic Studies

"We are passionate about just trying to get the word out there that these are not real clinics that [will] provide a full spectrum of health care services."
- Meghan Lemay, activist and member of the Expose Fake Clinics Campaign

What works? What doesn't?

Courts' decisions on such pro-transparency initiatives may appear arbitrary considering the essentially equivalent motives of states working against CPCs. However, there are particular traits of successful legislation that inhibit these centers' First Amendment claims.

There is a key difference between the FACT Act in California and the anti-deception law in Connecticut: requiring centers to inform patients on abortion. The former included this requirement of operation and, inadvertently, created a space in which CPCs can argue for their religious freedom.

The vast majority of crisis pregnancy centers are operated by evangelical Christian, anti-abortion networks. These facilities claim a religious opposition against abortion and, therefore, have a stronghold in their right to religious freedom. Despite this religious footing against informing patients about abortion, the Achille's heel of CPCs is their disinformation in both advertisement and pregnancy curriculum. Regardless

of religion, states can present evidence on centers' two disinformation strategies: false promises of abortion services and false information on the abortion procedure.

Female-bodied people come into CPCs seeking pregnancy assistance, abortion-related and/or otherwise. Most are met with a malignant ultimatum: free material goods (e.g. diapers and maternity clothes) and pregnancy services on the mandatory condition of attending religious, anti-abortion programs and counseling sessions. Past court battles show that centers are well-prepared for a legal fight in opposition to their teachings against abortion. Nevertheless, the past also shows that there is no substantial legal justification for disinformation, which runs rampant on the macro and micro level of CPC operations.

Due to these legislative trends, it appears that the primary method against CPCs is one that omits a requirement on abortion information.
Laws must begin with a narrower scope of requirements. Like Connecticut, the case against these centers must argue against abortion disinformation *alone,* without any requirement to suggest abortion.

Admittedly, doing so neglects what many consider a vital aspect of the fight for reproductive rights: abortion as a valid option when confronting an unintended pregnancy. I argue that, despite the cogency of this argument, the nation cannot afford to aim for holistic solutions to abortion inaccesibility at this point in the American political landscape. The first step against CPC deception is to delegitimize the practices that directly *harm* their patients, at the expense of rightfully destigmatizing abortion as a medical practice.

A call to national action

Statewide victories against CPCs are promising, but an efficient path to an optimal reproductive health care infrastructure requires a *nationally-unified* effort against their harm.

The reality of CPCs

Patients' accounts show that crisis pregnancy centers' medically-unlicensed services can lead to critical consequences. One CPC patient reported a ruptured fallopian tube after an ultrasound failed to detect an ectopic pregnancy. Others recounted feelings of guilt and pressure as facility staff pushed for them to continue their pregnancies. Most patients are in desperate need of medically-legitimate services due to personal circumstances, and these centers' treatment of people in need is morally unacceptable.

Deceptive "women's clinics" are not the result of grassroot community organizing; they come from centralized, hegemonic networks. Influential groups channel millions of dollars both to strengthen existing operations and to spread the model beyond the U.S. In this international strategy, networks coordinate attempts to restrict abortion accessibility in Latin America and the Caribbean.

Heartbeat International – a notable CPC network – reported having over 2,800 facilities on six continents. Another network called Human Life International channeled over $1.3 million into centers spanning 20 countries. Some countries overcame these efforts, such as Colombia's historic victory for abortion legality this year. The United States and other affected countries have yet to effectively curb the spread and consequences of CPCs.

State legislatures owe their constituents – regardless of socioeconomic status – an equitable and legitimate healthcare system. Such healthcare ought to be without medical negligence, and laws must prohibit all allegedly-medical facilities from exploiting vulnerable people in their practices.

Explaining the persistence

There are complex factors behind CPCs' robust presence in our nation, but their power is primarily tied to their explicit financial and legislative backing. Experts on reproductive health found that, with taxpayer funds, CPC networks serve as a complement to severe abortion restrictions. With this political role, anti-abortion lawmakers both allow and *encourage* CPCs to faciliate harmful and mostly medically-illegitimate practices.

Over half of the U.S. (27 states total) allow CPCs to operate with state funds, and centers operate with little to no legislative oversight. Anti-abortion lawmakers in many states have poured millions of dollars into these centers through "Alternatives to Abortion" programs. Some have taken out federal funds from the Temporary Assistance for Needy Families (TANF) program, created to assist impoverished mothers and their children. Missouri, for example, funneled $26 million in TANF funds into CPCs in 2017.

However, crisis pregnancy centers do not run solely off of elected representatives' direct assistance. National anti-abortion organizations abet CPCs in applying for federal funds. One organization, Susan B. Anthony List, deploys their researchers to help centers apply for anti-trafficking and maternity group grants.

The fiscal results of the collaborations above entrench CPCs' power. Many centralized CPC networks work with U.S. legal advisors, and the centers use the supplied lobbyists and lawyers to refine further both their marketing strategies *and* their court defenses. Ultimately, there is a positive correlation between the support they receive and the effectiveness of their façades.

Our road to recovery

Crisis pregnancy centers' ties to the courts and Congress enforce their organizational prowess, but they are *not* an indestructible opponent. The nation can overcome them by matching their level of coordination with double their range of resources.

Enlist the help of legal experts. Crisis pregnancy centers utilize their resources to establish power legal defenses against any legislative challenge. The nation needs to do the same through intra- and inter-state collaboration among lawyers. The former will capitalize on shared legal expertise for a given state's laws, and the latter will build a necessary, centralized coalition to rival that of CPCs. In doing so, states will preemptively counter any CPC lawsuits against a law banning their disinformation/false advertising strategies.

Investigate the concrete consequences of CPCs. Researchers have already established the negative effects of abortion inaccessibility. With this existing breadth of knowledge, academics across the nation must collaborate to develop a portfolio of CPCs' specific harms in all 50 states. Centralized anti-abortion center networks spread their dangerous model beyond the U.S., but this presents an opportunity to record the trends in CPCs' harm to their clients. By showing both quantitative and qualitative evidence in a national study, state legislatures can more efficiently expose the illegitimacy of CPCs' operations in their inevitable legal battles against CPCs.

Reestablish political efficacy. While the voices of anti-abortion activists are formidable, those of reproductive rights advocates inspire tangible change as well. In 2011, protests at the Birthright Crisis Pregnancy Center in Amherst, Massachusetts led to the clinic's eventual shutdown. The activists circulated petitions for the Town Council to enforce CPCs' transparency, and their efforts resulted in resounding victory. Not all constituents in their city can perfectly replicate this instance of success, but the public can instill power within themselves and fellow advocates.

Final thoughts

Crisis pregnancy centers are formidable threats to the legitimacy of the United States' healthcare system. Sponsored by public officials and other powerful stakeholders, they strip the bodily autonomy of their patients facing an unintended pregnancy. Though some states have succeeded in prohibiting their deceptive operations, others have yet to do the same.

The recent Supreme Court ruling against *Roe v. Wade* threatens to exacerbate CPCs' power and leeway as fake clinics will have a greater population upon which they will prey. In the likely event that an abortion-seeker's nearby medically-licensed clinic(s) reaches client capacity, the individual may unknowingly pursue pregnancy assistance from CPCs.

The current situation is admittedly intimidating, but these potential increased dangers to vulnerable pregnant people amplifies the pressing need for action against CPCs. This is the most opportune time to begin efficient, national collaboration among legal experts, researchers, and members of the concerned public. Crisis pregnancy centers' increasing presence simultaneously generates a wider range of information upon which legislatures across the United States can utilize to present a robust legal case against their operations.

With more coordinated efforts in preemptively developing legislation against CPCs, states will dismantle the fake clinics' operational and financial structure. Such actions will not only set a precedent against reproductive medical malpractice, but they will also change the trajectory of healthcare for those of vulnerable populations.

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