The Consequences of Abortion Misinformation on Disenfranchised Americans

By Janna Mangasep | June 1st, 2022

This May, a leaked document revealed the Supreme Court's decision to overturn *Roe v. Wade*, a landmark case in 1973 that granted federal protections for abortion. The news arrived amidst an already volatile period of state-level abortion accessibility, and reproductive rights advocates worry over what a post-*Roe* world implies for the medical service's future.

Pro-choice protesters at the Supreme Court on May 3rd, 2022 after hearing the news of *Roe v. Wade* being overturned. (POLITICO)

With *Roe v. Wade* overturned, the nation faces instability in the reproductive healthcare landscape: 16 states (plus DC) have laws protecting abortion access, but 22 states have prepared trigger laws to effectively ban abortion. Clinics within sanctuary states – meaning, states with definitive abortion legality – will, inevitably, face an influx of patients from nearby anti-abortion states seeking assistance.

Even before the Supreme Court's decision, reproductive service clinics struggled to serve floods of terrified patients. According to these facilities' medical staff, patients feared having to resort to the only remaining legal option to an unintended pregnancy: state-mandated childbirth.

> **"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* (Source)

As many clinics reach capacity in sanctuary states, the "turned away" abortion-seekers will face a threat to their well-being that goes beyond inaccessibility to the service: crisis pregnancy centers.

Crisis pregnancy centers, dubbed as "CPCs," pose as pregnancy clinics and primarily target abortion-seekers as clients. Operated by centralized anti-abortion networks, CPCs advertise pregnancy services, including abortion. A post-*Roe* world will generate a larger population of female-bodied people unable to obtain an abortion from licensed providers. As such, this is a critical time to ensure their protection from CPCs.

What are CPCs?

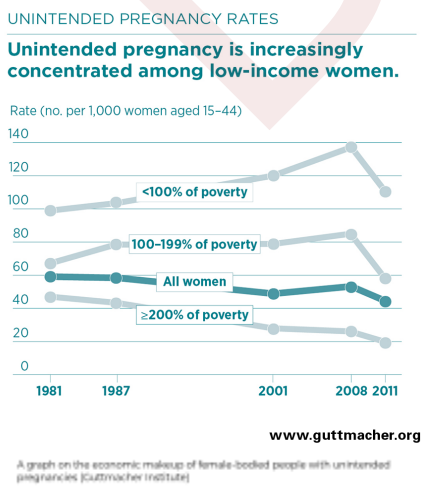
Crisis pregnancy centers appear as safe havens for those facing unintended pregnancies; they claim to offer a myriad of free or low-cost pregnancy services (e.g. ultrasounds and family planning programs) and advertise their services on buses, billboards, and other mediums. Despite such promises, CPCs offer nothing more than a façade of pregnancy care, and their deception hurts female-bodied people in a variety of ways.

To begin with, the vast majority of CPCs are medically unlicensed. Lacking trained staff, their clients unknowingly face gross medical negligence and, unfortunately, risk life-threatening consequences. As a particularly harrowing example, a woman was rushed to the emergency room due to a ruptured fallopian tube, as a CPC's ultrasound failed to detect her ectopic pregnancy.

In addition to illegitimate medical practices, anti-abortion centers aim to stall pregnant people, making it harder for them to obtain an abortion later in pregnancy. Some CPCs delay abortion-seeking clients by scheduling ultrasound follow-up appointments weeks later. Many postpone clients by providing medically-inaccurate information about pregnancy, such as one's stage of pregnancy and/or the likelihood of spontaneous miscarriage. In doing so, CPCs attempt to close the window in which one may obtain a legal abortion.

Though CPCs claim to provide abortion services, they neither provide abortions nor refer clients to abortion providers. Apart from refusing the service, CPCs actively disseminate abortion misinformation to further dissuade clients from obtaining an abortion. Such misinformation includes the myth that abortion increases one's likelihood of breast cancer and the so-called "post-abortion depression syndrome." These claims on abortion risks – all of which are scientifically proven to be false – stigmatize the service, intimidating patients with unethical medical practice.

CPCs Exacerbate Existing Institutional Disadvantages



A graph on the economic makeup of female-bodied people with unintended pregnancies (Guttmacher Institute)

Crisis pregnancy centers mainly target abortion seekers, and the majority of this group are those facing unintended pregnancies.

Unintended pregnancy rates and adolescent pregnancy rates – the latter of which is well-tied to the former – are both highest among Black and Hispanic/Latiné communities. Regarding economic status, low-income female-bodied people have higher rates of unintended pregnancy.

Historically, the United States healthcare system has failed these vulnerable populations. These failures emerge in a variety of ways, from a lack of comprehensive sex education for Black and Brown adolescents to forced, legally-established sterilizations of African Americans and Mexican Americans in the early 1900s. Black women and female-bodied people have especially suffered from a lack of bodily autonomy, a historical and ongoing struggle heightened by socioeconomic oppression.

> **"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* (Source)

As CPCs trick their clients into delaying abortion, female-bodied people of color are left with fewer options and access later in pregnancy compared to their White counterparts.

Those with less resources and little to no socioeconomic power come into CPCs hoping for guidance and pregnancy assistance. Instead, they are met with a malignant ultimatum that exploits their vulnerable position: free material goods (e.g. diapers and maternity clothes) and pregnancy services on the condition of attending religious, anti-abortion-driven programs and counseling sessions.

Fake clinics directly harm those from historically disenfranchised backgrounds, but anti-abortion lawmakers' financial support of CPCs further entrench vulnerable people in economic disadvantage. Ten states have taken out millions of dollars in *federal* funds from the Temporary Assistance for Needy Families program, an initiative meant to assist impoverished mothers and children, to assist CPCs' operations.

> **"This is a system that has proliferated and grown in both number and power, mostly on taxpayer funds. It's the quiet companion tactic to increasingly severe legislative restrictions."**
> *- Tara Murtha, director of communication at the Women's Law Project* (Source)

CPCs Harm Vulnerable People *Beyond* the U.S.

There are more than 2,500 crisis pregnancy centers across the United States, but CPCs are *not* a uniquely American threat to pregnant people's well-being. Rather, American crisis pregnancy center networks establish an anti-abortion hegemony in countries that already face obstacles to reproductive access.

Crisis pregnancy center networks attempt to restrict abortion accessibility in Latin America and the Caribbean. Their global outreach efforts propagate shame about abortion as a viable option, and they do so with legal assistance from U.S.-based

lobbyists and lawyers. Patients of Colombia's CPCs reported feeling "guilty, stigmatized, harassed, and pressured to continue their pregnancies."

However, some countries overcame CPCs' efforts to condemn abortion; Colombia's historic victory in abortion legality just this year provides a beacon of hope in the global plight for reproductive rights. Despite our nation's current landscape of widespread abortion inaccessibility, there exists a future in which female-bodied people can receive the medically-legitimate and necessary care that they deserve.

What Next?

Though a daunting challenge, people outside of the political decision-making sphere have taken a range of actions against crisis pregnancy centers.

Researchers are working to examine and map the harms of CPCs. By doing so, they plan to develop a holistic portfolio of fake clinics' unethical practices and use the resulting evidence to legally delegitimize anti-abortion centers. This deliberate research process will effectively provoke policymakers to enforce CPCs' accountability.

Beyond academia, pro-choice organizations and individual advocates continue to campaign against and expose the deceptive tactics of fake abortion clinics, subsequently deterring abortion-seekers from facing the medical harms awaiting them at CPCs. Even without such organized efforts, any individual can take action by urging state governments to invest financial resources into *legitimate* health care access.

The remarkable successes of protests against CPCs demonstrate that constituents' voices are a collective force to be reckoned with. In 2011, protests at the Birthright Crisis Pregnancy Center in Amherst, Massachusetts led to the clinic's eventual shutdown after protesters circulated petitions for the Town Council to enforce CPCs' transparency.

Activist Meghan Lemay has trained fellow activists online on writing internet reviews on fake clinics, stating: "We can be a part of educating the public about these clinics."

> **"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* (Source)

Each individual interested in reproductive rights holds both the opportunity and power to demand for crisis pregnancy centers' medical and ethical responsibility, especially to its patrons that have experienced a disproportionate lack of healthcare access and discriminatory medical negligence.