



# State-Funded Deception:

MINNESOTA'S  
CRISIS PREGNANCY  
CENTERS

A report by  
NARAL Pro-Choice Minnesota Foundation

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# EXECUTIVE SUMMARY

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In September 2010, NARAL Pro-Choice Minnesota Foundation (NPCMF) started an investigation of “crisis pregnancy centers” (CPCs) operating throughout the state and funded by the State of Minnesota. During the next year, our investigators uncovered a consistent pattern of misinformation, deceptive advertising, and blatant lies about the risks of pregnancy and abortion. The following report provides insight into the potential harms these facilities pose to women and Minnesota communities, use of state taxpayer dollars to promote inaccurate health information, evidence for the need to inform women of the limitations of their services, and policy recommendations.

## ***Background on Crisis Pregnancy Centers in Minnesota***

NARAL Pro-Choice Minnesota Foundation believes that every woman seeking medical services with regard to an unintended pregnancy has the right to (1) comprehensive options counseling, including information and referral for all reproductive health care options; (2) medically accurate information; and (3) confidentiality with her private medical information.

This report examines organizations operating in Minnesota that do not share these values. Crisis pregnancy centers (CPCs), sometimes referred to as the “clinic” arm of the anti-choice movement, are organizations that exist solely to prevent women from exercising their right to choose safe, legal abortion and to prevent women from using modern contraceptive methods, including birth control pills and emergency contraception, and barrier methods such as condoms. CPCs are part of a national network of generally unlicensed, unregulated organizations posing as comprehensive health-care providers. They frequently disguise their anti-choice agenda with misleading advertising, calling themselves providers of all-options counseling. They create facilities and stage practices that mimic medical offices.

NARAL Pro-Choice Minnesota Foundation identified over 90 CPCs in Minnesota, the vast majority of which are not medically licensed

**CPCs are part of a national network of generally unlicensed, unregulated organizations posing as comprehensive health-care providers.**

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facilities. In reality, CPCs are not reproductive-health providers but ideologically driven organizations, many of which target and lie to vulnerable women seeking pregnancy-related information and counseling. Alarming, as part of an emerging trend on the part of CPCs to gain validity, many are hiring or recruiting volunteer medical professionals and obtaining medical equipment such as sonogram machines. Creating the illusion of medical authority has bolstered CPCs perceived legitimacy as mainstream “service” providers, allowing them access to resources such as federal and state funding.

***Federal Taxpayer Funding of CPCs***

Federal funding lands in the pockets of CPCs by way of Community Based Abstinence Education (CBAE) programs and Title V funding, and more than 50 CPCs in the United States received over \$30 million between 2001 and 2005. In 2007, CPCs in 23 states received Title V and CBAE funding—both ventures totaled around \$14 million. Other states, like Minnesota, have taxpayer funding set aside for CPCs.

***State Taxpayer Funding of CPCs***

CPCs in Minnesota receive state dollars through the Positive Alternatives Act, which makes \$2.4 million available to CPCs annually. The Positive Alternatives Act was signed into law by anti-choice Governor Tim Pawlenty in 2005. In 2011, 23 of the 31 grantees were CPCs. The language of the bill explicitly restricts organizations from using funding to refer to abortion providers.

***Research Results***

The investigation, conducted by a team of NPCMF staff and volunteers, included 27 in-person visits, 15 website analyses, and 32 phone calls to 15 of the state-funded CPCs. The study sought to answer three questions:

- Are CPCs staffed by qualified, trained personnel?
- Are they dispensing medically sound information and guidance?
- Are they forthright and honest in their promotion and advertising?

The answer to all of these questions was a resounding “no.”

- 73% of the CPCs investigated repeated the false claim that there is a link between abortion and an increased risk of developing breast cancer.
- 87% of CPCs investigated advised that abortion will lead to severe mental health problems.
- 67% highlighted a link between future infertility and abortion either through personal stories, pamphlets distributed at the CPC or through their website. In addition, 75% of CPCs investigated suggested a link between abortion and future miscarriages.
- One CPC lists their position on abortion explicitly on their website. For other CPCs, it is only after a woman arrives in-person at the CPC that their true bias is disclosed.
- None of CPCs investigated refer women for birth control. In fact, 67% provided misleading information regarding the risks associated with birth control and 60% provided medically inaccurate information about Emergency Contraception (EC).
- Based on research by NPCMF, the majority of CPC representatives were medically untrained volunteers.

Clearly, the primary goal of CPCs in Minnesota is to promote an anti-choice point of view in order to dissuade women from seeking abortion care, and even from using contraception, which many CPCs incorrectly equate with abortion.

### ***Recommendations***

Women facing unintended pregnancies deserve professional, medically-sound counsel. When any group receives state money or referrals there is an assumption that they should meet certain standards to provide such care.

**87% of CPCs investigated advised that abortion will lead to severe mental health problems.**

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NARAL Pro-Choice Minnesota Foundation recommends:

- Any grant money provided by the state of Minnesota funds organizations that provide comprehensive, non-directive counseling and medically accurate information.
- CPCs should be required to adhere to honest advertising and promotion that discloses what services they do and do not provide.
- CPCs that do not have trained medical or counseling staff inform clients that will be seen by non-medical staff and volunteers.
- Require that CPCs keep client confidentiality as is required by legitimate medical and counseling clinics.

In the absence of state legislation, local governments should take action.

Unfortunately, not all of the harmful practices CPCs engage in can be remedied through legislation. The research NPCMF conducted is the first of many steps in raising public awareness. Through legislation and education we can remedy the gross injustice to Minnesota women who are in need and seeking the help of medical professionals who will provide them with medically accurate, comprehensive all-options counseling.

# Introduction

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In the United States nearly half of all pregnancies are unintended.<sup>1</sup> In Minnesota 44% of pregnancies are unintended and 67% of those unintended pregnancies are carried by teenage girls.<sup>2</sup> The unintended pregnancy rate for low-income women has increased 50% in the past decade across all education, ethnicity, race, age or marital status lines. As of December 2011, there are six abortion providers in Minnesota. Five abortion-care providers reside within the Twin Cities metro area and one in Duluth - leaving 95% of Minnesota counties without a provider. In contrast, there are over 90 Crisis Pregnancy Centers (CPCs) in the state.

For women and their partners, an unintended pregnancy can be a confusing and overwhelming event. Many women seek outside guidance to discuss all their options – family members, friends, clergy, their physician or a trained counselor. At such a time it is more important than ever that women and their partners are able to talk with and learn from trusted professionals who will provide them with unbiased and medically accurate information on their pregnancy and all of their reproductive health care options.

**The unintended pregnancy rate for low-income women has increased 50% in the past decade**

CPCs advertise themselves to be just that: places for women and their partners to engage with health care professionals and learn about options for unintended pregnancies. In reality, CPCs are not comprehensive reproductive-health providers but ideologically driven organizations, many of which target and lie to vulnerable women seeking pregnancy-related information and counseling. Creating the illusion of medical authority has bolstered CPC's perceived legitimacy as mainstream "service" providers, allowing them access to resources such as federal and state funding.

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<sup>1</sup> Guttmacher Institute. "An Overview of Abortion in the United States." Published online at [http://www.guttmacher.org/presentations/abort\\_slides.pdf](http://www.guttmacher.org/presentations/abort_slides.pdf)

<sup>2</sup> Guttmacher Institute. "State Profile for Minnesota." Published online at <http://www.guttmacher.org/datacenter/profiles/MN.jsp>; Minnesota Department of Health. "Minnesota Pregnancy Risk Assessment Monitoring System Summary Book 2002-2003." Published online at [http://www.health.state.mn.us/divs/cfh/prams/mnprams2002\\_2003sb.pdf](http://www.health.state.mn.us/divs/cfh/prams/mnprams2002_2003sb.pdf), 20.

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**CPCs in Minnesota provide misinformation and emotionally manipulate women who turn to them for help**

Since 2005, more than 20 CPCs in Minnesota have received taxpayer funding through the Positive Alternatives Act grant program. In response, NARAL Pro-Choice Minnesota Foundation (NPCMF), from September 2010 and to December 2011, conducted an in-depth, confidential and undercover investigation of state-funded CPCs in the state. The purpose of the research was to detail whether CPCs accurately advertise their services and assess the quality of information provided to their clients. This report discusses the growing prevalence of CPCs in Minnesota and throughout the United States, describes what a CPC is, and explains how they are different from comprehensive women's health centers. The results show that CPCs in Minnesota provide misinformation and emotionally manipulate women who turn to them for help. Finally, policy recommendations are provided to prevent Minnesota taxpayers' money from funding organizations that lie and mislead women.

### **Highlights**

This report documents the following:

- CPCs outnumber abortion providers in Minnesota by 15 to 1.<sup>3</sup>
- Women in Minnesota searching online for information about abortion are potentially misled by CPC statements.
- CPCs are frequently staffed by unpaid volunteers with no medical or counseling training, some of whom administer and interpret medical tests (sonograms and pregnancy tests).
- CPCs routinely attempt to frighten and intimidate women through inaccurate information about birth control, sexually transmitted diseases, and abortion.

### **CPCs: A National History**

CPCs emerged as the front line of the anti-choice movement before abortion was legalized in 1973. Robert Pearson created the first CPC in Hawaii in 1967 in response to the repeal of a state law criminalizing abortion. After *Roe v. Wade*, the Pearson Institute was created with the

<sup>3</sup> Minnesota Citizens Concerned for Life. "Pregnant? Need Help" Published online at <http://www.mccl.org/Page.aspx?pid=315&srcid=381>; National Abortion Federation. "Minnesota Provider Information" Published online at <http://www.prochoice.org/pregnant/find/state.asp?strState=MN>.

mission of training anti-choice advocates to open CPCs throughout the country.<sup>4</sup> Today in the United States, CPCs outnumber abortion providers by 2 to 1—there are around 4,000 CPCs in the United States and less than 2,000 abortion providers.<sup>5</sup>

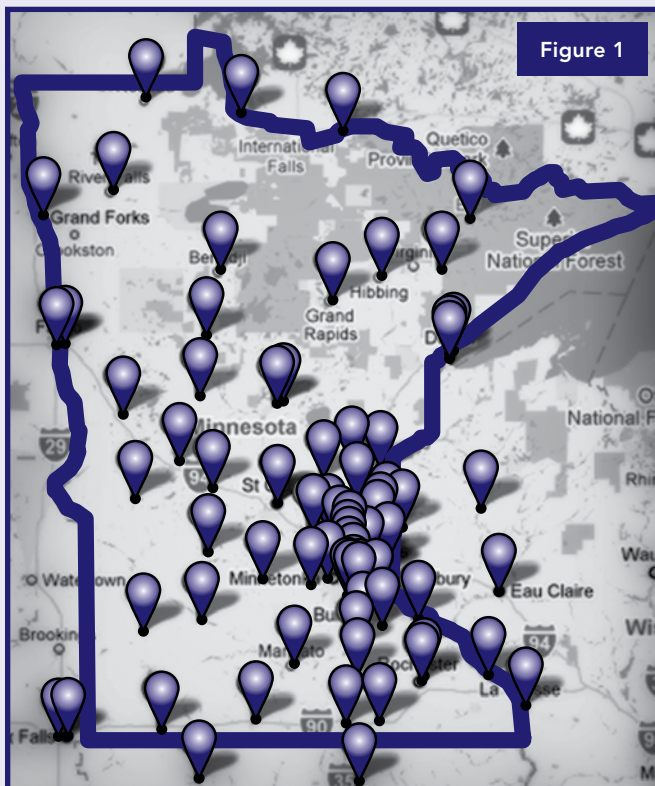
CPCs are generally staffed by non-licensed volunteers who work directly with clients. In recent years, CPCs have been recruiting and hiring medical providers. In these cases, the medical provider is not usually present every day and the majority of interaction the client has with the organization occurs through engaging a non-licensed, volunteer without a background in health care or medicine. Most often, if a registered nurse or doctor is on staff they are only available certain days to perform STI testing and sonograms. The CPCs create an environment making it possible to masquerade as comprehensive health-care providers.

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**Figure 1**  
There are over 90 Crisis Pregnancy Centers in Minnesota.

**Figure 2**  
In contrast, there are only 6 abortion clinics in Minnesota - leaving 95% of Minnesota counties without a provider.



<sup>4</sup> National Abortion Federation. "Crisis Pregnancy Centers: An Affront to Choice." Published online at <http://www.prochoice.org/policy/policyreports/cpc.html>

<sup>5</sup> National Abortion Federation. "Crisis Pregnancy Centers: An Affront to Choice." Published online at <http://www.prochoice.org/policy/policyreports/cpc.html>

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CPCs are funded differently from state to state, but in every state CPCs are heavily financed through private and corporate contributions. More than half of CPCs are part of national umbrella organizations, such as Heartbeat International and Care Net,<sup>6</sup> which provide training and materials to centers across the country. Many CPCs receive money from federal funding streams created by George W. Bush-era reforms. Between 2001 and 2005 these federal funding streams channeled over \$30 million to more than 50 CPCs in the United States. Much of the federal money that CPCs received during that time came from Community Based Abstinence Education (CBAE) programs and Title V funding. In 2007, CPCs in 23 states received Title V and CBAE funding- both ventures total around \$14 million.<sup>7</sup> Several states also have “Choose Life” license plates campaigns that funnel proceeds to CPCs, and other states, like Minnesota, have taxpayer funding set aside for CPCs.

### ***The Waxman Report***

In June 2006 U.S. Congressman Henry Waxman released a report exposing the harmful tactics employed by CPCs. The report found that 87% of investigated CPCs gave false information linking abortion to an increased risk of breast cancer, future fertility problems, and mental health issues, including depression.<sup>8</sup> NARAL Pro-Choice America state affiliates across the country have conducted investigations with similar findings, and the prevalence of medically inaccurate information is echoed in our own study of the practices of CPCs in Minnesota. Misleading, false, or unfounded medical information is not only an “inappropriate public health practice(s),” but also a serious threat to pregnant women and developing fetuses.<sup>9</sup>

<sup>6</sup> United States House of Representatives Committee on Government Reform – Minority Staff Special Investigations Division. “False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers.” Published online at [www.chsourcebook.com/articles/waxman2.pdf](http://www.chsourcebook.com/articles/waxman2.pdf), II.

<sup>7</sup> SIECUS, “SIECUS Releases the Fiscal Year 2007 Edition of the SIECUS State Profiles,” <http://www.siecus.org/index.cfm?fuseaction=feature.showFeature&FeatureID=1467&varuniqueuserid=I0488027171>

<sup>8</sup> United States House of Representatives Committee on Government Reform – Minority Staff Special Investigations Division. “False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers.” Published online at [www.chsourcebook.com/articles/waxman2.pdf](http://www.chsourcebook.com/articles/waxman2.pdf), II.

<sup>9</sup> NARAL Pro-Choice America Foundation. “Who Decides? The Status of Women’s Reproductive Rights in the United States.” Published online at <http://www.naral.org/media/publications/>

**Consider Other Risks of Abortion**

**Abortion and Breast Cancer**  
 Medical experts are still researching and debating the linkage between abortion and breast cancer. However, here are some important facts:

- 1) Carrying a pregnancy to full term gives protection against breast cancer that cannot be gained if abortion is chosen.
- 2) Abortion causes a sudden drop in estrogen levels that may make breast cells more prone to cancer.
- 3) Most studies conducted so far show a significant linkage between abortion and breast cancer.

**Effect on Future Pregnancy**  
 Scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies. The risk of miscarriage is greater for women who abort their first pregnancy.

**Emotional Impact**  
 Some women experience strong negative emotions after abortion. Sometimes this occurs within days and sometimes it happens after many years. This psychological response is known as Post-Abortion Stress (PAS). Several factors that impact the likelihood of Post-Abortion Stress include: the woman's age, the abortion circumstances, the stage of pregnancy at which the abortion occurs, and the woman's religious beliefs.

**Spiritual Consequences**  
 People have different understandings of God. Whatever your present beliefs may be, there is a spiritual side to abortion that deserves to be considered. Having an abortion may affect more than just your body and your mind – it may have an impact on your relationship with God. What is God's desire for you in this situation? How does God see your unborn child? These are important questions to consider.

**PAS Symptoms**  
 Guilt  
 Anger  
 Anxiety  
 Depression  
 Suicidal Thoughts  
 Anniversary Grief  
 Flashbacks of Abortion  
 Sexual Dysfunction  
 Relationship Problems  
 Eating Disorders  
 Alcohol and Drug Abuse  
 Psychological Reactions

**A 1994 study in the Journal of the National Cancer Institute found: "Among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50% higher than among other women."**

**Figure 3**  
*CPCs aim to scare women from having abortions, by claiming future health problems and even questioning their spiritual well-being. This brochure was handed out at a CPC in Minnesota.*

## CPCs in Minnesota

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In Minnesota, there are over 90 Crisis Pregnancy Centers throughout the state while there are only six clinics offering abortion services. A woman facing an unintended pregnancy in Minnesota has a disproportionately higher chance of receiving religiously and politically biased counseling at a CPC than she does of receiving accurate information from a licensed medical professional. For women in rural Minnesota the odds are even greater.

### ***Positive Alternatives Act***

Signed into law by Governor Tim Pawlenty in 2005, the Positive Alternatives Act makes \$2.4 million available annually to organizations that “assist and encourage women in carrying their pregnancies to term” while offering “accurate information on the developmental characteristics of babies and of unborn children.”<sup>10</sup> In 2009, more than 20 of the 31 grantees were CPCs.<sup>11</sup> The language of the bill is designed to prevent comprehensive family planning health care organizations from receiving the funding because it restricts even referring women for abortion care.

In hearings preceding the passage of the Positive Alternatives Act during the 2005 legislature, a CPC client testified against the bill on behalf of NARAL Pro-Choice Minnesota. Annie, who was 19 at the time of her unintended pregnancy, testified that she “had never been fully educated on pregnancy or abortion.” She called Birthright, a current Positive Alternatives grantee, in downtown Minneapolis because she had heard their ad on the radio and believed they would be “honest and supportive” of her situation. Instead, she left Birthright thinking that abortion could mean she “might never be able to have children again or [she] might become more prone to breast cancer.” Annie closed her testimony with the following statement:

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<sup>10</sup> Minnesota Department of Health. “Positive Alternative Grant Programs.” Published online at <http://www.health.state.mn.us/divs/cfh/paa/grantprogram.cfm>

<sup>11</sup> Ibid.

“I can only share with you what my personal experience was. What was helpful to me was a clinic that was honest and presented all my options without bias. I did not experience this at Birthright. My experience at Birthright made me feel as though having this child was the only ‘right’ thing to do. I left there feeling as though I had really screwed up. They didn’t share with me any resources like clinics for prenatal care or places I could turn to for housing or food. I felt scared and alone after leaving Birthright.”

*“They didn’t share with me any resources like clinics for prenatal care or places I could turn to for housing or food. I felt scared and alone after leaving Birthright.”*

Annie eventually found Midwest Health Center for Women, a reproductive health center that provides abortions. At Midwest Health Center for Women she received unbiased all-options counseling and chose to continue her pregnancy and become a parent. Women in Annie’s situation deserve unbiased, fact-based counseling and need immediate professional medical attention in order to make healthy, informed decisions.

*Quote from a CPC client, Annie, who was 19 at the time of her un-intended pregnancy.*

### **How do CPCs differ from medical clinics?**

The American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the National Association of Social Workers (NASW) recommend a number of specific services for pregnant women. The need for and frequency of medical care increases as fetal development continues, especially if a woman’s pregnancy is high risk. In addition, any pregnant woman, especially one who lacks support systems or is economically disadvantaged, may need professional social services. The vast majority of CPCs surveyed did not provide the medical and social services recommended by experts, including prenatal care, medical care for pre-existing conditions, or education on and assistance with cessation of tobacco, alcohol, and drug use and are unequipped to properly assist pregnant women.

Three examples of Minnesota CPC's inability to supplant the medical expertise provided by comprehensive medical clinics include ectopic pregnancies, alcohol use and social services support:

- During three CPC clinic visits, the CPC volunteers mentioned that it was important for women to receive ultrasounds at their CPC to determine whether the pregnancy was ectopic – but never once mentioned that the only remedy for a potentially fatal ectopic pregnancy was abortion.
- When an investigator asked about the effects of alcohol and smoking on her pregnancy, the CPC volunteer had no information on hand but promised our investigator that her friend used alcohol throughout her pregnancy and everything turned out just fine
- One CPC simply told a volunteer that if she carried her pregnancy to term, “the state will cover you.”

Because the majority of CPCs in Minnesota are not medically licensed clinics, they are not bound by federal medical privacy laws that are required of licensed medical facilities under the Health Information Portability and Accountability Act (HIPAA). In fact, the majority of the CPCs investigated did not require women to sign confidentiality agreements but did gather personal information. One CPC even sent out a questionnaire to the home address nearly one year after her visit, asking for her to participate in survey on her satisfaction of the CPC, specifically on their confidential services.

### **Research**

The purpose of the investigation into Positive Alternatives Act funded CPCs was not to determine whether or not Grantees are in compliance with the Positive Alternatives Act, but to document the type of information distributed to women inside of taxpayer-funded CPCs in Minnesota.

The research consisted of five parts: (1) Compiling a list of the state's CPCs, (2) analyzing their websites, (3) placing phone calls to CPCs, (4) in-person visits to CPCs, and (5) reviewing the literature provided and tracking statements made by CPC representatives during in-person visits.

## ***Compiling a CPC List***

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The first phase of our investigation focused on identifying all CPCs in Minnesota through internet searches. As CPCs often change location and contact information, or have a toll-free number listed in numerous locations, it is difficult to provide an exact count of CPCs in the state. However, for this research topic, NPCMF narrowed its focus to the CPCs funded by the State of Minnesota. Currently there are more than 20 CPCs receiving Positive Alternatives funding, and of those grantees, our investigators visited 15 centers.

## ***Website Analysis***

Investigators analyzed each identified website to determine the following:

- Whether the CPC stated it neither offers nor provides referrals to abortions;
- What services are advertised and provided;
- What other referrals are provided; and
- The accuracy of the posted information on abortion, adoption, parenting, contraception, and sexually transmitted infections (STIs).

A catalogue of website pages was created and saved for future reference.

## ***In-Person Investigations***

Volunteer investigators visited 15 CPCs across the state in pairs posing as a pregnant woman and a friend, boyfriend, or relative. In some cases, there were multiple visits made to one CPC, for a total of 27 visits. In 23 visits, the volunteer took a pregnancy test and used donated urine to elicit a positive pregnancy test result. During four visits, the volunteer investigator stated that she had already administered an at-home pregnancy test with a positive test result. All volunteers stated that the pregnancies were unintended and wanted to learn about all of her options, including abortion.

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Immediately following each visit, investigators completed a comprehensive questionnaire recounting their experience in the CPC with special attention towards medically accurate or inaccurate information regarding abortion, adoption, pregnancy, contraception, and sexually transmitted infections.

### ***Phone Calls***

Volunteers were trained in data collection and what to expect during calls during initial calls to CPCs on services provided. All 15 CPCs were called prior to in-person investigations, and the volunteers presented themselves as potentially pregnant women seeking help and information on their options. The volunteers kept detailed list of information provided over the phone.

### ***Literature Review***

During the in-person investigations, volunteers collected any and all materials available at the CPC. In most cases, the CPCs gave the investigator a folder of the pamphlets they viewed as most relevant. The information included in the CPC materials given to or obtained by NPCMF volunteers was also fact-checked. Informational materials were grouped according to CPC site and then analyzed for medical accuracy and tone.

### ***Limitations of the Investigation***

The results of the investigation are factual and reinforce trends found in CPCs across the United States. However, the findings are relevant only to the 15 CPCs researched and do not make statements that include every nonprofit, ideologically-motivated, pregnancy care center in Minnesota. This report does not single out or attack any particular CPC or the people who volunteer at CPCs. The sole purpose is to educate and inform Minnesotans about CPCs and the misinformation and manipulative tactics utilized by them.

## Findings

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*“Our caring staff will listen to your concerns and are here to answer your questions about pregnancy, abortion and related issues. All our services are confidential and offered free of charge.”*

*“Pregnant? Think you might be? You have the right to be fully informed before making critical decisions.”*

*“Here when you need us... Free and Confidential Services... We exist to help.”*

These are often the first phrases found on websites for CPCs, advertisements, and brochures of CPCs. These reassuring phrases, when found in conjunction with the names of the CPCs themselves, obscure the anti-choice agenda found behind the doors of CPCs. By using the key words such as “pregnancy” or “help” or “choices” in web searches, the CPCs deceive women seeking guidance. While the amount of information on each website differs by organization, nearly all present themselves as a safe, supportive place where women can receive factual information on all their pregnancy options.

Despite their promises, CPCs do not provide unbiased, in-depth information on all reproductive health choices, including abortion. All CPCs actively discouraged investigators from choosing abortion as an option for an unintended pregnancy but only after investigators were physically inside the CPC. Three disclosed non-referral for abortion on their intake form, and the remainder verbally disclosed during counseling sessions.

### **Deceptive Advertising and Practices**

Minnesota CPCs begin their deception before a woman even enters their facility. CPC websites often claim all-options, non-judgmental counseling and free services. In addition to not clearly stating their anti-choice bias, many CPCs offer free services, to disproportionately attract young and low-income women. The names and locations of CPCs also intend to deceive women. Many CPCs have neutral names that make them sound like medical service providers by including language such as “Pregnancy Resource” and “Health Resources” in their names.

**By using the key words such as “pregnancy” or “help” or “choices” in web searches, the CPCs deceive women seeking guidance.**

CPCS IN MINNESOTA

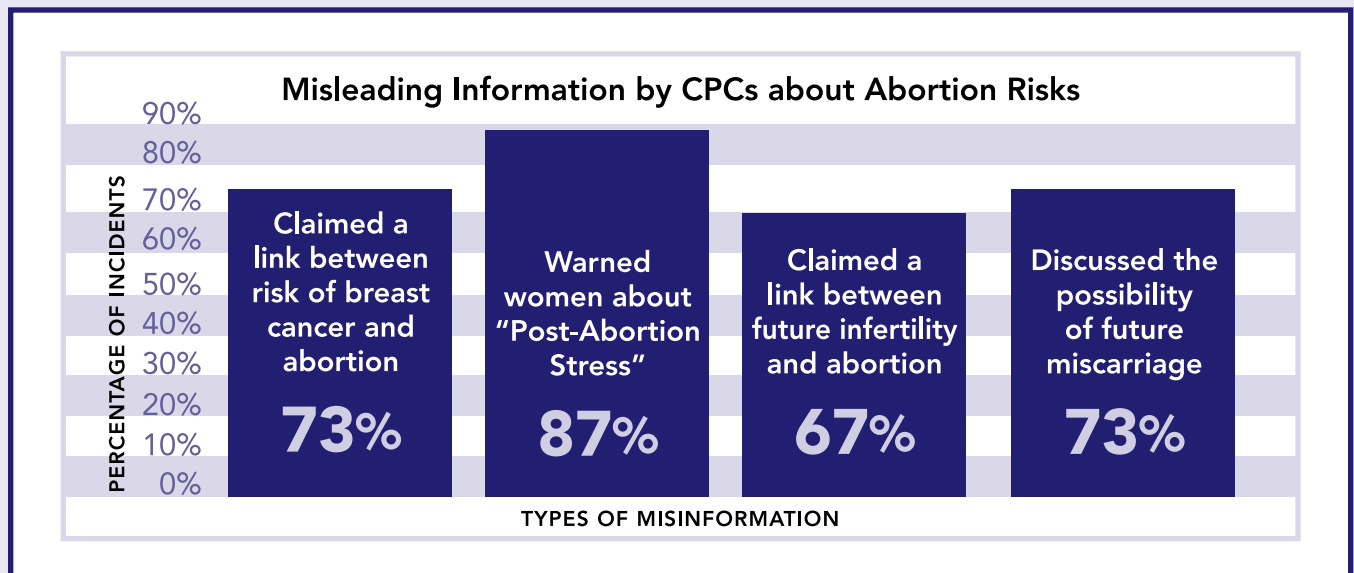
In addition to deceptive naming practices, CPCs purposefully locate near abortion providers and other health care providers. In Minnesota, there are numerous examples of CPCs that appear directly across the street from or down the street from abortion providers. Three CPCs in our investigation were located near other kinds of medical providers and medical buildings.

A July 2011 study published by NARAL Pro-Choice America<sup>12</sup> found that many CPCs use or have used deceptive advertising on internet databases and in phonebooks. Our own investigation found CPCs appear on informational search engines when one searches for “Abortion in Minnesota.”

Other CPCs target college campuses in an effort to attract young women into their facilities. One Positive Alternatives grantee is located in the heart of the University of Minnesota Twin Cities’ campus. In fact, its website stresses the importance of their location by asking for donations with the plea: “more college-aged women in Hennepin County have abortions than anywhere else in the state.” Free pregnancy tests and college campus locations make it easier for CPCs to gain access to young women who are more vulnerable to their medically inaccurate information.

**Figure 4**

*As the goal of CPCs is to promote their own agenda rather than to provide accurate, comprehensive health care, many CPCs manipulate women with misinformation.*



<sup>12</sup>NARAL Pro-Choice America. “66,608 Americans call on yellowpages.com and superpages.com to stop allowing deceptive anti-abortion ads.” Published online at: [http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010\\_cpc-sp-yp.html](http://www.prochoiceamerica.org/media/press-releases/2010/pr07062010_cpc-sp-yp.html)

**Medically inaccurate information**

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A vast majority of CPCs investigated provided distorted, if not entirely fabricated, information on abortion either in person, over the phone, on their website or through literature provided at the center. Inside a CPC, abortion is painted as a dangerous, immoral and unnatural act that will have life-long implications. One CPC counselor told a volunteer that “carrying a child to term is much, much safer” than obtaining an abortion. In actuality, first trimester abortions are significantly statistically safer than carrying a child to term and delivery.

CPCs have gravitated towards three medically inaccurate or misleading claims: (1) a link between induced abortion and an increased risk of developing breast cancer, (2) “Post-Abortion Stress Syndrome” - a disease that is supposedly similar to Post-Traumatic Stress Disorder, and (3) a link between abortion and future fertility.

*“...women who’ve had abortions  
increase their risk of breast cancer  
by AT LEAST 50 percent”*

**BREAST CANCER, ABORTION, AND HORMONAL CONTRACEPTION**

In our study, 73% of the CPCs investigated suggested that there is a link between abortion and an increased risk of developing breast cancer. Contrary to this information, there have been extensive studies that “have not found a cause and effect relationship between abortion and breast cancer.”<sup>13</sup> When Governor Pawlenty signed the Woman’s Right to Know Act in 2003, controversy erupted as the law mandated a script physicians must read to patients claimed that there is an increased risk of breast cancer associated with abortion. In response, the Minnesota Medical Association criticized the Minnesota Department of Health and demanded that the misinformation be removed. In addition, the Minnesota Public Health Association sent a letter to the Governor

*Quote from a video  
shown inside a tax-  
payer funded CPC  
in Minnesota*

<sup>13</sup>American Cancer Society, “Is Abortion Linked to Breast Cancer?” Published online at: <http://www.cancer.org/Cancer/BreastCancer/MoreInformation/is-abortion-linked-to-breast-cancer>

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**Figure 5**

These brochures from two state-funded CPCs exemplify the type of erroneous "medical" information given to vulnerable women seeking comprehensive reproductive health care.

insisting that the state health department "not be used to advance a political opinion."<sup>14</sup>

**ABORTION AND MENTAL HEALTH**

Post Abortion Stress Syndrome (PAS) according to one CPC pamphlet, is similar to "classic signs of PTSD: anxiety attacks, irritability; outbursts of anger or rage; aggressive behavior...recurrent thoughts about the abortion or the aborted child ...drug or alcohol abuse; suicidal thoughts or acts; and other self destructive tendencies." However, in reality, this

**The Pill and Breast Cancer**  
by Chris Kahlenborn, MD

**1) How could the Pill cause breast cancer?**

Two of the most important types of hormones that control reproduction are estrogens and progestins. Birth control pills are made from synthetic estrogens and/or progestins. Experiments have shown that these hormones cause women's breast cells to divide more rapidly.<sup>1</sup> Cells that divide more rapidly are more prone to develop into cancer cells.

**2) What is the evidence that the Pill and breast cancer are connected?**

A comprehensive meta-analysis<sup>2</sup> published in the *Mayo Clinic Proceedings* in October 2006 found that 21 out of 23 retrospective studies done since 1980 showed that women who took oral contraceptives prior to the birth of their first child sustained a 44% average increased risk of developing pre-menopausal breast cancer (see research chart inside). This risk rose to 52% for women who took the Pill for at least four years prior to the birth of their first child.

**BREAST CANCER RISK FACTORS IN AUSTRALIAN WOMEN**  
(\* indicates statistical significance)

RESEARCH PUBLISHED IN 1988  
RESEARCH WITHHELD UNTIL 1995

INDUCED ABORTION

50% 0% 50% 100% 150%

OBESITY  
OLDER AGE AT MENARCHE  
OLDER AGE AT FIRST BIRTH  
NO BIRTHS  
OLDER AGE AT MENOPAUSE  
MISARRIAGE  
BOTH OVARIES REMOVED  
MOTHERS CURRENTLY WITH BREAST CANCER

This 1988 study shows the reluctance of researchers to publish data showing the abortion/breast cancer link. Abortion data (see two rightmost bars) were withheld for seven years. Note that miscarriage has no significant effect on risks; whereas, induced abortion does significantly increase a woman's breast cancer risk.

a. Rohan T, et al. A population-based case-control study of diet and breast cancer in Australia. *American Journal of Epidemiology* 1988; 128:478-489.  
b. Andrieu N, et al. Familial risk, abortion and their interactive effect on the risk of breast cancer, a combined analysis of six case-control studies. *British Journal of Cancer* 1995; 72:744-751.

**For a list of authoritative medical organizations whose medical experts recognize the link between abortion and breast cancer, visit our website at [www.AbortionBreastCancer.com](http://www.AbortionBreastCancer.com).**

If you would like to help dispense information about the abortion / breast cancer link or wish to offer financial assistance, please contact:

Revised 4/06

**Abortion raises Breast Cancer risk**

ABC

<sup>14</sup> xxxi George Zornick, "Tim Pawlenty's Extreme Anti Choice Record," *The Nation* (2011) Published online at: <http://www.thenation.com/blog/160890/tim-pawlentys-extreme-antichoice-record>

“syndrome” is not a recognized medical condition - neither the American Medical Association, the American Psychological Association nor the American Psychiatric Association recognize Post Abortion Stress Syndrome. The most comprehensive and systematic study on the mental health outcomes and abortion released in December 2011 confirms

*“In two years you’ll be done with school, but you won’t have your baby - you’ll have a hole in your heart that you’ll have to live with every day.”*

*Quote from a counselor at taxpayer funded CPC in MN.*

*“98% of women regret their abortions.”*

*Quote from a counselor at taxpayer funded CPC in St Paul.*

that while having an unintended pregnancy increases a woman’s risk for mental health problems, the rates are the same for women who choose abortion or continue the pregnancy. In fact, the most reliable indicator on women having post-abortion mental health problems is having a history of mental health problems.<sup>15</sup> Yet, 87% of CPCs investigated claimed a link between abortion and Post-Abortion Stress Syndrome.

#### **LINK TO FUTURE INFERTILITY AND MISCARRIAGES**

CPCs also link abortion to future infertility in a way that grossly misrepresents the actual health risk a woman is taking when she obtains a safe, legal abortion. Of the CPCs NPCMF investigated, 67% highlighted a link between future infertility and abortion either through personal stories, pamphlets distributed at the CPC or through statements made on their website. In addition, 73% of CPCs investigated suggested a link abortion and future miscarriages. One volunteer investigator said their counselor

<sup>15</sup> Academy of Medical Royal Colleges. “Systemic Review of Induced Abortion and Women’s Mental Health Published.” Published online at: <http://aomrc.org.uk/component/content/article/38-general-news/283-systematic-review-of-induced-abortion-and-womens-mental-health-published.html>

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“told stories about her friends. One was infertile because of her abortion and another friend had to get a hysterectomy as a result of uterus perforation during her abortion. She also discussed death as a possible risk of abortion. She told us that carrying a pregnancy to term is safer than abortion.”

On this final point, the CPC volunteer is patently incorrect. Abortion in the first trimester is safer than carrying a child to term and is one of the most common surgical procedures performed in the United States.<sup>16</sup> As with any surgical procedure, there are risks associated with abortion; however, these risks are grossly exaggerated by CPCs. The Guttmacher Institute reports that 1 in 3 American Women has an abortion by age 45 and less than .3% experiences a complication that requires hospitalization. By claiming that abortion creates risks for additional health problems, CPCs aim to scare women out of their choice of abortion.

Please see figure 6 for an example of a typical CPC website page on abortion.

### ***Deceptive Delay Tactics***

CPCs exist to prevent or delay women from accessing abortion care without making their intention clear to women. As a result, CPCs use tactics designed to push unassuming women further along in their pregnancies, when abortion becomes much more expensive than an abortion obtained within the first trimester. Our investigators found the use of these “delay tactics” at over 53% of CPCs visited. The tactics ranged from waiting a month to take another pregnancy test to suggesting that an ultrasound is necessary to determine the viability of the pregnancy-further delaying a woman’s ability to contemplate her choice by urging her to wait until she has viewed the ultrasound so she can get a picture of what’s “really” going on.

Over the phone one volunteer told a CPC counselor she was a week late on her period when the counselor suggested that she wait until she

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<sup>16</sup> Guttmacher Institute. “An Overview of Abortion in the United States.” Published online at <http://www.guttmacher.org/pubs/fbinducedabortion.html>

**Consider the Risks of Abortion**

Side effects may occur with induced abortion, whether surgical or by pill. These include abdominal pain and cramping, nausea, vomiting, and diarrhea. Abortion also carries the risk of significant complications such as bleeding, infection, and damage to organs. Serious complications occur in less than 1 out of 100 early abortions and in about 1 out of every 50 later abortions. Complications may include:

- **Heavy Bleeding** - Some bleeding after abortion is normal. However, if the cervix is torn or the uterus is punctured, there is a risk of severe bleeding known as hemorrhaging. When this happens, a blood transfusion may be required. Severe bleeding is also a risk with the use of RU486. One in 100 women who use RU486 require surgery to stop the bleeding.
- **Infection** - Infection can develop from the insertion of medical instruments into the uterus, or from fetal parts that are mistakenly left inside (known as an incomplete abortion). A pelvic infection may lead to persistent fever over several days and extended hospitalization. It can also cause scarring of the pelvic organs.
- **Incomplete Abortion** - Some fetal parts may be mistakenly left inside after the abortion. Bleeding and infection may result.
- **Sepsis** - A number of RU486 or mifepristone users have died as a result of sepsis (total body infection).
- **Anesthesia** - Complications from general anesthesia used during abortion surgery may result in convulsions, heart attack, and in extreme cases, death. It also increases the risk of other serious complications by two and a half times.
- **Damage to the Cervix** - The cervix may be cut, torn, or damaged by abortion instruments. This can cause excessive bleeding that requires surgical repair.
- **Scarring of the Uterine Lining** - Suction tubing, curettes, and other abortion instruments may cause permanent scarring of the uterine lining.
- **Perforation of the Uterus** - The uterus may be punctured or torn by abortion instruments. The risk of this complication increases with the length of the pregnancy. If this occurs, major surgery may be required, including removal of the uterus (known as a hysterectomy).
- **Damage to Internal Organs** - When the uterus is punctured or torn, there is also a risk that damage will occur to nearby organs such as the bowel and bladder.
- **Death** - In extreme cases, other physical complications from abortion including excessive bleeding, infection, organ damage from a perforated uterus, and adverse reactions to anesthesia may lead to death. This complication is rare, but is real.

**Consider Other Risks of Abortion**

**Emotional and Psychological Impact:**

There is evidence that abortion is associated with a decrease in both emotional and physical health. For some women these negative emotions may be very strong, and can appear within days or after many years. This psychological response is a form of post-traumatic stress disorder. Some of the symptoms are:

- Eating disorders
- Relationship problems
- Guilt
- Depression
- Flashbacks of abortion
- Suicidal thoughts
- Sexual dysfunction
- Alcohol and drug abuse

**Spiritual Consequences**

People have different understandings of God. Whatever your present beliefs may be, there is a spiritual side to abortion that deserves to be considered. Having an abortion may affect more than just your body and your mind – it may have an impact on your relationship with God. What is God's desire for you in this situation? How does God see your unborn child? These are important questions to consider.

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Figure 6

A typical CPC website page on abortion.

misses another menstrual cycle to take a pregnancy test. The implications of delaying pre-natal care are important to consider, especially if there are any complications with a pregnancy or if the woman is engaging in high-risk behavior, such as excessive alcohol or drug use. Even worse than delaying a pregnancy test, 33% of CPCs investigated suggested the possibility of a miscarriage to resolve her unintended pregnancy. One CPC counselor told an investigator that she shouldn't put herself through the stress of an abortion because "1 in 4 women miscarry anyway."

### ***Misinformation about Contraception***

None of the CPCs funded under the Positive Alternatives Act referred women for birth control. For the most part, CPC counselors would not spend a lot of time talking about contraception or condoms in the counseling sessions. Information about contraception was usually disseminated via websites, pamphlets or other materials provided by the center. Of the 15 taxpayer-funded CPCs visited, 67 percent provided misleading information regarding the risks associated with birth control and 60 percent provided inaccurate information about Emergency Contraception (EC). When one CPC investigator asked about contraception over the phone, the counselor said they have heard "horror stories out there about hormonal birth control" and they "just don't believe in that." In lieu of artificial forms of birth control, CPCs encourage abstinence until marriage and the natural family planning method.

Misinformation about contraception is yet another way that CPCs put the health of their clients at risk. Clearly women seeking the services of a CPC are sexually active. It is both an unethical and poor public health practice to withhold or misrepresent information about contraception to any individual seeking the advice of a presumed medical professional. By doing this, CPCs ignore the needs of the women they purport to care so much about and deny them information that is crucial to preventing future unintended pregnancies.

### ***Emotionally Manipulative Tactics***

Perhaps the most damaging and memorable practice CPCs engage in

are the emotionally manipulative tactics CPCs use to scare and shame women out of exercising their right to choose abortion. Despite the fact that many CPC websites and advertisements boast “all-options” and “non-judgmental” counseling, most of the CPCs in our investigation used emotional manipulation against women to advance their anti-abortion agenda. CPCs scare and shame women by telling personal stories, crying, using fetal models (often labeled inaccurately) or videos to show fetal development, by referring to the fetus as a “child” or a “baby,” and referring to abortion as murder or killing. CPCs also readily appeal to the “motherly instinct” they believe every woman should possess. It is not uncommon to hear the phrase “you are already a mother” once inside the counseling room at a CPC. One counselor told a volunteer that she was “already a mother when she walked through the door.”

Despite what the Positive Alternatives Act was created for, the centers that receive this funding spend very little time helping women access services. Most often if resources were discussed it was in very vague terms. These approaches do not reflect the “all-options” and “non-judgmental” counseling that CPCs advertise. Worse than that, these tactics reveal the true agenda of CPCs which is to persuade them not to seek abortion care at any cost.

Finally, many CPCs use religious ideology to shame and frighten women. More than 78% of the CPCs investigated are affiliated with Christian organizations, and all CPCs distributed pamphlets published by religious organizations. The pamphlets use biblically based arguments against abortion and to encourage abstinence until marriage. One CPC included a Bible in its packet of information, another CPC has a small chapel in its facility, and a third handed out a pamphlet titled “Making an Informed Decision about Religion.” This pamphlet encourages readers into a relationship with Jesus Christ, and had nothing to do with pregnancy care or abortion.

### ***Pregnancy Outcomes and the Risk CPCs Pose to Public Health***

It is clear that CPCs are harmful for women seeking medical services. The use of tactics that delay women from receiving prenatal care as early as

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possible in pregnancy (see the Delay Tactics section above) is harmful not only for individuals but directly counters good public health practices. The Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of women in Minnesota who have recently given birth and is part of the Center for Disease Control's larger initiative of reducing infant mortality and low birth weight. The PRAMS report found that 14.6 percent of mothers in Minnesota did not receive prenatal care as early as they wanted it.<sup>17</sup>

The demographics of women who are more likely to have delayed prenatal care are similar to populations that are targeted by CPCs - young women and low-income women. The PRAMS reports that "more than one-quarter of mothers" under the age of 20 and "one-fifth" of mothers under the age of 25 received delayed pre-natal care. The biggest barrier to early prenatal care was the mother knowing she was pregnant earlier. Women who were most likely to not know they were pregnant until later in their pregnancies were largely under 25, not educated through or beyond high school, Latina, unmarried, and/or living outside the 7-county metro area.

CPCs in this investigation encouraged one young woman to wait another missed period to take a pregnancy test and many other CPCs urged women to schedule another appointment for an ultrasound - delaying prenatal care yet another week at an important stage for developing fetuses. In reality, these patients needed real medical professionals to begin prenatal care immediately.

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<sup>17</sup> Minnesota Department of Health. "Minnesota Pregnancy Risk Assessment Monitoring System Summary Book 2002-2003." Published online at [www.health.state.mn.us/divs/cfh/prams/mnprams2002\\_2003sb.pdf](http://www.health.state.mn.us/divs/cfh/prams/mnprams2002_2003sb.pdf)

# Recommendations

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The NARAL Pro-Choice Minnesota Foundation investigators visited 15 taxpayer funded CPCs throughout the state and found that 87 percent gave misleading or outright false information to women seeking medical services. For young and low-income women, especially those residing in rural Minnesota, a CPC may be the only reproductive health-care option. These women deserve to know who is counseling them and their ideological motives. The taxpayers of Minnesota have a right to know that their money is being used to fund organizations that knowingly disseminate medically inaccurate information to vulnerable populations in our state.

Women facing unintended pregnancies deserve professional, medically-sound counsel. When any group receives state money or referrals there is an assumption that they should meet certain state standards.

NARAL Pro-Choice Minnesota Foundation recommends:

- Any grant money provided by the state of Minnesota funds organizations that provide comprehensive, non-directive counseling and medically accurate information.
- CPCs should be required to adhere to honest advertising and promotion that discloses what services they do and do not provide
- CPCs that do not have trained medical or counseling staff inform clients that will be seen by non-medical staff and volunteers
- Require that CPCs keep client confidentiality as is required by legitimate medical and counseling clinics.

In the absence of state legislation, local governments should take action.

Unfortunately, not all of the harmful practices CPCs engage in can be remedied through legislation. The research NPCMF conducted is the first of many steps in raising public awareness. Through legislation and education we can remedy the gross injustice to Minnesota women who are in need and seeking the help of medical professionals who will provide them with all-options counseling.

# Conclusion

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Regardless of one's opinion on abortion, we should all agree that misleading women about their health care options is wrong.

NARAL Pro-Choice Minnesota Foundation (NPCMF) believes that all women, regardless of their age, income level or geographic location, deserve the highest quality counsel and support they can get. No Minnesotan deserves lies and deception, and do not need to have their tax dollars funding misinformation.

NPCMF's mission is support and protect the right of every woman to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancies, bearing healthy children, and choosing safe, legal abortion. The CPCs in our study do not provide medically accurate, comprehensive services, and instead make every effort to mask their ideological, anti-choice agenda. It is our goal that this report brings public attention and awareness to the public health threats caused by CPCs, and sparks the outcry to make Minnesota's legislators and policy makers take action. Minnesota women deserve better.

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*The NARAL Pro-Choice Minnesota Foundation is a 501(c)3 tax-deductible non-profit organization. The Foundation's mission is to support and protect, as a fundamental right and value, a woman's freedom to make personal decisions regarding the full range of reproductive choices through education, training, organizing, legal action and public policy.*

2300 Myrtle Suite 120, Saint Paul, MN 55114 | 651-602-7655 | [www.prochoiceminnesota.org](http://www.prochoiceminnesota.org)