

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON WOMEN'S ISSUES

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November 16, 2010

Start: 01:24 pm

Recess: 07:10 pm

HELD AT:

Committee Room

250 Broadway, 16th Floor

B E F O R E:

JULISSA FERRERAS

Chairperson

COUNCIL MEMBERS:

Julissa Ferreras

Elizabeth S. Crowley

Jessica S. Lappin

Daniel J. Halloran

Gale A. Brewer

Diana Reyna

## A P P E A R A N C E S

Dr. Susan Blank  
Assistant Commissioner  
NYC Department of Health and Mental Hygiene

Fran Freedman  
Deputy Commissioner for External Affairs  
NYC Department of Consumer Affairs

Balin Anderson  
Social Worker  
Planned Parenthood of New York City

Kelli Conlin  
President  
NARAL Pro-Choice New York

Joan Malin  
President/CEO  
Planned Parenthood of New York City

Nancy Northup  
President  
Center for Reproductive Rights

Chris Slattery  
Founder  
Expectant Mother Care

Cece Heil  
Senior Counsel  
American Center of Law and Justice

Jennifer O'Neill  
Spokesperson  
Silent No More Awareness Campaign

Tricia N. Clairmont  
Expectant Mother

## A P P E A R A N C E S (CONTINUED)

Donna Lieberman  
Executive Director  
New York Civil Liberties Union

Jennifer Carnig  
Director of Communications  
New York Civil Liberties Union

Debora Upegui-Hernandez  
Senior Research Associate  
National Latina Institute for Reproductive Health

Marci Lieber  
Women's Health Advocate for Community Outreach  
And Advocacy  
Spence Chapin Services

Edward T. Mechmann  
Director of Safe Environment Office  
Archdiocese of New York

Rosemary Ginty  
Executive Director  
Catholic Community Relations Council

Kathleen Dooley-Polcha  
Director  
Catholic Guardian Society and  
Home Bureau Maternity Services Program

Marjana Banzil  
Executive Director  
Dr. Emily Women's Health Center

Dr. Chris Creatura  
OB/GYN  
Women of New York City Physicians for Reproductive  
Choice and Health

## A P P E A R A N C E S (CONTINUED)

Dr. Patricia Burkhardt  
Licensed Midwife  
New York State Association of Licensed Midwives

Joel Brind  
Deputy Chair for Biology  
Baruch College

Theresa Bonopartis  
Good Counsel Homes

Christopher Bell  
Good Counsel Homes

Rev. Matthew Westfox  
Associate Pastor  
All Souls Bethlehem Church

Elizabeth Maloney  
Radical Women

Rabbi Dennis Ross  
Director  
Concerned Clergy for Choice

Rev. Dr. Anthony Johnson  
Affiliated Community Minister  
Community Church of New York Unitarian Universalist

Donald Rosenberg  
Chairman  
National Traditionalist Caucus

Dr. Gerard M. Nadal  
Advisory Board Member  
Good Counsel Homes

## A P P E A R A N C E S (CONTINUED)

Sean Y. Degidon  
Pro-life/Pro-family Director  
National Traditionalist Caucus

Dr. Anne Mielnik  
Family Doctor  
Gianna Catholic Healthcare Center

Alice Lemes  
Director  
Bridge to Life

Fred Trabulsi  
Executive Director  
Life Center of New York

Luiiz Menchaca  
Advocate  
Pregnancy Centers

Greg Pfundstein  
Executive Director  
Chiaroscuro Foundation

Dr. Alice Ko Tsai  
OB/GYN

Peter Lepre  
Volunteer  
Expectant Mother Care

Dorothy Dugandzic  
Managing Director  
St. Augustine's Foundation

Michelle Gantz  
Volunteer

## A P P E A R A N C E S (CONTINUED)

Susanne Metaxas  
President  
Midtown Pregnancy Support Center

Tiffany Himes  
Midtown Pregnancy Support Center

Pat Musco  
Director of Education  
Church at the Rock

Lorraine Gariboldi  
Executive Director  
Life Center of Long Island

Kathleen M. O'Connell  
Civil Rights Attorney

James Harden  
President/CEO  
CompassCare

Jeanneane Maxon  
General Counsel  
Care Net

William Harder  
Executive Director  
Crossroads Foundation

Virginia M. Corbett  
Registered Nurse

Janis L. Little  
Pregnancy Care Center

Joanne Reilly  
Executive Director  
Crisis Pregnancy Center of New York

## A P P E A R A N C E S (CONTINUED)

Kristin Hansen  
Vice President of Communications  
Care Net

Nicole Baker  
Executive Director  
Borough Pregnancy Counseling Center

Mary Greene  
Advocate

James Jagiello  
Long Island Coalition for Life

Colleen E. Barry  
Regional Coordinator  
Silent No More Awareness Campaign

Jonathan Berry  
Founder  
Columbia Law Students for Life

Sharon Beth Long  
Board Member  
Board of Directors  
Bridge to Life

Marietta Canning  
Founder/President  
Pro-life Elderly and Homebound Club

Father Peter Pilsner  
High School Chaplain  
Cardinal Spellman High School

Linda Susan Marzulla  
Director of Brooklyn Office  
Expectant Mother Care

## A P P E A R A N C E S (CONTINUED)

Julie Beyel  
Expectant Mother Care

Dr. Elaine Eng  
Psychiatrist

Chris Rostenberg  
Advocate

Rita Henley Jensen  
Editor-in-Chief  
Women's eNews



CHAIRPERSON FERRERAS: Good

afternoon and thank you for coming to today's Committee on Women's Issues hearing. I am Council Member Julissa Ferreras, Chair of this committee.

Today, we will be hearing testimony on Intro 371, a bill relating to limited service pregnancy centers. I would like to thank the Speaker and Council Member Lappin for their work on this very important issue, as well as my committee counsel Rachel Cordero and counsel to the Health Committee, Adira Siman.

I ask everyone to please be patient today, as we are expecting many witnesses to give testimony and need to hear from everyone.

Also, please be advised that Council Members might have one hearing to attend today and may be stopping in and out of the hearing. Nevertheless, this is an issue that is very important to all Council Members.

Intro 371 would require limited service pregnancy centers to disclose pertinent information to their clients about the capabilities and services provided at their facilities by their staff. If such disclosures

1  
2 are not made, women seeking reproductive health  
3 care may be confused and/or misled by unclear  
4 advertising or may unnecessarily delay prenatal  
5 care or abortion. Intro 371 seeks to clarify very  
6 basic information for women seeking reproductive  
7 healthcare: whether a facility has licensed  
8 medical provider on staff, whether they provide or  
9 refer for abortions and whether they provide or  
10 refer for contraception.

11 Intro 371 would require limited  
12 service pregnancy centers to disclose such  
13 information clearly in both English and in Spanish  
14 on signs within the center, on the center's  
15 website and in any advertising used by the center.  
16 The disclosures are aimed at providing  
17 transparency and alleviating confusion for women  
18 seeking reproduction healthcare. They are not  
19 aimed at abridging anyone's First Amendment rights  
20 to advise and counsel women during difficult  
21 personal decisions.

22 Intro 371 would also require  
23 limited service pregnancy centers to keep personal  
24 information retrieved from their clients  
25 confidential. The Women's Issues Committee is

1  
2 very concerned with this vulnerability of women  
3 during pregnancy, including their relationships  
4 with family and friends and the protection from  
5 potential instances of domestic violence. It can  
6 be a dangerous and volatile situation when  
7 information about a woman's sexual activity and  
8 reproductive health are not kept confidential.

9 We will now hear from Council  
10 Member Jessica Lappin. But before that, I'd also  
11 like to acknowledge Council Member Halloran of  
12 Queens and Council Member Crowley of Queens. At  
13 this time, I'd like to open the mike up for  
14 Council Member Jessica Lappin.

15 COUNCIL MEMBER LAPPIN: Thank you  
16 very much, Madame Chair. This is about truth in  
17 advertising and women's health. That is why we  
18 are here today. There are two dozen anti-choice  
19 centers masquerading as health clinics right here  
20 in New York City. They call themselves crisis  
21 pregnancy centers.

22 Rather than provide full and  
23 accurate medical information to women, they  
24 mislead and manipulate them. Most are not  
25 licensed medical facilities. Many do not even

1  
2 have medical staff onsite. Some of these centers  
3 brag about locating themselves near Planned  
4 Parenthood clinics or hospitals. Their goal is to  
5 confuse people and lure them away from legitimate  
6 medical facilities. That presents a clear risk to  
7 these women and to their health.

8 I believe very strongly in the  
9 First Amendment. I stand on street corners  
10 handing out political pamphlets practically  
11 weekly. That is not what this bill is about.  
12 Again, it is about truth in advertising and about  
13 women's health.

14 While the staff or volunteers at  
15 the centers have the right to say whatever they  
16 choose to pregnant women, they should make clear  
17 that they are not doctors, nurses or midwives. If  
18 they aren't licensed to give prenatal care, they  
19 should say so. Women should know upfront before  
20 or as they walk in the door if these offices don't  
21 offer information or access to abortion or birth  
22 control. The costs are very clear. It's very  
23 dangerous for pregnant women to go weeks without  
24 prenatal care.

25 One woman, who was 23-weeks

1  
2 pregnant, wrote about her experience visiting a  
3 Brooklyn CPC in an article that ran in the *Daily*  
4 *News*. She said that "EMC looks like a typical  
5 doctor's office, but it's not." She goes on to  
6 describe how she was deceived. "With a few more  
7 swipes over my belly, the woman in scrubs gave the  
8 baby a full examination and declared, your baby is  
9 healthy and perfect. The procedure took less than  
10 five minutes. I was never seen by a doctor or  
11 nurse and my fetus had not received a full  
12 examination. Though, if I didn't know beforehand,  
13 I would have assumed as many women do, that I'd  
14 had a full checkup."

15 One OB/GYN who is submitting  
16 testimony today, Dr. Ann Davis writes, "by  
17 offering pregnant women misinformation in the  
18 guise of medical facts, CPCs have kept my patients  
19 away from the services they need. Whether it is  
20 sound prenatal care or a safe abortion.

21 Because of the delay tactics at one  
22 CPC, a patient named Susan didn't visit Dr. Davis  
23 at a hospital clinic until she was 32 weeks  
24 pregnant. That patient had gone nearly her entire  
25 pregnancy without prenatal care.

1  
2           The bill we are discussing today  
3 would do three things. It would require these  
4 limited pregnancy centers to one, post signs  
5 disclosing if there is no medical staff onsite.  
6 Two, disclose in their offices, on their websites  
7 and in their advertising that they don't offer  
8 abortions or FDA approved birth control. And  
9 three, require that any information provided by  
10 women at these centers be treated as confidential.

11           The chair mentioned this in her  
12 statement, but I want to be very clear, because  
13 that last point is incredibly important. These  
14 are not medical clinics. They are not subject to  
15 HIPAA. Women give very personal information that  
16 is not treated as confidential and it should be.

17           The decision to have a child or not  
18 is an incredibly difficult one. I believe that  
19 women who find themselves with an unexpected or  
20 unintended pregnancy have the right to medically  
21 accurate, unbiased and comprehensive information  
22 about their full range of options.

23           Again, what we are here to discuss  
24 today is truth in advertising and protecting  
25 women's health. I want to thank the chair,

1  
2 Julissa Ferreras, for holding this hearing. I  
3 want to thank Speaker Quinn for her support of  
4 this bill. I want to particularly thank the  
5 counsel to this committee and also the counsel  
6 Adira Simon who helped draft this bill. This is a  
7 very important part of the legislative and  
8 democratic process, the hearing that we're having  
9 today. I very much look forward to hearing from  
10 all of you on both sides of this issue and look  
11 forward to the rest of the hearing. Thank you,  
12 Madame Chair.

13 CHAIRPERSON FERRERAS: Our first  
14 testimony will be the Department of Health and  
15 Mental Hygiene. I would also like to acknowledge  
16 Council Member Gale Brewer for joining us. You  
17 may begin your testimony.

18 DR. SUSAN BLANK: Good afternoon,  
19 Chairperson Ferreras, and members of the Women's  
20 Issues Committee. I'm Dr. Susan Blank. I'm an  
21 Assistant Commissioner at the New York City  
22 Department of Health and Mental Hygiene. In that  
23 capacity, I direct the Bureau of Sexually  
24 Transmitted Disease Control and Prevention.

25 On behalf of Commissioner Farley,

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2 I'd like to thank you for the opportunity to  
3 provide testimony today regarding Intro 371, a  
4 proposed amendment to the Administrative Code that  
5 would require limited service pregnancy centers to  
6 disclose to potential clients that they do not  
7 provide abortion or FDA approved hormonal or long-  
8 acting reversible contraception, and also that  
9 they do not refer individuals to organizations  
10 providing these services.

11           Much of the work at the Health  
12 Department around unintended pregnancy focuses on  
13 supporting women and teens to make informed and  
14 responsible decisions about their sexual and  
15 reproductive health. There is great need among  
16 women and teens for medically accurate,  
17 comprehensive and unbiased information. This need  
18 is reflected in New York City's unintended  
19 pregnancy data. Unintended pregnancies in New  
20 York City account for approximately 60 percent of  
21 pregnancies among women. Also, unintended  
22 pregnancies account for almost 90 percent of  
23 pregnancies among teens.

24           The Health Department strongly  
25 believes that all women and teens should have



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2 access to medically accurate information and  
3 services that are needed to prevent unintended  
4 pregnancy. Similarly, if an unplanned pregnancy  
5 occurs, pregnant women should have access to  
6 accurate information and services so that they can  
7 make informed, independent and above all, timely  
8 decisions about that pregnancy.

9 Lack of transparency about the  
10 types of services offered at limited services  
11 pregnancy centers could have a detrimental impact  
12 on a woman or teen's health. Misleading,  
13 incomplete information could add to the delay in  
14 accessing medical care for an abortion, if a woman  
15 chooses to terminate the pregnancy, thereby  
16 placing a woman's health at risk because the  
17 complications of abortion increase with  
18 gestational age.

19 Delays occurring as a result of a  
20 visit to a limited services pregnancy center may  
21 also present an added financial barrier to those  
22 choosing to terminate their pregnancies because  
23 the cost of the abortion procedures increases  
24 every week after the first trimester.

25 By and large, limited service

1 pregnancy centers offer services such as free  
2 pregnancy tests, ultrasounds and counseling, as do  
3 full service clinics. However, some limited  
4 service pregnancy centers expose their patients to  
5 biased counseling and medically inaccurate  
6 information. Such as the unfounded claim that  
7 having an abortion can put a woman at higher risk  
8 for breast cancer, infertility, post traumatic  
9 stress disorders and other serious medical  
10 conditions. Moreover, some centers present  
11 themselves as full service medical clinics when  
12 their primary interest is really dissuading women  
13 from terminating their pregnancies.  
14

15 The Health Department shares the  
16 Council's goals of preventing women and teens from  
17 being confused by limited service pregnancy  
18 centers that falsely portray themselves as full  
19 service medical centers. For this reason, the  
20 Health Department supports Intro 371, which would  
21 require limited service pregnancy centers to  
22 disclose to patients that they do not provide  
23 abortion or FDA approved contraceptive drugs and  
24 devices and do not provide referrals for such  
25 services and products.

1  
2 Thank you all for the opportunity  
3 to testify on this issue. The Health Department  
4 looks forward to continuing our partnership with  
5 the City Council to support the provision of full  
6 and accurate information regarding reproductive  
7 health in New York City.

8 FRAN FREEDMAN: Thank you. Good  
9 afternoon, Chair Ferreras and members of City  
10 Council's Women's Issues Committee. I am Fran  
11 Freedman, the Deputy Commissioner for External  
12 Affairs for the Department of Consumer Affairs.  
13 On behalf of Commissioner Mintz, I thank you for  
14 the opportunity to comment today regarding Intro  
15 371.

16 From the Department of Consumer  
17 Affairs' perspective fair dealings with potential  
18 clients center around one very simple but very  
19 powerful precept, transparency. Businesses must  
20 be clear about their offers so customers can make  
21 informed decisions about whether they choose to  
22 accept them, particularly when consumers find  
23 themselves in disempowered positions such as an  
24 unintended pregnancy. Enforcing this transparency  
25 falls squarely within the purview of government

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2 regulation.

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4 For this reason, the Department of  
5 Consumer Affairs supports the goals of this  
6 proposed legislation, which would require limited  
7 service pregnancy centers to properly disclose to  
8 prospective customers that they do not provide or  
9 refer for abortion or FDA approved contraceptive  
10 drugs or devices. As the agency which would  
11 enforce this proposed legislation, we greatly look  
12 forward to working with the Council after this  
13 hearing to finalize the language in the bill to  
14 ensure that it can be most effectively  
15 implemented.

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17 Thank you again for the opportunity  
18 to comment.

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22 CHAIRPERSON FERRERAS: Thank you.  
23 I know some of our Council Members have questions.  
24 What are the potential dangers in delaying a woman  
25 from starting her prenatal care? Can you speak to  
that?

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26 DR. SUSAN BLANK: I'll speak to  
27 that. Delays in prenatal care decrease the  
28 likelihood of a healthy pregnancy, delivery,  
29 healthy newborn and mother. That's why starting

1 prenatal care in the first trimester is standard  
2 of care in obstetric practice. Early prenatal  
3 care is important because number one, it  
4 identifies underlying health problems that could  
5 impact the pregnancy, such as diabetes, high blood  
6 pressure, lupus, and heart disease.  
7

8 Number two, it allows for changes  
9 that need to be made in existing medical regimes  
10 so that prescriptions can be changed and mothers  
11 are not taking teratogenic medications.

12 Third, it is an opportunity to  
13 receive preliminary testing for genetic disorders  
14 that could affect the fetus, such as sickle cell  
15 anemia or cystic fibrosis.

16 Fourth, it's an opportunity for  
17 counseling expectant mothers regarding health  
18 promoting behaviors, whether that's smoking  
19 cessation, alcohol cessation or importantly, folic  
20 acid supplementation in order to prevent neural  
21 tube defects.

22 CHAIRPERSON FERRERAS: I'm sorry.  
23 Can you both just restate your names for the  
24 record?

25 DR. SUSAN BLANK: Sure. Dr. Susan

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2

Blank.

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FRAN FREEDMAN: Fran Freedman, F-R-

4

E-E-D-M-A-N.

5

CHAIRPERSON FERRERAS: Thank you.

6

Then my following question has kind of four parts.

7

Who do you think is best suited to provide the

8

following services, a pregnancy test?

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DR. SUSAN BLANK: Anybody, first of

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all, who is providing any kind of a medical

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service should be able to offer clear medically

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accurate information, both verbally and in writing

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so that women are informed of their options.

14

Pregnancy testing, facilities that offering

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counseling and services for referrals for all

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available pregnancy options.

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CHAIRPERSON FERRERAS: A sonogram

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or an ultrasound?

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DR. SUSAN BLANK: It should be

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offered through licensed sonographers, preferably

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those who are affiliated with medical practices

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that have providers available to discuss the

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results with the patient.

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CHAIRPERSON FERRERAS: Medical

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counseling and advice regarding pregnancy related

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2 health issues?

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DR. SUSAN BLANK: Again,

experienced health care providers who are, number

one, familiar with the course and care involved

with normal and problem pregnancies. Two, who

will provide women with medically accurate

information about pregnancy options. And three,

who will provide options to prevent unintended

pregnancy, including all contraceptive methods and

condoms included in all of their consultations.

CHAIRPERSON FERRERAS: We're going

to open it up to other Council Members who have

questions. I have additional questions, but I'll

let them go first. Council Member Lappin?

COUNCIL MEMBER LAPPIN: Thank you.

I wanted to ask, since you are Dr. Blank, beyond

just representing the City's Health Department

here, also a physician, if you could discuss a

little bit further both the physical and the

mental challenges presented to women and their

health by a delay in prenatal care.

DR. SUSAN BLANK: Any delay in

prenatal care, first of all, we talked about why

it's important to get early care, so that a

1  
2 pregnancy if the decision is to carry through a  
3 pregnancy, a pregnant woman could maximize her  
4 chances of a healthy pregnancy and a healthy  
5 outcome, namely a healthy newborn.

6 COUNCIL MEMBER LAPPIN: For  
7 example, the folic acid piece, that's something  
8 that's very important in the first trimester.

9 DR. SUSAN BLANK: Absolutely. That  
10 prevents neural tube defects. Neural tube defects  
11 do cause significant neurological and  
12 musculoskeletal problems in the newborn. So if  
13 you could prevent it by simply supplementing with  
14 something like folic acid, which is a fairly  
15 benign supplementation, that's a really important  
16 thing to start during pregnancy, or smoking  
17 cessation also, critical during pregnancy.

18 COUNCIL MEMBER LAPPIN: A daily  
19 vitamin is a pretty standard prescription for  
20 pregnant women for that reason.

21 DR. SUSAN BLANK: Correct.

22 COUNCIL MEMBER LAPPIN: Somebody  
23 not receiving appropriate prenatal care wouldn't  
24 receive a prescription for those prenatal  
25 vitamins, correct?



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DR. SUSAN BLANK: Correct.

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COUNCIL MEMBER LAPPIN: Sorry, I

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didn't mean to interrupt. Can you speak a little

5

bit to the mental health challenges presented by a

6

delay in care?

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DR. SUSAN BLANK: Some of the

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mental health challenges are it, one, delays care.

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If there are problems in the pregnancy and

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decisions that need to be made either about how

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this pregnancy will be carried through, any

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special precautions that need to happen, that has

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to happen early on during the pregnancy.

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Similarly, for a pregnancy that ends in a

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termination of pregnancy, the sooner that's going

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to happen, the more safely it can be done for the

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woman. So there is a reason if a termination is

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going to happen that it should happen as early as

19

possible in pregnancy.

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So for example, a late term

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abortion is more complicated and more costly to

22

perform. It's riskier for the mother in terms of

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potential complications. So a decision to go

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ahead with a termination should happen earlier

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rather than later. The later term abortions are

1  
2 technically more difficult. They tend to need to  
3 be done in an inpatient kind of a setting, will  
4 require advanced levels of care such as with an  
5 anesthesiologist and a skilled surgeon.

6 Generally, there are fewer providers that offer  
7 those services, so access is also an issue if a  
8 decision is forestalled.

9 Overall, the medical risks for  
10 abortions by trained professionals working under  
11 sterile conditions in late trimesters, it remains  
12 low but there is an increased risk of some  
13 complications such as infection and uterine  
14 rupture. So again, all these things could be  
15 addressed simply by addressing the need for the  
16 procedure earlier in pregnancy.

17 COUNCIL MEMBER LAPPIN: If a woman  
18 chose to have the child, it's obviously much  
19 better for her and for the child, in fact it's  
20 dangerous for them to not be receiving appropriate  
21 medical care. The sooner that the woman was being  
22 examined by physicians and treated by physicians,  
23 the better off both she and the fetus would be.

24 DR. SUSAN BLANK: Absolutely.  
25 That's a well known precept in public health that

1  
2 every dollar of prenatal care saves enormously in  
3 what's prevented subsequently.

4 COUNCIL MEMBER LAPPIN: I wanted to  
5 ask a question relating to the confidentiality of  
6 information and the lack thereof at crisis  
7 pregnancy centers. If you could, either one of  
8 you, speak to some of the dangers in sharing  
9 information about a patient or a patient's  
10 history.

11 DR. SUSAN BLANK: Sure, I'd be  
12 happy to comment on that. First of all, if  
13 somebody thinks that they're in a health care  
14 setting, they may think that their health  
15 information is protected, as it is under HIPAA for  
16 example. If a facility appears to be a health  
17 center but is not covered under HIPAA, I think  
18 people may disclose information that they may not  
19 otherwise. This is personal health information  
20 that we're talking about, including a woman's  
21 right and intent as far as her pregnancy, and all  
22 aspects of her medical history, which may also  
23 have some serious ramifications for  
24 confidentiality.

25 That information is only to be

1  
2 shared with those with whom she chooses to share  
3 it. The unsanctioned disclosure of that kind of  
4 information could subject a woman certainly to  
5 physical danger, such as an abusive intimate  
6 partner or family relationship, unnecessary social  
7 and psychological pressures and undue influence on  
8 her ability to make her own informed and un-  
9 coerced decision regarding her health.

10 COUNCIL MEMBER LAPPIN: When is it  
11 good--

12 DR. SUSAN BLANK: [interposing] So  
13 in short, the proposed bill really gets to the  
14 issue that any center that is involved in  
15 collecting personal health information is really  
16 obliged to keep that information confidential.

17 COUNCIL MEMBER LAPPIN: Because  
18 right now, let's say a center took that  
19 information about a woman's sexual history or  
20 about her inquiries about an abortion, about who  
21 she thought the father might be of the child, and  
22 put that on the web or showed up at her place of  
23 business or outside of her home. I mean there's  
24 nothing that would preclude them from doing that,  
25 from putting the information up on the web for

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anybody to see, at this moment in time.

DR. SUSAN BLANK: That's correct.

I think the concerning issue is that a woman who is sitting in a center where there's an ultrasonographer wearing scrubs and feels that she is in a medical setting might feel safe to give that information up, without knowing that in fact it might show up on the web. If one is attending some sort of pregnancy service within a regulated facility, an Article 28 hospital clinic or an obstetric setting, that kind of information could land a practitioner in all kinds of trouble. In addition to the difficulties it would pose the patient, it would not be tolerated in any other regulated health care setting.

COUNCIL MEMBER LAPPIN: Because it is dangerous?

DR. SUSAN BLANK: Absolutely.

COUNCIL MEMBER LAPPIN: Thank you, Madame Chair.

CHAIRPERSON FERRERAS: Thank you.

Council Member Brewer?

COUNCIL MEMBER BREWER: Thank you very much. This is my ignorance, but who governs

1  
2 limited service pregnancy centers? In other  
3 words, could I just open one tomorrow? What would  
4 be the licensing that I would need from federal,  
5 state or city government, if any?

6 DR. SUSAN BLANK: Apparently there  
7 is no agency that governs these, neither city,  
8 state or federal. This is not like the state  
9 licensed Article 28 diagnostic and treatment  
10 centers with which we're familiar.

11 COUNCIL MEMBER BREWER: I'm very  
12 familiar with those.

13 DR. SUSAN BLANK: For which there  
14 are strict regulatory requirements. There are  
15 none. You could hang shingle tomorrow.

16 COUNCIL MEMBER BREWER: So the same  
17 question for Fran Freedman. So the Department of  
18 Consumer Affairs, have you ever done the kind of  
19 oversight in terms of truth in advertising, or  
20 because there isn't any licensing is it hard to  
21 know what you should be regulating?

22 FRAN FREEDMAN: Great question,  
23 Council Member. No, we've never waded into these  
24 waters. But as you well know, the consumer  
25 protect law gives us the ability evaluate and

1  
2 assess and fine appropriately for truth in  
3 advertising broadly.

4 COUNCIL MEMBER BREWER: But how  
5 would we know what was going on if some of these  
6 challenges exist, as was stated earlier, because  
7 there's no licensing for the professionals or non-  
8 professionals in these centers? Nobody would know  
9 what was truth and what wasn't. What agency would  
10 go in and see what was truth and what wasn't? In  
11 other words, who's in at all indicating that  
12 there's a challenge? I know there is. I'm just  
13 trying to understand how we would curtail the  
14 challenge with or without this legislation. If  
15 you have non-medical professionals stating  
16 something that's not true, who would be regulating  
17 that? This bill would be the only way to do that,  
18 is that a correct statement?

19 FRAN FREEDMAN: From our  
20 perspective, Council Member, it is. That is a  
21 true statement.

22 COUNCIL MEMBER BREWER: Do you  
23 think that these centers should be regulated?  
24 This would be a Department of Health, or it  
25 wouldn't be you because it's not a health

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2 facility?

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DR. SUSAN BLANK: She's with  
Consumer Affairs.

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COUNCIL MEMBER BREWER: I know.  
I'm asking you.

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DR. SUSAN BLANK: Are you asking  
should the Health Department--

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COUNCIL MEMBER BREWER:  
[interposing] In other words, is there any way,  
forget even this legislation, what I'm saying is  
say for instance the centers that we're talking  
about here today, they are following the law,  
there are no medical professionals stating things  
that are not correct. In other words, we are  
simply advising people that perhaps they should go  
to a medical professional when they do show up in  
the limited service pregnancy centers. Beyond  
this legislation, do you think it's necessary that  
these centers be licensed, either from a consumer  
perspective or from a health perspective? They're  
not really health centers. They're not health  
centers.

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25

DR. SUSAN BLANK: They're not  
health centers.



1  
2 COUNCIL MEMBER BREWER: They're not  
3 health centers.

4 DR. SUSAN BLANK: But if they are  
5 giving the illusion of being a health center, then  
6 they should be regulated as such.

7 COUNCIL MEMBER BREWER: Correct.  
8 What we're saying then is they should either be  
9 regulated as such or they shouldn't be performing  
10 what they are ostensibly doing in other words.

11 DR. SUSAN BLANK: I think the key  
12 here has to do with the transparency. Again, we  
13 can't suppress someone's freedom of speech. But  
14 if somebody is going to take essentially the care  
15 of somebody into their own hands, then it needs to  
16 be done in an accurate and unbiased fashion. The  
17 consumer in this case ought to be made aware of  
18 what are the limitations of the services that  
19 they're engaging in.

20 COUNCIL MEMBER BREWER: Okay. I  
21 guess what I'm saying, and I appreciate this  
22 legislation is necessary, I'm very supportive. My  
23 question is that if these centers continue, even  
24 following the law of the legislation, I'm  
25 questioning whether that should also be regulated

1  
2 in some way, shape or form, not by the Health  
3 Department because it wouldn't be a health  
4 facility. It's something to think about.

5 DR. SUSAN BLANK: Yes.

6 COUNCIL MEMBER BREWER: Thank you  
7 very much.

8 CHAIRPERSON FERRERAS: Council  
9 Member Crowley?

10 COUNCIL MEMBER CROWLEY: Thank you,  
11 Madame Chair. I have a question on the data  
12 statistics. It states that unintended pregnancies  
13 account for approximately 60 percent of  
14 pregnancies among women in New York City. How  
15 many is that a year?

16 DR. SUSAN BLANK: I do not have the  
17 denominator here, but that could be provided to  
18 you subsequently.

19 COUNCIL MEMBER CROWLEY: I'm  
20 imagining that many of these folks that have  
21 unintended pregnancies are above the teenage  
22 years. Because then it says and 90 percent of  
23 pregnancies are unintended among teens.

24 DR. SUSAN BLANK: Ninety percent of  
25 teen pregnancies are unintended pregnancies.

1  
2 COUNCIL MEMBER CROWLEY: Right. So  
3 there's about 10 percent that are intended. But  
4 you don't have any idea of how many people are  
5 pregnant every year that attend these types of  
6 facilities before they go to an obstetrician.

7 DR. SUSAN BLANK: I do not. I  
8 don't know who would have those data because these  
9 are not regulated facilities.

10 COUNCIL MEMBER CROWLEY: Up to what  
11 week can a woman have an abortion in the city of  
12 New York?

13 DR. SUSAN BLANK: Twenty-four.

14 COUNCIL MEMBER CROWLEY: Twenty-  
15 four weeks. Does the Department of Health  
16 regulate what the physician's office, sort of like  
17 a patient's bill of rights, if a woman comes into  
18 a physician's office what their options are as  
19 well? I imagine there are some obstetricians in  
20 the city that don't perform abortions.

21 DR. SUSAN BLANK: I presume that  
22 that's the case, yes.

23 COUNCIL MEMBER CROWLEY: I'm  
24 curious to know whether those obstetricians are  
25 able to give a woman their options.

1  
2 DR. SUSAN BLANK: They should be.  
3 You know, just because a provider does not provide  
4 a particular service doesn't mean the provider  
5 doesn't have the responsibility to provide the  
6 medical information that that individual needs to  
7 decide on which service he or she may need.

8 COUNCIL MEMBER CROWLEY: But  
9 there's no patient's bill of rights or procedure  
10 that an obstetrician or a gynecologist should have  
11 to go through or any other center that a woman may  
12 go to, a birthing center or a midwife, that could  
13 go through different steps to provide a well  
14 rounded education to the individual who has this  
15 unintended pregnancy so that they know what their  
16 options are or how they should proceed with health  
17 care.

18 DR. SUSAN BLANK: Well patient's  
19 bills of rights exist. I don't know that there is  
20 on that's specific to obstetrical care settings,  
21 but within a patient's bill of rights, there is,  
22 you know, it is your right to be given accurate  
23 information and be treated in a professional  
24 manner. I am not aware of an obstetrical  
25 patient's bill of rights, if that's what you're

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asking about.

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COUNCIL MEMBER CROWLEY: I'm just curious to know whether all doctors or licensed health care facilities are providing women with the education that they should receive when they find out that they are pregnant and they didn't intend to.

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DR. SUSAN BLANK: I can really only speak to the Health Department facilities, but we do have patients' bills of rights. But as far as the larger practice community, I can't comment on that.

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COUNCIL MEMBER CROWLEY: Let's say that the bill gets passed, and there is a lot of merit in the bill, I wonder if there's a way that these facilities could work to meet the standards in order to operate, but somehow work together to provide whatever level of support that they are intending to provide with health care professionals. Do you see any good in their service?

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DR. SUSAN BLANK: You mean, is there a complementary role for each of them?

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COUNCIL MEMBER CROWLEY: Yes.

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2 DR. SUSAN BLANK: You know, I don't  
3 know the answer to that question. I wouldn't  
4 preclude it. Ideally, I think if limited service  
5 pregnancy centers do sort of transparently  
6 articulate to their patients what services they do  
7 and do not provide, I think that they're necessary  
8 referral networks, for example, that should flow  
9 of that. I think that sort of may get at the  
10 question of complementary.

11 COUNCIL MEMBER CROWLEY: I have no  
12 further questions.

13 CHAIRPERSON FERRERAS: Council  
14 Member Halloran?

15 COUNCIL MEMBER HALLORAN: Thank  
16 you, Madame Chair. I appreciate you conducting  
17 this hearing. Doctor, I'd just like to ask you a  
18 few questions. Starting off with the assumption  
19 that you made that the dissemination of this  
20 information could have an adverse effect on the  
21 woman. Do you have any data in front of you to  
22 indicate that's happened?

23 DR. SUSAN BLANK: The information  
24 that we've been informed by our community partners  
25 of things happening such as the claim that

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abortion puts a woman at risk for breast cancer and infertility.

COUNCIL MEMBER HALLORAN: No, I asked you, Doctor, if you any evidence of confidentiality being breached, things being put on the web, as was alleged by one of our chairs here. Do you have, the City of New York, do we have any records that indicate that has ever happened?

DR. SUSAN BLANK: We do not.

COUNCIL MEMBER HALLORAN: So you guys are just wildly speculating that this is a potential possibility? That there's no anecdotal or direct evidence that you have that any clinic has done anything like that to this point.

DR. SUSAN BLANK: I disagree. You said that we don't have anecdotal evidence. We do have anecdotes from community partners, who are here today and will be testifying and will be able to provide you with the information that they've gathered firsthand.

COUNCIL MEMBER HALLORAN: So the City of New York through its direct investigation has not substantiated any of those claims. Is

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that fair to say?

DR. SUSAN BLANK: Correct.

COUNCIL MEMBER HALLORAN: Doctor,  
when it comes to procedures, and I'm not  
attempting to say which side of the fence this  
issue should come down on, but you would agree  
with me that if a girl who is 17, 16 wanted to  
have her tooth extracted, it would be reasonable  
for her to have parental consent to do that.  
Would you agree with me, Doctor?

DR. SUSAN BLANK: That's what the  
law says.

COUNCIL MEMBER HALLORAN: Okay.  
Would you agree with me then for other medical  
proceedings for a minor it would be reasonable to  
seek the consent of a parent before a medical  
procedure was performed on a minor?

DR. SUSAN BLANK: It depends.  
There are certain services that are protected by  
law for which a minor can seek services without  
parental notification. That includes HIV testing,  
testing for other sexually transmitted diseases.

COUNCIL MEMBER HALLORAN: Testing  
is not an invasive procedure nor is it an--



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DR. SUSAN BLANK: [interposing]

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Yes, it can be an invasive procedure.

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COUNCIL MEMBER HALLORAN: Okay.

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Doctor, would you say that an HIV test is more or less invasive than an abortion?

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DR. SUSAN BLANK: It depends.

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COUNCIL MEMBER HALLORAN: It

9

depends?

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DR. SUSAN BLANK: Because an HIV

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could involve a blood draw whereas a medical

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abortion doesn't involve anything invasive.

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COUNCIL MEMBER HALLORAN: Doctor,

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as a general rule, would you agree with me that

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New York City itself has never regulated

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counseling centers, religious counseling centers

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through the Department of Health? Would you agree

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with me there?

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DR. SUSAN BLANK: I believe so.

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COUNCIL MEMBER HALLORAN: I know

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you also said that you would expect that

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alternatives could be offered or should be offered

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at these various centers. You'd agree with me

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that the debate on abortion, on whatever side one

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may find themselves on, frequently centers around

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2 religious issues? Would you agree with me there?

3 DR. SUSAN BLANK: Probably, yeah.

4 COUNCIL MEMBER HALLORAN: Would a  
5 rabbi have an obligation to tell someone who came  
6 to them for counseling, you know you could be a  
7 Catholic?

8 DR. SUSAN BLANK: I don't follow.

9 COUNCIL MEMBER HALLORAN: Well, do  
10 you think the state should tell a rabbi if you go  
11 to him for counseling that that rabbi should say,  
12 "Listen, I've listened to you but I think maybe  
13 you need a Catholic priest"?14 DR. SUSAN BLANK: I don't think  
15 that that's a health issue though. I think when  
16 we're talking about issues that can affect the  
17 health and wellbeing of mother and potentially  
18 fetus, I think that that requires as much  
19 comprehensive information to be shared with that  
20 expectant mother.21 COUNCIL MEMBER HALLORAN: But you  
22 agree with me that the Department of Health  
23 doesn't regulate in this field, correct?24 DR. SUSAN BLANK: The City Health  
25 Department does not.

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2 COUNCIL MEMBER HALLORAN: In fact,  
3 the legislation which is being proposed does not  
4 give the Department of Health any regulatory  
5 authority here, is that correct?

6 DR. SUSAN BLANK: That's correct.

7 COUNCIL MEMBER HALLORAN: The State  
8 of New York has a regulatory authority with regard  
9 to health issues called the State Medical Board,  
10 yes?

11 DR. SUSAN BLANK: Article 28, yes.

12 COUNCIL MEMBER HALLORAN: They're  
13 not regulating this, is that correct?

14 DR. SUSAN BLANK: That's correct.

15 COUNCIL MEMBER HALLORAN: So would  
16 it be fair to say from a public policy standpoint  
17 this is not a health issue because it is not going  
18 to be regulated by either the state or city's  
19 Departments of Health?

20 DR. SUSAN BLANK: I think it would  
21 be something that would fall under the purview of  
22 the State Health Department.

23 COUNCIL MEMBER HALLORAN: Are they  
24 acting on that?

25 DR. SUSAN BLANK: Not to my

1  
2 knowledge. But that doesn't mean that it  
3 shouldn't happen.

4 COUNCIL MEMBER HALLORAN: Whether  
5 that should or shouldn't, Doctor, you'd agree with  
6 me that's not your purview as the city Department  
7 of Health, yes?

8 DR. SUSAN BLANK: That's correct.

9 COUNCIL MEMBER HALLORAN: The  
10 current State Department of Health does not do it.

11 DR. SUSAN BLANK: Correct.

12 COUNCIL MEMBER HALLORAN: So then  
13 you would agree with me that unless the Department  
14 of Health for the State of New York and the Board  
15 of Medical Examiners or whatnot took up that  
16 issue, as far as you're concerned as a deputy  
17 commissioner in a New York City agency Department  
18 of Health, it is not considered a health issue  
19 right now by the city or the state of New York.  
20 Is that correct?

21 DR. SUSAN BLANK: I think that the  
22 approach that's being taken is one from a Consumer  
23 Affairs perspective.

24 COUNCIL MEMBER HALLORAN: So I  
25 guess that your answer would be yes then, yes?

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2 It's not currently considered a health issue by  
3 either--

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DR. SUSAN BLANK: [interposing] It  
is not currently.

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COUNCIL MEMBER HALLORAN: --the  
city or the state nor will it be under the  
regulation which is going to be passed.

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DR. SUSAN BLANK: That's my  
understanding, correct.

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COUNCIL MEMBER HALLORAN: So all of  
the rest of this dialogue about the health issues  
related to is are actually not relevant to whether  
or not a fair licensing and public disclosure  
issue is what's at issue here. Otherwise, you  
would be advocating up in Albany for them to  
change some sort of state law to make the State  
Health Department able to regulate these  
facilities. Would that be accurate?

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DR. SUSAN BLANK: Correct. That  
would be accurate.

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COUNCIL MEMBER HALLORAN: Thank  
you, Doctor, for at least being honest about that.  
I appreciate it. Commissioner, do we regulate any  
other industry and require that industry to tell

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people that there are alternative industries that they can go to?

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FRAN FREEDMAN: Not to my

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knowledge.

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COUNCIL MEMBER HALLORAN: Yes, the

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Department of Consumer Affairs.

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FRAN FREEDMAN: The Department of

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Consumer Affairs doesn't.

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COUNCIL MEMBER HALLORAN: So this

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would be the first time a city agency is telling a

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not-for-profit that it has an obligation to do a

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disclosure to recommend some other groups that are

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not within their purview. This would be the first

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time the City of New York's government is going to

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now tell an organization they have an obligation

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to make some sort of referral or disclosure to

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something that they may find antithetical to their

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belief system. Would that be fair to say?

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FRAN FREEDMAN: I think, Council

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Member, there's a distinction between disclosure

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and referral as I understood the signage, for

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example, and the disclosures would require simply

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disclosing what aspects are not being addressed.

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COUNCIL MEMBER HALLORAN: Do we

1  
2 have any other examples of the city requiring any  
3 other agency, group, authority or not-for-profit  
4 to tell what it doesn't do? Do we require, for  
5 example, McDonald's to say it doesn't serve Burger  
6 King whoppers? Do we require air conditioning  
7 repair centers to say they don't fix televisions?  
8 Do we require any other religious organization to  
9 say we don't service "insert religious  
10 denomination here"? This is just a First  
11 Amendment issue for me and a scope and scale of  
12 government issue for me. I'm very concerned that  
13 if the government can step in here, it can step in  
14 in other places and do exactly the same thing.

15                   You would agree with me,  
16 Commissioner, that Planned Parenthood, when you  
17 hear the word Planned Parenthood, you think about  
18 planning for parenthood, don't you? You would say  
19 that that is a reasonable inference to draw from  
20 the name. Would you agree with me there, in terms  
21 of truth in advertising? Would you agree with me  
22 that Planned Parenthood imputes the notion there  
23 is planning for parenthood? Let's be  
24 intellectually honest since we're having this  
25 discussion.

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2           FRAN FREEDMAN: From a personal  
3 perspective, what it says to me is that there  
4 would be a full range of information provided to a  
5 client.

6           COUNCIL MEMBER HALLORAN: Okay.  
7 Would you agree with me if, and this is the  
8 statistics, so I'll just give you the statistics.  
9 Planned Parenthood performs, let's see, 164,000  
10 abortions and makes a less than 1 percent referral  
11 for adoption or birth services. You'd agree with  
12 me there's not much planned parenthood going on at  
13 Planned Parenthood? Would you? 120 in every  
14 1,000.

15           FRAN FREEDMAN: I think though to  
16 be fair when you talk about Planned Parenthood, I  
17 mean it's also planning for non-parenthood too.

18           COUNCIL MEMBER HALLORAN: So then  
19 maybe they should change their name. Can we  
20 require similarly that Planned Parenthood will be  
21 required to put up a sign in its facilities  
22 indicating that generally speaking it doesn't make  
23 any sorts of planning for parenthood and that if  
24 persons are interested in maintaining their  
25 pregnancy, they should go see one of these other



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providers?

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FRAN FREEDMAN: What we haven't really talked about is what kind of prenatal care Planned Parenthood offers. So I think this gets back to the idea of having a variety of services available to meet the needs of the woman.

COUNCIL MEMBER HALLORAN: Okay. That's perfectly reasonable. You also said, Doctor, that some centers do this, some centers do that, and then you were referring to these crisis pregnancy centers. Do you have any direct evidence, does the city have any data, any collection of data to indicate that these centers do any of the things you alleged they did in terms of statistics? Do we have any reports conducted by your department, the Department of Consumer Affairs, any inspector generals' offices, indicating that any of these centers have done anything which is illegal, in violation of the law, of in violation of state or local laws or ordinances?

DR. SUSAN BLANK: What we have are the anecdotal reports of our community partners as well as views of websites that we've been to.

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COUNCIL MEMBER HALLORAN: Would you agree with me that a website that said or a clinic that said its name was the Maternity Birth Care Services or the Sisters of Life or Bridge to Life, they're pretty clear they're about life, not about abortion? Would you agree with me at least in those names that those centers clearly aren't offering abortion services, they're offering women who have chosen not to have abortions some place to get support? Would you agree with me there? Based on those names?

DR. SUSAN BLANK: I wouldn't, because a 15 or a 16-year-old who is looking for help may not be able to distinguish that difference that you and I can distinguish.

CHAIRPERSON FERRERAS: Council Member, if you can just wrap up. We have about 50 other people that are going to be testifying today. Thank you.

COUNCIL MEMBER HALLORAN: Sure. I have two more questions. Deputy Commissioner, with regards to your statement that we're looking for truth in advertising, would you believe that the City of New York should regulate its signage

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2 based on what the common adult would think, not  
3 what maybe some child would think, so that names  
4 like Sisters of Life, Bridge to Life, Maternity  
5 and Birth Care Services seem to be what they say  
6 they are, as opposed to what this bill seems to  
7 indicate you want them to think they are, which is  
8 something else? I mean, it seems to me pretty  
9 clear if I'm running the Bridge to Life or Sisters  
10 of Life or an organization called Maternity Birth  
11 Care Services, I'm talking about carrying a  
12 pregnancy to fulfillment. There's nothing  
13 deceptive in that name is there, Commissioner? Is  
14 there?

15           FRAN FREEDMAN: We actually haven't  
16 had any experience in this arena. What I would  
17 say about disclosures is that they simply need to  
18 be very clear. We never assume anyone knows  
19 something from a name or a title. We ask that  
20 full disclosures be given. We do this in many  
21 areas: tax preparers, immigrant service providers.  
22 You can call yourself whatever you like, but you  
23 have to disclose to the consumer precisely what it  
24 is you do or you are not allowed to do.

25           COUNCIL MEMBER HALLORAN: That's

1  
2 the key, Commissioner. Where else do we say that  
3 someone has a positive requirement to say what  
4 they do not do?

5 FRAN FREEDMAN: Tax preparers and  
6 immigrant service providers. I'll be happy to  
7 send you--

8 COUNCIL MEMBER HALLORAN:  
9 [interposing] Tax and immigrant service--

10 FRAN FREEDMAN: [interposing] Tax  
11 preparers, commercial tax preparers.

12 COUNCIL MEMBER HALLORAN: Which  
13 can't offer legal advice and similarly nor can--

14 FRAN FREEDMAN: And immigrant  
15 service providers. There are probably a number of  
16 other categories that I would have to look at.  
17 But those are two very prominent ones.

18 COUNCIL MEMBER HALLORAN: I guess  
19 some of those tax preparers and immigrant services  
20 are not-for-profits, right? Some of them would be  
21 I would guess. Are you talking about only paid--

22 FRAN FREEDMAN: [interposing] We're  
23 talking about commercial.

24 COUNCIL MEMBER HALLORAN:  
25 Commercial. How about our not-for-profit ones?

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Do we require that sort of--

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FRAN FREEDMAN: [interposing]

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Department of Consumer Affairs does not regulate

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the not-for-profit world.

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COUNCIL MEMBER HALLORAN: But it's

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going to regulate these not-for-profits?

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Commissioner, please, is that accurate? You're

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telling me and I'm very grateful you went down

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this road with me, that the reality is--

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FRAN FREEDMAN: [interposing]

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Actually, we don't know whether they're for-profit

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or not-for-profit. I have no knowledge about

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that.

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COUNCIL MEMBER HALLORAN:

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Commissioner, I would just ask that in the future

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you provide my office with information with

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regards to that. It's my belief that you don't do

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this with any other not-for-profit and that you

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just sort of realized that when you gave your

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testimony right now. Thank you, Madame Chair.

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CHAIRPERSON FERRERAS: I have a

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question for the Department of Health. This is in

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reference to good medical practices on counseling

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women on contraceptives. What would be the good

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2 medical practices or what's the best way to  
3 counsel a woman on contraceptives?

4 DR. SUSAN BLANK: The best form of  
5 counseling is to make sure that with every primary  
6 care and well care visit the discussion of  
7 contraception occur for women of reproductive age.  
8 That includes discussing what the contraceptive  
9 needs are of that woman, what kinds of options  
10 exist, certainly as the technologies change and  
11 the satisfaction with the current method. That  
12 applies to all primary care providers for women of  
13 reproductive age. That would be family  
14 physicians, pediatricians, obstetricians,  
15 gynecologist, internists.

16 CHAIRPERSON FERRERAS: Now, my next  
17 question is in reference specifically to a woman  
18 whom is pregnant. When does emergency  
19 contraception need to be taken?

20 DR. SUSAN BLANK: Emergency  
21 contraception that is sold in the United States,  
22 the label says within 72 hours. The real bottom  
23 line here is the sooner the better. There have  
24 been additional studies that have shown efficacy  
25 up to 120 hours after unprotected sex. But again,

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2 the FDA labels say 72 hours.

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CHAIRPERSON FERRERAS: What is the result of delaying the emergency contraception?

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DR. SUSAN BLANK: The longer you wait, the less likely it is that you're going to have the desired effect, namely preventing an unplanned pregnancy.

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CHAIRPERSON FERRERAS: With a follow-up question we have Council Member Lappin.

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COUNCIL MEMBER LAPPIN: Thank you, Madame Chair. I just want to make clear for the record that these centers are not regulated in any way, shape or form. That's entirely why we are here today. So obviously they aren't breaking any laws because there aren't any laws on the books that regulate them. I want to state very clearly they are not medical facilities. They are not licensed as medical facilities and they often do not have licensed medical staff onsite. That is exactly why we are here today. Because if they are volunteers or staff pretending or deceiving to make it appear as if they are doctors, that is dangerous to women and to their health. Would you agree?

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DR. SUSAN BLANK: Absolutely.

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COUNCIL MEMBER LAPPIN: Would you agree?

5

FRAN FREEDMAN: Oh, of course.

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COUNCIL MEMBER LAPPIN: I just want to make clear if they were doctors, if they were licensed medical facilities, they would be regulated as such. But you both mentioned in your testimony that they are not being transparent. So the issue before us today is that people pretending to be or deceiving women or giving the illusion that they are doctors, nurses, midwives, is dangerous to women's health. Thank you.

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CHAIRPERSON FERRERAS: Council Member Halloran?

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COUNCIL MEMBER HALLORAN: Doctor, does the city of New York have any direct evidence that anyone in these clinics has pretended to be a medical professional and in fact, if the city did, would not both the city and state be able to prosecute those individuals?

23

24

DR. SUSAN BLANK: I will defer the direct evidence to our community partners.

25

COUNCIL MEMBER HALLORAN: Does the



1  
2 city of New York have any direct evidence? Has  
3 the city of New York engaged in any enforcement  
4 activities? To your knowledge, has the state of  
5 New York engaged in any enforcement activities for  
6 practicing medicine without a license against any  
7 of these facilities?

8 DR. SUSAN BLANK: Not that I'm  
9 aware.

10 CHAIRPERSON FERRERAS: Thank you,  
11 Council Member.

12 COUNCIL MEMBER HALLORAN: Thank  
13 you.

14 CHAIRPERSON FERRERAS: Thank you,  
15 again, for your time and your testimony. We're  
16 going to be calling up the next panel. Joan  
17 Malin, Planned Parenthood; Balin Anderson, Planned  
18 Parenthood; Kelli Conlin, NARAL; and Nancy  
19 Northup, CRR.

20 [Pause]

21 CHAIRPERSON FERRERAS: I'd also  
22 like to mention Council Member Diana Reyna of  
23 Brooklyn has joined us. As you begin your  
24 testimony, if I can just remind you to please  
25 state your names. Thank you. You may begin.

1  
2 KELLI CONLIN: My name is Kelli  
3 Conlin and I am the president of NARAL Pro-choice  
4 New York. I'd like to start by thanking the  
5 committee for considering this critical bill.  
6 Thank you to Councilwoman Lappin and Speaker Quinn  
7 for advancing this initiative that's so important  
8 to the women of New York. NARAL Pro-choice New  
9 York supports Intro 371 because when a woman walks  
10 into a facility representing itself as a source  
11 for reproductive health information and services,  
12 she has a right to expect and to actually receive  
13 comprehensive options counseling and a full range  
14 of information.

15 Unfortunately, when a woman enters  
16 a crisis pregnancy center, or CPC, she is  
17 confronted with biased counseling, anti-abortion  
18 propaganda and deception. In 2009, NARAL Pro-  
19 choice New York began an undercover investigation  
20 into CPCs in New York to determine how they  
21 advertised themselves and whether or not they  
22 provide full options counseling, including  
23 accurate information about abortion and  
24 contraception. The results presented in our  
25 recent report demonstrate that many CPCs in New

1  
2 York consistently and intentionally misrepresent  
3 themselves and their services. Their tactics  
4 delay and sometimes divert women from accessing  
5 real reproductive health care.

6 We found that approximately 75  
7 percent of CPCs failed to disclose their anti-  
8 choice agenda on their websites. When called, not  
9 one of the CPCs admitted that they don't offer  
10 complete pregnancy counseling including abortion  
11 and contraception options, unless explicitly  
12 asked. The CPCs surveyed go to great lengths to  
13 foster an impression of medical authority, even  
14 though most are not licensed medical facilities,  
15 and the women coming in are unlikely to see a  
16 licensed medical provider.

17 Nearly all offered free pregnancy  
18 tests that they claim to be medical quality even  
19 though they are simply self-administered tests  
20 that can be purchased in a drug store.

21 Alarminglly, a majority of CPCs also  
22 asked our volunteer investigators to fill out  
23 forms soliciting personal information, including  
24 health history, relationship status and work  
25 information with no assurance of confidentiality.

1  
2 NARAL Pro-Choice New York believes  
3 that the dishonest practices of CPCs must be  
4 exposed and stopped. A woman seeking reproductive  
5 health care options when facing an unintended  
6 pregnancy has a right to know at minimum whether  
7 she will, in fact, receive comprehensive options  
8 counseling including information and referrals for  
9 abortion and birth control, whether or not she  
10 will be seeing a licensed medical provider and  
11 that if she gives up her private personal  
12 information it will be treated confidentially.

13 While not every deceptive and  
14 manipulative practice that our investigation  
15 uncovered can be remedied through legislation, we  
16 believe this bill will go a long way in arming  
17 women with the facts about what they will and will  
18 not get if they visit a CPC in New York City.

19 We say to crisis pregnancy centers  
20 if you disclose to women your mission and whether  
21 or not you have medical providers, you have every  
22 right to operate in New York City. If you seek to  
23 deceive women, mislead women or coerce women, we  
24 will do everything in our power to expose you for  
25 the sake of every woman in our city. Thank you.

1  
2 JOAN MALIN: Good afternoon. My  
3 name is Joan Malin.

4 CHAIRPERSON FERRERAS: I'm sorry.  
5 Before you begin, we have a lot of testimony for  
6 today, so we're going to be putting everyone on  
7 the clock now. So we have a three-minute clock.  
8 We should restart it please.

9 JOAN MALIN: Good afternoon. I'm  
10 Joan Malin. I'm the president and CEO of Planned  
11 Parenthood of New York City. I'm pleased to be  
12 here today to provide testimony in support of  
13 Intro 371, which is truly important legislation  
14 that ensures that the women of New York City will  
15 know what services they will and will not be  
16 getting when they go to a crisis pregnancy center  
17 and ensures that their private information will be  
18 protected. I want to thank the Council Members  
19 who support this legislation for their leadership  
20 on women's health.

21 In the past year, Planned  
22 Parenthood provided high quality reproductive  
23 health care to more than 50,000 women, men and  
24 adolescents at our three health centers in the  
25 Bronx, Brooklyn and Manhattan and most recently in

1  
2 our community outreach mobile medical unit in  
3 Staten Island. We offer the full range of  
4 reproductive health services: birth control,  
5 pregnancy testing, options counseling which  
6 includes adoption referrals, abortion, STI  
7 testing, GYN care which includes cervical and  
8 breast cancer screening.

9 Over the past year, we have  
10 increasingly heard alarming stories from our staff  
11 that led us to initiative a project to collect  
12 patient stories in order to better understand  
13 women's experiences at CPCs. What we learned is  
14 that too often patients seeking comprehensive  
15 reproductive health care mistakenly visit CPCs and  
16 are given false, misleading and often dangerous  
17 information.

18 Crisis pregnancy centers are not  
19 licensed medical facilities. Instead, their goal  
20 is to intentionally deceive and misinform women  
21 about their reproductive health options. They  
22 often have misleading names and signage and set up  
23 shop near legitimate reproductive health care  
24 providers. There is a crisis pregnancy center  
25 directly across from our Bronx health center and

1  
2 one in the same building as our Boro Hall Center  
3 in Brooklyn. Make no mistake about it, the CPCs  
4 proximity to our health care centers is no  
5 coincidence.

6 Pregnant women who walk into CPCs  
7 are not informed about the full range of their  
8 pregnancy options and methods of birth control.  
9 Worse than that, they don't know that there is a  
10 specific agenda designed to misinform and  
11 discourage abortion as well as the use of FDA  
12 approved birth control methods. Most harmful, in  
13 a room set up to look like a doctor's office, many  
14 women do not know that there isn't a licensed  
15 medical professional giving them this information  
16 or that private health and contact information may  
17 not be treated confidentially.

18 In addition, as you will hear from  
19 many of our colleague providers today, one of the  
20 biggest issues with CPCs is that they interfere  
21 with women's access to prompt medical care.  
22 Whether seeking prenatal care or abortion  
23 services, timely access to care is of the utmost  
24 importance.

25 This legislation would also

1  
2 regulate CPCs use of personal information. You  
3 will hear shortly from my colleague about how some  
4 of that information has been misused in patient's  
5 care.

6 In closing, this legislation  
7 responds directly to the concerning experiences  
8 women have had at crisis pregnancy centers across  
9 New York City. Through this Council's action, New  
10 York City will have the opportunity to join other  
11 cities across the United States in recognizing  
12 that women have the right to know what to expect  
13 when they walk through the doors of a crisis  
14 pregnancy center. We look forward to the bill's  
15 swift passage and implementation.

16 BALIN ANDERSON: Thank you, Joan.  
17 My name is Balin Anderson. I'm a social worker at  
18 Planned Parenthood of New York City. My job is to  
19 inform, counsel and provide support to women  
20 seeking reproductive health care services. But  
21 all too often, I see women who have been misled,  
22 misinformed and manipulated by crisis pregnancy  
23 centers. These centers prey on our patients by  
24 setting up shop near our health centers and luring  
25 women in with deceptive tactics.



1  
2 I'm here today to give voice to the  
3 women that these centers have abused, manipulated  
4 and deceived. Last week, I met with a 32-year-old  
5 mother with two young children. She'd recently  
6 cut back on her work hours because her 3-year-old  
7 has autism and needs special services and care.  
8 After a missed period, she was concerned that she  
9 might be pregnant. This woman mistook the CPC  
10 across the street for the Planned Parenthood  
11 health center. After explaining that she needed a  
12 pregnancy test, she was told she would also  
13 receive a consultation.

14 The consultation began with  
15 personal questions including the name and  
16 occupation of her partner. She began to feel  
17 uncomfortable, explaining to me later that  
18 something had felt weird about the clinic. After  
19 providing a urine sample, she was told she would  
20 have to watch graphic videos of abortion prior to  
21 obtaining her test results. This despite the fact  
22 that the patient had expressed no interest in or  
23 intention to have an abortion. The patient was  
24 surprised to discover that the staff expected her  
25 to conduct the pregnancy test herself using an

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over the counter from the pharmacy.

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This CPC positions itself as a medical facility yet it bars women from accessing medical services and subjects women to judgment and abuse. Although this patient ultimately accessed medical care, it was only after the CPC staff had deceived and emotionally traumatized her.

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Just a few weeks ago, a patient seeking an abortion at our Brooklyn health center arrived at 44 Court Street and took the elevator to the sixth floor where our center is located. Posing as a Planned Parenthood staff member, a woman intercepted her and took her to the CPC on the 12th floor. Outrageous.

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But CPC's don't prey only on pregnant women and women seeking abortion. A teen coming to our Bronx health center for reproductive care for the first time mistakenly entered the CPC on the other side of the street. After being misled to believe that she was in the right place, she was then shamed for being sexually active and given blatantly false health information.

According to this CPC, Depo-Prevara, a form of

1  
2 contraception, causes HPV, a sexually transmitted  
3 infection. The CPC fed a teen misinformation with  
4 the intention of discouraging her from using  
5 effective methods of prevention.

6 But these are just a few of the  
7 stories that we hear from our patients in our  
8 health centers. I could share many more that  
9 reveal the same pattern of deception and abuse.  
10 I'm very grateful that these women have shared  
11 their stories, especially given the inherent  
12 difficulty in describing how they were  
13 manipulated and harmed. Thank you very much.

14 NANCY NORTHUP: Thank you for the  
15 opportunity to testify today in support of Intro  
16 371. My name is Nancy Northup. I'm the president  
17 of the Center for Reproductive Rights. I'm also  
18 an attorney and have taught constitutional law and  
19 human rights law as an adjunct at NYU and Columbia  
20 Law schools.

21 The Center for Reproductive Rights  
22 is a global human rights organization that  
23 promotes women's equality by ensuring that all  
24 governments respect access to reproductive health  
25 care and decision making as fundamental human

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rights.

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In the United States, we have litigated scores of reproductive rights cases in state and federal court and in the U.S. Supreme Court. We have been involved in litigation over deceptive practices of so-called crisis pregnancy centers. We are currently of counsel to the City of Baltimore to defend their recent law requiring CPCs to disclose that they do not provide or refer for abortion and contraception, similar to the bill here in New York.

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I have submitted more extensive written testimony. It covers why the bill in New York comports with the First Amendment. In the light of the commercial nature of the speech and the compelling interests the bill serves, including preventing consumer deception, preventing delay in access to health care for pregnant women and protecting against harms from the disclosure of private personal information.

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Because there has been a lot of testimony about the deceptive nature of CPCs and the disclosure requirements, I'm going to address my remarks to the aspect of the bill that promotes

1  
2 the government's compelling interest in protecting  
3 the privacy of pregnant women's health  
4 information. As we've been discussing, the bill  
5 would provide for CPCs to keep medical and health  
6 information confidential. The facilities that  
7 would be regulated under this law are not medical  
8 clinics and thus not bound by federal and state  
9 laws or professional medical ethics.

10 CPCs engage in practices designed  
11 to imply that they're medical facilities with a  
12 likely outcome that clients believe that the  
13 personal and health related information that  
14 they're asked for will be protected in the same  
15 way as when they go to a doctor's office.

16 The Center for Reproductive Rights  
17 has a long track record of fighting to help keep  
18 women's reproductive health information private  
19 and confidential. That is important in all  
20 medical information but is particularly important  
21 in the context of reproductive and sexual health  
22 services.

23 In my written testimony, I talk  
24 about a case we've recently done in Fort Wayne,  
25 Indiana, which was going to impede the privacy of

1  
2 patient records and a federal court in that case  
3 recently enjoined the law to make sure that  
4 patient privacy would be protected. One of the  
5 reasons that it's so important in the context of  
6 pregnancy is because of the risk of disclosure of  
7 information, both because of the highly contested  
8 nature around abortion decisions, but also, as we  
9 heard earlier today, because of the evidence which  
10 we have in our cases about abuse of women in the  
11 context of pregnancy from their battering  
12 partners.

13           So I would like to refer you to the  
14 testimony. I look forward to any questions about  
15 the constitutionality and thank you for letting me  
16 testify today.

17           COUNCIL MEMBER LAPPIN: The Chair  
18 had to step out for a moment, so I'm going to be  
19 chairing in her absence. I have a number of  
20 questions for members of the panel. I'm going to  
21 start you since you spoke last. The issue of  
22 whether or not this information is confidential is  
23 very important. In your testimony you say women  
24 in abusive relationships who are considering  
25 abortion risk harm if their pregnancies are

1  
2 disclosed to their partners. And state laws that  
3 impose delays or other barriers increase the risk  
4 of disclosure. Can you just expound a little bit  
5 on that on the risks of domestic violence and  
6 other abuse?

7 NANCY NORTHUP: Yes. Women in  
8 abusive relationships who are considering abortion  
9 risk harm if their pregnancies are disclosed to  
10 their partner. Studies have also proven that  
11 battering increases in frequency and severity when  
12 women are pregnant. The CDC's most recent  
13 pregnancy risk assessment management study found  
14 that between 4 percent and 9 percent of pregnant  
15 women are abused by their spouses or partners.

16 If there aren't confidential  
17 requirements in place, and again, we've heard  
18 testimony about how women entering these crisis  
19 pregnancy centers would be led to believe that  
20 they would have medical privacy, the chances that  
21 this could be disclosed publicly could risk them  
22 harm, both to their informational privacy but also  
23 for those women who are battered.

24 COUNCIL MEMBER LAPPIN: I'd like to  
25 ask the other members of the panel. Joan, you

1  
2 mentioned that rooms are often set up to look like  
3 doctor's offices. Ms. Conlin said something about  
4 the way the centers are set up to deceive. I was  
5 hoping that you could give us some examples about  
6 if were a woman and you walked in, why you think  
7 this looked like a medical facility.

8 JOAN MALIN: I think Balin can  
9 address that as well. We've had numerous cases  
10 where people have walked into those centers  
11 believing that they were at Planned Parenthood.  
12 They were in a waiting room. There's some  
13 information available. It's only once they get  
14 inside and begin talking to someone they realize  
15 this is not medical care and they're not getting  
16 the kind of comprehensive information that they  
17 thought they would get. But the place does look  
18 like a medical facility.

19 COUNCIL MEMBER LAPPIN: They're  
20 offering pregnancy tests which lead people to  
21 believe.

22 BALIN ANDERSON: With the patients,  
23 some of them that I've spoken with, I have heard  
24 over and over again that it's misleading  
25 advertising that leads them initially to think



1  
2 that this is a health care facility. So they're  
3 drawn in by some advertisement that leads them to  
4 believe this facility is an abortion provider. So  
5 arriving to the center, they proceed with that  
6 notion, even though it may not appear to be a  
7 medical center and they may have some sense  
8 something's a little strange here. They're asking  
9 me questions or sort of delaying my access to  
10 care. Women start to catch on. But initially  
11 their impression is I believe because of the way  
12 that the advertising is written and also how the  
13 staff approaches them and directs them in a way  
14 that we're familiar with from our visits to the  
15 doctor's office.

16 COUNCIL MEMBER LAPPIN: I think as  
17 Planned Parenthood testified and gave two examples  
18 of crisis pregnancy centers that are in the same  
19 building or across the street from your facility.  
20 It's my understanding that there are people who  
21 are even hired to stand outside those centers and  
22 prey upon your staff. Have you witnessed that?

23 JOAN MALIN: In fact, Balin did  
24 give an example of that, of someone who stood on  
25 the same floor as our Bronx center at the elevator

1  
2 waiting for someone and then basically moving them  
3 upstairs.

4 COUNCIL MEMBER LAPPIN: So would  
5 you say that's purposefully deceiving?

6 JOAN MALIN: Yes.

7 COUNCIL MEMBER LAPPIN: I wanted to  
8 ask NARAL a couple of questions about your study.  
9 When your volunteers called the crisis pregnancy  
10 center seeking an abortion or an abortion  
11 referral, were they told that those centers did  
12 not provide those services?

13 KELLI CONLIN: They were not told  
14 that at all. In fact, they had to ask  
15 specifically if they did provide comprehensive  
16 services before they got answers.

17 COUNCIL MEMBER LAPPIN: When your  
18 study volunteers asked for contraception, what  
19 were the responses that they received at those  
20 centers?

21 KELLI CONLIN: They were told that  
22 the centers would not provide contraception.

23 COUNCIL MEMBER LAPPIN: The clients  
24 who visit a Planned Parenthood Center, is their  
25 information kept confidentially?

1  
2 JOAN MALIN: Yes. We are a  
3 regulated diagnostic treatment center, Article 28.  
4 We follow all HIPAA requirements. In fact, beyond  
5 what's required of us by law, because of the  
6 nature of the work that we do, we take  
7 confidentiality incredibly seriously. So all  
8 information is private.

9 COUNCIL MEMBER LAPPIN: I thought  
10 it was interesting that a reporter who went  
11 undercover into a number of different facilities  
12 noted in her story that was published in the *New*  
13 *York Times* that a Planned Parenthood center was  
14 the only center that she visited that mentioned  
15 adoption as an option.

16 JOAN MALIN: We provide what is  
17 called nondirective counseling, which means that  
18 we will provide the full range of options  
19 available and discuss that with the patient to  
20 allow her to make the best decision for herself.  
21 That full option means carrying the pregnancy to  
22 term, an adoption referral, or an abortion. We  
23 also have licensed social workers who provide that  
24 kind of counseling when we think there's a case  
25 that requires additional professional care to make

1  
2 sure, again, that women feel that they are in a  
3 safe confidential place and can make the best  
4 decision for themselves and their families.

5 COUNCIL MEMBER LAPPIN: My last  
6 question, and I see the chair has walked back into  
7 the room, is if you could just discuss the  
8 difference between walking into an office where a  
9 volunteer might give you advice or counseling  
10 versus walking into a medical facility and getting  
11 health care when you're a pregnant woman.

12 JOAN MALIN: Walking into a medical  
13 facility means that you're going to fill out  
14 forms, you're going to sign a HIPAA compliance  
15 requirement, which makes very clear on paper that  
16 all of this information is confidential. You're  
17 going to see a medical provider who will reiterate  
18 that. There's physical exams as well as  
19 counseling. Whatever time is taken is needed to  
20 make sure that you have full information. We  
21 follow all of the laws, all the regulations in  
22 making that happen.

23 COUNCIL MEMBER LAPPIN: You're  
24 providing unbiased, medically accurate information  
25 by licensed professionals.

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JOAN MALIN: Exactly.

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COUNCIL MEMBER LAPPIN: Okay.

4

Thank you.

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CHAIRPERSON FERRERAS: Thank you so

6

much. Excuse my leaving. We needed to have

7

quorum in a vote downstairs in a Parks Committee.

8

I have a question for NARAL. When your study

9

volunteers asked for contraception at the LSPCs,

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what responses did they receive? I'm sorry if I'm

11

repeating it.

12

JOAN MALIN: That's okay. I'll

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repeat the answer.

14

CHAIRPERSON FERRERAS: Thank you.

15

JOAN MALIN: They were told that

16

the centers did not offer contraception and they

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couldn't get it there.

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CHAIRPERSON FERRERAS: Council

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Member Halloran?

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COUNCIL MEMBER HALLORAN: Thank

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you. First to NARAL with regards to this report

22

that was generated. How many CPCs are there in

23

the city of New York?

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KELLI CONLIN: Twenty-six.

25

COUNCIL MEMBER HALLORAN: Twenty-

1  
2 six. How many Planned Parenthood centers or  
3 facility providers that are in the network are  
4 there?

5 JOAN MALIN: We have three health  
6 care centers and one community mobile unit in  
7 Staten Island which will shortly become a center.

8 COUNCIL MEMBER HALLORAN: Become a  
9 center, okay. When the research was being done,  
10 was scientific method used?

11 KELLI CONLIN: Scientific method  
12 was not used. However, it was accurately sought  
13 and delivered by the staff of the centers.

14 COUNCIL MEMBER HALLORAN: So you  
15 would agree with me though from a social sciences  
16 perspective this is not a scientifically  
17 controlled survey.

18 KELLI CONLIN: That was never the  
19 intent.

20 COUNCIL MEMBER HALLORAN: I'm just  
21 asking you to agree with me that from a social  
22 sciences perspective this is not what we would  
23 call a competent survey to provide statistical  
24 data.

25 KELLI CONLIN: Correct. Usually

1

2

when you use volunteers it's not.

3

COUNCIL MEMBER HALLORAN: How many cases did you investigate in the course of this?

4

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KELLI CONLIN: We investigated all of the 26 crisis pregnancy centers in New York.

6

7

COUNCIL MEMBER HALLORAN: You said you spoke with persons who had been to CPCs, correct? Am I wrong in that?

8

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KELLI CONLIN: We had volunteer investigators who actually spoke on the phone to crisis pregnancy center staff.

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COUNCIL MEMBER HALLORAN: But in addition to that, didn't you also indicate that you spoke with persons who had visited CPCs independently and had experienced terrible things? No, that was just Planned Parenthood?

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KELLI CONLIN: That was Planned Parenthood.

19

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COUNCIL MEMBER HALLORAN: Could I switch that to Planned Parenthood then, just on that question? How many people did you speak to who had these experiences at CPCs?

21

22

23

24

BALIN ANDERSON: What I can describe to you is that our staff began to become

25

1  
2 aware that this was an issue. Many of our  
3 patients were coming in for services having been  
4 delayed, very emotionally upset by the experiences  
5 that they'd encountered. So because of that  
6 anecdotal evidence, we began a more concerted  
7 effort to document every case that came forward.

8 COUNCIL MEMBER HALLORAN: So how  
9 many did you document?

10 BALIN ANDERSON: I'm sorry. Now  
11 that said, we weren't asking and surveying every  
12 patient that came in to our center. If there was  
13 a disclosure, we were attempting to document it.

14 COUNCIL MEMBER HALLORAN: Did you  
15 document any disclosures?

16 BALIN ANDERSON: Yes, we did.

17 COUNCIL MEMBER HALLORAN: How many?

18 BALIN ANDERSON: Me personally,  
19 I've documented 12. I'm one of the social workers  
20 on staff.

21 COUNCIL MEMBER HALLORAN: How many  
22 have been documented in total?

23 JOAN MALIN: I would have to get  
24 the full number for you. I don't know.

25 COUNCIL MEMBER HALLORAN: Could you



1  
2 estimate the number for me? I mean she said it's  
3 12. How many social workers do you have?

4 JOAN MALIN: I'd rather not  
5 estimate it. I'd rather get you an accurate  
6 figure.

7 COUNCIL MEMBER HALLORAN: Would you  
8 say it's less than 100?

9 JOAN MALIN: Yes, since we've only  
10 been taking the information in the last four to  
11 five months. Yes, I would say it's less than 100.

12 COUNCIL MEMBER HALLORAN: How many  
13 abortions are provided by Planned Parenthood in  
14 the New York City area in a year?

15 JOAN MALIN: One of the things I do  
16 want to say is that the numbers you gave out  
17 before I do not recognize.

18 COUNCIL MEMBER HALLORAN: I'm  
19 asking.

20 JOAN MALIN: I don't think this is  
21 about the services that we provide at Planned  
22 Parenthood, and I'm very proud of the full range  
23 of health care services that we provide, but this  
24 hearing is really about access to timely accurate  
25 information. We're not saying that crisis

1  
2 pregnancy centers should not exist. We're just  
3 saying they need to provide accurate, timely  
4 information.

5 COUNCIL MEMBER HALLORAN: I'm not  
6 disagreeing. I understand that's your position.  
7 But one of the issues that's been raised in this  
8 hearing is truth in advertising. So I'm trying to  
9 get to that.

10 JOAN MALIN: The truth in  
11 advertising is we provide abortion services and we  
12 provide the full range of reproductive health care  
13 services. The overwhelming majority of the  
14 services that we provide are preventive health  
15 care services for women.

16 COUNCIL MEMBER HALLORAN: Is it  
17 accurate that for every 120 abortions there is a  
18 single referral to adoption in Planned Parenthood  
19 in New York City?

20 JOAN MALIN: I would be more than  
21 happy to sit down with you with my staff with all  
22 the data in front of me and walk you through these  
23 numbers.

24 COUNCIL MEMBER HALLORAN: Okay. I  
25 guess that you're not going to answer. One of the

1  
2 things that you indicated in your testimony was  
3 that when they were asked the question, meaning to  
4 CPCs, could they provide contraception, they were  
5 told no, we cannot provide that. That's because  
6 they're not licensed medical facilities. So that  
7 is the answer they're supposed to give to the  
8 question of can you provide contraception, yes?

9 KELLI CONLIN: The problem is they  
10 only said that after being proactively asked. I  
11 mean, it's true, if they had volunteered that,  
12 most times what a facility will say is that even  
13 if they don't offer contraception they will do a  
14 referral. These people did none of that. In  
15 fact, it was only when the questioner started  
16 asking did she get information of any kind and was  
17 told that they couldn't provide it.

18 COUNCIL MEMBER HALLORAN: But  
19 again, you do agree with me that under current  
20 state law, if someone is pretending to practice  
21 medicine there is a mechanism to solve that. It's  
22 a referral to the state and the State Department  
23 of Health would investigate and prosecute someone  
24 who misrepresented the practicing of medicine in  
25 the state of New York. Yes?

1  
2 KELLI CONLIN: Yes. And that is  
3 not the point. The point here is access to  
4 timely, accurate information. When you have a  
5 young person walking into a place believing that  
6 they're going to be given medical care and not  
7 given that care and then delayed in access to that  
8 service, you're doing a great harm to that  
9 individual. What we want to ensure is we don't  
10 want crisis pregnancies to go out of business.  
11 They can stay. They just need to be accurate,  
12 make accurate referrals and let people know  
13 they're not giving the full information.

14 COUNCIL MEMBER HALLORAN: Okay.  
15 Would you agree with me, I asked the deputy  
16 commissioner of the Department of Consumer  
17 Affairs, Sisters of Life, the Bridge to Life and  
18 Maternity Birth Care Services, would you be  
19 deceived in the name of that and believe it  
20 provided abortion services to either of those  
21 three organizations?

22 KELLI CONLIN: You know, I actually  
23 do believe that someone could be deceived, Council  
24 Member, because I think that you and I are fully  
25 versed in all of the jargon language, propaganda

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of various movements, ours included.

COUNCIL MEMBER HALLORAN: I appreciate that.

KELLI CONLIN: But I assume that you can't make the assumption that every teenager in New York or every young woman in New York has the same level of knowledge about those terms. So I think that one of the things that I think is in issue here is for us the reason we conducted our survey partly was because of the information we were receiving from Planned Parenthood but partly it's because it really doesn't pass the laugh test when they open these clinics across the street or right next door or have something that's so close in proximity. New York City is a big city. It just doesn't pass the laugh test of coincidence that they're opening right next door or across the street.

COUNCIL MEMBER HALLORAN: I don't disagree with you that there are some concerns. I will be the first to tell you that I am not taking a position on whether or not there should be some form of regulation for a variety of things. But the commissioner of the Department of Consumer

1  
2 Affairs conceded here that she doesn't regulate a  
3 single not-for-profit other than this law which  
4 intends to go forward in relationship to offering  
5 services which they don't provide.

6 JOAN MALIN: If I could just try  
7 and respond to that a little bit. First of all,  
8 she said she wasn't sure. Secondly, many  
9 nonprofits have contracts for their services and  
10 they get paid funds to provide those services.  
11 Therefore, they are under regulations and they are  
12 under requirements to meet the scope of service  
13 under that contract. If they don't meet that,  
14 they will be de-funded. So there is a way for the  
15 public to ensure that their dollars are being  
16 wisely spent. In these cases, there's not that  
17 kind of contractual relationship nor is there any  
18 other way to ensure what they're doing meets the  
19 requirements of what we would consider to be good  
20 consumer practice.

21 COUNCIL MEMBER HALLORAN: But  
22 again, and I'm sure you'd agree with me that the  
23 public gets to choose what not-for-profit it funds  
24 and doesn't fund. The city of New York I think  
25 gives several million dollars to various Planned

1  
2 Parenthood type organizations, including Planned  
3 Parenthood. It gives less than \$50,000 to groups  
4 that are CPCs. So while I appreciate the fact  
5 that we can regulate them when we give them  
6 dollars, the reality is most of these CPCs do not  
7 operate with government funds.

8 JOAN MALIN: Right. But that  
9 doesn't meant they shouldn't be required to meet  
10 some kind of standards.

11 COUNCIL MEMBER HALLORAN: I  
12 appreciate that.

13 CHAIRPERSON FERRERAS: Council  
14 Member, I'd like to remind you we have some other  
15 Council Members that would like to ask questions  
16 and we do have over 50 here to testify today.

17 COUNCIL MEMBER HALLORAN: Sure.  
18 Let me just ask if in the course of this non-  
19 scientific survey, did you document a single  
20 instance of anyone saying they were a licensed  
21 medical provider or that they provided actual  
22 medical treatment facilities or anything of that  
23 nature?

24 KELLI CONLIN: No one lied about  
25 it. There were actually those who did say they

1  
2 had and did have medical providers on staff. I  
3 don't know how frequently those medical providers  
4 were in their offices, but they were not  
5 deceitful.

6 COUNCIL MEMBER HALLORAN: Okay.  
7 Let me ask one more question. Do you have a  
8 single instance of information release in your  
9 evidence that shows that any of these CPCs  
10 distributed personal information to these women in  
11 a public venue, public forum and if so what was  
12 the context and what was the level of the breach  
13 of security? Was it anonymous, or something else?

14 BALIN ANDERSON: I'd be happy to  
15 share a patient experience who went to a CPC,  
16 provided personal information, including the  
17 location where she worked and some of the CPC  
18 staff members came to where she worked.

19 COUNCIL MEMBER HALLORAN: So other  
20 than that, do you have any documented instance of  
21 web release of information, distribution of  
22 person's names to third parties, anything that was  
23 discussed when the chair brought up the dangers  
24 that she discussed? Do you have any documented  
25 instances of disclosure on that scale or in that



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venue or in that form that the chair alluded to?  
Do you have a single one?

JOAN MALIN: Nothing beyond showing  
up at work.

COUNCIL MEMBER HALLORAN: Thank  
you.

CHAIRPERSON FERRERAS: Other than  
that, I'd like you to speak to me a little bit  
more about that client and how she felt when these  
people showed up to her place of business.

BALIN ANDERSON: Sure. Now that  
wasn't the only egregious thing that the staff  
members of this CPC had done. In fact, they had  
been sending her text messages, harassing text  
messages inquiring if she had named her baby yet.  
Sort of tactics designed to emotionally manipulate  
her and I believe persuade her into carrying her  
pregnancy to term. So that was sort of the  
culmination of a series of interactions that had  
been very abusive. Initially deceptive insofar as  
she sought services there thinking that they were  
going to offer her a full range of her pregnancy  
options and referral for services that they didn't  
provide. So yes, showing up at her place of

1  
2 employment is sort of unimaginable but that wasn't  
3 the only way that they were manipulating and  
4 exploiting her.

5 CHAIRPERSON FERRERAS: Thank you.  
6 Council Member Reyna?

7 COUNCIL MEMBER REYNA: Thank you,  
8 Madame Chair. I just wanted to understand a  
9 little further. What option does a woman who  
10 enters a limited services site to be able to then  
11 exit that site and say, hmm, something's wrong and  
12 then where does she go? Can she report this to  
13 the police? Can she report this to a state  
14 government agency for oversight? Can she report  
15 this to the Better Business Bureau? Can she  
16 report this to the attorney general?

17 I've mentioned a few just for the  
18 sake of having an option. But express to me what  
19 does that client have as her right to understand  
20 exactly what she experienced and what is she  
21 reporting? Does she understand what she is  
22 reporting? Because I'd imagine that the situation  
23 that's calling you to enter a site such as this,  
24 whether you know or not, or limited to the  
25 information as to what the site is about, is

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2 already enough to not understand how to proceed  
3 thereafter.

4 KELLI CONLIN: I think Planned  
5 Parenthood can speak to this too in their  
6 experience. But my experience, with talking to  
7 women, is that people are in a situation where  
8 they want medical care and they want it  
9 sensitively and privately, given counseling and  
10 care. In most of the women that I've encountered  
11 are not in the position of wanting to flag  
12 something. They're not going to go to the Better  
13 Business Bureau or report them to the state  
14 attorney general. It is really our hope that  
15 through this legislation and others like it that  
16 we will begin the process.

17 We're at the very beginning of, I  
18 think, society understanding that these are  
19 facilities that we're only asking to be very  
20 upfront about what they provide and the services  
21 they provide and don't provide. We seek  
22 disclosure and we're hopeful that the new state  
23 attorney general will make a concerted effort into  
24 expanding this to the state level. You're  
25 absolutely right, Councilman, there needs to be

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studies and surveys conducted by state and city agencies. This was a first step. But I think that we can all agree that the more information the better on this.

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JOAN MALIN: Kelli has said it very well. I don't think there's more that we can say except that many of them do come to us because they know us, they trust us and they come in with these very difficult painful stories where they have felt misinformed, abused and just not clear what their recourse is going to be. They're already in somewhat of a crisis coming in for services. This just compounds that. So they're clearly not thinking about where can I go legally to try and stop this. What they're looking for is how do I get the best medical help I can get. That's why we're glad that Planned Parenthood is there to do that.

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COUNCIL MEMBER REYNA: But currently there isn't an option for a client to report this.

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JOAN MALIN: Right. This would give an option to be able to do that.

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COUNCIL MEMBER REYNA: Would you

1  
2 agree or disagree that there is a higher chance of  
3 a client to be profiled because of their limited  
4 English and I want to say religious affiliation,  
5 but I'm trying to get at the scope of could there  
6 be an instance where a client is being profiled  
7 because of limitations and the deception is higher  
8 or increased because of it. Do you find that to  
9 be the case?

10                   So for instance, of the 12 women  
11 that you have expressed have disclosed through a  
12 conversation you've had with them that this is  
13 their circumstance, this was their experience,  
14 what was their demographic? Were they English  
15 speakers? Were they limited English speakers?  
16 I'm trying to understand--

17                   BALIN ANDERSON: [interposing] Who  
18 are the women who are having these experiences?  
19 That's a wonderful question. I work in the south  
20 Bronx and many of the patients that we serve are  
21 low income. Some of them may have Medicaid, but  
22 in general I would say it's a population that  
23 experiences a lot of barriers to accessing medical  
24 care. So in that way, I think that these centers  
25 are particularly coercive because they prey on

1  
2 someone's lack of health literacy, lack of access  
3 to care. So these people are very desperate,  
4 especially if it's a young woman experiencing an  
5 unwanted pregnancy. Maybe she's in an abusive  
6 relationship. These women are in crisis and  
7 they're desperate for help. So they see a sign,  
8 free pregnancy test, they need to confirm a  
9 pregnancy and that's what draws them in.

10           You asked earlier how long do they  
11 stay, can they freely leave? It does vary. I  
12 mean, some women, whether it's their own  
13 temperament or their education, their  
14 understanding about what's transpiring, their own  
15 feelings about their safety in that center, will  
16 leave very quickly. They'll stay for ten minutes.  
17 Others are held and maybe because they sort of  
18 respect this medical provider's authority and they  
19 don't want to be rude. They'll sit and be  
20 subjected to the graphic materials for hours. In  
21 my experience of the patients I have spoken with,  
22 many of them are low income, some are immigrant,  
23 most English speakers, but I've also spoken with  
24 women who speak only Spanish.

25           COUNCIL MEMBER REYNA: In the last

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case you had presented concerning the working client who was visited, did this client report to the authorities?

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BALIN ANDERSON: She has not reported to the authorities to my knowledge. I acknowledged this during my testimony. But firsthand I can really report just how difficult it is for a woman to share her story to a social worker in a confidential environment. Asking these women to come and speak to the City Council is a tremendous, tremendous request to make. So for many women, they want their access to services. They want the crisis to sort of remit. And they want to forget that they were manipulated and shamed in the ways that they were. So reporting is an additional burden on them in my opinion.

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COUNCIL MEMBER REYNA: So there's less opportunity for these clients to truly have an avenue to be able to say what has happened was a misguidance or going to the Consumer Affairs Department to report something like this is twice the burden of reporting it. It's not like you're reporting I was gouged by a price at the 99 cent

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store.

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BALIN ANDERSON: Exactly.

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COUNCIL MEMBER REYNA: And

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considering that the information we're trying to

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be transparent with today is not within our laws

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so that there is nothing to report, correct?

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BALIN ANDERSON: Besides what we're

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recounting and describing here, it's difficult to

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give a woman direction about where she can go.

11

Many of them do feel what's transpired is unjust.

12

I look forward to this legislation allowing me to

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be a better resource to these women, encouraging

14

them to come forward with their stories. That

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there is a mechanism where these agencies will be

16

held accountable.

17

COUNCIL MEMBER REYNA: Thank you.

18

Council Member Crowley. Again, a reminder, we

19

have over 50 here to testify today. So if we

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would limit the questions, I'd greatly appreciate

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it.

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COUNCIL MEMBER CROWLEY: Thank you,

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Madame Chair. I'll be brief. I believe in a

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woman's right to choose. But I also believe that

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a woman should have the option to know what her



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2 choices are. Planned Parenthood has three  
3 locations. They don't have a location in Queens.  
4 You're a nonprofit?

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JOAN MALIN: Yes.

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COUNCIL MEMBER CROWLEY: Earlier we  
7 heard statistics from the Department of Health  
8 percentage wise of how many pregnancies in New  
9 York are unplanned. The majority of pregnancies  
10 are unplanned, based on their statistics. But  
11 they didn't give real numbers. I know from being  
12 a Council Member that the people that I represent  
13 have limited access to health care. The people in  
14 the city have a growing limited access to health  
15 care.

16

What concerns me is what you  
17 provide at Planned Parenthood, you don't provide  
18 obstetrics, right?

19

JOAN MALIN: We provide the full  
20 range of reproductive health care and all  
21 gynecological care. We do not provide prenatal  
22 care, if that's what you're asking. Right.

23

COUNCIL MEMBER CROWLEY: Do you  
24 experience obstacles when women seek prenatal  
25 care?

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2 JOAN MALIN: No. I mean, in fact  
3 in New York City, there are a number of providers  
4 who do provide prenatal care. What we have are  
5 dedicated referral relationships with hospitals  
6 around the city where we make those referrals and  
7 we keep an ongoing communication as a client of  
8 ours, with appropriate confidentiality with the  
9 hospitals that they go to. So for example, our  
10 Bronx center works closely with Lincoln Hospital  
11 and with Columbia Presbyterian. At Margaret  
12 Sanger we work with Beth Israel. In Brooklyn we  
13 work with Brooklyn Hospital and Long Island. So  
14 we have dedicated prenatal networks of care to  
15 make sure that women do not fall through the  
16 cracks.

17 COUNCIL MEMBER CROWLEY: But you  
18 don't know what percentage of unintended  
19 pregnancies come before Planned Parenthood?

20 JOAN MALIN: No, I don't know the  
21 specific number off the top of my head. I would  
22 be happy to meet with you afterwards and go  
23 through the data.

24 KELLI CONLIN: Can I just add that  
25 there actually are other providers here today.

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Although Planned Parenthood is not in Queens,  
actually there are providers in Queens.

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COUNCIL MEMBER CROWLEY: Do you see  
after this bill becomes a law that these centers  
could help with counseling, that you could work  
together in the future?

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JOAN MALIN: I would find that  
difficult because I would want to ensure that  
women receive the full range of counseling that  
they need. I do believe that when a woman is  
coming in for a pregnancy test she needs to be  
able to, in a private, confidential, safe space,  
be able to explore all of her options and then  
receive the appropriate level of care. I'm not  
clear that in my mind the crisis pregnancy centers  
would be able to provide that.

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COUNCIL MEMBER CROWLEY: Do you  
believe that when a woman goes into a gynecologist  
or an obstetrician's office that they're receiving  
the level of social care that you would provide.

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JOAN MALIN: I don't know that  
their counseling would be as good as ours but I do  
think they get appropriate medical counseling and  
referrals. I mean obstetricians are licensed by

1  
2 ACOG. They're licensed by the state. They have  
3 HIPAA requirements that they sign. So  
4 confidentiality is there. So they are obligated  
5 really to provide the full range of medical care.

6 COUNCIL MEMBER CROWLEY: I guess  
7 where I'm going with that is I just want to make  
8 sure that when an unintended pregnancy falls upon  
9 an obstetrician's office that the physician is  
10 making aware to the patient their options, their  
11 choices and I don't know that that is always the  
12 case.

13 CHAIRPERSON FERRERAS: Thank you,  
14 Council Member. I just wanted to ask Planned  
15 Parenthood because I want to bring it back to the  
16 real meat of the legislation, which is what was  
17 mentioned earlier. Can you speak to the potential  
18 dangers in delaying a woman from starting prenatal  
19 care?

20 JOAN MALIN: I think Dr. Blank went  
21 through this very well and described that it's  
22 very important early on to be able to know whether  
23 you're pregnant so that you can get the  
24 appropriate testing, counseling, nutritional  
25 guidance and medical guidance. With delaying

1  
2 that, it may make it a much more high risk  
3 pregnancy than it needs to be. Similarly, if a  
4 woman makes the decision for an abortion, it is  
5 important and it's helpful for her to be able to  
6 make that decision early on. We strongly  
7 encourage people to come in to get tested and to  
8 get counseling because the earlier you can provide  
9 services the better.

10 CHAIRPERSON FERRERAS: Do you  
11 provide sexually transmitted disease testing at  
12 your facility?

13 JOAN MALIN: Yes.

14 CHAIRPERSON FERRERAS: Thank you  
15 very much for your testimony today. We will be  
16 calling up the next panel. Chris Slattery,  
17 Expectant Mother Care; Cece Heil, ACLJ; Ms.  
18 Jennifer O'Neill, ACLJ; Tricia Clairmont, EMC.

19 [Pause]

20 CHAIRPERSON FERRERAS: We're still  
21 at afternoon, maybe evening. You may begin.  
22 Thank you so much for coming to testify today.

23 CECE HEIL: My name is Cece Heil.  
24 I'm senior counsel for the American Center of Law  
25 and Justice. Madame Chairman and members of the

1  
2 Council, the proponents of this bill would have  
3 you believe the public policy behind it is to  
4 protect women. But protect us from what? They  
5 assert that the ordinance protects women from a  
6 lack of information. It does not. The bill only  
7 targets one source of information, crisis  
8 pregnancy centers. If the sincere motivation were  
9 regulating the dissemination of information, then  
10 the bill would target all sources of pregnancy  
11 service information. It does not.

12           The proponents have alleged that  
13 lies are being promulgated by CPCs, specifically  
14 as to a probable link between breast cancer and  
15 abortion, as well as subsequent physical and  
16 psychological risks. However, these are medically  
17 verified links which cannot be categorized as  
18 lies. This is more thoroughly addressed in our  
19 extensive written testimony, which you have before  
20 you.

21           Again, if protection of women were  
22 sincerely the basis for this bill, the legislation  
23 would promote full disclosure as to the risk of  
24 harm associated with abortion. It does not.  
25 Further, sponsoring Council Members have

1  
2 repeatedly confirmed that this legislation was  
3 born out of a biased unsubstantiated document  
4 crafted by NARAL. If the goal of this bill were  
5 birthed out of a sincere desire to protect women,  
6 it would at the very least require some finding of  
7 fact or balance research between competing  
8 interests. It does not.

9           But let's talk a little bit about  
10 what this bill does, in fact, do. It does rely on  
11 an unspoken assumption that women are incompetent.  
12 We are not able to understand that abortion  
13 alternatives actually means alternatives to  
14 abortion. It is also a clear violation of the  
15 First Amendment as well as the laws of the state  
16 of New York. In unconstitutionally and illegally  
17 compels and simultaneously censors specific speech  
18 on the basis of viewpoint. Such discrimination is  
19 clearly prohibited.

20           In addition, this bill violates the  
21 equal protection and due process clauses of the  
22 Fourteenth Amendment by singling out CPCs for  
23 discriminatory treatment and by subjecting them to  
24 vague speech requirements under the threat of  
25 criminal and financial penalties.

1  
2 Finally, this legislation is  
3 brought under Title 20 Chapter 5 of the code  
4 dealing with unfair trade practices. As this  
5 legislation does not deal with any trade  
6 practices, this is not appropriate legislation  
7 before the Council. Therefore, should this body  
8 decide to go forward with this unconstitutional  
9 infringement of First Amendment rights based upon  
10 a subjective and unsubstantiated report, you would  
11 clearly be abridging not only the constitution but  
12 also the rights of the true sovereign, the people  
13 of the state of New York. Should this in fact  
14 happen, be assured that the ACLJ is prepared to  
15 and will defend these rights.

16 That the biased organizations  
17 Planned Parenthood and NARAL would shamelessly  
18 promote their agenda for personal gain is  
19 absolutely to be expected. This agenda has, in  
20 fact, been publicly expressed by NARAL not as the  
21 protection of women but as the taking down of  
22 CPCs. However, for a governmental body of elected  
23 officials sworn to uphold the United States  
24 Constitution and the laws of this state to  
25 overlook these laws in order to aid and abet these



1  
2 organizations with the implementation of their  
3 agenda through unconstitutional means is not to be  
4 expected and will be challenged immediately by the  
5 ACLJ in the United States District Court.

6 You are called to be the vigilant  
7 protectors of liberty and freedom. We simply ask  
8 that your decision reflect your oath of office.  
9 Thank you.

10 JENNIFER O'NEILL: Good afternoon.  
11 I'm Jennifer O'Neill. Thank you for the  
12 opportunity to speak to you on this issue.

13 CHAIRPERSON FERRERAS: I'm sorry to  
14 interrupt. Can we start the clock again please?

15 JENNIFER O'NEILL: I come to you  
16 under the umbrella, if you will, of experience  
17 overrides theory. I have written seven published  
18 books on the issue of abortion. I am the  
19 spokesperson for the Silent No More Awareness  
20 Campaign that deals with post-abortive issues and  
21 I am post-abortive. So I come from a very  
22 personal standpoint.

23 I had an abortion in the early 70s,  
24 in my early 20s. At that time, I became pregnant  
25 and the father was adamant about an abortion. I

1  
2 folded under the pressure, which in fact about 85  
3 percent of women do, are coerced in some fashion.  
4 I was told at that time, prior to ultrasound, that  
5 I was carrying a blob of tissue, a cluster of  
6 cells, not even a human being at that time. I was  
7 not given any other alternatives, if you will, any  
8 kind of support emotionally.

9 Abortion is not safe physically.

10 There are 140 documented medical immediate needs  
11 taken care of annually from post-abortive issues.  
12 There is infection, infertility. I personally had  
13 nine miscarriages along the way of having my three  
14 children. There are higher rates, in my opinion,  
15 of cancer.

16 Abortion is not safe emotionally.

17 If you were to listen to some of the statements of  
18 the women and men in Silent No More, there is a  
19 clear and simple message of higher rates of  
20 depression, suicide, drug and alcohol abuse to  
21 numb the pain, difficulties in intimate  
22 relationships, difficulties relating to the  
23 children you have, denial, insomnia.

24 Abortion is not safe spiritually.

25 Many, not everybody regrets their abortion, but

1  
2 many, many, many do. Spiritually, many are  
3 crippled. Emotionally carry on with guilt and  
4 shame, promiscuity happens, personal devaluation,  
5 the aftermath of abortion is devastating. Forty-  
6 three percent of women who have reached the age of  
7 55, church or non-church, have had an abortion and  
8 not all of them agree with the final result.

9           Our youth is ultimately pro-life  
10 because one-third of their generation is missing.  
11 The pain is real in post-abortive issues. It's  
12 not something we're making up. Abortion is not a  
13 quick fix. All I am saying is if I had the  
14 opportunity to have heard the various options of  
15 support for the pregnancy that I terminated, I  
16 would have given anything in the world to have had  
17 that opportunity. All we're talking about in  
18 these CPCs is they're offering an alternative to  
19 abortion. Thank you very much.

20           CHAIRPERSON FERRERAS: Thank you.  
21 If you could just make sure that you state your  
22 name before your testimony.

23           TRICIA N. CLAIRMONT: My name is  
24 Tricia Clairmont. On the 9th of November, I went  
25 to Planned Parenthood and saw a licensed social

1  
2 worker. I'm 28 weeks right now. I asked her  
3 could I have some help in just collecting some  
4 stuff to have my baby. She told me. They can't  
5 provide me with that assistance.

6 Then she told me at the end of the  
7 day, over 24 weeks it's illegal to have an  
8 abortion, but if I sign up today, I could say that  
9 I'm mentally disturbed and in anguish and pain and  
10 I would like to have an abortion. I told her no,  
11 I don't want an abortion, I just need some  
12 assistance. She told me they can't provide  
13 nothing for me.

14 So I asked her where is the EMC  
15 office. She told they're not in the building no  
16 more. Come to find out that same day, I found out  
17 they were on the 12th floor. Yes, they do have  
18 medical providers on the premises on Tuesdays.  
19 They do support you in every which way they can.  
20 So I believe that it's a good thing to have them.

21 They are very helpful in every  
22 which way, be it Mr. Chris Slattery and Mr. Chris  
23 Bell with the Good Counsel family homes that  
24 provide shelter for these women. And I would  
25 approve of it any day. So that's most of what I

1

2 have to say.

3

CHRIS SLATTERY: Thank you, Tricia.

4

For every single testimony you can provide of a

5

person you claim was harmed at an EMC center or

6

another crisis pregnancy center, I can give you

7

100 testimonies of women that'll actually show up

8

if we had the time, who have been harmed.

9

CHAIRPERSON FERRERAS: I'm sorry.

10

Can you just state your name?

11

CHRIS SLATTERY: Yes, of course.

12

CHAIRPERSON FERRERAS: We'll start

13

you again.

14

CHRIS SLATTERY: My name is Chris

15

Slattery. I founded EMC in 1984. We're the

16

oldest and the largest of the crisis pregnancy

17

centers in New York City. I'm a lifetime New

18

Yorker. We have counseled a majority of the women

19

in the situations we're talking about today.

20

We've counseled over 100,000 women and girls in

21

the last 25, 26 years in New York City. We

22

operate 12 centers in four of the five boroughs,

23

not Staten Island.

24

Just a few days ago, I read a

25

statement on NARAL New York's site inviting women

1  
2 to come in today to tell you testimony so we can  
3 bring them down. I read some interesting comments  
4 of the Chairwoman. "The fact that there are anti-  
5 abortion groups operating fake health centers in  
6 order to terrorize vulnerable women into forging  
7 their reproductive rights is an outrage. Abortion  
8 alternative centers function as retail fronts for  
9 an ideology that is profoundly anti-women." Later  
10 she said these centers counsel to follow medieval  
11 doctrines regarding reproductive health.

12 I'm here to tell you that 38,000  
13 women have carried through those medieval  
14 doctrines of actually carrying a baby to term in  
15 the last 25 years with our centers. We don't  
16 terrorize women. Our organization is primarily  
17 run and staffed by women. I think it's pretty  
18 offensive to say that our organization is anti-  
19 women and that we terrorize women.

20 When we can bring you untold  
21 stories of terrorism like this young woman right  
22 here who was advised to get an illegal felonious  
23 third trimester abortion in Planned Parenthood in  
24 Brooklyn just last week. That's a felony to  
25 advise a woman to get an illegal, bogus third

1  
2 trimester abortion. Advised by a person, and we  
3 will name names and we are considering taking  
4 legal action. As I say, we can document thousands  
5 of experiences, negative, at abortion clinics in  
6 New York.

7           We have had and still have medical  
8 affiliations in our centers. We have in the past  
9 had affiliations with Interfaith Medical Center  
10 and Methodist, St. Vincent's and Our Lady of Mercy  
11 and currently have affiliations with Downstate  
12 Medical Center, Lennox Hill Hospital and Bronx  
13 Lebanon. We used licensed board-certified OB/GYNs  
14 who are certified to practice medicine in the  
15 state of New York in centers in Brooklyn,  
16 Manhattan, the Bronx and Queens. They're not in  
17 our offices every day. No  
18 obstetrician/gynecologist is in his office every  
19 day. They're out doing what they do best, deliver  
20 babies. We have served women admirably in the  
21 last 25 years. We're opposed to bill 371.

22           CHAIRPERSON FERRERAS: Thank you.  
23 This question is to you, sir. How many locations  
24 do you currently operate?

25           CHRIS SLATTERY: Twelve.

1  
2 CHAIRPERSON FERRERAS: Is there,  
3 and you may have already mentioned this in the  
4 testimony, but I just want to have your clear  
5 testimony. So I'm sorry if you have to repeat  
6 yourself. Is there a licensed medical provider  
7 available at each location?

8 CHRIS SLATTERY: No. Some of our  
9 sites are just for counseling and pregnancy  
10 testing, self-tests, which we were ordered to do,  
11 by the way, by the New York State Department of  
12 Health in 1987. We were not allowed for our staff  
13 to do pregnancy tests. There was a comment and a  
14 crack made earlier about that policy and  
15 procedure. It's practiced statewide, a policy of  
16 self-testing. It was forced on us because of  
17 antiquated pregnancy testing laws in the state of  
18 New York.

19 CHAIRPERSON FERRERAS: How do you  
20 differentiate between the sites that have medical  
21 providers and those that don't? Can you be a  
22 little more clear?

23 CHRIS SLATTERY: We have  
24 ultrasounds and prenatal care in about five or six  
25 locations. We operate with inside diagnostic and



1  
2 treatment centers, medically licensed clinics in a  
3 number of locations. In other places we work with  
4 private physicians who come into our space or we  
5 go into their space.

6 CHAIRPERSON FERRERAS: Would a  
7 woman that's walking into your facility know if  
8 that specific facility has a licensed medical  
9 provider?

10 CHRIS SLATTERY: If she asks, yes.

11 CHAIRPERSON FERRERAS: She would  
12 have to ask. She wouldn't know upon going in to  
13 the facility?

14 CHRIS SLATTERY: Well we don't  
15 automatically just introduce her to our staff in  
16 the office. We first do testing, counseling and  
17 then make appointments for ultrasounds or for  
18 prenatal care on the days which we have those  
19 options available.

20 CHAIRPERSON FERRERAS: Do you do  
21 testing before she's informed of the appointment  
22 that she has to schedule?

23 CHRIS SLATTERY: A first visit,  
24 usually a pregnancy test will be done because we  
25 need to make sure that we know we're dealing with

1  
2 a pregnant woman. Were you getting at something  
3 else? Did I not understand your question?

4 CHAIRPERSON FERRERAS: I'm sorry.  
5 I want to know, do you perform a pregnancy test  
6 before she knows if there's a licensed medical  
7 provider onsite?

8 CHRIS SLATTERY: That might be the  
9 case. But in the state of New York, the way we do  
10 pregnancy tests doesn't require a physician to be  
11 present. The testing is done on a self-test  
12 basis, which is what we were ordered to do in 1987  
13 by the New York City Department of Health. We  
14 created a standard of self-testing under the  
15 auspices of the New York City Department of  
16 Health. This is actually being done across the  
17 United States in most pregnancy centers when there  
18 is not a doctor present. We even do self-testing  
19 when there are doctors present.

20 CHAIRPERSON FERRERAS: Do you  
21 provide a refer for testing for sexually  
22 transmitted diseases or HIV?

23 CHRIS SLATTERY: Yes, we do. We do  
24 it in some of our offices, when there's doctors  
25 present. We don't do it when there is not a

1

2 doctor present.

3

4

CHAIRPERSON FERRERAS: What types  
of information do you request of your clients?

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CHRIS SLATTERY: Personal  
information that's important and confidential.  
This is kept confidential. I think it's possible  
that the person that was being referred to by  
Planned Parenthood about a person going to their  
office, one of my staff might have done that. But  
that never would have been done if it hadn't been  
a situation where there had been a relationship  
develop between the counselor and the client.  
There was an invitation to come to the office.

We would never go to a home or an  
office of anyone without their permission. In  
fact, we wouldn't text someone. We wouldn't call  
them back. We would never violate someone's  
confidentiality intentionally. We have a concern  
about confidentiality that I'll get into if you'll  
give me a second.

22

23

24

25

That is this: most of you don't  
know that the state of New York mandatory  
reporting laws don't allow the reporting of  
statutory rape unless girls are 12 years old and

1  
2 younger and rape is alleged by a family member or  
3 a legal guardian. This, in our opinion, protects  
4 child predators in New York State from being  
5 exposed because most often the only place you're  
6 going to find out about rape, child exploitation  
7 and incest is in abortion or pregnancy-related  
8 facilities.

9           You by mandating that we have this  
10 new confidentiality rule will prevent us from  
11 contacting the police if we believe there's an  
12 abusive relationship between the man that got the  
13 girl pregnant or the pimp that's behind her. It  
14 was just this week there was a report there are as  
15 many as 7,000 girls and women in child  
16 prostitution in the city of New York. If we  
17 discover that, your law will prevent us from  
18 reporting it to the FBI or the police.

19           CHAIRPERSON FERRERAS: I want to be  
20 clear. At your facilities, you ask whether a  
21 woman has been raped and don't keep that  
22 confidential.

23           CHRIS SLATTERY: We advise women  
24 who have been raped to report it to the police.  
25 But if the girl is particularly young and we

1  
2 believe she is in danger, we believe we have a  
3 moral obligation to report it to authorities. We  
4 are hearing reports. This week we were told by  
5 City Council Members, they had been to a recent  
6 symposium where they've learned the facts about  
7 child exploitation in our city, where women are in  
8 bondage and slavery and repeated forced  
9 prostitution. If we discovered such a client, we  
10 suspected it, we want the right to be able to go  
11 to the FBI and the authorities. You're out to  
12 protect the health and safety of women. But this  
13 law would prohibit us from protecting women.

14 CHAIRPERSON FERRERAS: I'd like to  
15 go back to the personal information that you  
16 collect. Can you give me an example of what it is  
17 that you collect when a woman comes in?

18 CHRIS SLATTERY: Names, addresses,  
19 phone numbers. Again, we won't write or call or  
20 follow-up anyone that says don't.

21 CHAIRPERSON FERRERAS: Names,  
22 addresses, phone numbers, meaning more than one,  
23 so you would have--

24 CHRIS SLATTERY: [interposing]  
25 Because in the old days when people had land

1  
2 lines, and the poor would often have their phones  
3 disconnected. So we'd have to get two or three  
4 numbers, the mother, the grandmother, just in case  
5 we wanted to reach her. But we would always use  
6 delicacy and confidentiality in follow-up. I  
7 don't believe this story of our counselor going to  
8 someone's office without permission. Impossible.  
9 It would never happen. We've never been sued.  
10 With 100,000 girls and women served in the last 26  
11 years, we've never had a lawsuit.

12 CHAIRPERSON FERRERAS: Okay, thank  
13 you.

14 CHRIS SLATTERY: For  
15 confidentiality or any issue.

16 CHAIRPERSON FERRERAS: Council  
17 Member Lappin?

18 COUNCIL MEMBER LAPPIN: Thank you,  
19 Madame Chair. I have additional questions for Mr.  
20 Slattery. You mentioned that you had some  
21 facilities that were co-located in diagnostic  
22 treatment centers.

23 CHRIS SLATTERY: That's right.

24 COUNCIL MEMBER LAPPIN: Could you  
25 tell us how many?

1  
2                   CHRIS SLATTERY: I believe about  
3 three or four.

4                   COUNCIL MEMBER LAPPIN: What does  
5 that mean? I mean what's their relationship with  
6 that?

7                   CHRIS SLATTERY: That means we will  
8 use facilities in counseling rooms for our  
9 counseling of girls and women. Then in some cases  
10 in the facilities we're providing ultrasounds  
11 under the supervision of physicians by a certified  
12 ultrasonographer, who are graduates of the Sanford  
13 Brown Institute in New York City. We don't use  
14 volunteer ultrasonographers, we use professionals.  
15 We have prenatal care in some of these Article  
16 28s. Some of the Article 28s that we work in  
17 actually perform abortions and actually provide  
18 contraceptives. Does that shock you?

19                  COUNCIL MEMBER LAPPIN: Are you  
20 finished? Because I have--

21                  CHRIS SLATTERY: [interposing] I'm  
22 trying to fully answer your question.

23                  COUNCIL MEMBER LAPPIN: No, that's  
24 helpful. I have additional questions. You  
25 mentioned that you have some facilities that have

1 licensed medical providers and some that don't.  
2 So what kind of licensed medical providers? If  
3 you go through your 12 sites and explain to us  
4 which sites have medical providers and which don't  
5 and what license they hold. Are they a volunteer  
6 or are they an employee of your center?  
7

8 CHRIS SLATTERY: In Manhattan, we  
9 work in a couple of offices that are just office  
10 facilities where we do counseling and pregnancy  
11 testing.

12 COUNCIL MEMBER LAPPIN: That means  
13 there are no licensed medical providers?

14 CHRIS SLATTERY: That's right. But  
15 they're shared office space. We don't have the  
16 full use of the office. We can't even put signs  
17 on the doors. We don't own, we don't lease the  
18 full office. We share it with other businesses.  
19 In one case in Manhattan we are visitors. We come  
20 in with a counselor to an  
21 obstetrician/gynecologist office once a week.  
22 This doctor is a board certified OB/GYN with  
23 credentials at Lennox Hill Hospital.

24 In Brooklyn, we have a facility at  
25 44 Court Street. We have a physician arrangement



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with a team at a hospital in Brooklyn that come in on a weekly basis to provide prenatal care and STD testing.

COUNCIL MEMBER LAPPIN: How many hours per week?

CHRIS SLATTERY: Probably eight hours a week.

COUNCIL MEMBER LAPPIN: Does every patient who comes into that center have the opportunity to be examined by one of those medical providers?

CHRIS SLATTERY: Yes, by appointment.

COUNCIL MEMBER LAPPIN: But not every patient who comes in, obviously, the other days of the week. So if you're there that one day you get examined by a physician?

CHRIS SLATTERY: That's right. But we don't offer exams on the days we do not do them. As a matter of fact, have you ever seen our advertising on the subways?

COUNCIL MEMBER LAPPIN: Yes, I have.

CHRIS SLATTERY: It says free

1

2 abortion alternatives and free confidential  
3 options counseling, free pregnancy test and free  
4 ultrasound. That's all. It doesn't say anything  
5 about birth control. It doesn't say anything  
6 about a full range of medical services. When  
7 people call and ask for birth control, we tell  
8 them we don't provide it. We discuss natural  
9 family methods, which will be discussed further by  
10 other people here today.

11 COUNCIL MEMBER LAPPIN: Can you go  
12 through your other centers, so we can move on?

13 CHRIS SLATTERY: Sure. Queens, we  
14 have a doctor coming into our Roosevelt Avenue  
15 office on a weekly basis. He's a board certified  
16 OB/GYN.

17 COUNCIL MEMBER LAPPIN: How many  
18 hours per week?

19 CHRIS SLATTERY: One day a week.

20 COUNCIL MEMBER LAPPIN: Okay.

21 CHRIS SLATTERY: In our other  
22 office in Queens, it's inside a doctor's office  
23 but we just sublet space from that doctor and  
24 we're just in there once a week. In the Bronx  
25 it's more complicated. We have one ultrasound

1  
2 technician that's in a hospital clinic. Bronx  
3 Lebanon, they do abortions and contraceptives.  
4 We're working in their facility on the Grand  
5 Concourse. They don't do abortions in the clinic  
6 in which we work, but they do them in the main  
7 hospital. Their staff will refer for  
8 contraceptives. Our staff will not.

9 COUNCIL MEMBER LAPPIN: I'm sorry,  
10 if you could just back up. So that means that the  
11 doctors are employed and paid by you?

12 CHRIS SLATTERY: No, they work for  
13 Bronx Lebanon.

14 COUNCIL MEMBER LAPPIN: I'm not  
15 understanding the relationship.

16 CHRIS SLATTERY: We have an  
17 ultrasound technician who works for us and she's  
18 supervised by Bronx Lebanon.

19 COUNCIL MEMBER LAPPIN: Who pays  
20 her salary?

21 CHRIS SLATTERY: I do.

22 COUNCIL MEMBER LAPPIN: Okay.  
23 She's a physician?

24 CHRIS SLATTERY: No, she's an  
25 ultrasonographer. There are physicians that are

1

2 present in that clinic that are--

3

COUNCIL MEMBER LAPPIN:

4

[interposing] Are they supervising her work.

5

CHRIS SLATTERY: Yes, they do.

6

They have to. Because she's providing ultrasounds

7

and we don't do ultrasounds without supervision.

8

COUNCIL MEMBER LAPPIN: That's

9

happening how many hours a week?

10

CHRIS SLATTERY: Five days a week,

11

40 hours a week. Then we operate on a part time

12

basis in three All Med medical clinic offices in

13

the Bronx, which are licensed diagnostic and

14

treatment centers. We do prenatal care in one of

15

those offices and just counseling and testing in

16

the others. Then we refer to the main location

17

where they have the full services.

18

COUNCIL MEMBER LAPPIN: When you

19

say prenatal care, you mean doctors, nurses, or

20

midwives.

21

CHRIS SLATTERY: I mean prenatal

22

care for doctors to prepare the mother for her

23

eventual delivery of her baby.

24

COUNCIL MEMBER LAPPIN: Are they

25

prescribing prenatal vitamins?

1

CHRIS SLATTERY: Yes, they are.

2

3

COUNCIL MEMBER LAPPIN: Okay. So they're doctors, nurses or midwives.

4

5

CHRIS SLATTERY: That's right.

6

7

COUNCIL MEMBER LAPPIN: In those instances, do you gather insurance information from these women?

8

9

CHRIS SLATTERY: The clinic does that. We don't maintain the records of the clinic. They're confidential records of the clinic.

10

11

12

13

COUNCIL MEMBER LAPPIN: Do you at any of your 12 facilities collect insurance information from women?

14

15

16

CHRIS SLATTERY: Not EMC, no. Our partners do. Those that are providing prenatal care. That is their records, their confidential records. If a woman decides to keep an ongoing relationship with our counselor, she may share progress about her prenatal care and her social issues that are stressing her that she needs help with. Most of the follow up care that our EMC counselors provide is of a social nature. Maybe occasionally a little prodding to get to your

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2 prenatal care appointment.

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See, there was earlier testimony about the great concern about delayed treatment. That's a primary concern of ours. We share that. We have common ground on that. We want to get these girls into prenatal care.

Interestingly, Tricia, to my right, was looking for help at Planned Parenthood for her baby and for her needs. They basically said we can help you get an illegal third trimester abortion. She was looking for us. So when you're located in the same building as abortion clinics, sometimes it can work against you. It works both ways. This girl almost was coerced into an abortion when she didn't want one. It would have been an illegal, criminal abortion. We're going to be investigating whether a felony was committed. This woman will name names too and she has records.

COUNCIL MEMBER LAPPIN: I guess I'd just be curious to your response to the *Daily News* article about the woman who did visit an EMC office and was not examined and didn't receive any prenatal care or referrals to prenatal care even

1

2 through she was 23 weeks pregnant.

3

4 CHRIS SLATTERY: That woman that  
5 came from the *New York Times* to our office was a  
6 married woman.

6

7 COUNCIL MEMBER LAPPIN: It's  
8 actually a different woman I'm referring to. This  
9 was published in the *Daily News*.

9

10 CHRIS SLATTERY: *Daily News*, that  
11 was the ACLU attorney.

11

12 COUNCIL MEMBER LAPPIN: Not an  
13 attorney.

13

14 CHRIS SLATTERY: But she works for  
15 the ACLU.

15

16 COUNCIL MEMBER LAPPIN: Regardless.  
17 Sorry, continue.

17

18 CHRIS SLATTERY: She was an  
19 activist. She went in there not as a real patient  
20 looking for prenatal care. If she was, she would  
21 have been offered it. We would have gladly signed  
22 her up for prenatal care at our office, which is  
23 one of the things that we try to do.

23

24 COUNCIL MEMBER LAPPIN: How do you  
25 determine when someone walks in the door if  
they're an activist or they're not?

1  
2           CHRIS SLATTERY: Well, there are  
3 often very good telltale signs in the way they  
4 talk and they act compared with the people that we  
5 see normally. So it's sometimes easy to spot  
6 them.

7           COUNCIL MEMBER LAPPIN: I'm sorry,  
8 are you saying affirmatively that you knew that  
9 when Jennifer Carnig walked in the door that she  
10 was an activist and you treated her differently  
11 than somebody else?

12           CHRIS SLATTERY: I'm not going to  
13 say that she was treated differently, but we did  
14 know she was an activist because she acted in a  
15 way that gave herself away. My Linda Marzulla,  
16 who will testify later, if she got up the stairs,  
17 will gladly answer all your questions. She's been  
18 working for us for 11 years. She's a loving  
19 person. She's the one that was accused of being  
20 loved bombed by the *New York Times* activist  
21 reporter.

22           COUNCIL MEMBER LAPPIN: So when  
23 women walk in the door, do you normally do an  
24 assessment as to whether or not you believe that  
25 they are an activist or a real person seeking



1

2 help?

3

4

5

CHRIS SLATTERY: Whenever our staff deal with people, they look in their eyes and try to find out if they're genuine or not, yes.

6

7

8

COUNCIL MEMBER LAPPIN: So you provide different levels of assistance based on whether or not you feel people are genuine.

9

10

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CHRIS SLATTERY: Not at all.

COUNCIL MEMBER LAPPIN: That's what

you just said.

12

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17

CHRIS SLATTERY: No, no. You mentally store whether you're dealing with a real person or a phony as soon as you meet them. I mean, yeah, how can you treat a phony exactly in the same way you treat another person. I mean, the fact is I'm telling you honestly what happens.

18

19

COUNCIL MEMBER LAPPIN: Thank you very much.

20

21

22

CHRIS SLATTERY: Okay.

CHAIRPERSON FERRERAS: Council

Member Diana Reyna?

23

24

COUNCIL MEMBER REYNA: I just want to understand. Tricia, correct?

25

TRICIA N. CLAIRMONT: Yes.

1  
2 COUNCIL MEMBER REYNA: Thank you, a  
3 apologize. I just wanted to ask you a question.  
4 You had gone to the floor thinking that you were  
5 seeking a different provider, looking for  
6 services. I didn't quite understand what type of  
7 services you were requesting.

8 TRICIA N. CLAIRMONT: When I first  
9 went up the stairs, I saw Planned Parenthood. So  
10 I said okay, Planned Parenthood, they would be  
11 able to help me in whatever assistance that I'm  
12 really looking for because I'm trying to carry  
13 this baby full term, regardless of what situation  
14 I meet up with.

15 COUNCIL MEMBER REYNA: But up to  
16 that point, were you already receiving prenatal  
17 care?

18 TRICIA N. CLAIRMONT: Yes.

19 COUNCIL MEMBER REYNA: So what was  
20 the purpose of you being in the building?

21 TRICIA N. CLAIRMONT: Looking for  
22 some assistance probably just to find because you  
23 can't leave out of the hospital with a baby  
24 without a car seat. So I was really looking for a  
25 car seat. That's when Ms. Vazquez told me she

1  
2 can't help me no which way. But since I'm  
3 financially strapped, I could claim I'm mentally  
4 anguished and have an abortion today, which was on  
5 the 9th.

6 CHRIS SLATTERY: When she was above  
7 24 weeks.

8 COUNCIL MEMBER REYNA: I just want  
9 to understand exactly what the service that you  
10 requesting that brought you to the building. So  
11 you were specifically looking for Planned  
12 Parenthood, not EMC or the crisis center?

13 TRICIA N. CLAIRMONT: I was looking  
14 for EMC, which I didn't even know the name of it  
15 at the time. Because one of my girlfriends got  
16 assistance from them two years ago.

17 COUNCIL MEMBER REYNA: Right.

18 TRICIA N. CLAIRMONT: I just  
19 remembered the building. I didn't remember which  
20 floor I was going on.

21 COUNCIL MEMBER REYNA: Right.

22 TRICIA N. CLAIRMONT: When I went  
23 and I saw Planned Parenthood on the roster, I said  
24 okay, well it's probably them. When I went up,  
25 they explained to me that they can't help me.

1

2

COUNCIL MEMBER REYNA: You had specifically asked them for--

3

4

TRICIA N. CLAIRMONT: [interposing] Yes. I told her no, I don't want an abortion.

5

6

COUNCIL MEMBER REYNA: No, no, but what did you ask for?

7

8

TRICIA N. CLAIRMONT: I asked her if she could give me a referral or some sort of assistance in order to get a car seat.

9

10

COUNCIL MEMBER REYNA: Okay. Thank you.

11

12

TRICIA N. CLAIRMONT: You're welcome.

13

14

COUNCIL MEMBER REYNA: I just need to understand, through testimonies that I've read or the advocates have shared, that there is an interception of encountering clients. Is there an instance where a client is being profiled?

15

16

CHRIS SLATTERY: In the building where we are at 44 Court Street, did you know there were two abortion clinics, in addition to our place?

17

18

19

20

COUNCIL MEMBER REYNA: Do I know that there are two other abortion clinics?

21

22

23

24

25

1  
2                   CHRIS SLATTERY: There are two  
3 abortion clinics at 44 Court Street: Planned  
4 Parenthood and Dr. Emily's which also has a South  
5 Bronx facility.

6                   COUNCIL MEMBER REYNA: Okay.

7                   CHRIS SLATTERY: So in our  
8 building, there are three competing organizations  
9 that are--

10                  COUNCIL MEMBER REYNA:

11 [interposing] Three being, yours is the third?

12                  CHRIS SLATTERY: Yes.

13                  COUNCIL MEMBER REYNA: Okay.

14                  CHRIS SLATTERY: We obviously have  
15 women in that building that are pregnant and  
16 looking for the right floor. Sometimes they get  
17 confused and sometimes people looking for us end  
18 up at Planned Parenthood. Sometimes people  
19 looking for Planned Parenthood end up at our  
20 place. We don't tell them we're Planned  
21 Parenthood. We don't have the name Planned  
22 Parenthood on our doors. There's no close  
23 resemblance between EMC Pregnancy Center and the  
24 name Planned Parenthood. But the problem is that  
25 women that are looking for material assistance

1  
2 think the name of Planned Parenthood implies  
3 getting help in keeping your baby and continuing  
4 your pregnancy when their primary business is  
5 pushing abortion. They don't provide prenatal  
6 care. Neither of the abortion clinics in the  
7 building do, but we do.

8 COUNCIL MEMBER REYNA: Dr. Emily is  
9 the exception to both?

10 CHRIS SLATTERY: No, they don't  
11 provide prenatal care either. We provide prenatal  
12 care.

13 COUNCIL MEMBER REYNA: Dr. Emily is  
14 the third office?

15 CHRIS SLATTERY: Yeah.

16 COUNCIL MEMBER REYNA: They don't  
17 provide any type other than--

18 CHRIS SLATTERY: [interposing]  
19 Abortion.

20 COUNCIL MEMBER REYNA: You referred  
21 to the walk-ins. Some of the stories that were  
22 shared where they're being approached on the  
23 streets.

24 CHRIS SLATTERY: If our counselors  
25 in our building happen to see a woman that's

1  
2 looking lost, sure we might say if you're  
3 pregnant, come on up to our office. Sure. We've  
4 never gotten in trouble with our landlord for  
5 being offensive or being harassing to anybody in  
6 the building. We can tell you stories of what's  
7 happened at Planned Parenthood, but for another  
8 hearing maybe.

9 COUNCIL MEMBER REYNA: My last  
10 question is concerning reporting mechanisms.

11 CHRIS SLATTERY: Sure.

12 COUNCIL MEMBER REYNA: Where does  
13 one go, from the scenario that you've just shared  
14 concerning Tricia, go to the authorities to  
15 report?

16 CHRIS SLATTERY: This kind of case  
17 of Tricia?

18 COUNCIL MEMBER REYNA: Right. Has  
19 this been the case, previous to this one case, has  
20 this been shared in the past?

21 CHRIS SLATTERY: Well, there isn't  
22 a central place to go. You know, we've had very  
23 active--

24 COUNCIL MEMBER REYNA:  
25 [interposing] There is not you said?

1  
2                   CHRIS SLATTERY: No, no, no. We  
3 would love to have a place where we could report  
4 abuse of abortion clinics. We would really like  
5 that. When you've had a city with four million  
6 abortions in the last 40 years--did I say that?  
7 Yeah, four million abortions in the last 40 years  
8 in this city. You certainly have a lot of stories  
9 to tell and report. We'd like a place to send  
10 women who have been abused, killed, injured,  
11 misled at abortion clinics. Sure.

12                   COUNCIL MEMBER REYNA: Right now,  
13 there is no reporting mechanism for either party?  
14 Yes or no?

15                   CHRIS SLATTERY: I guess not.

16                   COUNCIL MEMBER REYNA: Thank you.

17                   CHAIRPERSON FERRERAS: Thank you.

18 A reminder to Council Members again, we're still  
19 over 50 people to testify, so please limit your  
20 questions. Council Member Halloran?

21                   COUNCIL MEMBER HALLORAN: Thank  
22 you, Madame Chair. Just a few questions. With  
23 regards to mandatory reporting. I want to clear  
24 up some ambiguities. I will be fair to both sides  
25 and I will call people to task when they don't



1  
2 exactly state the way things are. Under New York  
3 Social Services Law Section 413, you do not  
4 qualify as a mandatory reporter for abuse. Sort  
5 of the implication is that you're somehow looking  
6 the other way. Would you want the city of New  
7 York to impose a requirement on you to be a  
8 mandatory reporter?

9                   CHRIS SLATTERY: No, absolutely  
10 not. See, we are free now to report. We think  
11 the mandatory reporting law is completely un-  
12 protective of children and women. Actually, ACLU  
13 argues, and you may have someone in this room that  
14 can clarify it. Their position is it's a  
15 violation of privacy to disclose a pregnant woman  
16 who's been statutorily raped to the public  
17 authorities in almost all cases.

18                   An expert in the room is Kathleen  
19 Dooley-Polcha, with the Catholic Home Bureau. She  
20 is one of the 23 centers in the scope of this  
21 investigation. She is a mandated reporter because  
22 she has licensed social workers. She's an expert  
23 on this. I've learned much of what I've said from  
24 her.

25                   But I can tell you that if we can't

1  
2 report to public authorities without the  
3 permission of a minor, then we're going to be  
4 going to jail if we report a woman that we find  
5 out is in a child exploitation ring or been  
6 statutorily raped. I don't want to be in that  
7 situation because then we're morally responsible  
8 for having collaborated in that cover-up.

9 COUNCIL MEMBER HALLORAN: Let me  
10 ask you, there's been a lot of talk about  
11 disclosure and confidentiality. Is there a policy  
12 in place about confidentiality at these EMC  
13 facilities? Would you object to the city  
14 requiring you to maintain records confidentially  
15 as other quasi-counseling facilities that are  
16 subject to HIPAA are? Do you have a problem with  
17 that?

18 CHRIS SLATTERY: We practice  
19 confidentiality. But I've expressed my concerns  
20 that we always be able to report statutory rape  
21 and potential serial predators that are abusing  
22 women and the discovery of a possible child  
23 trafficking ring victim. But the law right now,  
24 the way it's written, would not allow that  
25 exception. If we didn't get a signature, we would

1  
2 not be able to report. But our attorneys brought  
3 up an issue that I don't know if maybe you know  
4 more about it, but our attorneys say that a minor  
5 can't sign these statements legally. That she is,  
6 in fact, not capable of legally having a binding  
7 contract as a minor. I don't know.

8 COUNCIL MEMBER HALLORAN: Well,  
9 that is one of the odd quirks in the law. They  
10 can sign to consent to have an abortion but they  
11 can't legally enter into a contract. That is a  
12 concern. While I appreciate your answer, I just  
13 want you to be clear. I think it would be fair to  
14 NARAL, to Planned Parenthood, if we are going to  
15 sort of have a level playing field that you answer  
16 the questions I ask you too.

17 Specifically, would you be opposed  
18 to the City Council regulating your  
19 confidentiality under some scheme of some kind,  
20 whether it's with the Department of Health or with  
21 the Consumer Affairs? Would you be willing or  
22 would you be supportive of the city doing that so  
23 that there is some protections guaranteed in how  
24 this process goes on? And the more so, to answer  
25 your point of what requirements you do have under

1  
2 the law, whether it will subject you to problems  
3 in required reporting or criminal issues. Are you  
4 not conceding by having some form of city, and I  
5 hate saying this and you can tell I hate saying  
6 this, having some form of city regulation here?  
7 Maybe what's necessary to ensure that you don't  
8 find yourselves in an unenviable legal position.

9           CHRIS SLATTERY: Well, in general,  
10 I mean I'd have to have our lawyers study the  
11 exact nature of the confidentiality rules. If  
12 they satisfied our concerns that we were allowed  
13 to protect the children which the state law does  
14 not currently protect, I would be okay with it.  
15 But I'm afraid of a little bit of abuse by the  
16 other side.

17           COUNCIL MEMBER HALLORAN: Again, I  
18 just want us to be fair to both sides here. I  
19 really wanted that answer because I unfortunately  
20 am drawing the conclusion that maybe there is  
21 something you need out of this in this respect.  
22 It's some legal clarity as to what your  
23 obligations may be and what the legal  
24 ramifications might be, absent some form of a mold  
25 of what should be done or not. I appreciate that,

1  
2 Mr. Slattery. Thank you for the work that you're  
3 doing.

4 CHRIS SLATTERY: Sure.

5 COUNCIL MEMBER HALLORAN: If I  
6 could just turn for one second and ask two  
7 questions with regards to the American Center for  
8 Law and Justice. I understand there are  
9 dimensions of this sound in First Amendment law.  
10 I had questions, although I wasn't on the Council  
11 when the clinic access bill went into effect. I  
12 have some strong First Amendment concerns in that  
13 bill as well. But certainly you're not saying  
14 that the City Department of Health doesn't have  
15 the right to regulate if health advice is being  
16 given, right? That's not part of this equation  
17 because these facilities are not providing per se  
18 health care, correct?

19 CECE HEIL: We're addressing  
20 specifically the legislation that's before us,  
21 which is under Title 20 Chapter 5, which is unfair  
22 trade practices under Consumer Affairs.

23 COUNCIL MEMBER HALLORAN: Right.  
24 Because it's under the ambit of Consumer Affairs  
25 and there's no other parallels to this and I do

1  
2 respect what was said that we're not sure that the  
3 deputy commissioner's position is that there may  
4 be or there may not be, but as far as my research  
5 indicates there's none in which we're required to  
6 proactively tell what we don't do at a facility.  
7 Is there inherently any issue with Department of  
8 Consumer Affairs from a constitutional  
9 perspective, licensing these facilities in  
10 general? Is there any constitutional issue there?

11 CECE HEIL: Well the constitutional  
12 issue is still the First Amendment because you  
13 cannot compel speech. So what this does is it  
14 violates the First Amendment on its face. Sorry,  
15 it violates the First Amendment on its face, so  
16 that's our position.

17 COUNCIL MEMBER HALLORAN: Again,  
18 just so that we're clear, in all of these  
19 discussions, many people have used the health  
20 issue as the red herring in the room with this.  
21 I'm very supportive of the notion of women being  
22 able to make their choices and have access to  
23 health care. That's not what any of this is  
24 talking about because none of this would go to the  
25 Department of Health. This would go to the

1  
2 Department of Consumer Affairs which means you're  
3 simply regulating what they believe to be  
4 commercial behavior, what you're alleging is First  
5 Amendment protected rights. Is that correct?

6 CECE HEIL: That is absolutely  
7 correct. We are bound by the legislation that's  
8 before us. Our whole document is analyzing the  
9 legislation under Title 20 Chapter 5.

10 COUNCIL MEMBER HALLORAN: Do you at  
11 least agree with me though that if things had been  
12 brought perhaps under the Department of Health,  
13 the rubric of public health law, we may find  
14 ourselves in a very different situation in  
15 examining this issue?

16 CECE HEIL: Well I can't really  
17 give a legal opinion to that since the ACLJ is  
18 here really to just address this legislation and  
19 not to advise the Council with legal matters.

20 COUNCIL MEMBER HALLORAN: I  
21 appreciate that, counselor.

22 CECE HEIL: If that situation comes  
23 up, we'll be here to address that as well.

24 COUNCIL MEMBER HALLORAN: Thank you  
25 very much. Nothing further.

1  
2 CHAIRPERSON FERRERAS: Thank you,  
3 Council Member Halloran. Can you just clarify,  
4 are you or are you not mandated to report? I kind  
5 of got lost in some of your response.

6 CHRIS SLATTERY: Our EMC counselors  
7 are not employees of medical institutions. They  
8 are not mandated reporters. But the physicians  
9 that we work with are.

10 CHAIRPERSON FERRERAS: Do you have  
11 physicians--

12 CHRIS SLATTERY: [interposing] We  
13 have separate records. We have the EMC counseling  
14 records which are our property. Then we make a  
15 referral within our institution, sometimes  
16 physically within the same building to a physician  
17 that works as the doctor, the private physician of  
18 our patients, now a client. Clients to patients.

19 CHAIRPERSON FERRERAS: Physicians  
20 aren't always necessarily at every one of your 12  
21 facilities, correct?

22 CHRIS SLATTERY: No.

23 CHAIRPERSON FERRERAS: Okay.

24 CHRIS SLATTERY: They can't  
25 physically be. It's impossible for an



1

2 obstetrician/gynecologist to be in an office all  
3 the time.

4

COUNCIL MEMBER HALLORAN: Madame  
5 Chair, just a point of information. Social  
6 Services Law mandates physical and mental health  
7 practitioners, social workers, marriage and family  
8 therapists, school offices, social service  
9 workers, day care providers, substance abuse  
10 counselors, law enforcement officials, district  
11 attorneys, and assistant district attorneys as the  
12 only mandatory reporters in the state of New York.

13

CHAIRPERSON FERRERAS: You have no  
14 MSWs at any of your facilities?

15

CHRIS SLATTERY: No, we don't.

16

CHAIRPERSON FERRERAS: Thank you,  
17 thank you.

18

CHRIS SLATTERY: In some of the  
19 clinics we work in there are, but they're not  
20 necessarily serving our clients.

21

CHAIRPERSON FERRERAS: Employed on  
22 your staff there are no MSWs, yes or no.

23

CHRIS SLATTERY: That's right.

24

CHAIRPERSON FERRERAS: All right,  
25 thank you so much for coming to testify. I'd like

1  
2 to call up the next panel. Donna Lieberman,  
3 NYCLU; Jennifer Carnig, NYCLU; Debora Hernandez,  
4 National Latina Institute on Reproductive Health;  
5 and Marci Lieber, Spence Chapin.

6 [Pause]

7 CHAIRPERSON FERRERAS: If we can  
8 settle down and begin our testimony. We really do  
9 still have 50 or more to speak. We're going to be  
10 putting you on the clock. You can begin.

11 DONNA LIEBERMAN: Hello, I'm Donna  
12 Lieberman, Executive Director of the New York  
13 Civil Liberties Union. Thank you to the committee  
14 for inviting us to provide testimony today.

15 The New York Civil Liberties Union  
16 is the state affiliate of the ACLU. We're  
17 nonpartisan and we've got eight offices around the  
18 state and nearly 50,000 members and supporters.  
19 The NYCLU believes that the right to decide  
20 whether or not to continue a pregnancy is  
21 fundamental to women's quality, dignity and  
22 personal autonomy. We also recognize that issues  
23 associated with reproductive health are  
24 controversial. We value and encourage dialogue  
25 around these issues and would contest any unlawful

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attempt to censor that dialogue.

For that reason, we've carefully considered the impact of the proposed legislation on the right to free speech, as well as on women's right to choose. Because we wanted to understand better what's happening at these facilities, our communications director, Jen Carnig, who coincidentally happened to be pregnant, visited a limited service pregnancy center and will testify today about her experience.

You've heard much already about the very serious harm that results when women are misled by facilities that are not medical but appear and present themselves as if they are and impart false information. So I won't use my time to recount the harms. However, the NYCLU believes that the city's interest in preventing these harms is sufficiently strong to justify an appropriately narrowly tailored regulation of speech.

If restrictions on speech are closely tailored to these aims, they can both protect the right to free speech and promote women's ability to make informed choices about their reproductive health care. To this end,

1  
2 we've suggested two principal changes to ensure  
3 that the law that is ultimately passed by this  
4 Council, and we hope that one is, strikes the  
5 appropriate balance between the rights intention.

6 First, we suggest changing the  
7 definition of an LSPC to ensure that the bill does  
8 not target entities solely based on their  
9 unwillingness to provide or refer for abortion  
10 services. While the current bill applies  
11 exclusively to facilities that don't provide or  
12 refer for abortion or contraception, we suggest  
13 that the definition be expanded to apply to  
14 entities that provide pregnancy counseling, are  
15 not already regulated by another state entity and  
16 operate in such a way that a reasonable person  
17 would believe that they were in a licensed medical  
18 facility. Regardless, by the way, of the entity's  
19 ideology or willingness to refer for abortion.

20 Second, the current bill requires  
21 that if one of these centers neither provides nor  
22 refers women for abortion services, they be  
23 required to disclose that to women seeking their  
24 help. The NYCLU would recommend adding as well  
25 that these centers who do not refer women for

1 prenatal care when they're pregnant be required to  
2 disclose that limitation as well and state that  
3 the New York City Department of Health encourages  
4 women who are or may be pregnant to consult with a  
5 licensed medical provider. We believe that this  
6 is the appropriate way to address the harm.  
7

8 Because limited service pregnancy  
9 centers appear to the average person to be  
10 licensed medical facilities, the information that  
11 they impart has the force of medical authority.  
12 Women are harmed when they rely on false and  
13 misleading information and when they, as a result,  
14 delay medical care. These are serious harms.  
15 Both are more likely when a woman does not seek  
16 out a licensed provider because she believes that  
17 she's already receiving care from medical  
18 professionals.

19 If the woman chooses to carry her  
20 pregnancy to term, prenatal care is vital to  
21 ensure both the health of the prospective mother  
22 and the fetus. If a woman chooses to have an  
23 abortion, doing so within the first trimester is  
24 far safer and less expensive. Further, if a woman  
25 delays making a decision about obtaining an

1  
2 abortion, she can be effectively precluded from  
3 obtaining the health care she wants and is  
4 entitled to under the law.

5 We are pleased that the City  
6 Council has been willing to engage in discussions  
7 about this bill. There's been some constructive  
8 dialogue. It has indicated its openness to  
9 amending the legislation to properly balance all  
10 of the interests at play. They are all very, very  
11 significant. We have submitted our suggested  
12 amendments and express our support for the spirit  
13 of this bill and are confident that we can  
14 harmonize the rights attention. Now, Jen Carnig.

15 JENNIFER CARNIG: Hi. My name is  
16 Jennifer Carnig. I'm the Director of  
17 Communications for the New York Civil Liberties  
18 Union.

19 On October 18th at 23 weeks  
20 pregnant, I went to EMC Pregnancy Center in  
21 downtown Brooklyn. Though this crisis pregnancy  
22 center did not appear to have any licensed medical  
23 personnel on staff, it looked and felt like a  
24 doctor's office. I was given paperwork to fill  
25 out that asked for a medical history as well as

1  
2 all of my contact information and all of my  
3 partner's contact information. A woman in scrubs  
4 was seeing patients in an exam room that looked  
5 just like every OB/GYN office I've ever been in.

6 I took a pregnancy test. It was  
7 not self-administered and sat waiting for the  
8 results with scared 16, 17 and 18-year-old women.  
9 Women half my age who had come seeking help at a  
10 desperate moment. Though I knew I was pregnant  
11 and had been testing positive on pregnancy tests  
12 since I was four weeks along, I was told my  
13 pregnancy test was inconclusive. The only way to  
14 know for sure was a sonogram.

15 I was taken into the examination  
16 room where the woman in scrubs pulled a wand over  
17 my belly and played the sound of the heartbeat for  
18 me. She oohed and aahed and with a few more quick  
19 swipes, she gave the baby a full examination. She  
20 pronounced my baby healthy and perfect. The whole  
21 procedure took less than five minutes. I was  
22 never seen by a doctor or nurse and my fetus had  
23 not received a full medical examination. Though  
24 if I didn't know it beforehand, I would have  
25 assumed, as many women do, that they had had a

1

2 full checkup.

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EMC's employees were clear with me from the start that I wouldn't get help or information about an abortion at their center. But they did give me pamphlets containing medical misinformation about the effects of abortion. Though these pamphlets were scary and full of untruths, the First Amendment clearly protects all political speech, including the inaccuracies EMC's employees spread.

But when I left EMC that day, I felt it was a place that wants people to think it is providing medical services. While crisis pregnancy center employees must have a right to speak, they shouldn't be able to spread untruths while masquerading as medical professionals. New York's women must have all the facts when it comes to their health. For the sake of the countless young women who go to crisis pregnancy centers at their most desperate moments, it is vital that these centers are completely upfront that they are not medical facilities. Thank you.

MARCI LIEBER: Hi. My name is Marci Lieber and I'm the Women's Health Advocate



1  
2 for Community Outreach and Advocacy for Spence  
3 Chapin Services, a nonprofit adoption agency  
4 that's been supporting children and families by  
5 offering quality adoption services in New York  
6 City for over 100 years.

7           Spence Chapin's roots can be traced  
8 to the early 1900s and the pioneering work of  
9 Clara Spence and Dr. and Mrs. Henry Chapin who  
10 independently established nurseries out of concern  
11 for homeless infants abandoned in hospitals and  
12 shelters. The Spence and Chapin nurseries each  
13 broke new ground in developing social techniques  
14 for adoption and after the merger continued to  
15 pioneer in the adoption field. Today, Spence  
16 Chapin is proud of our role as a prominent voice  
17 and leading advocate for adoption and of our  
18 commitment to the wellbeing of all members of the  
19 adoption triad: birth parents, adoptive parents  
20 and their children.

21           In 2008, Spence Chapin started the  
22 Adoption Access Network, which is a nationwide  
23 network of adoption agencies that work in close  
24 collaboration with abortion and family planning  
25 providers to integrate adoption as an available

1  
2 option for patients in those settings. We feel  
3 strongly that a commitment to reproductive justice  
4 means an obligation to provide accurate,  
5 comprehensive and unbiased information and  
6 resources to patients about all of their options,  
7 including parenting, abortion and adoption.

8 We fully support the proposed  
9 legislation for the simple reason that women  
10 deserve to have clear information and facts about  
11 the services they can expect to obtain at any  
12 given health facility. A woman faced with an  
13 unintended pregnancy is frequently scared,  
14 uncertain and facing one of the most difficult  
15 decisions of her life. We feel strongly that  
16 providers must offer clear and unambiguous  
17 information about their services.

18 A limited crisis pregnancy center,  
19 as described in this legislation, which fails to  
20 disclose to the public that they do not or cannot  
21 provide or refer for abortions or FDA approved  
22 contraceptive drugs and devices is not meeting  
23 even this most minimal requirement. We support  
24 this legislation because it seeks to mandate  
25 disclosure and ensure that women are given the

1  
2 appropriate tools to make very personal decisions  
3 about their options and where they will seek care.  
4 Thank you.

5 CHAIRPERSON FERRERAS: Thank you.  
6 I'm sorry, go ahead.

7 DEBORA UPEGUI-HERNANDEZ: Thank you  
8 for the opportunity to testify concerning limited  
9 service pregnancy centers, New York Introduction  
10 legislation 371. I am Debora Upegui-Hernandez.  
11 I'm the Senior Research Associate at the National  
12 Latina Institute for Reproductive Health.

13 I'm here today to support this  
14 local law to amend the Administrative Code of the  
15 City of New York in relation to limited service  
16 pregnancy centers. The mission of the Latina  
17 Institute is to ensure the fundamental human right  
18 to reproductive health and justice for Latinas,  
19 their families and their communities through  
20 public education, community mobilization and  
21 policy advocacy.

22 Latinas face a unique and complex  
23 array of reproductive health rights issues that  
24 are exacerbated by poverty, gender, racial and  
25 ethnical discriminations and xenophobia. These

1  
2 circumstances make it especially difficult for  
3 Latinas to access reproductive health care  
4 services including the full range of available  
5 reproductive health technologies and abortion  
6 services.

7           The National Latina Institute is  
8 thrilled to support this piece of legislation.  
9 Limited service pregnancy centers or crisis  
10 pregnancy centers use deception and misinformation  
11 to bring women in the door. This legislation will  
12 make sure that women know what awaits them through  
13 the doors of these establishments. This  
14 legislation will be particularly helpful for  
15 immigrant women who are particularly vulnerable as  
16 they learn to navigate the network of low cost  
17 care in the United States. It would also be  
18 helpful for young Latinas who might turn to  
19 limited service pregnancy centers assuming that  
20 they will provide a wide range of services.

21           When women seek care related to a  
22 pregnancy, unintended or otherwise, they deserve  
23 to be met with knowledgeable providers who are  
24 able to talk to them about their options without  
25 bias and who are able to respect the decisions

1  
2 women make as the best option for themselves and  
3 their families. If there are no trained and  
4 certified medical personnel at a so-called clinic,  
5 women deserve to know. If these centers offer  
6 nothing but pregnancy tests and ultrasounds, women  
7 deserve to know.

8 The fierce opposition to this  
9 legislation by owners of limited service centers  
10 should serve as the strongest form of evidence yet  
11 that this establishment relies on lies and  
12 misinformation to get vulnerable women through  
13 their doors. Women in New York City deserve  
14 better and the National Latina Institute for  
15 Reproductive Health hopes that this legislation  
16 passes and is able to serve as a model for cities  
17 and states across the country. Thank you for the  
18 opportunity to speak in support of this important  
19 piece of legislation.

20 CHAIRPERSON FERRERAS: Thank you.  
21 We have some Council Members that would like to  
22 ask you some questions. I'd love to ask Ms.  
23 Carnig, was there at any point in your visit that  
24 you were referred to prenatal care?

25 JENNIFER CARNIG: I was told that

1

2 if I came back later in the week that I could meet  
3 with a doctor.

4

CHAIRPERSON FERRERAS: Okay. Did  
5 you feel in any way that you were treated  
6 differently because you were an advocate?

7

JENNIFER CARNIG: No.

8

CHAIRPERSON FERRERAS: Did anybody  
9 look in your eyes?

10

JENNIFER CARNIG: People looked in  
11 my eyes a lot, but I don't think I was treated  
12 differently at all.

13

CHAIRPERSON FERRERAS: Any  
14 differently.

15

JENNIFER CARNIG: Correct.

16

CHAIRPERSON FERRERAS: Thank you.  
17 Council Member Halloran?

18

COUNCIL MEMBER HALLORAN: Thank you  
19 for your testimony. If I could start with you,  
20 Ms. Lieberman. It would be fair to say you're a  
21 bit of an expert on civil liberties. I salute  
22 much of what you do. I wish that all of our civil  
23 liberties were protected. The Second Amendment  
24 comes to mind, but we'll leave that at the door  
25 for the moment.

1  
2 I just want to be clear about where  
3 you're coming out on this. I'm concerned about a  
4 civil liberties issue in this legislation. I was  
5 concerned in the clinic access bill with its  
6 chilling effect on speech. Normally, I'm used to  
7 seeing the civil liberties be a lot more concerned  
8 about the potential chilling effects of even  
9 commercial speech. You do acknowledge that there  
10 is no Health Department regulation being proposed  
11 here. This is a commercial speech regulatory  
12 piece of legislation. Although you speak to many  
13 issues about health issues, we're not drafting a  
14 Health Code regulation. It is a commercial  
15 Department of Consumer Affairs piece of  
16 legislation. Could you explain to me as a lawyer  
17 to a lawyer, a civil libertarian to a libertarian,  
18 what the difference is and why you're able to draw  
19 a distinction that I don't see?

20 DONNA LIEBERMAN: Well, neither the  
21 right to choose nor the right to free speech is  
22 absolute. Often as a society we're faced with  
23 rights in conflict. So what the courts have done  
24 and what we propose is crafting this legislation  
25 so that it minimizes the burden on both, maximizes

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the protection for both. That's highly doable.

The first inquiry is, is there an important governmental interest to be served by this legislation. I think that we can't have sat through this afternoon's hearings, whether it's Jen's story about what happened to her or the other stories of the NARAL report that there is serious harm that is visited upon women who are hoodwinked, who are deceived at a particularly vulnerable point in their lives into thinking that they're in a doctor's office when in fact they're not. And who are hoodwinked into thinking that they're getting medical advice when all they're getting is political pandering. I mean these guys are entitled to--

COUNCIL MEMBER HALLORAN:

[interposing] Counselor?

DONNA LIEBERMAN: You know, I get passionate.

COUNCIL MEMBER HALLORAN: I'm being very subdued for me. So that's why I'm saying--

DONNA LIEBERMAN: [interposing] You want to talk about the Second Amendment. The people who run the crisis pregnancy centers are



1  
2 entitled to their views. They're entitled to  
3 proselytize their views. They're entitled to  
4 counsel about their views. But because of the  
5 fact that they present themselves to the public as  
6 medical facilities without saying it, you know  
7 Jen's no fool. When she went to that place and  
8 lied on the table and was told she was given a  
9 full exam, that her baby was healthy, she was led  
10 to believe and one would reasonably conclude based  
11 on what they were doing there that this is a  
12 medical facility. Well it's not. So just like we  
13 put a thing on packages of cigarettes saying this  
14 could be harmful to your health, dammit, that's  
15 compelled speech too.

16 COUNCIL MEMBER HALLORAN: Sure.

17 DONNA LIEBERMAN: We ought to be  
18 able to require facilities that hold themselves  
19 out as a medical facility to let people know this  
20 is not a medical facility. We're not limiting  
21 this to information about abortion services. We  
22 think that the critically important interest that  
23 is served by this legislation is protecting  
24 women's right to access the health care that they  
25 choose and that they need, whether or not they

1  
2 carry their pregnancy to term, whether or not they  
3 want to carry their pregnancy to term. I think  
4 that the legislation can be crafted in such a way,  
5 with some minor tweaks to what's on the table, so  
6 that it accomplishes that in the narrowest way.  
7 Narrowly tailored, that's a term of ours.

8 COUNCIL MEMBER HALLORAN: Sure.

9 DONNA LIEBERMAN: You understand  
10 that I understand that other people might think  
11 how is she talking. But it just means does the  
12 solution fit the problem as closely as possible.

13 COUNCIL MEMBER HALLORAN: Right.

14 And in the least infringing way on the rest of our  
15 liberties.

16 DONNA LIEBERMAN: Right. I think  
17 that's what we're talking about.

18 COUNCIL MEMBER HALLORAN: Donna,  
19 and let me just say to you--

20 DONNA LIEBERMAN: [interposing] You  
21 want to talk about the Second Amendment?

22 COUNCIL MEMBER HALLORAN: We'll  
23 talk about that later. I have no problem doing  
24 that now that the Supreme Court has spoken twice.  
25 Never mind. It's dialogue with liberties.

1  
2 I understand what the compelling  
3 interest here is, and I will get to that when I  
4 ask Jennifer a question or two, that a crime was  
5 committed in a certain form of misrepresentation  
6 that may be something that the State Department of  
7 Health needs to address as a separate issue.

8 DONNA LIEBERMAN: How does the  
9 State Department of Health address crime? Do they  
10 prosecute?

11 COUNCIL MEMBER HALLORAN: When  
12 people practice medicine without a license they  
13 do.

14 DONNA LIEBERMAN: That's the  
15 problem. You don't need a medical license to give  
16 a sonogram.

17 COUNCIL MEMBER HALLORAN: That's  
18 true.

19 DONNA LIEBERMAN: You don't need a  
20 medical license to tell a woman you should have  
21 your baby.

22 COUNCIL MEMBER HALLORAN: Well,  
23 your baby's healthy, it sounds to me like a  
24 medical diagnosis. That sounds--

25 DONNA LIEBERMAN: [interposing] You

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2 know--

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COUNCIL MEMBER HALLORAN:

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[interposing] Counselor?

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DONNA LIEBERMAN: I understand.

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COUNCIL MEMBER HALLORAN: Do you

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agree or not?

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DONNA LIEBERMAN: But you don't

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need--

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COUNCIL MEMBER HALLORAN:

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[interposing] Do you agree or not that if someone

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says--

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DONNA LIEBERMAN: [interposing] But

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that doesn't mean that they're practicing medicine

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without a license. I could say you've got poison

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ivy. Am I practicing medicine by looking?

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COUNCIL MEMBER HALLORAN: It's

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context, right? Wasn't that your argument about

19

what we were having this discussion about.

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DONNA LIEBERMAN: Right.

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COUNCIL MEMBER HALLORAN: In the

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context of a table and what appears to be a

23

medical office. I'm just throwing your words back

24

at you. The context is how we would judge that.

25

It sounds to me, and I wasn't there, and I'm sure

1  
2 Jennifer will tell us more about it, but that  
3 sounds to me like a different problem, which has  
4 already got a prescription and that prescription  
5 is embodied in state law.

6 DONNA LIEBERMAN: Well no, I think  
7 the crime of fraud has different elements that are  
8 not necessarily met. What we have here is a  
9 situation where people are not practicing medicine  
10 but they are presenting themselves in such a way  
11 that people reasonably misinterpret their actions  
12 and statements as going to the doctor. That's  
13 what this seeks to address. It's a legitimate  
14 concern. It's an important concern. Legislation  
15 can be narrowly, narrowly crafted so that it  
16 addresses that concern without needlessly or  
17 impermissibly restricting speech. Of course,  
18 restricting speech means preventing people from  
19 saying things. It also means requiring people to  
20 say things.

21 COUNCIL MEMBER HALLORAN: Just one  
22 question more for you and then I'll turn to Susan.  
23 Would you agree with me that in terms of when we  
24 look at legislation to see if they are in fact  
25 being neutral and fair to both sides that the fact

1  
2 that this speaks nothing to the other side of the  
3 equation is something that concerns the ACLU?

4 That there's nothing in here that perhaps  
5 addresses disclosure requirements on the other  
6 side of the coin in any way, shape or form?

7 DONNA LIEBERMAN: I think actually  
8 you're missing the point. I think as we're  
9 proposing this, it address pregnancy counseling  
10 centers that don't refer for abortion. This  
11 addresses crisis pregnancy centers that hold  
12 themselves out as medical facilities regardless of  
13 whether or not they refer for abortion or provide  
14 abortion or prenatal care. By the way, to the  
15 extent that the false dichotomy is presented  
16 between those who favor the right to terminate a  
17 pregnancy and those who choose to carry to term,  
18 and it is a false dichotomy because pro-choice is  
19 in fact pro-life. This bill would require  
20 disclosure about refusal to provide referrals for  
21 prenatal care as well.

22 COUNCIL MEMBER HALLORAN: Okay.  
23 Jennifer, I appreciate your testimony. I just  
24 wanted to clear up some points. First of all, I  
25 believe you testified that they clearly told you

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they do not provide abortion services. They did?

JENNIFER CARNIG: That's correct.

COUNCIL MEMBER HALLORAN: So they clearly disclosed that. Did they clearly disclose they didn't provide medical services unless you came back to see their doctor on a particular day through an appointment?

JENNIFER CARNIG: No.

COUNCIL MEMBER HALLORAN: Did they give you the option to come back on another day to see a doctor?

JENNIFER CARNIG: I was told that I could come back and meet with a doctor on a different day. That's what I was told.

COUNCIL MEMBER HALLORAN: Okay.

JENNIFER CARNIG: I was also told I was administered a full examination.

COUNCIL MEMBER HALLORAN: That concerns me. It absolutely does. That concerns me on a lot of levels. That's why I think it's important that the issue is discussed. I think the New York Civil Liberties Union raises some good modification questions and recommendations. I would hope the chairs will take what the NYCLU

1  
2 says seriously when it comes to the proposed  
3 changes. Did you see any signage in the facility  
4 that indicated medicine, medical services,  
5 anything of that nature that would have led you to  
6 believe it was a doctor's office? The name of any  
7 doctors on the door, anything like that?

8 JENNIFER CARNIG: I didn't see  
9 signs of doctors on the door, no. But I was given  
10 sheets to fill out that looked like an intake  
11 sheet you get at the doctor's office. As I said,  
12 there was an exam room right off where I saw young  
13 women going in.

14 COUNCIL MEMBER HALLORAN: What was  
15 the name of the facility you were in?

16 JENNIFER CARNIG: EMC.

17 COUNCIL MEMBER HALLORAN: EMC.

18 JENNIFER CARNIG: Which also sounds  
19 medical.

20 COUNCIL MEMBER HALLORAN: I just  
21 wanted to know. In the course of your time there,  
22 did anyone follow up with you, harass your  
23 afterwards, text you or anything of that nature?

24 JENNIFER CARNIG: I got a separate  
25 cell phone and I haven't checked those messages.



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So perhaps I should have and I could.

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COUNCIL MEMBER HALLORAN: Okay.

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Just with regards to that, and again just talking about that, it sounds to me like harassment is a separate crime and something that certainly seems to fit the pattern that was described on the incident of someone being stalked at their place of employment. I think we'd all agree that there are harassment laws. I know the ACLU has been on the other side of many harassment laws when they've gone up on constitutional challenges and the right to free speech. I guess it's a subjective issue, right? I mean we have to look at the circumstances.

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DONNA LIEBERMAN: We believe in enforcement of lawful harassment laws, not unconstitutional provisions of harassment laws.

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COUNCIL MEMBER HALLORAN: All right. My last question just goes to Ms. Lieber. You stated in your testimony that you feel strongly that providers should offer clear and ambiguous information about their services and that any given health facility has these obligations. You do realize that we're not

1  
2 talking about regulating health facilities. If we  
3 were, we would be talking about a Health  
4 Department statute. We're talking about a  
5 Consumer Affairs statute that does not regulate  
6 any sort of health facility. If they were  
7 determined to be health facilities, they'd be  
8 governed by a different set of laws. You do  
9 understand that, yes?

10 MARCI LIEBER: Yes.

11 COUNCIL MEMBER HALLORAN: Thank  
12 you.

13 CHAIRPERSON FERRERAS: Thank you.  
14 Council Member Lappin?

15 COUNCIL MEMBER LAPPIN: First of  
16 all, I want to say thank you to Jennifer, because  
17 I'm sure it wasn't easy to do what you did. I  
18 think it was very brave of you to do what you did.  
19 Whether it's an unintended pregnancy or a planned  
20 pregnancy, it is an emotional experience going  
21 into a place like that. So I just wanted to thank  
22 you for doing that because what you found was very  
23 helpful. So thank you for sharing and for writing  
24 such an eloquent statement about it

25 I have just a couple of questions

1  
2 for Ms. Lieberman. I wanted to thank you for your  
3 testimony, for saying this is a welcome step and  
4 for supporting the intent of the legislation  
5 before us today. I had two quick questions. Do  
6 you believe that CPCs appear to the average person  
7 to be medical facilities?

8 DONNA LIEBERMAN: Well, yeah.

9 COUNCIL MEMBER LAPPIN: Which goes  
10 to the reason the very first thing out of my mouth  
11 this morning which is why I believe we're here  
12 which is really truth in advertising. As you did  
13 say in your testimony, they have every right, the  
14 people who work or volunteer at these centers, to  
15 say whatever they like, but not to do it under the  
16 guise of a medical authority. I just want to be  
17 clear, do you believe that they are providing a  
18 sufficient harm to women to give the New York City  
19 Council sufficient warrant for us to regulate  
20 them?

21 DONNA LIEBERMAN: Yeah, I think  
22 that's what I meant to say in my testimony. That  
23 the harm of fake medical facilities, facilities  
24 that are not medical facilities masquerading as  
25 doctors' offices, the harm to women is enormous

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and substantial and warrants legislation.

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COUNCIL MEMBER LAPPIN: Gives the state a clear interest?

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DONNA LIEBERMAN: Absolutely.

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COUNCIL MEMBER LAPPIN: I very much welcome your concrete suggestions. That's something we don't hear enough but is exactly what we need as we move forward in the legislative process. Every bill I've ever introduced, I've been very open to feedback and suggestions from people on all sides of the issue. If I can incorporate and in some cases make the bill a better bill by doing that, I'm very happy to. So we've been having discussions, we'll continue to have discussions, and I really appreciate your concrete and honest feedback. Thank you.

DONNA LIEBERMAN: We really appreciate the dialogue that's gone on. It has been serious. We know that just as we've put a lot of time and energy into trying to figure out how to do this the right way and how to tweak things, I know that your staffs have as well. It's really much appreciated.

COUNCIL MEMBER LAPPIN: As I also

1  
2 said in my opening statement, this is a truth in  
3 advertising measure. It is not in any way, shape  
4 or form going to infringe upon First Amendment  
5 rights. I am a very, very strong proponent,  
6 supporter and believer in protecting those rights.  
7 I cherish them. I hold them very true. I think  
8 any one of us who is sitting here today does. So  
9 we look forward to our continued work together.

10 DONNA LIEBERMAN: Thank you.

11 CHAIRPERSON FERRERAS: Council  
12 Member Reyna?

13 COUNCIL MEMBER REYNA: Ms. Carnig,  
14 I just wanted to ask quickly, you were asked at  
15 the center for your medical insurance information?

16 JENNIFER CARNIG: Not my insurance  
17 information, but everything else. The date of my  
18 last menstrual cycle, I mean, really, all the  
19 medical information my doctor asks me as well.

20 COUNCIL MEMBER REYNA: So anything  
21 other than insurance information was asked, but  
22 the insurance then would be asked if they were to  
23 make a referral to the doctor which they offered.

24 JENNIFER CARNIG: I don't know.

25 COUNCIL MEMBER REYNA: They didn't

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2 go into any of that.

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JENNIFER CARNIG: That's correct.

4

5 counseled by anyone else other than a sonogram?

6

7 the woman who appears to run the facility for most  
8 of the two hours I was there.

9

10 COUNCIL MEMBER REYNA: What  
11 disturbed me when it was asked were there any  
12 licensed professionals in the facility and the  
13 answer was no. I was concerned because there's  
14 counseling that takes place within the facility.  
15 If you're not an MSW then who is counseling these  
16 women? So I wanted to just ask you specifically  
17 who counseled you?

17

JENNIFER CARNIG: I'm sorry that I  
18 can remember her name but I believe she is  
19 testifying here later today, so you should ask  
20 her.

21

COUNCIL MEMBER REYNA: I just  
22 wanted to understand the licensing issue or  
23 certification to counsel. Thank you very much.

24

CHAIRPERSON FERRERAS: Thank you  
25 very much for your testimony. We'll be calling up

1  
2 the next panel. Thank you. Edward Mechmann,  
3 Archdiocese of New York; Rosemary Ginty, Catholic  
4 Community Relations Council; Kathleen Dooley-  
5 Polcha, Catholic Guardian Society and Home Bureau.

6 [Pause]

7 CHAIRPERSON FERRERAS: As a  
8 reminder, your testimony will be on the clock,  
9 three minutes. We're asking that you please state  
10 your name before you begin your testimony.

11 ROSEMARY GINTY: Can I start?

12 CHAIRPERSON FERRERAS: Yes, you may  
13 begin your testimony.

14 ROSEMARY GINTY: Good afternoon.  
15 My name is Rosemary Ginty. I'm the Executive  
16 Director of the Catholic Community Relations  
17 Council, established by the Archdiocese of New  
18 York and the Diocese of Brooklyn to handle public  
19 policy and legislative issues on the municipal  
20 level of government. I'm here today to speak in  
21 opposition to Intro 371.

22 The proposed legislation is of  
23 great concern to us. It's an assault on the work  
24 of groups that provide alternatives to abortion  
25 and this is work that we support. The legislation

1  
2 unfairly stigmatizes and penalizes all groups.  
3 This view comes from looking at the bill itself  
4 and the report that supports the legislation.

5           First, the NARAL report. It's not  
6 a scientific study. It does not follow standard  
7 research protocols. It reaches a conclusion,  
8 namely that there is widespread deception and  
9 manipulation and once reached, just repeats it.  
10 And yet, there are other points in the report.  
11 Eight phone calls were made and in the report's  
12 own words, found no inaccurate information was  
13 given. Where is the deception? They examined 14  
14 websites and found that over 63 percent of the  
15 centers either identify themselves as pro-life or  
16 explicitly state they do not recommend abortion.  
17 Where is the deception? There is not one example  
18 of confidential information being divulged. The  
19 report states only that information could be  
20 divulged.

21           The basis for Intro 371, that there  
22 is wide-ranging deception and manipulation in  
23 pregnancy centers is not supported by this study,  
24 yet the legislation indicts all. If there are  
25 problems in a few cases, would they require this



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legislative response?

That leads me to the penalties. They are an alarming exercise of government power. The penalty section for a similar statute in Baltimore, and I'll show you this chart, calls for \$150 fine. It's a similar statute in Baltimore. The penalties for Intro 371 fills this entire page. For a first violation, the civil penalty is not less than \$200 and not more than \$1,000. The second violation is \$500 to \$2,500.

The third violation, the Commissioner of Health can hold a hearing and issue an order to close the center. Ten days after the posting of that order, the New York City Police Department is allowed to go into the center and enforce the closing of it. Any mutilation or removal of the order is punishable by a \$250 fine or 15 days in jail, or both. Any disobedience or resistance to an order is punishable by \$1,000 fine or six months in jail or both.

Lastly, there's a private cause of action that has been created for failure to comply with confidentiality requirements. I remind the members that there is no proof offered of any

1  
2 breach of confidentiality. The material states  
3 only that confidential information could be  
4 divulged. The penalties here are unprecedented  
5 and there are no examples in current New York City  
6 or State law of such severe monetary penalties,  
7 imprisonment and exercise of police power for  
8 failure to display a sign. I ask that you rethink  
9 371, its basis, its requirements and its  
10 imposition of penalties. We do not approve it.

11 CHAIRPERSON FERRERAS: Thank you.

12 ROSEMARY GINTY: Thank you.

13 CHAIRPERSON FERRERAS: Thank you.

14 KATHLEEN DOOLEY-POLCHA: Good  
15 afternoon. My name is Kathleen Dooley-Polcha,  
16 Director of Catholic Guardian Society and Home  
17 Bureaus Maternity Services Program which has been  
18 in existence since 1925 and is affiliated with  
19 Catholic charities of the Archdiocese of New York.

20 The Maternity Services Program is  
21 located in the Cardinal Cook Catholic Center on  
22 First Avenue between 55th to 56th Street. I'm  
23 speaking in opposition of Intro 371.

24 We are a voluntary pregnancy,  
25 parenting and adoption program, staffed by

1  
2 professional social workers and all services that  
3 we provide are free, regardless of the client's  
4 age, financial situation, race, religion and  
5 ethnicity. Our program was modeled after the  
6 Catholic Charities USA Pregnancy, Parenting and  
7 Adoption programs. Our staff receives ongoing  
8 training and education to maintain a high degree  
9 of professional skills.

10 Perspective clients are referred to  
11 us by a wide range of referral sources, including  
12 the Administration for Children's Services, public  
13 and city hospitals, family health centers,  
14 community social service program, healthy family  
15 programs, shelters and churches of varied  
16 denominations. Participation is completely  
17 voluntary and the only requirement is that the  
18 client is currently pregnant or has an infant less  
19 than two months of age.

20 All of our brochures,  
21 advertisements, newsletters and other outreach  
22 clearly state that we provide case management  
23 services, parenting classes, entitlement review,  
24 community referrals, concrete services, limited  
25 financial assistance, options counseling and

1  
2 adoption counseling. We do not provide medical  
3 services and the information that we provide to  
4 the client does not suggest that we provide  
5 medical services. In addition, we have never  
6 tried to deceive anyone.

7           For those clients who participate  
8 in our program, and initial intake is conducted  
9 where the client provides information on their  
10 current situation. The client and the social  
11 worker agree upon a service plan which is signed  
12 by both. Clients are advised in accordance with  
13 acceptable, professional, social work standards  
14 that all information is confidential and will not  
15 be shared without the client's written request.  
16 Records are stored in locked, fireproof cabinets  
17 and destroyed after seven years.

18           In those cases where a perspective  
19 client calls to inquire about the services  
20 provide, the above referenced services are shared.  
21 In response to any inquiry regarding medical  
22 services of any type, the client is advised we do  
23 not provide medical service, that we are a social  
24 service program. Requests for abortion  
25 information are clearly responded to in accordance

1  
2 with program policy. The client is advised we do  
3 not refer for abortions or provide abortion  
4 counseling and that we discuss alternatives to  
5 abortion. A request for referral is responded to  
6 by encouraging the client to contact their medical  
7 provider for the information requested. We have  
8 serviced 10,000 clients in that last 15 years, all  
9 voluntary clients. Thank you.

10 CHAIRPERSON FERRERAS: Thank you.

11 EDWARD T. MECHMANN: Good  
12 afternoon. My name is Edward Mechmann and I'm the  
13 Director of the Safe Environment Office of the  
14 Archdiocese of New York which is responsible for  
15 overseeing programs in our parishes, schools and  
16 institutions to protect children from sexual  
17 abuse. I also work with the Respect Life Office  
18 of the Archdiocese on public policy programs and  
19 I'm an attorney.

20 I'm here to speak in opposition to  
21 Intro 371. I join in the statements of the others  
22 who oppose this unfair and discriminatory bill.  
23 But I would like to raise a particular objection,  
24 which was referred to in earlier testimony. This  
25 bill will prevent that staffs of pregnancy

1  
2 resource centers from protecting young women from  
3 being sexually abused and exploited. We have to  
4 bear in mind the connection between teenage  
5 pregnancy and abuse.

6 In the city of New York each year,  
7 there are 8,000 pregnancies where the mother is  
8 below the age of 18. Scholarly studies from  
9 across the country show that a majority of  
10 pregnant teens either are or have been victims of  
11 sexual or physical abuse. A large number of  
12 teenage pregnancies are the result of sexual  
13 activity with an adult. A significant percentage  
14 of the women who come to these pregnancy resource  
15 centers are teenagers. So a large number of them  
16 are likely to be victims of sexual abuse. Yet  
17 this bill would prevent the staffs of the centers  
18 from protecting those teenagers from further  
19 abuse.

20 The confidentiality provision of  
21 Intro 371 requires the centers to obtain consent  
22 from a client before they can disclose any  
23 information to any outside party. But a teenager  
24 cannot legally give consent, only a parent or  
25 guardian can do so. Since many of the teens come

1  
2 to the centers without a parent, there is no way  
3 to obtain the consent. The bill does permit  
4 disclosure without written consent if disclosure  
5 is required by law, but that only applies to  
6 mandated reporters, which we heard earlier are not  
7 among the staffs of the centers.

8 As a result, the staff is faced  
9 with an impossible dilemma. Having learned of  
10 child abuse, even child rape, they cannot report  
11 it to the authorities without exposing themselves  
12 to the heavy fines described before and a civil  
13 lawsuit. They can't even notify the teen's  
14 parents so that they can intervene to help the  
15 child. Instead of stopping the abuse, the staff  
16 would have to remain silent and send these young  
17 women back to their abusers. This is intolerable.

18 Surely it can't be in the public  
19 interest to pass a law that would shield child  
20 sexual abusers from exposure and prosecution. For  
21 this reason, in addition to the other reasons  
22 cited by the other witnesses, I urge you not to  
23 pass this gravely flawed and dangerous bill.  
24 Thank you very much.

25 CHAIRPERSON FERRERAS: Thank you.

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Council Member Halloran?

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COUNCIL MEMBER HALLORAN: Thank

you, Madame Chair. First, let me just respond to

the last comments which were made, which were

things that I brought up about the mandatory

reporting. Clearly there is a divide in the legal

community. That divide is that on the one hand we

certainly don't want to encourage sheltering

criminals. But by the same token, we are bound by

the dichotomy of 18 years being the threshold for

consent in contracts and we find ourselves in an

impossible situation.

Do you have any suggestions in

regards to this disclosure dilemma that we find

ourselves in, in terms of how it should be

handled?

EDWARD T. MECHMANN: Well, there

are a number of possible legislative solutions to

that. There could be permission or immunity

granted to people who disclose something that they

reasonably believe to constitute a crime for

instance. You could grant immunity to someone who

provides information to a parent or guardian,

again, if they reasonably believe that the child



1  
2 is in imminent risk. There are a number of  
3 different ways of recasting legislation to provide  
4 protection to the children.

5 It's one thing that we've learned,  
6 you can't hide this. It needs to be addressed  
7 immediately. It needs to be reported to the  
8 authorities immediately so that protection can be  
9 done.

10 COUNCIL MEMBER HALLORAN: Ms.  
11 Ginty, I would like to just revisit some of your  
12 testimony for a moment. Looking at the Baltimore  
13 law compared to the New York law, the penalties,  
14 as you say, are extraordinarily different. One  
15 might say that they are incredibly burdensome in  
16 New York as proposed and including the level of  
17 police action instituted. Are you aware of any  
18 other city Department of Consumer Affairs  
19 regulation when it comes to signage that allows  
20 the police to come in and shut down a business?

21 ROSEMARY GINTY: I am not. I'm not  
22 aware, actually, of any city or state law that has  
23 a list of violations quite as long as this for  
24 failure to display a sign.

25 COUNCIL MEMBER HALLORAN: Okay. In

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2 fact, having been a practicing attorney, I will  
3 tell you I've been to alcohol and beverage control  
4 hearings that don't let the police come in and  
5 padlock a place for not having their liquor  
6 license displayed and yet that's a highly  
7 regulated business. Did you find any other  
8 dissimilarities between other states' laws and the  
9 intro being produced by this city ordinance?

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ROSEMARY GINTY: Actually, I didn't  
look. The materials that were provided in  
newspapers and what have you referred to the  
Baltimore law and an Austin, Texas law that were  
similar. So the only research I did was the  
Baltimore on.

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EDWARD T. MECHMANN: If I may just  
intervene.

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COUNCIL MEMBER HALLORAN: Sure.

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EDWARD T. MECHMANN: One of the  
other bills that I looked at, and I can't remember  
whether it's the Baltimore bill or the Maryland  
bill, requires the authorities to give notice to  
cure, in other words, an opportunity to cure  
before any penalties can be imposed.

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COUNCIL MEMBER HALLORAN: I would

1  
2 hope that the ACLU in looking at this and making  
3 its suggestions going forward would certainly look  
4 to other laws, the NYCLU, when they make final  
5 recommendations. I would also say that having  
6 practiced extensively in the criminal and civil  
7 courts of the city of New York, I am not familiar  
8 with any legislation regulating any business that  
9 is as draconian as this.

10 In fact, I would suggest that if  
11 this is the template going forward for how we're  
12 going to regulate signage in the city of New York,  
13 we're going to be in for a lot of lawsuits. While  
14 I understand and am deeply concerned with some of  
15 the issues which were raised about how some of  
16 these centers are operated, I certainly can't find  
17 any fault in your testimony about what the  
18 penalties are and the schedule of how it's going  
19 to operate. Thank you very much for your  
20 testimony.

21 CHAIRPERSON FERRERAS: Council  
22 Member Lappin?

23 COUNCIL MEMBER LAPPIN: I just have  
24 one question for Ms. Dooley-Polcha. You testified  
25 that you clearly inform women that you do not

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2

provide medical care, that you do not provide access to abortion and you do keep their information confidentially. Is that correct?

3

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KATHLEEN DOOLEY-POLCHA: That's correct.

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COUNCIL MEMBER LAPPIN: So why do you oppose the legislation?

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KATHLEEN DOOLEY-POLCHA: We are a very different type of organization. My concern for this legislation is I follow all of the practices based on my adoption licenses. Because of that, I am under restrictions. The policies and procedures that the other centers form I'm very closely aware of because we belong to a council where we have meetings monthly. We do trainings. We have professional staff come in, psychologists, attorneys, social workers. So I have a very insider knowledge of how many of the policies and procedures do take effect in these other centers.

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I do not believe that a center should be required to post more signs than we already have, as has already been said. If you walk into my facility, you have walked into the

1  
2 Catholic Center. You passed crosses, signs of  
3 saints, cardinals. You come to a Catholic floor  
4 with Catholic written all over it and you meet a  
5 social worker. There is nobody, no person who  
6 would ever think we would provide abortion  
7 counseling in this center.

8 COUNCIL MEMBER LAPPIN: I would  
9 disagree. I went to Georgetown University as a  
10 Jewish woman and I felt very comfortable there. I  
11 didn't think my entire education was going to be  
12 religious based. I used to have an OB/GYN  
13 affiliated with St. Vincent's. I did not think  
14 that when I went to him I was going to get medical  
15 care influenced by his religious ideology. I  
16 thought I was going to see somebody affiliated  
17 with St. Vincent's Hospital who was a medically  
18 licensed practitioner who was going to give me  
19 unbiased and accurate medical information. So I  
20 would respectfully disagree with you.

21 You seemed proud in your testimony  
22 that you do disclose these things. I guess I want  
23 to ask, are you resentful that you have to  
24 disclose these things.

25 KATHLEEN DOOLEY-POLCHA: Absolutely

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not. I think--

COUNCIL MEMBER LAPPIN:

[interposing] You think it's appropriate to disclose these.

KATHLEEN DOOLEY-POLCHA: Yes.

COUNCIL MEMBER LAPPIN: So I would

agree with you. I think it's appropriate to tell these women that you do not provide access to abortion, that you don't have medical staff onsite and I think it's wonderful that you keep their information confidentially. Again, I don't see why then this bill would present any problem for you.

KATHLEEN DOOLEY-POLCHA: I'm a

professional social worker and I have standards of practice as a professional social worker. My standards are those of a professional social worker. I work within a child welfare agency. We are monitored by the city and state. We have standards of policies, practices, procedures and monitoring and complaints that these other organizations do not have.

COUNCIL MEMBER LAPPIN: That's

exactly the point.

1  
2 KATHLEEN DOOLEY-POLCHA: But I am  
3 not monitored by the Department of Consumer  
4 Affairs. I have appropriate social service  
5 monitors, as it should be. I hold licenses for  
6 adoptions in two states. In addition, I have been  
7 COA accredited for Hague adoptions which means I  
8 am monitored by the Department of Homeland  
9 Security. Very clear cut, policies, practices,  
10 procedures for professional services.

11 The crisis pregnancy centers have  
12 some professionals. As you've heard, there are  
13 some professionals and many volunteers. Is the  
14 Department of Consumer Affairs really going to  
15 have policies and procedures for volunteer  
16 organizations?

17 COUNCIL MEMBER LAPPIN: Well, when  
18 the disguise themselves as medical institutions, I  
19 certainly think that they should. By the way,  
20 let's be clear, the bill states very clearly, if  
21 you do have appropriate medical staff onsite then  
22 you do not have to disclose that you don't. So if  
23 you are abiding by what a reasonable person would  
24 think is medical care and you're providing medical  
25 care, then that's a different story. But you are

1  
2 regulated because the state feels that there is an  
3 interest to regulate you and these other centers  
4 are not and that's the problem. Thank you, Madame  
5 Chair.

6 CHAIRPERSON FERRERAS: Thank you  
7 for your testimony. I'd like to call up the next  
8 panel. Jan Vinokour, Women City Club of New York;  
9 Marjana Banzil, Doctor Emily Women's Health  
10 Center; Dr. Chris Creatura, the Women of New York  
11 City Physicians for Reproductive Choice and  
12 Health, Cornell Medical College; Dr. Patricia  
13 Burkhardt, New York State Association of Licensed  
14 Midwives.

15 [Pause]

16 CHAIRPERSON FERRERAS: Can you just  
17 state your name quickly because we're trying to  
18 assess who's not here?

19 MARJANA BANZIL: Marjana Banzil.

20 DR. CHRIS CREATURA: I'm Dr. Chris  
21 Creatura.

22 CHAIRPERSON FERRERAS: Thank you.

23 DR. PATRICIA BURKHARDT: Pat  
24 Burkhardt.

25 CHAIRPERSON FERRERAS: Okay. Rita



1  
2 Henley Jensen, Women's ENews. Is she next door?  
3 We're going to start with these three wonderful  
4 women. You may begin.

5 MARJANA BANZIL: Good afternoon  
6 everyone. My name is Marjana Banzil. I'm the  
7 Executive Director at Dr. Emily Women's Health  
8 Center, a reproductive health clinic in the South  
9 Bronx.

10 I'm here to testify on behalf of  
11 the new proposed bill and in support of it. My  
12 center has been the direct target of the EMC  
13 Pregnancy network and their so-called counselors  
14 interfering, harassing and intimidating my  
15 patients. We all talked about how the EMC  
16 Pregnancy Network offers free ultrasounds, free  
17 pregnancy testing, however no one talked about the  
18 bus that they have parked outside of my clinic  
19 four days a week soliciting ultrasounds with a  
20 sonographer who claims she's a sonographer and  
21 there is no physician present.

22 The bus is parked in front of my  
23 clinic four days a week. It's unmarked. On  
24 occasion there will be a sign that says free  
25 ultrasounds. My patients who are entering the

1  
2 clinic are persuaded, intimidated, offered free  
3 ultrasounds. On many occasions my patients are  
4 also told that the counselors work for my clinic,  
5 that the clinic is closed. On many occasions they  
6 also wear scrubs to identify themselves as workers  
7 of Dr. Emily's.

8           The patients that do have  
9 ultrasounds on the bus and eventually do come into  
10 the clinic, I have been informed that there is no  
11 running water on the bus. There is a generator  
12 outside on the street that powers the electricity  
13 to run the ultrasound machine. These are very  
14 unsanitary conditions.

15           In addition, I can testify on many  
16 occasions that the ultrasounds that these patients  
17 are given are misdiagnosed. There is no doctor on  
18 the bus giving these patients an accurate  
19 diagnosis. The patients do come into my clinic  
20 after they've had their ultrasounds. I have many  
21 cases where I have reported that the patients have  
22 had fetal anomalies and the ultrasounds are  
23 inconclusive.

24           My question to you is who is in  
25 charge of this medical malpractice for these women

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who are being told that their pregnancies are normal and they're not? As a clinic provider, my office is subject to medical malpractice. We run by standards of the Joint Commission as well as the Department of Health. Mr. Slattery testified today that his ultrasound technician is always supervised. Mr. Slattery, where is your doctor that supervises your ultrasound technician outside on the streets in South Bronx? There isn't one.

The issue here is that they've giving false implications to patients. This needs to be stopped. I'm hoping that this law and this bill will help our patients.

CHAIRPERSON FERRERAS: Thank you. If you could just state your name before you begin your testimony.

DR. CHRIS CREATURA: My name is Dr. Chris Creatura. I'm an obstetrician and gynecologist practicing here in Manhattan. I've provided reproductive health care to women in New York City for over 20 years. I'm very glad to be here today to advocate for honesty and safety in women's health care.

When a woman faces an unplanned

1  
2 pregnancy, she deserves compassionate,  
3 scientifically accurate information about all of  
4 her options, as we've discussed here: parenting,  
5 adoption, abortion. This is the standard of care  
6 I provide my patients and it should be the  
7 standard of care for every pregnant woman in New  
8 York City.

9                   Unfortunately, this isn't the case  
10 at many of these crisis pregnancy centers where  
11 unlicensed staff pose as legitimate health care  
12 providers and use scare tactics and misinformation  
13 that interfere with patient's timely access to  
14 care. The lying is dangerous and it must be  
15 stopped.

16                   During our medical training,  
17 doctors are taught not to let our personal biases  
18 interfere with caring for our patient's needs.  
19 These centers pretend to provide unbiased  
20 counseling yet no trained counselor would  
21 intentionally mislead and withhold information.  
22 Vulnerable women in need entrust themselves  
23 unknowingly to facilities that lack medically  
24 trained staff. They're subject to an invasion of  
25 privacy and harassment that we wouldn't tolerate

1  
2 anywhere else in medicine. Requiring these  
3 centers to make clear that they do not offer  
4 referrals for abortion, contraception or even  
5 prenatal care is an important step in preventing  
6 and protecting women's health.

7           If a woman seeks health from such a  
8 facility, she should know whether or not they  
9 provide certain services. Whether there are  
10 medical professionals on staff, which services are  
11 not available and where she can get the medical  
12 care she needs in a timely fashion without delay,  
13 without bias.

14           There's no health care provision  
15 that should be punitive or coercive. As a  
16 physician, I trust women to know what's best for  
17 their families. Everyone in this room knows  
18 someone who's needed an abortion and none of us  
19 would want to be deceived by someone who's posing  
20 as a health care provider.

21           I want to thank the City Council  
22 for taking the steps to protect the health and  
23 welfare of all the women in New York City.

24           DR. PATRICIA BURKHARDT: Good  
25 afternoon. I'm Pat Burkhardt. I'm a licensed

1  
2 midwife in the state of New York with more than 40  
3 years of caring for women in a wide range of care  
4 settings and geographical locations. I also hold  
5 a doctorate in public health.

6 I'm here today to speak on behalf  
7 of the local law proposed by the members of the  
8 New York City Council to amend the Administration  
9 Code of the city in relation to limited service  
10 pregnancy centers.

11 This is a woman's right bill. This  
12 is not an abortion bill. Ninety years ago, as the  
13 result of the women's suffrage movement, women  
14 were officially and formally allowed into U.S.  
15 society as full members, able to be decision  
16 makers in the election of their governing  
17 officials. They finally had a say. They finally  
18 had a vote. Since that time, women have grown in  
19 stature and responsibility across society,  
20 manifesting their knowledge and skills at all  
21 levels, including the United States Supreme Court.

22 But attitudes from that era that  
23 denied women the vote persist or are reborn in new  
24 generations. Attitudes that convey that women are  
25 inept or stupid or naïve, just not bright enough

1  
2 or savvy enough to make their own decisions. So  
3 they are patronized, condescended to, misinformed  
4 and sometimes outright lied to. At no other time  
5 is a woman more vulnerable than when she suspects  
6 she might be pregnant. Particularly if she is  
7 living in circumstances that foster confusion and  
8 fear about what the future will hold.

9 She may be in crisis in this  
10 situation and will seek help from the people who  
11 seem most likely to meet her needs, those who run  
12 a limited services pregnancy center, more commonly  
13 called crisis pregnancy centers. The perfect  
14 match for a woman in crisis. This type of agency  
15 provides limited counseling and services. A quick  
16 review of the CPC websites and phone guide ads  
17 reveals an array of information on this agencies.  
18 They do not offer unbiased counseling or  
19 information about the full range of services  
20 available to a woman in 21st century America when  
21 faced with an unexpected pregnancy.

22 Parenting is sold clearly and  
23 strongly. Adoption is presented for those unable  
24 or not wanting to keep their infants. Abortions  
25 are presented in negative, coercive and erroneous

1  
2 ways, playing on the already vulnerable emotions  
3 of a woman with a possibly unplanned pregnancy.  
4 Referral for an abortion, should it be the woman's  
5 choice, is not an option.

6 Women have the right to receive  
7 complete and correct information in order to make  
8 informed choices for specific life events and for  
9 their lives overall. Society, i.e. governing  
10 officials, have the responsibility to ensure that  
11 factual and unbiased information is provided to  
12 them in all venues that purport to it.

13 I and NYSALM, the New York State  
14 Association of Licensed Midwives, support this  
15 bill unequivocally. It is a bill about ensuring  
16 that women know what they are getting when they  
17 cross the threshold of a crisis pregnancy center.  
18 It is a bill that requires access to full and  
19 complete information regarding the services  
20 rendered in these facilities. It is a bill that  
21 disallows misinformation and bias in the guise of  
22 services and care.

23 CHAIRPERSON FERRERAS: Thank you.

24 DR. PATRICIA BURKHARDT: It is a  
25 bill that supports choices for women.



1  
2 CHAIRPERSON FERRERAS: Thank you  
3 very much for your testimony. Council Member  
4 Lappin?

5 COUNCIL MEMBER LAPPIN: I had a  
6 question for you. You run Dr. Emily's Health  
7 Center. You mentioned that the CPC located right  
8 across the street from you offers free services.  
9 Do you think that changes or has an impact in  
10 terms of diversity in care for minority women in  
11 the city?

12 MARJANA BANZIL: Absolutely. In  
13 the South Bronx, the majority of women that I see  
14 at my clinic are Hispanic and black and they do  
15 target the Hispanic women. They tell the Hispanic  
16 women that abortion is illegal. That if they do  
17 have abortions that they will be deported back to  
18 their country. They have even grabbed a patient  
19 and put her into a cab to steer her away from the  
20 clinic, telling her that when she goes inside that  
21 we will kill her, that she will die from an  
22 abortion. So yes, they do target the minority  
23 community. They even have sidewalk counselors who  
24 speak fluent Spanish just for that purpose.

25 COUNCIL MEMBER LAPPIN: Certainly,

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2 in your medical view they're presenting a clear  
3 danger to these women, to their personal health,  
4 both physical and mental?

5

DR. CHRIS CREATURA: Absolutely. I  
6 mean if you are performing an ultrasound and  
7 clearly telling someone that the sonogram is  
8 normal and they do come to my clinic the same day  
9 and we perform the sonogram and it's evaluated by  
10 my physician and if there is a fetal anomaly,  
11 which happened last week, yeah, then that is  
12 medical malpractice. Should that patient choose  
13 to continue her pregnancy, who is responsible?  
14 Who is responsible?

15

COUNCIL MEMBER LAPPIN: Thank you.

16

CHAIRPERSON FERRERAS: The mobile  
17 unit, what does the mobile unit look like outside  
18 of your facility?

19

MARJANA BANZIL: It looks like an  
20 Access-a-Ride bus. It's unmarked, completely  
21 unmarked.

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CHAIRPERSON FERRERAS: Do you know  
23 on average how many staffers from the center are  
24 outside when you speak about this?

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MARJANA BANZIL: On a daily basis,

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but more. Always three, but more.

CHAIRPERSON FERRERAS: They're  
bilingual?

MARJANA BANZIL: All three, yes,  
are bilingual. One lives right up the block from  
the clinic.

CHAIRPERSON FERRERAS: Thank you  
very much for your testimony. I'd like to call up  
the next panel. Joel Brind, Baruch College CUNY;  
Dr. Joel Bird, ACLJ; Christopher Bell, Good  
Counsel; and Theresa Bonopartis, Good Counsel.

[Pause]

CHAIRPERSON FERRERAS: You may  
begin your testimony.

JOEL BRIND: Good afternoon. My  
name is Joel Brind, PhD, a professor of biology  
and endocrinology and deputy chair for biology in  
the Department of Natural Sciences at Baruch  
College CUNY.

Since 1992, my research activity  
has largely centered on the relationship between  
induced abortion and subsequent risk of breast  
cancer. In 1996, I published a comprehensive  
review of the subject in collaboration with

1  
2 colleagues from Penn State Medical College and the  
3 British Medical Association's Epidemiology  
4 Journal. In 2005, I published a critical review  
5 of recent studies in the Journal of the American  
6 Association of Physicians and Surgeons. I've also  
7 published many letters and other articles on the  
8 subject since 1992. In 1999, I co-founded the  
9 Breast Cancer Prevention Institute, a 501(c)(3)  
10 charity, now located in Summerville, New Jersey.

11 While Intro 371 does not explicitly  
12 mention breast cancer, its introduction has been  
13 largely driven by a reference to a report  
14 published by NARAL Pro-Choice New York Foundation  
15 and the National Institute for Reproductive Health  
16 entitled, "She Said Abortion Could Cause Breast  
17 Cancer."

18 The report highlights the  
19 abortion/breast cancer connection as an alleged  
20 falsehood whose promulgation by pro-life crisis  
21 pregnancy centers, CPCs, is proposed as the  
22 justification for regulating the free speech  
23 rights of CPCs. Specifically, the NARAL report  
24 alleges that 89 percent of CPCs their  
25 investigators visited claim in their materials

1  
2 that "abortion led to a higher risk of breast  
3 cancer."

4           The report then goes on to rebut  
5 this claim saying, "studies have repeatedly found  
6 no link between abortion and increased risk of  
7 breast cancer" among other risks. "The National  
8 Cancer Institute concluded that abortion is not  
9 correlated with an increased risk for breast  
10 cancer." In truth, it is the NARAL claim which is  
11 false. The no link and lack of correlation cited  
12 by the NARAL report ignores the undisputed fact  
13 that a woman who chooses abortion has a higher  
14 risk of breast cancer compared to her not choosing  
15 abortion.

16           Specifically, the absence of a link  
17 attributed to the NCI is based on the artificial  
18 comparison of a woman who's had an abortion with a  
19 woman who was not pregnant at all. In fact, the  
20 very same NCI indirectly acknowledges the effect  
21 of abortion in it's "Fact Sheet: Pregnancy and  
22 Breast Cancer Risk," which specifically  
23 acknowledges, "the younger a woman has her first  
24 child, the lower her risk of developing breast  
25 cancer during her lifetime. A woman who has her

1  
2 first child after the age of 35 has approximately  
3 twice the risk of developing breast cancer as a  
4 woman who has a child before age 20."

5 The basis of every standard of  
6 patient's rights and informed consent requires any  
7 medical practitioner to inform every patient of  
8 any increased risk of serious illness if she has  
9 the proposed procedure compared to not having the  
10 procedure. Therefore, the denial of the fact of  
11 future greater breast cancer risk after choosing  
12 abortion compared to choosing not to abort a  
13 pregnancy already in progress underscores the  
14 critical value of CPCs in providing this life-  
15 saving information to pregnant women.

16 Clearly, the enactment of Intro 371  
17 would harm women by ensuring that more of them  
18 would eventually develop breast cancer. You can  
19 also refer to the longer written report I've also  
20 filed with attached references for further  
21 details. Thank you very much.

22 CHAIRPERSON FERRERAS: Thank you.  
23 You may begin.

24 THERESA BONOPARTIS: My name is  
25 Theresa Bonopartis and I'm a post-abortive woman

1

2 and I also run--

3

CHAIRPERSON FERRERAS:

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[interposing] I'm sorry, Theresa, give me one

5

second. I just want to make sure it's fair. Go

6

ahead.

7

THERESA BONOPARTIS: I'm a post-

8

abortive woman and I also run a post-abortive

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ministry here in New York where I get

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approximately 200 women each year looking for help

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because of the suffering they have following an

12

abortion.

13

After reading both the City

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Council's legislative text and NARAL's report, it

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appears that the aim of this legislation is

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completely misdirected. Both the report and the

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legislation focus on what is seen as the

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manipulation and coercion of crisis pregnancy

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centers. I would hope that the Council, as well

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as NARAL were as concerned with the manipulation

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and coercion of countless women who are pressured

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to abort by boyfriends, husbands and parents.

23

Over the years, I have heard many

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accounts of manipulation and deception by abortion

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clinics. Women seeking to have help to have their

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2 babies who are encouraged to abort, women who did  
3 not know or were not told the development of their  
4 babies or the detail and dangers of the abortion  
5 procedure they were about to undergo. I myself am  
6 one of these women.

7 Women deserve to know the entire  
8 truth about abortion, whether they're in a crisis  
9 pregnancy center or an abortion clinic. Why isn't  
10 there any legislation being introduced to ensure  
11 this? I really wonder about that.

12 It's claimed that post-abortion  
13 stress doesn't exist and it's even backed up by  
14 the report from the American Psychological  
15 Association. But I've cited 35 studies in  
16 attachment number one saying the opposite. I know  
17 thousands of post-abortive women who disagree with  
18 the APA. I'm confused that we're talking today  
19 about mental health problems in a delay for care  
20 for a pregnancy but yet the other side, NARAL,  
21 they continue to disregard the mental health  
22 issues of women who have had abortions. I wonder  
23 if the Council is planning to show the same  
24 concern towards abortion clinics that they seem to  
25 have to have with CPAs where there are no life-



1  
2 threatening acts. Will they be implementing  
3 standards on abortion clinics?

4 On Planned Parenthood's site, I  
5 noticed it says "safe, legal abortion," but I'm  
6 sure that the many women that I've attached in  
7 attachment number two, who have been injured from  
8 abortion here in New York would disagree.

9 Also, perhaps, those women who have  
10 died from supposed safe, legal abortion here in  
11 New York, like Dawn Ravenelle, Guadalupe Negron,  
12 Sophie McCoy, and I've listed other ones, as well  
13 as others listed on attachment number three, would  
14 have not chosen abortion if they had been told of  
15 all the dangers. As we know, women continue to  
16 die from abortion no matter safe and legal it's  
17 claimed to be.

18 The Council seems more concerned  
19 with signs in crisis pregnancy centers than  
20 actually offering women alternatives and  
21 regulating abortion clinics that are responsible  
22 for injuries and death. Where are the signs on  
23 the abortion clinics? One has to wonder why  
24 there's such an affront on the CPCs.

25 CHAIRPERSON FERRERAS: Thank you.

1  
2 CHRISTOPHER BELL: Father Benedict  
3 Groeschel, a Franciscan priest with a doctorate in  
4 psychology and extensive experience with New  
5 York's homeless, counseling thousands of men,  
6 women and families for five decades, along with  
7 me, Christopher Bell, who worked at Covenant House  
8 for five years before earning graduate degrees in  
9 counseling and a post-Master's certificate in  
10 family counseling, began Good Counsel Homes and  
11 programs for homeless pregnant and parenting  
12 mothers and babies.

13 The first mother who came through  
14 Good Counsel's door I'll call Debbie, and she  
15 taught me a lot. She came from Brooklyn. She was  
16 17-years-old. She said that the first time she  
17 became pregnant, she was told by her mother that  
18 we have to take care of this problem. Her mother  
19 took her to Planned Parenthood.

20 At Planned Parenthood, they told  
21 her it was just a blob of bloody tissue, that it  
22 wasn't a baby. She asked them would it hurt,  
23 because she was afraid of the pain. They said no,  
24 you'll go back to school and in two or three days  
25 you won't feel anything and you won't think about

1  
2 it again. While she was in the recovery room, she  
3 saw another girl crying quietly to herself and she  
4 started to cry. She became hysterical and she  
5 started to scream, "I killed my baby."

6 In the 25 years that we have been  
7 open, we're cared for 5,000 women in our homes.  
8 About 40 percent of them have experienced the same  
9 situation as Debby's. Most of our women do come  
10 from the Bronx or Brooklyn, even though we take in  
11 all pregnant women from anywhere. Good Counsel  
12 began in Hoboken and now we have homes on Staten  
13 Island, in the South Bronx, in Spring Valley and  
14 in Harrison, New York we have a special home for  
15 women who have a mental health issue as well as  
16 drug addiction problems.

17 The proposed local law to amend the  
18 Administrative Code is unnecessary, unfair and  
19 unconstitutionally regulation of speech. Good  
20 Counsel and any program offering commercially  
21 valuable pregnancy-related services basically for  
22 free and at no cost to taxpayers is a tremendous  
23 benefit to the city, the state and the entire  
24 country. When pregnant women believe their only  
25 option is to have an abortion, which happens

1  
2 90,000 times in this city, and all they are told  
3 is that abortion is their only option, I think we  
4 have to inform her that there are more viable  
5 alternatives.

6 How can it be that 95 percent or  
7 more of the women who go to Planned Parenthood  
8 come out with an abortion when 60 to 80 percent of  
9 those going to pregnancy centers choose another  
10 option. I think these are smart, bright,  
11 intuitive women. They know they could walk out  
12 the door and they can get an abortion anywhere in  
13 the city. They choose not to because they're  
14 given an option.

15 Give New York women a real choice.  
16 Don't stifle the voice of those who are here to  
17 help them today.

18 CHAIRPERSON FERRERAS: Thank you.  
19 Please limit your applause. Actually, no  
20 applause. We've been doing really well and we  
21 have several people that are here to testify.  
22 This question goes to the staff at Good Counsel.  
23 How many locations do you currently operate?

24 CHRISTOPHER BELL: We operate four.  
25 Two in the city of New York and two outside.

1  
2 CHAIRPERSON FERRERAS: Is there a  
3 licensed medical provider on your site?

4 CHRISTOPHER BELL: No. We refer  
5 outside for all medical services.

6 CHAIRPERSON FERRERAS: Do you  
7 pregnancy any pregnancy tests?

8 CHRISTOPHER BELL: No.

9 CHAIRPERSON FERRERAS: Do you  
10 provide any other medical services, testing for  
11 STDs or HIV?

12 CHRISTOPHER BELL: No, for all  
13 medical services we would refer out to appropriate  
14 medical facilities and medical personnel.

15 CHAIRPERSON FERRERAS: I want you  
16 to speak to me on the type of information that you  
17 collect on the women that visit your facility?

18 CHRISTOPHER BELL: Well, since  
19 we're helping poor, indigent women from all kinds  
20 of backgrounds, we gather whatever information is  
21 necessary. It's the family background and their  
22 own either work or educational background. Then  
23 we do testing while they're with us. Our whole  
24 mission is to help poor women take another good  
25 step in their life.

1  
2 CHAIRPERSON FERRERAS: You speak of  
3 poor women. How do you assess whether these women  
4 are poor?

5 CHRISTOPHER BELL: Because they  
6 come to us being kicked out or rejected by the  
7 fathers of their children or their own families.  
8 If you're pregnant and have no place to go, we'll  
9 help.

10 CHAIRPERSON FERRERAS: Do you have  
11 steps, or what is your process with these women  
12 that have nowhere to go? Do you provide them  
13 housing?

14 CHRISTOPHER BELL: We have four  
15 residences. They're residential facilities. So  
16 yes, they come to us. They can live there, stay  
17 for a year. That's somewhat flexible depending on  
18 her needs and her abilities. Our goal is to help  
19 her go back to school to find a job and by the  
20 time she leaves us to be able to move into her own  
21 apartment.

22 CHAIRPERSON FERRERAS: These  
23 facilities, the two that you have here in New  
24 York, they're home?

25 CHRISTOPHER BELL: Yes. In the

1  
2 South Bronx, they were two tenement buildings that  
3 were basically abandoned. On Staten Island, it  
4 was a former residence that became a convent that  
5 was vacant when we moved in.

6 CHAIRPERSON FERRERAS: In your  
7 description as to how you identify how a woman is  
8 poor or in need, what is your assessment for  
9 victims of domestic violence?

10 CHRISTOPHER BELL: It's horrible in  
11 this city. You know, a woman who has a domestic  
12 violence situation cannot find a bed in this city.  
13 Most of our women have been abused, seriously. So  
14 most of them would be classified as domestic  
15 violence cases. We will take them in.

16 CHAIRPERSON FERRERAS: When you  
17 take them in, you provide them counseling for  
18 their domestic violence and their prenatal care?

19 CHRISTOPHER BELL: Yes.

20 CHAIRPERSON FERRERAS: Thank you.

21 COUNCIL MEMBER LAPPIN: I had a  
22 follow-up question for Mr. Bell. You said that  
23 you collected information but you weren't  
24 specific. I just wanted to be clear. What  
25 information exactly do you collect?

1  
2 CHRISTOPHER BELL: It's an enormous  
3 amount of information. What would you like to  
4 specifically know? I think you want to know about  
5 the confidentiality. God bless you.

6 COUNCIL MEMBER LAPPIN: I want to  
7 know what information you collect. Address, home  
8 address, work address?

9 CHRISTOPHER BELL: Well, most  
10 homeless women are coming from somewhere. They  
11 usually have a history of where they've been and  
12 we try to figure that out. If they have any  
13 family members, it's usually important in case of  
14 an emergency, in case she does not return or her  
15 child is left in our care, which is very rare, but  
16 it's happened over the last 25 years.

17 COUNCIL MEMBER LAPPIN: Are you a  
18 safe haven?

19 CHRISTOPHER BELL: Yes.

20 COUNCIL MEMBER LAPPIN: Okay. You  
21 said that you did tests?

22 CHRISTOPHER BELL: The situation  
23 with domestic violence, if you are an abused women  
24 in the city of New York, where are you going to go  
25 to get help? Have you ever called the Domestic



1  
2 Violence Hotline? Have you ever tried to get a  
3 bed for a woman? I'm not blaming you. As  
4 legislators, you should be looking at where does a  
5 woman go when she is in great need.

6 COUNCIL MEMBER LAPPIN: I'm sorry.  
7 What tests do you perform? Are these medical  
8 tests?

9 CHRISTOPHER BELL: When I said we  
10 perform tests when a woman comes in, they're  
11 online, mostly computer oriented to see her  
12 education level.

13 COUNCIL MEMBER LAPPIN: Thank you.

14 CHRISTOPHER BELL: Sure.

15 CHAIRPERSON FERRERAS: Thank you  
16 for your testimony and I will be calling up the  
17 next panel. Reverend Matthew Westfox, All Souls  
18 Bethel Church; Elizabeth Maloney, Radical Women;  
19 Rabbi Dennis Ross, Concerned Clergy for Choice;  
20 Reverend Anthony Johnson, Community Church of New  
21 York; Reynolds Norman.

22 [Pause]

23 CHAIRPERSON FERRERAS: Thank you.  
24 Again, a reminder, you have three minutes for your  
25 testimony. If you can please state your name

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2 before you begin. You may begin.

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ELIZABETH MALONEY: My name is

Elizabeth Maloney. I've been defending abortion clinics since 1980. I presently am out in front of Dr. Emily's clinic making sure that women have access to that clinic.

This is a statement from Radical Women to the New York City Council. As an organization, and I represent that organization, that has defended women's right to abortion for more than four decades, Radical Women urges passage of legislation requiring so-called crisis pregnancy centers to prominently post accurate information regarding services they do or do not provide and to ensure women's personal and health information is kept confidential.

In addition, this legislation should prohibit such centers from misinforming and harassing patients seeking abortions or other reproductive options. These centers have operated for years by misrepresenting themselves as comprehensive reproductive health clinics when their true purpose is to use deceit and manipulation to eliminate abortion and

1  
2 contraception as reproductive options for women.  
3 They target the very women who are most  
4 vulnerable, whose choices in life are already the  
5 most limited: young women, women without insurance  
6 and women who face barriers to health care based  
7 on their race, language and culture or immigrant  
8 status.

9           Radical Women believes that this  
10 legislation will be a positive step towards  
11 protecting women from violation of their right to  
12 accurate, unbiased and comprehensive information  
13 regarding their reproductive health. We call for  
14 its passage and for its provisions to be extended  
15 to mobile facilities that serve a similar purpose.

16           As an example, the same anti-  
17 abortion religious funded group responsible for  
18 harassing women entering Dr. Emily's clinic in the  
19 South Bronx also operates a van they advertise as  
20 providing free sonograms. They have no medical  
21 provider and do not provide referrals for abortion  
22 or contraception.

23           To the contrary, they seek to  
24 intercept women who are referred by their doctors  
25 to a legitimate clinic and those who have no money

1  
2 to pay or their health care. They subject women  
3 to scare tactics, intimidation and humiliation in  
4 an attempt to dissuade them from using abortion or  
5 contraception. These phony clinics and mobile  
6 units endanger women's rights and lives and this  
7 must come to an end.

8                   Despite the 1973 Supreme Court  
9 decision legalizing abortion, full reproductive  
10 freedom for women is far from a reality. Radical  
11 Women will continue to work with the many other  
12 supporters of women's rights here today to ensure  
13 that women truly do have choice.

14                   In our view, this means that  
15 abortion and contraception must remain not only  
16 legal but fully funded and available as part of a  
17 universal health care system. More than this,  
18 women should be able to make their decisions  
19 without the economic coercion created by poverty,  
20 employment discrimination and unequal wages. We  
21 ask that your current and future deliberations be  
22 guided by this principle.

23                   REV. MATTHEW WESTFOX: Hello. My  
24 name is Reverend Matthew Westfox. I'm an ordained  
25 minister at the United Church of Christ. I'm

1  
2 associate pastor of All Souls Bethlehem Church  
3 here in Brooklyn, New York. I'm Director of  
4 Interfaith Outreach for the Religious Coalition  
5 for Reproductive Choice.

6           Laura was in tears when she called  
7 me. A part of my ministry is to offer All Options  
8 Counseling to women and families who are dealing  
9 with unwanted, unplanned or otherwise difficult  
10 pregnancies, and trying to decide what to do.  
11 Sometimes I meet with them in person, sometimes  
12 they come to me by phone. In Laura's case, she  
13 called me because she wanted to have an abortion,  
14 was preparing to have an abortion, but she kept  
15 having nightmares.

16           You see, Laura had been ready to  
17 have an abortion. She had thought about it,  
18 prayed about it, which is how she and I first came  
19 into contact, and she had made her appointment,  
20 and gone ahead, only to find out that the  
21 appointment wasn't with a legitimate reproductive  
22 health clinic after all, where she could get the  
23 termination procedure she had decided to have.

24           It was with a crisis pregnancy  
25 center, where she was shown pictures and told in

1  
2 great detail about how much her "baby would  
3 suffer" and been told "I'm sure you love your baby  
4 and don't want to kill it." She called me because  
5 she still wanted to have the abortion. She knew  
6 this abortion was the only option she could really  
7 conceive of having. Each night, she kept having  
8 nightmares, remembering all the manipulative  
9 things that had been told to her.

10           Whereas Laura was upset, Sophia was  
11 angry. She worked at a grocery store and had to  
12 negotiate with both her boss and one of her co-  
13 workers to get the day off so she could go to the  
14 clinic and have the abortion that she and her  
15 husband had together decided was best.

16           When she realized she had gone to a  
17 place that wasn't going to provide the service she  
18 needed, that she had wasted her day off, lost the  
19 income she could have had that day working, and  
20 that it would be without purpose, and that it  
21 might be three weeks before she could get another  
22 day off to try this again, she was outraged.

23           She called me, having found out  
24 about the counseling I do and wanting to know "how  
25 could someone call themselves a Christian, if all

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2 they do is lie?"

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It's a good question. And while it is not my place to question the faith of others, not in my pulpit, and certainly not here, I want to say that as a Christian minister who works every day with those who have spent long hours discerning what best to do, I have deep respect for anyone facing a difficult decision about pregnancy, and how deeply I respect whatever option such a person or family might choose.

To attempt to convince someone to decide one way or the other is legitimate, to be sure. But to do so through manipulation and deception, by luring women through your doors under false pretenses, and then to provide them with false information or emotionally damaging images meant solely to coerce a decision is unjust, and wrong.

Most importantly, it is a violation of the basic human dignity of individual decision making and respect for personal conscience that is at the heart, not only of my own faith, but of what I think is best about our city and our country. I join my clergy and colleagues of so

1  
2 many faith traditions and backgrounds in calling  
3 on the New York City Council to pass this  
4 legislation to compel crisis pregnancy centers to  
5 end their deceitful manipulation by stating  
6 clearly what they are, and what they are not.  
7 Thank you.

8 RABBI DENNIS ROSS: I'm Rabbi  
9 Dennis Ross, Director of Concerned Clergy for  
10 Choice. Thank you and good afternoon.

11 I am here today on behalf of our  
12 New York State multi-faith network of 1,000  
13 religious leaders. We urge you to support Intro  
14 371. We want women to get honest medical care.

15 Our statewide network includes  
16 clergy from a wide spectrum of denominations:  
17 Baptist, Episcopal, Lutheran, Methodist,  
18 Presbyterian, United Church of Christ and  
19 Unitarian clergy, ministers, as well as rabbis,  
20 pro-choice Catholics and Muslims. We believe that  
21 a woman facing an unplanned pregnancy needs all  
22 the medical facts to reach the decision that is  
23 right for her. And we support her in her  
24 decision, be it carrying to term, placement in  
25 foster care or adoption or abortion care.



1  
2 I am an ordained rabbi and a  
3 licensed social worker. I am also holding a  
4 certificate in All Options Pregnancy Counseling  
5 for unplanned pregnancies from the Religious  
6 Coalition for Reproductive Choice. This  
7 credential represents the commitment to present a  
8 full spectrum of faith teachings and referral and  
9 support a woman wherever her spirit leads her.

10 When I am called upon to provide  
11 pastoral care, like our network members, I would  
12 never refer a woman to a so-called crisis  
13 pregnancy center. We refer only to health centers  
14 like Planned Parenthood that follow the law and  
15 all of the regulations where trained counselors  
16 compassionately review all the options with the  
17 patient. We affirm that, as a matter of faith, a  
18 woman is entitled to know everything, especially  
19 when feeling frightened and vulnerable.

20 Six years before Roe v. Wade, 21  
21 New York City clergy formed the Clergy  
22 Consultation Service on Abortion. These clergy  
23 came forward because they were left heartsick  
24 after providing pastoral care or funeral services  
25 for young women abandoned without access to safe

1  
2 medical care. This pastoral care experience  
3 demonstrated that when a woman knows her pregnancy  
4 is not right for her, she will do whatever it  
5 takes, to the point of risking her health and  
6 life. Putting her health and safety first honors  
7 this city's historic legacy and it's the smart  
8 thing to do.

9 Thank you for the opportunity to  
10 address you today. I urge you to support Intro  
11 371 regarding full disclosure at limited service  
12 pregnancy centers. Thank you.

13 REV. ANTHONY JOHNSON: I'm Reverend  
14 Dr. Anthony Johnson, affiliated community minister  
15 at the Community Church of New York Unitarian  
16 Universalist. I'm also a member of the Religious  
17 Leaders Task Force of Planned Parenthood of New  
18 York City.

19 The church I serve has a long  
20 history of engagement with the important issues of  
21 racial, gender and economic justice. When  
22 Margaret Sanger established the American Birth  
23 Control League, now the Planned Parenthood  
24 Federation, in 1921, Dr. John Haynes Holmes, then  
25 the minister of the Community Church of New York

1  
2 was a supporter of that effort. And today in our  
3 hall of worship, a bust of Sanger stands beside  
4 those of Gandhi, Martin Luther King, Jr. and  
5 Albert Schweitzer.

6 A woman's right to choose to have a  
7 child or not to have child is a civil right and it  
8 is a sacred right of her humanity. The decision  
9 to continue or terminate an unwanted or unplanned  
10 pregnancy is a difficult one. One woman will  
11 choose to continue the pregnancy, another to  
12 terminate the pregnancy.

13 In 33 years of ministry, I have  
14 known many women and their partners facing such  
15 decisions. Each woman in such a situation must be  
16 free to make the choice that is correct for her.  
17 That decision cannot be clouded by misinformation,  
18 lack of information, or pressure to make the  
19 choice that someone else deems correct.

20 Limited service pregnancy centers  
21 do not provide complete information and access to  
22 all options. They make that choice more  
23 difficult. A woman seeking help in dealing with  
24 an unwanted or unplanned pregnancy may not know  
25 what choices are available to her. A woman

1  
2 without private health insurance or a regular  
3 primary care doctor may not have access to the FDA  
4 approved birth control methods that might have  
5 helped her avoid that unwanted pregnancy.

6           The bill to amend the city's  
7 Administrative Code to address limited service  
8 pregnancy centers will assure that a woman seeking  
9 help knows what help she can or cannot get at a  
10 particular center and that the services offered  
11 will be provided, when she does get the right  
12 services, by a licensed medical provider. This  
13 will not prevent her from using the services of a  
14 limited services center if that is what she  
15 chooses but it will guarantee that she knows what  
16 services and information are or are not available  
17 when she enters the facility

18           As a supporter of Planned  
19 Parenthood, as a minister, and as the parent of a  
20 young adult woman, I urge enactment of the bill  
21 before you.

22           CHAIRPERSON FERRERAS: Thank you  
23 very much for your testimony. Thank you. We will  
24 be calling up the next panel. At this time, it is  
25 now 5:10 and we're going to be moving the panel

1  
2 testimony to two minutes. We have plenty of  
3 testimony in the next room. We want to make sure  
4 to hear from everyone. I'd like to call up Donald  
5 Rosenberg of the National Traditionalist Caucus,  
6 Gerard Nadal, PhD of Good Counsel Homes, Sean  
7 Degidon of the National Traditionalist Caucus,  
8 Anne Mielnik, M.D., citizen.

9 [Pause]

10 SEAN Y. DEGIDON: My name is Sean  
11 Degidon, Pro-life Pro-family Director at the  
12 National Traditionalist Caucus.

13 I urge the City Council to reject  
14 bill 371. It is damaging and biased legislation.  
15 Under the guise of consumer advocacy, this bill  
16 constitutes abortion advocacy by imposing  
17 standards on crisis pregnancy centers that Planned  
18 Parenthood and other abortion providers do not  
19 accept for themselves.

20 Many abortion friendly counseling  
21 centers and small abortion clinics have no onsite  
22 medical staff; yet they would not be required to  
23 advertise this to incoming clients. Neither is it  
24 standard practice for health care providers to  
25 preemptively disclose what products and services

1  
2 they don't provide. Again, this standard would  
3 only apply to crisis pregnancy centers.

4           If the aim of the legislation is  
5 full disclosure, then abortion clinics should be  
6 required to provide information about fetal  
7 development, and the physical and mental health  
8 risks of abortion. They are not. Rather crisis  
9 pregnancy centers are accused of bias and scare  
10 tactics for providing this information.

11           Neither is the provision for  
12 subjecting crisis pregnancy centers to patient  
13 confidentiality laws as innocent as it appears.  
14 As currently written, this law forbids the report  
15 of rape or incest unless the victim is under 13,  
16 and the perpetrator is a family member. Centers  
17 couldn't follow-up, make referrals, or even call  
18 the police without written permission, often  
19 difficult when the victim is in an abusive  
20 relationship.

21           Proponents of this bill have not  
22 produced a single example of a woman's  
23 confidentiality being violated by a crisis  
24 pregnancy center, and yet this threat is being  
25 presented as so great that the confidentiality of

1  
2 abusers, statutory rapists and pedophiles must be  
3 protected as well.

4 To their credit, the sponsors of  
5 this bill have made no secret that it was proposed  
6 and drafted by Planned Parenthood, America's  
7 largest abortion provider and NARAL, the premier  
8 abortion rights political action committee. To  
9 suggest that these are disinterested parties--

10 CHAIRPERSON FERRERAS:

11 [interposing] Please wrap up your testimony.  
12 Thank you.

13 SEAN Y. DEGIDON: These are the  
14 last two sentences.

15 To suggest that these are  
16 disinterested parties seeking to guarantee women  
17 unbiased information about abortion is like  
18 trusting the oil industry to draft regulations on  
19 those selling electric cars.

20 CHAIRPERSON FERRERAS: Thank you.

21 Thank you, sir.

22 SEAN Y. DEGIDON: If this bill  
23 passes, it will be a testament not only to the  
24 ideological extremism and criminalization of  
25 competition.

1  
2 CHAIRPERSON FERRERAS: Thank you,  
3 sir. Thank you very much.

4 DONALD ROSENBERG: I'm Don  
5 Rosenberg, chairman of the National Traditionalist  
6 Caucus. My remarks will be brief.

7 I have never met anyone who,  
8 speaking of the issue of choice, would have chosen  
9 to be aborted. President Theodore Roosevelt said  
10 many years ago, any nation whose population has  
11 begun to decline has invariably declined itself.  
12 We need to think of promoting a culture of life in  
13 our city, not to facilitate more abortion. Thank  
14 you.

15 DR. GERARD M. NADAL: Good  
16 afternoon. My name is Dr. Gerard Nadal. I'm a  
17 molecular biologist by training. I'm not a  
18 medical doctor. I'm on the advisory board for  
19 Good Counsel Homes. I'm here in that capacity and  
20 as a concerned citizen.

21 As I was listening to the testimony  
22 this afternoon, I've noticed that there seems to  
23 be a lot of opposition to CPCs. They've come  
24 under attack and their motives have come under  
25 attack. We've heard terms like they prey upon



1  
2 women, they target women and minorities, they  
3 endanger women's rights to an abortion. I'm not  
4 quite sure how their presence endangers a right  
5 because they provide an alternative. What they do  
6 is prevent a compulsion or a coercion.

7           So I'd like to take a look at some  
8 numbers really quick. White people in New York  
9 City, according to the New York State Department  
10 of Vital Statistics, have 512 abortions for every  
11 1,000 live births. Hispanics have 687 abortions  
12 per 1,000 live births. Blacks have 1,260  
13 abortions per 1,000 live births. With numbers  
14 like that, African Americans are a race in  
15 decline.

16           There have been 20 million aborted  
17 black babies nationwide since 1973. According to  
18 the Centers for Disease Control and Prevention,  
19 the number of aborted blacks outnumber the next  
20 leading seven causes of death among blacks  
21 combined. Blacks comprise only 12.3 percent of  
22 the United States population but have 37 percent  
23 of all the abortions nationwide and 46.7 percent  
24 of all the abortions citywide. I think the CPCs  
25 are doing an admirable job in holding out hope to

1  
2 women that are being preyed upon by the people on  
3 the other side of this issue. Thank you.

4 DR. ANNE MIELNIK: My name is Anne  
5 Mielnik. I am a licensed, board-certified family  
6 doctor who lives and works in Manhattan. I  
7 provide primary care to women and teens, ages 11  
8 and over, at the Gianna Catholic Healthcare Center  
9 in Midtown. I am trained to provide prenatal  
10 care, STD testing and primary care gynecology.  
11 I'm available to provide same-day care to clients  
12 of any New York City crisis pregnancy center. I'm  
13 also available to them by phone.

14 I am concerned about this  
15 amendment, Intro 371, and I'm here to register my  
16 opposition to it. I believe it seriously  
17 threatens the important good work that these  
18 centers are doing in New York City by branding  
19 them with negative labels which might discourage  
20 women from seeking their services and by  
21 threatening them with fines, closure and legal  
22 action.

23 These nonprofit centers offer non-  
24 medical help in the form of substantial material  
25 and practical assistance to women. The services

1  
2 they provide at no cost to women and through the  
3 efforts of hundreds of volunteers are of  
4 tremendous benefit to the women and communities  
5 they serve. These services may include counseling  
6 and emotional support from their trained staff,  
7 and it may include assistance obtaining medical  
8 care, including timely access to prenatal care  
9 from licensed health care providers in the  
10 community when the care is not available onsite.  
11 They also offer financial assistance, parenting  
12 classes, shelter and many other social services.

13           These centers are criticized for  
14 presenting inaccurate or biased information about  
15 the physical and emotional consequences of  
16 abortion. However, disagreement about these  
17 consequences of abortion exists within the medical  
18 field itself. Professional organizations like the  
19 American College of Obstetricians and  
20 Gynecologists are at odds with their own largest  
21 subgroup, the American Association of Pro-life  
22 OB/GYNs.

23           Others, such as the British Row  
24 College of Psychologists believe that the  
25 psychological effects of abortion are real and

1 supported by substantial evidence and that the  
2 counsel provided at these centers is consistent  
3 with the counsel offered by physicians throughout  
4 the country. Biased counseling can be provided by  
5 anyone. Why is this network being singled out for  
6 a policy simply because they fall on the side that  
7 opposes abortion? Thank you.

8  
9 CHAIRPERSON FERRERAS: Thank you.

10 I have a question, are you employed by a CPC?

11 DR. ANNE MIELNIK: I am not  
12 employed by a CPC and I am not affiliated with any  
13 of the CPCs.

14 CHAIRPERSON FERRERAS: In your  
15 testimony you said you were readily available. As  
16 a volunteer?

17 DR. ANNE MIELNIK: Correct. I'm a  
18 physician. I provide medical care. I am in  
19 contact with many of the leaders of the crisis  
20 pregnancy centers. Many of them have my cell  
21 phone number and I'm available to answer any  
22 questions or provide care to their women if they  
23 have an urgent need.

24 CHAIRPERSON FERRERAS: So how many  
25 hours do you say on average do you spend on giving

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2 this support or assistance?

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DR. ANNE MIELNIK: I'm just available. I would say once or twice a month they ask me to see a patient urgently and I'm happy to do that.

CHAIRPERSON FERRERAS: Once or twice a month you said?

DR. ANNE MIELNIK: Correct.

CHAIRPERSON FERRERAS: Thank you.

DR. ANNE MIELNIK: Thank you.

CHAIRPERSON FERRERAS: Thank you very much for your testimony.

COUNCIL MEMBER LAPPIN: I'm sorry. You provide that free of charge as a volunteer?

DR. ANNE MIELNIK: It depends. If a woman is insured and we accept her insurance, then we bill her insurance for medical care that we provide. If she is not insured and in need of care, then we will see her at no charge. If they fall somewhere in between that spectrum, we work with them based on their financial needs.

COUNCIL MEMBER LAPPIN: You see them in your office or in the CPC?

DR. ANNE MIELNIK: In my office.

1

COUNCIL MEMBER LAPPIN: Thank you.

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CHAIRPERSON FERRERAS: Thank you

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for your testimony. We'll be calling up the next

5

panel. Alice from Bridge to Life; Fred Ditrabulsi

6

from the Life Center of New York; Luiz Menchaca

7

from Pregnancy Centers; and Greg Pfundstein.

8

ALICE LEMES: Hi, my name is Alice

9

Lemes.

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CHAIRPERSON FERRERAS: Hold on one

11

second.

12

[Pause]

13

CHAIRPERSON FERRERAS: You may

14

begin your testimony.

15

ALICE LEMES: I'm Alice Lemes. I'm

16

one of the directors of Bridge to Life. In fact,

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from here I have to run to a board meeting. We

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offer resources to women in crisis pregnancies in

19

the hope that they will carry the pregnancy to

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term. We offer material assistance and I'm

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primarily involved in fundraising for Bridge.

22

I have seen real miracles at crisis

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pregnancy centers. I have seen teenagers who

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believed that they did not have the strength or

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courage to carry a pregnancy to term give birth.

1  
2 I have also heard the stories of young girls who  
3 have been threatened by their boyfriends,  
4 threatened to the point where they believed that  
5 they would be killed if they carried the pregnancy  
6 to term. We do a lot of hand holding at Bridge.  
7 We do not deceive. I find it dismaying that we  
8 keep hearing of deception.

9 I used to be on the other side of  
10 the abortion issue. I am very much aware of the  
11 history of Planned Parenthood. I find it  
12 scandalous that a woman who supported eugenics,  
13 addressed a KKK rally and had a correspondence  
14 with a member of the Nazi Party is held up as a  
15 feminist heroine.

16 I know what the word crisis  
17 pregnancy means because I was 40 years old when I  
18 became pregnant with my only child. I was also in  
19 a very difficult marriage. I thank God for the  
20 people who offered me help during this time and  
21 I'm very grateful to be a mother.

22 I also find it dismaying that  
23 people refuse to acknowledge the link between  
24 abortion and breast cancer, as well as ovarian  
25 cancer. I happen to be an ovarian cancer

1  
2 survivor. This is a very deadly disease that  
3 affects less than 2 percent of women, yet it is a  
4 very, very deadly disease. It is dismaying that  
5 people don't talk about the good that pregnancy  
6 does for a woman, such as protection against  
7 breast cancer, protection against uterine and  
8 ovarian cancer. Thank you.

9 GREG PFUNDSTEIN: My name is Greg  
10 Pfundstein. I'm the executive director of the  
11 Chiaroscuro Foundation. We're a grant making  
12 foundation here in New York City that supports the  
13 work of several crisis pregnancy centers. Forty-  
14 one percent of all pregnancies in the city of New  
15 York ended in abortion in 2008, the latest year  
16 for which data are available. Nationwide, only 23  
17 percent of all viable pregnancies end in an  
18 abortion.

19 In the Bronx, 48 percent of all  
20 pregnancies ended in abortion in 2008. Forty-  
21 eight percent. There were 89,469 abortions in New  
22 York City in 2008, according to the New York City  
23 Department of Health and Mental Hygiene. In 2008,  
24 there were a total of 20,250 abortions in the  
25 Bronx. There were 21,807 live births.



1  
2           When live births and abortions are  
3 nearly at parity, access to abortion is not the  
4 issue. Rather, the choices women are making seem  
5 to be informed by their poverty and lack of access  
6 to other options. When 48 percent of pregnancies  
7 end in abortion, this is not choice, this is  
8 desperation. This is the context in which the New  
9 York City Council has introduced legislation to  
10 regulate crisis pregnancy centers under the  
11 pretense that CPCs deceive women with inaccurate  
12 medical information.

13           As this Council surely knows, by  
14 2008, 59 studies have shown a statistically  
15 significant increase in the risk of pre-term birth  
16 and low birth weight in future pregnancies for  
17 women who have induced abortions. Increased risk  
18 of placenta previa in future pregnancies is also  
19 well established. Moreover, there is a  
20 substantial body of medical literature indicating  
21 that induced abortion leads to increased risk of  
22 negative mental health outcomes.

23           These facts, when considered in the  
24 context of New York City's abnormally high rate of  
25 abortion, should make it clear that women deserve

1  
2 ever greater access to alternatives to abortion.  
3 In fact, it should be clear that every effort  
4 should be made to lower the abortion rate in this  
5 city. The women of the city of New York deserve  
6 not fewer alternatives but more alternatives. It  
7 is for these reasons that I oppose unequivocally  
8 City Council bill 371. Thank you.

9 FRED TRABULSI: Good day Council  
10 men and women. I, Fred Trabulsi, executive  
11 director of the Life Center of New York present  
12 myself before this esteemed subcommittee of the  
13 Council of City of New York. I am a proud,  
14 lifelong resident of the fourth largest city in  
15 the country, Brooklyn. So the sign states on the  
16 Belt Parkway.

17 I come before you today to state  
18 that I believe Intro 371 is a violation of my  
19 rights as a citizen of this city, and a violation  
20 of mine and my center's First Amendment rights.  
21 Since when is it a violation of law to help women  
22 in need? We have been on the same corner for 26  
23 years and have seen over 20,000 women in that  
24 time. We have assisted them in most of their  
25 needs, not only through their pregnancy but well

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after and as long as needed.

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Our Yellow Pages advertisement is under abortion alternatives and we don't mislead in any other documentation that we have presented. Would a butcher have to post he doesn't fix autos or a candlestick maker post he doesn't make tamales? Why should a center as ours have to then advertise and post all over that we don't do abortions, do not supply contraceptives and are not a medical facility when we don't purport to be?

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Our window signage does not state we are a medical facility. Our intake sheets in English and Spanish are boldly printed in clear, large font type "confidential". We don't presume to do the pregnancy test that is administered and the woman actually signs a statement that she herself took the test and read it herself. We are here to help.

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25

This Intro 371 will hinder the good works we have been doing for the community of Sunset Park, Bay Ridge for 26 years. I appeal to this body to seriously consider your actions here today. For if this bill goes forward, it will

1  
2 infringe on the free speech of not only those whom  
3 you are aiming this bill at but will eventually  
4 devolve on our citizens and assert itself into  
5 other areas of our lives, challenging our long  
6 held beliefs of fairness and justice. I believe  
7 it will not stand the constitutional test and I  
8 fear the framers--

9 CHAIRPERSON FERRERAS:

10 [interposing] Thank you, sir. Thank you.

11 FRED TRABULSI: Thank you and  
12 you're welcome.

13 CHAIRPERSON FERRERAS: Please state  
14 your name and begin your testimony.

15 LUIZ MENCHACA: Luiz Menchaca,  
16 "Lifeboat Louie". It's very easy to be pro-choice  
17 when you're not the one that's being killed.  
18 Chris Slattery and Chris Bell are some of the  
19 finest men I know and they have beautiful families  
20 and they're being treated like liars. They tell  
21 the truth. They give an alternative to abortion.  
22 They show the baby, the pictures.

23 I go in front of the abortion mills  
24 in all kinds of weather. We put up with a lot of  
25 garbage. It's high time. You know, there was a

1  
2 time when you tried to save somebody's life you  
3 were a hero. Now they treat you like a zero, just  
4 like the babies. I've been to some of your City  
5 Council people meetings before. It's high time  
6 you wake up and get human. Because the baby is  
7 human, the baby feels pain, the baby is a gift  
8 from God. In the long run, the woman will be  
9 happy that she had her baby.

10 I see boyfriends kind of dragging  
11 them. I see people take away the piece of paper  
12 that I give the girls so that she doesn't get the  
13 information. I see the mothers bringing the girls  
14 in. They want their babies. But there's a lot of  
15 these girls being forced either by their parents  
16 or by the boyfriends. It's murder. That's a  
17 baby. That's a human being.

18 All of us, we're that tiny, we got  
19 to be born. Some of you, be glad you're on the  
20 City Council, at least give the baby a chance to  
21 live, you know. You know, it's time we wake up.  
22 I was down there in Florida for Terri Schiavo. It's  
23 time we wake up. That innocent woman was killed.  
24 I broke down and cried that day. I lost a niece  
25 or a nephew to an abortion. So I offer it up for

1  
2 the family member and his girlfriend that someday  
3 they repent that sin.

4                   What I do out in the weather, I've  
5 been to jail and I've been arrested and I'm damn  
6 glad I did it too because it's justified,  
7 justifiable to break an unjust law and I've  
8 rescued and there's a boy that's going to be 20  
9 years old in February--

10                   CHAIRPERSON FERRERAS:

11 [interposing] Thank you for your testimony.

12                   LUIZ MENCHACA: --because we  
13 rescued him.

14                   CHAIRPERSON FERRERAS: Please limit  
15 your clapping. Excuse me. I'm going to ask.  
16 We've been doing very well. We've been respectful  
17 of everyone's comments and statements. Sir, if  
18 you can sit back down. Just for the  
19 clarification, on the record, all Council Members  
20 are human.

21                   LUIZ MENCHACA: The baby's human  
22 too.

23                   CHAIRPERSON FERRERAS: My question  
24 is for the CPCs, Bridge Life and Life Center of  
25 New York, since you're both here and you can

1  
2 answer respectively. How many locations do you  
3 currently have?

4 ALIVE LEMES: Two.

5 FRED TRABULSI: One.

6 CHAIRPERSON FERRERAS: If you could  
7 just say it in the mike.

8 ALIVE LEMES: We have two.

9 FRED TRABULSI: We have one.

10 CHAIRPERSON FERRERAS: Where are  
11 they located, in what borough?

12 ALIVE LEMES: Flushing Queens and  
13 in Astoria.

14 FRED TRABULSI: Brooklyn.

15 CHAIRPERSON FERRERAS: Is there a  
16 licensed medical provider on your site?

17 FRED TRABULSI: No.

18 ALIVE LEMES: No. We do not give  
19 sonograms.

20 CHAIRPERSON FERRERAS: You do not  
21 provide. Do you provide sonograms?

22 FRED TRABULSI: No, we don't.

23 CHAIRPERSON FERRERAS: Do you  
24 provide or do you refer for testing on sexually  
25 transmitted diseases?

1  
2 FRED TRABULSI: If they ask for it,  
3 we try to get them to see a doctor that we know to  
4 see if he does that. We're not sure exactly if he  
5 does that. We don't really push for that.

6 CHAIRPERSON FERRERAS: It's not  
7 something you ask?

8 FRED TRABULSI: We don't ask. No,  
9 they ask us if we do that.

10 CHAIRPERSON FERRERAS: So it's not  
11 one of your questions on the questionnaire. I  
12 know that you gave us one.

13 FRED TRABULSI: That I presented  
14 for documentation. No.

15 CHAIRPERSON FERRERAS: Thank you.

16 ALIVE LEMES: If they ask, we give  
17 them a medical referral. If they ask.

18 CHAIRPERSON FERRERAS: You give  
19 them a medical referral?

20 ALIVE LEMES: Yes.

21 CHAIRPERSON FERRERAS: Council  
22 Member Lappin, do you have any questions? No?  
23 Thank you very much for your testimony and we'll  
24 be calling up the next panel: Alice Ko Tsai, Peter  
25 Lepre, a volunteer with EMC, Dorothy Dugandzic



1  
2 from St. Augustine's Foundation. Michelle, I'm  
3 sorry your last name is very small, pro babies.

4 [Pause]

5 CHAIRPERSON FERRERAS: Just as a  
6 reminder, you're going to be testifying for two  
7 minutes. If you can please make sure that you  
8 speak into the mike and state your name before you  
9 begin your testimony. Thank you.

10 DR. ALICE KO TSAI: Hi, my name is  
11 Alice Ko Tsai and I'm a board certified OB/GYN. I  
12 live and work in Manhattan and occasionally in the  
13 surrounding boroughs. I try to mobilize folks at  
14 the medical student, resident and attending level  
15 to serve the underserved here as well as overseas.

16 Previously, I trained in inner city  
17 Baltimore at Johns Hopkins Hospital and then I  
18 practiced in the Princeton Trenton area before  
19 moving to Manhattan to examine victims of torture  
20 who are seeking asylum in the United States.

21 Most recently, I provided  
22 gynecological care for the mentally and physically  
23 disabled population through a not-for-profit,  
24 working through Manhattan and the Bronx and  
25 Brooklyn. And also, personally, my parents were

1  
2 unmarried when they were expecting me and they  
3 were considering a termination. So I'm very  
4 thankful that they did not choose that option.

5 I believe also, just as an OB/GYN  
6 who's never worked directly under a crisis  
7 pregnancy center that I really do see patients who  
8 come pregnant, faced with the decision whether or  
9 not to terminate. The reality of training is that  
10 there's so much going on that we really do not  
11 have adequate time for thorough counseling. When  
12 I left inner city Baltimore, the extent of our  
13 counseling was to refer patients to the social  
14 worker and inevitably they'd be transferred to  
15 Planned Parenthood for a termination.

16 I'm very concerned that singling  
17 out CPCs will unfairly label them and subject them  
18 to penalties that will inhibit their ability to  
19 give the needed time to connect the women seeking  
20 their help with the social services that the women  
21 need.

22 It wasn't until I moved to  
23 Manhattan that I actually received adequate  
24 comprehensive training for patients and was able  
25 to counsel patients not only on the choice of

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abortion but also abortion alternatives.

I believe that crisis pregnancy centers offer valuable and much needed services. I've worked with the Sisters of Life as well as some volunteers with crisis pregnancy centers and I do strongly believe that they advocate definitely for early prenatal care.

PETER LEPRE: Good evening. My name is Peter Lepre and I'm here as an envoy for mercy. I'm a personal friend of Chris Slattery. I support EMC and his work wholeheartedly that he does. It's amazing, astounding work. Also, Chris Bell and Good Counsel Homes. Without the services of these organizations many, many babies would be lost.

The whole premise, even though what you're saying this evening is admirable but it is deadly wrong. I have a quote from the Blessed Mother Teresa which I'd like to read. It is from her Amicus Curiae Brief filed by Mother Teresa of Calcutta in the court in 1994, *Loce v. New Jersey*.

"Yours is the one great nation in all of history which was founded on the precept of equal rights and respect for all humankind, for

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2 the poorest and the weakest of us all as the  
3 richest and the strongest. As your Declaration of  
4 Independence put in words which have never lost  
5 their power to stir the heart: We hold these  
6 truths to be self-evident: that all men are  
7 created equal, that they are endowed by their  
8 creator with inalienable rights; that among these  
9 are life, liberty and the pursuit of happiness."

10 "A nation founded on these  
11 principles holds a sacred trust: to stand as an  
12 example to the rest of the world, to climb ever  
13 higher in its practical realization of the ideals  
14 of human dignity, brotherhood and mutual respect.  
15 It has been your constant effort in fulfillment of  
16 that mission, far more than your size or your  
17 wealth or your military might, that have made  
18 America an inspiration to all mankind."

19 "I have no new teaching for  
20 America. I seek only to recall you to  
21 faithfulness to what you once taught the world.  
22 Your nation was founded on the proposition very  
23 old as a moral precept, but startling and  
24 innovative as a political..."

25 CHAIRPERSON FERRERAS: Thank you,

1

2 sir.

3 PETER LEPRE: You're welcome.

4 CHAIRPERSON FERRERAS: You may  
5 begin your testimony. Please state your name.6 DOROTHY DUGANDZIC: My name is  
7 Dorothy Dugandzic. I am the managing director of  
8 the St. Augustine Foundation, Yonkers New York for  
9 the past 14 years. I am also a certified  
10 fertility care practitioner, a professional  
11 research editor and the publications chairman for  
12 the American Academy of Fertility Care  
13 Professionals.14 I have been working closely with  
15 EMC crisis pregnancy centers in the New York area  
16 for many years, providing them with services and  
17 information regarding natural methods of family  
18 planning which are highly effective 98 to 99  
19 percent and very safe.20 I hand delivered "Introduction to  
21 Natural Family Planning" booklets to the centers  
22 and made them available at no cost as I think they  
23 are providing excellent pro-woman services to the  
24 clients they serve. I have found the directors of  
25 these centers to be very compassionate,

1  
2 knowledgeable, and sensible people who are very  
3 dedicated to helping the women they serve who come  
4 to them in crisis pregnancy situations. I  
5 received natural family planning.

6 I think Intro 371 is an unfair bill  
7 to pass since I know that natural methods of  
8 family planning are equally and sometimes more  
9 effective than artificial methods and quite safer.  
10 The crisis pregnancy centers should be free to  
11 choose to market the natural methods that they do  
12 versus the FDA approved ones that this bill would  
13 mandate.

14 Natural Methods of birth regulation  
15 need no FDA approval as they so not involve  
16 gadgets or medications. Rather, they rely on a  
17 woman being taught to recognize and chart the  
18 naturally occurring signs in her body that signal  
19 ovulation events, the most accurate of those being  
20 her monthly cervical discharge.

21 The Creighton Model Fertility Care  
22 System founded by Dr. Thomas Hilgers, a Board  
23 Certified OB/GYN in Nebraska provides research and  
24 training in an ovulation based method of Natural  
25 Family Planning. His research article, Creighton

1  
2 Model NaProEducation Technology for Avoiding  
3 Pregnancy was published in the Journal of  
4 Reproductive Medicine in 1998 and attests to the  
5 high effectiveness of this method. His work is  
6 based on the Billings Ovulation Method which has  
7 countless published research articles on the  
8 effectiveness of these methods to avoid pregnancy  
9 in the last 50 years.

10 CHAIRPERSON FERRERAS: Thank you  
11 for your testimony. Ma'am, if you could just  
12 state your name and begin your testimony.

13 MICHELLE GANTZ: My name is  
14 Michelle Gantz. I've been doing volunteer pro-  
15 life work for about four years. I want to say  
16 that it annoys me to no end that a young girl  
17 needs parental permission to have her ears pierced  
18 but she does not need parental permission to have  
19 an abortion. Thank you.

20 CHAIRPERSON FERRERAS: Thank you  
21 for your testimony. Alice, are you an M.D., a  
22 doctor?

23 DR. ALICE KO TSAI: Yes, I'm an  
24 M.D. of BCOG, so I'm board certified and a fellow  
25 of the American College of OB/GYN.

1  
2 CHAIRPERSON FERRERAS: Do you think  
3 that it's a good idea for someone without a  
4 license to give sonograms or ultrasounds without  
5 the supervision of a doctor?

6 DR. ALICE KO TSAI: If the  
7 sonographer has been well trained, usually under  
8 my training they are supervised under a physician  
9 or radiologist of some sort.

10 CHAIRPERSON FERRERAS: Thank you.

11 COUNCIL MEMBER LAPPIN: If they're  
12 not being supervised, who's reading the sonograms?  
13 Is the technician who is not a radiologist reading  
14 the sonogram? Is that what you're suggesting is  
15 safe?

16 DR. ALICE KO TSAI: I see what  
17 you're saying. No, no. I'm sorry, I must have  
18 misunderstood the question. To perform the  
19 sonogram, there doesn't have to be a medical  
20 person physically there. But there has to be a  
21 medical person signing off on the sonogram.

22 COUNCIL MEMBER LAPPIN: Do you  
23 think that the person performing the sonogram  
24 should be licensed? I think that was the question  
25 the chair asked. There's a difference between



1  
2 somebody performing it who maybe is trained versus  
3 licensed.

4 DR. ALICE KO TSAI: Right. I feel  
5 like there should be some level of certification  
6 definitely and some sort of accountability,  
7 basically, based upon the level of training and  
8 supervision if needed.

9 COUNCIL MEMBER LAPPIN: Thank you.

10 CHAIRPERSON FERRERAS: Thank you.  
11 Dorothy, do you have a licensed medical provider  
12 on your site?

13 DOROTHY DUGANDZIC: I'm not a  
14 medical provider.

15 CHAIRPERSON FERRERAS: I'm sorry,  
16 can you speak into the mike?

17 DOROTHY DUGANDZIC: I'm not a  
18 medical provider.

19 CHAIRPERSON FERRERAS: Are you a  
20 CPC?

21 DOROTHY DUGANDZIC: I'm not a CPC.

22 CHAIRPERSON FERRERAS: Okay. Thank  
23 you very much for your testimony and we'll be  
24 calling up the next panel.

25 [Pause]

1  
2 CHAIRPERSON FERRERAS: The next  
3 panel: Susanne Metaxas of Midtown Pregnancy  
4 Support, Tiffany Himes of MPSC, Pat Musco of  
5 Church of the Rock and Julie Lewis of Midtown  
6 Pregnancy Support Center.

7 [Pause]

8 CHAIRPERSON FERRERAS: You may  
9 begin your testimony.

10 SUSANNE METAXAS: The Midtown  
11 Pregnancy Support Center began 15 years ago by a  
12 group of women attending a church on the Upper  
13 East Side of Manhattan who were overwhelmed by the  
14 number of abortions in New York City and wanted to  
15 start a non-profit community organization that  
16 would offer options counseling, abortion  
17 alternative services and post-abortive counseling.

18 They believed that in order for  
19 women to make the best decision, they needed to be  
20 informed of all their options. MPSC offers all of  
21 our services at no charge to our clients in a  
22 confidential and professional atmosphere. We do  
23 follow the HIPAA confidentiality guidelines. We  
24 counsel hundreds of women and men a year and have  
25 supporters throughout every borough of New York

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2 City.

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Besides our one-on-one and group counseling, we offer our clients a large range of services including: free pregnancy tests, baby and maternity clothing, single mom support groups, parenting classes, baby showers, breastfeeding classes, job placement and training. We also have 11 trained doulas, male client advocates and interpreters in Spanish and Korean. Our extensive referral book cites approximately 400 social services offered throughout the metro area.

At the Midtown Pregnancy Support Center, we are very specific in defining our services for clients. They are informed verbally, on our website in writing that we do not refer for or recommend abortion, as well as the many ways by which we can help them. We let every woman that takes a self-administered pregnancy test know that she needs to confirm her pregnancy with a medical doctor, whether it's positive or negative.

Since we already take every effort to be as transparent as possible, we are simply opposed to being singled out to post a sign highlighting services that we don't provide. Such

1  
2 an approach is completely counter to the way any  
3 other nonprofit or business operates.

4 Our client release form that a  
5 client has to sign before they're able to see a  
6 counselor states that the MPSC is not a medical  
7 facility, the results of your self-administered  
8 pregnancy test is not a diagnosis. Only a  
9 licensed physician may provide a diagnosis. It is  
10 recommended that you contact a physician to  
11 confirm the pregnancy test, whether it is  
12 positive, negative or inconclusive. If you do not  
13 have a physician, we can provide you with  
14 referrals.

15 The proposed signage is a violation  
16 of our First Amendment rights by compelling us to  
17 speak and regulating our speech on the basis of  
18 content, viewpoint and speaker identity. We  
19 believe we are a valuable service to the New York  
20 City community; we encourage women to thoughtfully  
21 consider all of their choices. We recognize that  
22 abortion is a legal option and we want to ensure  
23 women are respected and have the opportunity to  
24 make fully informed decisions.

25 Ninety-nine percent of all MPSC

1  
2 client surveys are overwhelmingly positive, in  
3 fact many clients have referred their friends to  
4 us. Clients have also shared how they were  
5 grateful for the love and support they received at  
6 the Center and how MPSC made all the difference in  
7 their ability to make the choice that they wanted  
8 for their pregnancy. As Christians, we care about  
9 women and their emotional, physical and spiritual  
10 wellbeing regardless of what they ultimately  
11 choose. Our passion is to empower women to make  
12 healthy choices for their lives.

13 CHAIRPERSON FERRERAS: Thank you  
14 for your testimony. Thank you.

15 SUSANNE METAXAS: Thank you.

16 PAT MUSCO: Good evening. My name  
17 is Pat Musco. I'm the director of education for  
18 the Church at the Rock in Brooklyn New York.

19 I'm here to speak about the bill  
20 Intro 371 targeting pro-life organizations called  
21 pregnancy crisis centers. I've been involved with  
22 the Borough Crisis Pregnancy Center and I've seen  
23 and heard the testimony of women and at times  
24 fathers who have been truthfully told in love  
25 about all of their choices, not just the one-sided

1  
2 opinion of killing the unborn child. Information  
3 given at CPCs are taken from reputable sources, is  
4 motivated by love and the desire to protect the  
5 good health of mother and baby.

6 CPCs are not driven by greed. As  
7 this bill is a political special interest payoff  
8 to the abortion industry for campaign contribution  
9 and ideological hatred for pro-life people.

10 Abortion clinics and their employees have a  
11 financial interest in getting a woman to pick the  
12 one option of abortion and not other options.

13 If a woman goes to a Planned  
14 Parenthood facility, they talk about her options,  
15 which is the exact parallel to the discussion that  
16 happens at a pregnancy center. The woman is not  
17 counseled by a nurse or doctor there either.

18 Medical personnel have nothing to do with the  
19 counseling. Abortion clinics are interested in  
20 getting the woman to make the choice that will put  
21 profit in their pockets without any regard for the  
22 mother or unborn child.

23 There is a false premise in the  
24 bill targeting CPCs, saying that their advertising  
25 is false and misleading. It is not. Ads boldly

1  
2 proclaim abortion alternatives. And there are  
3 alternatives. Women going into abortion clinics  
4 need to see disclaimers. The women need to hear  
5 the problem from both sides but there is a  
6 deliberate choice to regulate one and not the  
7 other. The bill violates federal and New York  
8 law. It violates the First Amendment because it  
9 regulates--

10 CHAIRPERSON FERRERAS: Thank you  
11 very much for your testimony. My questions are  
12 directed to the CPCs. I'm so sorry. Go right  
13 ahead.

14 TIFFANY HIMES: My name is Tiffany  
15 Himes. I'd like to take a moment to tell you my  
16 personal story about how the Midtown Pregnancy  
17 Support Center changed my life. Contrary to what  
18 is often said, abortion is not always the right  
19 choice for a woman. Women who have particular  
20 spiritual or moral beliefs for instance might feel  
21 cornered into having an abortion. Sometimes it is  
22 because a woman's situation appears desperate and  
23 she feels out of options. Sometimes a woman  
24 thinks she shouldn't have a child if she isn't  
25 married, or if she's a teenager, or attending

1  
2 college. Perhaps she has a job that keeps her on  
3 her feet all day. Maybe she knows her family  
4 won't be supportive and she'll end up without a  
5 roof over her head because she can't stay in her  
6 college dorm, continue to manage tuition payments  
7 and take care of a baby all at the same time.

8           In my situation all these things  
9 were true. There were a hundred reasons why  
10 abortion was the most obvious choice, but if you  
11 know me, or you know women, you know that we are  
12 not just concerned about our physical wellbeing.  
13 I needed someone to talk to about my situation,  
14 someone who understood more than just my practical  
15 concerns over the abortion I was facing, someone  
16 who could help me address everything going on in  
17 my life.

18           MPSC took me out of a very  
19 emotional situation and mapped out a practical  
20 plan for me, should I choose to parent. They,  
21 provided counselors, brochures and baby showers.  
22 They had lists of social services for myself and  
23 the baby, should I choose to parent. And after  
24 just one session at MPSC I felt stronger and more  
25 empowered to make a decision.



1  
2 I want to testify that I would have  
3 felt judged had there been intimidating literature  
4 posted on the walls of MPSC. When it was  
5 mentioned over the phone that they didn't refer  
6 for abortions I understood what they were about.

7 CHAIRPERSON FERRERAS: Thank you  
8 for your testimony. As I said earlier, this is  
9 going to go to the CPCs. How many locations do  
10 you operate? Can you speak into the mike?

11 SUSANNE METAZAS: One.

12 PAT MUSCO: I'm not.

13 CHAIRPERSON FERRERAS: Okay. Is  
14 there a licensed medical provider available at  
15 your location?

16 SUSANNE METAZAS: No. We're not a  
17 medical facility.

18 CHAIRPERSON FERRERAS: Are the  
19 women that come in informed of that?

20 SUSANNE METAZAS: I just read from  
21 our client consent form that we are not a medical  
22 facility. They have to sign that before they see  
23 anyone.

24 CHAIRPERSON FERRERAS: Do you  
25 perform any sonograms onsite?

1

SUSANNE METAZAS: No.

2

3

CHAIRPERSON FERRERAS: Do you

4

provide referrals or do testing onsite for

5

sexually transmitted diseases?

6

SUSANNE METAZAS: No, we're not a

7

medical facility.

8

CHAIRPERSON FERRERAS: Do you do

9

anything to determine whether a woman is a victim

10

of domestic violence?

11

SUSANNE METAZAS: That sometimes

12

comes out in the counseling. But we don't have

13

that many of them, but it could come out in the

14

counseling.

15

CHAIRPERSON FERRERAS: I know that

16

you spoke about the confidentiality part. What

17

kind of information do you tend to collect?

18

SUSANNE METAZAS: It's really, in

19

the beginning, more demographic. But they are

20

told they don't have to answer any of the

21

questions. It's up to them. But we do need to

22

know how to contact them. But anything else they

23

don't have to fill out. But they do have to sign

24

the consent release form, the client release form.

25

CHAIRPERSON FERRERAS: So if you

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disclose this information, as you had mentioned earlier, what would be your opposition to the signage, if it's something that you readily do?

SUSANNE METAZAS: I feel that it's forcing us to speak. I think it's scary for women to have these big signs up when they're in such a crisis situation. So I don't really think that we need to have signs when we already state on our website and in our literature that we do not refer for abortion and we're not a medical facility.

CHAIRPERSON FERRERAS: Do you know how many of the women that come to your facility have visited the website where you say you say this already?

SUSANNE METAZAS: Most of them have.

CHAIRPERSON FERRERAS: So they go from your website to your facility?

SUSANNE METAZAS: Most of them have.

CHAIRPERSON FERRERAS: Thank you.

COUNCIL MEMBER LAPPIN: Where are you located? What's your address? It doesn't say on the testimony.

1

2

SUSANNE METAZAS: We're on 40th

3

between Park and Lex.

4

COUNCIL MEMBER LAPPIN: What's your

5

address?

6

SUSANNE METAZAS: 110 East 40th

7

Street.

8

COUNCIL MEMBER LAPPIN: Thank you.

9

CHAIRPERSON FERRERAS: Thank you

10

for your testimony and we're going to be calling

11

up the next panel. Lorraine Gariboldi of Life

12

Center of Long Island; Kathleen O'Connell; Josie

13

Allatara; James Harden of CompassCare.

14

[Pause]

15

CHAIRPERSON FERRERAS: You may

16

begin your testimony.

17

JAMES HARDEN: My name is Jim

18

Harden. I am the president and CEO of a network

19

of medical pregnancy centers called CompassCare.

20

I run this organization as a network of ten

21

centers in eight states. We're interested in

22

this, although it wouldn't apply to us because we

23

provide medical services onsite by medical

24

professionals.

25

By the way, I've never been in a

1  
2 room so full of fanatics in my life. I don't know  
3 if that's a good or a bad thing. I might have  
4 just become the one heretic here. This is clearly  
5 a battle of ideology. There doesn't seem to be a  
6 whole lot of rational injection of information.

7 I was born in Milwaukee, Wisconsin  
8 in a hospital my father ran to a mother who was a  
9 Planned Parenthood volunteer, at the hand of an  
10 abortion provider, with an IUD, which is an  
11 abortion causing contraceptive, wrapped around my  
12 wrist. I run medical services that serve women in  
13 this particular niche.

14 The sponsors of this amendment  
15 intuitively recognize the vulnerability of this  
16 population of women and view the proposal as a  
17 solution for their concerns for the safety of  
18 these women. I have some concerns about the use  
19 of manipulative and deceptive tactics that are  
20 used by some organizations, however, to think of  
21 this as an isolated case, only isolated to non-  
22 standardized pro-life centers is only half the  
23 story.

24 Any person or organization looking  
25 to provide medical services are subject to heavy

1  
2 regulations already. You must consider whether  
3 adding regulation isn't going to exploit women  
4 even further. The question for the Council to the  
5 proponents of this legislation should be: can you  
6 demonstrate that current Health Code is being  
7 enforced such that more legislation is required to  
8 protect the women in our community? If not, then  
9 what makes us think that more legislation will be  
10 helpful?

11 CHAIRPERSON FERRERAS: Thank you  
12 for your testimony. You may begin.

13 LORRAINE GARIBOLDI: My name is  
14 Lorraine Gariboldi. I've been full time executive  
15 director at the Life Center of Long Island for 19  
16 years. We're a 501(c)(3).

17 In those 24 years that we've been  
18 in existence, we've helped over 25,000 women. We  
19 are a pregnancy resource center. We exist to  
20 offer women faced with an untimely pregnancy  
21 practical help, emotional support and information  
22 about positive pregnancy options that build  
23 healthy families. We are supported by charitable  
24 donations from individuals concerned with helping  
25 pregnant women and we charge nothing to our

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clients for our services.

The Life Center provides options and resources to pregnant women who are not satisfied with the choice to abort their child. We are motivated not by profit but by love. We help new parents to realize that children are not only America's greatest natural resource but also a gift from God. Our families and the future of our country are strengthened by the lifesaving work of pregnancy centers like the Life Center.

Our mission is to promote, encourage and foster public sentiment and respect for the dignity of human life. Our goal is to have all women who are faced with a crisis pregnancy to be given the information they need to make an informed decision. We work with social workers, hospitals and doctors, medical centers as a resource and referral service. We promote abstinence education in public and private schools. We increase men's awareness of their vital roles as husbands and fathers and we do provide post-abortion counseling for men and women.

We have three centers on Long

1  
2 Island. We have over 100 volunteers and 30 staff.  
3 In the last 12 months, we've seen over 4,000 women  
4 and we do not serve. We help them to get  
5 maternity homes, continue their education,  
6 employment opportunity and parenting classes.

7 In this book that I have here, I've  
8 brought referrals from--can I just finish this?  
9 Referrals from Department of Social Services, our  
10 commitment to care, our intake form which has the  
11 disclaimer that says we are not a medical  
12 facility, thank you letters from our clients and  
13 all of our information is confidential.

14 KATHLEEN M. O'CONNELL: Good  
15 afternoon. My name is Kathleen O'Connell. I'm a  
16 practicing civil rights attorney and I have, on  
17 occasion, given counsel to the crisis pregnancy  
18 centers which are the target of this bill.

19 I don't find anything in the NARAL  
20 study that I recognize as true about these crisis  
21 pregnancy centers from my personal experience. I  
22 have a lengthy statement which I won't get into  
23 now. I just want to make some legal objections to  
24 this bill.

25 It applies only to CPCs which



1  
2 provide commercially valuable services. I don't  
3 know of any CPC that provides a commercially  
4 valuable service to anybody. That would seem to  
5 exclude all CPCs or the majority of them that I  
6 have heard of in the city and that I have worked  
7 with.

8           You also have a mandated privacy  
9 and confidentiality beyond the ones that are  
10 already provided by CPCs under penalties of civil  
11 and criminal fines and jail time. However, unless  
12 this Council also applies these same restrictions  
13 on privacy to every weight loss center in the  
14 city, every physical fitness in the city that asks  
15 even more detailed information about a person's  
16 personal health, contact information, name and  
17 address and how they can collect their fees, I  
18 don't see how you can regulate one group or  
19 organization based on their views on abortion.  
20 That's what this basically amounts to.

21           I have a suggestion for an  
22 amendment to this bill. I know Donna Lieberman  
23 was given a lot more time and was welcomed with  
24 her suggestions. I suggest that the consent form  
25 that is offered to a woman just before she

1  
2 undergoes a surgical abortion in every abortion  
3 clinic in this city be posted on the front door  
4 and inside the waiting room of every abortion  
5 clinic in this city so that women will know before  
6 they go in and involve themselves and are under  
7 anesthesia exactly what the risks of abortion are.  
8 That to me would be a serious and valuable asset  
9 to women. Thank you.

10 CHAIRPERSON FERRERAS: Thank you  
11 for your testimony. If we can call up our next  
12 panel. Jeanneane Maxon from Care Net; William  
13 Harder from Pregnancy Resources Services; Virginia  
14 McCorbett R.N. from LI Teen Freedom; Janis Little  
15 from the Pregnancy Care Center.

16 [Pause]

17 JEANNEANE MAXON: Thank you. My  
18 name is Jeanneane Maxon. I currently serve as  
19 general counsel of Care Net and I am speaking in  
20 opposition to Intro 371. I'd like to thank the  
21 Council for the patience and remaining in the room  
22 to hear my testimony.

23 Care Net is a national affiliation  
24 organization for pregnancy resource centers. We  
25 currently have over 1,100 pregnancy centers across

1  
2 the United States as well as two within the city  
3 of New York. I have been intimately involved in  
4 working with these centers in a legal compliance  
5 area as Care Net's attorney for the past three  
6 years. I'm here to testify on the legalities of  
7 the proposed bill as well as the legal compliance  
8 of pregnancy centers.

9 I want to be clear, this bill is  
10 about one thing and that one thing is not center  
11 practices, it is not truthful advertising. The  
12 one thing this bill is about is regulating a group  
13 of people who hold a moral viewpoint against  
14 abortion. This is clear in the text of the bill.

15 By definition, this bill only  
16 applies to you if you do not perform or refer for  
17 abortions. This is what that means. You can be a  
18 perfect pregnancy center. You can be completely  
19 transparent, have 100 percent truthful  
20 advertising. You can be as legally compliant as  
21 you could possibly be. In fact, you could have a  
22 100 percent client satisfaction rate and this bill  
23 would still apply only because you do not perform  
24 or refer for an abortion. That is clearly  
25 unconstitutional.

1  
2           It is blatant viewpoint  
3 discrimination. Our own Supreme Court has said  
4 that such a viewpoint discrimination is an  
5 egregious form of discrimination and I have no  
6 doubt this bill will be challenged and will not be  
7 upheld in any court of law. In fact, it is worth  
8 noting that in two of the three jurisdictions that  
9 have passed similar ordinances, there are  
10 currently lawsuits pending and the cities and  
11 counties in that circumstance are expending a lot  
12 of money to try to defend what is clearly  
13 unconstitutional legislation.

14           There has been some discussion on  
15 center practices and some discussion about  
16 licensing. I think it's worth noting that  
17 according to deposition testimony in recent cases  
18 of Planned Parenthoods in other jurisdictions, it  
19 suggests that in fact women at Planned  
20 Parenthood's facilities are routinely counseled by  
21 untrained and unlicensed volunteers and do not see  
22 a doctor unless and until they have already chosen  
23 to have an abortion.

24           I refer to my lengthy written  
25 testimony which goes over several legal concerns,

1  
2 in addition to what I've already addressed, as  
3 well as some of the legal compliance issues with  
4 pregnancy centers. I do want to say this: in  
5 working with pregnancy centers for three years  
6 now, I am a woman, I am an attorney, I believe in  
7 excellence. I also believe that no woman should  
8 ever feel like she has no choice but an abortion.  
9 All pregnancy centers do is say we're here to help  
10 you if you want to carry your baby. You do not  
11 have to have an abortion. As a woman, every woman  
12 I believe has to have the right to make that  
13 choice. Thank you.

14 WILLIAM HARDER: My name is William  
15 Harder. I am the executive director of the  
16 Crossroads Foundation, the organization that  
17 operates Pregnancy Resource Services.

18 Our organization was founded on  
19 Staten Island in 1987 to assist women and families  
20 who are facing unplanned pregnancies. We do this  
21 by providing them with accurate information about  
22 their options and by offering them ongoing  
23 support. The primary group of women who benefit  
24 from our services are single mothers in low income  
25 households. The bill you are considering would

1

2

dissuade these women from using our services.

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We oppose this bill because it is based on assumptions fabricated from opinions, not grounded in fact. We do not delay, but we do make immediate appointments for prenatal care, despite earlier testimony. In 23 years of service, we have not had one complaint of breach of confidentiality. We do provide all the services that we advertise.

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This bill seeks a solution to a problem not proven to exist and it does so in a manner that reveals the ideological bias of its proponents. To be consistent, this bill should also require that Planned Parenthood disclose that they do not actually provide any parenting program for couples that choose to continue their pregnancies. When 97 percent of their clients end up having abortions, according to their own statistician, can they not be accused at the very least of deceptive labeling?

22

23

24

25

In the six years that I have been the director of Pregnancy Resource Services, I have reviewed many exit surveys where hundreds of mothers expressed their gratitude and only a

1  
2 handful have been disappointed. As much as this  
3 bill is a blatant assault on our First Amendment  
4 rights and as much as its intent is to dissuade  
5 women from seeking an affirmative and informative  
6 second opinion and as much as it would effectively  
7 rein in hope and reinforce fear in the hearts of  
8 women and couples, I urge this committee to abort  
9 this ill conceived bill.

10           JANIS L. LITTLE: I became pregnant  
11 when I was 19 years old and made the foolish  
12 decision to abort my baby. I didn't know at the  
13 time that I would never have an opportunity to  
14 become pregnant again. Like so many women, I  
15 believed my teenage abortion would not have an  
16 effect on the future life I had planned. I was  
17 very wrong. I'm Janis Little.

18           Years of heavy menstrual cycles led  
19 me to a gynecologist who informed me that I had  
20 uterine fibroid tumors the size of a five-month  
21 old fetus. Fibroids are most common in post-  
22 abortive women. Years later, the decision was  
23 made to perform a hysterectomy and now I'll never  
24 have children of my own.

25           It's unfortunate that at the time

1  
2 of my decision to abort my child, I was unaware  
3 that a place like the crisis pregnancy center was  
4 there to help. Years later, a representative  
5 visited my church and asked for our assistance.  
6 She spoke with such wisdom and compassion about  
7 their mission to help women broken by their own  
8 bad choices that I was moved to volunteer myself.

9           That day I learned of the caring  
10 counselors who are there six days per week to take  
11 calls from frightened teenagers, stressed out  
12 mothers not ready for the challenge of another  
13 child and career women on the rise unprepared for  
14 the challenges that a new baby would bring to  
15 their lives.

16           They discuss the options available  
17 to women and provide real practical help of  
18 clothing, diapers, food and furniture. They also  
19 helped us with prayer and encouragement that only  
20 a Christ centered ministry could provide.

21           When they learned that I was post-  
22 abortive, they saw through my desire to help these  
23 women that I first needed to have my own heart  
24 healed. They prepared a 12 week support group to  
25 help women like me who had spent years dealing



1  
2 with the physical effects of abortion while  
3 ignoring the painful feeling of regret and guilt  
4 that it had caused.

5           As I worked through this course and  
6 began to peel away each layer of anger, grief and  
7 regret that was buried so deep I'd been able to  
8 ignore it for years, I will always be grateful for  
9 the help and care I received there and know that  
10 they will continue to be an excellent resource for  
11 women who are about to make life altering  
12 decisions with very few hard facts. Too many  
13 young women are led by counselors at clinics that  
14 claim to be in the business of helping women in a  
15 time of crisis when we all know their true goal is  
16 to make a profit from the empty wombs of broken  
17 women.

18           VIRGINIA M. CORBETT: Good evening.  
19 Thank you for the privilege of speaking before  
20 you. My name is Virginia Corbett. I'm a  
21 registered nurse and a fertility care  
22 practitioner. I direct a youth development  
23 program on Long Island and prior to that I did in-  
24 service education for a CPC.

25           Literally, the Long Island Life

1  
2 Center has strict confidentiality laws and also  
3 disclosure of non-medical status. We have a bill  
4 of rights for the patients or the clients as they  
5 come in. Also when we have finished speaking with  
6 someone, they are referred, whether it be hospital  
7 clinic or private doctor. If there is any kind of  
8 domestic violence, of course we would refer them  
9 to Vibes or something to that effect. We also are  
10 able to refer our women for sonogram. The  
11 sonogram is done by licensed OB/GYNs.

12 Therefore, I was somewhat horrified  
13 by what I heard today, especially saying that a  
14 crisis pregnancy center is just giving women lies.  
15 I had a whole little thing here to speak about  
16 today on birth control pills and the association  
17 of abortion and breast cancer which is documented  
18 by medical fact. That's where I come from.

19 So if we are women and we want to  
20 know the truth, we need to have the truth  
21 explained carefully and understood by all parties,  
22 whether they be a crisis pregnancy center or a  
23 Planned Parenthood. It is time for us as  
24 professionals to acknowledge that there are health  
25 risks to abortions and contraceptives. Thank you.

1  
2 CHAIRPERSON FERRERAS: Thank you  
3 for your testimony. These are for the CPC  
4 providers. How many locations do you currently  
5 operate in New York City? You're in Long Island.

6 VIRGINIA M. CORBETT: I am in Long  
7 Island and there are three centers in Long Island.

8 CHAIRPERSON FERRERAS: Mr. Harder?

9 WILLIAM HARDER: We have one on  
10 Staten Island.

11 CHAIRPERSON FERRERAS: One on  
12 Staten Island. Is there a licensed medical  
13 provider available at your location?

14 WILLIAM HARDER: No.

15 CHAIRPERSON FERRERAS: There is  
16 not. Do you inform them that there is no licensed  
17 medical provider?

18 WILLIAM HARDER: Yes. On their  
19 request for service form that they sign before  
20 they meet with a counselor, they are informed of  
21 that. It is on the statement that they sign. We  
22 say clearly that we do not provide medical  
23 services.

24 CHAIRPERSON FERRERAS: Is this  
25 intake form translated?

1

2 WILLIAM HARDER: Yes, it is.

2

3

CHAIRPERSON FERRERAS: Thank you  
4 very much. Thank you for your testimony this  
5 evening. We will be calling up the next panel:  
6 Joanne Reilly, Crisis Pregnancy Center of New  
7 York; Kristin Hansen, CPC of New York Care Net;  
8 Nichole Baker, Borough Pregnancy Counseling  
9 Center; and Mary Greene.

10

[Pause]

11

CHAIRPERSON FERRERAS: You may  
12 begin your testimony.

12

13

JOANNE REILLY: Good evening, my  
14 name is Joanne Reilly. It's been my honor to  
15 serve as executive director of the Crisis  
16 Pregnancy Center of New York, located on Staten  
17 Island for 11 years.

18

Since 1985, this organization has  
19 been dedicated to providing life affirming  
20 education, service and care to women who are  
21 pregnant. In all of our 25 years of operation,  
22 neither a client nor agency has brought any  
23 lawsuits against us.

24

Our pregnancy center exists to  
25 empower women and men facing unplanned pregnancies

25

1  
2 with practical help, emotional support and  
3 information about their pregnancy options. Women  
4 know that whatever decision they make, they are  
5 welcome to come back to the center. Our support  
6 and care for them is unconditional. We do not  
7 profit from her choice one way or the other. All  
8 of our services are free, which communicates to  
9 women that we truly care about them and not just  
10 their babies.

11 We offer free pregnancy tests,  
12 material aid, parenting, lactation classes and  
13 post-abortion support groups. In addition, we  
14 refer for prenatal care, maternity homes, adoption  
15 services and domestic violence shelters. Our  
16 center is entirely supported by donations from  
17 individuals and churches.

18 As part of the Care Net Network,  
19 our center complies with strict guidelines  
20 regarding truthful advertising. All of our Yellow  
21 Page ads, website information and other means of  
22 advertising clearly state the services we offer.

23 Our initial disclaimer form, both  
24 English and in Spanish, handed to each client when  
25 she comes in the door, specifically states that

1  
2 all of our services are free and confidential,  
3 that we are not a medical facility and we do not  
4 perform or refer for abortions. All services are  
5 at the client's request and with their permission.  
6 Our center does not use any material that can be  
7 deemed as coercive or used for shock value.

8 All volunteers must submit to  
9 extensive volunteer training with guidelines  
10 provided by Care Net and are only allowed to  
11 provide peer counseling once they have concluded  
12 this extensive training.

13 Recently, we received a call from  
14 the senior social worker at Staten Island  
15 University Hospital about a young woman who was  
16 alone in this country, living in an attic room and  
17 expecting twin girls. She was practically  
18 destitute and totally unprepared for this birth.  
19 We supplied all of her needs, including car seats  
20 to take the babies home from the hospital,  
21 clothing, food and furniture. These items were  
22 delivered right to her door. She commented on the  
23 phone to her counselor, "every time I think of  
24 you, I cry. You're like a mother to me."

25 NICOLE BAKER: My name is Nicole

1  
2 Baker and I have served as the executive director  
3 of the Borough Pregnancy Counseling Center in  
4 Bayside Queens since January 2001.

5 I'm a licensed mental health  
6 counselor in New York State and a national  
7 certified counselor understand the National Board  
8 of Certified Counselors. BPCCC is a registered  
9 501(c)(3) in New York State and we are committed  
10 to serving New York City with compassion and  
11 integrity by meeting the felt needs of those  
12 experiencing an unplanned pregnancy.

13 We offer self-administered  
14 pregnancy tests, options counseling, parenting  
15 classes and material assistance to men and women  
16 from Brooklyn, the Bronx, Queens, Manhattan and  
17 Nassau County, free of charge. We are pleased to  
18 receive referrals from many city agencies and  
19 hospitals including Brookdale Hospital, New York  
20 Presbyterian, the Coalition for the Homeless and  
21 Elmhurst Hospital. We are a privately funded  
22 organization and receive no monetary contributions  
23 from the city, state or federal governments.

24 We have served men and women from  
25 the far reaches of the world including Egypt,

1  
2 Uzbekistan, Korea, Japan, Uganda, South Africa,  
3 Jamaica, Trinidad, Tobago, Guyana, Ecuador,  
4 Dominican Republic and Mexico. We offer our  
5 services free of charge regardless of immigration  
6 status and have had the privilege of serving many  
7 clients that had no hope and no family in the U.S.  
8 on which to rely. We have given them our time and  
9 resources to encourage the downtrodden because of  
10 homelessness, joblessness and language barriers  
11 that inhibit many immigrants from receiving much  
12 needed social services.

13 We are committed to encouraging our  
14 clients to make an informed choice in regards to  
15 their unplanned pregnancy. We believe that only  
16 the client can make the best decision for life and  
17 seek to offer them medically accurate, emotionally  
18 sensitive information. We believe that the well  
19 educated individual is better equipped to make a  
20 positive decision.

21 We clearly inform clients during  
22 our initial phone conversations that we are not a  
23 medical clinic and that we do not recommend or  
24 refer for abortions as well as provide written  
25 documentation of this disclaimer as evidenced by



1  
2 our request for services form that I've provided  
3 in my written testimony. There is a posted  
4 disclaimer in my office that says we are not a  
5 medical clinic and no medical care will be  
6 provided. Dr. Elaine has served as our board  
7 president and she's a board certified  
8 psychiatrist.

9 KRISTIN HANSEN: Thank you,  
10 Chairwoman and Council Members for being here. My  
11 name is Kristin Hansen. I also work with Care  
12 Net. You've already heard from our attorney. I  
13 wanted to make a couple more points.

14 One is I passed out to you a  
15 national look at pregnancy centers. It's called  
16 "A Passion to Serve, Vision for Life." That was  
17 the first combined services report on the work of  
18 pregnancy centers. One thing that I know that  
19 both sides here would want you to do is not base  
20 your judgment solely from groups such as NARAL and  
21 others. One of the reasons I point that out is  
22 because in 2000, NARAL issued a step by step  
23 action guide to really undoing our pregnancy  
24 centers. It lays out what has taken place here in  
25 New York City and what we're experiencing across

1  
2 the nation: undercover investigations, reports,  
3 legislation.

4           At the state level, all of the  
5 legislation has been thrown out at the committee  
6 level, oftentimes by the bills' sponsors  
7 themselves after they have had a chance to hear  
8 from pregnancy center directors themselves. We  
9 are often made to look like we're the boogeyman  
10 out there and when you hear from the directors and  
11 the people that have been served you see that all  
12 of us here in the room truly care about women,  
13 truly care that women make informed choices, not  
14 choices coerced by others. We hope that you will  
15 take the time to visit these centers, to talk to  
16 their directors in individual meetings, to meet  
17 the people that have actually been served by these  
18 centers.

19           Just on a nationwide level,  
20 pregnancy centers are part of the fabric of the  
21 community and they get referrals even from  
22 abortion providers. When we take a survey of our  
23 centers nationwide, 28 percent of them said that  
24 abortion providers themselves are referring women  
25 to them for help. If you take pregnancy centers

1  
2 out of the equation, where are these women going  
3 to get the help? I know that's not your aim and  
4 that's not the stated aim, but that's  
5 unfortunately where this stated aim here in NARAL  
6 would like to go. Thank you for listening to my  
7 testimony.

8 MARY GREENE: I'm Mary Greene. I  
9 pray outside of an abortion center, Dr. Emily's.  
10 There is no Dr. Emily. That's her advertising.  
11 That's the name of the place. But if you went in  
12 there looking for Dr. Emily, I hope they would  
13 tell you that there is no Dr. Emily. She is very  
14 much just for their advertising. She's an image.  
15 That's why this whole thing comes under Consumer  
16 Affairs.

17 We've talked a lot, all these  
18 people talking medical this, we're not this, we're  
19 not that. This is about Consumer Affairs. I mean  
20 the frankfurter guy who sells the dirty water hot  
21 dogs, does he say this water is not cleaned every  
22 day? No, because he doesn't have NARAL or the  
23 National Frankfurter Association trying to push  
24 clean water.

25 The only other thing I want to say

1  
2 is if there are signs to be made, let's make it an  
3 equal playing field. I suggest one for Planned  
4 Parenthood. In fact, I suggest a name change,  
5 Planned Un-Parenthood because 97 percent of the  
6 pregnant women who go into Planned Parenthood come  
7 out un-pregnant. That's truth in advertising.

8 CHAIRPERSON FERRERAS: Thank you  
9 for your testimony this evening. We will be  
10 calling up the next panel. Thank you. Patrick  
11 Mahoney, Christian Defense Coalition; James  
12 Jagiello come right up; Irene Dachtera; and  
13 Oliwama Evalgo [phonetic].

14 [Pause]

15 CHAIRPERSON FERRERAS: If I called  
16 you up to testify, please make your way into our  
17 room.

18 [Pause]

19 CHAIRPERSON FERRERAS: We're going  
20 to call up the next group of panelists: Nouriela  
21 Gernan; Katrina Washington; and Nadia Reid.

22 [Pause]

23 CHAIRPERSON FERRERAS: Colleen  
24 Barry from Silent No More Awareness Organization.  
25 We need two more. Are you Ms. Barry? Okay.

1  
2 Jonathan Berry, Expecting Mother Care and Josie  
3 Allahar. Sharon Bethany? Sharon Beth Long.  
4 Again, just a reminder, we're going to be  
5 testifying with a two minute clock. Please state  
6 your name and speak clearly into the microphone,  
7 it would be greatly appreciated. Thank you.

8 JAMES JAGIELLO: My name is James  
9 Jagiello and I'm a member of both the Parents  
10 Respect Life Committee in Brooklyn and Queens and  
11 also the Long Island Coalition for Life.

12 I would like to recommend that this  
13 bill be defeated because when we were all born,  
14 God gave us the greatest gift of all, the gift of  
15 life. Abortions would take away that gift, much  
16 like suicide would. Just think, one of the Ten  
17 Commandments even says thou shalt not kill.  
18 Abortion is like murder. You wouldn't want it to  
19 happen to you and why would you want to do it to  
20 somebody else.

21 Since Roe v. Wade, nearly 40  
22 million babies have been aborted in this nation.  
23 We don't need to see another one aborted. I  
24 should also tell you this, we are currently in a  
25 city that is gripped with the cycle of death. The

1  
2 cycle of death is not only gripping our city, it  
3 is gripping New York State, it is gripping this  
4 nation.

5 We must also think about when we  
6 choose our elected officials hopefully we will get  
7 them to respect life to the fullest. The change  
8 realistically began last year when New Jersey and  
9 Virginia elected governors and early this year  
10 Massachusetts elected a pro-life senator. This  
11 year, just two weeks ago, the House of  
12 Representatives is now in Republican control.  
13 That will mean we'll have a more pro-life House.  
14 Hopefully we'll do the same thing in every level  
15 of government, from the City Council up to the  
16 President of the United States. Thank you.

17 COLLEEN E. BARRY: Hello, my name  
18 is Colleen Barry. I'm one of the regional  
19 coordinators with Silent No More Awareness  
20 Campaign. Jennifer O'Neill earlier spoke. She's  
21 one of the spokespeople for it also. I'm also a  
22 Manhattan business owner since 1999.

23 I am strongly opposed to Intro 371.  
24 Silent No More, if you're not aware of it, is  
25 basically an organization of post-abortive women

1  
2 that speak out publicly and they give testimonies,  
3 usually in a public area, just to educate the  
4 public of what really happens when you make that  
5 decision and have an abortion.

6 Many women who do speak out with  
7 Silent No More had their abortions in the 70s and  
8 80s. When you hear the thousands of Silent No  
9 More women give testimony, the very common  
10 denominator is so many of them said they wish  
11 there were CPCs when they were trying to make that  
12 decision. They would give anything for that.

13 Basically, CPCs are a trend going  
14 on now because it's a natural trend because so  
15 many people do want to reach out and help pregnant  
16 women and couples. I know a lot of the different  
17 CPCs in the area. From what I've seen every time  
18 I've been to any of them, they're always quick.  
19 One of the first things they do is they let a girl  
20 know to get to the OB/GYN right away. They're  
21 very concerned about that. That's one of their  
22 priorities.

23 As a business owner, I have to say  
24 this whole concept of putting up a sign about what  
25 you don't provide is something I can't even

1  
2 imagine in the commercial world. That's about it,  
3 other than the CPCs are only there to provide  
4 resources and care and support for pregnant women.  
5 Thank you.

6 JONATHAN BERRY: My name is  
7 Jonathan Berry. No relation that I know of. I'm  
8 a third year student at Columbia Law School and  
9 founder of Columbia Law Students for Life.

10 In addition to problems highlighted  
11 in other testimonies, I would urge this bill's  
12 rejection due to its viewpoint selective  
13 regulation of abortion related disclosures.  
14 Specifically, while it imposes multiple mandatory  
15 disclosures in what it terms limited service  
16 pregnancy centers, it deliberately defines its  
17 terms to exclude abortion providers, despite the  
18 fact that far more women use their services in  
19 this city.

20 The most prolific ads for these  
21 pregnancy centers are put up by Expectant Mother  
22 Care, which advertises in big yellow letters, free  
23 abortion alternatives. It's explicitly catering  
24 to pregnant women who want to hear about their  
25 alternatives to abortion, about their options.



1  
2 In order to see how this proposal  
3 is unfair to both pregnancy centers and to women,  
4 consider the case of a woman who goes to a Planned  
5 Parenthood facility to talk about her options.  
6 This is an exact parallel of the discussion that  
7 happens at a pregnancy center but at neither  
8 facility is she counseled by a doctor or nurse.  
9 Planned Parenthood's own website indicates that it  
10 is not medical personnel who do the counseling.

11 I don't think there's been any  
12 evidence before the committee to show that anyone  
13 at an abortion clinic gets counseled by a doctor  
14 or a nurse until they've made the decision to have  
15 an abortion. It's not clear why pregnancy centers  
16 advertising free abortion alternatives should be  
17 required to state the obvious under penalty of  
18 law, that they don't provide abortions.

19 In the same spirit, why doesn't  
20 this bill require Planned Parenthood's options  
21 counselors to state the obvious, that they and  
22 their employer have a financial interest in women  
23 selecting the option of abortion. If these kinds  
24 of disclosures are so important, why aren't they  
25 being imposed on abortion providers which greatly

1  
2 outnumber these pregnancy centers and are  
3 patronized by far more women each year?

4           Indeed, why aren't these abortion  
5 providers being required to disclose information  
6 on the significant medical risks of abortion, such  
7 as heightened risks of subsequent placenta previa,  
8 of subsequent preterm births and low birth weight  
9 infants, of depression and of suicide. In short,  
10 this bill is not about guaranteeing informed  
11 consent for pregnant women. If it were, it would  
12 be regulating abortion providers as well. I urge  
13 the committee to reject it.

14           SHARON BETH LONG: I want to thank  
15 the committee. It's been a long day. I'm Sharon  
16 Beth Long. I'm a nurse who's a member of the  
17 board of directors of Bridge to Life, a crisis  
18 pregnancy center in Flushing. You heard from  
19 Alice Lemes before from our organization.

20           We help 4,000 mothers and their  
21 families a year through referrals and  
22 distributions of clothing and baby supplies.  
23 Ninety-nine percent of our pregnant clients, and  
24 we help many who have already given birth, have  
25 already chosen to go to term before they call us.

1  
2 They call us based mainly on referrals from  
3 hospitals, government TANF offices and other  
4 social service agencies.

5 Thus, the city law under  
6 consideration does not affect us very directly,  
7 but I am very concerned about its implications.  
8 Not only does it presuppose that the service arm  
9 of the right to life movement is mainly  
10 deliberately deceptive, but its application is  
11 biased and unfair.

12 I've studied this issue. For  
13 example, there are only about 30 centers that do  
14 abortions in this city that have operating  
15 certificates. In other words, there are only  
16 about 30 licensed abortion centers, include the  
17 outpatient clinics of hospitals.

18 The rest of the centers are legally  
19 private practices or professional corporations.  
20 They do very high volume and meet the criteria of  
21 diagnostic and treatment center. The legal term  
22 in New York State for clinic as described in  
23 600.8b of the New York State Health Code. These  
24 centers operate under the licenses of doctors who  
25 work in them who are frequently not even the

1  
2 doctors who own the center. The clients  
3 frequently do not even know the doctor's name, so  
4 it would be difficult to report problems. These  
5 centers receive no inspection or monitoring  
6 whatsoever.

7                   However, when a client enters such  
8 a center, she assumes it's a legitimate clinic  
9 under the same inspection and monitoring standards  
10 as any real clinic. In other words, these so-  
11 called clinics are deceptive. Should these  
12 centers put up a sign stating that they're not  
13 really clinics?

14                   CHAIRPERSON FERRERAS: Thank you  
15 for your testimonies. We will be calling up the  
16 next panel. Thank you. I just want to announce,  
17 if there's anyone after this panel, I'm going to  
18 read the names, that would like to testify, we are  
19 under the impression that this is our last panel,  
20 please be sure you've filled out one of these  
21 forms with the sergeant-at-arms. This is going to  
22 be a six person panel. We'll call them up.  
23 Marietta Cannina, Staten Island Right for Life  
24 League Pro-life Elderly and Homebound Club Inc.;  
25 Linda Susan Marzulla, director of Expectant Mother

1  
2 Care; Julie Beyel, EMC free abortion and  
3 alternatives; Father Peter Pilsner. We are going  
4 to split this panel because everyone is here. So  
5 we'll have another panel right after this one.

6 [Pause]

7 CHAIRPERSON FERRERAS: Can you just  
8 make sure that the legal counsel knows if you have  
9 a form. Again, two minute testimony. If you can  
10 state your name before the testimony that would be  
11 greatly appreciated.

12 MARIETTA CANNING: My name is  
13 Marietta Canning. I'm the founder and president  
14 of Pro-Life Elderly and Homebound Club as well as  
15 the Staten Island Right to Life League.

16 This is in response to the Intro  
17 371. The past 37 years, pregnancy centers in this  
18 city have saved untold thousands of lives. They  
19 have restored the family, society's most intrinsic  
20 social unit. These centers have been invaluable  
21 in their solutions to social and economic  
22 problems. These centers not only supply emotional  
23 support but provide through their efforts, food  
24 clothing and shelter, all for love of God and  
25 country.

1  
2 Most of the workers in the  
3 pregnancy centers are volunteers. These centers  
4 provide counseling for post-abortion syndrome,  
5 which is a stressful disorder which is a medical  
6 name that has been given to emotional and  
7 psychological stress experienced by many women who  
8 have had abortions. Research is showing that it  
9 is similar to post-traumatic stress syndrome  
10 experienced by Vietnam veterans. Depression,  
11 insomnia, drug and alcohol abuse, promiscuity,  
12 frigidity and suicide attempts are just some of  
13 the symptoms of this illness.

14 Yet, this illness, most of the  
15 time, is overlooked. Only the pregnancy centers  
16 have addressed this. I am the president of Pro-  
17 Life Elderly and Homebound Club. We go into  
18 mental institutions to pray. Many of the women  
19 have come to me and said they have had abortions.  
20 My question to them was were you mentally ill  
21 before you had an abortion or after you have an  
22 abortion? The answer and reply was always after  
23 we've had an abortion and yet no one has addressed  
24 this illness.

25 In light of all the community

1  
2 service which has been and is still given to our  
3 city, their efforts for restoring our people are  
4 being thwarted. Forcing pregnancy centers to say  
5 they are limited is unconstitutional because laws  
6 are absolute and absolute not only for pregnancy  
7 centers but for Planned Parenting centers as well.  
8 Thank you.

9 FATHER PETER PILSNER: My name is  
10 Father Peter Pilsner. I'm the high school  
11 chaplain at Cardinal Spellman High School in the  
12 Bronx. I've been a priest for 21 years. The last  
13 12 years I have been ministering with high school  
14 students.

15 I'm sure you do not want to base  
16 city policy on a mischaracterization or on a one  
17 size fits all ideological interpretation of  
18 pregnancy care. The reason that these pregnancy  
19 centers exist and thrive is not because they do,  
20 as some have characterized them as doing, as  
21 simply deceiving women. The reason they survive  
22 and indeed thrive is because they provide loving,  
23 caring, generous support to people in crisis  
24 pregnancies.

25 My own personal direct encounter is

1  
2 with teenagers in crisis pregnancies. How often  
3 it's happened the girl comes to me Friday  
4 afternoon. She is naming her baby. She wants the  
5 baby. She goes home, parents, boyfriends, all  
6 kind of emotionally gang up on her. At this  
7 moment of confusion and crisis she's almost pushed  
8 into an abortion clinic. The abortion is over.  
9 She comes back Monday morning and everybody I'm  
10 sure meant well. Everybody thought they did the  
11 right thing. But then I'm left to pick up the  
12 pieces.

13           If they're caring about women at  
14 these abortion clinics, if they're trying to find  
15 out what she really wants, if they're trying to  
16 find out what she really feels, how does this  
17 happen? It's quite the opposite if I take her or  
18 send her to a pro-life pregnancy clinic. When she  
19 goes there, she comes back feeling empowered,  
20 happy and supported. I cannot say enough good  
21 about what services, the good that these clinics  
22 do for women and especially teenage women. Thank  
23 you.

24           LINDA SUSAN MARZULLA: Good  
25 evening, my name is Linda Marzulla. I'm the



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director of the Brooklyn Office of Expectant Mother Care. I've heard a lot of talk this afternoon. I was dubbed by the New York Times as the love bomb. I've been on countless news articles.

For the past 11 years, I've counseled over 14,000 young women. These girls come to us broken and they're seeking some sort of help. They look for us. They find us. We help them with job training. We help them with housing. We network with the Sisters of Life. We even work with the young boys of the neighborhood. At the Brooklyn Navy Yard they're helping build the neighborhood. They're getting out of gangs. It's an all win situation.

I've never really met a young lady that ever wanted an abortion. She's either backed into the corner, she doesn't have enough food, she doesn't have a bed to sleep in, her boyfriend's cheating on her, she's being abused by a man, her father or mother threw her out. What do you do with these girls? Do you throw them away and say an abortion is the only alternative?

I didn't come prepared with a

1  
2 speech here today, but I'll just tell you the  
3 crisis pregnancy centers are doing a tremendous  
4 job in helping these young women. I'm so happy to  
5 work for Expectant Mother Care and Chris Slattery.  
6 All we want to do is help these young women.  
7 Thank you very much.

8 JULIE BEYEL: My name is Julie  
9 Beyel and I also work for Chris Slattery. I'm  
10 very proud to work for him and his organization.

11 I just want to talk a little bit  
12 about the advertising. Free abortion alternatives  
13 states that we offer free abortion alternatives.  
14 Subway ads, internet and Yellow Page ads clearly  
15 state that we offer free options counseling, free  
16 ultrasounds and free pregnancy testing. So we  
17 offer what we say we offer and we don't offer what  
18 we don't say that we offer. What's the problem  
19 here?

20 I also disagree with Council  
21 Members who state that counseling can only be  
22 performed by people with master's degrees because  
23 here in New York City I'm fully aware that  
24 counseling is performed by people with associates  
25 and bachelors degrees. I have a bachelors degree

1  
2 myself. I know that inside Dr. Emily's abortion  
3 clinic, for example, the counseling that's done in  
4 there, the people don't have bachelors degrees.  
5 If they have associates degrees, maybe. So I just  
6 believe if we were to be require to obtain  
7 master's degrees or higher, so should all  
8 counselors working with abortion providers who  
9 also provide options counseling.

10 Back to the false advertising. If  
11 free abortion alternatives can be considered false  
12 advertising, so should Planned Parenthood also be  
13 considered false advertising because there is no  
14 planning going on for parents who plan their  
15 pregnancy, as Tricia's testimony early stated. It  
16 sheds light on the truth that Planned Parenthood  
17 does not help women plan on parenthood. They  
18 state that they don't assist with something as  
19 simple as obtaining a car seat, so what type of  
20 planned parenthood is going on in there?

21 Next, at Dr. Emily's abortion  
22 facility in the Bronx, you might expect to meet a  
23 Dr. Emily inside. There is no such woman, their  
24 receptionists state when asked. Also, on their  
25 website on the first page, you will find a blonde

1  
2 woman with a stethoscope hanging around her neck.  
3 One might expect to find her inside or at least a  
4 female doctor of which there are none.

5           Actually, the woman that was here,  
6 Marjana, she poses as a doctor because she wears a  
7 white medical coat. I think that's posing as a  
8 doctor. Anyway, I just wish that justice would be  
9 served and that there would be equal protection  
10 under the law. Thanks.

11           CHAIRPERSON FERRERAS: Thank you  
12 for your testimony. Again, I'd like to remind  
13 anyone that is here to testify, if you have not  
14 filled out your slip with the sergeant-at-arms,  
15 this is the time to do so. We're going to be  
16 calling our last panel: Elaine Eng and Mr. Chris  
17 Rostenberg and Rita Jensen.

18           [Pause]

19           DR. ELAINE ENG: My name is Dr.  
20 Elaine Eng. I've been in medicine since 1980,  
21 across the specialty of OB/GYN and then due to  
22 illness, I went into psychiatry and have been in  
23 psychiatry for 20 years. Now, I'm embarking on a  
24 new medical specifically when I take the boards in  
25 palliative medicine next week.

1  
2 I'm here as an act of God because  
3 the reason I'm not taking the boards today is  
4 because a water main pipe broke in Regal Park and  
5 it was cancelled.

6 You've heard of the goodness of  
7 crisis pregnancy centers throughout the New York  
8 area and I want to attest as an educator, a  
9 participant and at one point a leader in some of  
10 the crisis pregnancy center movements that good  
11 truly has been done. I have no seen any evidence  
12 of evil or maliciousness but just large amounts of  
13 compassion and sacrificial giving of time, effort  
14 and love in trying to do the best they could to  
15 help the women of this city.

16 I've seen the good work done here  
17 in CPCs replicated in other states, in Spokane  
18 Washington, in California, Texas and other parts  
19 of the country where I've had the privilege to  
20 speak and to teach. In addition, I've had the  
21 privilege of seeing this good work being  
22 replicated across the world globally.

23 In the crisis pregnancy center of  
24 Kenya where Grace Ochiomba [phonetic] works,  
25 helping young women against the scourge of HIV and

1  
2 unplanned pregnancies. I've seen it in Tokyo in  
3 the work of the pastor there who lovingly brings a  
4 baby from the birth mother to the adoptive mother  
5 and puts the child in her hands, in her loving  
6 hands. I've seen it done in other countries, in  
7 the south of Taiwan under the leadership of the  
8 Bedwells who have served there for many years,  
9 working with the youth of Taiwan, the Chinese  
10 youth.

11           The second part is personal. In  
12 1953, an immigrant Chinese woman came to this  
13 country, poor as anything, and conceived her first  
14 child, number one daughter. In 1958, she  
15 conceived number three daughter. If that woman  
16 and her poor husband had been transported to this  
17 millennium, they would have been told and probably  
18 had the expertise to know that their two daughters  
19 had a genetic defect that would lead to incurable  
20 blindness. Thank goodness it wasn't available  
21 then, but it should become available.

22           If she had not gotten counseling at  
23 a CPC, I would not be hear to speak to you.  
24 Princeton would not have had a women in their six  
25 class of women in 1976. Einstein would not have

1  
2 had a woman graduate in 1980. I would not be the  
3 wife to my husband and my two grown children would  
4 have never been born. Thank you.

5 CHRIS ROSTENBERG: My name is Chris  
6 Rostenberg. I'm a pro-lifer. I'm an atheist. I  
7 want it to be understood that the pro-life  
8 position is not dependent on any religious faith.

9 I would like people to reconsider  
10 the idea that abortion is medicine. Medicine  
11 saves lives. It cures people. Abortion dices up  
12 babies. That's not medicine. Abortionists are  
13 not doctors. They're not nurses.

14 They Hippocratic Oath has been used  
15 by medical schools for 3,000 years. It's been  
16 abandoned by today's medical schools. The only  
17 other time in modern history the Hippocratic Oath  
18 has been abandoned was in Nazi Germany. Now,  
19 corrupt doctors were a necessary part in creating  
20 the Nazi Holocaust. If it hadn't been for  
21 euthanasia, there would have been no Nazi  
22 Holocaust. Abortion is a form of euthanasia.

23 So I'd like an amendment to this  
24 bill that says there's medical facilities in  
25 abortion clinics. It's wrong to call these

1  
2 abortionists, killers doctors. It's degrading to  
3 doctors. So that's deception.

4 Now, what does it mean when you  
5 deceive a woman and she gets an abortion as a  
6 result? What is that? You're tricking a woman  
7 into getting an abortion. Maybe it fits your  
8 agenda. Maybe you have to lie to the public to  
9 keep abortion legal by calling it reproduction.  
10 Where's the reproduction? Hasn't she reproduced  
11 already? We kill 400 babies a day in the fourth  
12 month in this country. Are you telling me she  
13 hasn't reproduced in the fourth month? So  
14 abortionists lie and if you trick a woman into  
15 getting an abortion, she did not consent and the  
16 abortionists rapes the woman when he aborts her.  
17 He is raping her.

18 CHAIRPERSON FERRERAS: Thank you  
19 for your testimony. You may begin.

20 RITA HENLEY JENSEN: Thank you.  
21 You're all exhausted; I'll be quick. My name is  
22 Rita Henley Jensen. I'm editor-in-chief of  
23 Women's eNews and I do not represent either side.

24 Women's eNews is a daily online  
25 nonprofit news service launched here in New York



1  
2 City June 15,2000 and we have 60,000 subscribers  
3 and 150,000 page views per month. A year ago,  
4 Women's eNews reported that Baltimore was the  
5 first city to act regarding the practices of many  
6 crisis pregnancy centers. It's clear we don't  
7 know exactly. As government subsidized purveyors  
8 of misinformation and fundamentalist Christian  
9 doctrine. Like this proposed law would do,  
10 Baltimore now requires crisis pregnancy centers  
11 located in the city to post disclaimers.

12 Women's eNews also reported that  
13 cities in Oregon, California and Texas were  
14 preparing to push in 2011 for similar laws.  
15 During its ten years of operations, Women's eNews  
16 has consistently alerted its readers to the  
17 deceptive practices, again, of most crisis  
18 pregnancy centers. The government funds  
19 supporting them and the centers' commitment to  
20 proselytizing conservative anti-choice  
21 Christianity, as is clearly stated on Care Net's  
22 website.

23 I would encourage you to go further  
24 to ascertain if in fact these clinics in New York  
25 City are receiving taxpayer dollars and government

1  
2 medical insurance payments even though they may  
3 not be providing medical care or accurate  
4 information.

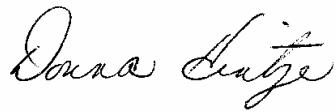
5 I'm going to skip just to address  
6 one issue raised. In 2002, Women's eNews reported  
7 that New York's Attorney General Elliot Spitzer  
8 subpoenaed documents from 34 crisis pregnancy  
9 centers suspected of deceiving women about their  
10 services or practicing medicine without a license.  
11 We do not know the outcome of that probe.

12 Thank you very much and  
13 congratulations.

14 CHAIRPERSON FERRERAS: Thank you  
15 all for coming to testify before the Committee on  
16 Women's Issues. It is now 6:55. Thank you and  
17 have a good evening.

C E R T I F I C A T E

I, Donna Hintze certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.



Signature\_\_\_\_\_

Date December 8, 2010\_\_\_\_\_