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U.S. anti-abortion ideology on the move: Mobile crisis pregnancy centers as unruly, unmappable, ungovernable

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ABSTRACT

Crisis pregnancy centers—anti-abortion non-profits that masquerade as abortion clinics—are increasingly using mobile units to expand their geographical and political reach. In this article, the first to consider mobile crisis pregnancy centers, we examine the methodological, epistemological, and political challenges that mobile units raise for scholars and activists alike. The mobile nature of on-the-go crisis pregnancy centers makes them difficult to both map and regulate. Taking these challenges as a starting point, we reflect on what we learned from our failure to map mobile crisis pregnancy centers. We first outline how mobile crisis pregnancy centers—the epitome of the wild, ungovernable, and unruly—call into question the glorification of these concepts in feminist and queer studies. We also suggest that mobile crisis pregnancy centers trouble the possibility of thinking feminist and political geography separately, as well as the positive affects associated with mobility in discussions of reproductive mobilities. We close with a qualitative analysis of mobile crisis pregnancy centers' online presence, examining the particular concerns that their mobility raises in terms of race, class, and place.

In 2018, comedian John Oliver's exposé on crisis pregnancy centers, anti-abortion non-profit organizations that masquerade as abortion clinics, went viral. While scholars and activists have addressed the dangers of crisis pregnancy centers in recent years, Oliver went somewhere others have not: he featured *mobile* crisis pregnancy centers—RVs or buses converted into on-the-go units—and the specific challenges their mobility poses to reproductive freedom. Early in the segment, Oliver notes that "if CPCs can't get a physical location right next to an abortion clinic, they have another trick up their sleeve, and that is buses that can literally park outside and try and tempt women in." Oliver continues sarcastically, "To listen to them tell it, their vans are an absolute joy to be inside." He then cuts to a video of a man who, from inside a mobile crisis pregnancy center, sings its praises: "These vehicles fit in one parking spot; it'll go right at the door of an abortion clinic. Every Stork Bus has a bathroom on it to be able to do a pregnancy test, a built-in refrigerator, the seats are all leather … We've had a lot of good reviews from the pregnant women on the massage chair."

Later in the segment, Oliver shares that he filed paperwork in New York to create his own nonprofit mobile crisis pregnancy center, with the intentionally confusing name Our Lady of Choosing Choice. Just before a van labelled "Vanned Parenthood" appears on screen, Oliver asks, "So, where will our clinic be? That depends! Where are you right now? Because our clinic has wheels and we will travel!" He continues, "In this van, we are allowed to tell women whatever dubious information comes into our heads." At this point, Oliver's on-screen wife, Wanda Jo, has emerged from the van. "Welcome to Vanned Parenthood … I tell women if they get an abortion it'll make a ghost baby that will haunt their hoo-ha forever … [and] I say getting an abortion turns your breastmilk into kombucha! … And did you know that I'm not legally required in New York to have any training at all to use this ultrasound machine?" Through laying bare the impacts of the lack of regulation of crisis pregnancy centers while standing next to Vanned Parenthood, Oliver implies that crisis pregnancy centers' dangers are exacerbated when they go mobile.

Despite the virality of Oliver's segment—viewed more than five million times on YouTube—little is known about mobile crisis pregnancy centers. How many exist? How far do they travel? Who do they target? As we worked on a broader project to map crisis pregnancy centers in relation to abortion facilities in the U.S., we learned that few resources exist for answering these questions. To date, there is no

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published scholarship on mobile crisis pregnancy centers, despite the growth in work on crisis pregnancy centers. There are also no state or federal policies regulating mobile crisis pregnancy centers and no activism dedicated to addressing the particular concerns that mobile units raise.

This is not necessarily surprising. Mobile crisis pregnancy centers are slippery in a way that makes them difficult to both govern and analyze. In fact, it was not until 2018, when Andrea Swartzendruber and Danielle Lambert set out to verify the locations of crisis pregnancy centers in the U.S., that a nation-wide database of crisis pregnancy centers existed (2020). But even their resulting "CPC Map"—the most comprehensive dataset on crisis pregnancy centers to date—excludes mobile units (2020). While we know that there are 2527 brick-and-mortar crisis pregnancy centers (Swartzendruber & Lambert, 2020) and just 738 abortion clinics in the U.S. (dataset, ANSIRH, 2019), previous scholarship has not estimated the number of existing mobile crisis pregnancy centers.

Our research suggests that there are at least 170 mobile units in the U.S. Through surveying publicly available material on anti-abortion websites, crisis pregnancy centers' social media, and Heartbeat International's online directory, we found that two primary networks, Save the Storks and Image Clear Ultrasound, have produced and distributed approximately 90 units across the U.S. At least another 80 crisis pregnancy centers, as well as religious groups without brick-and-mortar centers, have acquired mobile units through alternative networks. In addition, Heartbeat International's online directory includes eight mobile crisis pregnancy centers in Mexico and one in New Zealand, suggesting that "going mobile" has been a tactic used primarily by U.S. anti-abortion activists. As such, this paper focuses on mobile crisis pregnancy centers in the U.S.

It is our contention that, regardless of the scale at which they operate, mobile crisis pregnancy centers raise concerns worthy of consideration by scholars, policy makers, and activists—especially because the anti-abortion movement is increasingly using mobile units to spread Evangelicalism, medical misinformation, and anti-abortion ideology. It is to this context that journalist Eliza Griswold refers when describing mobile crisis pregnancy centers as "the new front line of the anti-abortion movement."[1] Examining mobile crisis pregnancy centers is crucial, then, for countering ongoing threats to reproductive justice. In this article, the first to examine mobile crisis pregnancy centers, we consider how mobile units can inform broader discussions of the contemporary abortion landscape, especially when their mobility creates both methodological and epistemological challenges.

Our reflections emerge out of a two-year-long conversation that culminated in a quantitative analysis of brick-and-mortar crisis pregnancy centers in relation to abortion facilities. We learned that crisis pregnancy centers exist in nearly half of all U.S. counties (wherein 89% of the population resides) and, further, that their uneven geography poses particular concerns for Black and Native, rural, and low-income people (under review). Throughout this project, mobile crisis pregnancy centers repeatedly bubbled to the surface of our conversations, but we could not identify a method for incorporating them into our analyses. Their mobility—which allows them to travel along routes capable of consistently shifting—made them, for us, unmappable.

Our distress over our failure to account for mobile crisis pregnancy centers was exacerbated as we learned that anti-abortion activists increasingly utilize such units to restrict abortion access, thwarting reproductive justice. As such, in this article, we discuss the place of mobile crisis pregnancy centers in the contemporary abortion landscape as a matter of "reproductive justice." Such an approach, which makes no distinction between reproductive rights and justice, runs counter to those typical among reproductive justice scholars and activists, who tend to differentiate themselves from reproductive rights activists by suggesting that the latter are too fixated on *legal rights* to abortion, rather than *access* to abortion *as well as* social support for having and raising wanted children. We do so because, as feminist and queer studies scholars point out, such a binary approach positions abortion justice outside of reproductive justice (Thomsen, 2015; Thomsen & Tacherra Morrison, 2020). We see our analysis of mobile crisis pregnancy centers, especially along the lines of race, place, and class, as extending the position that reproductive justice must center abortion *and* move beyond concerns over its legality.

In what follows, we consider what we learned through our failure to map—and eventual rejection of mapping for examining—mobile crisis pregnancy centers. We take as our point of departure Jack Halberstam's *The Queer Art of Failure*, in which he asks: "What kinds of reward can failure offer us?" (Halberstam, 2011). Geographers have asked similar questions, arguing that acknowledging failure can create pathways for challenging geography's "masculinist underpinnings" (Harrowell, Davies, & Disney, 2018, p. 1). As we considered the potential reward of our failure, we asked questions that could not be answered through mapping: Do mobile units pose different risks than brick-and-mortar centers, and to a degree such that folding them into our quantitative analysis of crisis pregnancy centers could be problematic? How do anti-abortion and abortion rights activists alike conceptualize the role of mobile crisis pregnancy centers in their movements? How do mobile units complicate our ability to visualize the contemporary abortion landscape? How might we approach the unruliness and wildness of mobile crisis pregnancy centers, especially when feminist and queer studies scholars tend to use these terms in celebratory ways?

We begin here, outlining how the mobile crisis pregnancy center—the epitome of the undisciplined, unmanageable, wild—troubles feminist and queer studies' glorification of these concepts. In calling for a "political geography of abortion" that exists beyond state borders, scholars have celebrated activists' tactics that manipulate geography in order to provide abortions (Calkin, 2019). Through mobile crisis pregnancy centers, anti-abortion activists use remarkably similar strategies but to constrict reproductive freedom. In reflecting on this paradox, we interrupt the positive affects associated with mobility in discussions of reproductive mobilities and suggest that mobile crisis pregnancy centers trouble the possibility of thinking feminist and political geography separately. With such theoretical scaffolding in place, we conduct a qualitative analysis of mobile crisis pregnancy centers via their online presence, examining the particular concerns that their mobility raises in terms of race, class, and place.

1. Crisis pregnancy centers, regulation, and the wild

The geographic prevalence of crisis pregnancy centers in the U.S. means that most Americans have encountered these centers or their advertisements, particularly those for free pregnancy tests. It is also likely that many do not register that these advertisements are for religiously motivated, fake clinics established by anti-abortion activists, with essentially no governmental or medical oversight. That is intentional. Deception is central to their strategy. Critics have illustrated the many forms this deception takes: disguising their political and religious motivations; implying they offer abortions when they do not; opening near abortion clinics with the intention of confusing and thus hijacking those en route to clinics; and peddling false information regarding abortion (Borrero, Frietsche, & Dehlendorf, 2018; Bryant, Narasimhan, Bryant-Comstock, & Levi, 2014; Chen, 2013). Scholars found, for example, that 80% of crisis pregnancy center websites listed in state resource directories for pregnant women include false or misleading medical information, including that abortion leads to breast cancer, infertility, and mental health issues, among other claims repeatedly proven false (Bryant et al., 2014; see also; Swartzendruber et al., 2017). Such inaccurate information is given credence by the aesthetics of such centers, which suggest they are medical clinics when they are not (Chen,

[1] See https://www.newyorker.com/magazine/2019/11/18/the-new-front-line-of-the-anti-abortion-movement (accessed 7/12/20).

2013).

Despite the public health concerns crisis pregnancy centers raise (Rosen, 2012), the few attempts at regulation have been largely unsuccessful. In cases where cities or states have passed legislation, crisis pregnancy centers have claimed that these laws infringe upon their rights to religious freedom or freedom of speech. In 2018, for instance, the U.S. Supreme Court heard its first case regarding crisis pregnancy centers. This case, *NIFLA v. Becerra*, concerned the constitutionality of California's FACT Act, which required crisis pregnancy centers to make clear that they are not licensed medical facilities and that state resources for abortion exist. The National Institute of Family and Life Advocates (NIFLA), an anti-abortion organization, argued that requiring crisis pregnancy centers to provide this information violates their rights to free speech. Ultimately, the court agreed, siding with NIFLA in a 5-4 decision. That abortion providers are not granted the same freedom of speech NIFLA argued is constitutionally guaranteed, and that abortion clinics experience forms of regulation far more excessive than that of the FACT Act, mattered little (Ahmed, 2015). Indeed, in most U.S. states, abortion providers are legally mandated to give patients inaccurate medical information meant to dissuade them from abortion. In short, the Supreme Court's decision solidifies what reproductive justice advocates already knew: crisis pregnancy centers are ungovernable, unruly, unable to be disciplined.

Not so incidentally, feminist and queer studies scholars have long approached that which refuses to be disciplined and docile—the unruly, the feral, the wild, the deviant—as epistemological and political potentiality. Laura Kipnis, for example, notes that she has "a certain soft spot for … *unruly* desires, for wanting more as an ontological condition" (Kipnis, 2014, pp. 147–8, emphasis added). Elizabeth Freeman suggests that teachers should turn their students into monsters, thus manifesting "*unruly* forms of relationality" (Freeman, 2005, p. 94, emphasis added). Jack Halberstam argues that failing can allow us "to make a mess, to fuck shit up, to be loud, *unruly*, impolite, to breed resentment, to bash back, to speak up and out, to disrupt, assassinate, shock, and annihilate" (2011, p. 11, emphasis added). Like unruliness, the uncontrollable, the unregulated, and the feral are also deployed with fondness. Laura Kipnis notes that "*the desire to control* inherently uncontrollable things (in this case, a mate) thus reducing the amount of uncertainty in the world is certainly understandable—but on the other hand, what's more anesthetizing than predictability?" (Kipnis, 2004, p. 81, emphasis added). Halberstam describes his work as a "stroll out of the confines of conventional knowledge and into the *unregulated* territories of failure, loss, and unbecoming" (2011, p. 7, emphasis added), ultimately positioning failure as enabling "a *counterhegemonic* form of theorizing, the theorization of alternatives within an *undisciplined* zone of knowledge production" (18, emphasis added). Sara Ahmed argues that "the unhappiness of the *deviant* performs a claim for justice" (Ahmed, 2010, p. 96, emphasis added). And Mel Chen took a "feral approach" in their book *Animacies* (Chen, 2012, p. 18) just a year before the *Feral Feminisms* journal launched. Jack Halberstam and Tavia Nyong'o, in their special issue of *South Atlantic Quarterly* on "Wildness," claim that "it is time to rewild theory" (Halberstam & Nyong' o, 2018, p. 454). As these examples make clear, feminist and queer studies scholars deploy that which is uncontrolled as transgressive, as central to feminism and queerness itself.

This is not, of course, always the case. At times, these same scholars also discuss the problems that emerge when things are unregulated or viewed as unruly: the dangers of unfettered or unregulated capitalism and the ways in which colonialist, imperialist, sexist, racist, and homophobic projects have produced the bodies and desires of people of color, women, and LGBTQ people as excessive, as needing to be tamed. Halberstam discusses precisely this paradox, noting that while wildness is often used synonymously with romance, potential, and seduction, it also "name[s] the orders of being that colonial authority comes to tame, the others to a disastrous discourse of civilization, the racialized orientation to order, the reifying operations of racial discourse (wild 'things')" (Halberstam, 2020, pp. 3–4). Halberstam notes that he risks thinking with wildness, despite its association with colonialism and racism, because the concept "opens up the possibility of unmaking and unbuilding worlds" (4). Such beliefs epitomize feminist and queer studies' tendency to celebrate the unruly, ungovernable, and feral.

As it turns out, such adjectives aptly describe not only the feminist and queer possibilities of wildness, but also the dangers of mobile crisis pregnancy centers, which are even more capable than brick-and-mortar centers of moving around, both literally and figuratively, any potential attempts to thwart their harms. What, then, are we to make of the wildness of mobile crisis pregnancy centers, which are entirely unregulated, uncontrolled, and feral, and in so being, extend the anti-abortion movement's capacities to do as it pleases? If a city or state passed laws restricting the activities of crisis pregnancy centers in their jurisdiction—as most states and the federal government have done regarding abortion—mobile crisis pregnancy centers could simply drive to a neighboring area. At the same time, we have little belief in the state's willingness to govern crisis pregnancy centers, especially because it tends to support, rather than surveil such centers, as the *NIFLA* decision and increasing state and federal funds for crisis pregnancy centers suggest (Lin & Dailard, 2002; Swartzendruber & Lambert, 2020).

As importantly, we are wary of approaching the state as a mechanism for support or protection (Brown, 1995; Scott, 1999, 2010). In *States of Injury*, Wendy Brown cautions that the ways in which self-identified progressives engage with the state produce victims as so wounded that they are essentially helpless and therefore in need of greater protection by the state, ultimately further legitimizing state power (1995). Such approaches are evident in Planned Parenthood's press release regarding *NIFLA v. Becerra*, in which the organization describes the FACT Act as a "law that *protects* women from [crisis pregnancy centers'] dangerous and misleading practices" (emphasis added).[2] If, as Wendy Brown insists, democracy requires sharing power, not being regulated by it, and freedom rather than protection, how might we approach mobile crisis pregnancy centers? What tools are available to us, particularly if our goal is sexual freedom, not protection? If we are skeptical of engaging with a hypocritical state that over-regulates abortion clinics while allowing crisis pregnancy centers to run wild? And if, at the most basic level, we cannot figure out how to include mobile units in maps of crisis pregnancy centers, where do we go epistemologically and politically–and especially if we want to hold onto the feminist and queer potential of the wild, unruly, and ungovernable?

1.1. Feminist geography, political geography: on scale and mobility

These questions are crucial for feminist and political geography, in no small part because they allow us to reconsider the relations between the two, which are often presented as fraught. In the early 2000s, *Political Geography* published two articles that trace tensions between feminist and political geography in hopes of moving "towards a feminist political geography," as Kim England put it (England, 2003; see also Hyndman, 2004). England draws from feminist geographers who, during the previous twenty years, reflected upon the "sexist bias" (Drake & Horton, 1983, p. 329) and "male dominance" (Kofman & Peake, 1990, p. 313) of political geography, ultimately outlining what she sees as responsible for political geography's dismissal of feminist geography:

> I think of political geography as being concerned with territory and territoriality, exploring how power is exercised in and through spaces, and how spaces (and their boundaries) are defined, defended, and contested … most often the scale of analysis for political geographers is the state (arguably the most important), region, globe,

[2] See https://www.plannedparenthood.org/about-us/newsroom/press-releases/supreme-court-strikes-down-california-law-that-protected-women-against-deceptive-practices-of-fake-womens-health-centers (accessed 11/5/20).

> and, to some extent, locality. Finer scales get far less attention … political geography remains relatively untouched by questions of the politics of difference, body politics, and political subjectivities that are energizing many other subdisciplines of human geographies. However, that there continue to be bitter struggles around issues like abortion, pay, and domestic violence is indicative of just how tightly woven power and politics are with the public–private divide and the body, and how borders at finer scales are carefully policed and highly contested.

Just as England roots the gulf between feminist and political geography in political geographers' tendency to ignore finer geographic scales and the politics of the body, Sydney Calkin made similar claims sixteen years later (Calkin, 2018). In *Political Geography*'s first article focusing on abortion and framing it as a matter of feminist geography since the publication of England's text, Calkin argues that typical geographic approaches to scale must be re-thought in order to understand the complexity of the contemporary abortion landscape (2019). To make this case, Calkin discusses two sister abortion rights organizations. The first, Women on Waves, sails to countries where abortion is illegal and provides abortions in international waters, where the laws of the ship's home country apply. The second, Women on Web, helps women access abortion in places it is otherwise difficult to do so by providing online information and support regarding telemedicine abortions. Through operating in international waters and online, activists cut across geographies to avoid regulation, enabling them to legally offer reproductive health services where it is otherwise illegal to do so. Ultimately, Calkin celebrates the creative geographic scale-jumping through which abortion rights activists are re-making the contemporary abortion landscape.

The positive affects that Calkin associates with movement are also evident in a recent special issue of *Mobilities* on reproductive mobilities (Speier, Lozanski, & Frohlick, 2020). The special issue editors note that "mobility *facilitates* reproduction … [and] opens *new possibilities* for reproduction" (2020, p. 116, emphasis added). Further, the issue "highlight[s] the ways in which physical human (and non-human) movement *enables* and *produces* reproductive imaginaries, desires, futures, and trajectories, and also the subjectivities and 'becoming-ness' of diverse actors as reproductive subjects (2020, p. 108, emphasis added). Cordelia Freeman's article in this issue both extends and complicates such understandings of mobility. While Freeman argues that "abortion mobilities" hold "emancipatory possibilities," she also locates these possibilities in "vehicles that transport goods," rather than in women's ability to travel to obtain abortions (2020, p. 907). In conceptualizing an abortion landscape that eradicates "the need for women to travel," Freeman shifts the focus from typical feminist concerns regarding the disempowerment embedded in the increasing distances abortion patients must travel—and the related conflation of mobility with possibility—to the power of vehicles for reducing the significance of individual immobility (p. 907).

What Freeman terms her "viapolitical interventions" extend William Walters' concept of viapolitics, through which he argues that the vehicle, as well as the roads and routes it travels along, can be a site of strategic political action (2015). For Walters, such an approach necessitates that we critically assess the affects tethered to mobility. "Few terms," Walters notes, "are more laden with desire, more implicitly affirmed today than mobility" (Walters, 2015, p. 473). Instead, Walters argues for seeing vehicles as "mobile zones of governance and contestation in their own right" (p. 473; see also Griffin, 2021). Like Freeman, we, too, find Walters' theory generative, especially as it gestures toward the limits of the feminist literature on reproductive mobilities for analyzing mobile crisis pregnancy centers. Much like the abortion justice activists celebrated in the aforementioned scholarship, mobile crisis pregnancy centers also creatively manipulate geography as they move in largely unrestricted ways, going from one neighborhood, county, or state to another. And just as abortion caravans and ships function as spectacles that move around abortion justice ideologies while circumventing state regulations, anti-abortion activists also use mobile units to spread their message. Their mobility is, of course, exactly what makes regulating them difficult, a problem that would remain even if legislating brick-and-mortar crisis pregnancy centers became common. In short, mobile crisis pregnancy centers speak to Walters' point that the capacity to move is not inherently liberatory. Further, crisis pregnancy centers' mobility can necessitate the involuntary movement of those seeking to avoid them, a point in line with Mimi Sheller's assertion that "mobility can be a choice, but it can also be involuntary" (Sheller, 2020).

The case of mobile crisis pregnancy centers, therefore, contributes to Walters' and Freeman's efforts to chip away at the positive affects attached to individual mobility. Indeed, mobile crisis pregnancy centers use their mobility to reproduce—rather than challenge—power relations, further entrenching the sexism of the status quo through remaking the spatiality of reproductive politics. In this sense, movement and mobility can thwart people's opportunities to develop liberatory imaginaries, desires, and futures. Mobile crisis pregnancy centers' mobility is central to their ability to capitalize on people's immobility and to turn accessing the simple abortion procedure into what might be better understood as an "abortion journey" (Freeman, 2020), a process that encompasses many different forms of restrictions that transpire at the scales of the state and the body.

This latter point illustrates not only the need to trouble celebratory conceptualizations of mobility, as do Walters and Freeman, but also the dangers of thinking feminist and political geography separately.[3] Indeed, mobile crisis pregnancy centers' ability to territorialize space is enabled by the state and its inactions, concerns scholars have described as matters of political geography. At the same time, the dangers of mobile crisis pregnancy centers play out on individual bodies, a finer scale that can be attuned to the politics of difference, approaches linked to feminist geography. Moreover, the case of mobile crisis pregnancy centers contributes to feminist geographical analyses of possibilities for maneuvering between multi-scalar jurisdictions by demonstrating the need to consider the political impetus behind such movement, as well as, perhaps somewhat ironically, the issue of scale. Unfortunately for those concerned with abortion justice, anti-abortion activists are using the manipulation of geography as a political tactic to a far greater degree than abortion rights activists are. There are, after all, only a handful of abortion rights groups employing viapolitical insights while there are at least 170 mobile crisis pregnancy centers in circulation.

2. Crisis pregnancy centers on the move: a BRIEF overview

Mobile crisis pregnancy centers are developed and distributed in the U.S. by two primary anti-abortion Evangelical organizations, Save the Storks' "Stork Bus" division and Image Clear Ultrasound's "Fleet for Little Feet," although independent mobile units disconnected from these franchises are also in operation. ICU was founded in 2003 and, today, has 42 mobile units in 22 states. Save the Storks, founded in 2012, has 48

[3] We do not mean to dismiss the robust scholarship in feminist political geography. See, as one example of scholarship at this nexus, the work in feminist geopolitics (Christian, Dowler, & Dana, 2016; Massaro & Williams, 2013; Naylor, 2017). At the same time, scholars advancing feminist geopolitics often frame the relationship of feminist geopolitics to critical geopolitics in terms of absence, gaps, and limits–in ways that mirror England and Hyndman's assessment of the relationship of feminist to political geography more than 15 years ago. In 2001, Hyndman wrote that "The intersections and conversations between feminist geography and political geography have been surprisingly few. The notion of a feminist geopolitics remains undeveloped in geography" (p. 210). More recently, Sydney Calkin noted that critical geopolitics "is still missing the key insights of feminist geopolitics on the need to de-center state security and interweave global and local scales in order to see the everyday of geopolitics" (2018, p. 3). These analyses speak to the ongoing need to advocate for feminist geographies, even as scholars increasingly do this work.

mobile units and five in production across 25 states. In addition, a database on the Heartbeat International website lists approximately 80 additional mobile units in 31 states that are not affiliated with either organization. Today, there are at least 170 mobile crisis pregnancy centers in operation or production across 41 different states.[4] And they are on the move: based on the location schedules posted on mobile crisis pregnancy centers' social media accounts and websites, it appears that they travel anywhere from 3.2 to 164 km from the location of their registered address, which is typically that of a brick-and-mortar crisis pregnancy center.[5] In so doing, they cross city, county, and state borders, moving outside of and between jurisdictional and geographic scales and, thus, decreasing possibilities for state regulation.[6]

Beyond this, Save the Storks runs their own cross-country tours. On LinkedIn, Jason Welty, the organization's Mobile Operations Manager, notes that his job includes "planning tours for new Mobile Medical Units [and] managing a team of volunteer drivers as they drive across the country."[7] Welty is one of 28 employees at Save the Storks, which had just one employee in 2013. Save the Storks' growth reflects the movement's belief in the effectiveness of going mobile. A Save the Storks publication notes that their mobile units allow them to "*more effectively* reach and serve" those considering abortion, going so far as to suggest that "going mobile is a *proven strategy* for reaching abortion-minded women" (2019, p. 2, emphasis added). Crisis pregnancy center Director Debra Tous states that adding a mobile crisis pregnancy center to their Huntington Beach, California operation "more than doubled our client intake … We are currently under construction to double our space due to the growth and client intake we have experienced" (Save the Storks, 2019, 2).

Despite anti-abortion activists' beliefs in the possibilities mobile units offer, reproductive justice advocates have said little about mobile crisis pregnancy centers. The National Abortion and Reproductive Rights Action League (NARAL), a leading pro-choice organization, for instance, does not mention mobile crisis pregnancy centers anywhere on its website or in its publicly available annual reports. Perhaps even more surprisingly, mobile crisis pregnancy centers are largely absent in national abortion rights groups' discussions of crisis pregnancy centers. A 2006 report by the National Abortion Federation titled "Crisis Pregnancy Centers: An Affront to Choice" details the funding sources and deceptive tactics of crisis pregnancy centers, yet never mentions mobile units and their particular "affront to choice." A decade later, NARAL published a 28-page report entitled "The Truth About Crisis Pregnancy Centers," which mentions mobile units just once. The document cites a Heartbeat International employee who states that mobile units allow them to go "straight to the 'hood, straight into urban areas … to reach more abortion-minded and -vulnerable clients" (2017, p. 8). NARAL uses this quote to argue that crisis pregnancy centers target low-income women and women of color, never differentiating between mobile and brick-and-mortar crisis pregnancy centers (8). In so doing, NARAL fails to consider how the *mobile* nature of the crisis pregnancy center exacerbates the problems with which the organization is concerned: targeting low-income women and women of color.

In what follows, we discuss the websites of anti-abortion organizations that sell mobile crisis pregnancy centers as well as the social media presences of individual mobile units. We begin by outlining their deceptive practices. While our analysis suggests that the approaches of mobile crisis pregnancy centers are largely indistinguishable from those of their brick-and-mortar counterparts, the nimbleness and unpredictability enabled by their mobility raises new concerns, particularly for low-income people, communities of color, and those in rural areas. These approaches, as well as their ramifications, speak to the aforementioned need to re-consider the assumed liberatory potential of mobility as well as the feminist and queer fondness for unruliness.

3. Deception: obscuring religious foundations, posing as medical clinics, distributing misinformation

Scholars have illustrated crisis pregnancy centers' deceptive practices, noting that they: obscure their religious foundations (Borrero et al., 2018); appear as if they are medical clinics when they are not (Chen, 2013; Thomsen, 2020); and distribute inaccurate information, particularly regarding abortion (Bryant et al., 2014). In what follows, we demonstrate that mobile crisis pregnancy centers use each of these tactics, as well.

Brick-and-mortar crisis pregnancy centers are typically supported by the Evangelical anti-abortion movement (Kelly, 2012), although they often obscure that religious beliefs drive their work (Borrero et al., 2018). This is, of course, intentional; in fact, anti-abortion organizations encourage those in their networks to use deception. At a 2015 conference session entitled "Do I Really Need Two Sites," Lauren Chenoweth, Heartbeat International's media specialist, suggested that crisis pregnancy centers operate two websites, one that makes clear their anti-abortion mission in order to interest donors and another that uses medical (mis)information to pull in women seeking abortion.[8]

The religiosity that motivates the production and use of mobile units is, as with typical crisis pregnancy centers, made apparent in some moments and concealed in others. Image Clear Ultrasound, for example, operates two websites, actualizing Heartbeat International's suggestion. One website, icumobile.org, is explicitly religious and declares its religious mission on its homepage: "Serving Women facing unintended pregnancies by offering the Hope and Purpose only found in the gospel, Saving Lives of the unborn using ultrasound technology and advocacy and Sharing Christ." Such overt religiosity is evident on nearly every page of the website, which makes transparent both the organization's religious values and also their intentional *lack* of transparency regarding their mobile units. According to the "ICU Ministry Model" page of the website, "The mobile medical platform is *neutral branded and medical looking*. By having this *independent brand*, we break down the barriers that may prevent even one abortion-minded woman from coming on board" (emphasis added).[9] Greg VanBuskirk, ICU Mobile's Executive Director, expresses a similar sentiment in the "ICU Mobile Story" video: according to VanBuskirk, the idea for mobile units emerged when crisis pregnancy center staff realized that women who knew that they do not provide abortions avoided them. Their solution: go directly to those attempting to avoid crisis pregnancy centers. "Neutral branded,"

[4] Solidifying accurate numbers was challenging because Save the Storks, ICU Mobile, and Heartbeat International provide nebulous information that conflicts with information they state elsewhere. The number of existing ICU units is especially unclear, in part because they have two websites. The overtly religious version lists 40 units (https://www.icumobile.org/meet-the-fleet [accessed 11/4/20]). Their website that conceals their religious ideology lists 31 units (https://imageclearultrasound.com/your-experience/locations [accessed 11/4/20]). In 2017, an anti-abortion website claimed that there are 100 mobile units connected to Save the Storks and ICU Mobile (https://pregnancyhelpnews.com/phc-10-numbers[accessed 11/4/20]).

[5] Life On Wheels Alabama, an ICU-affiliated unit, travels 164 km from its registered address in Montgomery, Alabama to Birmingham, Alabama. Part way through our research, Life On Wheels acquired a second bus, allowing them to be in Montgomery and Birmingham simultaneously. Such moves create methodological challenges, as neither bus travels the distance or route of the original. Nonetheless, this case illustrates that mobile crisis pregnancy centers travel substantial distances.

[6] Sound Choices Pregnancy Center, for example, travels to Phoenix City, Alabama from its registered address in Columbus, Georgia (https://imageclearultrasound.com/your-experience/locations/columbus [accessed 7/12/20]).

[7] See https://www.linkedin.com/in/jason-welty-762263b9/(accessed 11/5/20).

[8] See https://www.cosmopolitan.com/politics/a38642/heartbeat-international-conference-crisis-pregnancy-centers-abortion/(accessed 1/5/20).

[9] See https://www.icumobile.org/what-we-provide-you (accessed 4/13/20).

"independent brand," and "medical looking," are, of course, euphemisms for crisis pregnancy centers' unrestrained deceptive practices. While crisis pregnancy centers' widespread duplicity is well-documented, considering mobile units makes clear that it was activists' desires for obfuscation that drove the very development of mobile units, a point that extends prior scholarly analyses of crisis pregnancy centers' deception more broadly.

Imageclearultrasound.com, ICU's alternative website, epitomizes this deceit and obfuscation. In stark contrast to ICU's aforementioned website, this version excludes all overtly religious content, offers almost no information about the organization, and conceals its anti-abortion mission. The website also makes ICU appear as if it offers legitimate and accurate medical information. Such approaches are evident on the website homepage, which includes a nondescript image of a city skyline. Seconds after landing on the homepage, an animated bus decorated with an image of a doctor crosses the screen. Gone are the "ministry values" and "statements of faith." In their place are tabs entitled "Your Choice," "Your Health," and "Your Experience." The differences between the websites suggests that mobile CPCs understand that their ability to appear as if they are "neutral" relies upon both obscuring their religiosity and political goals and also utilizing medical imagery and language.

The *NIFLA v. Becerra* decision means that such approaches are perfectly legal and cannot be regulated. It is no surprise, then, that the well-documented medical misinformation that brick-and-mortar crisis pregnancy centers circulate is also apparent in the work of mobile units. ICU, for instance, focuses on the "side effects and risks" of abortion, noting the possibility of "serious or life-threatening bleeding and serious or life-threatening infections." Such claims wildly distort the risks of abortion. In reality, most patients experience bleeding and cramping similar to a menstrual cycle for two to four days, and just 2% of patients experience complications (Upadhyay et al., 2015). Abortion is, in fact, thirteen times safer than childbirth in the U.S. (Raymond & Grimes, 2012). To give credence to their inaccurate representation of abortion, mobile crisis pregnancy centers utilize medical language and medical imagery. Images of doctors in lab coats, women looking at ultrasound pictures, and the sonogram machine appear across their websites, Instagram pages, and buses.

Mobile unit of Arkansas Pregnancy Resource Center, Little Rock, Arkansas (Save the Storks affiliate).[10]

Mobile unit of Alpha Pregnancy Help Center, Merced, California (Save the Storks affiliate).[11]

Far from "neutral" branding, such images imply that mobile crisis pregnancy centers provide legitimate healthcare. The language they use to describe their buses functions similarly. The phrases "mobile medical units,"[12] "mobile clinics,"[13] and "mobile ultrasound vehicles"[14] decorate mobile crisis pregnancy centers as well as their marketing materials. Whether parked or in transit, these vans function as mobile billboards that spread deceptive anti-abortion messages. In this way, the van becomes a political agent of the anti-abortion movement, remaking the abortion landscape as it spreads unregulated misinformation while moving along unmappable routes.

Such imagery and language obscure that crisis pregnancy centers are unregulated precisely because they are not medical facilities and, thus, are not required to have any medical professionals on staff. And, in fact, most do not. Despite the sonogram acting as precisely the mechanism through which crisis pregnancy centers present themselves as medical,[15] no training or certification is required to provide ultrasounds–a fact that is unclear to visitors. As worrisome, anti-abortion medical professionals who volunteer or work at crisis pregnancy centers are not held to the same medical standards or HIPPA regulations as are those at clinics or hospitals. Medical professionals at crisis pregnancy centers are able to say and do things prohibited by hospitals or clinics. When health care providers leave their jobs at hospitals and begin shifts at crisis pregnancy centers, they are no longer held to the same ethical, legal, and medical standards as they would be in a legitimate medical setting—though their medical credentials are precisely what lend credence to their inaccurate claims. Put more directly, the vast majority of crisis pregnancy center volunteers are not medical professionals, but those who are pose particular risks. We should expect that individual medical professionals have political beliefs, of course. But using the illusion of medicine and obscuring religious beliefs to push a political agenda raises important ethical questions just as it makes clear how the lack of governmental regulation enables mobile crisis pregnancy centers' unruliness. In short, the ideologies that drive mobile units are indistinguishable from those of their brick-and-mortar counterparts, although their mobile nature enables new tactics—and with consequences that manifest along racial, socioeconomic, and geographic lines.

4. The effects: place, race, class

While the anti-abortion movement's utilization of mobile crisis

[10] See https://savethestorks.com/what-we-do/stork-bus-locations/(accessed 7/13/20).

[11] See https://savethestorks.com/what-we-do/stork-bus-locations/(accessed 7/13/20).

[12] See https://choicesmedical.org/services/mobile/(accessed 10/25/20).

[13] See https://www.pregnancyresourcecenter.org/mobile-unit/(accessed 10/25/20).

[14] See https://www.christianpost.com/news/pro-life-movements-newest-strategy-mobile-ultrasound-vehicle.html (accessed 10/25/20).

[15] For a discussion of how crisis pregnancy centers use sonograms to appear more medical and less religious than they are, see Thomsen (2020).

pregnancy centers is a relatively new development, it reflects their longer history of using location strategically. Reproductive justice activists have long bemoaned crisis pregnancy centers' chasing of abortion clinics, noting that the intentional opening of crisis pregnancy centers near abortion clinics as a way to confuse, and thus intercept, those seeking abortions constitutes deception. The documentary 12th *and Delaware*, for instance, features a Florida crisis pregnancy center that opened across the street from an abortion provider. In other cases, crisis pregnancy centers move into buildings that were formerly occupied by abortion providers; the crisis pregnancy center in Middlebury, Vermont, where the authors of this article have lived, moved into Planned Parenthood's previous location.[16] Our quantitative analysis of crisis pregnancy centers in relation to abortion clinics confirms that this approach constitutes, as crisis pregnancy center activists say, "a nationwide trend."[17] Just 0.8% of counties have an abortion clinic and no crisis pregnancy center, which suggests that crisis pregnancy centers are successfully targeting abortion clinics, and by extension, those who utilize their services (under review).

Mobile units—far from a simple expansion of this trend—create new problems, including the ability to park directly in front of abortion clinics and target specific places and people. In their "Guide to Going Mobile," Save the Storks advocates for parking outside abortion clinics (2019, p. 1). Mobile crisis pregnancy centers have followed suit: ICU Life On Wheels, for example, parks near a clinic in Montgomery, Alabama three days each week, while God's Resources, Inc., a Save the Storks affiliate in Palm City, Florida, parks outside Planned Parenthood each Friday.[18] Through this tactic, mobile units manifest a sentiment expressed in ICU's blog: "It is our prayer that, wherever an ICU Mobile RV is parked, it's right in the path of a woman who is ready to meet her baby for the first time and make a choice for life."[19] Mobile crisis pregnancy centers, then, broaden anti-abortion activists' abilities to capitalize on confusion in order to intervene in the paths people take to acquire abortions. Abortion rights advocates have worked to address the issue of interference, in part, through passing the Freedom of Access to Clinic Entrances Act and, more recently, legislation that creates "bubble zones" meant to minimize protesters' harassment of doctors and patients alike. But mobile units' ungovernability speaks to the limits of these efforts, which only have the capacity to restrict protestors' behavior within mere feet of the clinic door. Mobile crisis pregnancy centers can park just beyond the legally mandated distance and subject intended abortion patients to their anti-abortion ideology in ways that even nearby brick-and-mortar crisis pregnancy centers cannot. Furthermore, the medical imagery decorating many mobile crisis pregnancy centers grants credibility to anti-abortion activists connected to it, in ways that is much harder for individual anti-abortion activists protesting outside of clinics to achieve. Beyond demonstrating the inadequacy of traditional approaches to protecting abortion clinics, mobile units allow a single crisis pregnancy center to target multiple geographic locations in a short amount of time, and without having to purchase or maintain property. The Alternatives Pregnancy Center of Sacramento, California, for instance, rotates its mobile unit between three or four different locations to target those its brick-and-mortar center does not reach.[20] As these examples suggest, mobile units are sites of power in their own right, uniquely capable of restricting reproductive freedom through their ability to shift tactics and locations—which are one and the same—at a moment's notice.

Mobile crisis pregnancy centers also allow the anti-abortion movement to extend its geographically informed approaches in other new ways, as well. An anti-abortion news site notes that mobile crisis pregnancy centers "have hit the road as centers seek to expand their reach into rural areas."[21] Both ICU and Save the Storks discuss mobile crisis pregnancy centers as a prime asset for reaching clients in rural areas. A "Frequently Asked Question" Save the Storks receives is: "Is the Stork Bus effective in rural areas?" Their response: "Yes! We've seen affiliates successfully use their Stork Bus to bring care and resources to women in rural areas who might live far away from their nearest pregnancy care center."[22] Similar rhetoric is echoed on the ICU Mobile blog: "Not everyone can get to a traditional clinic. Sometimes a pro-life clinic isn't in their area or they don't have the transportation to get there."[23] Other non-ICU and non-Stork Bus affiliated crisis pregnancy centers also have recognized the potential for mobile units to reach rural areas, as evidenced by a *New Yorker* article subtitled "As rural health care flounders, crisis pregnancy centers are gaining ground." In the article, Sharon Carey, the director of the Wabash Valley Crisis Pregnancy Center in Terre Haute, Indiana, explains that she sends her center's mobile unit to "rural towns whose residents often cannot afford the gas needed to drive to the [brick-and-mortar] C.P.C. or to a hospital."[24] The very expansion of crisis pregnancy centers via going mobile, then, hinges on discourses of rural need—discourses less common in relation to brick-and-mortar crisis pregnancy centers.

As it turns out, the increased obstacles people in the rural U.S. face in terms of accessing quality health care make them perfect targets (Gomez, 2016; Smith, Sundstrom, & DeMaria, 2019). These include: cost, lack of health insurance, poor quality care, as well as generational habits, fears, and social norms specific to rural communities (Smith et al., 2019). In addition, Michele Statz and Lisa Pruitt outline the material ramifications of "the tyranny of distance" for abortion patients (2018). As rural communities work to address these challenges, mobile crisis pregnancy centers become yet another barrier to high quality healthcare—and in no small part because they appear to provide healthcare. Mobile crisis pregnancy centers exploit that in many rural places the closest health care provider might be hours away and, further, that patients fear seeing people they know in a waiting room (Smith et al., 2019). Crisis pregnancy centers' mobility is especially dangerous in areas where extended travel is often required to access healthcare, yet difficult due to poverty, or lack of public transportation. Perhaps most worrisome, mobile crisis pregnancy centers can appear to alleviate these issues.

Despite the transparency of mobile crisis pregnancy centers' targeting of rural areas, the differential impact of their approaches on people in rural areas is less obvious. Mobile crisis pregnancy centers' deceitful discussion of medical abortions epitomizes the potential for such disproportionate impacts. ICU states that the medical abortion process "can take from a few hours to a few days." In reality, the vast majority of

[16] See https://pregnancyhelpnews.com/middlebury-vt (accessed 7/12/20). Google Maps furthers the confusion crisis pregnancy centers capitalize on by using former Planned Parenthood spaces: for nearly a year after the crisis pregnancy center moved into the former Planned Parenthood building in Middlebury, Vermont, a Google Maps search for "Planned Parenthood Middlebury" listed the crisis pregnancy center as the top result. Recent articles from *Vice* and *Fortune* indicate that this occurrence is not unique; *Vice* suggests that Google Maps' directing abortion-related searches to crisis pregnancy centers may be worse in areas with limited abortion (https://www.vice.com/en_us/article/[accessed 7/12/20] and https://fortune.com/2018/02/15/google-maps-abortion-clinics-crisis-pregnancy-center/[accessed 7/12/20]).

[17] See https://world.wng.org/2020/01/buildings_with_baggage (accessed 7/12/20).

[18] See https://www.lifeonwheelsalabama.com/single-post/2017/04/25/Why-do-women-get-on-the-bus (accessed 7/14/20); https://godsresourcesinc.org/planned-parenthood-closing/(accessed 7/12/2020).

[19] See https://www.icumobile.org/blog?start=20 (accessed 7/12/20).

[20] See https://alternativespc.org/(accessed 7/12/20).

[21] See https://pregnancyhelpnews.com/phc-10-numbers (accessed 10/25/20).

[22] See https://savethestorks.com/what-we-do/stork-bus-and-us/#faqs (accessed 7/12/20).

[23] See https://www.icumobile.org/blog?start=20 (accessed 7/12/20).

[24] See https://www.newyorker.com/magazine/2019/11/18/the-new-front-line-of-the-anti-abortion-movement (accessed 7/12/20).

patients pass all pregnancy tissue within 4 hours.[25] The thought of passing tissue for several days may dissuade women from using medication abortion, which is precisely the technology with the potential to reduce the impact of the disparities in abortion access for those living far from clinics. ICU also claims that "a medical abortion requires at least two office visits and may require more. You should not pursue a medical abortion if you cannot return to your provider within 7–14 days of your first visit. A follow up assessment is essential to assure that the pregnancy has passed." The ramifications of a two-office visit requirement would fall disproportionately on those in rural areas, where access to abortion clinics is most restricted. (97% of U.S. counties in rural areas do not have an abortion provider [Finer & Henshaw, 2003].) What is worse, the claim is untrue: follow-up appointments can often be done over the phone. In fact, in a moment in which COVID-19 has shifted the medical landscape in many ways, some abortion providers have started to offer "no touch" abortions. Patients remotely discuss the state of their pregnancy with a provider who then calls in a prescription to the pharmacy. Patients pick up abortion medication and take it at home, as they would any other medication—at least when state laws allow it. Nineteen states require that physicians prescribing medication abortion physically be present when the patient takes the medication, essentially prohibiting telemedicine abortion.[26] Such laws tell us more about anti-abortion activists' work to limit abortion access than they do the science of abortion medication; in fact, the American Academy of Family Physicians call Food and Drug Administration (FDA) regulations on medical abortions "medically unnecessary."[27]

We might ask, then, how ICU can claim that medication abortion requires two office visits. The source to which they link is a document entitled "Medication Guide" created by the Food and Drug Administration (FDA). The document notes that a "follow-up assessment is very important. You must *follow-up* with your healthcare provider about 7–14 days after you have taken Mifeprex." Nowhere does the document state that these follow-ups must be in person, as ICU claims on their website. Most importantly, no laws require a second in-person appointment with a doctor. The FDA makes clear that such "guidance documents" are meant to provide information, rather than to establish what is "legally enforceable,"[28] although, again, ICU obscures that the information in the document they link to is meant to function as a medical recommendation, rather than a legal requirement. Such slippages could have devastating consequences for those facing an unintended pregnancy and especially those for whom a second office visit is untenable, either because of geography or socioeconomic position.

It is not just "abortion-minded" women at clinics and those in rural areas that crisis pregnancy centers imagine as in need of their services; poor women and women of color comprise another targeted group. In 2007, Heartbeat International's Miami chapter launched a campaign, complete with a map of Miami neighborhoods with high concentrations of Latinas, to open multiple crisis pregnancy centers "strategically located in high abortion-marketed neighborhoods, staffed and supported by the Greater Miami Christian community." For crisis pregnancy centers to "become a true urban movement," organizers noted, they would need to be "mainstreamed into Black and Latino churches in the cities" (NARAL, 2017). The Miami campaign was part of a broader approach common among anti-abortion activists in the early 2000s, when "CPC activists recognized that racial and ethnic minority groups were disproportionately accessing abortion services" (Kelly & Gochanour, 2018, p. 424). By 2003, the anti-abortion movement had created what they called "Urban Initiatives," shifting their "focus to Black women (and initially, Hispanic women, albeit to a far lesser extent, and this secondary focus faded away quickly) with the establishment of new urban CPCs" (p. 424). Scholars writing about this shift make clear that what crisis pregnancy center advocates present as earnest concern about race is better understood as "blackwashing," or featuring Black women in marketing materials, hiring Black women into marginal roles, and partnering with prominent Black conservative spokespeople, but without doing any work to promote racial justice. The goal, after all, was to attract more Black clients, not address the systemic reasons why Black women experience more unintended pregnancies—and thus abortions—than white women.

Mobile units allow crisis pregnancy centers to be even more nimble with their tactics for targeting communities of color. Vicki Tyler, the director of the Women's Choice Clinic in Bettendorf, Iowa, noted that their mobile unit "ministers to prostitutes, street people, the poor and those with mental sickness. We have a large impact in African, Hispanic, and low-income areas" (Save the Storks, 2019, p. 4). Tyler's explicit linking of crisis pregnancy centers' mobility to reaching people of color and poor people is less common than advocates' discussing the racialized nature of their work in more discrete terms. As the aforementioned Heartbeat International employee asserted, crisis pregnancy centers are "going straight to the 'hood, straight into urban areas … to reach more abortion-minded and vulnerable clients" (NARAL, 2017, p. 8). Similarly, the ICU-affiliated Alpha Women's Center in the Twin Cities "seeks to reach a diverse population" with their mobile unit.[29] Here, "the 'hood," "urban areas," and "diverse population" are thinly veiled references to race.

Such messaging is in line with the talking points offered by both Stork Bus and ICU, which note that mobile units allow crisis pregnancy centers to go where "abortion-vulnerable women … are most likely found": "In front of abortion clinics. Impoverished neighborhoods. University campuses" (Save the Storks, 2019, p. 2). "Abortion-vulnerable" is racially coded and classed too; we know Black women are five times more likely than white women to get abortions, while Latina women are twice as likely as white women to do so (Cohen, 2008). We also know that abortion has become increasingly consolidated among the poor: in 2014, 75% of abortion patients were low-income or poor (Jerman, Jones, & Onda, 2016). We know, too, that women of color are disproportionately likely to live in the kinds of "poverty-stricken areas" mobile crisis pregnancy centers claim to serve. The mobile unit connected to the Community Pregnancy Clinic, for instance, limits its locations to two housing projects in Los Angeles.[30] The first, Imperial Courts, is 34% Black, 25% White, and 64% Latino, while the second, Nickerson Gardens, is 30% Black, 20% White, and 68% Latino. Compare this to the racial make-up of California and the U.S. more broadly: Just 6% of CA is Black and 39% Latino, while 13% of the US is Black and 18% Latino. In targeting housing projects, the Community Pregnancy Clinic is targeting people of color and poor people. The median household income of Imperial Courts residents, where 51% live below the poverty line, is $24,833. With median household incomes of $16,810, 66% of Nickerson Gardens residents live below the poverty line. To contextualize these figures, the median household income in California, where 14% of people live below the poverty line, is $71,228. In addition, 43% of Imperial Courts and 50% of Nickerson Gardens households are headed by women with single-household incomes (compared to 26% of California households). That the Community Pregnancy Clinic targets this area reflects a belief common among conservatives: two-parent

[25] See https://www.bpas.org/abortion-care/abortion-treatments/the-abortion-pill/abortion-pill-up-to-10-weeks/(accessed 7/12/20).

[26] See https://www.guttmacher.org/state-policy/explore/medication-abortion (accessed 11/15/20) and https://rewire.news/article/2020/04/13/how-to-get-an-abortion-during-the-covid-19-pandemic/(accessed 7/12/20).

[27] See https://www.latimes.com/science/sciencenow/la-sci-sn-doctors-medical-abortion-20190208-story.html (accessed 7/12/20).

[28] See https://www.fda.gov/media/79776/download#:~:text=A%20REMS%20is%20a%20strategy,of%20a%20 drug%20 also%20 increase.(accessed 5/12/21).

[29] See https://icumobiletc.com/who-we-are (accessed 7/12/20).

[30] See https://cpcsimi.org/services/mobile-clinic (accessed 11/5/20).

heterosexual families are the proper environment for raising children. Perhaps more worrisome, we also know that the women at Imperial Courts and Nickerson Gardens, like women of color and poor women across the country, are less likely to have health insurance and access to medical care.[31] As such, mobile crisis pregnancy centers' targeting of women of color and poor women—like rural women—could have catastrophic effects on those in need of actual medical care.

As this discussion suggests, mobile crisis pregnancy centers throw the championing of the unruly, ungovernable, and mobile on its head. Their unique ability to travel–and thus to park in front of abortion clinics, change locations daily, and target those least likely to have access to medical care–is what makes them so dangerous. The material consequences of these dangers are also what makes mapping an insufficient response, and only in part because our attempts to produce a map that could sufficiently capture the depths of these material consequences was an exercise in failure. Perhaps our initial desire to visually represent the effects of mobile crisis pregnancy centers' circulation of both medical misinformation and anti-abortion ideology is impossible to satisfy, especially because those effects will be mediated by the social locations of those who come into contact with both. So, we are left to ask: without mapping or turning to the state, how can the unregulated and unruly work of mobile crisis pregnancy centers be countered?

5. Moving forward

In the three years since John Oliver's exposé went viral and the U.S. Supreme Court handed down its decision supporting crisis pregnancy centers, concerns regarding abortion access have become even more elevated, due, in part, to the appointment of another anti-abortion Justice to the Supreme Court and also the COVID-19 pandemic. At the same time, the pressures of the pandemic, coupled with changing laws and reproductive technologies, have created new opportunities for abortion justice. Recently, the American College of Obstetricians and Gynecologists filed a federal lawsuit against the FDA requesting that the agency lift restrictions on mifepristone during the COVID-19 pandemic. The organization's president, Eva Chalas, noted that "the FDA's decision to maintain medically unnecessary restrictions on mifepristone is a glaring exception" to attempts to increase healthcare access through telemedicine during this time.[32] Such positions are in line with those of the Guttmacher Institute, which suggested even prior to the pandemic that telemedicine is a "promising way to expand health care … to rural and otherwise underserved communities" (Donovan, 2019).

Challenges to actualizing these promises remain. Beyond unnecessary FDA restrictions, medical practices fall under the purview of individual states, and nineteen states have banned telehealth abortions.[33] Mailing misoprostol or mifepristone pills across county, state, and national lines to places where abortion is illegal is, of course, illegal—but it is also incredibly difficult to regulate, a challenge exacerbated by the ease of accessing information online regarding performing at-home abortions with medications unintended for that purpose. Moreover, that abortion can be completed by pill has shifted OB-GYNs' positions, expanding willingness to perform abortion (Grossman, Grindlay, Anna, & Schulkin, 2019). It is no surprise, then, that telemedicine abortions have increased in the U.S. during the pandemic (2020).[34]

It is for these reasons that scholars, activists, and medical professionals find power in telemedicine, which provides possibilities for manipulating geography in the service of reproductive justice. To be clear, like Calkin, we find compelling the work of activists who use these difficult-to-regulate tactics to provide abortion services in places where they are inaccessible or illegal. We, too, want to celebrate their potential for resistance. At the same time, mobile crisis pregnancy centers speak to the limits of these celebrations. In this article, we have suggested that mobile crisis pregnancy centers, in their unruly unmappability and utilization of tactics similar to those of abortion rights groups, demonstrate the degree to which mobility is a terrain of struggle, and one that is neither inherently oppressive nor liberatory. But there are, of course, key *differences* between anti-abortion and abortion-justice approaches, and, perhaps it is there that potentiality exists. While possibilities for telemedicine abortion are widely restricted, and especially in states where abortion is already least accessible, mobile crisis pregnancy centers are wildly unregulated. As such, combining feminist geographical epistemologies with a structural analysis of what enables or restricts movement across geographic scales may assist in developing innovative responses to mobile crisis pregnancy centers that can advance reproductive freedom. And while we found mobile crisis pregnancy centers far too unruly to be captured by typical cartographic methods—which are bound up with all sorts of unsavory things, as feminist geographers note (Kwan, 2002; Rose, 2001)—we want to hold on to the possibility that feminist and queer mapping could be a part of future attempts to address mobile crisis pregnancy centers. Even if we could develop a method for mapping mobile crisis pregnancy centers' wild and unruly routes, how might we visually represent the impacts of the ideological work they do in transit? What kind of map could capture the depths of their dangers, especially for those without access to health care? If we could answer these questions, what possibilities might bloom for anti-crisis pregnancy center activists? And for cartographers, feminist, queer, or otherwise? While we could not answer these questions, we hope that raising them, along with our broader analyses of mobile crisis pregnancy centers, may inspire others to think wildly about how to approach mobile crisis pregnancy centers' unruliness.

Declaration of competing interest

There are no conflicts of interest.

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[31] See https://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/(accessed 7/12/20).

[32] See https://www.medpagetoday.com/special-reports/exclusives/86841 (accessed 11/14/20).

[33] See https://www.guttmacher.org/state-policy/explore/medication-abortion (accessed 11/14/20).

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