

Crisis Pregnancy Centers Seek To Increase Political Clout, Secure Government Subsidy

By Vitoria Lin and Cynthia Dailard

Crisis pregnancy centers (CPCs) are not new to the American cultural landscape. For over three decades, they have provided pregnancy options counseling from an antiabortion perspective. But CPCs are relatively new to the political scene. The last few years have seen a sudden groundswell in both federal and state legislation designed to support and promote them. To date, such efforts have largely focused on two goals: securing direct or indirect government subsidies for CPCs and raising their profile and stature in the public eye.

This spate of legislative activity signals that CPCs are becoming increasingly organized and beginning to flex their political muscle. It also explains and complements their attempts to expand into new areas—for example, providing medical services such as ultrasound or offering abstinence-only education—that further their original goal of dissuading women from abortion and, simultaneously, make them eligible for public funds.

Yet because many CPCs pose as women's health clinics or sources of unbiased pregnancy counseling, some are finding themselves on the defensive. Earlier this year, New York's attorney general launched an investigation of 24 CPCs based on allegations that they use misleading advertising and practice medicine without a license.

Profiling CPCs

CPCs trace their roots back to the days before *Roe v. Wade*, when a number of states began liberalizing

their abortion laws. While no comprehensive source of information on CPCs exists, antiabortion groups estimate that there are between 2,500 and 4,000 centers across the United States. Many belong to one of several large affiliation networks that conduct training sessions and allow members to share resources. The Virginia-based National Institute of Family and Life Advocates, for example, boasts some 700 CPCs in its network alone. These networks maintain close contact with major national antiabortion organizations such as Focus on the Family and the Family Research Council.

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CPCs typically offer women who think they may be pregnant a free pregnancy test—using commercial home pregnancy kits—and counseling. (If they are pregnant, women may receive maternity clothes, baby products and information about medical assistance.) They often portray themselves as organizations that offer complete and accurate information about the options available to women facing an unintended pregnancy—including the “truth” about abortion—by using neutral-sounding names and advertisements. However, according to personal accounts compiled by the National Abortion and Reproductive Rights Action League (NARAL), once women are inside the office, counselors subject them to antiabortion propaganda, characterizing abortion as painful and life

threatening, with long-lasting physical and psychological consequences. Women who have visited CPCs report that counselors informed them that having an abortion would make them sterile and possibly kill them. They also report being forced to undergo such “counseling”—which sometimes includes watching videos with graphic and medically inaccurate depictions of abortion—before being allowed to see the results of their pregnancy test. By employing such tactics and, more significantly, providing biased and incomplete information, these CPCs violate long-standing principles of medical ethics, which dictate that clients receive nondirective counseling and complete information about all of their legal medical options.

On top of their antiabortion agenda, CPCs display an anti-family planning animus. Although the women who enter their doors are clearly sexually active and at risk for unintended pregnancy, CPCs refuse to provide information about contraception. Instead, they teach “chastity,” according to the promotional materials of at least one major affiliation network.

Federal-Level Activities

CPCs are also beginning to export their antiabortion, anticontraception message with help from a major new source of federal funding for abstinence-only education. A program created in 2000 at the behest of Rep. Ernest J. Istook (R-OK), under the maternal and child health block grant's Special Projects of Regional and National Significance (SPRANS) program, constitutes the first major direct source of federal grants to CPCs. In FY 2001, the program channeled \$20 million to dozens of community-based organizations that run educational programs for 12–18-year-olds that condemn sex outside of marriage—for people of any age. These programs, by law, may not mention contraception except to emphasize failure rates (“Abstinence

Promotion and Teen Family Planning: The Misguided Drive for Equal Funding,” *TGR*, February 2002, page 1). Of that amount, close to \$3 million was directed to groups identified as CPCs, according to NARAL. Additionally, some states have also allocated abstinence-only dollars made available to them under the 1996 federal welfare reform law to CPCs.

Other antiabortion members of Congress are also seeking ways to fund and support CPCs. Earlier this year, Rep. Cliff Stearns (R-FL) and Sen. Jim Bunning (R-KY) introduced companion bills that would help further CPCs’ goal of offering ultrasound, and perhaps other medical services, such as STD testing and even prenatal care, in order to—in the words of one affiliation network—better “compete with abortion clinics for...abortion-vulnerable women.” The bill would authorize the Department of Health and Human Services to provide \$3 million in grants to nonprofit organizations for the purchase of ultrasound equipment. (Currently, according to Focus on the Family, only about 100 CPCs own such equipment.) Operating on the assumption that an ultrasound image would convince even the most “abortion-minded” woman to carry her pregnancy to term, the bill requires grantees to show each woman images of the fetus, describe its gestational age and physiological characteristics, and give her information about childbirth, adoption and abortion. It does not, however, specify that such information be unbiased or medically accurate.

Upon introducing his bill, Stearns declared that both CPCs and clinics where abortion and family planning services are provided would be equally eligible for grants, but some of the bill’s requirements automatically write the latter out of the equation. For example, organizations that charge clients for any of their services would not be eligible for

grants. Abortion clinics typically charge fees, and family planning clinics that receive funds under Title X of the Public Health Service Act are *required* to charge fees on a sliding scale, based on patients’ ability to pay (“Title X: Three Decades of Accomplishment,” *TGR*, February 2001, page 5). In contrast, CPCs, which are often staffed by unpaid volunteers and which usually offer counseling but no actual medical services, do not charge their clients.

The Stearns-Bunning bill comes on the heels of a 2001 resolution introduced by Rep. Bob Schaffer (R-CO) expressing support for CPCs. Although CPC counselors typically do not discuss abortion, unless to emphasize how dangerous it is, the resolution lauds them for “equipping [women] with complete and accurate information regarding their pregnancy options...in a nonjudgmental manner.” It praises CPCs for “their unique, positive contribution to...women, men, and babies—both born and unborn” and for preventing crisis pregnancies in the first place by teaching “effective abstinence education in public schools.” The resolution then urges federal and state government agencies to offer CPCs “assistance” for “medical equipment and abstinence education.”

Far more ambitious than the Stearns-Bunning bill or the Schaffer resolution, however, were companion bills introduced in 1999 by Sen. Rick Santorum (R-PA) and Rep. Joseph R. Pitts (R-PA). The Pitts-Santorum bill would have appropriated \$85 million annually to states to establish programs providing “alternatives-to-abortion services.” Under the legislation, the states would partner with a community group that “actively promot[es] childbirth instead of abortion.” No grant money could be used to perform abortions or to advocate or refer women for abortion *or contraceptive* services. While the Pitts-Santorum bill has not been reintroduced, it suggests the extent to

which some members of Congress are seeking to align the federal government with entities that provide inaccurate medical information about pregnancy options and that refuse to refer women for abortion or even for contraceptive services.

Action in the States

Some states—in addition to channeling federal funds granted to the states for abstinence-only education to CPCs—are setting aside their own revenues for them as well. To date, only three states—Pennsylvania, Missouri and Delaware—make direct appropriations to CPCs. Pennsylvania used its \$2 million grant in 1996 to launch the state’s Project Women in Need (WIN). Providing the model for the 1999 Pitts-Santorum legislation, Project WIN is designed to help CPCs provide pregnant women with—among

An abstinence-only education program enacted in 2000 constitutes the centers’ first major direct source of federal grants.

other things—“a non-judgmental atmosphere of understanding and support,” “chastity education,” information about clothing and food pantries, and temporary shelter. Since then, funds for Project WIN have doubled to more than \$4 million annually—one dollar for every state dollar granted for family planning services. Meanwhile, Missouri’s annual appropriations for CPCs increased slightly from \$900,000 six years ago to \$1 million today. In 2000, Delaware appropriated close to \$39,000 to a single CPC. (That same year, lawmakers in New Jersey and North Dakota attempted but failed to directly allocate state funds to local CPCs.)

Currently, the most popular way for antiabortion state legislators to raise money for CPCs is to push for the creation of “Choose Life” or

“Respect Life” license plates. In 2001 alone, close to 30 “Choose Life” license plate bills were introduced in 16 states. Most of these bills would have diverted the proceeds from the plates—which cost anywhere from \$20 to \$50 more than standard ones—to CPCs. Louisiana and South Carolina enacted such legislation, joining Florida, which had passed a similar law two years earlier. (In addition, Alabama’s license plate oversight committee last year approved the production of “Choose Life” plates

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once demand reaches a certain threshold.) This year, similar bills have appeared in 13 states. New laws were enacted in Mississippi and Oklahoma, while a bill was vetoed in Kansas.

The plates have not escaped controversy. Florida and South Carolina each face lawsuits alleging that the state is unconstitutionally endorsing one political point of view over another in violation of free speech. In April, however, the Fifth Circuit Court of Appeals dismissed on procedural grounds a lawsuit challenging Louisiana’s plates, and therefore the issue of free speech was left unaddressed.

State legislators are also seeking to use the tax code to aid CPCs. For

several years, Virginia has granted a sales tax exemption on goods and equipment that CPCs purchase. Since 1999, Missouri lawmakers have introduced more than a dozen bills offering tax credits on private donations to CPCs. And in 1996, Virginia even attempted to exempt a specific CPC from local taxation.

Although state policymakers are showing creativity in their attempts to funnel money to CPCs—in 2000, for example, a bill was introduced in Missouri to direct a portion of the state’s tobacco settlement money to CPCs—they have not limited themselves to the realm of financial support. In 2001, North Dakota enacted legislation that creates a legislative council to study the “feasibility and desirability of an alternatives-to-abortion program...to assist women to support childbirth.” And a year before that, Louisiana became the first state—out of 38 that permit a parent to legally relinquish an unwanted newborn at designated places such as a hospital or police station—to include CPCs among acceptable drop-off locations (“The Drive to Enact ‘Infant Abandonment’ Laws—A Rush to Judgment?” *TGR*, August 2000, page 1).

Support and Accountability

The heightened profile of CPCs has led others to take a closer look at their activities. In January 2002, New York Attorney General Eliot Spitzer issued subpoenas to 24 CPCs in the state, ordering them to submit copies of advertisements and training materials and to document their scope of services. According to the subpoenas, the attorney general’s office was investigating whether the CPCs were “misrepresenting the ser-

vices they provide...and advising persons on medical options without being licensed to do so, and/or providing deceptive and inaccurate medical information.” Two months later, Spitzer reached an agreement with one CPC, which consented to clearly inform potential clients that it is not a medical facility, that it neither provides nor refers women for abortion or birth control services, and that it also is not qualified to diagnose and accurately date pregnancy.

Spitzer withdrew the remaining subpoenas in hopes of reaching similar settlements with the other CPCs, but a swift and tidy resolution may not be in sight. Antiabortion advocates and groups such as Concerned Women for America are denouncing the investigation. The directors of the remaining CPCs declared that they would reject any similar settlement. As one of them explained, the attorney general’s requirements are “hellish,” “oppressive” and an “outrageous violation...that restricts our crisis counseling against abortion.”

As CPCs on a large scale seek to evolve from privately funded counseling centers to publicly funded agencies that offer ultrasound examinations and perhaps other medical services as well, they may soon face similar public scrutiny—and potential government regulation. Subsidized family planning clinics have operated under the constraints of both for decades—a part-and-parcel reality for any organization that receives public dollars. Whether or for how long CPCs will be allowed to secure public money without public accountability remains to be seen. ☉