Department of
Consumer Affairs

Testimony of Fran Freedman, LMSW, Deputy Commissioner, External Affairs
New York City Department of Consumer Affairs

Before the
New York City Council Committee on Women's Issues

On
Intro. 371: Limited Service Pregnancy Centers

November 16, 2010

Good afternoon, Chair Ferreras, and members of the City Council's Women's Issues Committee. I am Fran Freedman, Deputy Commissioner for External Affairs for the Department of Consumer Affairs. On behalf of Commissioner Mintz, I thank you for the opportunity to comment today regarding Intro. 371.

From the Department of Consumer Affairs' perspective, fair dealings with potential clients center around one very simple but powerful precept: *transparency*. Businesses must be clear about their offers so customers can make informed decisions about whether they choose to accept them. Particularly when consumers find themselves in disempowered positions, such as an unintended pregnancy, *enforcing* this transparency falls squarely within the purview of government regulation.

For this reason, the Department of Consumer Affairs supports the goals of this proposed legislation, which would require limited service pregnancy centers to properly disclose to prospective customers that they do not provide or refer for abortion or FDA-approved contraceptive drugs or devices.

As the Agency which would enforce this proposed legislation, we greatly look forward to working with the Council after this hearing to finalize the language in the bill to ensure it can be most effectively implemented.

Thank you, again, for the opportunity to comment today.

I am Sharon Beth Long, a nurse, who is a member of the board of directors of Bridge to Life, a crisis pregnancy center in Flushing, N.Y. which helps 4000 mothers and their families a year through referrals and distribution of clothing and baby supplies. Ninety nine percent of our pregnant clients, and we help many who have already given birth, have already chosen to go to term before they call us and call us mainly based on referrals from hospitals, government TANF offices, and other social service agencies.

Thus, the city law under consideration does not affect us directly but I am very concerned about its implications. Not only does it presuppose that the service arm of the right to life movement is always deliberately deceptive but its application is biased and unfair.

For example, there are only about 30 centers that do abortions in this city that have operating certificates; in other words there are only about thirty licensed abortion centers including the outpatient clinics of hospitals. The rest of the centers are legally private practices or professional corporations. They do very high volume and meet the criteria of "diagnostic and treatment center", the legal term in New York State for clinic as described in section 600.8b of the New York State Health code. These centers operate under the licenses of the doctors who work in them who are frequently not even the doctors who own the center; and the clients frequently do not even know the doctor's name so it would be difficult to report problems. These centers receive no inspection or monitoring whatsoever.

However, when a client enters such a center she assumes that it is a legitimate clinic under the same inspection and monitoring as any real clinic and following the same standards. In other words these so called clinics are deceptive. Should these centers put up a sign stating that they do not have operating certificates as diagnostic

and treatment centers and are not legitimate clinics? That they have no inspection or monitoring and the client gets an abortion at her own risk? Actually this type of incomplete advertising, as most of these centers do advertise as "abortion clinics" in the yellow pages, is far more dangerous than any so called deception that some members of this committee believe that crisis pregnancy center engage in.

Dear Members of the City Council of New York,

Thank you so much for this opportunity to testify before you regarding Intro 371. Let me first introduce myself. I am Rev. David A. Watson. I have been a pastor on Staten Island for over 21 years at Calvary Chapel. We are located in the Mariner's Harbor section of the Island, the 10303 zip code represented ably by the Honorable Council Woman Debi Rose. As Council Woman Rose can tell you, our zip code has the highest rate of teen pregnancy on Staten Island.

I have been working closely with the Crisis Pregnancy Center on Staten Island for all of my 21 years here in the city. I have raised money for them, taught at their staff trainings, ministered in their post abortive counseling group, mc'ed their banquets, served on their Board and even chaired that Board for three years. I have also referred many young women both from my church and from our community to the center for help. I have done all this without hesitation. I can only testify first hand today with reference to the Crisis Pregnancy Center on Staten Island. I have a very limited knowledge regarding any other organization

To quote a famous New Yorker, today has a de-ja-vu all over again feel to it. It feels like the National Abortion Rights League has marshaled all the forces of the government of the great city of New York to come down with Intro 371 on 16 small crisis pregnancy centers whose combined budgets probably are not equal to the city council's car allowance and who have to be advised by pro bono attorneys. It feels like de-ja-vu because it reminds of the story of David and Goliath.

I won't try to bring to your remembrance all the details of that story found in 1 Samuel 17, but be assured I left my sling at home. However I have, like David, five smooth stones in my shepherd's bag at this hearing today for your consideration. I submit to you the following:

Smooth stone # 1 – The record and reputation of the Staten Island CPC

This is an exemplary agency without guile which takes no public funds (except a few dollars from the Borough President's discretionary coffers nearly 10 years ago for things like furniture and capitol improvements). Because of what they do, and the tremendous right to privacy that must be exercised when dealing with matters as personal as they deal with, this center has sought to help women quietly, respectfully, and discreetly. In their over 25 years of ministry there has never been a serious complaint lodged against them by a client whom they have served. They do not accept or ask for any compensation for any of their services. There is no charge for the counseling, the self administered EPT, or the materials given away such as diapers, baby clothes, baby food, baby toys or baby cribs. Neither is there a charge for classes or support groups. The center stands with their clients no matter what their decision ultimately is. These vital services to women in need are generously provided at no cost to the clients and at no cost to our government. For this they deserve to be singled out for applause not harrassment.

Smooth Stone #2 - The transparency and candidness of the Staten Island CPC

My understanding of the proposed bill is that it would require the CPC to provide signage outside and immediately inside of the facilities that indicate that they are not a clinic and that they do not provide/refer for abortions. The center is already listed under abortion alternatives in the phone book. Their website states clearly that they don't refer for abortions. In addition, the disclosure forms that they give to their clients before any counseling is offered state clearly that they don't provide/refer for abortions. Also, the well trained staff members are clearly and repeatedly instructed to tell when asked that they don't perform or refer for abortions.

Smooth Stone #3 – The probability of unintended consequences

All that said, I am very concerned that this law will also have the unintended consequence of limiting choice for the women who might want to come to a CPC. Let me explain. When a woman believes she is pregnant she often times makes this known to her partner, her family and even her friends. She may indeed want to come to the CPC with that partner, with those parents or family members and with those friends so she can discuss her options. She may very well want to keep her baby and wants only to have someone affirm that her decision is a good one in front of whomever she brings with her. If, in bold letters outside their building the CPC must shout, "we don't do abortions", what will be the chances of an abortion-minded partner, family member or friend bringing this girl into the center? I submit to you that those chances are not good at all.

It is a fact that many women are pressured into having an abortion and some are even forced. I have had the sad duty of counseling women in this situation on more than one occasion. The discreet but non-deceptive nature of the CPC gives a woman in this situation a place to go to affirm her right to have the child. The proposed law will have the unintended consequence of taking this sanctuary away from that women. In so doing, this law will infringe upon a woman's right to choose to have her child. I am sure it is not the intent of the law, but this could be one outcomes of it.

Smooth Stone #4 - Is this an over reach in the Council's concern and jurisdiction?

As I have stated, the CPC on Staten Island costs the taxpayers nothing. The center solicits almost no government funding. No clients are charged for anything or any services. The staff is almost all volunteer. They are fully insured with all the appropriate riders. They have a local governing body and a national oversight and advisory body in CareNet. The budget is minuscule and there is not a long line of lawsuits clogging up the courts because of their malfeasants. Doesn't their right to free speech and freedom of religion allow them to say in the privacy of a counseling room that they think abortion is the taking of a life, that other options are available and they will walk them through and stand by clients through those options? It seems to me that the council is dangerously infringing on the right to privacy of both the client and the Center.

Smooth Stone #5 - The appearance of pay back

Our city is wrought with problems of all sorts. I know that I don't have to tell the members of the Council how much fiscal trouble our beloved Big Apple is in. Yet, with all that needs its attention at this time, the Council is taking up this bill now. It appears that the research behind the bill was provided by NARAL. It also appears that the language for the bill was provided by NARAL. NARAL is not a neutral, fair-minded party. It is a powerful and well-funded advocate for abortion.

The CPC's in this case are a small group of centers with little or almost no money who see a significantly small number of abortion minded clients and make a very little dent if any in the abortion rate in the city. Why in the world is this Council bothering with them. Is it possible that NARAL is trying to insure that only Planned Parenthood can do any reproductive counseling in this city? Is this some sort of bizarre grasp for a monopoly in this "market"?

With all due respect, this has the appearance of catering to a powerful special interest group as payback for endorsement and political contributions. Clearly this body has much more important work to be doing and wouldn't have even have considered this measure if NARAL had not asked some members to do so. Let's not treat abortion as a sacrament here today and NARAL as the ones who hold the keys of death and hades. Fairness and justice cry out to us to vote NO on this bill.

I believe any one of the stones I have offered up today is more than enough to fell this giant called Intro 371. The necessity for this bill is non-existent and the motives behind it are transparent. It is a big clumsy giant that isn't too big to hit but rather too big to miss.

Thank you again for this forum in which I have been able to express my concerns.

Respectively submitted,

Rev. David A. Watson

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Testimony before the New York City Council, Women's Issues Committee
Introduction 371

Joan Malin, President and CEO & Balin Anderson, Director of Social Services for the Bronx Center
Planned Parenthood of New York City
November 13, 2010

Good afternoon. I am Joan Malin, President and CEO of Planned Parenthood of New York City. I am pleased to be here today to provide testimony in support of Introduction 371, truly important legislation that ensures that the women of New York City will know what services they will and will not be getting when they go to a Limited Service Pregnancy Center, and ensures that their private information will be protected.

I want to first thank the Chair of the Women's Issues Committee, Julissa Ferreras, for holding this hearing. I also want to especially thank Council Member Jessica Lappin for her leadership in moving this legislation forward and give thanks to the many Council Members who have already signed onto Introduction 371. Our Board, staff, and our patients are grateful for your support. I also want to take this opportunity to recognize Council Speaker Christine Quinn who has shown unswerving leadership on issues regarding women's health. We look forward to working with Speaker Quinn and the New York City Council to ensure swift passage of this important legislation and look forward to future opportunities to work together to promote the health and well-being of New York's women and families.

For more than 90 years, Planned Parenthood has been the most trusted name in reproductive health. In the past year alone we provided high-quality, personalized care to more than 47,000 women, men, and adolescents at our three health centers in the Bronx, Brooklyn, and Manhattan, and most recently, on our Community Outreach mobile medical unit on Staten Island. We reached an additional 58,000 people through Project Street Beat, Planned Parenthood of New York City's unique HIV prevention and access-to-care program that serves women, men, and teens who live and work on New York City's streets. No one is turned away from PPNYC if he or she cannot pay; we help clients to obtain public insurance or meet their needs with a sliding-fee scale. The majority of Planned Parenthood's clients are at or below the poverty level and more than one-third use public insurance to pay for their health care. Our clients come from all five boroughs.

Planned Parenthood offers a full range of reproductive health services: birth control; emergency contraception; pregnancy testing and options counseling (including adoption referrals); surgical abortion and medication abortion; GYN care, including cervical and breast cancer screening; colposcopy; male reproductive health exams; testing, counseling, and treatment for sexually transmitted infections; HIV testing and counseling; and help in obtaining public insurance.

Planned Parenthood is one of the largest reproductive health care providers in New York City. As a result we have all too often seen the impact of these deceptive centers firsthand. Over the past year we began hearing, with increasing frequency, alarming stories from our social workers, nurses, and clinicians about our patients' experiences at Limited Service Pregnancy Centers (LSPC's, also known as Crisis Pregnancy Centers or CPCs).

Crisis Pregnancy Centers are anti-choice organizations masquerading as legitimate reproductive health care providers. They are not licensed medical facilities. Instead, their goal is to intentionally deceive and misinform women about their reproductive health options. They often have misleading names and signage, and set up shop near legitimate reproductive health care providers.

Planned Parenthood of New York City's Bronx Health Center is located at 349 East 149th Street. There is a Crisis Pregnancy Center directly across the street at 344 East 149th Street.

Planned Parenthood of New York City's Boro Hall Center, in downtown Brooklyn, is located at 44 Court Street on the 6th floor. There is a Crisis Pregnancy Center in the same building, on the 12th floor.

Make no mistake about it: the CPCs' proximity to our health care centers is no coincidence. These centers prey upon our patients – setting up shop near our health centers, luring patients in with deceptive information, and then leaving them with nothing but bad medical information and traumatic experiences.

Pregnant women who walk into CPCs are not told or informed about the full range of their pregnancy options and methods of birth control. Worse than that, they don't know that there is a specific agenda designed to misinform them and discourage abortion as well as the use of FDA-approved birth control methods. Most harmful, in a room set up to look like a doctor's office, many women do not know that there isn't a licensed medical provider giving them this information or that their private health and contact information may not be treated confidentially. As you'll hear from many of our colleague providers present today, one of the biggest issues with CPCs is that they interfere with women's access to prompt medical care. Whether for women seeking prenatal care or abortion services, timely access to care is of the upmost importance.

In June 2010, we initiated a project to collect patient stories with the help of our social workers in order to better understand women's experiences at CPCs in New York City. What we learned is that, too often, patients seeking comprehensive reproductive health care mistakenly visit CPCs and are given false, misleading, and often dangerous information by CPCs.

This legislation would also regulate CPCs' use of personal information – requiring it to be kept confidential, something that is important in all health care service delivery, but especially critical in the context of reproductive health care delivery. Many women who enter a CPC think they are at Planned Parenthood or another licensed medical facility, so they share their personal medical history, insurance information, and contact information. Clients believe they are at a doctor's office, so they reasonably believe that their information is protected by the same confidentiality laws at work in any hospital, walk-in clinic, or doctor's office. However, these confidentiality protections do not exist at CPCs. There is no telling how medical information, contact information, or even employment information might be used in service of an ideological agenda. Further, this information should be kept confidential to protect the safety of the patient.

Planned Parenthood of New York City is proud to testify today in strong support of Introduction 371. This legislation responds directly to the disturbing experiences women have had at Crisis Pregnancy Centers in New York City. Women's health transcends ideology. Our concerns are that women receive timely, quality health care. Through the Council's action, New York will have the opportunity to join other cities across America in recognizing that women have the right to know what to expect when they walk through the doors of a Crisis Pregnancy Center. We look forward to the bill's swift passage and implementation.

At this point I'd like to introduce Balin Anderson, Director of Social Services at our Bronx Health Center, so she can share her firsthand experiences serving patients impacted by LSPCs.

Thank you, Joan. My name is Balin Anderson. I am a social worker at Planned Parenthood of New York City. My job is to inform, counsel, and provide support to women seeking reproductive health care services. All too often I see women who have been misled, misinformed, and manipulated by Crisis Pregnancy Centers. These centers prey on our patients by setting up shop near our health centers and luring women in with deceptive tactics. I am here today to give voice to the women that these centers have abused, manipulated, and deceived.

Last week, I met with a 32-year-old mother of two young children. She recently cut back her work hours because her three-year-old has autism and requires special services and care. After a missed period, she was concerned that she might be pregnant. This woman mistook the CPC across the street for the Planned Parenthood health center. When she explained that she needed a pregnancy test, she was told she would also receive a "consultation." The "consultation" began with personal questions, including the name and occupation of her partner. She began to feel uncomfortable, explaining to me that something felt "weird" about the clinic. After providing a urine sample, she was told she would have to watch graphic videos of abortion procedures in order to obtain her test results. This despite the fact that the patient had expressed no interest in or intention to have an abortion. The patient was surprised to discover that the staff expected her to conduct the pregnancy test herself using an over-the-counter test from the pharmacy. Simply seeking a pregnancy test, this woman was subjected to coercive practices, anti-abortion rhetoric, and propaganda.

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 necessary medical care at PPNYC, it was only after the CPC staff had deceived and emotionally traumatized her.

Just a few weeks ago, a patient seeking an abortion at our Brooklyn health center arrived at 44 Court St. and took the elevator to the 6th floor where our center is located. Posing as a Planned Parenthood employee, a woman intercepted her and took her to the CPC on the 12th floor. Outrageous.

But CPCs don't prey only on pregnant women and women seeking abortions. A teen coming to our Bronx health center for reproductive health care for the first time mistakenly entered the CPC on the other side of the street. After being misled to believe she was in the right place, she explained that she was sexually active and wanted to use contraception. The staff person shamed the young woman for her sexual activity and gave her blatantly false health information. According to this CPC, FDA-approved drugs like emergency contraception are not effective and Depo Provera (a form of contraception) causes HPV (a sexually transmitted infection). This CPC fed a teen misinformation,

with the intention of discouraging her from using effective methods of prevention. This deception would leave her extremely vulnerable to unintended pregnancy.

These are just a few of the stories that we hear from patients in our health centers. I could share many more that reveal the same pattern of deception and abuse by Crisis Pregnancy Centers. I am very grateful that these women have agreed to share their stories, especially given the difficulty inherent in describing how they were manipulated and harmed.

I am testifying to the New York City Council today as a social worker. On behalf of my clients and the women and families of New York, I urge the City Council to pass Introduction 371.

Thank you.

Jennifer O'Neill

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Jennifer O'Neill, November 16, 2010

"Experience Overrides Theory . . . On Post-Abortive Healing"

Quote from my Life After Abortion Workbook (2001): Women's Health and Abortion . . . Is There a Connection?

Whether we realize it or not, we all have friends, coworkers, and neighbors who have had an abortion. The Alan Guttmacher Institute estimates that 43 percent of American women will have at least one abortion by the age of forty-five.[1]

Every year there are approximately 1.3 million abortions performed in the U.S. This makes abortion one of the most common surgical procedures performed, and any consequences could be a major public-health issue. Most people are aware that once abortion was made legal it was termed "safe". But after thirty years of legalized abortion, we see trends and statistical data that call into question the "safeness" of abortion for women's health.

Most people do not realize the extent of serious short-term and long-term health risks stemming from abortion. For instance, since the 1970s, there has been a marked increase in the number of abortions and repeat abortions in North America; there has also been a significant increases in pelvic inflammatory disease (PID), uterine hemorrhage, severe infection, endometriosis, retained fetal or placental tissue, and cancer since abortion was legalized.[2]

Women deserve to know about any risks their abortion procedures may entail. A recent authoritative study carried out by the Royal College of Physicians and Surgeons in the United Kingdom revealed that 11 percent of women, who undergo abortion suffer from immediate medical complications every year (which would equate to more than 140,000 women in the U.S.). This includes problems such as: infection, uterine perforation, hemorrhaging, cervical trauma, and failed abortion/ongoing pregnancy. [3]

Unfortunately abortion providers and the medical community at large have downplayed these health risks.

Summary of Health Risks:

- An estimated 43 percent of American women will have at least one abortion by age 45.[27]- In the U.S. approximately 140,000 women a year have *immediate* medical complications from abortion. This includes problems such as infection, uterine perforation, hemorrhaging, cervical trauma, and failed abortion/ongoing pregnancy.[28]
- "Among the oldest group of women (30–39 years) the complication rate is almost 22% for abortions between 17 and 24 weeks gestation."[29]
- Research indicates that abortion may increase a woman's risk of breast cancer by 30 percent.[30]-Childbirth actually protects against cancer of the reproductive system.[31]
- After abortion there may be a higher risk of developing cervical and ovarian cancer.[32]
- Abortion can lead to infertility, a serious long-term complication that often goes undetected for many years.[33]

- Abortion can lead to complications in future pregnancies, including premature birth, placenta previa, and ectopic pregnancy.[34]
- One study indicated that women who had abortions were twice as likely to die in the two years following their abortions than women who gave birth.[35]
- A woman who undergoes an abortion has a suicide risk six times higher than women who have given birth to a child.[36]
- It is minorities who suffer from the greatest number of serious complications and deaths after abortion.[37]
- Psychological and emotional complications reported in a 1994 survey of women who had abortions and sought counseling found that they experienced a range of problems including: increased use of drugs and/or alcohol to deaden their pain, reoccurring insomnia and nightmares, eating disorders that began after the abortion, suicidal feelings, and even many attempted suicides.[38]

Who is at high risk for developing serious emotional and psychological problems following an abortion?[39]

- Teenagers; women who already have children; women who have abortions after 12 weeks gestation; women who feel pressured into the abortion; women struggling with value conflicts

Experience Overrides Theory:

For years, abortion remained a dark place within me, an indefinable root of my pain because its consequences "didn't exist" according to those "helping me' with my bouts of depression, etc.. Unbelievably, abortion was never brought up on any level by my doctors as a possible negative experience in my life, let alone the lynch-pin to my pain. The despair I felt when I had my abortion was *"nothing"*, according to the therapists, and according to a society that accepts abortion as a legitimate answer to pregnancy. There was no grieving for me because the baby I was carrying was just "a blob of tissue," "a mass," "a cluster of cells" that, in my case, was adamantly unwanted by the father.

Although we all know "it takes two" for a woman to become pregnant, we often don't recognize that "it takes a village" to abort those babies. Double the above statistics of post-abortive mothers to include the fathers – then multiply them to count grandparents, sibling, children, extended families, friends and yes, even those abortion facilitators who were involved. Now you can begin to grasp the staggering numbers of those affected by abortion. The truth is that few elude negative, trickle-down effects of this invasive "procedure." Whether or not you have personally experienced abortion, it's safe to say that most of us know *someone* has. If you, or someone you care for, are hurting from the aftermath of abortion . . . YOU'RE NOT ALONE!

It is imperative that we allow abortion-minded women (and extended family) to know the truth, that abortion hurts women and society as a whole.

ACLJ
American Center
for Law & Justice

Testimony of the American Center for Law and Justice in Opposition to the Proposed Anti-Crisis Pregnancy Center Bill (Int. No. 371)

November 16, 2010

SUMMARY

On October 12, 2010, the New York City Council introduced a bill (Introduction Number 371-2010) targeting pro-life organizations that offer information and assistance to women who are pregnant or believe that they may be pregnant, often called "crisis pregnancy centers" (CPCs). This bill is unnecessary and clearly violates federal and New York law.

The American Center for Law and Justice (ACLJ) strongly opposes this bill on both constitutional and policy grounds. The ACLJ is an organization dedicated to the defense of constitutional liberties secured by law and the sanctity of human life. ACLJ attorneys have argued before the Supreme Court of the United States and participated as *amicus curiae* in a number of significant cases involving abortion and the freedoms of speech and religion.[1] The ACLJ represents Expectant Mother Care (which operates a dozen CPC locations throughout New York City), Life Center of New York-Brooklyn, and Heartbeat International concerning Introduction 371's impact on their legal rights.

Int. 371 targets pro-life "limited service pregnancy centers," defined as

> a facility where the primary purpose is to provide commercially valuable pregnancy-related services, regardless of whether they are offered for a fee but:
> (1) does not provide or refer for abortions or FDA-approved contraceptive drugs and devices;

[1] *See, e.g., Pleasant Grove v. Summum*, 129 S. Ct. 1125 (2009) (unanimously holding that the Free Speech Clause does not require the government to accept counter-monuments when it has a war memorial or Ten Commandments monument on its property); *Gonzales v. Carhart*, 550 U.S. 124 (2007) (participated as *amicus curiae*; Court held that the Partial Birth Abortion Ban Act of 2003 was facially constitutional); *McConnell v. FEC*, 540 U.S. 93 (2003) (unanimously holding that minors have First Amendment rights); *Schenck v. Pro-Choice Network*, 519 U.S. 357 (1997) (holding that the creation of floating buffer zones around persons seeking to use abortion clinics violated the First Amendment rights of pro-life speakers); *Bray v. Alexandria Women's Health Clinic*, 506 U.S. 263 (1993) (holding that a federal law did not provide a cause of action against pro-life speakers who obstructed access to abortion clinics).

(2) is not licensed by the state of New York or the United States government to provide medical or pharmaceutical services; and

(3) is not a facility where the primary purpose is for one or more practitioners, licensed under [New York law] to provide medical services.[2]

This definition encompasses pro-life organizations but does not cover pro-abortion facilities that provide or refer for abortions or contraceptives. Int. 371 is just the latest attack in a nationwide campaign by pro-abortion groups to burden, marginalize, and vilify pro-life crisis pregnancy organizations.[3] The sole "evidence" cited in support of Int. 371 is a faulty, self-serving "report" of a pro-abortion group that falls far short of documenting any public health crisis calling for intrusive government regulation of non-profit organizations.

One hundred and twenty days after Int. 371 is enacted,[4] it will require limited service pregnancy centers to display written notices in English and Spanish—by their entrances, in their waiting rooms, on their websites, and in any advertisements—stating that the organization does not provide abortions or contraceptives or referrals for them.[5] In addition, if a licensed medical professional is not on site, the organizations must post a sign stating so by their entrance and in their waiting room.[6]

Any limited service pregnancy center that fails to comply with these notice requirements will be subject to financial penalties.[7] If three violations occur within two years, the Health Commissioner can issue an order to be posted at the center giving the NYPD the authority to shut the center down for up to five days in order to correct or prevent violations.[8] A person who removes or destroys a posted order will be subject to up to fifteen days of jail time or a $250 fine.[9] A person who intentionally disobeys a posted order or uses any premises closed by an order will be subject to up to six months imprisonment or a fine of up to $1,000.[10]

In addition, Int. 371 requires limited service pregnancy centers to keep all "health information and personal information" confidential, requiring a signed, written consent form with an expiration date for the release of any such information.[11] The bill creates a civil cause of action for a person claiming to be injured by a violation of this requirement. Potential remedies include injunctive relief, compensatory and punitive damages, attorney's fees, and costs.[12]

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[2] Int. 371 § 20-815(e).

[3] *See, e.g., Council Sets Abortion Fight; New Bill Would Set Strict Disclosure Requirements for Crisis-Pregnancy Centers*, Wall Street Journal, Oct. 12, 2010, http://online.wsj.com/article/SB10001424052748703794104575546620908818644.html; *Virginia Legislators Drop Bill Restricting Pregnancy Centers, Praise Them Instead*, Catholic News Agency, Mar. 12, 2010, http://www.catholicnewsagency.com/news/virginia_legislators_drop_bill_restricting_pregnancy_centers_praise_them_instead/.

[4] Int. 371 § 3.

[5] *Id.* § 20-816(a).

[6] *Id.* § 20-816(b).

[7] *Id.* § 20-818(a).

[8] *Id.* § 20-818(b)(1) to (4).

[9] *Id.* § 20-818(b)(5).

[10] *Id.*

[11] *Id.* § 20-817.

[12] *Id.* § 20-820.

The Council's authority is limited to enacting laws that are consistent with the enumerated powers of the New York City Charter, and the constitutions and laws of the United States and the State of New York.[13] Int. 371 exceeds the Council's authority because, if enacted, it would violate the United States and New York Constitutions in numerous ways. Int. 371 would violate the freedom of speech protected by the First Amendment to the United States Constitution for four distinct reasons because it

1) compels pro-life limited service pregnancy centers to speak;
2) regulates speech on the basis of content;
3) regulates speech on the basis of viewpoint; and
4) regulates speech on the basis of speaker identity,

without being the least restrictive means of achieving a compelling governmental interest.

In addition, Int. 371 would violate the Equal Protection and Due Process Clauses of the Fourteenth Amendment by singling out pro-life centers for discriminatory treatment and by subjecting them to vague speech requirements under the threat of criminal and financial penalties. Int. 371 would also violate the Free Exercise Clause of the First Amendment by targeting a class of speakers who tend to be religiously-motivated and/or affiliated with a religious denomination while expressly excluding speakers with an opposing, secular viewpoint. Int. 371 would also violate multiple provisions of the New York Constitution that provide similar protections for the freedom of speech,[14] equal protection of the law,[15] due process,[16] and the free exercise of religion.[17] As such, Int. 371 should not be enacted.

ANALYSIS

I. THERE IS NO NEED OR JUSTIFICATION FOR INT. 371.

Int. 371 is a solution in search of a problem. The only "evidence" offered in support of Int. 371 is a document compiled by the New York affiliate of a pro-abortion organization (NARAL) that is engaged in a national campaign to discredit CPCs and use the federal, state, and local governments to saddle CPCs with burdensome regulations. In fact, the Council Members who introduced Int. 371 relied solely upon this NARAL document to justify the "need" to regulate CPCs.[18] Therefore, in depth consideration of the claims made in the NARAL document

[13] *N.Y. City Health & Hosps. Corp. v. Council of N.Y.*, 752 N.Y.S.2d 665, 669 (App. Div. 2003); *see also* N.Y. Const. art. IX, § 2(c) ("[E]very local government shall have power to adopt and amend local laws not inconsistent with the provisions of this constitution or any general law . . . ."); New York City Charter, ch. 2, § 28 (the Council "shall have the power to adopt local laws which it deems appropriate . . . for the good rule and government of the city; for the order [and] protection . . . of persons . . . ; for the preservation of the public health, comfort, peace and prosperity of the city and its inhabitants . . .").

[14] N.Y. Const. art. I, § 8.

[15] N.Y. Const. art. I, § 11.

[16] N.Y. Const. art. I, § 6.

[17] N.Y. Const. art. I, § 3.

[18] *See, e.g.*, New York City Council, Office of Communications, *Release #098-2010*, Oct. 12, 2010, http://council.nyc.gov/html/releases/10_12_10_crisis.shtml; *NYC Council Member Lappin Touts Her Kill CPC Bill*, http://www.youtube.com/watch?v=9jh5rDyvM9k (Council Member Jessica Lappin leading a press conference

is warranted, and upon such consideration, it is evident that there is in fact no justification for Int. 371.

Specifically, the NARAL document, entitled "She Said Abortion Could Cause Breast Cancer,"[19] claims that unnamed pro-abortion "volunteers" conducted a covert investigation of CPCs through phone calls and in-person visits in order to "educate women and the public at large about the full range of deceptive and manipulative practices used by CPCs in New York City." Although the document itself admits that these volunteers were specifically trained in order to gather information helpful to NARAL's cause, the absence of any substantiated information in the document demonstrates that they wholly failed in their endeavor. Further, "because none of the volunteer investigators was pregnant, th[e] report contains no insight into how CPCs would respond to a proven pregnancy."

Such faulty, unverifiable claims by an organization with a strong bias against CPCs falls far short of the rigorous evidentiary standard necessary to justify compelling a private, non-profit organization to convey a government-mandated message. NARAL Pro-Choice New York recently showed its true agenda—destroying CPCs, not protecting women from any real harm—by fishing for hypothetical testimony from CPC clients who support NARAL's claims and saying, "*Your testimony can help bring them down.*"[20] NARAL Pro-Choice New York President Kelli Conlin referred to Int. 371 as "a great first step,"[21] signaling an intent to further target CPCs with more legislation in the future.

A. CPCs Provide Material Assistance to Expectant Mothers.

Even putting aside the obvious, numerous research flaws in the NARAL document, and the fact that the "research" was conducted by an organization with a biased agenda to "bring [CPCs] down," the statements intended to support an alleged need for Int. 371 range from irrelevant to absurd. Int. 371 is based on nothing more than a desire to vilify and ridicule CPCs. The City Council should react to the NARAL report in the same way that the Virginia legislature reacted to a similar report issued by NARAL's Virginia chapter earlier this year.

NARAL Pro-Choice Virginia supported legislation to regulate CPCs in connection with funding for Choose Life license plates, making the same arguments concerning an alleged need to regulate CPCs that have been offered in favor of Int. 371.[22] After squarely rejecting NARAL's proposed legislation, both houses of the Virginia legislature adopted a resolution in support of the work of CPCs, stating,

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announcing Int. 371's introduction next to NARAL leaders and a sign with the title of the NARAL document); Speaker Quinn and Council Members Lappin, Ferreras, and Arroyo, *Email to Constituents*, Oct. 22, 2010 (citing NARAL document as sole "evidence" supporting Int. 371).

[19] NARAL Pro-Choice New York Foundation, *She Said Abortion Could Cause Breast Cancer*, http://www.prochoiceny.org/assets/files/cpcreport2010.pdf. The document is similar to one produced in 2006 for U.S. Representative Henry Waxman attempting to discredit CPCs.

[20] NARAL Pro-Choice New York Foundation, http://www.prochoiceny.org/ (last visited Nov. 12, 2010).

[21] *Kelli Conlin of NARAL-NY Calls Kill CPC Bill just "The First Step"*, http://www.youtube.com/watch?v=7YvtzRQYS7w.

[22] *See* NARAL Pro-Choice Virginia, *Crisis Pregnancy Centers Revealed*, Jan. 20, 2010, http://www.naralva.org/assets/files/cpcsrevealed.pdf.

WHEREAS, the life-affirming impact of pregnancy care centers on the women, men, children, and communities they serve is considerable and growing; and

WHEREAS, pregnancy care centers serve women in Virginia and across the United States with integrity and compassion; and

WHEREAS, more than 30 pregnancy care centers across Virginia provide comprehensive care to women and men facing unplanned pregnancies, including resources to meet their physical, psychological, emotional, and spiritual needs; and

WHEREAS, last year alone, pregnancy care centers provided free, confidential help and services to over 19,000 women in Virginia, including 9,200 free pregnancy tests, 9,600 free packs of diapers, 8,000 free bags of baby clothes, 3,800 free classes on topics ranging from infant care and parenting to job search skills, and 2,800 limited ultrasounds; and

WHEREAS, these and other services amounted to approximately $ 1.1 million in services and goods to women and families; and

WHEREAS, pregnancy care centers offer women free, confidential, and compassionate services, including pregnancy tests, peer counseling, 24-hour telephone hotlines, childbirth and parenting classes, and referrals to community, health care, and other support services; and

WHEREAS, many medical pregnancy care centers offer ultrasounds and other medical services; and

WHEREAS, many pregnancy care centers provide information on adoption and adoption referrals to pregnant women; and

WHEREAS, pregnancy care centers encourage women to make positive life choices by equipping them with complete and accurate information regarding their pregnancy options and the development of their unborn children; and

WHEREAS, pregnancy care centers provide women with compassionate and confidential peer counseling in a nonjudgmental manner regardless of their pregnancy outcomes; and

WHEREAS, pregnancy care centers provide important support and resources for women who choose childbirth over abortion; and

WHEREAS, pregnancy care centers ensure that women are receiving prenatal information and services that lead to the birth of healthy infants; and

WHEREAS, many pregnancy care centers provide grief assistance for women and men who regret the loss of their child from past choices they have made; and

WHEREAS, many pregnancy care centers work to prevent unplanned pregnancies by teaching effective abstinence education in public schools; and

WHEREAS, pregnancy care centers operate primarily through reliance on the voluntary donations and time of caring individuals who are committed to caring for the needs of women and promoting and protecting life; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the General Assembly hereby commend pregnancy care centers for their outstanding service to women in Virginia; and, be it

RESOLVED FURTHER, That the Clerk of the House of Delegates prepare a copy of this resolution for presentation to the pregnancy care centers as an expression of the General Assembly's admiration and gratitude for the work of the centers.[23]

B. CPCs Do Not Engage in False Advertising or Mislead Women.

Int. 371 should be rejected because there is no justification for regulating the speech of CPCs. CPC advertisements are neither false nor misleading. The NARAL document cites CPC subway advertisements stating, "Scared? Confused? We Can Help" and "Abortion Alternatives" as examples of deceptive advertising. No reasonable person, however, would read an advertisement for "Abortion Alternatives" and assume that the organization must be an abortion provider or a group that refers for abortion. The word "alternatives" clearly denotes options that are *alternatives to abortion* (*i.e.*, options *other than* abortion). Those options all involve, by definition, a live birth rather than an abortion.

There is not a shred of evidence that New York City women have been duped into believing that they were walking into an abortion provider's office by such advertisements, let alone that such a misunderstanding threatened their health. The mere suggestion by NARAL or a Council member that a hypothetical person could read an advertisement and conclude that the organization must be one that provides or refers for abortion is not "evidence" of a need for government regulation of CPCs.

In addition, the NARAL document declares that CPCs are "misleading"—justifying intrusive government regulation of their speech—because some CPCs use "neutral sounding names like Pregnancy Help, Inc., Pregnancy Resources Services, and Center for Pregnant Women," use the word "choice" in discussing alternatives to abortion, or locate near abortion

[23] *Commending pregnancy care centers*, 2010 Va. H.J.R. 435 (passed Senate March 12, 2010). The Virginia Senate passed an identical resolution except that the final two paragraphs have slightly different language to indicate that the House concurred and to instruct the Clerk of the Senate to prepare a copy of the resolution. 2010 Va. S.J.R. 265 (passed House Mar. 11, 2010).

clinics. Although pro-abortion groups may like to think that they have a monopoly on the terminology they prefer to use, or a right to prevent pro-life organizations from speaking anywhere near abortion clinics, the First Amendment says otherwise.

NARAL also accuses CPCs of "us[ing] emotionally manipulative counseling to shame women out of choosing abortion" by stating that abortion is the "killing" of an "unborn child" or "baby" (rather than calling it the termination of a "fetus"), showing images or videos of fetal development, and sharing true personal stories of women who regret having an abortion. NARAL also criticizes CPCs for offering ultrasounds "on the theory that a woman is less likely to choose to terminate her pregnancy if she is able to view her fetus or listen to the fetal heartbeat." Although NARAL may choose to de-humanize the unborn and to keep factual information about the development of a baby or about abortion procedures from women, there is no justification for publicly chastising CPCs for referring to the unborn as human beings at the earliest stages of their development or for providing factual information to pregnant women. More importantly, there is no justification for making these the bases for intrusive governmental regulation. Just because NARAL would operate a pregnancy center differently does not make the CPCs guilty of "coercive tactics" or "emotional manipulation." NARAL is not the self-appointed police of all things pregnancy-related.

In sum, NARAL is trying to make a mountain out of a non-existent molehill. A woman who is unsure of whether a CPC will provide or refer for abortion or contraceptives, or whether a CPC volunteer is a licensed doctor or nurse, *may simply ask a question.* Not even NARAL alleges that CPC volunteers claim that CPCs provide or refer for abortion or contraceptives, refuse to state the CPC's position on abortion and contraceptives, or falsely claim that they are doctors or nurses. Multiple times every day, Americans are presented with advertisements, statements, and other information about organizations, products, services, and events about which they are not fully knowledgeable. It takes virtually no effort to Google a name, make a phone call, or send an email asking a question in response to seeing an advertisement. NARAL has provided absolutely no evidence justifying intrusive government regulation of CPCs.

Another faulty claim made by NARAL is that CPCs deprive women of "information they need to prevent unintended pregnancies in the future" by emphasizing abstinence until marriage as the only fully effective means of preventing pregnancy. NARAL faults CPCs for highlighting that contraceptives are not foolproof means of preventing undesired pregnancies and by promoting abstinence until marriage as the only "risk-free" and "effective way to prevent sexually transmitted diseases (STDs) and unintended pregnancies." This premise is yet another example of NARAL seeking to employ the government to impose its own policy preferences and ideology upon CPCs, and it is ironic in two respects.

First, CPCs' emphasis on abstinence until marriage as the only fully effective means of preventing pregnancy and STD transmission *is factually accurate*, as countless thousands of American women become pregnant each year, or contract STDs, despite their use of contraceptives, while abstinence does not result in pregnancy or the transmission of an STD. Second, many of the women who visit CPCs for assistance *know firsthand* that what CPC volunteers tell them is true based on their own experience with becoming pregnant or contracting an STD despite their use of contraceptives. Many would argue that it is a perception of the

infallibility of contraceptives in preventing pregnancy, with the "backup plan" of the availability of abortion, including the morning-after pill—rather than an emphasis on abstinence until marriage—that has contributed to continued high rates of unplanned pregnancy in the United States. Regardless of one's personal perspective on this issue, however, the government may not use its regulatory power to target private organizations with a disfavored viewpoint on contraceptives and abstinence.

C. Information Provided by CPCs is Overwhelmingly Supported by Scientific Research.

The NARAL document maligns CPCs for providing women with materials discussing the physical, mental, and emotional risks associated with abortion. NARAL refutes any negative outcomes associated with abortion, holding the view that "after an abortion, most women report feeling 'relief and happiness.'" Organizations that assist numerous women who are plagued with regret and physical and emotional problems due to their abortions, such as the Silent No More Awareness campaign,[24] would strongly disagree with NARAL's assessment. It is significant that, in 2007, the Supreme Court noted that "it seems unexceptionable to conclude some women come to regret their choice to abort the infant life they once created and sustained. Severe depression and loss of esteem can follow."[25]

The title of the NARAL document, "She Said Abortion Could Cause Breast Cancer," illustrates the absurdity of the alleged need for Int. 371. Although pro-abortion organizations continuously deny any conceivable link between abortion and breast cancer (or any other negative outcome for that matter), and cite studies or other sources supporting their argument, *there are numerous studies and articles that suggest a correlation or link between abortion and breast cancer and numerous other negative health effects.*

For example, Elizabeth Cohen, CNN Senior Medical Correspondent, noted in an October 7, 2010 article that "it's medically important to tell your doctor if you've had abortions" because, among other things, "infertility might be caused by infection or scar tissue that resulted from the abortion," and "multiple abortions could put you at a higher risk for miscarriage or premature birth."[26] In addition, one article opposing Int. 371 explains,

> there are significant negative health effects associated with induced abortion. By 2008, for instance, 59 studies had shown a statistically significant increase in the risk of pre-term birth and low birth weight in future pregnancies for women who have had induced abortions. Increased risk of placenta previa in future pregnancies is also well established. And much to the chagrin of the abortion-is-no-big-deal crowd, there is a substantial body of medical literature indicating that induced abortion leads to increased risk of negative mental-health outcomes,

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[24] Silent No More Awareness, http://www.silentnomoreawareness.org/.
[25] *Gonzales v. Carhart*, 550 U.S. 124, 159 (2007) (citation omitted).
[26] Elizabeth Cohen, CNN Senior Medical Correspondent, *5 secrets you shouldn't keep from your GYN*, Oct. 7, 2010, http://www.cnn.com/2010/HEALTH/10/07/secrets.from.gynecologist/index.html?iref=allsearch.

including suicide ideation, alcohol dependence, illegal-drug dependence, major depression, and anxiety disorder.[27]

The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) "continue[s] to explore data from around the world regarding abortion associated complications (such as depression, substance abuse, suicide, other pregnancy associated mortality, subsequent preterm birth, placenta previa, and breast cancer) in order to provide a realistic appreciation of abortion-related health risks."[28] AAPLOG's website provides numerous articles and studies dealing with "abortion complications" such as breast cancer, pre-term birth, maternal mortality, mental health, and placentia previa.[29] Although AAPLOG acknowledges that some medical groups have denied any association between abortion and breast cancer, AAPLOG believes that those groups "have taken certain liberties with their interpretation of the scientific literature. AAPLOG feels that these liberties lack basic fairness and balance in reaching their 'no association' conclusion."[30]

The following is a brief list of some of the articles or reports documenting the link between abortion and a variety of negative health consequences:

- Natalie P. Mota, et al., *Associations Between Abortion, Mental Disorders and Suicidal Behavior in a Nationally Representative Sample*, 55(4) Can. J. Psychiatry 239-46 (Apr. 2010).

- Angela Lanfranchi, *Normal Breast Physiology; The Reason Hormonal Contraceptives and Induced Abortion Increase Breast-Cancer Risk*, 76(3) Linacre Q. 236-49 (Aug. 2009).

- Jessica M. Dolle, et al., *Risk Factors for Triple-Negative Breast Cancer in Women Under the Age of 45 Years*, 18(4) Cancer Epidemiology, Biomarkers & Prevention 1157-66 (Apr. 2009).

- Vahit Ozmen, et al., *Breast Cancer Risk Factors in Turkish Women: a University Hospital Based Nested Case Control Study*, 7 W. J. Surgical Oncology 37 (Apr. 2009).

- Priscilla K. Coleman, et al., *Predictors and Correlates of Abortion in the Fragile Families and Well-Being Study: Paternal Behavior, Substance Use, and Partner Violence*, 7(3) Int. J. Ment. Health Addiction 405-22 (2009).

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[27] Greg Pfundstein, *Crisis Pregnancy Centers in New York City: What Misinformation?*, Oct. 15, 2010, http://www.nationalreview.com/corner/249931/crisis-pregnancy-centers-new-york-city-what-misinformation-greg-pfundstein?sms_ss=facebook&at_xt=4cb8a0e3a1150b31%2C0.

[28] American Association of Pro-Life Obstetricians and Gynecologists, *About Us*, http://www.aaplog.org/about-2/.

[29] American Association of Pro-Life Obstetricians and Gynecologists, *Abortion Complications*, http://www.aaplog.org/.

[30] American Association of Pro-Life Obstetricians and Gynecologists, *Induced Abortion and Subsequent Breast Cancer Risk*, 2008, http://www.aaplog.org/complications-of-induced-abortion/induced-abortion-and-breast-cancer/induced-abortion-and-subsequent-breast-cancer-risk-an-overview/.

- Priscilla K. Coleman, et al., *Induced Abortion and Anxiety, Mood, and Substance Abuse Disorders: Isolating the Effects of Abortion in the National Comorbidity Survey*, 43(8) J. Psychiatr. Res. 770-76 (2009).

- David M. Fergusson, et al., *Abortion and Mental Health Disorders: Evidence From a 30-year Longitudinal Study*, 193 British J. Psychiatry 444-451 (2008).

- David M. Fergusson, et al., *Abortion in Young Women and Subsequent Mental Health*, 47(1) J. Child Psychol. & Psychiatry 16-24 (2006).

- Joel Brind, *The Abortion-Breast Cancer Connection*, Nat. Cath. Bioethics Q. 303-29 (Summer 2005).

- Priscilla K. Coleman, *Induced Abortion and Increased Risk of Substance Abuse: A Review of the Evidence*, 1 Current Women's Health Review 21-34 (2005).

- Caroline Moreau, et al., *Previous Induced Abortions and the Risk of Very Preterm Delivery: Results of the EPIPAGE Study*, 112(4) BJOG: Int'l J. Obstetrics & Gynecology 430-37 (Apr. 2005).

- Joel Brind, *Induced Abortion as an Independent Risk Factor for Breast Cancer: A Critical Review of Recent Studies Based on Prospective Data*, 10(4) J. Am. Physicians & Surgeons 105-10 (Winter 2005).

- David C. Reardon, et al., *Deaths Associated with Abortion Compared to Childbirth - A Review of New and Old Data and the Medical and Legal Implications*, 20 J. Contemp. Health L. & Pol'y 279-327 (2004).

- Vincent M. Rue, et al., *Induced Abortion and Traumatic Stress: A Preliminary Comparison of American and Russian Women*, 10 Med. Sci. Monit. 5-16 (2004).

- Brent Rooney & Byron Calhoun, *Induced Abortion and Risk of Later Premature Births*, 8 J. Am. Physicians & Surgeons 46-49 (Summer 2003).

- Jesse R. Cougle, et al., *Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort*, 9(4) Med. Sci. Monit. 105-12 (2003).

- John M. Thorp, et al., *Long Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 58(1) Obstetrical & Gynecological Surv. 67-79 (2002).

- Priscilla K. Coleman, et al., *A History of Induced Abortion in Relation to Substance Use During Subsequent Pregnancies Carried to Term*, 187(6) Am. J. of Obstetrics & Gynecology 1673-78 (2002).

- Mika Gissler, et al., *Suicides after Pregnancy in Finland, 1987-94: Register Linkage Study*, 313 British Med. J. 1431-34 (Dec. 1996).

- Janet R. Daling, et al., *Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion*, 86 J. Nat'l Cancer Inst. 1584-92 (1994).

The well-documented nature of the risks associated with abortion has prompted state legislatures to require doctors to include a warning about the link between abortion and breast cancer or other specific harms, including psychological distress and the fact that the abortion will end the life of an actual human being (as more fully discussed *infra*, Part II, at pages 15-16). Such information is provided to women considering abortion pursuant to the informed consent laws of these states. For example, a Texas law requires doctors to provide a woman considering abortion with information concerning

> the particular medical risks associated with the particular abortion procedure to be employed, including, when medically accurate:
> (i) the risks of infection and hemorrhage;
> (ii) the potential danger to a subsequent pregnancy and of infertility; and
> (iii) the possibility of increased risk of breast cancer following an induced abortion and the natural protective effect of a completed pregnancy in avoiding breast cancer.[31]

Similarly, a Nebraska law requires doctors to inform women considering abortion of

> (a) The particular medical risks associated with the particular abortion procedure to be employed including, when medically accurate, the risks of infection, hemorrhage, perforated uterus, danger to subsequent pregnancies, and infertility;
> (b) The probable gestational age of the unborn child at the time the abortion is to be performed;
> (c) The medical risks associated with carrying her child to term; and
> (d) That she cannot be forced or required by anyone to have an abortion and is free to withhold or withdraw her consent for an abortion.[32]

Many other state laws require doctors to inform women of the health risks associated with abortion and provide them with information concerning the gestational age and physical characteristics of the unborn child at the time the abortion is to be performed.[33] While NARAL and other pro-abortion organizations are free to disagree with these legislatures and to debate the soundness of the numerous articles highlighting the negative health consequences of abortion, they may not utilize the machinery of the government to impose burdensome disclosure requirements upon those with an opposing viewpoint.

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[31] Tex. Health & Safety Code § 171.012(a)(1)(B). Other statutes that expressly mention a link between breast cancer and abortion are: Minn. Stat. § 145.4242; Miss. Code Ann. § 41-41-33; Mont. Code Ann. § 50-20-104.
[32] Neb. Rev. Stat. § 28-327(1).
[33] *See, e.g.*, Code of Ala. § 26-23A-4; Ari. Rev. Stat. § 36-2153; Ark. Code Ann. § 20-16-903; Fla. Stat. § 390.0111; Kan. Stat. Ann. § 65-6709; Mich. Comp. L. § 333.17015; S.D. Codified Laws § 34-23A-10.1; Utah Code Ann. § 76-7-305; W. Va. Code § 16-2I-2.

In addition, NARAL falsely claims that CPCs manipulate women into "delaying" their decision because some women who consider information received at CPCs may take days, or even weeks, to consider a variety of options before ultimately deciding to have an abortion. This argument is quite frankly absurd, as any family member, friend, co-worker, or other person who suggests to a pregnant woman that she should keep the baby or put it up for adoption would also have to be labeled as "manipulative" if the woman initially contemplates their perspective but later decides to have an abortion. CPCs simply provide assistance and information to pregnant women; the ultimate decision is theirs and theirs alone, and any "delay" between a CPC visit and a decision to have an abortion is attributable to the woman's own deliberative process.

Furthermore, the NARAL document provides no justification for the Council to impose confidentiality requirements upon CPCs. While Int. 371's supporters have speculated about *hypothetical* scenarios involving the misuse of client information, they have *no factual basis* for stating that New York CPCs have misused or will misuse such information. The CPCs targeted by Int. 371 have operated continuously—some for decades—without any claims of misuse of client information. As with Int. 371's other provisions, the confidentiality provisions are clearly designed to burden and intimidate CPCs without any demonstrated need for the legislation.

In sum, the alleged need for Int. 371 is non-existent. The NARAL document is a mix of unfounded accusations, opinions, and pejorative statements intended to malign the work of CPCs. It falls woefully short of providing any *actual evidence* justifying intrusive regulation of CPCs. To the contrary, the document is conveniently tailored to meet NARAL's goal of making Int. 371 the "first step"[34] to "bring [CPCs] down."[35] The Council should squarely reject Int. 371.

II. INT. 371 VIOLATES THE RIGHTS OF CPCS PROTECTED BY FEDERAL AND STATE LAW.

A. Introduction 371 Violates CPCs' Freedom of Speech.

The Free Speech Clause of the First Amendment, applicable to state and local governments through the Fourteenth Amendment, states that the government "shall make no law . . . abridging the freedom of speech."[36] Int. 371 violates CPCs' freedom of speech because the government lacks a compelling reason to force them to speak against their will or to regulate their expression based on content, viewpoint, and speaker identity.

[34] *Kelli Conlin*, *supra* note 21.
[35] NARAL Pro-Choice, *supra* note 20.
[36] U.S. Const. amend. I.

1. Introduction 371 is Subject to Strict Scrutiny Because it Compels Expression and is Not Analogous to Cases Dealing With Commercial Speech or the Regulation of Professions.

a. Strict Scrutiny Standard.

The Supreme Court of the United States has observed that "[t]he right to speak and the right to refrain from speaking are complementary components of the broader concept of 'individual freedom of mind.'"[37] In other words, "freedom of speech prohibits the government from telling people what they must say."[38] A CPC, like other organizations, has "the right to be free from government restrictions that abridge its own rights in order to 'enhance the relative voice' of its opponents."[39] The Court has explained that

> [t]he essential thrust of the First Amendment is to prohibit improper restraints on the *voluntary* public expression of ideas; it shields the man who wants to speak or publish when others wish him to be quiet. There is necessarily, and within suitably defined areas, a concomitant freedom *not* to speak publicly, one which serves the same ultimate end as freedom of speech in its affirmative aspect.[40]

The Court has also observed that

> [a]t the heart of the First Amendment lies the principle that each person should decide for him or herself the ideas and beliefs deserving of expression, consideration, and adherence. Our political system and cultural life rest upon this ideal. Government action that stifles speech on account of its message, or that requires the utterance of a particular message favored by the Government, contravenes this essential right. Laws of this sort pose the inherent risk that the Government seeks not to advance a legitimate regulatory goal, but to suppress unpopular ideas or information or manipulate the public debate through coercion rather than persuasion. These restrictions "raise the specter that the Government may effectively drive certain ideas or viewpoints from the marketplace."[41]

Laws requiring groups or individuals to convey a message are "subject to exacting First Amendment scrutiny"; the government cannot "dictate the content of speech absent compelling necessity, and then, only by means precisely tailored."[42] Numerous cases demonstrate that Int. 371 clearly fails this standard, as it does not further any compelling interest, let alone the least

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[37] *Wooley v. Maynard*, 430 U.S. 705, 714 (1977) (quoting *West Va. Bd. of Educ. v. Barnette*, 319 U.S. 624, 637 (1943)).
[38] *Rumsfeld v. Forum for Academic & Institutional Rights, Inc. [FAIR]*, 547 U.S. 47, 61 (2006); *see also Lewis v. Cowen*, 165 F.3d 154, 161 (2d Cir. 1999) ("The First Amendment protects the right to refrain from speaking just as surely as it protects the right to speak.").
[39] *Pac. Gas & Elec. Co. v. Public Util. Comm'n of Cal.*, 475 U.S. 1, 14 (1986) (quoting *Buckley v. Valeo*, 424 U.S. 1, 49 & n.55 (1976)).
[40] *Harper & Row Publishers, Inc. v. Nation Enters.*, 471 U.S. 539, 559 (1985) (citation omitted).
[41] *Turner Broad. Sys. v. FCC*, 512 U.S. 622, 641 (1994) (citations omitted).
[42] *Riley v. Nat'l Fed'n of the Blind of North Carolina, Inc.*, 487 U.S. 781, 798, 800 (1988).

restrictive means available.[43] In *West Virginia State Board of Education v. Barnette*,[44] the Court held that a public school could not compel students to recite the Pledge of Allegiance over their religious objections. While acknowledging that "the State may 'require teaching by instruction and study of all in our history and in the structure and organization of our government,'" the Court noted, "[h]ere, however, we are dealing with a compulsion of students to declare a belief."[45]

Similarly, in *Wooley v. Maynard*,[46] the Court held that the State of New Hampshire could not penalize citizens who covered the motto "Live Free or Die" on their license plates because the motto conflicted with their religious and moral beliefs. The Court based its decision on the fact that "the right of freedom of thought protected by the First Amendment against state action includes both the right to speak freely and the right to refrain from speaking at all."[47] The state lacked a compelling reason for forcing drivers to display that message.[48]

In addition, in *Riley v. National Federation of the Blind of North Carolina*,[49] the Supreme Court held that a state law requiring professional fundraisers for charitable organizations to tell solicited persons what percentage of contributions actually went to such organizations violated the First Amendment. The Court explained,

> [t]he First Amendment mandates that we presume that *speakers, not the government, know best both what they want to say and how to say it*. . . . "The very purpose of the First Amendment is to foreclose public authority from assuming a guardianship of the public mind through regulating the press, speech, and religion." To this end, the government, even with the purest of motives, *may not substitute its judgment as to how best to speak for that of speakers and listeners*; free and robust debate cannot thrive if directed by the government.[50]

The Court noted that the First Amendment's protection of the freedom of speech "necessarily compris[es] the decision of both what to say and what not to say."[51] This is true regardless of whether the compelled speech consists of "fact" or opinion. Although the disclosure requirement applied to all professional fundraisers, the Court noted the discriminatory effect it would have upon "small or unpopular charities, which must usually rely on professional fundraisers."[52] The

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[43] *See, e.g., United States v. United Foods, Inc.*, 533 U.S. 405 (2001) (holding that requiring mushroom handlers to pay an assessment used to fund advertisements promoting mushroom sales violated the First Amendment); *Hurley v. Irish-Am. Gay, Lesbian & Bisexual Group of Boston*, 515 U.S. 557 (1995) (holding that requiring parade organizers to include a group with an unwanted message in their parade violated their First Amendment right to choose the content of their message); *Pac. Gas*, 475 U.S. 1 (declaring unconstitutional a requirement that a company place a consumer group's letter in its bills to customers); *Miami Herald Publ'g Co. v. Tornillo*, 418 U.S. 241 (1974) (invalidating a requirement that newspapers print a politician's reply to editorials).
[44] 319 U.S. 624 (1943).
[45] *Id.* at 631 (citations omitted).
[46] 430 U.S. 705 (1977).
[47] *Id.* at 714 (citing *Barnette*, 319 U.S. at 633-34).
[48] *Id.* at 715-16.
[49] 487 U.S. 781 (1988).
[50] *Id.* at 790-91 (citation omitted) (emphasis added).
[51] *Id.* at 797.
[52] *Id.* at 799.

disclosure requirement was not the least restrictive means of achieving a compelling governmental interest and, as such, violated the First Amendment.[53]

Like the statute struck down in *Riley*, Int. 371 violates the First Amendment. Even if the Introduction were offered "with the purest of motives," the Council may not "substitute its judgment as to how best to speak for that of speakers and listeners."[54] That Int. 371 directs pro-life limited service pregnancy centers to post statements of fact, rather than claims of opinion, does not change the outcome. It must be remembered that "[t]he First Amendment protects expression, be it of the popular variety or not."[55]

b. Cases Not Applying Strict Scrutiny Are Distinguishable.

Supporters of Int. 371 will likely claim that imposing disclosure requirements upon CPCs is no different than imposing disclosure requirements upon doctors, lawyers, or businesses, which are constitutionally permissible in some instances. For example, last year a court upheld a New York City Code provision requiring restaurants to post calorie content information on their menus,[56] and the Code imposes numerous other disclosure requirements upon businesses.[57] This argument is flawed, however, because a lesser standard of First Amendment scrutiny is applied in cases involving "commercial" speech or the regulation of a profession, neither of which are the case when non-profit CPCs make their services known to the public.

In *Planned Parenthood of Southeastern Pennsylvania v. Casey*,[58] the Supreme Court upheld a state requirement that doctors provide women with certain information at least 24 hours before performing an abortion, including information about the nature and risks of abortion and childbirth as well as the availability of state-published materials describing fetal development.[59] The Court rejected an "asserted First Amendment right of a physician not to provide information about the risks of abortion, and childbirth, in a manner mandated by the State," noting that "the physician's First Amendment rights not to speak are implicated, *but only as part of the practice of medicine, subject to reasonable licensing and regulation by the State.*"[60]

Similarly, in *Planned Parenthood of Minnesota, North Dakota, South Dakota v. Rounds*,[61] the court rejected a First Amendment challenge to a state law requiring doctors to provide certain disclosures and information to women prior to obtaining their consent before

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[53] *Id.* at 800-01.
[54] *See id.* at 790-91.
[55] *Boy Scouts of Am. v. Dale*, 530 U.S. 640, 660 (2000).
[56] *N.Y. State Restaurant Ass'n v. N.Y. City Bd. of Health*, 556 F.3d 114, 132-34 (2d Cir. 2009) (upholding a New York City Code provision requiring restaurants to post calorie content information on their menus as a reasonable regulation of commercial speech, subject to rational basis review under *Zauderer v. Office of Disciplinary Counsel of Supreme Court of Ohio*, 471 U.S. 626 (1985)).
[57] *See, e.g.*, NYC Admin. Code § 20-801 (requiring child care providers to post a sign near their entrance stating that the most recent state inspection report for the provider may be accessed through a state government website); NYC Admin. Code § 17-173 (requiring venders of alcoholic beverages to post a sign stating "Warning: Drinking alcoholic beverages during pregnancy can cause birth defects").
[58] 505 U.S. 833 (1992) (plurality opinion).
[59] *Id.* at 881.
[60] *Id.* at 884 (citing *Wooley*, 430 U.S. 705) (emphasis added).
[61] 530 F.3d 724 (8th Cir. 2008) (en banc).

performing an abortion. Among other things, the law required doctors to provide a written statement that "the abortion will terminate the life of a whole, separate, unique, living human being" along with a "description of all known medical risks of the procedure and statistically significant risk factors to which the pregnant woman would be subjected, including . . . [d]epression and related psychological distress [and] [i]ncreased risk of suicide ideation and suicide."[62] The court observed that, although laws requiring individuals to speak are typically subject to strict scrutiny,[63] the state can "use its regulatory authority to require a physician to provide truthful, non-misleading information relevant to a patient's decision to have an abortion, even if that information might also encourage the patient to choose childbirth over abortion."[64]

Casey and *Rounds* provide no support for Int. 371, which targets select non-profit organizations rather than doctors or other professionals. Both cases emphasized the government's authority to regulate *the medical profession*.[65] New York state law defines the practice of the profession of medicine as "diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition."[66] CPCs clearly are *not* engaged in the practice of medicine. CPC volunteers provide material support and information to women in need. They do not diagnose, treat, operate, or prescribe for any medical condition, nor do they claim to do so in their advertisements.[67] Given the nature of the assistance that CPCs provide, it is unsurprising that state and local law has not, until Int. 371, attempted to directly regulate CPCs. As such, cases dealing with the regulation of the medical profession have no bearing on Int. 371.

In addition, CPC advertisements are not "commercial speech" that can be broadly regulated by the Council. In *Zauderer v. Office of Disciplinary Counsel*,[68] the Supreme Court upheld a requirement that attorneys include certain disclosures in any advertisements that mention contingent fee rates. The Court distinguished the case at hand from *Wooley*, *Tornillo*, and *Barnette* because it involved commercial advertising, which receives a lower level of protection than non-commercial speech.[69]

The United States Court of Appeals for the Second Circuit, which covers New York, recently reaffirmed these principles. In *Connecticut Bar Association v. United States*,[70] the court

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[62] *Id.* at 726.
[63] *Id.* at 733.
[64] *Id.* at 735.
[65] It is significant to note that, even under *Casey*, courts have invalidated overreaching government disclosure requirements and speech restrictions. *See, e.g., Conant v. Walters*, 309 F.3d 629 (9th Cir. 2002) (upholding an injunction preventing the federal government from revoking a doctor's license to prescribe certain drugs or investigating him based solely on his "recommendation" of the use of medical marijuana, when his recommendation falls short of an actual conspiracy to violate federal law and he does not actually prescribe or dispense marijuana); *Planned Parenthood of the Heartland v. Heineman*, Case No. 4:10-cv-3122, 2010 U.S. Dist. LEXIS 70484, at *55 (D. Neb. July 14, 2010) (granting motion for preliminary injunction preventing the enforcement of statutory provisions requiring doctors to provide disclosures to women before performing an abortion that were, in the court's view, "untruthful, misleading and irrelevant").
[66] N.Y. C.L.S. Educ. § 6521.
[67] *See id.*
[68] 471 U.S. 626 (1985).
[69] *Id.* at 651.
[70] Case No. 09-0015, 2010 U.S. App. LEXIS 18894 (2d Cir. Sept. 7, 2010).

rejected a First Amendment challenge to provisions of the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 that require debt relief agencies and other professionals who provide bankruptcy assistance for a fee to provide an assisted person with certain notices and to include certain language in their advertisements. The court held that the disclosure requirements were subject to only rational basis review, not strict scrutiny, because the speech at issue was commercial speech.[71] Importantly, the court noted that commercial speech is expression that "does 'no more than propose a commercial transaction,'"[72] or is "'related solely to the economic interests of the speaker and its audience.'"[73] The court also noted that the government has much broader leeway to impose reasonable disclosure requirements upon professionals in the course of their business (lawyers, doctors, etc.) than upon non-professionals.[74]

The CPC advertisements targeted by Int. 371 are clearly not commercial speech. Such advertisements do not "propose a commercial transaction,'"[75] nor do they "'relate[] solely to the economic interests of the speaker and its audience.'"[76] A non-profit organization offering assistance and information free of charge is not a business, and its advertisements are not proposals to enter a commercial transaction. *Zauderer* and other cases involving commercial speech are irrelevant to the analysis of Int. 371 and, as such, Int. 371 is subject to strict scrutiny.[77]

2. Introduction 371 is Subject to Strict Scrutiny Because it Regulates on the Basis of Content.

Int. 371 regulates speech on the basis of its content; groups that discuss pregnancy are covered, while groups that discuss politics, sports, or other subjects are not covered. "Content-based regulations are presumptively invalid"[78] because, "[a]bove all else, the First Amendment means that government has no power to restrict expression because of its message, its ideas, its subject matter, or its content."[79] Content-based speech regulations are subject to strict scrutiny, and "[i]t is rare that a regulation restricting speech because of its content will ever be permissible."[80] As explained herein, Int. 371 cannot survive strict scrutiny and, therefore, violates the First Amendment.

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[71] *Id.* at *25-26 (citing *Zauderer*, 471 U.S. 626); *see also Milavetz, Gallop & Milavetz, P.A. v. United States*, 130 S. Ct. 1324 (2010) (rejecting an as-applied challenge to provisions of the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005).

[72] 2010 U.S. App. LEXIS 18894 at *29 (quoting *Bolger v. Youngs Drug Prods. Corp.*, 463 U.S. 60, 66 (1983)).

[73] *Id.* (quoting *Cent. Hudson Gas & Elec. Corp. v. Public Serv. Comm'n*, 447 U.S. 557, 561 (1980)).

[74] *Id.* at *51 (citing *Casey*, 505 U.S. at 884 (plurality opinion)); *see also Nat'l Elec. Mfrs. Ass'n v. Sorrell*, 272 F.3d 104, 113 (2d Cir. 2001) (upholding a labeling requirement applied to manufacturers of mercury-containing light bulbs; the court distinguished between commercial speech and non-commercial speech, noting that lesser protection applied to commercial speech under cases such as *Zauderer*).

[75] *See Conn. Bar Ass'n*, 2010 U.S. App. LEXIS 18894, at *29 (citation omitted).

[76] *Id.* (quoting *Cent. Hudson*, 447 U.S. at 561).

[77] In addition, the intermediate level of "exacting scrutiny" that the Court has applied to disclosure requirements related to election-related political advertisements is not applicable to Int. 371. *See Citizens United v. FEC*, 130 S. Ct. 876, 914 (2010); *Buckley*, 424 U.S. at 64, 66 (per curiam).

[78] *R.A.V. v. City of St. Paul*, 505 U.S. 377, 382 (1992).

[79] *Police Dept. of City of Chicago v. Mosley*, 408 U.S. 92, 95 (1972); *see also Simon & Schuster, Inc. v. Members of N.Y. State Crime Victims Bd.*, 502 U.S. 105 (1991).

[80] *United States v. Playboy Entm't Group, Inc.*, 529 U.S. 803, 817-18 (2000).

3. Introduction 371 is Subject to Strict Scrutiny Because it Discriminates on the Basis of Viewpoint.

Int. 371 is a more flagrant violation of the First Amendment than other laws that target a particular subject matter because it is viewpoint discriminatory on its face. Int. 371 by its terms only targets organizations who oppose abortion and/or contraceptives but does not cover pro-choice organizations that provide or refer for abortions or contraceptives. Such organizations are free to meet with women who are pregnant or may become pregnant and to discuss various options without having to post disclaimers about the services that they provide or do not provide. This biased imbalance is a perfect example of viewpoint discrimination that the First Amendment prohibits.[81] As explained herein, Int. 371 cannot survive strict scrutiny and, therefore, violates the First Amendment.

4. Introduction 371 is Subject to Strict Scrutiny Because it Discriminates on the Basis of Speaker Identity.

In addition, Int. 371 impermissibly targets one group of speakers (pro-life CPCs) for regulation.

> Premised on mistrust of governmental power, the First Amendment stands against attempts to disfavor certain subjects or viewpoints. Prohibited, too, are restrictions distinguishing among different speakers, allowing speech by some but not others. As instruments to censor, these categories are interrelated: Speech restrictions based on the identity of the speaker are all too often simply a means to control content.
>
> . . . [T]he Government may commit a constitutional wrong when by law it identifies certain preferred speakers. . . . The First Amendment protects speech and speaker, and the ideas that flow from each.[82]

Int. 371 is subject to strict scrutiny because it targets one group of speakers for regulation. As explained herein, Int. 371 cannot survive strict scrutiny and, therefore, violates the First Amendment.

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[81] *See Pleasant Grove*, 129 S. Ct. at 1132; *Rosenberger v. Rector & Visitors of Univ. of Va.*, 515 U.S. 819 (1995); *R.A.V.*, 505 U.S. 377; *Perry Educ. Ass'n v. Perry Local Educators' Ass'n*, 460 U.S. 37, 46 (1983).

[82] *Citizens United*, 130 S. Ct. at 898-99 (citations omitted); *see also Mosley*, 408 U.S. at 96.

5. Introduction 371 Violates CPCs' Freedom of Speech Because it is Not the Least Restrictive Means of Achieving Any Compelling Government Interest.

As noted previously, laws that require individuals to speak are subject to strict scrutiny where, as here, they are not limited to commercial speech or the regulation of a profession. The Supreme Court "appl[ies] the most exacting scrutiny to regulations that suppress, disadvantage, or impose differential burdens upon speech because of its content. Laws that compel speakers to utter or distribute speech bearing a particular message are subject to the same rigorous scrutiny."[83] The Court has observed that "[r]equiring [the government] to demonstrate a compelling interest and show that it has adopted the least restrictive means of achieving that interest is the most demanding test known to constitutional law."[84] The Council cannot identify any compelling government interest requiring mandatory disclosures by CPCs, nor is Int. 371 the least restrictive means of achieving such an interest.

It is clear that "[m]ere speculation of harm does not constitute a compelling state interest."[85] In *Turner Broadcasting System, Inc. v. FCC*,[86] the Supreme Court stated that

> [w]hen the Government defends a regulation on speech as a means to redress past harms or prevent anticipated harms, it must do more than simply "posit the existence of the disease sought to be cured." It must demonstrate that the recited harms are real, not merely conjectural, and that the regulation will in fact alleviate these harms in a direct and material way.[87]

Similarly, in *Ibanez v. Florida Dep't of Business and Prof'l Regulation*,[88] the Court stated that, to justify the regulation of allegedly misleading commercial advertisements, the government cannot rely on "mere speculation or conjecture" or the fear of "potentially misleading" advertisements, but must "demonstrate that the harms it recites are real and that its restriction will in fact alleviate them to a material degree," such as by evidence that members of the public have actually been misled.[89] This principle applies with much greater force when the target of regulation is non-commercial speech such as a CPC expression. As explained in Section I, Int. 371 is based solely upon the NARAL document designed to "bring [CPCs] down."[90] The document is faulty and unreliable, and fails to provide any support for Int. 371. A court reviewing Int. 371 would make short work of the government's position in light of the lack of any compelling need for Int. 371.

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[83] *Turner Broad. Sys.*, 512 U.S. at 642 (citations omitted); *see also Shelton v. Tucker*, 364 U.S. 479, 488 (1960) ("even though the governmental purpose be legitimate and substantial, that purpose cannot be pursued by means that broadly stifle fundamental personal liberties when the end can be more narrowly achieved").
[84] *City of Boerne v. Flores*, 521 U.S. 507, 534 (1997).
[85] *Consol. Edison Co. of N.Y. v. Public Serv. Comm'n*, 447 U.S. 530, 543 (1980).
[86] 512 U.S. 622 (1994).
[87] *Id.* at 664 (citation omitted).
[88] 512 U.S. 136 (1994).
[89] *Id.* at 143, 145 n.10, 146 (citations omitted).
[90] NARAL Pro-Choice, *supra* note 20.

Another reason why Int. 371 cannot survive strict scrutiny is that it is woefully underinclusive. Int. 371 only applies to pro-life organizations that do not provide or refer for abortions or contraceptives, but does not apply to pro-abortion organizations. When a particular viewpoint or speaker is "singled out for special treatment," it "undermines the likelihood of a genuine state interest" and "suggests instead that the legislature may have been concerned with silencing" the targeted speaker.[91] Underinclusiveness often indicates a "governmental attempt to give one side of a debatable public question an advantage in expressing its views."[92] That is especially true where, as here, the impetus for the proposed law comes from staunch opponents of the targeted group.

In sum, Int. 371 cannot withstand strict scrutiny. There is no evidence that Int. 371 furthers any compelling government interest, let alone through the least restrictive means. Int. 371 also violates the Free Speech Clause of the New York Constitution, which states that "[e]very citizen may freely speak, write and publish his or her sentiments on all subjects, being responsible for the abuse of that right; and no law shall be passed to restrain or abridge the liberty of speech or of the press."[93] The New York Court of Appeals has interpreted the Free Speech Clause of the New York Constitution to provide more protection for free expression than the safeguards afforded by the First Amendment to the federal Constitution.[94] For the same reasons Int. 371 violates CPCs' freedom of speech under the First Amendment, it also violates the broader protection of free speech guaranteed by the state Constitution.

B. Introduction 371 Violates CPCs' Right to Equal Protection of the Law.

Int. 371 violates the Crisis Pregnancy Centers' right to equal protection under the law because it targets CPCs for their pro-life message and does not require similar disclosures from pro-abortion organizations. The Equal Protection Clause of the Fourteenth Amendment "is essentially a direction that all persons similarly situated should be treated alike."[95] Strict scrutiny applies "when the classification impermissibly interferes with the exercise of a fundamental right," such as "rights guaranteed by the First Amendment."[96] "[E]ven the most legitimate goal may not be advanced in a constitutionally impermissible manner," and underinclusiveness often undermines the government's argument that differential treatment is justified.[97] "[A] bare . . .

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[91] *First Nat. Bank of Boston v. Bellotti*, 435 U.S. 765, 793 (1978).
[92] *City of Ladue v. Gilleo*, 512 U.S. 43, 51 (1994).
[93] *See* N.Y. Const. art. I, § 8.
[94] *See, e.g., Clear Channel Outdoor, Inc. v. City of New York*, 594 F.3d 94, 112-13 (2d Cir. 2010); *O'Neill v. Oakgrove Constr., Inc.*, 523 N.E.2d 277, 281 n.3 (N.Y. 1988) ("The protection afforded by the guarantees of free press and speech in the New York Constitution is often broader than the minimum required by the First Amendment."); *Immuno AG v. Moor-Jankowski*, 567 N.E.2d 1270 (N.Y. 1991); *People v. Ferber*, 441 N.E.2d 1100 (N.Y. 1982) (per curiam). For example, in discussing "[f]reedom of expression in books, movies and the arts," the New York Court of Appeals held that "the minimal national standard established by the Supreme Court for First Amendment rights cannot be considered dispositive in determining the scope of [New York's] constitutional guarantee of freedom of expression." *People ex rel. Arcara v. Cloud Books, Inc.*, 503 N.E.2d 492, 494-95 (N.Y. 1986).
[95] *City of Cleburne v. Cleburne Living Ctr.*, 473 U.S. 432, 439 (1985).
[96] *Mass. Bd. of Ret. v. Murgia*, 427 U.S. 307, 312 n.3 (1976) (citing *Williams v. Rhodes*, 393 U.S. 23 (1968)).
[97] *Carey v. Brown*, 447 U.S. 455, 464-65 (1980).

desire to harm a politically unpopular group" is not a legitimate state interest, let alone a compelling one.[98]

Under the Equal Protection Clause, Int. 371 would not withstand strict scrutiny for the reasons previously discussed. There is no compelling reason for singling out pro-life organizations for burdensome regulation while deliberately leaving pro-abortion groups—the supporters of the legislation—without such disclosure requirements. As such, Int. 371 violates the Equal Protection Clause.

Similarly, the New York Constitution provides that "[n]o person shall be denied the equal protection of the laws" and "[n]o person shall, because of race, color, creed or religion, be subjected to any discrimination in his or her civil rights by any other person or by any firm, corporation, or institution, or by the state or any agency or subdivision of the state."[99] This provision is comparable to the federal Equal Protection Clause[100] and, as such, Int. 371 violates the New York Constitution for the same reasons.

C. Introduction 371 is Vague and Violates CPCs' Right to Due Process.

Int. 371 subjects the public to civil and criminal penalties, and imposes upon their freedom of speech, without clearly defining key terms. "It is a basic principle of due process that an enactment is void for vagueness if its prohibitions are not clearly defined."[101] A statute is unconstitutionally vague "if it fails to provide people of ordinary intelligence a reasonable opportunity to understand what conduct it prohibits."[102]

The Supreme Court applies a more stringent test for vagueness when a law "threatens to inhibit the exercise of constitutionally protected rights,"[103] such as the freedom of speech, because, "where a vague statute 'abut[s] upon sensitive areas of basic First Amendment freedoms,' it 'operates to inhibit the exercise of [those] freedoms.'"[104] In addition, the Court applies a more stringent test for vagueness when criminal penalties may be enforced,[105] as "'[n]o one may be required at peril of life, liberty or property to speculate as to the meaning of penal statutes.'"[106]

Int. 371 falls short of the constitutional standard for vagueness. Its vague terms will likely be manipulated in practice to target disfavored groups (*i.e.*, pro-life CPCs) and exclude all other groups. As such, Int. 371 violates the Due Process Clause of the Fourteenth Amendment as well

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[98] *City of Cleburne*, 473 U.S. at 447.
[99] N.Y. Const. art. I, § 11.
[100] *Pinnacle Nursing Home v. Axelrod*, 928 F.2d 1306, 1317 (2d Cir. 1991) ("The breadth of coverage under the equal protection clauses of the federal and states constitutions is equal."); *United Fence & Guard Rail Corp. v. Cuomo*, 878 F.2d 588, 592 (2d Cir. 1989) ("We observe, as the Appellate Division did, that analysis under the federal and New York State constitutions is the same for purposes of equal protection.").
[101] *Grayned v. City of Rockford*, 408 U.S. 104, 108 (1972).
[102] *Hill v. Colorado*, 530 U.S. 703, 732 (2000) (citing *City of Chicago v. Morales*, 527 U.S. 41, 56-57 (1999)).
[103] *Hoffman Estates v. Flipside, Hoffman Estates, Inc.*, 455 U.S. 489, 498-99 (1982).
[104] *Grayned*, 408 U.S. at 109 (citations omitted).
[105] *Hoffman Estates*, 455 U.S. at 498-99.
[106] *Morales*, 527 U.S. at 58 (citation omitted).

as the Due Process Clause of the New York Constitution, which provides that "[n]o person shall be deprived of life, liberty or property without due process of law." [107]

D. Introduction 371 Violates CPCs' Free Exercise of Religion.

Int. 371 violates the free exercise rights of CPCs—most of whom are overtly Christian and base their opposition to abortion and/or contraceptives on Christian teachings—by targeting them for discriminatory disclosure requirements while excluding secular organizations that provide or refer for abortions or contraceptives. The Supreme Court has held that "the right of free exercise does not relieve an individual of the obligation to comply with a 'valid and neutral law of general applicability on the ground that the law proscribes (or prescribes) conduct that his religion prescribes (or proscribes).'"[108] However, a law that is not neutral or generally applicable "must undergo the most rigorous of scrutiny" and "must be justified by a compelling governmental interest and must be narrowly tailored to advance that interest."[109]

Although the text of a statute is relevant when considering whether it is neutral and generally applicable,

> [f]acial neutrality is not determinative. The Free Exercise Clause, like the Establishment Clause, extends beyond facial discrimination. The Clause "forbids subtle departures from neutrality" and "covert suppression of particular religious beliefs." Official action that targets religious conduct for distinctive treatment cannot be shielded by mere compliance with the requirement of facial neutrality. The Free Exercise Clause protects against governmental hostility which is masked as well as overt. "The Court must survey meticulously the circumstances of governmental categories to eliminate, as it were, religious gerrymanders."[110]

"Apart from the text, the effect of a law in its real operation is strong evidence of its object,"[111] and "categories of selection are of paramount concern when a law has the incidental effect of burdening religious practice. The Free Exercise Clause 'protect[s] religious observers against unequal treatment.'"[112] Int. 371 is neither neutral nor generally applicable, as it expressly targets pro-life organizations who do not provide or refer for abortions or contraceptives—often due to their sincerely held religious beliefs—while exempting organizations that have no religious or moral objection to providing or referring for abortion or contraceptives. Int. 371 is, in essence, a "religious gerrymander" as it was intentionally designed to cover pro-life/faith-

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[107] N.Y. Const. art. I, § 6. This guarantee of due process under the law protects against arbitrary enforcement and requires laws to be crafted with sufficient clarity to provide notice of the conduct they proscribe just like the Due Process Clause of the Fourteenth Amendment. *Coakley v. Jaffe*, 49 F. Supp. 2d 615, 628 (S.D.N.Y. 1999) ("[T]he New York State Constitution's guarantees of . . . due process are virtually coextensive with those of the U.S. Constitution."); *see also People v. N. St. Book Shoppe, Inc.*, 139 A.D.2d 118, 120 (N.Y. App. Div. 1988) (treating, for purposes of the void-for-vagueness doctrine, the Due Process Clause of the New York State Constitution, Article I § 6, as equivalent to the Due Process Clause of the federal Constitution).

[108] *Employment Div. v. Smith*, 494 U.S. 872, 879 (1990).

[109] *Church of Lukumi Babalu Aye v. City of Hialeah*, 508 U.S. 520, 531-32, 546 (1993).

[110] *Id.* at 534 (citations omitted).

[111] *Id.* at 535.

[112] *Id.* at 542 (citations omitted).

FOR THE RECORD

November 16, 2010

Testimony for Intro. 371 regarding regulating crisis pregnancy centers.

My name is Melanie Canon. I am a physician and practice family medicine which includes reproductive health care. I am currently working at Jacobi Hospital in the Bronx. I have been practicing in NYC since 1998 after finishing my residency in Maine. Because of the dearth of abortion providers women came from all over Maine and other states in New England for these safe and legal services of reproductive health. I, along with the other providers, was driven to the family planning center in an armored, tinted vehicle b/c of the anti choice movement's violence against providers.

It is almost 2011, more than 12 years later and the anti choice group is well funded, active and violent murdering Dr. George Tiller in his own church in May of last year. The movement is opposed to a constitutional democracy, opposed to the rule of law and opposed to basic personal freedom. They are highly organized and spreading around the country in many ways. One of these ways is through crisis pregnancy centers which try to convince women who are seeking options to unplanned pregnancies to continue the pregnancy to term. They do this by giving women false information and biased views instead of accurate medical information and standard of care. I have had numerous patients tell me their own stories about going to a cpc thinking it was a place they could get an abortion or contraception and being given grotesque pictures of mutilated babies and made to watch pro life videos in the waiting room.

In my experience as a family practice physician, reproductive health care is the most common need women seek. To have more and more cpcs springing up around the city giving inaccurate information to women who need contraception or abortions or options counseling is a threat to public health our constitution and an injustice to women.

I strongly support Intro 371 which introduces accountability and basic regulations for crisis pregnancy centers to work within the law and to offer unbiased and accurate information to women seeking help.

Melanie Canon, M.D.

69 East 130th Street

NY, NY 10037

Int. No. 371 - A Local Law to amend the administrative code of the city of New York, in relation to limited service pregnancy centers

Written Testimony Spence-Chapin Services to Families and Children

My name is Marci Lieber and I am the Women's Health Advocate for Community Outreach and Advocacy for Spence-Chapin Services, a nonprofit adoption agency that has been supporting children and families by offering quality adoption services in New York City for over 100 years.

Spence-Chapin's roots can be traced to the early 1900s and the pioneering work of Clara Spence, and Dr. and Mrs. Henry Chapin, who independently established nurseries out of concern for homeless infants abandoned in hospitals and shelters. The Spence and Chapin nurseries each broke new ground in developing social work techniques for adoption and, after the merger, continued to pioneer in the adoption field.

Today, Spence-Chapin is proud of our role as a prominent voice and leading advocate for adoption, and of our commitment to the well being of all members of the adoption triad: birth parents, adoptive parents, and their children.

In 2008 Spence-Chapin started the Adoption Access Network, which is a nationwide network of adoption agencies that work in close collaboration with abortion and family planning providers to integrate adoption as an available option for patients in those settings. We feel strongly that a commitment to reproductive justice means an obligation to provide accurate, comprehensive, and unbiased information and resources to patients about all of their options, including parenting, abortion, and adoption.

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

A Limited Crisis Pregnancy Center, as described in this legislation, which fails to disclose to the public that they do not or cannot provide, or refer for, abortions or FDA-approved contraceptive drugs and devices, is not meeting even this most minimal requirement. We support this legislation because it seeks to mandate disclosure and ensure that women are given the appropriate tools to make very personal decisions about their options and where they will seek care.

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Testimony of the New York Civil Liberties Union

before

The New York City Council

Committee on Women's Issues

regarding

Limited Service Pregnancy Center Act (Int. No. 371)

November 16, 2010

My name is Jennifer Carnig and I'm the director of communications for the New York Civil Liberties Union ("NYCLU").

On October 18th at 23 weeks pregnant I went to EMC Pregnancy Center in downtown Brooklyn. Though this crisis pregnancy center did not appear to have any licensed medical personnel on staff, it looked and felt like a doctor's office. I was given paperwork to fill out that asked for my medical history and a woman in scrubs was seeing patients in an exam room that looked like every OBGYN office I've ever been in.

I took a pregnancy test and sat waiting for the results with scared 16, 17 and 18 year old women – women half my age who had come seeking help at a desperate moment. Though I knew I was pregnant and had been registering "positive" on pregnancy tests since I was four weeks along, I was told that my pregnancy test was "inconclusive." The only way to know for sure was a sonogram.

I was taken into the examination room where the woman in scrubs pulled a wand over my belly and played the sound of the heartbeat for me. She ooh'ed and ahh'ed and with a few more quick swipes said she "gave the baby a full examination." She pronounced my baby "healthy and perfect." The whole procedure took less than five minutes. I was never seen by a doctor or nurse, and my fetus had not received a full medical examination, though if I didn't know beforehand, I would have assumed – as many women do – that I'd had a full checkup.

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 misinformation while masquerading as medical professionals. New York's women must have all of 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 very much.

FOR THE RECORD

The Rev. Dr. Earl Kooperkamp, Rector
St. Mary's Episcopal Church
521 West 126th Street
New York, NY 10027
(212) 864-4013

My dear friends and fellow New Yorkers, I come today to support the legislation you are considering, Intro 371, concerning limited service pregnancy centers in New York City. I believe that this is an important legislative initiative. In my 25 years of pastoral experience, a pregnancy, especially an unplanned pregnancy, is one of the most important events in a woman's life. Because it is of such vital importance, it is also of the utmost importance that a woman has all the information she needs in order to make the right choices for herself and her situation.

Unfortunately, over the years I have counseled women who were not able to obtain all the information they wished to have and not able to receive full medical information to determine the course of their pregnancy. These women had sought counsel and advice from pregnancy centers that were either not equipped to discuss the full range of pregnancy options or had religious or moral reasons for not disclosing all the options available. In several cases, women were given information from a religious perspective to pressure them to forgo considering all the options available to them. In at least one case, there was information given to a woman about medical matters that, as an educated layperson, I think is completely erroneous.

Given the importance of pregnancy in a woman's life and given the pressure to find out accurate information for taking care during the course of the pregnancy, we as New Yorkers, have a responsibility to see that woman are protected at this important juncture. I believe that Intro 371, before this committee today does accomplish that goal. This legislation has been spoken of as "Truth in advertising." I believe that it is indeed a needed move toward truth and an effective foil against "bait and switch" tactics. The proposed legislation will ensure that women in New York City will be confident in seeking counseling regarding their pregnancies that they will receive accurate medical information for their health and for the well being of their families.

In my faith tradition, and my belief, God graciously grants us a liberty of conscience to follow in God's loving call and to seek justice for all God's people. That liberty, a precious freedom, cannot be fully exercised without truth. It is, as Jesus said, the truth that shall set us free, and the provisions of Intro 371, insofar as they serve to make truth a part of the counsel pregnant women are able to obtain, is in the service of this freedom.

Thank you very much for your time and your kind consideration of my views and may God bless you as you seek the welfare of the women of New York City.

CATHOLIC GUARDIAN SOCIETY AND HOME BUREAU
Serving Families, Children, and Individuals with Special Needs Since 1899
1011 First Avenue, New York, New York 10022 www.cgshb.org
Kathleen Dooley Polcha, LMSW, Director, Maternity Services (212) 371-1000, EXT. 2117 Fax (212) 755-4233

Testimony- New York City Council November 16, 2010

Good afternoon. My name is Kathleen Dooley-Polcha, Director of Catholic Guardian Society and Home Bureau's Maternity Services Program, which has been in existence since 1925, and is affiliated with Catholic Charities of the Archdiocese of New York. The Maternity Services Program is located in The Cardinal Cooke Catholic Center on First Avenue, between 55th and 56th Streets. I am speaking in opposition to Intro 371.

We are a voluntary pregnancy, parenting and adoption program staffed by professional social workers and all services that we provide are free regardless of the client's age, financial situation, race, religion and ethnicity. Our program was modeled after the Catholic Charities USA pregnancy, parenting and adoption programs and our staff receives on-going training and education to maintain a high degree of professional skills.

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

All of our brochures, advertisements, newsletters and other outreach clearly state that we provide case management services, parenting classes, entitlement review, community referrals, concrete services and limited financial assistance, options counseling and adoption counseling. We do not provide medical services and the information that we provide to clients does not suggest that we provide medical services. In addition, we have never tried to deceive anyone. For those clients who participate in our program, an initial intake is conducted where the client provides information on their current situation and the client and social worker agree upon a service plan which is signed by both. Clients are advised, in accordance with acceptable professional social work standards, that all information is confidential and will not be shared without the client's written request. Records are stored in locked fire proof cabinets and destroyed after seven years.

In those cases where a prospective client calls to inquire about the services provided, the above referenced services are shared. In response to any inquiry regarding medical services of any type, the client is advised we do not provide medical services, and that we are a social service program. Requests for abortion information are clearly responded to in accordance with program policy. The client is advised that we do not refer for abortions or provide abortion counseling, and that we discuss alternatives to abortion. A request for referrals is responded to by encouraging the client to contact their medical provider for the information requested.

It is to be noted that our program has provided these voluntary services to more than 10,000 just since the last 15 years.

SAFE ENVIRONMENT OFFICE
ARCHDIOCESE OF NEW YORK

Intro. 371 -- *Limited Services Pregnancy Centers*
New York City Council Committee On Women's Issues
Testimony By Edward T. Mechmann, Esq., Director
Tuesday, November 16, 2010

Good afternoon. My name is Edward Mechmann, I am the Director of the Safe Environment Office of the Archdiocese of New York, which is responsible for overseeing programs in our parishes, schools, and institutions to protect children from sexual abuse. I also work with the Respect Life Office of the Archdiocese on public policy programs.

I am here to speak in opposition to Intro. 371. I join in the statements of others who oppose this unfair and discriminatory bill. I would like, however, to raise a particular objection, because this bill will prevent the staffs of pregnancy resource centers from protecting young women from being sexually abused and exploited.

We must bear in mind the connection between teenage pregnancy and abuse. In the City of New York, there are over 8,000 pregnancies each year where the mother is below the age of 18. Studies show that a majority of pregnant teens are victims of sexual and physical abuse, and a large majority of teenage pregnancies are the result of sexual activity with adult men.

A significant percentage of the women who come to pregnancy resource centers are teenagers, a large number of whom are thus likely to be victims of sexual abuse. Yet this bill would prevent the staffs of centers from protecting these teenagers from further abuse.

The confidentiality provision of Intro. 371 requires the centers to obtain consent from a client before they can disclose any information to any outside party. But a teenager cannot legally give consent – only a parent or guardian can do so. Since many of the teens come to the centers without a parent, there is no way to obtain that consent. Intro 371 does permit a disclosure without consent if it is "required by operation of law". This would permit a mandated reporter under state law to report the abuse to the authorities. However, few among the staffs of the centers are mandated reporters, so this exception would not apply to them.

As a result, the staff will be faced with an impossible dilemma – having learned of child abuse, even rape, they cannot report it to the authorities without exposing themselves to heavy fines and a civil lawsuit. They cannot even notify the teen's parents, so that they can intervene to help her. Instead of stopping the abuse, the staff would have to remain silent and send these women back to their abusers.

This is an intolerable result. Surely, it cannot be in the public interest to pass a law that would shield child sexual abusers from exposure and prosecution.

For this reason, in addition to the other reasons cited by other witnesses, I urge you not to pass this gravely flawed and dangerous bill.

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(FOR THE RECORD)

WOMEN'S CITY CLUB OF NEW YORK
SHAPING POLICY
improving lives

NEW YORK CITY COUNCIL
WOMEN'S ISSUES COMMITTEE
TESTIMONY BY JAN VINOKOUR
VICE-CHAIR, WCC WOMEN'S ISSUES COMMITTEE
NOVEMBER 16, 2010

Councilmember Ferreras, thank you for the opportunity to testify. My name is Jan Vinokour, and I am Vice-Chair of the Women's Issues Committee of the Women's City Club of New York, a nonprofit, nonpartisan, multi-issue organization founded in 1915. Our mission is to improve the lives of New Yorkers by helping to shape public policy and promoting responsible government.

The WCC firmly supports and urges the adoption of proposed legislation Intro. 371 which will regulate anti-choice pregnancy services known as Crisis Pregnancy Centers (CPCs). We recognize that it will protect vulnerable women from being misled by inaccurate information frequently given out at CPCs. In particular, we strongly support the bill's requirements that:

- CPCs disclose if they don't have medical staff on site and if they don't provide abortions, referrals for abortion, or FDA approved birth control; and
- CPCs keep confidential any health and personal information a woman gives to them.

In recent years, Women's City Club has advocated for increased availability of contraception, as well as increased transparency about sexual education. In 2007, we actively supported a forum on emergency contraception, which also supported the U.S. National Health Insurance Act and promoted expansion of school-based health centers. In 2008, we publicly opposed federal regulations restricting information about emergency contraceptives and birth control.

We continue to fight for women's rights. Every day, women are being manipulated and misled by Crisis Pregnancy Centers. We must provide them with the tools that they need to make the best decisions for themselves and their families. We request your continued leadership on this issue. Thank you for inviting good government groups to submit comments regarding the proposed legislation.

My name is Dr Chris Creatura and I am an Obstetrician and Gynecologist practicing in Manhattan. I have provided reproductive health care to women in New York City for over 20 years. I am glad to be here today to advocate for honesty and safety in women's health care.

When a woman faces an unplanned pregnancy, she deserves compassionate, scientifically accurate information about all of her options: including parenting, adoption, and abortion. This is the standard of care I provide my patients, and it should be the standard of care for every pregnant woman in New York City. Unfortunately, this isn't the case at crisis pregnancy centers, where unlicensed staff pose as legitimate health care providers and use scare tactics and misinformation that interfere with patients' timely access to care. This is dangerous and must be stopped.

During our medical training, doctors are taught not to let our personal biases interfere with caring for our patients' needs. These centers pretend to provide unbiased counseling, yet no trained counselor would intentionally mislead and withhold information. Vulnerable women in need entrust themselves unknowingly to facilities that lack medically trained staff and are subject to an invasion of privacy and harassment that isn't tolerated anywhere else in medicine. Requiring these centers to make clear that they do not offer referrals for abortion, contraception, or prenatal care is an important step in protecting women's health. If a woman seeks help from such a facility, she should know whether there are medical professionals on staff, what services are or are not available, and where she can get the medical care she needs in a timely fashion; without delay and without bias. No health care provision should be punitive or coercive.

As a physician, I trust women to know what is best for their families. Everyone in this room knows someone who has needed an abortion. None of us would want to be deceived by someone posing as a health care provider. I'd like to thank the City Council for taking the steps to protect the health and welfare of all women in New York City.

Dr Chris Creatura, Weill-Cornell Medical College

City Council Hearing on the proposed amendment of the administrative code of New York City, Section 1. Chapter 5 of Title 20

Good afternoon. I am Pat Burkhardt, a licensed midwife of NY State with more than 40 years of caring for women in a wide range of care settings and geographical locations. I also hold a doctorate in Public Health. I am here today to speak on behalf of a local law proposed by several members of the NYC Council to amend the administrative code of the city in relation to limited service pregnancy centers.

90 years ago, as the result of the Women's Suffrage Movement, women were officially and formally allowed into US society as full members, able to be decision-makers in the election of their governing officials. They finally had a say; they finally had a vote. Since that time women have grown in stature and responsibility across society, manifesting their knowledge and skills at all levels, including the US Supreme Court.

But attitudes from the era that denied women the vote persist or are reborn in new generations, attitudes that convey that women are inept, or stupid, or naive, just not bright enough or savvy enough to make their own decisions. So they are patronized, or condescended to, misinformed and sometimes outright lied to.

At no other time is a woman more vulnerable than when she suspects that she might be pregnant, particularly if she is living in circumstances that foster confusion and fear about what the future will hold. She may be in crisis in this situation, and will seek help from the people who seem most likely to meet her needs, those who run a limited services pregnancy center, more commonly called Crisis Pregnancy Centers, the perfect match for a woman in crisis.

This type of agency provides 'commercially valuable pregnancy-related services' but is limited in the counseling and services they render. A review of websites and phone guide ads reveals a broad array of deficits in these agencies. They do not offer unbiased counseling or information about the full range of services available to a woman in 21st century America when faced with an unexpected pregnancy. Parenting is sold clearly and strongly. Adoption is presented for those unable or not wanting to keep their infants. Abortions are presented in negative, coercive and erroneous ways, playing on the already vulnerable emotions of a woman with a possibly unplanned pregnancy. Referral for an abortion, should it be the woman's choice, is not an option.

Although often presented as such, it is also not a licensed facility, neither by the state nor federal government to provide medical or pharmaceutical services and it is not a facility where licensed medical providers provide medical services. In most instances it is a counseling service, which presents a skewed view of what women should consider and have as options.

Women have the right to receive complete and correct information in order to make informed choices for specific life events and for their lives overall. Society has the responsibility to assure that factual and unbiased information is provided to them in all venues that purport to provide it.

I, and NYSALM, the New York State Association of Licensed Midwives, support this bill unequivocally. It is a bill about assuring that women know what they are getting when they cross the threshold of a Crisis Pregnancy Center. It is a bill that requires access to full and complete information regarding the services rendered in those facilities. It is a bill that disallows misinformation and bias in the guise of services and care. It is a bill that protects true choice for women through the provision of basic and appropriate information for pregnant women. Women can make informed decisions only if they have complete and unbiased information in their hands. Once they know that the Crisis Pregnancy Center doesn't meet their needs, they can walk out and find a better place. This bill does that. Please make it NY City law.

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DEPARTMENT OF NATURAL SCIENCES
Box A0506

Dr. Joel Brind Oral Testimony regarding Intro 371

My name is Joel Brind, Ph.D. I am 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 colleagues from Penn State Medical College in the British Medical Association's epidemiology journal, and in 2005 I published a critical review of recent studies in the Journal of the American Association of Physicians and Surgeons. I have also published many letters and other articles on the the subject since 1992. In 1999 I co-founded the Breast Cancer Prevention Institute, a 501(c)(3) charity, now located in Somerville, New Jersey.

While intro 371 does not explicitly mention breast cancer, its introduction has been largely driven by reference to a report published by NARAL Pro-Choice New York Foundation and the National Institute for Reproductive Health, entitled "She said abortion could cause breast cancer". The report highlights the abortion-breast cancer connection as an alleged falsehood whose promulgation by pro-life crisis pregnancy centers (CPCs) is proposed as a justification for regulating the free speech rights of CPCs. Specifically, the NARAL report alleges that 89% of CPCs their investigators visited claim, in their materials, that "abortion led to a higher risk of breast cancer." The report then goes on to rebut this claim, saying: "Studies have repeatedly found no link between abortion and increased risk of breast cancer," among other risks, and that "The National Cancer Institute (NCI) concluded that abortion is not correlated with an increased risk for breast cancer".

In truth, it is the NARAL claim which is false. The "no link" and lack of correlation cited by the NARAL report ignores the undisputed fact that a woman who chooses abortion has a higher risk of breast cancer compared to her not choosing abortion. Specifically, the absence of a link attributed to the NCI is based on the artificial comparison of a woman who has had an abortion with a woman who was not pregnant at all. In fact, the very same NCI indirectly acknowledges the effect of abortion in its "fact sheet: Pregnancy and breast cancer risk", which specifically acknowledges: "The younger a woman has her first child, the lower her risk of developing breast cancer during her lifetime" and "A woman who has her first child after the age of 35 has approximately twice the risk of developing breast cancer as a woman who has a child before age 20."

The basis of every standard of patients' rights and informed consent requires any medical practitioner to inform every patient of any increased risk of serious illness if she has the proposed procedure, compared to not having the procedure. Therefore, the denial of the fact of greater future risk of breast cancer after choosing abortion compared to choosing not to abort a pregnancy already in progress underscores the critical value of CPCs in providing this life-saving information to pregnant women. Clearly, the enactment of Intro 371 would harm women by ensuring that more of them would eventually develop breast cancer.

Please refer to the written report I have also filed, with attached references, for further details. Thank you.

Respectfully submitted,

Joel Brind, Ph.D., Professor of Biology and Endocrinology, Nov. 16, 2010

Radical Women

113 W. 128th St., NY, NY 10027 • Phone (212) 222-0633 • Fax (212) 222-0839 • nycradicalwomen@nyct.net • www.radicalwomen.org

STATEMENT TO THE NYC CITY COUNCIL ON LEGISLATION REGULATING "CRISIS PREGNANCY CENTERS"
November 16, 2010

As an 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 contraception as reproductive options for women. They target the very women who are most vulnerable, whose choices in life are already the most limited: young women; women without insurance; and women who face barriers to health care based on their race, language, and culture or immigrant status.

Radical Women believes that this legislation will be a positive step toward protecting women from violation of their right to accurate, unbiased, and comprehensive information regarding their reproductive health. We call for its passage, and for its provisions to be extended to mobile facilities that serve a similar purpose.

As an example, the same anti-abortion, religiously funded group responsible for harassing women entering Dr. Emily's Clinic in the South Bronx also operates a van they advertise as providing free sonograms. They have no medical provider, and do not provide referrals for abortion or contraception. To the contrary, they seek to intercept women who are referred by their doctors to a legitimate clinic and those who have no money to pay for their health care. They subject women to scare tactics, intimidation and humiliation in an attempt to dissuade them from using abortion or contraception. These phony clinics and mobile units endanger women's rights and lives, and this must come to an end.

Despite the 1973 Supreme Court decision legalizing abortion, full reproductive freedom for women is far from a reality. Radical Women will continue to work with the many other supporters of women's rights here today to ensure that women truly do have "choice." In our view, this means that abortion and contraception must remain not only legal, but fully funded and available as part of a universal healthcare system. And more than this—women should be able to make their decisions without the economic coercion created by poverty, employment discrimination and unequal wages. We ask that your current and future deliberations be guided by this principle.

TESTIMONY TO THE NEW YORK CITY COUNCL
November 16th, 2010

Rev. Matthew Westfox, Associate Pastor of All Souls Bethlehem Church
Director of Interfaith Outreach, Religious Coalition for Reproductive Choice

Laura was in tears when she called me. A part of my ministry is to offer All Options Counseling to women and families who are dealing with unwanted, unplanned or otherwise difficult pregnancies, and trying to decide what to do. Sometimes I meet with them in person, sometimes they come to me by phone. In Laura's case, she called me because she wanted to have an abortion, was preparing to have an abortion, but she kept having nightmares.

You see, Laura had been ready to have an abortion. She had thought about it, prayed about it- which is how she and I first came into contact – she had made her appointment, and gone ahead, only to find out that her appointment wasn't with a legitimate reproductive health clinic after all, where she could get the termination procedure she had decided to have. It was with a Crisis Pregnancy Center, where she was shown pictures and told in great detail about how much her "baby would suffer" and been told "I'm sure you love your baby and don't want to kill it." She called me because she deeply wanted to have the abortion, knew it was the only real option open to her in her situation- and yet every night she kept having nightmares, remembering all of the terrible, manipulative things they told her.

Wheras Laura was upset, Sophia was angry. She works at a grocery store, and had to negotiate with both her boss and one of her co-workers to get a day off when she could go to a clinic and have the abortion she and her husband had together decided she needed. When she realized she had gone to a place that couldn't provide the service she wanted- that she had wasted her day off, lost the income without purpose, and that it might be three weeks before she could do it again- she was outraged. She called me, having found out about the counseling I do through her friend, and wanting to know "how could someone call themselves a Christian, if all they do is lie?"

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 clearly that as a Christian minister who works every day with those who have spend long hours discerning what best to do, I know how much respect I have 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- 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 emotionally 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 is best about our city, and our country. I join my fellow clergy of so many faith traditions and backgrounds in calling on the New York City Council to pass this legislation, and compel Crisis Pregnancy Centers to end their deceitful manipulation by stating clearly what they are, and what they are not.

Statement for New York City Council RE: File # Int 0371-2010 November 16, 2010

My name is Anne Mielnik. I am a family doctor (MD) who lives and works in Manhattan.

I am here to register my opposition to the proposed amendment to Chapter 5 of Title 20 of the administrative code of New York City relating to "limited service pregnancy centers." I am concerned that this amendment seriously threatens the important good work that these centers are doing in New York City by "branding them" with negative labels, which might discourage women from seeking their services, by creating burdensome administrative costs which will hinder their mission, and by threatening them with fines and closure.

"Limited service pregnancy centers," (pregnancy help centers) are defined in this bill as any facilities which provide pregnancy-related services but do not directly provide medical care, abortion, or contraception.

These centers instead offer "pregnancy help" in the form of substantial material and practical assistance to women with unplanned pregnancies who desire to continue their pregnancies. The services that they provide, often at no cost to the woman and through the heroic efforts of hundreds of volunteers, are of tremendous benefit to the women and communities they serve. These services may include counseling and emotional support from trained staff, assistance with obtaining medical care from licensed healthcare providers in the community when this care is not available on site, financial assistance, parenting classes, shelter, and many other social services.

They are the means through which citizens of New York City reach out to their fellow citizens in need and give generously of their time and resources. They have served tens of thousands of women over the past three decades.

Why would the City of New York take action to hinder these community organizations working for the good of women when there are so many women in need of help?

The centers are criticized for presenting themselves as medical centers when no licensed healthcare professionals are on site and no medical care is offered, yet the State of New York already regulates how medical centers identify themselves – by placing the word "medicine" or "medical" in the name. It is the absence of this label in the signage of pregnancy help centers that clearly notifies the public that they are not medical centers. And when medical care is needed, all of the city's pregnancy help centers have healthcare professionals to whom they refer to ensure that women receive the care they need.

Other service organizations are not compelled to publicly display "in clear and prominent letter type" the services they do *not* provide. It seems unjust and discriminatory to regulate pregnancy help centers in this way and one again wonders, "Why?"

These centers are also criticized for presenting "inaccurate or biased information" about the physical and emotional consequences of abortion. However, disagreement about these consequences of abortion exists even within the medical field. This is due to bias – a human tendency that is present in those who favor abortion as much as in those who oppose it. Human beings interpret data through the lenses of their own personal biases, and no one is free from this. How can professional organizations like the American College of Obstetricians and Gynecologists (ACOG) and the American Psychological Association review the data on the negative psychological consequences of abortion and conclude there is no increased risk when one of their own largest sub-groups, the American Association of Prolife Obstetricians and Gynecologists, and other professional organizations, such as the British Royal College of Psychiatrists, believe the risks are real? We are talking about a politically-charged issue, and the politics of the issue colors the debate – for both sides.

What is clear is that many physicians are seriously concerned about the growing body of medical evidence from both the United States and abroad which points to an increased risk of depression, suicide and substance abuse in post-abortive women. There is also evidence showing an increased risk of preterm birth in women who have aborted, especially those who have undergone multiple abortions. While risks and side effects should never be exaggerated or used to manipulate women, many doctors agree that women should be told about these potential risks as part of informed consent. The counseling offered by pregnancy help centers is thus consistent with the counseling offered by physicians throughout the country.

Abortion and the promotion of abortion alternatives are part of what can only be described as a "culture war," with people on both sides of the argument genuinely committed to serving women...but also equally subject to bias. With that being the case, it is discriminatory for one network of service organizations to be selectively targeted by a policy which hinders their mission of service simply because they fall on the side that opposes abortion. This policy has the potential to negatively affect thousands of women, depriving them of access to vital services, and discouraging them from accessing these services by a label which may create mistrust and hostility.

I would like to ask members of the City Council to vote, "No," to the proposed amendment and instead to find other ways to ensure that the needs of women with unplanned pregnancies are met, to work closely with pregnancy help centers to expand their abilities to serve women, rather than undermine the good work that they do, and to vote in a way that is consistent with New York City's proud reputation as a city that fosters the good work of all people regardless of their personal beliefs. Thank you for your consideration.

Anne Mielnik, MD
12 Stuyvesant Oval, Apt 3F
New York, NY 10016

November 16, 2010

Biased CPC Bill

I urge the City Council to reject bill #371; it is damaging and biased legislation. Under the guise of consumer advocacy, this bill constitutes ***abortion industry*** advocacy, by imposing standards on crisis pregnancy centers that Planned Parenthood and other abortion providers do not accept for themselves.

Many abortion-friendly counseling centers and small abortion clinics have no on-site medical staff; yet ***they*** would not be required to advertise this to incoming clients. Neither is it standard practice for health care providers to preemptively disclose what products and services they ***don't*** provide. Again, this standard would ***only*** apply to crisis pregnancy centers.

If the aim of the legislation is full disclosure, then abortion clinics should be required to provide information about fetal development, and the physical and mental health risks of abortion. They are not; rather crisis pregnancy centers are accused of "bias" and "scare tactics" for providing this information.

Neither is the provision for subjecting crisis pregnancy centers to patient confidentiality laws as innocent as it appears. As currently written, this law forbids the report of rape or incest unless the victim is under 13, and the perpetrator is a family member. Centers couldn't follow up, make referrals, or even call the police without written permission – often difficult when the victim is in an abusive relationship. Proponents of this bill have not produced a ***single example*** of a woman's confidentiality being violated by a crisis pregnancy center, and yet this threat is being presented as so great that the confidentiality of abusers, statutory rapists and pedophiles must be protected as well.

To their credit, the sponsors of this bill have made no secret that it was proposed and drafted by Planned Parenthood – America's largest abortion-provider, and NARAL – America's premier abortion-rights political action committee. To suggest that these are disinterested parties seeking to guarantee women unbiased information about abortion is like trusting the oil industry to draft regulations on those selling electric cars! If this bill passes, it will be a testament not only to the Council's ideological extremism, but to a politically-connected industry's power to criminalize their competition.

Sean Y. Degidon

Pro-Life/Pro-Family Director

National Traditionalist Caucus

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TEMPORIBUS TURBATIS, VERITAS
IMMUTATA PERMANET

National Traditionalist Caucus

REJECT INTRO #371

November 16, 2010
Biased CPC Bill

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Sean Y. Degidon
Pro-Life/Pro-Family Director
National Traditionalist Caucus

Good Day,
Councilmen and Women, I Fred Trabulsi, Executive Director of the Life Center of New York, present myself before this esteemed sub-committee of the Council of the City of New York. I am a proud life long resident of the 4 largest "city" in the country, Brooklyn, so the sign states on the Belt Pkwy.

I come before you today to state that I believe Intro #371 is a violation of my rights as a citizen of this City and a violation of mine and my Centers First Amendment rights. Since when is it a violation of law to help women in need. We have been on the same corner for 26 years and have seen over 20 thousand women in that time. We have assisted them in most of their needs, not only through their pregnancy, but well after and as long as needed. 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 candle stick 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?? 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 there to help. 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 infringe on the free speech of not only those whom you are aiming this bill at but will eventually devolve on all our citizens and insert itself into other areas of our lives challenging our long held beliefs of fairness and justice.. I believe it will not stand the constitutional test and I fear the framers and supporters of this bill will be looked at by our citizens, with a considered judgment in the future.

Thank you for allowing me to exercise my free speech rights before this body. I have entered into evidence our client intake sheet

Fred D. Trabulsi
Executive Director
Life Center of New York Inc.
6802 5th Ave.
Brooklyn New York 11220

Tiffany Himes
Former Client -- Midtown Pregnancy Support Center
Legislation 371

I'd like to take a moment to tell you my personal story about how the Midtown Pregnancy Support Center changed my life. Contrary to what is often said, abortion is not always the right choice for a woman. Women who have particular spiritual or moral beliefs for instance might feel cornered into having an abortion. Sometimes it is because a woman's situation appears desperate and she feels out of options. Sometimes a woman thinks she shouldn't have a child if she isn't married, or if she's a teenager, or attending college. Perhaps she has a job that keeps her on her feet all day. Maybe she knows her family won't be supportive and she'll end up without a roof over her head because she can't stay in her college dorm, continue to manage tuition payments and take care of a baby all at the same time. In my situation all these things were true.

There were a hundred reasons why abortion was the most obvious choice, but if you know me, or you know women, you know that we are not just concerned about our physical well-being. I needed someone to talk to about my situation, someone who understood more than just my practical concerns over the abortion I was facing, someone who could help me address everything going on in my life.

MPSC took me out of a very emotional situation and mapped out a practical plan for me -- should I choose to parent. They provided counselors, brochures and baby showers. They had lists of social services for myself and the baby -- should the baby come to be -- and after just one session at MPSC I felt stronger and more empowered to make a decision.

I want to testify that I would have felt judged had there been intimidating literature posted on the walls of MPSC. When it was mentioned over the phone that they didn't refer for abortions I understood what they were about, but to be beaten over the head with the information would have made me run for the elevator. I wouldn't have known it was the government interfering in how they conducted business. I would have assumed they chose to put those signs up.

Women need an encouraging, non-hostile environment to think through their options. MPSC and other pregnancy centers provide a platform for women to be listened to that frankly Planned Parenthood and abortion clinics don't have the time to offer. Thousands of women across the city each year use and need the services pregnancy centers provide. I feel that this legislation has falsely categorized pregnancy centers as something deceptive and negative when in my experience, a visit to a crisis pregnancy center made a positive impact in my life. By limiting the services of pregnancy centers, you will be limiting women's options in their right to choose, even if done passively through signage.

Due to my current pregnancy, I am not volunteering at MPSC, though over the past 6 years I have been a client advocate, trying to give back what was given to me. This is a picture of my daughter Emma -- She is 11 now and she would not be here today if MPSC had glaring notices posted on their walls effectually turning me away.

Julie Lewis
Testimony
Legislation 371

For anyone who believes that abortion does not negatively impact women and the fathers of the babies that have been aborted, I am here to testify otherwise.

Three years ago, I walked into MPSC as a client having had three abortions with three different men 15,16 and 17 years prior during my college years. Fiercely independent, motivated and ambitious to complete the college career with the scholarship I had begun, desperate not be to be strapped with a baby or man, and more importantly to not upset my parents including the religious upbringing they gave me, nor the religious community in which I raised, and certainly nothing to destroy my reputation. Thus, I carried out having three abortions.

Nothing at that time in my life was going to stop me from gaining upward mobility and moving forward with my young spirited drive and attitude.
Nothing that is, until the pain. The consequences of suppression, denial, guilt, shame, hiding, secrecy, perfectionism, remorse, destroyed relationships, broken trust, feeling better than, feeling less than, compulsive spending, promiscuity, indecision, inability to trust my own intuition, lack of ambition, loss of goals and loss of that young spirited girl with the world as her oyster.

Three years ago I walked into MPSC broken. My life was unmanageable, yet I would have no one know of it. There I sat sharing my story with a client advocate who listened without judgment, supporting me with her two ears, and not telling me what I should have done or not done, but rather empathizing with me, as her story, while different was similar. After sharing with her, I knew I was in a safe environment. Something I had never felt before and knew my story and my journey of healing would be safe within these walls. They say we are only as sick as our secrets. Finally, my secret was out.

I joined the Post Abortion Group, where healing occurred and occurs within a group of women sharing their secrets, their pain and all of the circumstances which lead them to be in this position. The position of having had an abortion, and the pain thereof. Coming to MPSC each week was cathartic, helpful, healing, restorative and a peace which passed all understanding. Far from the doors of the clinic in which I was yelled at, demonstrated against and angrily unsupported. Here was its antithesis.

MPSC, for me, had empowered me, strengthened me and gave me such emotional, spiritual and practical support that I have now become a Post Abortion Group Leader and client advocate. I sit listening to and counsel the very woman I once was. Not because of anything I have done, but by the grace of God. I am so thankful and have such gratitude that He is using me in this way, and that MPSC exists.

Susanne Metaxas, President
Midtown Pregnancy Support Center
November 16, 2010
Legislation 371

The Midtown Pregnancy Support Center began 15 years ago by a group of women attending a church on the Upper East Side of Manhattan who were overwhelmed by the number of abortions in New York City and wanted to start a non-profit community organization that would offer options counseling, abortion alternative services and post-abortive counseling.

They believed that in order for women to make the best decision, they needed to be informed of all their options. We offer all of our services at no charge to our clients and receive no federal or state funding; all of our resources are from individuals and foundations. We counsel hundreds of women and men a year and have supporters throughout every borough of New York City.

We also counsel women who have been affected by abortion and request help coping with the emotional after-effects. Many women we see report feelings of regret and emotional hurt following an abortion. The number one statement we hear from post-abortive women is that they felt that abortion was their ONLY choice.

We currently have over 60 volunteers at our center from many different professional backgrounds who volunteer their time to help support the work of MPSC. They are nurses, lawyers, businessmen and women, actors, designers and homemakers.

Besides our one-on-one and group counseling, we also offer our clients a large range of services including: free pregnancy tests, baby and maternity clothes, 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 (MPSC), we are very specific in defining our services for clients. They are informed verbally, on our website, and in writing that we do not refer for or recommend abortion - as well as the many ways by which we CAN help them. 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 an approach is completely counter to the way any other nonprofit organization (or business) operates.

The proposed signage is a violation of our first amendment rights by compelling us to speak and regulating our speech on the basis of content, viewpoint and speaker identity. We believe we are a valuable service to the New York City community; we encourage women to thoughtfully consider all of their choices. We recognize that abortion is a legal option and we want to ensure women are respected and have the opportunity to make fully informed decisions.

99% of all MPSC client surveys are overwhelmingly positive, in fact many clients have referred their friends to us. Clients have also shared how they were grateful for the love and support they received at the Center and how MPSC made all the difference in their ability to make the choice that they wanted for their pregnancy. As Christians, we care about women and their emotional, physical and spiritual well-being regardless of what they ultimately choose. Our passion is to empower women to make healthy choices for their lives.

STATEMENT OF KATHLEEN M. O'CONNELL, ATTORNEY AT LAW
RE: NYC COUNCIL INTRO 371, 2010

Good Afternoon and thank you for this opportunity to express my opposition to Intro 371. My name is Kathleen O'Connell and I am a practicing Civil Rights attorney.

I am familiar with Crisis Pregnancy Centers or CPC's which are the focus of this bill and have sometimes provided legal services to some of these organizations. Based on my experience, I can attest to the fact that the portrait of these organizations presented in the document created by NARAL NY, is not only misleading, but deliberately so.

Notwithstanding NARAL's contentions, pregnant women are neither misled, nor manipulated nor given false information regarding abortion or fetal development at CPCs. Indeed all of the information women receive at CPC's is also readily available in the public library and on the internet.

There is no basis whatsoever for passage of a bill requiring signs to be posted on CPC doors advising people what services they do not offer. The bill has two purposes: to deprive individuals whose views on abortion do not coincide with those of NARAL, of their right to free speech and to deter women from obtaining free pregnancy tests at CPCs, rather than at abortion clinics.

I am also quite familiar with NARAL, its history and its agenda. NARAL is not a women's rights organization, although it widely characterizes itself as such. If it were, it could not exclude from its massive lobbying efforts in the state legislature and City Council, the needs of low income pregnant women who choose to give birth, rather than undergoing abortion. It is those low income women, most of them members of minority groups or undocumented aliens, who should be the primary concern of the City Council, and not NARAL's agenda for increasing the abortion industry's client base.

Where do these women turn for help? Unless they seek hospital care, they usually have no idea that the NYS PCAP program exists, or that pregnant women earning up to 200% in excess of the Federal Poverty Level, are eligible for free

prenatal care, general medical care, free hospitalization and delivery services and free post partum care under PCAP, in most of the major hospitals of this state. CPC's make sure low income women know about PCAP. Finding information about PCAP on NARAL's website requires a compass and no mention at all is made of PCAP on Planned Parenthood's website.

Ask yourselves: What legislation has NARAL ever proposed to this council or to the State legislature, aimed at benefiting low income pregnant women, in need of prenatal care, or housing assistance, or protection from abuse for themselves and their unborn children, during pregnancy. The answer is "None." The expansion of the abortion industry and its financial growth were the sole reasons for NARAL's creation and are the sole reason for its continued existence.

A review of NARAL's so called "Study" of a handful of CPC's shows that it is not a study at all. It is neither neutral, nor scientifically based; its contents amount to selective and undocumented hearsay from unknown individuals retained by NARAL to obtain negative information about CPC's. Rather than a study, NARAL has produced an unvarnished rant against persons and organizations which urge pregnant women not to undergo an abortion.

NARAL's report falsely asserts that a women who visits a crisis pregnancy center for a free pregnancy test will delay a needed abortion. This statement is patently ludicrous. Even more egregious is the false assertion in NARAL's so called "study" that women are "forced to watch videos" at crisis pregnancy centers.Tellingly, NARAL provides no evidence whatever for this libelous assertion.

As to NARAL's insistence that the link between breast cancer and abortion is a myth disseminated by CPC's, it is a well established fact that there have been multiple unbiased medical research reports, beginning in the 1950's in Japan, indicating a correlation between first trimester miscarriage or induced abortion and an increase in certain types of breast cancer.

Indeed, the NIH acknowledges the existence of these studies, but deems them inconclusive, either on the grounds that they were conducted on a small sample of the population; or that retrospective information provided by women in some of these studies, may not have been accurate or that some of the studies

failed to take other factors into account. The NIH says it will continue to study the question however.

What is clear is that neither the NIH nor NARAL actually knows whether there actually exists any link between breast cancer and first trimester induced abortion or miscarriage. There is no question however, that women have the right to know that such studies exist.

It is also clear neither the NIH nor the American Cancer Society has been able to account for the dramatic rise in the lifetime risk of breast cancer from 1 in 10 women in 1974 to 1 in 8 women today. Although the NIH and the American Cancer Society believe the widespread use of hormone replacement therapy in the 1990's may partially account for the rise in US breast cancer rates, these organizations appear oblivious to the fact that in at least two European countries where abortion remains illegal or strictly limited, Ireland and Northern Ireland, the lifetime risk for breast cancer is 1 in 11 as compared to 1 in 8 in the U.S. and 1 in 9 in the rest of the U.K.

NARAL's bill would also mandate privacy requirements under civil penalties for CPC's which did not protect the confidentiality of individuals who provided their names and addresses and contact information or any other information to these organizations.

However, unless this Council also passes a law requiring every health club, weight loss center and fitness center in this City, who ask clients to provide even more detailed information about their overall health and physical limitations, it has no right to single out CPC's for such regulation. Indeed NARAL provides no evidence whatever, that any CPC discloses to any one, any information it receives from a woman seeking their services.

As for requiring CPC's to post a sign advising people that the CPC does not provide contraceptive advice, in 1994, he New York Court of Appeals determined in *Hope v. Perales*, that contraceptive counseling is a post pregnancy service, and CPC's do not offer post pregnancy services to anyone.

As stated earlier, NARAL's proposed bill is designed solely to deter women from seeking information which may lead to their continuing a pregnancy to term.

Written Testimony for Submission – Jonathan Berry, Columbia Law School

Dear Madam Chair and Members of the Women's Issues Committee:

My name is Jonathan Berry. I am a resident of Morningside Heights and I am a third-year student at Columbia Law School. I urge you to reject Introduction 371.

In addition to problems highlighted in other testimonies, I would urge this bill's rejection due to its selective regulation of abortion-related disclosures. Specifically, while it imposes multiple mandatory disclosures on what it terms "limited service pregnancy centers," it deliberately defines its terms to exclude abortion providers, despite the fact that far, far more women use their services in this city.

The most prolific ads for these pregnancy centers are put up by Expectant Mother Care, which advertises in big yellow letters "FREE ABORTION ALTERNATIVES." It's explicitly catering to pregnant women who want to hear about their alternatives to abortion, about their options. In order to see how this proposal is unfair to both pregnancy centers and to women, consider the case of a woman who goes to a Planned Parenthood facility to talk about her options. This is an exact parallel to the discussion that happens at a pregnancy center, but at neither facility is she counseled by a doctor or nurse; Planned Parenthood's own website indicates that it is not medical personnel who do the counseling.

It is not clear why pregnancy centers advertising "FREE ABORTION ALTERNATIVES" should be required to state the obvious under penalty of law, that they don't provide abortions. In the same spirit, why doesn't this bill require Planned Parenthood's "options counselors" to state the obvious, that they and their employer have a financial interest in women selecting the "option" of abortion? If these kinds of disclosures are so important, why aren't they being imposed on abortion providers, which greatly outnumber these pregnancy centers and are patronized by far more women each year? Indeed, why aren't these abortion providers being required to disclose information on the significant medical risks of abortion, such as heightened risks of subsequent placenta previa, of subsequent pre-term births and low-birth-weight infants, of depression and suicide?

In short, this bill is not about guaranteeing informed consent for pregnant women. If it were, it would be regulating abortion providers as well. I urge the Committee to reject it.

Thank you very much for your time.

I was present today but was unable to give testimony, as after three hours I had to meet my kid and make sure the homework got done. I also thought that I would just be able to tell my story and not be subjected to an interrogation from that horrible Halloran person. I notice that CPC's are allowed to operate using non trained personnel, but any pro choice activists would be subjected to the third degree. It became clear that my testimony would be discounted, so I left to attend to my mothering duties.

If an old veteran like me was scared away, imagine a young poor girl in difficult circumstances having to face an assault battery of these people, while trying to enter a legitimate clinic. I visited the 44 Court street EMC with a young woman of reproductive age who was trying to explore her pregnancy options. We knew where we are going: You cannot ignore these people outside the clinic every Sat morning harassing the passer by about Planned Parenthood. I would like to point out, as a parent, that there are at least three schools in the immediate neighborhood: my kid goes to Brooklyn Friends. Apparently there is a loophole in the Clinic Access law that says the fifteen foot provision does not apply to a building where other "business" is present. Whatever: it would seem that his law designed to protect women is not being enforced. What a disgrace!

Anyway, my clinic visiting partner, after saying she had unprotected sex was not offered or told about the"morning after pill" even though there is a DOCTOR'S DEGREE posted at THAT location IN the waiting room.(I think NYC law says if they do not offer EC they have to give a referral) After an interview, we were ushered into the back suite of rooms that were populated by creepy clerical types. We saw an abstinence only film that was mostly anti birth control. The back room was stocked with pamphlets : the same ones pushed on women outside the building! My point is that there was a Doctor's degree posted BUT these pamphlets contained medically inaccurate info about birth control, abortion AND STD.s (for example,condoms do NOT protect you from HPV, BUT no mention of the new preventive shot.) The most offensive pamphlet was called "Klan Parenthood". Everybody was wearing a cross but nobody would admit WHICH religious denomination was being represented. If the Doctor was EVER present, she was clearly sharing a suite of offices paid for by a religious group. We did not see an examination room.

I work for the Brooklyn Museum and pay my ACLU dues as I protest the war, the death penalty and am an eco activist. I am an artist and want to keep abreast of free speech limitations and privacy laws which are affected by the Patriot Act. I was highly offended by the Catholic Church today protesting that their rights to free speech would be affected by today's proposed law. Excuse me? I was here when the Mayor tried to shut down my Museum in the nineties at the behest of the Catholic Church!!!! Just a few weeks ago, I saw the Bishop get the bully pulpit on CBS news to attack the NY Times for giving a favorable review to an art show he did not like (about AIDS activism!). Fine! they can have free speech, they can lie, BUT they cannot disseminate medical misinformation under a Doctor's sign. The proposed law would protect women form these clearly predatory practices. One last thing...one of the issues they push on the girls is this "post abortion" syndrome....which they do everything to promote. Nobody is going to walk out of there after being subjected to that brainwashing and have an abortion and not be sorry. It is a sad day when a young girl is shamed for choosing her future.

Just for the record I am a parent and I DID plan it! Parenthood works better that way,

and I highly recommend it.
Thanks for your time. I hope you pass the proposed bill with NO loopholes. Feel free to contact me. I also wrote to my City Councilwoman Tish James who is totally awesome.
--
Reynolds tenazas-norman
41 Eastern Parkway
Brooklyn Ny 11238
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NYC Health

Testimony

of

Susan Blank, MD, MPH

Assistant Commissioner

Bureau of Sexually Transmitted Disease Control & Prevention

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Women's Issues

regarding

Int. 371: Limited Service Pregnancy Centers

November 16, 2010

250 Broadway

New York, NY

Good afternoon Chairperson Ferreras and members of the Women's Issues Committee. My name is Dr. Susan Blank and I am the Assistant Commissioner of the Bureau of Sexually Transmitted Disease Control and Prevention at the New York City Department of Health and Mental Hygiene (DOHMH). On behalf of Commissioner Farley, I would like to thank you for the opportunity to provide testimony today regarding Intro. 371, the proposed amendment to the administrative code that would require limited service pregnancy centers to disclose to potential clients that they do not provide abortion or FDA-approved hormonal and long-acting reversible contraception, and also that they do not refer individuals to organizations providing these services.

Much of the work at DOHMH around unintended pregnancy prevention focuses on supporting women and teens to make informed and responsible decisions about their sexual and reproductive health. There is a great need among women and teens for medically accurate, comprehensive, and unbiased information. This need is reflected in New York City's unintended pregnancy data. Unintended pregnancies account for approximately 60% of pregnancies among women in New York City, and almost 90% of pregnancies among teens.[1]

DOHMH strongly believes that all women and teens should have access to medically accurate information and services needed to prevent unintended pregnancy. Similarly, if an unplanned pregnancy occurs, pregnant women should have access to accurate information and services so that they can make informed, independent, and timely decisions about that pregnancy. Lack of transparency about the type of services offered at limited services pregnancy centers could have a detrimental impact on a woman or teen's health. Misleading and

[1] Total unintended pregnancies are the sum of: (1) total live births multiplied by the proportion that was unintended; (2) total spontaneous abortions multiplied by the proportion that was unintended; and (3) total induced abortions. The proportion of live births that are unintended is derived from the NYC Pregnancy Risk Assessment Monitoring System, a survey of new mothers. The proportion of spontaneous abortions that were unintended is from Guttmacher Institute analysis of the National Survey of Family Growth.

incomplete information could add to the delay in accessing medical care for an abortion if a woman chooses to terminate the pregnancy, thereby placing women's health at risk because the complications of abortion increase with gestational age. Delays occurring as a result of a visit to a limited service pregnancy center may also present an added financial barrier to those choosing to terminate their pregnancies because the cost of the abortion procedure increases every week after the first trimester.

By and large, limited service pregnancy centers offer services such as free pregnancy tests, ultrasounds, and counseling, as do full-service clinics. However, some limited service pregnancy centers expose their patients to biased counseling and medically inaccurate information, such as the unfounded claim that having an abortion can put a woman at higher risk for breast cancer, infertility, post-traumatic stress disorder and other serious medical conditions. Moreover, some centers present themselves as full-service medical clinics when their primary interest is dissuading women from terminating their pregnancies.

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

Thank you for the opportunity to testify on this issue. DOHMH looks forward to continuing our partnership with the City Council to support the provision of full and accurate information regarding reproductive health in New York City.

FOR THE RECORD

Statement on New York City Council Bill, Int. No. A37L-2010
"Limited Service Pregnancy Centers"
Tuesday, November 1 6, 2010

Greg Pfundstein, Executive Director, Chiaroscuro Foundation

As a representative of a non-profit grant-making foundation which supports the work of crisis pregnancy centers in New York City, I submit this statement in opposition to City Council Bill 0371-2010.

41%

23%

48%

41% of all pregnancies in the city of New York ended in abortion in 2008, the latest year for which data are available. Nationwide, only 23% of all viable pregnancies ended in abortion in 2005. In the Bronx, 48% of all pregnancies ended in abortion in 2008.

48%

There were 89,469 abortions in New York City in 2008 according to the New York City Department of Health and Mental Hygiene. With about 3% of the total US population, New York City accounts for about 7% of the approximately 1.2 million abortions performed in the US every year.

In 2008, there were a total of 20,250 abortions in the Bronx. There were 21,807 live births. When live births and abortions are nearly at parity, access to abortion is not the issue. Rather, the choices women are making seem to be informed by their poverty and lack of access to other options. When 48% of pregnancies end in abortion, this in not choice; this is desperation. What is needed in this situation is not further access to abortion but attention and commitment to addressing the circumstances which lead women to choose abortion at more than twice the national rate.

This is the context in which the New York City Council has introduced legislation to regulate crisis pregnancy centers. These centers are often the only source of hope and the only alternative for women in communities in which desperation too often leads to abortion.

As this Council surely knows, by 2008 59 studies had shown a statistically significant increase in the risk of pre-term birth and low birth weight in future pregnancies for women who have had induced abortions. Increased risk of *placenta previa* in future pregnancies is also well established. Moreover, there is a substantial body of medical literature indicating that induced abortion leads to increased risk

of negative mental-health outcomes, including suicide ideation, alcohol dependence, illegal-drug dependence, major depression, and anxiety disorder.

These facts, when considered in the context of New York City's abnormally high rate of abortion, should make it clear that women deserve even greater access to alternatives to abortion. In fact, it should be clear that every effort should be made to lower the abortion rate in this city. Regulating fewer than two dozen organizations doing the important work of offering women the help they need to choose to bring their babies into the world, often on budgets well below those of comparable service organizations and with the dedicated labor of volunteers, is clearly not the answer. The women of the city of New York deserve not fewer alternatives but more.

It is for these reasons that I oppose unequivocally City Council Bill 0371-2010.

Testimony in Favor of Intro 371
New York City Council
Committee on Women's Issues

November 16, 2010

Nancy Northup, J.D.[1]
President
Center for Reproductive Rights

I. Introduction

Thank you for the opportunity to submit testimony before your committee. My name is Nancy Northup and I am President of the Center for Reproductive Rights. I am testifying in favor of Intro 371.[2]

The Center is a global human rights organization that uses constitutional and international human rights law to promote women's equality by establishing and protecting their access to reproductive health care and their control over reproductive health decisions as fundamental rights that all governments around the world must respect, protect, and fulfill. We work in the U.S., Latin America, Sub-Saharan Africa, Eastern Europe and Asia on a wide-range of reproductive health and rights issues, including access to contraception, pregnancy care, abortion services, and medically accurate and unbiased reproductive health information. In the U.S., we have litigated scores of reproductive rights cases in state and federal courts, including the U.S. Supreme Court. We have been involved in litigation over deceptive practices of so-called "crisis pregnancy centers" ("CPCs").

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[1] Ms. Northup is admitted to practice in the State of New York; the U.S. Supreme Court; the U.S. Courts of Appeals for the Second, Third, Eighth, Tenth, and Eleventh Circuits; and the U.S. District Courts for the Southern and Eastern Districts of New York. She is a Lecturer-in-Law at Columbia University School of Law and a former Adjunct Assistant Professor of Law at New York University School of Law.
[2] Int. 0371-2010, New York City Council (N.Y.C. 2010).

This bill would require facilities that hold themselves out to the public as offering pregnancy-related services, but do not provide a full range of reproductive health services or referrals for those services, to disclose to the public several key facts: (1) that they do not provide abortion or contraception or refer for those services, and (2) that they do not have medical professionals available (if a licensed medical provider is not present). Moreover, the bill would require these centers to keep the personal and health information they solicit from their clients confidential, unless they are authorized to release it by the clients themselves. The disclosures must be in writing on a sign posted in the entrance and in any areas where individuals wait, on any websites and in advertisements. The Commissioner of the Department of Consumer Affairs will promulgate rules about the size and style of such notices.[3]

Intro 371 would serve several compelling governmental interests, including preventing consumer deception, preventing delay in access to health care for those who seek it, and protecting private information from disclosure, along with reducing the risk for those whose information could be used to endanger them.

I will testify today about why this proposed bill is constitutional under relevant First Amendment standards, both because of the type of speech being regulated and because of the compelling governmental interests furthered by the bill.

II. Intro 371 Promotes Compelling Governmental Interests Consistent with the First Amendment

Intro 371 would address serious harms posed to public health by the misleading and deceptive practices of CPCs, while respecting those organizations' First Amendment rights. The standard used to determine whether a law compelling speech is constitutional depends on

[3] *Id.* at § 20-816 to -817.

whether it compels commercial speech or noncommercial speech. Speech that relates to advertising of services and solicitation of clients, including speech that communicates the types of services offered by an enterprise, is inherently commercial in nature,[4] even if there is no fees are charged for the services.[5] Laws that compel commercial speech are analyzed under a standard similar to the rational basis standard, and are permissible if their "disclosure requirements are reasonably related to the State's interest in preventing deception of consumers."[6] In this case, the disclosures required by Intro 371 are commercial speech because they concern only the types of services offered to consumers by CPCs, and are intended to prevent "deception of consumers." Specifically, the disclosures require the CPCs to state that they do not provide or refer for abortion or contraception and, when applicable, that there is no medical provider available.[7]

Even if the disclosures required by Intro 371 were viewed as impacting a mix of commercial and non-commercial speech, the legislation would still withstand constitutional scrutiny. Laws that compel mixed commercial and noncommercial speech are viewed under strict scrutiny, and will be permissible so long as there is a compelling governmental interest and the means used to further that interest are narrowly tailored. [8] In this case, there is a close nexus between the requirements found in Intro 371 and the compelling government interests served by them.

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[4] *See* Bolger v. Youngs Drug Products Corp., 463 U.S. 60, 66-68 (1983).
[5] *See* Board of Trustees of State University of New York v. Fox, 492 U.S. 469, 482 (1989).
[6] Zauderer v. Office of Disciplinary Counsel of the Supreme Court of Ohio, 471 U.S. 626, 651 (1985).
[7] Int. 0371-2010 at § 20-816.
[8] U.S. v. Playboy Entertainment Group, 429 U.S. 803, 813 (2000).

A. Intro 371 Promotes the Government's Compelling Interest in Consumer Protection and Public Health, Particular in the Time Sensitive Context of Pregnancy Services

Intro 371 would prevent women from being misled or deceived into going to a CPC when they are really seeking full-range reproductive health care, including abortion or contraception. All over the country, so-called "crisis pregnancy centers" engage in practices designed to draw women into visiting their clinics even if the women would not have done so if they knew the nature or quality of the services actually provided.[9] These organizations often imply that they offer abortion or contraception services or referrals, which they do not, all with the goal of drawing in "clients" that are seeking abortion services in an effort to dissuade them.

In 2009, the City of Baltimore, like the City of New York, confronted the harms associated with deceptive and misleading CPCs and enacted legislation similar to Intro 371 to address them. At a hearing on the proposed legislation, women testified about having been mislead into going to such centers, in some cases because of the vagueness in the CPCs' advertisements. One woman described visiting such a facility when, as a teenager, she thought she was pregnant. She testified that once she arrived at the CPC, she thought she was at a medical facility because she was greeted at a desk that looked like a medical reception desk,

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[9] *See* COMMITTEE ON GOVERNMENT REFORM, FALSE AND MISLEADING HEALTH INFORMATION PROVIDED BY FEDERALLY FUNDED PREGNANCY RESOURCE CENTERS, PREPARED FOR REP. HENRY A. WAXMAN 1 (July 2006) [hereinafter "Waxman Report"]; *see also* NARAL PRO-CHOICE NEW YORK FOUNDATION, "SHE SAID ABORTION COULD CAUSE CANCER": A REPORT ON THE LIES, MANIPULATIONS AND PRIVACY VIOLATIONS OF CRISIS PREGNANCY CENTERS IN NEW YORK CITY (2010) [hereinafter "NARAL NY Report], *available at* http://www.prochoiceny.org/assets/files/cpcreport2010.pdf; NARAL PRO-CHOICE VIRGINIA FOUNDATION, CPCs REVEALED: VIRGINIA CRISIS PREGNANCY CENTERS INVESTIGATIONS AND POLICY PROPOSALS (2009), *available at* http://www.naralva.org/assets/files/cpcsrevealed.pdf; NARAL PRO-CHOICE MARYLAND FUND, THE TRUTH REVEALED: MARYLAND CRISIS PREGNANCY CENTER INVESTIGATIONS (2008); NATIONAL ABORTION FEDERATION, CRISIS PREGNANCY CENTERS: AN AFFRONT TO CHOICE 3 (2006), *available at* http://www.prochoice.org/pubs_research/publications/downloads/public_policy/cpc_report.pdf (noting that "some CPCs intentionally choose their name to mislead women into believing that they offer a wide range of services, including family planning and abortion care" and that in 1998, "[t]he Family Research Council investigated what names would be most likely to appeal to women, particularly pro-choice women [and concluded that] Women's Resource Center, which gives the impression of a full range of services, [had[the most strategic value in reaching women 'at risk for abortion.'" (quoting Curtis J. Young, *Turning Hearts Toward Life: Market Research for Crisis Pregnancy Centers*, Family Research Council, 1998, p. 9)).

there were staff people around in lab coats, and she was asked for a urine sample to run a pregnancy test, which she was told would take 45 minutes to analyze. However, she ultimately discovered she was not at a medical facility at all, when during the 45 minutes they required her to wait, the staff members attempted to dissuade her from seeking an abortion. [10]

The testimony given in Baltimore is similar to some of the findings documented in other studies, such as NARAL NY's report described today, which found that many CPCs in this city behave in a manner that suggests to clients that they are medical facilities, even though the staff at the facility are not medical providers and the information collected from the clients is not protected by medical confidentiality laws.[11] Likewise, a 2006 Congressional study commissioned by Congressman Henry Waxman demonstrated that many "pregnancy resource centers" "mask their pro-life mission in order to attract 'abortion-vulnerable clients," then provide those women with false information about the medical risks of abortion.[12] The Waxman study noted that many CPCs "obscur[e] the fact that [they] do[] not provide referrals to abortions in the text of an advertisement . . . purchase advertising on internet search engines under keywords that include 'abortions' or 'abortion clinics," and in some cases the "advertisements represent that the center will provide pregnant teenagers and women with an understanding of all of their options" even though the facilities have no intention of providing a full range of counseling.[13]

The Baltimore City Council ultimately enacted an ordinance that requires limited pregnancy centers in that city to post signs stating that they do not provide or refer for abortions

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[10] *See An Ordinance Concerning Limited Service Pregnancy Centers—Disclaimers: Hearing Before Baltimore City Council Committee on Judiciary and Legislative Investigations*, October, 27, 2009 (Testimony of Tori McReynolds & Jodi Kelber-Kaye, Ph.D).
[11] NARAL NY Report, *supra* note 6, at 7-8.
[12] Waxman Report, *supra* note 6, at 1.
[13] *Id.* at 1-2.

or contraception. Soon after the ordinance was passed, the Archdiocese of Baltimore, along with several individual CPCs, filed suit against the city in federal court, in an attempt to get the ordinance struck down. They raise purported constitutional objections to Baltimore's notice law that opponents of Intro 371 raise here today.

The Center for Reproductive Rights is Of Counsel to the City of Baltimore Law Department in defending the ordinance against the claims of the CPCs. The CPCs have raised a number of claims under the speech protections of the First Amendment, but those claims are without merit.

The Baltimore CPCs allege that the Baltimore ordinance violates their rights to free speech by requiring them to post signs. However, the First Amendment does not protect commercial speech that is inherently false or misleading[14] and both the Baltimore ordinance and Intro 371 address just that type of speech. These facilities advertise services and solicit clients in order to provide commercially valuable services, and their speech is therefore considered commercial speech, regardless of whether they charge a fee for their services.[15] The United States Supreme Court has upheld disclosure requirements about services provided when they are "reasonably related to the State's interest in preventing deception of customers."[16]

The Baltimore ordinance, just like Intro 371, is reasonably related to this goal: While these centers provide some services, they clearly intend to attract women who are seeking services that they do not provide, and evidence given at the legislative hearings on the Baltimore

[14] *See* Central Hudson Gas & Elec. Corp. v. Public Service Commission of N.Y., 447 U.S. 557, 565 (1980); *see also* Bose Corp. v. Consumers Union of U.S., Inc., 466 U.S. 485, 504 n.22 (1984).
[15] *See, e.g.*, Bd. of Trustees of State University of New York v. Fox, 492 U.S. 469, 482 (1989).
[16] Zauderer v. Office of Disciplinary Counsel of the Supreme Court of Ohio, 471 U.S. 626, 651 (1985).

ordinance, in addition to several public reports, documents a pattern of their deceptive practices.[17]

The Baltimore plaintiffs argue that their speech is not commercial but rather a mix of commercial and ideological speech. Therefore, they claim that any regulation of their speech must be subjected to strict scrutiny, a more rigorous constitutional standard. While it is clear that the speech regulated by the Baltimore ordinance is commercial, the ordinance would still be constitutional even if it were viewed under the strict scrutiny standard.

The Baltimore ordinance serves at least two compelling governmental interests, and the disclosure requirements are the least restrictive means of addressing those interests: First, the City has a compelling interest in ensuring that women who seek abortion or birth control services have prompt access to those services. Overall, abortion is a very safe procedure when performed by a properly-trained medical professional.[18] Nonetheless, all abortions carry some risk and both the health risks and cost associated with abortion increase over the course of pregnancy, particularly after thirteen weeks.[19] Similarly, delays in access to the birth control method of a woman's choice can leave the woman vulnerable to unintended pregnancy and sexually transmitted diseases.[20] Second, the City has a compelling interest in protecting consumers from deceptive advertising and other deceptive business practices, including those found to be engaged in by CPCs.[21] As I noted earlier, limited-service pregnancy centers often engage in

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[17] *See* Waxman Report, *supra* note 6, at 1-2; NARAL Maryland Report, *supra* note 6, at 3-4. *See also An Ordinance Concerning Limited Service Pregnancy Centers—Disclaimers: Hearing Before Baltimore City Council Committee on Judiciary and Legislative Investigations*, October, 27, 2009 (Testimony of Tori McReynolds & Jodi Kelber-Kaye, Ph.D).

[18] *See* E. Steve Lichtenberg, MD and David A. Grimes, MD, *Surgical complications: Prevention and management, in* Management of Unintended Pregnancy and Abnormal Pregnancy 224 (Maureen Paul et al. ed. 2009);

[19] *Id.*; *see also* Bartlett et al., *Risk factors for legal induced abortion-related mortality in the United States*, 103 J. Obstetrics & Gynecology 729, 732, 736 (2004).

[20] *See generally* Centers for Disease Control, Women's Reproductive Health: Home, http://www.cdc.gov/reproductivehealth/WomensRH/index.htm (last visited November 16, 2010).

[21] *See* Waxman Report, *supra* note 6, at 1-2.

deceptive advertising to attract women seeking abortions to their facilities.

The disclaimer required by the Ordinance is closely tied to the City's dual interests in ensuring that women who seek abortion or birth control services have prompt access to those services and protecting consumers from deceptive advertising and other deceptive business practices.[22] The disclaimer will inform women seeking abortion and comprehensive birth control services immediately upon their arrival at a limited-service pregnancy center that those services are not available there, and will thus prevent women from being unduly delayed in accessing those services. The disclaimer will also discourage limited-service pregnancy centers from using deceptive advertising and delay tactics, as well as inform women who have been lured to limited-service pregnancy centers under false pretenses of the truth about what kinds of services are offered there.

Like the Baltimore ordinance, Intro 371 meets constitutional requirements – it seeks to protect women's health and safety, compelling government interests, and the disclosures required are narrowly written, requiring the centers only to inform clients that they do not provide certain services that those clients may in fact be seeking, and that the intensely private information asked for by these centers will not be shared without the client's permission.

B. Intro 371 Promotes the Government's Compelling Interest in Protecting the Privacy and Safety of Pregnant Women

While in many ways similar to the legislation enacted in Baltimore, Intro 371 addresses an additional significant harm posed by CPCs—the potential for public dissemination of a woman's private and confidential personal and health care information. The facilities that would

[22] *Cf. Citizens United v. Federal Election Commission*, ___ U.S. ___, 130 S. Ct. 876, 914 (2010). Moreover, disclosure requirements have been found in general to be less restrictive than other kinds of regulations of speech. *Id.*; *accord Zauderer*, 471 U.S. at 651 ("[D]isclosure requirements trench much more narrowly on an advertiser's interests than do flat prohibitions on speech.").

be regulated under this law are not medical facilities bound by federal or state laws or professional ethics that would require them to keep client information private and confidential. Nonetheless, these facilities engage in practices designed to imply that they are medical facilities, with the likely outcome that clients believe that the personal and health-related information they are asked for will be protected in the same way it is when they go to their doctor's offices. NARAL New York's study shows that many CPCs in New York ask their clients to fill out forms "soliciting personal information," including "work information [and] the personal information of the 'father of the baby.'"[23]

The Center for Reproductive Rights has a long track record of fighting to help women keep their reproductive health care decisions and health care information private and confidential. The important role that confidentiality plays in the context of health care is well-understood.[24] Patients possess privacy rights in their health care information, even against government inspections of patient records in some cases,[25] and federal and state law both provide

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[23] NARAL NY Report, *supra* note 6, at 8.

[24] *See* American Medical Association, Code of Medical Ethics, Opinion 5.05, 2007 ("The information disclosed to a physician by a patient should be held in confidence. The patient should feel free to make a full disclosure of information to the physician in order that the physician may most effectively provide needed services. The patient should be able to make this disclosure with the knowledge that the physician will respect the confidential nature of the communication. The physician should not reveal confidential information without the express consent of the patient, subject to certain exceptions which are ethically justified because of overriding considerations."), *available at* http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion505.shtml. Even in the context of adolescents seeking reproductive healthcare, clinicians and academics have documented the critical role that assured confidentiality plays in allowing minors to seek the health care they need. *See, e.g.*, Rebecca J. Cook, Joanna Erdman, and Bernard Dickens, *Respecting Adolescents' Confidentiality and Reproductive and Sexual Choices* , 98 Int. J. of Gynecology & Obstetrics 182 (2007); Ian Bennett, M.D. et al., Editorial, *Confidential Reproductive Care for Adolescents* Am Fam Physician. 2004 Mar 1;69(5):1056-1058 ("The American Academy of Family Physicians, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists have issued policy recommendations that endorse providing confidential care to adolescents when not doing so would lead to adverse health outcomes.").

[25] *See, e.g. Whalen v. Roe*, 429 U.S. 589, 598-600 (1977) (recognizing constitutionally protected interests in "the nondisclosure of private information and also their interest in making important decisions independently," while upholding state law requiring compilation of database of certain prescriptions). *See also* Alpha Medical Clinic v. Anderson, 280 Kan. 903, 128 P.3d 364, 376-80 (Kan. 2006) (noting two relevant "federal constitutional privacy interests" including "the right to maintain the privacy of certain information," and a "perhaps related, federal constitutional right to obtain confidential health care," holding that even in context of criminal investigation of physician, *unredacted* patient records could not be subpoenaed and a judge must enter a protect order" with special

strong protections for patient information to prevent it from being shared with non-governmental third parties without patient consent.[26] In the highly charged context of sexual and reproductive health, in which abortion clinics and patients are targeted for harassment and "outing,"[27] medical privacy is a paramount concern.

The Center has litigated many cases involving patient confidentiality, protecting the rights of women to have their reproductive health information kept private even against government officials.[28] In addition, both through its litigation and in its policy work, the Center has brought to light the types of harms that can impact women whose privacy and confidentiality around their reproductive-decision-making is broken.[29]

For example, this year, Fort Wayne County in Indiana enacted a new ordinance that would have given county health inspectors discretion to inspect patient records at will. We sued in Federal Court on behalf of an abortion provider to ensure that patient privacy would be maintained unless there was a valid state reason to investigate those records and a U.S. District

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safeguards before any redacted patient records can be delivered to judges' chambers where they then must be evaluated by a lawyer and physician to ensure that only information related to the criminal prosecution is revealed); *see* Fort Wayne Women's Health v. Bd. of Commissioners, Allen County, __ F. Supp. 2d ___, 2010 WL 3219153, No. 1:10-CV-192 RM, at *12 (Aug. 11, 2010) ("Unconsented or non-judicially sanctioned entry onto a private medical facility's property to conduct a search of medical records would be unreasonable under the Fourth Amendment.").

[26] *See* 45 C.F.R. § 160 & § 164(A) & (D) (2010) (regulations governing the Health Insurance Portability and Accountability Act); N.Y. Pub. Health Law § 18 (McKinney 2010) (providing protections for patient records maintained by health care providers). *See also* Rachel Benson Gold, *Unintended Consequences: How Insurance Processes Inadvertently Abrogate Patient Confidentiality*, Guttmacher Policy Review, Fall 2009, at 1, *available at* http://www.guttmacher.org/pubs/gpr/12/4/gpr120412.pdf ("Since the early 1970s, federal regulations have ensured that the medical records of anyone seeking federally funded substance abuse treatment will be considered confidential. More recently, the so-called privacy rule issued following the passage of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) established, for the first time, national standards for the protection of certain health information. This federal regulation seeks to assure that individuals' health information is properly protected, while allowing the flow of data needed for the delivery of high-quality health care.").

[27] *See* CTR. FOR REPROD. RIGHTS, DEFENDING HUMAN RIGHTS: ABORTION PROVIDERS FACING THREATS, RESTRICTIONS, AND HARASSMENT 59, 74, 84 (2009).

[28] *See, e.g.*, Tiller v. Corigan, 182 P.3d 719 (Kan. 2008); Alpha Medical Clinic v. Anderson, 128 P.3d 364 (Kan. 2006); Fort Wayne Women's Health v. Bd. of Commissioners, Allen County, __ F. Supp. 2d ___, 2010 WL 3219153, No. 1:10-CV-192 RM, (Aug. 11, 2010).

[29] *See infra* note 30.

Judge granted an injunction blocking enforcement of some of the ordinances' provisions.[30] The judge stated unambiguously that "[m]edical patients have an actual expectation of privacy in their medical records and society sees this expectation as reasonable."[31]

When CPCs collect private, personal information of their clients under the guise of "medical care," these organizations give clients the impression that the private information they hand over will be protected. However, that information is not currently protected, and it is not difficult to imagine how such information could be used—for example, a phone call to follow up with a client at work could alert that woman's supervisors that she is pregnant when she is not yet ready to tell them or when she has decided to terminate the pregnancy.

Moreover, in the context of reproductive healthcare and decision-making, patient confidentiality is paramount,[32] and, for some women, can be a question of personal safety. In addition to fighting for patients' interest in keeping health information private in general, the Center for Reproductive Rights has also documented situations in which state laws could result in the inadvertent release of a woman's decision to seek reproductive health care could endanger that woman's safety. Women in abusive relationships who are considering abortion risk harm if their pregnancies are disclosed to their partners, and state laws that impose delays or other barriers increase the risk of disclosure. [33]

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[30] *Fort Wayne Women's Health*, 2010 WL 3219153, No. 1:10-CV-192 RM, at *16 (Aug. 11, 2010).
[31] *Id.* at *12.
[32] *See* ACOG statements; Rachel Benson Gold, *Unintended Consequences: How Insurance Processes Inadvertently Abrogate Patient Confidentiality*, Guttmacher Policy Review, at 1 (Guttmacher Institute, New York, NY Fall 2009) (noting that "[c]onfidentiality is almost universally accepted as a fundamental principle underlying the provision of health care" and that the potential for breaches of confidentiality in medical care due to new electronic record keeping are particularly problematic "for individuals seeking sensitive services, such as mental health, substance abuse and reproductive health care").
[33] *See* Center for Reproductive Rights, Arizona Two Trip Law: Fear of Retaliation http://reproductiverights.org/en/feature/arizonas-two-trip-law-fear-of-retaliation, last visited Nov. 15, 2010 (documenting women's concerns about the risks of disclosure associated with the 2009 Arizona law requiring women to visit a clinic at least twenty-four hours before an abortion to receive state mandated counseling before being allowed to return for an abortion); CTR. FOR REPROD. RIGHTS, DEFENDING HUMAN RIGHTS: ABORTION PROVIDERS FACING THREATS, RESTRICTIONS, AND HARASSMENT 89 (2009) (documenting two cases in which

Studies have also proven that battering increases in frequency and severity when women are pregnant,[34] and the CDC's most recent Pregnancy Risk Assessment Management study found that between 4% and 9% of pregnant women are abused by their spouses or partners.[35] With no confidentiality requirements in place, CPCs are not currently bound to keep that information private and could, for example, call the "father of the baby" to inform him that his partner is pregnant or that she sought information about an unintended pregnancy. It is clear how such a phone call which could have serious unforeseen consequences.

By appearing to be medical facilities, some CPCs lead women to believe that the private information they are asked for will be kept confidential. It is not hard to imagine how this information could endanger a woman's safety at home and make it harder for her to access reproductive healthcare. The new confidentiality provisions contained in Intro 371 will serve an important purpose in protecting the privacy and, in some cases, possibly the safety of women who seek services at CPCs in New York City.

III. Conclusion

New York City has been a leader in protecting access to reproductive health care services. The City has policies and programs in place that require hospitals to provide emergency contraception for sexual assault victims; that require pharmacists to inform women about whether they sell emergency contraception; that require abortion provider training for ob/gyn residents trained in public hospitals; and that provide free condoms to organizations and individuals. In addition to these policies, the City's clinic access law, strengthened just two

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women living in domestic violence shelters "trade[d] their physical safety for access to abortion" because they were forced to leave the safehouse twice by state laws requiring two clinic trips for abortions); Junda Woo, M.D., Paul Fine, M.D., & Laura Goetzl, M.D., M.P.H., Abortion Disclosure and the Association with Domestic Violence, 105 J. Obstetrics & Gynecology 1329, 1332 (2005) (concluding that women who keep their decisions to terminate their pregnancies secret from their partners do so out of fear of abuse).

[34] R. Gelles, *Violence and Pregnancy: Are Pregnant Women At Greater Risk for Abuse*, 50 J. of Marriage & the Family 841 (1988).

[35] Centers for Disease Control, *Pregnancy Risk Assessment Monitoring Report 2002, Surveillance Report* 90 (200)

years ago, demonstrates the City's commitment to ensuring that women can safely access reproductive health care, while protecting the first amendment rights of those who oppose abortion.

Intro 371 is necessary legislation that would address deceptive practices by CPCs in this city that, while clouding the range of their services in their advertising and elsewhere, refuse to provide or refer clients to health care providers who do provide a full range of reproductive health care. We urge the City Council to adopt this legislation, which will help to ensure that women in New York will access the reproductive heath services they seek. Thank you.

ACLJ
American Center
for Law & Justice

Testimony by Mrs. Cece Heil
Senior Counsel, American Center for Law & Justice
In Opposition to Introduction 371

New York City Council Women's Issue Committee Hearing
November 16, 2010

Madame Chairman and members of the Council, the proponents of this bill would have you believe the public policy behind it is to protect women…but protect us from what? They assert the ordinance protects women from a lack of information? It does not!

The bill only targets one source of information- Crisis Pregnancy Centers. If the sincere motivation were regulating the dissemination of information, then the bill would target all sources of pregnancy service information. It does not!

The proponents have alleged that lies are being promulgated by CPCs, specifically as to a probable link between breast cancer and abortion, as well as subsequent physical and psychological risks. However, these are medically verified links which cannot be categorized as lies. Again, if protection of women were sincerely the basis for this bill, the legislation would promote full disclosure as to the risks of harm associated with abortion. It does not!

Further, sponsoring council members have repeatedly confirmed that this legislation was born out of a biased, unsubstantiated document crafted by NARAL. If the goal of this bill were birthed out of a sincere desire to protect women, it would, at the very least, require some finding of fact or balanced research between competing interests. It does not!

But let's talk a little about what this bill does in fact do. It does rely on an unspoken assumption that women are incompetent; we are not able to understand that "Abortion Alternatives" actually means "Alternatives to Abortion."

It is also a clear violation of the First Amendment, as well as the laws of the State of New York. It unconstitutionally and illegally compels, and simultaneously censors, specific speech on the basis of view-point. Such discrimination is clearly prohibited. In addition,

this bill violates the Equal Protection and Due Process Clauses of the Fourteenth Amendment by singling out CPCs for discriminatory treatment and by subjecting them to vague speech requirements under the threat of criminal and financial penalties. Finally, this legislation is brought under Title 20, Chapter 5 of the Code dealing with Unfair Trade Practices. As this legislation does not deal with any trade practices, this is not appropriate legislation before the Council. Therefore, should this body decide to go forward with this unconstitutional infringement of First Amendment rights based upon a subjective and unsubstantiated report, you would clearly be abridging not only the Constitution but also the rights of the true sovereign, the people of the state of New York. Should this in fact happen, be assured that the ACLJ is prepared to and will defend these rights.

That the biased organizations of Planned Parenthood & NARAL would shamelessly promote their agenda for personal gain is to be expected. This agenda has in fact been publicly expressed by NARAL, not as the protection of women, but as the "taking down" of CPCs.

However,

- for a governmental body of elected officials,
- sworn to uphold the U.S. Constitution and the laws of this state,
- to overlook these laws, in order
- to aid and abet these organizations,
- with the implementation of their agenda through unconstitutional means,

is not to be expected and will be challenged immediately by the ACLJ in the United States District Court.

You are called to be the vigilant protectors of liberty and freedom. We simply ask that your decision reflect your oath of office.

Thank you.

For the Record

To: Committee on Women's Issues of the New York City Council
Re: Int 0371-2010 – Limited Service Pregnancy Centers
November 16, 2010
Submitted by Kristan Toth, abortion counselor

My name is Kristan Toth and I am writing to you today to enter testimony regarding Limited Service Pregnancy Centers in New York City. It is with great urgency that I ask you to take careful consideration to the services being offered by these Limited Service Pregnancy Centers and the harm they are causing to women in crisis throughout NYC.

From my personal and professional experience, I have seen first hand the negative consequences these centers have on women trying to make informed decisions about pregnancy. I have worked as an abortion counselor, both in clinical settings and in private practice since 2007. I have had the critical responsibility of providing safe and reliable information to woman regarding all of their pregnancy options, and it is undeniably always a complex issue with several different potential outcomes that requires careful and educated consideration. No matter the age or socioeconomic background of the women and young girls I counsel, this is often a scary and difficult decision and one that is not to be made in haste or without all of the available information. I deeply support a woman's right to choose what she thinks is best for her at any given time in her life in regards to becoming a parent and do my best everyday to give clear, concise and medically accurate and unbiased information to any girl who comes to see me.

My biggest issue with "crisis pregnancy centers" throughout NYC is that they do not do the same for women in crisis. And there is evidence to suggest that in fact they are further harming woman in many ways by providing biased and inaccurate information. I have begun to see client after client, coming in to receive abortion services after having mistakenly gone to one of these centers first. They are always extremely upset, angry and frustrated with the services that these centers provide. They feel misled and coerced into NOT having an abortion. The tactics that are used at these centers are intimidating and their goal is to scare any woman who mistakenly comes through their door looking for help and guidance about abortion services into not having an abortion, pushing their own personal and political agendas regarding abortion on a woman already in crisis. These centers are notorious for showing video of partial fetus parts, implying that this what their "baby" will end up like, they tell women that they will not be able to conceive again, or carry another pregnancy to full term and that abortion is always unsafe and ethically wrong, thereby leaving woman with inaccurate concepts about abortion and imposing their personal views on someone who did not ask for anything else but information about her options. They do not have trained medical professionals on site at these centers and they do not provide anything other than anti-abortion information and often send these girls back out into the city more confused and emotionally conflicted and in need of more help than when they started. There have been accounts that I have heard from my clients about these misrepresentations being taken even a step further, where some girls are set up for procedures with appointments, only to have these appointments canceled and rescheduled time and time again, in an attempt to prolong the process past a point when a woman can have access to a real and safe abortion procedure by a licensed provider. These crisis pregnancy centers are very clear in their goal. They do not want women to have abortions and they are using these centers as a platform for their own agendas, not

looking after the best interest of any woman who wants to have an abortion, which is her personal and legal choice to make.

The most crucial fact that I would like to share from my experiences is that these centers are not deterring women from having abortions at all. They are typically very unsuccessful in changing a woman's mind, once they have already decided that abortion was the best choice for them at that time. It is these same women who end up in my office prior to having an abortion with misinformation in an extremely emotionally vulnerable state. I have heard countless women tell me that they were told specifically from the staff at Crisis Pregnancy Centers that they will never have another child again if they have an abortion, that they will regret their decision for the rest of their lives and never be the same, that abortion is murder and they will be punished and be looked down upon by family and their community for the action, that they will die from the procedure because it is not safe. Now it is safe to say that most women have questions about safety and there are most certainly risks to any surgical procedure, however the clients that I see that state they had gone to a CPC first are far more confused and misinformed and emotionally distraught than women who have not. There is no medical proof that these centers provide to women about the validity of their claims and they do not provide supportive or healthy emotional counseling to any woman that comes through their doors.

The work that I do is by its very nature difficult to say the least, however I find it extremely unfortunate that a very sensitive issue is being exploited and that these centers are adding unnecessary confusion for women simply because they sought help and went to a place that did not let them know upfront what kind of services they provide. It should be made very clear to any woman before entering such a center what they can expect. It should be legally necessary for limited service pregnancy centers to state explicitly that they do not provide abortion services, that they are not medically or professionally trained in reproductive services and that no doctors are present in their facilities. These centers are hurting woman. They are not helping in any way that would be in line with any professional standard of care and I for one would like to see them be held much more responsible for the misleading way they attract women in crisis into their centers. Regardless of ones position about abortion, what is happening at these centers is wrong and we need your help to make them accountable for misleading women in regards to a medical procedure. I will continue to counsel these women to the best of my ability and clear up any and all misconceptions, but there is no reason that Limited Service Pregnancy Centers should not be held to a higher standard of responsibility to the women they are claiming they want to help. Thank you for your time and your consideration of this issue.

NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

Testimony to the
Committee on Women's Issues
The Council of the City of New York

Re: Int. 0371-2010: Limited Service Pregnancy Centers

Prepared By:
National Latina Institute for Reproductive Health

November 16, 2010

Thank you for the opportunity to testify concerning Limited Service Pregnancy Center, NYC Introduction legislation # 0371-2010. I am Debora Upegui-Hernández, and I am the Senior Researcher Associate at the National Latina Institute for Reproductive Health. I am here today to support this local law to amend the administrative code of the City of New York in relation to Limited-Service Pregnancy Centers. The mission of NLIRH is to ensure the fundamental human right to reproductive health and justice for Latinas, their families and their communities through public education, community mobilization and policy advocacy. Latinas face a unique and complex array of reproductive health and rights issues that are exacerbated by poverty, gender, racial and ethnic discrimination and xenophobia. These circumstances make it especially difficult for Latinas to access reproductive health care services, including the full range of available reproductive health technologies and abortion services. As a social justice organization, we believe that in order to substantially improve the reproductive health of Latinas and protect their rights to exercise reproductive freedom, NLIRH must locate reproductive health and rights issues within a broader social justice framework that seeks to bring an end to poverty and discrimination and affirms human dignity and the right to self-determination.

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

When women seek care related to a pregnancy – unintended or otherwise – they deserve to be met with knowledgeable providers who are able to talk to them about their options without biases and who are able to respect the decisions women make as the best option for themselves and their families. If there are no trained and certified medical personnel at a so-called clinic, women deserve to know. If these centers offer nothing but pregnancy tests and ultrasounds,

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women deserve to know. The fierce opposition to this legislation by the owners of limited-service centers should serve as the strongest form of evidence yet that these establishments rely on lies and misinformation to get vulnerable women through their doors. Women in New York City deserve better, and the National Latina Institute for Reproductive Health hopes that this legislation passes and is able to serve as a model for cities and states across the country.

Thank you for the opportunity to speak in support of this important piece of legislation.

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Testimony of the New York Civil Liberties Union

before

The New York City Council

Committee on Women's Issues

regarding

Limited Service Pregnancy Center Act (Int. No. 371)

November 16, 2010

My name is Donna Lieberman and I am the Executive Director of the New York Civil Liberties Union ("NYCLU"). I would like to thank the Committee on Women's Issues for inviting the NYCLU to provide testimony today relating to the proposed Limited Service Pregnancy Center Act ("LSPC Bill").

The NYCLU, the state affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state, and nearly 50,000 members. The NYCLU's mission is to defend and promote the fundamental principles, rights and constitutional values embodied in the Bill of Rights of the U.S. Constitution and the Constitution of the State of New York. This includes the rights to privacy, personal autonomy, and equality that are the foundation of reproductive freedom, and the rights to free speech, assembly, and religious liberty embodied in the First Amendment. In light of our long history of vigorously defending and

balancing these sometimes competing constitutional concerns, the NYCLU is uniquely positioned to provide testimony on this bill.

The NYCLU believes that the right to decide whether to continue or terminate a pregnancy is fundamental to women's equality, dignity and personal autonomy. However, we also recognize that issues associated with reproductive health care are controversial. We value and encourage dialogue around those issues, and would contest any unlawful attempt to censor that dialogue. For that reason, the NYCLU has carefully considered the impact of the proposed legislation on the right to free speech. What this legislation attempts to do is to address the city's interest in preventing medical fraud and protecting a woman's ability to make decisions about her body, health and future free of coercion, deception and the resultant delay of medical care. If restrictions on speech are closely tailored to these aims, the NYCLU believes it can both protect the right to free speech and promote women's ability to make informed choices about their reproductive healthcare. To this end, we suggest changes today that we believe would ensure that the law strikes the appropriate balance between free speech and the right to access reproductive health care.

The city has a substantial interest in promoting public health and protecting individuals from medical fraud. Reports from across the country, including a local report concerning New York City released by NARAL Pro-Choice New York in October 2010, indicate that the advertising and business practices of Limited Service Pregnancy Centers ("LSPCs") give the impression that they are operating as medical facilities. The New York City NARAL Report identifies sixteen LSPCs in New York City and documents a pattern of practices that lead consumers to confuse LSPCs with licensed medical facilities. For example, reports have documented that LSPCs offer medical services such as pregnancy testing and ultrasounds; LSPC

facilities resemble medical offices, with reception areas and separate rooms where examinations and tests take place; LSPC staff ask consumers to provide detailed personal and health information; LSPCs provide written and verbal information about the risks and benefits of medical procedures; and LSPC staff often wear medical attire such as scrubs. Because we at the NYCLU wanted to understand better what is happening at LSPCs in the City, the NYCLU's Communications Director, Jennifer Carnig, visited an LSPC herself and will be testifying today about her experience.

Because LSPCs appear to the average person to be licensed medical facilities, the information they provide has the force of medical authority to the listener. As a result, many women rely on the advice they receive at LSPCs when making critical decisions related to their reproductive health. However, it is well-documented that LSPCs provide false and misleading medical information. And because the LSPCs themselves are not licensed by the state, and staff members are frequently not doctors, nurses, physician assistants or other licensed medical providers, LSPCs and their staffs are not held to the same standards as facilities and medical providers that are licensed to practice medicine and regulated by the state. This means that there is no way to ensure that the medical information women receive at LSPCs is accurate, and no recourse for women who are harmed by their reliance on such information when making decisions about their care. The New York City NARAL Report documents that LSPCs, both in written materials and through their staffs, routinely warn women of health risks associated with abortion that are simply medically inaccurate, such as future infertility, higher risk of breast cancer, and "post-abortion syndrome." The risks of other complications, such as sexual dysfunction, infection, cervical scarring, and even death are also wildly overstated. Further, there is also evidence that LSPCs engage in delay tactics to prevent women from pursuing care,

such as providing false information about the legal timeframe in which a woman may obtain an abortion, and telling women approaching the legal cut-off for abortion that they have plenty of time to decide whether to have an abortion. For example, an internet blog entry written by LSPC volunteers and posted on the website of a New York City LSPC, described a 15 year old girl who was pregnant, came to a LSPC, and received counseling from the volunteers who told her that she was "too far along" to terminate her pregnancy although she was within the legally permissible time frame to seek an abortion. A copy of this blog posting is attached to our testimony.

It is critical that women have accurate information when they make important decisions about their health. Relying on false and misleading information or delaying medical care can have particularly detrimental effects for pregnant women. Both are more likely when a woman does not seek out a licensed medical provider because she believes she is already receiving care from medical professionals. If the woman chooses to carry her pregnancy to term, prenatal care is vital to ensure both the health of the prospective mother and the fetus. If a woman chooses to have an abortion, doing so within the first trimester is far safer and less expensive. Further, if a woman delays making a decision about obtaining an abortion, she can be effectively prevented from obtaining the healthcare to which she is entitled under the law. Thus, tactics that delay or mislead women about the care they are receiving or discourage them from seeking care from licensed medical providers pose serious health risks.

Councilmember Lappin, Speaker Quinn, and the other sponsors of this legislation are attempting to address these harms with a bill that would impose an affirmative duty to speak. The right to speak and the right to refrain from speaking are of equal importance to the individual liberties embodied within the First Amendment. There is no question that LSPCs and

their staff have free speech rights. These rights are critical to the robust public debate about a range of topics, including abortion, and our society's commitment to democratic self-government. It is vital that these rights are preserved and guarded. Those who oppose the constitutional rights that allow women to choose abortion are free to use the power of their words—even if false or misleading—in order to fully engage in civic debate around this issue. However, they should not be able to do so under the guise of medical authority.

Disclosure requirements, like those included in the proposed legislation, compel individuals or entities to speak and are met with heightened constitutional scrutiny. However, courts regularly uphold disclosure requirements when they are closely tailored to meet the government's asserted interest. We believe that the circumstances at hand present such a narrow situation.

Here, the City has a strong interest in preventing delays in the receipt of health care and protecting consumers from deception. The proposed legislation abrogates this harm in several key ways. First, it requires LSPCs to place individuals entering their facilities on notice that they are not receiving information or services from a licensed medical provider. Second, it requires that LSPCs inform individuals of the services they will not receive at the LSPC, and thus, reduces a delay in medical care that the individual is seeking. Third, it requires that the LSPC keep confidential the personal and medical information it collects.

To ensure that the proposed legislation concerning LSPCs is crafted to serve the government's interest and adequately safeguard speech, the NYCLU offers the following suggested changes to the current bill for the Council to consider. Our suggestions are aimed at ensuring that the bill comports with the First Amendment.

First, we propose alterations to the definition of a LSPC to ensure that it does not target entities based upon their unwillingness to provide or refer for abortion services. The definition we propose would no longer apply exclusively to facilities that do not provide abortion or contraception. This change ensures that the definition only sweeps in entities that provide pregnancy counseling, are not already regulated by another state entity, and may be confused with bona fide medical providers — regardless of the entities' ideology or willingness to perform abortion or provide contraception. Thus, the definition is ideologically neutral and does not target a viewpoint concerning abortion, and instead focuses on the harm the government is trying to prevent, medical fraud.

Second, the NYCLU recognizes that a disclosure requirement is an appropriate remedy in this case because it adequately addresses the harm without prohibiting any speech. By mandating a limited set of disclosures without restricting what LSPCs and their staff say, the government imposes less of a burden on First Amendment rights. However, the NYCLU proposes changes to the content of the required disclosures in the current LSPC Bill to ensure that the substance of the disclosure does not overreach beyond the government's interest.

The legislation as currently drafted requires LSPCs to disclose that they do not provide or refer for abortion or FDA-approved contraceptive drugs and devices. The NYCLU instead proposes that a limited service pregnancy center that does not provide referrals for prenatal care or abortion services, disclose that it does not provide such referrals. By including both prenatal care and abortion, this disclosure seeks to prevent delays in medical care regardless of whether a woman seeks to continue or terminate her pregnancy. The NYCLU further recommends that LSPCs be required to state that the New York City Department of Health and Mental Hygiene encourages women who are or who may be pregnant to consult with a licensed medical provider.

Together, these disclosures place women on notice that they are not receiving information or services from medical providers and encourage them to seek the care they need. Both are closely tied to the City's interest in preventing reliance on medical information and services that fail to comply with professional standards and in preventing delayed care for pregnant women.

In conclusion, it is the opinion and testimony of the NYCLU that the proposed legislation concerning LSPCs can improve the City's ability to safeguard women's access to reproductive health care services and to prevent delays in medical care. The NYCLU believes the legislation can adequately balance this important goal with the rights of individuals to express their views. It is thus a welcome step forward in fulfilling the City's mission to protect consumers in need of health care services, while respecting the diversity of views of all of the people of the City of New York. In the hope that this legislation successfully creates a solution that is narrowly tailored to remedy the problems that exist, we respectfully submit our proposed changes to the Committee.

EMC Frontline Pregnancy Centers Internship

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Join our Facebook Cause!

THURSDAY, OCTOBER 21, 2010

Young girl, "Dont worry there"s Hope"!

A young 15 year old came into our Brooklyn office yesterday. She was precious as can be. She didn't know when her last menstrual period was, so we did a sonogram. To her surprise, and her 2 girlfriends she was 21 weeks in shock!

She had no idea what was going on. She looked so lost in space, and felt hopeless. We counseled her and told her of alternatives to abortion. We told her she was too far along. We discussed adoption. We showed her care and told her she was not alone.

Her friends dont want her to have an abortion afterall. I told her, "you have friends that truly care about your wellbeing". She will be coming in for prenatal with us from now on. Her due date is in February.

Posted by The Bronx Lifehouse at 11:16 PM
Labels: Nancy Rezewicz

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EMC Frontline

ABOUT THE INTERNSHIP

The Bronx Lifehouse

We are the pro-lifers interning with EMC Pregnancy Centers, forming the American Center for Pro-Life Action. Every day we put our lives and work on the line to save women and their babies from the horrors of abortion. This blog documents our stories.

View my complete profile

CATHOLIC COMMUNITY RELATIONS COUNCIL

INTRO. 371 -- *LIMITED SERVICES PREGNANCY CENTERS*
NEW YORK CITY COUNCIL COMMITTEE ON WOMEN'S ISSUES
TESTIMONY BY ROSEMARY GINTY, EXECUTIVE DIRECTOR
TUESDAY, NOVEMBER 16, 2010

Good afternoon Madame Chair and committee members. My name is Rosemary Ginty, Executive Director of the Catholic Community Relations Council, a not-for-profit corporation established by the Archdiocese of New York and the Diocese of Brooklyn to handle public policy and legislative issues on the municipal level of government.

I am here today to speak in opposition to Intro. 371.

The proposed legislation is of great concern to us. It is an assault on the work of groups that provide alternatives to abortion and this is work we support. The legislation unfairly stigmatizes and penalizes all groups. This view comes from looking at the bill itself and the report that is presented as the supporting rationale for the legislation.

First, the NARAL report. It is not a scientific study. It does not follow standard research or statistical protocols. It reaches a conclusion namely, that there is widespread deception and manipulation, and once reached, repeats it. It does not offer specific evidence or data one can test or examine. A few examples from the report itself:

- Eight (8) telephone calls were made and in the report's own words, they found that "no inaccurate information was given." Where is the deception?
- They examined fourteen (14) websites and found that over 63% of the centers either identify themselves as "pro-life" or "explicitly state they do not recommend abortion." Where is the deception?
- And there was not one example of confidential information being divulged. The report states only that information could be divulged.

The basis for Intro. 371, i.e. that there is wide-ranging deception and manipulation in pregnancy centers, is not supported by this study. Yet the legislation indicts all. The centers are labeled as "misleading," "manipulative," "deceptive" and "fake," and are accused of "masquerading as" something other than a place that offers alternatives to abortion. They are charged with "coercing" and "terrorizing" women to have babies. Note the basis for this legislation is that deception is widespread and pervasive. If there are problems in a few cases, would they require this legislative response?

Second, the penalties. They are an alarming exercise of government power. The penalty section of a similar statute in Baltimore allows their Commissioner of Health to notify a center if they do not have the required sign. After 10 days, a $150 fine is issued. Compare this to the proposed penalties in Intro. 371. *(Reference Penalty Chart).*

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- First violation is a civil penalty of not less than $200 and not more than $1,000
- Second violation is a penalty of not less than $500 and not more than $2,500
- For the third violation, in addition to above penalties, the commissioner may, after a hearing, order the center sealed.
- Ten days after posting an order to close, the New York Police Department may enter the center and enforce the order.
- Mutilation or removal of an order is punishable by $250 fine or 15 days in jail or both.
- Any "disobedience or resistance" to an order is punishable by $1,000 or six (6) months in jail or both.
- Private cause of action is created for failure to comply with confidentiality requirements. Remedies are compensatory and punitive damages; injunctive or declaratory relief; attorney's fees and costs.

This last penalty – creation of a private cause of action – is for breach of confidentiality. I remind the members that there is no proof offered of any breach of confidentiality. The material states only that confidential information could be divulged.

The penalties are unprecedented, excessively punitive and a troubling exercise of government power. There are no examples in current New York City or State law of such severe monetary penalties, imprisonment, and exercise of police power for failure to display a sign.

So what is wrong with a sign stating what the centers do not do?

First, they stigmatize the groups. There are no other examples of any establishment having to disclose what they do not do. More importantly, the reason for the signs is to stop alleged deception. Yet, there is no proof of widespread deception or breaches of confidentiality. My fear is that the reason for a sign is because of what the centers do, i.e. provide alternatives to abortion. Because someone may not like what they do, is not a reason to require such signs and penalties.

I ask you to re-think Intro. 371 – its foundation, its stigmatizing requirements and its unprecedented imposition of penalties – and do not approve it.

Thank you.

PENALTIES FOR FAILURE TO POST SIGNS		
Baltimore Law	**Point of Sale Tobacco Health Warnings**	**Intro. 371**
3-503 Health Commissioner can issue a $150 fine after 10-day written notification to cure	§ 181.19 New York Health Code fine: of $200 per register up to $2,000 per store	20-818(a) for first violation, a civil penalty of not less than $200 and not more than $1,000 § 20-818(a) For second violation a penalty of not less than $500 and not more than $2,500 § 20-818(b)(1) For third violation or more, in addition to above penalties, commissioner may, after a hearing, order the center sealed. § 20-818(b)(3) Ten days after posting an order to close, the NYPD may enter the center and enforce the order. § 20-818(b)(5) Mutilation or removal of an order is punishable by $250 fine or 15 days in jail or both. § 20-818(b)(5) Any "disobedience or resistance" to an order is punishable by $1,000 or 6 months in jail or both. § 20-820 Private cause of action is created for failure to comply with confidentiality requirements. Remedies are compensatory and punitive damages; injunctive or declaratory relief; attorney's fees and costs.

Theresa Bonopartis
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November 16, 2010

Testimony before New York City Council
File: Int 0371-2010 Limited Services Pregnancy Centers

My name is Theresa Bonopartis; I am a post abortive woman and the director of a post abortion ministry here in New York where we get approximately two hundred new people each year looking for help because of the suffering they've experienced following abortion. By the Guttmacher Institutes own admission at least 10% of women suffer after abortion that is over 5 million people. Hardly insignificant.

After reading both the City Council's legislative text and NARAL's report on "The Lies, Manipulations, and Privacy Violations of Crisis Pregnancy Centers in New York City", of which the legislation is based, it appears that the aim of this legislation is completely misdirected.

Both the report and the legislation focus on what is seen as the manipulation and coercion of the crisis pregnancy centers. Council member Jessica Lappin, the bill's primary sponsor, says this legislation is imperative to protect women who go to CPC's. I would hope the Ms Lappin and the rest of the Council, as well as NARAL, were as concerned with the manipulation and coercion of countless women who are pressured to abort by boyfriends, husbands, and parents, or those who feel they need to abort so they can continue college, where abortion is free and accessible, but child care is not.

Over the years I have heard accounts of the manipulation and deception of countless abortion clinics: women seeking help to have their babies who are encouraged to abort for "mental health" reasons, women who did not know or were not told the development of their unborn baby, or the details and dangers of the abortion procedure they were about to undergo. I myself am one of those women. Women deserve to know the entire truth about abortion whether they are in a CPC or an abortion clinic. Why is there no legislation being passed to ensure this? You continue to deny women the whole truth of the dangers of abortion yet you appease the powerful political abortion lobby. If we agree that abortion should be "rare", well then, CPCs help to achieve that goal.

NARAL would claim that the post abortion stress we feel does not exist and even backs it up by the report from the American Psychological Association verifying, in their opinion, that "fact". But, I have sited 35 studies on attachment #1, saying the opposite, and I know thousands of post abortive women who disagree with the APA. They cannot tell us that what we experienced did not happen.

I wonder if the council is planning to show the same concern towards abortion clinics that they seem to have with CPC's, where there is no life threatening acts. Will they be implementing standards in abortion clinics, so that they align with the regulations of other

health care facilities? I am sure women I have sited on attachment #2 who have been injured from abortion here in NY, would have appreciated that.

Also, perhaps those women who have died from supposed "safe, legal" abortion here in New York, like: Dawn Ravenelle, Guadalupe Negron, Sophie McCoy, Dawn Mack, Christina Goesswein, Tamika Dowdy, Nicey Washington, and Alexandra Nunze, as well as the others listed on attachment #3 would have not chosen abortion if they had been told all the dangers. As we all know, women continue to die from abortion no matter how "safe & legal" it's claimed to be. However, the Council seems more concerned with signs in CPC's and limiting their 1st amendments rights then actually offering women alternatives and regulating abortion clinics that are responsible for injuries and deaths. Where are the signs at the abortion clinics warning women of these?

One has to wonder why there is such an affront on the CPC's. According to NARALs own report the CPC's use the wording, "Abortion Alternatives". Where is the deception in that wording? "Abortion Alternatives"? There isn't any. CPC's offer services free of charge and do not advertise themselves as a source of birth control or a medical facility so why would they have to state what they do not offer? Do abortion clinics have to state they do not offer services they do not propose to offer? And what proof is there that private information has not been confidential?

It seems that both the City council and NARAL have become more concerned with abortion itself then the women they propose to be helping. In a quest to keep abortion legal at any time for any reason, they have discarded the welfare of countless women.

We have been told over and over again that women are capable of making their own choices. It has been one of the main arguments in the pro abortion debate. Why then don't the council and NARAL trust women enough to be able to make this choice? If they do not want to be in CPC they can leave. How can you say a woman can handle making a potentially life changing decision such as abortion, yet not trust her enough to handle going into a CPC? Either she is capable of making decisions or she is not. Perhaps you are the ones using the fear often felt by women to limit alternatives that would give her the resources she needs to allow her to have her baby. I know countless women who wish they had known of such resources.

Truth be told, abortion always takes the life of an unborn baby, and can cause great suffering to the mother, emotionally and physically, and even death. If CPC's save some women from that by the help and support they provide, I say more power to them. As a society that claims to want lower the abortion rate, so should you.

Enclosures: 3

Theresa Bonopartis/Testimony before New York City Council
November 16, 2010
File: Int 0371-2010 Limited Services Pregnancy Centers
Attachment # 1

Studies showing the abortion-mental health connection:

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Theresa Bonopartis/Testimony before New York City Council
November 16, 2010
File: Int 0371-2010 Limited Services Pregnancy Centers
Attachment # 2

In 1992, Anne C. sought judicial intervention in procuring her medical records from Planned Parenthood. Her attorney contended that Anne was injured in July 1991 during an abortion at Planned Parenthood through "negligence and medical malpractice." Her attorney noted, "in addition to the absolute right of petitioner to have these records furnished to her attorneys, these records are necessary in preparation of a complaint.... it is believed that Planned Parenthood, by withholding these records, is attempting to delay and thwart petitioner."

Anne's attorney contended that the records "will reflect the cause of petitioner's damages as well as the names of those persons who may have been responsible for said injuries. There has been an unreasonable delay." Paperwork includes a letter from Planned Parenthood indicating that "to initiate our search" for Anne's records, Planned Parenthood would require, among other things, "Patient's chart number," and indicating that there would be a $20 fee. (Kings County Supreme Court Index No. 24622-92)

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Marisol C. sued after she underwent an abortion at Planned Parenthood on August 11, 1990. She alleged lack of informed consent, carelessness, negligence, and failure to adhere to standards of care. She suffered serious personal injuries, pain and anguish, and required further medical care. (NY County Supreme Court Index no. 7346/1992, 101971/1993)

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The following deficiencies were cited in a 1989 inspection:

- employees not aware of proper cleansing solution for cleaning of reusable tubing
- inadequate emergency equipment and] staff preparation
- 9 employees lacking CPR certification
- expired emergency supplies; inadequacies in procedures for quality control
- 9 employee records lacked annual health assessments
- 17 staff files missing documentation for one or more areas such as current licensure, orientation, evaluations, references, CPR, training
- 3 nurse anesthetists lacked evidence of current registration
- expired or deteriorated medications not properly disposed of
- failure to check crash cart medications for expiration, some medications expired
- frame of treatment room floorstand lamp held together with tape and gauze
- "facility is not maintained clean and in good repair"
- buckled and frayed carpet in patient area
- "wall surface throughout the 4th floor is discolored by a thin layer of black colored dirt"
- dirt encrusted wall/floor juncture
- missing or stained ceiling tiles
- store rooms in disarray
- non-functional exit lights

- holes in fire ceiling
- contaminated janitorial bucket used to clean clinical facilities

Source: Statement of Deficiencies and Plan of Correction 6-28-89

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A suit by Pamela M. alleging incomplete abortion at Planned Parenthood of New York City. Pamela had undergone a D&C at Planned Parenthood on August 20, 1985. Staff ignored her complaints of severe lower abdominal pain. She returned September 5 for a follow-up exam, and staff failed to fully examine her and correctly diagnose the cause of her continued abdominal pain. Planned Parenthood staff "misdiagnosed plaintiff's condition and advised plaintiff that the surgical procedure had been fully and successfully performed." Pamela was prescribed tetracycline. Pamela "suffered severe dysfunctional uterine bleeding causing her to receive two blood transfusions and be confined to a hospital for a period of 1 1/2 weeks," and was confined to bed for an additional week after her release from the hospital. Pamela was "caused fright, fear, shock and anxiety ... and now suffers from feelings of marked depression brought about by continuing pain, trauma and inability to carry out as before customary and usual routines." (Kings County Supreme Court Index No. 34468/87)

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Sharon W. alleged that she underwent an abortion by B. Kameh at Planned Parenthood on August 4, 1984. She faulted Kameh with failure to remove the entire placenta, and failure to adequately examine her after abortion. Sharon suffered "vaginal hemorrhage, acute infection, continued vaginal bleeding and pain from the date of the abortion until October 3, 1984 when a dilation and curettage and culdocentesis was performed upon her at the Baptist Medical Center." (Kings County Supreme Court Index No. 24799/86, NY County Supreme Court Index No. 13973/86)

****

A suit on behalf of Yvette D. alleged that she suffered a perforated uterus in an August 10, 1982 abortion at Planned Parenthood. (C4030 - Bronx County Supreme Court Index No. 17463-1982)

****

Sherry C. alleged that she underwent an abortion at Planned Parenthood's Margaret Sanger Medical Center on October 8, 1981. She suffered an incomplete abortion. Sherry bled profusely during and after the abortion. She was diagnosed with degenerating decidua and trophoblast, serious infection, and endometritis. Sherry faulted Planned Parenthood with failure to inform her of their negligence, preventing her from seeking other medical attention. Sherry was hospitalized November 13-15, and confined to bed and home for an additional 6 weeks. She also sued for lost wages, concealment of malpractice, and lack of informed consent. (C4039 - NY County Supreme Court Index No. 16422/1983)

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Sandra H. alleged that she submitted to an abortion at Planned Parenthood on August 14, 1980. She sued for negligence resulting in "severe and serious personal injuries and mental pain and suffering." (NY County Supreme Court Index No. 474/1981, 21854/1981)

Victoria R. alleged that she had an abortion and insertion of an IUD at Planned Parenthood in March of 1978. Two weeks later, Victoria experienced "sharp needlelike pains, could not sit down and had a painful discharge." She spoke to the doctor, who told her not to worry. Additional problems developed, so Victoria requested removal of the IUD, "but the doctor told me he could not do it until some future time." Due to the IUD and subsequent infections, Victoria is "unable to give birth." Planned Parenthood would not divulge to her the name of the doctor. (C4040 - NY County Supreme Court Index No. 17333/1981)

Planned Parenthood withholding information? Who woulda thunk it!

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Sara K. alleged that Planned Parenthood referred her for a 1977 abortion by Robert Glick at Parkchester hospital. She suffered an incomplete abortion. (New York Appellate Court 107 A.D.2nd 664; C4590 - PMC2)

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Jacquelyn W. alleged injury in an abortion at Planned Parenthood on July 27, 1975. (NY County Supreme Court Index No. 21821/1975)

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Angela S. alleged that she submitted to an abortion by Irving Rust at Planned Parenthood on June 23, 1973. According to Angela's lawsuit, "following said abortion, plaintiff was told that the fetus had been aborted and/or the pathology specimens of the abortion did not reveal any product of conception." Angela was admitted to a hospital on December 2, where a c-section was performed "for removal of a dead female child." Angela "was rendered sick, sore and disabled; sustained injuries both internal and external, sustained severe shock to her nervous system...was confined to the hospital and bed for a long period of time." (NY County Supreme Court Case 655/76)

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Jean O. alleging lack of informed consent, and subsequent injury, in a D&C by Dr. Benjamin Campese at Planned Parenthood's Margaret Sanger Medical Center. The D&C was performed under general anesthesia by on November 20, 1982 at Margaret Sanger Medical Center. Jean underwent the procedure under Campese's recommendation. She faulted him with failure to disclose alternatives and risks. Her lawsuit asserted that "a reasonably prudent person in plaintiff's position would not have undergone the surgery as outlined above if plaintiff had been fully informed." Jean suffered a punctured uterus, internal hemorrhage, and miscarriage of her pregnancy. (NY County Supreme Court Index No. 25164/1983)

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A 1979 medical malpractice suit filed on behalf of Elizabeth F. alleged personal injury. (NY County Supreme Court Index No. 19873/1979)

Source: http://realchoice.0catch.com/library/weekly/aa051606e.htm

Theresa Bonopartis/Testimony before New York City Council
November 16, 2010
File: Int 0371-2010 Limited Services Pregnancy Centers
Attachment # 3

Partial List of Abortion Deaths in New York

- 1970 Carmen Rodriquez
- Dawn Ravenelle
- 1989 Eurice Agbagaa
- 1993, Guadalupe Negron,
- 1990 Sophie McCoy,
- 1991 Dawn Mack,
- 1990 Christina Goesswein,
- 1996 Tanya Williamson
- 1998 Tamika Dowdy,
- 1994 Alerte Desanges,
- Nicey Washington,
- 2010 Alexandra Nunez
- 1971 Carole Schaner
- 1971 Margaret Smith
- Edith Cote
- 1979 Gail Mazo
- 1983 Rosario Bermeo
- 1994 Alerte Desanges
- 1981 Barbara Dillion
- 1989 Glenna Fox
- 1993 Giselene Lafontant
- 1979 Lynn McNair
- 1971 Carole Schaner
- 1971 Margaret Smith

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Fr. Benedict Groeschel, CFR
Chairman, Board of Directors

Christopher Bell
Executive Director

November 16, 2010 A.D.

STATEMENT ON NEW YORK CITY COUNCIL BILL, INT. NO. 0371-2010

Fr. Benedict Groeschel, a Franciscan priest with a doctorate in psychology and extensive experience with New York's homeless counseling thousands of men, women and families for five decades, along with me, Christopher Bell, who worked at Covenant House for five years before earning graduate degrees in counseling and a post-masters certificate in family counseling, began Good Counsel, homes and programs for homeless pregnant and parenting mothers and babies.

The first mother who came through Good Counsel's door I'll call Debbie and she came from Brooklyn. She was 19, had a six-month old boy I'll call Bobby. One day she told me something I never imagined. "When I was 17 I first became pregnant and my mother said we had to take care of this problem." She told me she went to Planned Parenthood and they told her they were going to remove a blob of bloody tissue. They said it wasn't a baby. She told me, "I asked them would it hurt, because I was afraid of the pain and they said, 'No. You'll be back at school and never think about it again.'" Debbie said she was in the recovery area and saw another girl crying quietly and then she began to cry and scream: "I killed my baby."

In the past 25 years Good Counsel has helped more than 5,000 women at no charge to New York City or State. Nearly 40% of Good Counsel's women have had a similar experience to Debbie's. Most of our women do come from the Bronx and Brooklyn, even though we take in all pregnant women.

Good Counsel began in Hoboken, NJ and now we have homes on Staten Island, in the South Bronx, in Spring Valley and in Harrison, NY we have a home for mothers with a mental health issues and addictions. We help mothers return to school, find jobs, learn parenting skills and help take the next step toward independent living.

The proposed Local Law to amend the administrative code is unnecessary, unfair and unconstitutional regulation of speech. Good Counsel and any program offering commercially valuable pregnancy-related services basically for free and at no cost to tax payers is a tremendous benefit to the City, the State and the entire Country.

When a pregnant women believes her only option is to have an abortion, that's no choice at all. When someone offers that woman options and help, that's a real choice. No one can stop her from having an abortion in this City where hundreds of abortionists kill some 90,000 children a year. Women know how to find an abortionists, they are all too plentiful. Women need help in finding alternatives.

OVER

How can it be that more than 95% of women who go to Planned Parenthood and other abortionists leave with no other option than abortion, while 60% to 80% of those who visit a pregnancy resource center decide to give a birth date to their child in the womb? Too few women are able to find real options to make informed decisions about the viability of their babies' lives and their own.

Give New York women a real choice. Don't stifle the voice of those who are helping women today.

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DEPARTMENT OF NATURAL SCIENCES
Box A0506

Dr. Joel Brind Written Testimony regarding Intro 371

My name is Joel Brind, Ph.D. I am 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 colleagues from Penn State Medical College in the British Medical Association's epidemiology journal[1], and in 2005 I published a critical review of recent studies in the Journal of the American Association of Physicians and Surgeons[2]. I have also published many letters and other articles on the subject since 1992. In 1999 I co-founded the Breast Cancer Prevention Institute[3], a 501(c)3 charity, now located in Somerville, New Jersey.

While intro 371 does not explicitly mention breast cancer, its introduction has been largely driven by reference to a report published by NARAL Pro-Choice New York Foundation and the National Institute for Reproductive Health, entitled "She said abortion could cause breast cancer"[4] (hereinafter referred to as the report). The report highlights the abortion-breast cancer connection as an alleged falsehood whose promulgation by pro-life crisis pregnancy centers (CPCs) is proposed as a justification for regulating the free speech rights of CPCs. Specifically, the NARAL report alleges that 89% of CPCs their investigators visited claim, in their materials, that "abortion led to a higher risk of breast cancer." (p. 10) The report then goes on to rebut this claim, saying: "Studies have repeatedly found no link between abortion and increased risk of breast cancer," among other risks, and that "The National Cancer Institute (NCI) concluded that abortion is not correlated with an increased risk for breast cancer" (p. 10).

In truth, it is the NARAL claim which is false. In fact, many more studies ***have*** repeatedly found a significant link between induced abortion and subsequent risk of breast cancer than studies which have "found no link"[1]. Moreover, the lack of correlation cited by the NARAL report ignores the undisputed fact that a woman who chooses abortion has a higher risk of breast cancer compared to her not choosing abortion. Specifically, the absence of a link attributed to the NCI is based on the artificial comparison of a woman who has had an abortion with a woman who was not pregnant at all. In fact, the very same NCI indirectly acknowledges the effect of abortion in its "fact sheet: Pregnancy and breast cancer risk"[5], which specifically acknowledges: "The younger a woman has her first child, the lower her risk of developing breast cancer during her lifetime" and "A woman who has her first child after the age of 35 has approximately twice the risk of developing breast cancer as a woman who has a child before age 20."

The NARAL report is therefore grossly misleading about the putative safety of abortion, by not considering the long-term health benefits of not aborting a pregnancy, i.e., carrying the pregnancy to term.
The basis of every standard of patients' rights and informed consent requires any medical practitioner to inform every patient of any increased risk of serious illness if she has the proposed procedure, compared to not having the procedure. The fact that the NARAL report brands the abortion-breast cancer link "false information" (p. 10) implies that abortion providers either do not provide this information or deny it outright, as the selective quotation from the NCI suggests.

The NARAL report is also misleading even in terms of the authorship of the report. The other organization listed alongside NARAL, i.e., the "National Institute for Reproductive Health" (NIRH) appears, from its very name, to be one of the NIH institutes; a federal government agency like the NCI. Even in the page of acknowledgements of the Report (after p. 20), the NIRH is described in an 83-word blurb which does not identify it as a charitable organization. Indeed, with statements such as: "Together, we are helping women in communities all across the contry...", the blurb does nothing to disabuse the reader of the idea that the NIRH is a federal agency; an arm of the NIH.

It is thus clear that the driving force for Intro 371 is a flawed report that is misleading both in its apparent authority and in its citation of actual authorities on the subject of abortion and breast cancer. It is reasonable to assume that the Report is representative of the sort of misinformation that abortion practitioners regularly give women considering abortion, misinformation which misleads women about the long-term dangers of abortion. Specifically, the denial of the fact of greater future risk of breast cancer after choosing abortion compared to choosing not to abort a pregnancy already in progress underscores the critical value of CPCs in providing this life-saving information to pregnant women. Clearly, the enactment of Intro 371 would harm women by ensuring that more of them would eventually develop breast cancer.

Respectfully submitted,

Joel Brind, Ph.D., Professor of Biology and Endocrinology, November 16, 2010

References cited (copies attached):

1. Brind J, Chinchilli VM, Severs WB, Summy-Long J. Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis. *J Epidemiol Community Health* 1996;50:481-496.

2. Brind J. Induced Abortion as an Independent Risk Factor for Breast Cancer: a Critical Review of Recent Prospective Data-Based Studies. *J Am Physicians Surg* 2005;10:105-111. Available online at: *http://www.jpands.org/vol10no4/brind.pdf*

3. Breast Cancer Prevention Institute website: http://bcpinstitute.org/ Brochure: "Reproductive breast cancer risks and breast lobule maturation".

4. "She said abortion could cause breast cancer": A report on the lies, manipulations, and privacy violations of crisis pregnancy centers in New York City. (unauthored). Published by NARAL Pro-Choice New York Foundation and National Institute for Reproductive Health, 2010.

5. Pregnancy and breast cancer risk. National Cancer Institute Fact Sheet. Reviewed 4/30/2008. Available at: http://www.cancer.gov/cancertopics/factsheet/Risk/pregnancy

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The Rev. Dr. Anthony P. Johnson
Affiliated Minister

Testimony to the Committee on Women's Issues of the New York City Council
The Rev. Dr. Anthony P. Johnson
November 16, 2010

I am the Rev. Dr. Anthony P. Johnson, affiliated community minister with the Community Church of New York Unitarian Universalist. I am a member of the religious leaders task force of the Planned Parenthood ~~Federation~~ of New York City. The church I serve has a long history of engagement with the important issues of racial, gender, and economic justice. When Margaret Sanger established the American Birth Control League (now the Planned Parenthood Federation) in 1921, Dr. John Haynes Holmes, minister of the Community Church of New York was a supporter of that effort. A bust of Sanger stands along those of Gandhi, Martin Luther King, Jr. and Albert Schweitzer in our Hall of Worship.

A woman's right to choose to have a child or not to have child is a civil right and it is a sacred right of her humanity. The decision to continue or terminate an unwanted or unplanned pregnancy is a difficult one. One woman will choose to continue the pregnancy, another to terminate the pregnancy. In thirty-three years of ministry, I have known many women and their partners facing such decisions. Each woman in this situation must be free to make the choice that is correct for her. That decision cannot be clouded by misinformation, lack of information, or pressure to make the choice that someone else deems correct.

Limited service pregnancy centers do not provide complete information and access to all options. They make that choice more difficult. A woman seeking help in dealing with an unwanted or unplanned pregnancy may not know what choices are available to her. A woman without private health insurance or a regular primary care doctor may not have access to the FDA approved birth control methods that might have helped her avoid an unwanted pregnancy. Many limited service pregnancy centers neither offer the woman all possible options nor offer birth control to prevent future unwanted pregnancies.

The bill to amend the city's administrative code to address limited service pregnancy centers will assure that a woman seeking help knows what help she can or cannot

get at a particular center and that the services offered will be provided by a licensed medical provider. It will not stop her from using the services of such a center if that is what she chooses. But it will guarantee that she knows what services and information are or are not available when she enters a facility

The Planned Parenthood ~~Federation~~ of New York City seeks to prevent unwanted pregnancies by offering full information about reproduction and, should there be an unwanted pregnancy, provide counseling to explore all options, so that a woman may be fully informed in making the choice that only she can make.

As a supporter of Planned Parenthood, as a minister, and as the parent of a young woman, I urge enactment of the bill before you.

Thank you for your consideration.

# # #

Testimony for Dorothy Dugandzic, St. Augustine Foundation, Women's Issues Committee Hearing November 16, 2010

Good afternoon! My name is Dorothy Dugandzic. I am the Managing Director of the St. Augustine Foundation in Yonkers, New York for the past 14 years. I am also a Certified Creighton FertilityCare Practitioner, a professional research editor, and the Publications Chairman for the American Academy of FertiltiyCare Professionals.

I have been working closely with the EMC crisis pregnancy centers in the New York area for many years providing them with services and information regarding natural methods of family planning which are highly effective (98-99%) and very safe. I hand delivered "Introduction to Natural Family Planning" booklets to the centers and made them available at no cost as I think they are providing excellent pro-woman, pro choice services to the clients they serve. I have found the directors of these centers to be very compassionate, knowledgeable, and sensible people who are very dedicated to helping the women they serve who come to them in crisis pregnancy situations. I received natural family planning referral calls from these centers, and sent calls to my office for women in crisis pregnancys to these centers without hesitation for the very attentive care they provide to the women they serve.

I think Intro 371 is an unfair bill to pass since I know that natural methods of family planning are equally and sometimes more effective than artificial methods and quite safer. The Crisis pregnancy centers should be free to choose to market the natural methods versus the FDA approved ones that this bill would mandate.

Natural Methods of birth regulation need no FDA approval as they so not involve gadgets or medications. Rather, they rely on a woman being taught to recognize and chart the naturally occurring signs in her body that signal ovulation events, the most accurate of those being her monthly cervical mucus discharge. The Creighton Model FertiltiyCare System founded by Dr. Thomas Hilgers, a Board Certified OB/GYN in Nebraska provides research and training in an ovulation based method of Natural Family Planning. His research article, Creighton Model NaProEducation Technology for Avoiding Pregnancy: Use Effectiveness published in the Journal of Reproductive Medicine in 1998 attests to the high effectiveness of this method. His work is based on the Billings Ovulation Method which has countless published research articles on the effectiveness of these methods to avoid pregnancy in the last 50 years by Drs. John and Evelyn Billings. Dr. Hilgers has developed a standardized system for identifying the categories of cervical mucus and this has been revolutionary in the scientific field for avoiding pregnancy. In addition to my services in the NYC area, there has recently opened an affiliate Center to the Nebraska one, Gianna, the Catholic Healthcare Center for Women staffed by MD Anne Mielnik in Manhattan which also provides these natural methods of birth regulation to women.

In my clinical work, I have personally seen the harms of artificial contraception to the woman who come to me, long term pill use causing indefinite infertility, depressive symptoms, low libido, headache and Depro Provera injections causing suicidal tendencies.

As a research editor I co edited Dr. Chris Kahlenborn's book, Breast Cancer, Its Link to Abortion and the Birth Control Pill which subsequently led to the publication of his meta analysis, Oral Contraceptive Use as a Risk Factor for Premenopausal Breast Cancer, published by the Mayo Clinic in 2006.

A Class action suit was filed in England in 2001 against the birth control pill for stroke damage to women. Currently in the US the Law Firm of Onder, Shelton, O'Leary & Peterson in Chicago is reviewing cases against Yasmin, a popular birth control pill...as well as the Fields Law firm.that could most likely lead to a class action suit in the US. The FDA even issued a warning letter in 2009 regarding risks from Yasmin. Gallbladder, blood clots, and stroke name a few of the associated health risks.

The World Health Organization labeled the Birth Control Pill a carcinogen in 2005. And the Physician's Desk Referrence (PDR) even attests to the link between the Pill and Breast Cancer. The Pill is noted also to have abortifacient effects.

Regarding other forms of FDA approved contraception, condoms have a 10-30% failure rate and often do not prevent HIV infection. IUDs can perforate the uterus, cause tubal/ectopic pregnancys, and infertility. It is totally understandable that CPCs would not want to be promoting these methods of pregnancy avoidance. They are too dangerous and have too many negative side effects. Perhaps the NARAL reporters would want to read the medical literature regarding the health risks of FDA approved contraception as their recent report attacking CPCs appears not to reflect some important medical science.

From the damaged women I have seen in my clinical practice along with the research that has been coming out, I would not recommend the use of artifical birth control to anyone. Natural methods are harmless and very effective and respect the integrity and dignity of woman, their sexual relationships in marriage, and their health. I applaud the crisis pregnancy centers for promoting these methods and upholding the dignity of women. And I ask the City Council of NYC not to vote for Intro 371 as I want to see women living healthy lives using Natural Methods of birth regulation, not risking their health and their lives with FDA approved methods.
Thank you.

Footnotes:

1. Hilgers, Thomas, & Stanford, Joseph (1998) Creighton Model NaProEducation Technology for Avoiding Pregnancy: Use Effectiveness. Journal of Reproductive Medicine, 43 (6) 495-502.

2. Kahlenborn, Modugno, Potter, & Severs (2006) Oral Contraceptive Use as a Risk Factor for Premenopausal Breast Cancer: A Meta Analysis. Mayo Clinic Proceedings (81) 10 1290-1202.

3. World Health Organization, "IARC Monographs Programme Finds Combined Estrogen-Progestogen Contraceptives and Menopausal Therapy are Carcinogenic to Humans:, International Agency for Research on Cancer, Press Release 167 (July 29, 2005)

4. Physician's Desk Reference (Montvale, NJ: Thomson, 2006.

5. John B. Wilks, Pharm, MPS. A Consumer's Guide to the Pill and other Drugs, 2nd Edition, (Stafford, VA, ALL in. 1991) p 70.

6. Kahlenborn, Chris. 2000. Breast Cancer: Its Link to Abortion and the Birth Control Pill. One More Soul, Dayton, OH.

7. Fehring, Richard & Shivanandan, Mary (2002) Introduction to Natural Family Planning. Diocesan Development Program, Washington, DC

8. Forest, EF. Contraceptive Failure in the United States: Revised Estimates from the 1982 National Survey of Family Growth. Family Planning Perspectives 21 (May-June 1989) 103-109.

COMPASSCARE

Regarding: The proposed New York City legislation amending local administrative code in relation to "Limited Service Pregnancy Centers"

Presented by: James R. Harden, President/CEO of CompassCare a medical pregnancy care network based in Rochester, NY.

The current situation in New York City according to the most recent New York State vital statistics is that there were 128,000 live births and 82,000 abortions. That means almost 40% of all pregnancies end in abortion. At almost two times the national per capita average for abortion, it appears as though women in New York City are aware of their abortion option. Furthermore, it would appear as though the industry is enjoying significant financial profit with gross annual revenue in NYC of just under $50,000,000.00 with an estimated average cost of just under $600 per abortion.

Whatever the law on these matters happens to be, the fact is that women have the choice to make pregnancy decisions. Sadly, the reality is that this decision is so often fraught with irrational fear, inadequate information, little to no counseling, sales tactics from financially vested interests, and coercive pressure from self-interested others that a woman does not feel like she has any other choice. In a 2004 study published in the Medical Science Monitor 84% of the American sample of women said that they did not receive adequate counseling before receiving an abortion. Additionally 64% felt pressured by others which would include boyfriends, parents, spouses, etc (Medical Science Monitor, 2004; 10 (10): SR5-16, *Induced abortion and traumatic stress: A preliminary comparison of American and Russian women*; Vincent M. Rue, Priscilla K. Coleman, James J. Rue, David C. Reardon).

As a leader who happens to be pro-life I have some of the same concerns about the use of manipulative and deceptive tactics in the organizations in question. However, to think that this is isolated only to non-standardized pro-life centers is only half the story. It would seem that the council should consider an equitable application of full-disclosure across the industry rather than singling out one aspect of it. In an age of widespread regulation, transparency and deeply divided political views around abortion, it seems appropriate that time be taken to be more circumspect when considering partial regulation of a larger industry replete with passion and political motivations that would further exploit pregnant women to their own ends.

Since the council is interested in safe-guarding women's reproductive health and insulating them from biased political agendas from either pro-life or pro-choice forces it would seem only fitting that the council ask the deeper questions:

1) Are all reproductive health service organizations providing medical services operating within the law as it currently stands? To answer this question requires the following information:
   a. Are all medical services overseen by a physician or other qualified medical professional that is licensed to diagnose and treat?
   b. Is all medical information dispensed approved by a qualified medical professional?
   c. Are all ambulatory surgical services (e.g. including abortion) provided under the auspices of a New York State approved Article 28 Diagnostic and Treatment facility (See interpretation of *Health Code Westchester Women's Health Organization vs Whalen*, 1979)?
   d. Are all abortion service offices including private practice physicians accredited by a third party ambulatory surgical accreditation organization (See New York State Department of Health requirements at http://www.health.state.ny.us/professionals/office-based_surgery/)?
2) Are all reproductive health service organizations that use medical services fostering an environment that respects every woman's autonomy? The basic categories to be reviewed would be:

   A. Supportive Decision-making: To respect and enhance a woman's ability to make decisions regarding pregnancy outcomes, organizations should help by using these important pregnancy decision-making tasks:

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1. Assessment of the woman's current social situation including relationship support structures (i.e. father of the baby, parental involvement, etc.)
2. Identification of circumstantial pressures (i.e. finances, education, unsupportive relationships, medical care, child care, age, long-term goals, etc.)
3. Careful exploration of the full range of available options including abortion, birth, and adoption including all possible side-effects of each that have been researched and peer reviewed no matter how remote.
4. Careful consideration of potential short and long-term physical, social, and emotional outcomes of each available alternative.
5. Maintain a safe environment that helps a woman firmly resist pressure from self-interested parties.

B. Informed Decision-making: To promote informed decision-making organizations should help to answer the 3 basic questions every woman needs to have answered in order to determine the outcome of her pregnancy:

1. Am I really pregnant? It is possible to not have a viable pregnancy and have a positive home pregnancy test.
   -A woman needs a medically definitive diagnosis of pregnancy confirmation using ultrasound technology or blood tests.
2. How far along in the pregnancy am I? The further along in the pregnancy a woman is increases the complexity of her options.
   a. A woman needs an ultrasound scan to determine the exact gestational age of the baby. Gestational age determines the type of abortion procedure she would be eligible to receive.
   b. All abortion procedures are medical procedures. Therefore each abortion procedure has different costs and different risks associated with them.
   c. Gestational age is important to know in terms of providing medically accurate information about fetal development.
3. Is it important to know if I have a sexually transmitted disease (STD)? STDs can negatively impact future reproductive health if left untreated.
   a. Some STDs if left untreated prior to an abortion procedure increase the risk of infection which can put a woman's reproductive health in jeopardy.
   b. Testing and treatment for the most common STDs, Gonorrhea and Chlamydia, is essential prior to an abortion to safeguard a woman's reproductive health.

C. Transparency, Integrity, and Full Disclosure: In the interests of fairness and the desire to avoid non-exploitive behavior, organizations should:

1. Fully disclose the financial profit they stand to gain if the woman chooses one option over another.
2. Refrain from manipulation and coercive tactics such as inflaming irrational fear and panic.
3. Ask and obtain permission at each stage of the consultation process.
4. Conduct anonymous paper-and-pencil exit surveys to assess client/patient satisfaction with the organization.

Any legislative body by its nature is unfamiliar with the details of medical practice in general and the OB/GYN niche field of reproductive health services in particular. As such a legislative body is responsible to guard against being manipulated by any given industry attempting to accomplish their own objectives.

One point that belies the fact that this proposed legislation is politically motivated and not authentically concerned with women's rights is the language in the title "Limited Service Pregnancy Centers." Any bonafide medical practice represents a limited service operation due to the fact that it is virtually impossible to have a comprehensive scope of service contained in any single practice. Both pro-life crisis pregnancy centers as well as abortion providers are by definition limited service pregnancy centers because there are certain things that their physicians will not do within them.

As they both operate within the field of Obstetrics and Gynecology a clear example is a pro-life physician not performing abortion services. But that fact does not make him any less of an OB/GYN than one that only performs abortion services but not pre-natal care. It is medically appropriate for a physician to determine what the limits of his or her practice will be and then advertise positively to attract the appropriate patient base that would most likely benefit from that service. Asking a pro-life crisis pregnancy center to advertise all the things it does not do is tantamount to forcing all abortion providers to prominently advertise that they don't provide pre-natal care. It would be like asking all Italian restaurants serving Italian sausage to advertise that they do not serve polish sausage simply because there is more of a market for polish sausage. Equitable legislation around full disclosure would mean that all abortion providers must prominently display in advertising outlets as well as patient consent forms that they comply with all State regulations with respect to ambulatory surgical centers and display their third party accreditation seal in addition to citing their standing financial conflict of interest around abortion if they are positioning themselves as a place of objective choice.

It is urged that the vote on this proposed NYC amendment be tabled indefinitely until such a time as a more thorough review of women's reproductive health service standards can be done for a more equitable and constitutionally sound alternative can be developed.

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PREGNANCY CARE CENTER, CITY COUNCIL TESTIMONY,NOVEMBER 16, 2010

I became pregnant when I was 19 years old. Unmarried and earning $250 per week, I was frightened and I made the foolish decision to abort my baby. I didn't know at the time that I would never have the opportunity to become pregnant again. Like so many women I believed that my teenage abortion would not have an effect on the future life that I had planned. I was very wrong.

Years of heavy menstrual cycles led me to the gynechologist who informed me that I had uterine fibroid tumors the size of a five month old fetus. Fibroids are most common in post abortive women The doctor removed the tumors a month later and again, I thought that the health issues stemming from this abortion were at an end. And again, I was wrong. Three years later the fibroid tumors had returned and were larger and more troublesome than ever. The decision was made to perform a hysterectomy. And now I'll never have children of my own.

It is unfortunate that at the time of my decision to abort my child I was unaware that a place like the Crisis Pregnancy Center was there to help. Years later, a Representative visited my church to ask for our assistance.

. She spoke with such wisdom and compassion about their mission to help women broken by their own bad choices that I was moved to want to volunteer myself. That day I learned of the caring counselors who are there 6 days per week to take calls from frightened teenagers, stressed out mothers, not ready for the challenge of another child and career women on the rise, unprepared for the changes that a new baby would bring to their lives. They discuss the options available to women and provide real practical help of clothing and diapers and food and furniture. They also helped us with the prayer and encouragement that only a Christ centered ministry could provide.

When they learned that I was post-abortive, they saw through my desire to help these other women that first I needed to have my own heart healed. They had prepared a 12 week support group to

help women like me who have spent years dealing with the physical effects of an abortion decision, while ignoring the painful feelings of guilt and regret that it caused.

As we worked through this course and began to peel away each layer of anger, grief and regret that was buried so deep that I had been able to ignore it for years.

I will always be grateful for the help and care I received there and I know that they will continue to be an excellent resource for young women who are about to make life altering decisions with very few real hard facts.

Too many young women are led by counselors at clinics that claim to be in the business of helping women in a time of crisis. When we all know their true goal is to make a profit from the empty wombs of broken women. I urge you to vote against this bill to which will hinder the ability of the PCC to continue in this good work offering true help and healing to women young and old at these critical times of decision in their lives.

CARE NET®

Statement on Int. No. 371
"Limited Service Pregnancy Centers"
Presented to The Committee on Women's Issues of the New York City Council
November 16, 2010

By Jeanneane Maxon, Esq.
General Counsel

Biography and credentials available at: http://www.care-net.org/aboutus/bio.php?id=11.

This statement is **in opposition to Int. No. 371.**

Good afternoon. My name is Jeanneane Maxon and I am an attorney licensed in the states of New Hampshire and Virginia. I currently serve as the General Counsel of Care Net, a national affiliation organization for pro-life Christian pregnancy resources centers. Currently, we have over 1100 members throughout the United States and Canada, with two Care Net pregnancy centers located in New York City (Queens and Staten Island).

Today, you will hear testimony about the thousands of New York City citizens—women, men, and children—that have been assisted by pregnancy resource centers during their greatest time of need. You will hear about how pregnancy resource centers provide pregnancy support and have promoted healthy sexual choices in adolescents, parenting classes, and support groups for post-abortive women. Pregnancy centers offer these services at no cost to their clients. These centers also do not take any funding from New York City.

After today, I am confident you will understand the great work done by pregnancy resource centers in New York City and that Int. No. 371 needlessly and unfairly attacks the integrity of these worthy institutions, which exist merely to help out needy citizens in New York City at no cost to the city. I also am confident that you will see the numerous constitutional and legal concerns which could subject the proposed local law to legal challenge.

A. Constitutional Violations

1. First Amendment Viewpoint Discrimination

Int. No. 371 raises clear Constitutional concerns. If successfully challenged in a court of law, the ordinance would result in the unnecessary waste of public resources and funds. The proposed local law would mandate heightened regulation of only those pregnancy centers that do not provide abortions, compelling such centers to deliver a government-crafted message regarding the nature of their services. Such compelled speech triggers the First Amendment's strict scrutiny test, under which courts will find a law unconstitutional unless it is narrowly tailored to serve a compelling state interest. The right not to speak includes not only "compelled statements of opinion" but also "compelled statements of 'fact'", such that "either form of compulsion burdens free speech." *Riley*

v. National Federation of the Blind, 487 U.S. 781, 798 (1988); *see also Miami Herald Publishing Co. v. Tornillo*, 418 U.S. 241, 256 (1974) (statute compelling speech held unconstitutional). "The government, even with the purest of motives, may not substitute its judgment as to how best to speak for that of speakers and listeners; free and robust debate cannot thrive if directed by the government." *Riley*, 487 U.S. at 791, 799 (1988). In this context, government action restricting speech must meet the highest standard of scrutiny: it must be narrowly tailored to serve a compelling state interest. *See, e.g., Austin v. Michigan Chamber of Commerce*, 494 U.S. 652, 655 (1990); *Shelton v. Tucker*, 364 U.S. 479 (1960).

The proposed local law is not viewpoint neutral. Specifically, the proposed local law regulates only those pregnancy centers that do "not provide or refer for (A) abortions; or (B) nondirective and comprehensive contraceptive services." In other words, it would not matter how professional, honest, forthright, and/or legally compliant the pregnancy center is; the proposed local law would still apply only because the pregnancy center holds a pro-life viewpoint. Courts have found that "viewpoint discrimination" is an egregious form of content discrimination and that the government must, accordingly, abstain from regulating speech when a specific motivating ideology or opinion of the speaker is the rationale for the restriction. *See Rosenberger v. Rector and Visitors of University of Virginia*, 515 U.S. 819, 115 S. Ct. 2510, 132 L. Ed. 2d 700, 101 Ed. Law Rep. 552 (1995). Because this proposed local law regulates only pregnancy centers that hold viewpoints opposed to abortion, the proposed local law constitutes unconstitutional viewpoint discrimination.

2. Equal Protection Violations

Along the same vein, the proposed local law violates the Equal Protection rights of pro-life pregnancy centers by failing to regulate similar organizations with differing ideologies, such as abortion clinics or family planning organizations. Such organizations are not required to post similar signage concerning services they do not provide, such their failure to provide adoption referrals, to make referrals to pregnancy centers, that they do not provide ultrasound services or prenatal care, or the fact that such organizations financially gain from a client's decision for abortion. Such regulatory underinclusiveness is a strong indication that that the proposed local law's purpose is merely to subject pregnancy centers that oppose abortion to heightened regulation. *See Carey v. Brown*, 447 U.S. 455, 465 (1980) (underinclusiveness of a picketing statute undermined state's claim of interest); *Florida Star v. B.J.F.*, 491 U.S. 524, 542 (1989) (Scalia, J., concurring in part and in the judgment) (content-discriminatory law unconstitutional because it was underinclusive). The fact that the proposed local law regulates only those pregnancy centers that oppose abortion also "suggests that the government itself doesn't see the interest as compelling enough to justify a broader statute." Eugene Volokh, *Freedom of Speech, Permissible Tailoring and Transcending Strict Scrutiny*, 144 U. Pennsylvania L. Rev. 2417 (1997); *see also City of Richmond v. J.A. Croson Co.*, 488 U.S. 469, 493 (1989); *City of Cleburne v. Cleburne Living Center*, 473 U.S. 432, 450 (1985) (law's underinclusiveness indicated that its true purpose was something else).

3. Due Process Violations

The proposed local law also presents due process concerns. The language of the proposed local law is vague and ambiguous, yet it would subject pro-life pregnancy centers civil fines and closures for violations. In order to be constitutional, statutes challenged as vague must give a person of ordinary intelligence a reasonable opportunity to know what is prohibited and provide explicit standards for those who apply the statute in order to avoid arbitrary and discriminatory enforcement. *See Upton*

vs. S.E.C., 75 F.3d 92, Fed. Sec. L. Rep. (CCH) ¶99011 (2d Cir. 1996); *U.S. v. Wunsch*, 84 F.3d 1110 (9th Cir. 1996); *Smith v. Avino*, 91 F.3d 105 (11th Cir. 1996). Important language is left undefined. The proposed local law also fails to specify exactly who would be subject to criminal convictions for failure to post the signage—would it be the organization's board, administrator, the landlord, the receptionist, client peer counselors, or volunteers? The potential for mass imposition of civil violations and closure of pregnancy centers due to vagueness within the proposed local law appears limitless.

B. The Proposed Local Law Improperly Infringes on New York Rights of Conscience Protections

The proposed local law improperly infringes upon rights of conscience protections provided by New York law by subjecting pregnancy centers who oppose abortion to regulation involving financial penalties and potential closure. New York Civil Rights Law § 79-i provides:

> When the performing of an abortion on a human being or assisting thereat is contrary to the conscience or religious belief of any person, he may refuse to perform or assist in such abortion by filing a prior written refusal setting forth the reasons therefore with the appropriate and responsible hospital, person, firm, corporation or association, and no such hospital, person, firm, corporation or association shall discriminate against the person so refusing to act...No civil action for negligence or malpractice shall be maintained against a person so refusing to act based on such refusal.

The proposed local law, however, specifically regulates pregnancy centers because of their exercising their right of conscience against providing and referring for abortions. Indeed, the proposed legislation only applies to pro-life pregnancy centers specifically because they refuse to perform or refer for abortions. Even where pregnancy center staff and boards have certified in writing that they hold religious and moral beliefs against abortion (such as in bylaws, mission statements, client intake form, signage already posted in waiting rooms, etc), the pregnancy centers would not only be subject to civil fine but also to a private right of action in direct contradiction to the above noted New York Civil Rights Law.

C. The Proposed Local Law Is Ideologically Driven By Politically Charged Individuals' Misuse Of A Government Actor

Pro-abortions advocates, such as NARAL have been the primary proponents of this legislation. The abortion debate is better suited for the public square without abortion advocates enlisting a government actor to needlessly harass pro-life charities. This is a misuse of the City Council and is outside its jurisdiction and proper functions. Neither pro-abortion proponents nor New York City has demonstrated a need for this proposed local law. Rather, the proposed local law is designed to emphasize an ideological complaint that pro-abortion advocates have with regard to pregnancy centers. NARAL's actions in promoting this legislation are part of a national strategy to shut down pregnancy centers because they hold a pro-life ideology. NARAL has issued a national strategy plan, portions of which are attached to my colleague Kristin Hansen's written testimony (See Testimony of Kristin Hansen, Exhibit A).

1. **The Proposed Local Law Leaves Abortion Clinics Unregulated, Despite Practices that NARAL is Alleging are Questionable.**

The proposed local law leaves abortion clinics unregulated. Evidence shows that counseling at abortion clinics looks very similar to the alleged problems at pro-life centers in that the counseling is typically conducted by an unlicensed counselor and that clinics do not see a doctor or nurse unless they have moved toward the abortion process. Deposition testimony of Planned Parenthood in other jurisdictions suggests that, in fact, women at Planned Parenthood facilities are routinely counseled by untrained and unlicensed volunteers, and do not see a doctor unless and until they have already chosen to have an abortion. See Exhibit A: *Planned Parenthood v. Rounds*, United States District Court, District of South Dakota Civil Case No. 05-4077, Docket Entry 296 at 10-15 (Intervenors' Rule 56.1 statement of undisputed facts, citing Planned Parenthood deposition testimony about counselors and their training).

D. The Proposed Local Law Unnecessarily and Unfairly Targets Centers For Regulation

The proposed local law unnecessarily regulates pregnancy centers which already voluntarily operate under high standards of professionalism. The Care Net pregnancy centers subject to regulation under this proposed local law already disclose to clients that they do not refer for abortions or contraception within their client intake forms. Additionally, Care Net routinely provides internal compliance education and audit services for our affiliate pregnancy centers. Care Net is not alone in these efforts. Other affiliation organizations such as the National Institute for Family and Life Advocates (NIFLA) and Heartbeat International also maintain legal departments and provide centers with legal education and other services. The vast majority of the pregnancy centers in New York City are affiliated with either Care Net or one of the above-referenced national organizations. In order to obtain such affiliation, the pregnancy centers must certify that they are in compliance with the attached Commitment of Care, which was jointly issued by the national pregnancy center organizations. A copy is attached as Exhibit B.

Care Net centers are provided with a legal updates, legal manuals, policy and procedure manuals, medical services manuals, and other materials reviewed and approved by legal and medical professionals. Overall, the legal department at Care Net devotes about eighty percent (80%) of its time and resources to conducting legal audits, and to educating centers on legal issues and best practice standards. The legal education and other services offered by these groups are designed to ensure that centers are operating in compliance with state and federal laws and providing only truthful and accurate information. Pregnancy resource centers are credible institutions held to high standards set by professionals in the industry. Centers comply with laws and offer a tremendous service to their communities—services that often cannot be found in any other institution. The proposed local law seeks only to unfairly discredit these well-run and worthy organizations.

For these reasons, **I urge the City Council to vote against Int. No. 371.**

Exhibit A

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH DAKOTA
SOUTHERN DIVISION

PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA, and CAROL E. BALL, M.D. Plaintiffs, v. MIKE ROUNDS, Governor, and LARRY LONG, Attorney General, in their official capacities, Defendants ALPHA CENTER, BLACK HILLS CRISIS, PREGNANCY CENTER, d/b/a Care Net, DR. GLENN RIDDER, M.D., AND ELEANOR D. LARSEN, M.A., L.S.W.A. Intervenors.	Civil Case No.: 05-4077 INTERVENORS' AMENDED RULE 56.1(A) STATEMENT OF MATERIAL FACTS AS TO WHICH INTERVENORS CONTEND THAT THERE IS NO GENUINE ISSUE TO BE TRIED

This Amended Statement of Material Facts is filed by the Intervenors pursuant to LR. 56.1(A) in conjunction with their Motion for Partial Summary Judgment. The Statement references numerous Declarations that have been previously filed in this matter. Those Declarations are referenced by the name of the declarant, and the accompanying Pacer Document number previously assigned to that Declaration. Some of the Declarations have attachments and that fact is noted.

Among these Declarations, are two Declarations of counsel for Intervenors (Harold J. Cassidy), with relevant documentary evidence attached, as required by LR. 56.1(C). The first

Cassidy Declaration was previously filed on July 10, 2006, as Pacer Document number 184, with 209 exhibits attached. This is referenced as "Cassidy Declaration #1," Pacer #184. The second Cassidy Declaration was filed on March 9, 2007 and is marked as Pacer Document 236, with 6 exhibits attached. This is referred as "Cassidy #2, Pacer #236."

I. ACTIONS OF THE LEGISLATURE: THE EVIDENCE HEARD BY THE LEGISLATURE THAT SHOWED THERE WAS A NEED FOR BETTER PROTECTION OF THE INTERESTS OF PREGNANT MOTHERS; THE PURPOSE OF THE ACT AND THE INTERESTS SOUGHT TO BE PROTECTED; AND THE WAY THE LEGISLATURE CHOSE TO PROTECT THOSE INTERESTS.

1. During the 2005 legislative session, committees in each house of the South Dakota Legislature conducted hearings at which testimony was presented, including testimony from women who had had abortions, that showed that abortion providers gave almost no information about the nature of the procedure, about such clearly recognized risks as psychological distress following abortion, or about alternatives. Pacer Document 184, First Cassidy Declaration, (Exhibit 1, P.4,5 Legislative transcript (LT) at 8-25 to 11-9 (Carol Kling); Exhibit 1, P.5, 6 LT at 11-16 to 16-11 (Ann Julian); Exhibit 1, P,7, 8, LT at 21-16 to 23-19 (Barb Frick); Exhibit 1, P.19, LT at 32-1 to 33-21 (Becky Soske); Exhibit 1, P.19, 20, LT at 33-25 to 35-19 (Liz Avila).)

2. The sponsors of the Bill made it clear that their primary concern was to protect the mother's fundamental interest in her relationship with her child, and to help insure that a decision to give up or terminate that right is informed and voluntary. See, Pacer Document 184, First Cassidy Declaration, Exhibit 1, P.3, 4, LT at 5-25 to 8-5 (Rep. Roger Hunt).

3. Each of the women who testified, never having been properly counseled, thereafter became depressed, many so severely as to have episodes of suicidal ideation. See, Pacer Document

184, First Cassidy Declaration (Exhibit 1, P.4, 5, LT at 9-23 to 11-2 (Kling); Exhibit 1, P.5, LT at 12-22 to 13-6 (Julian); Exhibit 1, P.8, LT at 23-6 to 23-16 (Frick); Exhibit 1, P.19, LT at 32-24 to 33-13 (Soske); Exhibit 1, P.19, LT at 34-23 to 34-24 (Avila).)

4. In virtually every case these women testified that they were told that what was being evacuated was "nothing but tissue," and their depression was at least in part triggered by the subsequent realization that by having an abortion they were mothers who had killed their own child. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.4, LT at 9-15 to 9-22 (Kling); Exhibit 1, P.5, LT at 12-7 to 12-21 (Julian); Exhibit 1, P.7, LT at 22-10 to 22-13 (Frick); Exhibit 1, P.19, LT at 34-17 to 34-22 (Avila).)

5. These women all felt that they had been "lied to" by the providers. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.5, LT at 11-3 (Kling); Exhibit 1, P.6, LT at 15-8 to 10 (Julian); Exhibit 1, P.8, LT at 22-22 to 25 (Frick); Exhibit 1, P.19, LT at 33-16 (Soske);Exhibit 1, P.20, LT at 35-15 (Avila).)

6. These women stated that if they had been given the true information about what an abortion was, they never would have undergone the procedure. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.4, LT at 9-8 to 10 (Kling); Exhibit 1, P.6, LT at 15-2 to 3 (Julian); Exhibit 1, P.7, LT at 22-8 to17 (Frick); Exhibit 1, P.19, LT at 33-15 to 16 (Soske); see also Exhibit 1, P.7, LT at 20-23 to 21-11 (Karen Holy) (stating that because she was given correct information she did not go through with the abortion she was contemplating).)

7. Several of these women testified that they had been put under a great deal of pressure to have an abortion, either by the father of the unborn child, or other reasons and sources. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.4, LT at 9-11 to 9-22 (Kling); Exhibit 1, P.7,

LT at 21-23 to 22-7 (Frick); Exhibit 1, P.19, LT at 34-11 to 16 (Avila); Exhibit 1, P.5, LT at 12-5 (Julian)).

8. The legislators also heard from a nurse who performed counseling for women who had undergone abortions, who testified over 50% of these women have admitted to having suicidal thoughts or even actions, and that over 75% have admitted to engaging in self-destructive or punishment types of behaviors as a result of poor abortion counseling. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.16, 17, LT at 20-4 to 23-9 (Nicole Osmundson).)

9. The legislators also heard from a witness who had counseled pregnant mothers who were contemplating an abortion, who testified that it was common among these women that they have little sense of what options are available to them and have little understanding of what an abortion involves. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.15, 16, LT at 16-11 to 19-25 (Kimberly Martinez).)

10. The legislators also heard from a physician, who in the course of his family practice treats women contemplating abortion as well as women who have had abortions, who testified that in his experience, the counseling actually provided is inadequate and that resulting depression is a common problem. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.14, LT at 12-9 to 16-5 (Scott Ecklund, M.D.).)

11. The legislators also heard from Elizabeth Shadigian, M.D., a board certified obstetrician/gynecologist and Associate Professor at the University of Michigan Medical School, who testified about studies and data that shows, among other things, that there is an increased risk of mood disorders substantial enough to provoke attempts at self-harm following induced abortions. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.12, 13, LT at 5-1 to 6-17.)

12. The legislators heard from several physicians, all of whom confirmed that it is a scientific and medical fact that abortion terminates the life of a whole, separate, unique, living human being. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.12, LT at 6-1 to 6-6 (Shadigian); See, Pacer Document 184, First Cassidy Declaration Exhibit 1, P.14, 15, LT at 14-7 to 16-4 (Ecklund); see also See, Pacer Document 184, First Cassidy Declaration See, Pacer Document 184, First Cassidy Declaration Exhibit 1, P.6, 7, LT at 16-21 to 20-8 (Jane Gaetze, M.D.); See, Pacer Document 184, First Cassidy Declaration Exhibit 1, P.17, 18, LT at 23-18 to 27-25 (Marie Peeters-Ney, M.D.).)

13. Several of these physicians noted that the profession recognizes that when a pregnant mother presents herself for care, the doctor has two patients, the mother and her unborn child, and the doctor has a duty to each. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.6, LT at 17-5 to 18-25 (Gaetze); See, Pacer Document 184, First Cassidy Declaration Exhibit 1, P.15, LT at 15-23 to 16-4 (Ecklund).)

14. One theme that ran through the testimony of virtually all the witnesses, both the lay witnesses and the experts, was the significance of the mother-child relationship and that it was the severing of the relationship that caused the women such pain. See, Pacer Document 184, First Cassidy Declaration (Exhibit 1, P.4, 5, LT at 10-19 to 11-2 (Kling);See, Pacer Document 184, First Cassidy Declaration Exhibit 1, P.5, 6, LT at 14-13 to 15-25 (Julian); See, Pacer Document 184, First Cassidy Declaration Exhibit 1, P.8, LT at 23-13 to 23-16 (Frick); See, Pacer Document 184, First Cassidy Declaration Exhibit 1, P.19, LT at 33-6 to 33-13 (Soske); see also See, Pacer Document 184, First Cassidy Declaration Exhibit 1, P.15, LT at 15-1 to 15-6 (Ecklund); See, Pacer Document 184, First Cassidy Declaration Exhibit 1, P.15, LT at 18-1 to 18-19 (Martinez).)

15. The Legislature made certain important findings of fact and identified the primary purpose of the Statute is to protect the fundamental constitutional rights of a pregnant mother to her relationship with her child by helping to prevent involuntary or uninformed consents to the termination of that relationship. (S.D.C.L. §34-23A-1.3, 1.4, 1.5).

16. The Statute also has as its purpose the protection of the pregnant mother's interest in making an informed and voluntary decision about her unborn child, for whom she is making a decision and her constitutionally protected interest in making decisions about the welfare of her child. See, S.D.C.L.. §34-23A-1.2 and 1.4.

17. The Statute also has as its purpose the protection of the health of the pregnant mother by helping her make a more informed, voluntary decision about a medical procedure which poses risks to her health. See, S.D.C.L.. §34-23A-1.4.

II. THERE IS NO MEANINGFUL COUNSELING AT THE PLANNED PARENTHOOD FACILITY IN SIOUX FALLS, AND MOST ABORTIONS ARE NOT TRULY INFORMED OR VOLUNTARY.

a. The Out-of State Doctors and the Use of "Patient Educators."

18. Planned Parenthood has four out-of-state doctors who perform abortions one day a week, one of whom flies into South Dakota in the morning to perform the abortions and flies home that afternoon or evening.

a. See, deposition of Dr. Miriam McCreary, Pacer Document 184, First Cassidy Declaration P.11, L.11 to 17; P.16, L17 to P.18, L.3 (Exhibit 5);

b. See, deposition of Dr. Carol Ball, Pacer Document 184, First Cassidy Declaration P.260, L.1 to P.261, L4 (Exhibit 6);

c. See, deposition of Dr. Dirk VanOppen, Pacer Document 184, First Cassidy

Declaration P.26, L.8 to 24 (Exhibit 7);

d. See deposition of Dr. Peter D'Ascoli, Pacer Document 184, First Cassidy Declaration P. 11, L.1 to 5 (Exhibit 8); and

e. See deposition of Kate Looby, Pacer Document 184, First Cassidy Declaration P.181, L.20 to P.182, L.1 (Exhibit 9)

19. Dr. McCreary and Dr. VanOppen perform over 80% of all abortions in South Dakota in a given year and their compensation is based exclusively upon the number of abortions they actually perform.

a. See Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.151, L.22 to P.153, L.17 (Exhibit 16);

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. VanOppen, P.94, L.2 to P.95, L.25 ($60.00 per abortion), (Exhibit 17);

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.9, L.3 to P.11, L. 4 (Exhibit 18);

d. Pacer Document 184, First Cassidy Declaration, Deposition of Dr. VanOppen, P.24, L.25 to P.26, L.2 (Exhibit 19); and

e. Pacer Document 184, First Cassidy Declaration, Deposition of Kate Looby, P.185, L.8 to P.186, L.18 (Exhibit 20).

20. Planned Parenthood has five employees who act as "patient educators" who counsel pregnant mothers considering an abortion at its Sioux Falls Clinic: Kate Looby, Jamie, Andrea, Kylene Guse, and Pam Nelson. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.21, L.12 to 17; P.22, L.23 to P.23, L.12 (Exhibit 21).

21. Kate Looby, as the South Dakota State Director of Planned Parenthood, oversees the general operation of the South Dakota clinics, and as such, she oversees Planned Parenthood's "education services," provides "patient education" and hires and trains other "patient educators." See, Pacer Document 184, First Cassidy Declaration, deposition of Looby, P.18, L.13 to 23; P.189, L.2to 20; P.193, L.2 to 20 (Exhibit 22).

b. Planned Parenthood Provides No Counseling at all Concerning the Existence or Status of the Unborn Child.

22. Planned Parenthood believes that even simple information about fetal development is irrelevant to the woman's decision of whether or not to have an abortion.

a. See, Pacer Document 184, First Cassidy Declaration (Exhibit 24), deposition of Kate Looby, South Dakota State Director of Planned Parenthood, P.63, L.24 to P.64, L.2. ("Frankly, I would say that fetal development is not something that is part of the decision-making process for a person with an unplanned pregnancy"). See also, Pacer Document 184, First Cassidy Declaration, Looby, P.157, L.9 to P.158, L.8 (Exhibit 24).

b. See, Pacer Document 184, First Cassidy Declaration, Dr. Carol Ball, Party Plaintiff and Medical Director of Planned Parenthood of Minnesota, North Dakota and South Dakota (testifying on behalf of both Plaintiffs), P.176, L.20 to L.25. (Dr. Ball agrees that fetal development is not relevant to the decision of a pregnant woman contemplating submitting to an abortion) (Exhibit 25).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Dirk

Van Oppen, one of the four doctors who perform abortions at Planned Parenthood, Sioux Falls, P.133, L.17 to P.134 L.13. (Dr. Van Oppen doesn't think information about fetal development is relevant to women's decisions of whether to have an abortion) (Exhibit 26).

23. The doctors and counselors at Planned Parenthood's Sioux Falls' facility do not know if any particular pregnant woman knows anything about fetal development and do not volunteer **any** information about the nature or status of the embryo or fetus, and nothing about fetal development.

a. See, Pacer Document 184, First Cassidy Declaration (Exhibit 27), Deposition of Kate Looby, P.66 L.3 to P.67, L.6. (She has no idea what a typical 21 year old or 17 year old mother knows about fetal development); see also, Pacer Document 184, First Cassidy Declaration, Looby P.116, L.10-13; see, Looby P.141, L24 to P.142, L.19. (Looby doesn't know if women should see information about fetal development before consent); see also, Pacer Document 184, First Cassidy Declaration, Looby P.146, L.23 to P.147, L.4 (Exhibit 27).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Peter D'Ascoli, one of the four doctors who perform abortions at the Planned Parenthood facility in Sioux Falls. P.101, L.7 to L.11; see also, Pacer Document 184, First Cassidy Declaration, D'Ascoli, P.221, L.13 to P.222, L.17; P.99, L.9 to 15 (only would give information about fetal development if specifically requested) (Exhibit 28).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr.

Miriam McCreary, one of the four doctors who perform abortions at the Planned Parenthood facility in Sioux Falls who performs about 64% of all abortions in South Dakota in the past four years. P.185, L.16 to P.186, L.15; McCreary, P.76, L.20 to P.77, L.25 (refers to unborn child as "contents of uterus" and does not provide information on fetal development unless asked) (Exhibit 29).

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Dirk Van Oppen, P.219, L.8 to P.220, L.20 (Exhibit 30).

e. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, one of the five counselors (or "patient educators") at the Planned Parenthood facility in Sioux Falls P.65, L.17 to L.19; P.106, L.6 to P.107, L.17 (never discussed fetal development; never gave written information about fetal development in counseling) (Exhibit 31).

f. See, Pacer Document 184, First Cassidy Declaration, deposition of Pamela Nelson, one of the five counselors at Planned Parenthood in Sioux Falls, P. 76, L.12 to L.21; P.93, L.25 to P.95, L8 (Exhibit 32).

g. See, Pacer Document 184, First Cassidy Declaration (Exhibit 33), deposition of Kylene Guse, one of the five counselors at Planned Parenthood in Sioux Falls, P.59, L.8 to P.60, L.11 (doesn't offer information about fetal development and doesn't discuss fetal development in session; only if women ask. She would be willing to give the State pamphlet, but has never done so); see also, Pacer Document 184, First Cassidy Declaration, Guse deposition

P.62, L.14 to L.23 (she doesn't discuss fetal development because it is not her job); Pacer Document 184, First Cassidy Declaration, deposition of Guse, P.72, L.21 to P.73, L.8 (booklet on fetal development is not included in the pamphlet material given to women at clinic who want information on "options") (Exhibit 33).

h. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, one of the five counselors at the Planned Parenthood facility in Sioux Falls, P.75, L.13 to 17 (she can't and doesn't answer questions about fetal development) (Exhibit 34). 24. Planned Parenthood Federation of America – the national parent organization of Planned Parenthood of Minnesota, North Dakota, and South Dakota – provides no counseling certification program for the Sioux Falls facility, and offers no training program for the South Dakota "counselors" or "educators." See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.193, L.21 to P.195, L.6 (Exhibit 36).

25. None of the five "patient educators" at Planned Parenthood's Sioux Falls clinic are licensed counselors, and Planned Parenthood admits it does not offer counseling services to the pregnant mothers considering an abortion at their facility. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.20, L.6 to P.21, L.3 (Exhibit 37).

c. The "Patient Educators" Are Not Trained to Provide Counseling

26. Kate Looby is **not** a licensed counselor and is **not** trained to recognize risk factors for depression or whether a woman is at risk of suicide ideation. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.23, L.17 to P.24, L.12 (Exhibit 40).

27. Kate Looby has no education or background in medicine or nursing at all. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.6, L.10 to P.7, L.5; P.7, L.17 to P.8, L.6; P.15, L.18 to P.16, l.8; P.17, L.20 to P.18, L.12 (Exhibit 41).

28. Kate Looby admits that she knows nothing about molecular biology, human embryology and human genetics. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.197, L.4 to P.202, L.19 (Exhibit 43).

29. Ms. Looby doesn't even possess a rudimentary knowledge of fetal development, as witnessed by the fact that she does not even know at what age a human embryo first has a beating heart, and she believed that human beings have only 13 pairs of chromosomes. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.200, L.7 to 8 (Exhibit 45); P.201, L.6 to 8 (Exhibit 44).

30. Ms. Looby admits that she is not competent to make a judgment as to whether or not information as rudimentary as Carnegie Stages of Fetal Development would be significant to women in making a decision of whether or not to submit to an abortion procedure. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.202, L.5 to L.19 (Exhibit 47).

31. State Director Looby does not know, one way or the other, whether a pregnant mother considering an abortion at the Planned Parenthood facility in Sioux Falls knows any more about human genetics, human embryology or molecular biology than Ms. Looby herself knows. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.230, L.2 to L.20 (Exhibit 48).

32. "Patient Educator" Andrea has no training of any kind in the field of medicine, nursing, psychiatry or psychology. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.8, L.4 to 12 (Exhibit 51); see, Pacer Document 184, First Cassidy Declaration, deposition

of Andrea, P.8, L.4 to12 (Exhibit 50).

33. Andrea knows nothing about fetal development, does not discuss fetal development with the pregnant women she "counsels," and would not even attempt to answer a question about fetal development, if asked. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.121, L.14 to 17: P.122, L.20 to P.124, L.4 (Exhibit 52).

34. Andrea has never been told what the standards are for disclosure of information to the pregnant patient and her role in the process has never been explained to her. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.118, L.1 to P.119, L.1; P.119, L.25 to P.120, L.8 (Exhibit 53).

35. If a question arises to which she does not know the answer, she asks Kate Looby. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.121, L.7 to 13 (Exhibit 54).

36. Andrea has no idea of the level of knowledge of other patient educators because they neither discuss matters pertaining to patient educators in staff meetings nor in one-on-one discussions. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.117, L.12 to 25; P.114, L.25 to P.115, L.9 (Exhibit 55). 37. "Patient Educator" Kylene Guse admits she knows nothing of substance about fetal development, and does not attempt to provide information about fetal development. See, Pacer Document 184, First Cassidy Declaration, deposition of Kylene Guse, P.61, L.15 to P.62, L.23; P.88, L.17 to P.89, L.25 (Exhibit 59).

38. "Patient Educator" Jamie knows nothing about fetal development and does not attempt to answer any questions about fetal development with pregnant women at the clinic. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.74, L.22 to P.76, L.24; P.96, L16 to P.97, L.6 (She incorrectly states there is no neurological development even up to 15 weeks LMP);

P.97, L.21 to P.98, L.4 (Exhibit 62). 39. Pam Nelson currently is the ultrasound technician who also provides patient education to a small number of pregnant women in the Planned Parenthood Sioux Falls clinic. See, Pacer Document 184, First Cassidy Declaration, deposition of Pamela Nelson, P.12, L.15 to P.13, L.2 (Exhibit 63).

40. Ms. Nelson did not take any courses in human embryology, and although she has looked at "bits and pieces" of some embryology literature, she does not understand the terminology ("those long words") and cannot repeat them. See, Pacer Document 184, First Cassidy Declaration, deposition of Pamela Nelson, P.98, L.6 to L.18 (Exhibit 65).

41. Ms. Nelson does not know anything about human genetics or molecular biology. Pacer Document 184, First Cassidy Declaration, deposition of Pamela Nelson, P.98, L.19 to P.100, L.2 (Exhibit 66).

42. Ms. Nelson does not know whether or not a human embryologist with the right scientific techniques can observe organs in an embryo or fetus that is seven weeks post-conception, and she does not know what is actually present, in a physiological way, in an embryo at the age of seven weeks post-conception. Pacer Document 184, First Cassidy Declaration, deposition of Pamela Nelson, P.142, L.11 to 17; P.143, L.16 to P.144, L.2 (Exhibit 67).

43. Ms. Nelson does not know how the human embryo at seven weeks post-conception is organized for growth and how growth is directed, and does not know any of the mechanisms that regulate the way in which genetic information is expressed or turned on and off. See, Pacer Document 184, First Cassidy Declaration, deposition of Pamela Nelson, P.144, L.3 to L.23 (Exhibit 68).

44. Ms. Nelson admits, that after many years at the Planned Parenthood clinic in Sioux

Falls that she has no idea what pregnant women who come there know, if anything, about what is inside them, about the embryo or fetus. Pacer Document 184, First Cassidy Declaration, deposition of Pamela Nelson, P.144, L.24 to P.146, L.23 (Exhibit 69).

45. Ms. Nelson says that she is open to the possibility that a pregnant woman who comes into the Planned Parenthood facility may know nothing about the embryo or fetus; but she has never discussed this fact with Kate Looby, Dr. Ball, any other doctor at Planned Parenthood, or any of the other patient educators. Pacer Document 184, First Cassidy Declaration, deposition of Pamela Nelson, P.150, L.15 to P.152, L.15 (Exhibit 70).

d. Plaintiff, Dr. Carol Ball, Medical Director of Planned Parenthood, Has Not Read the Literature and Scores of Peer Reviewed Journals That Have Produced Evidence that Abortions Place a Woman at Risk for Psychological Harm Published Over the Past Ten to Fifteen Years.

46. Dr. Ball believes there was literature published twenty years ago that conclusively established that there is no such thing as Post Abortion Stress Disorder, and for that reason she has not read the literature since. Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball, P.146, L.15 to P.148, L.10 (Exhibit 73).

47. Dr. Ball has not read and is not aware of any major studies that provide evidence that an abortion places a woman at risk of psychological harm published in the past ten years in upper echelon peer reviewed medical journals. Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball, P.152, L.23 to P.158, L.13 (Exhibit 75).

48. At the time of her deposition, Dr. Ball had not read any of the expert reports and declarations in this case, and does not know their contents. Pacer Document 184, First Cassidy

Declaration, deposition of Dr. Ball, P.148, L.17 to P.152, L.22 (Exhibit 74).

E. When a Pregnant Woman Calls Planned Parenthood to Discuss an Abortion, Non-medical Personnel Schedule Surgery over the Phone, and after the Woman Arrives at Planned Parenthood, the Woman Is Required to Pay for the Abortion and Sign a Consent Before She Receives Any Counseling or "Education," and Before She Ever Sees a Physician.

(i) The Initial Phone Call from a Pregnant Mother

49. If a woman calls the Planned Parenthood facility in Sioux Falls to inquire about an abortion, a non-medical staff member schedules the surgery to have the abortion without the woman caller ever seeing or speaking to a physician, or any other medical personnel.

a. See, Pacer Document 184, First Cassidy Declaration, AB Phone Sheet (Page1) (McCreary Exhibit 2) (Cassidy Exhibit 76);

b. See, Pacer Document 184, First Cassidy Declaration, SAB Phone Sheet (Page 2) (Looby Exhibit 2) (Cassidy Exhibit 77);

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.33, L.18 to P.34, L1; P.71, L6 to P.73, L24 (Exhibit 78);

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.40, L.1 to 6 (Exhibit 79).

e. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.33, L.25 to P.34, L.1; P.36, L.17 to P.37, L.8; P.52, L.23 to 24; P.60, L8 to 22 (Exhibit 80); and

f. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.23, L.20 to P.24, L.16 (Exhibit 81).

50. Planned Parenthood's telephone intake procedure which has a desk clerk scheduling medical surgery based upon a telephone inquiry, does not distinguish between women who call who want to discuss what is involved in abortion, and which callers think they want an abortion.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.40, L.1 to 6 (Exhibit 79);

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.33, L.25 to P.34, L.1; P.36, L.17 to P.37, L.8; P.52, L.23 to 24; P.60, L8 to 22 (Exhibit 80); and

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.23, L.20 to P.24, L.16 (Exhibit 81).

51. In 2003, only five women out of the 819 women who had abortions in South Dakota requested the State prepared pamphlet on fetal development. See, Pacer Document 184, First Cassidy Declaration, 2003 report of South Dakota Department of Health Vital Statistics, P.71 (Exhibit 14).

52. In 2004, only 51 women out of 814 women who had abortions requested the State prepared pamphlet on fetal development. See, Pacer Document 184, First Cassidy Declaration, 2004 report of South Dakota Department of Health Vital Statistics, P.75 (Exhibit 15).

53. About 40% of all women who call Planned Parenthood inquiring about an aboriton, for whom the clerical staff scheduled abortions, actually show up at the Planned Parenthood clinic for their appointment ("No Shows"). See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.154, L.3 to P.155, L.2 (Exhibit 84).

54. Planned Parenthood does not know what percent of the no shows requested the fetal development information, and Planned Parenthood has never checked that data in an effort to

determine if the fetal development information influenced the women not to keep the appointments. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.155, L.3 to P.158, L.8 (Exhibit 85).

(ii) The Procedure at the Planned Parenthood Abortion Clinic In Sioux Falls on the Day of the Abortion

(a) The Pregnant Mother Is Required to Sign a Form Requesting and Consenting To an Abortion and Pay for it Before She Sees a Counselor or Doctor

55. When a pregnant woman arrives at Planned Parenthood for an appointment, she must fill out numerous forms that require her signature and must return to the front desk signed before a "counseling" session is scheduled that day with a "patient educator."

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.16, L.22-25; P. 17, L.1-3 (Exhibit 88)

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Looby, P.37, L.1 to 8 (Exhibit 89).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.42, L.2 to 25 to P.43, L.1 to 3 (Exhibit 90).

d. See, Pacer Document 184, First Cassidy Declaration,"Medical History – Abortion Services" form (#H3) (Looby Exhibit 3; Ball Exhibit 6) (Exhibit 91);

e. See, Pacer Document 184, First Cassidy Declaration, deposition of Looby, P.74, L.22 to 25; P.75, L.1 to 21 (Exhibit 92).

f. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball, P.94, L.21-25; P.96, L.21to 25 (Exhibit 93).

56. Planned Parenthood's "Medical History – Abortion Services" form, expressly refers

to their forms #600 and #601 as consent forms. ("Patient has read, signed and stated that she understands consent forms (#600, and #601))."

a. See, Pacer Document 184, First Cassidy Declaration,"Medical History – Abortion Services" form, page 2, (Exhibit 94).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.69, L.9 to 18 (Exhibit 95).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Kylene Guse, P.69, L.14 to 25; P.70, L.1-10 (Exhibit 96).

57. The two forms referred to on page 2 of the "Medical History – Abortion Services" form of the consent forms are: (1) Form 600, the "Request for the Provision of Medical Services" (The consent for a medical abortion, marked in depositions as "Looby 5" and "Ball 12"); and (2) Form 601, the "Request for Surgery or Special Procedure" (The consent for a surgical abortion, marked in depositions as "Looby 6" and "Ball 13").

a. See, Pacer Document 184, First Cassidy Declaration, Form 600 ("Looby 5"; "Ball 12"), "Request for the Provision of Medical Services" (Exhibit 97).

b. See, Pacer Document 184, First Cassidy Declaration, Form 601 ("Looby 6"; "Ball 13"), "Request for Surgery or Special Procedure" (Exhibit 98);

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P. 35, L. 1-25; P.36, L.1-25 (Exhibit 99)

58. The "Request for Surgery" form 601, is written in such a way that it is clear to the woman reading it that she is giving consent to a surgical abortion, and Planned Parenthood's procedure is that she signs this consent form 601 before she even speaks to a patient educator or

physician.

a. See, Pacer Document 184, First Cassidy Declaration, Consent Form 601 ("Looby 6"; "Ball 13"), "Request for Surgery or Special Procedure" (Exhibit 98);

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Kylene Guse, P.33, L.17 to 24 (Exhibit 100).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.39, L.6 to 18 (Exhibit 101).

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Looby, P.78, L.1 to 10; P.88, L.1 to 11 (Exhibit 102).

e. See, Pacer Document 236, Second Cassidy Declaration, deposition of Dr. Ball, P.127, L.10-24 (Exhibit 103).

59. The pregnant woman considering a surgical abortion is required by Planned Parenthood to sign Consent Form 601 and pay for the abortion before she sees a "Patient Educator."

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.49, L.11 to 24 to P.50, L. 10 to 13 (Exhibit 104).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Looby, P.83, L.15 to 25; P.88, L.1 to 11 (Exhibit 105).

60. All of these forms, #H3 (Medical History), 389 (Client Information for Informed Consent: Vacuum Aspiration Abortion), 600 (Request for the Provision of Medical Services), and 601 (Request for Surgical Abortion) must be returned to the front desk, and signed where required before the woman can see a "patient educator."

a. See, Pacer Document 119,Declaration of Jane Doe #1;

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Looby, P.66, L.23 to 25; P.67, L.1 to 3 (Exhibit 109).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball, P.89, L.13-14 (Exhibit 110).

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.126, L.18-21; P.130, L.11-17 (Exhibit 111).

(b) The "Counseling" Session with the "Patient Educators"

61. Planned Parenthood, its doctors and staff assume the woman made her decision to have an abortion by the time she arrives at the clinic.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.47, L.20 to 25 to P.48, L.1-18 (Exhibit 112).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Looby, P.84, L.6 to 12 (Exhibit 113).

62. After the woman signs the request for the surgical abortion and pays for it, the woman is given a one-on-one five to ten minute meeting with one of the five "patient educators," Kylene Guse, Kate Looby, Jamie, Andrea or Pam Nelson.

a. See, Pacer Document 119, Declaration of Jane Doe #1;

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Looby, P.74, L.12 to 21 (Exhibit 114).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.117 to P.126 (Exhibit 115).

63. The "Patient Educators"volunteer no information about options or about the unborn child or fetal development.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Looby, P.116, L.10 to 15 (Exhibit 116).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Pam Nelson, P.97, L.1-4 (Exhibit 117).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P. 58, L.19-22; P.59, L.9-10; P.63, L.12-15; P.65, L.17-19; P.106, L.7-10 (Exhibit 118).

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Kylene, P.50, L.6-25; P.59, L.20-25; P.60, L1-11 (Exhibit 119).

e. See also, Pacer Document 119, Declaration of Jane Doe #1.

64. It is common for women to cry (as many as 25% of the women cry) in these "patient education" sessions, and sometimes the women weep openly and "bawl."

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P. 142, L.10-13; P.161, L.14-25; P.162, L.3-24; P.163, L.22-25; P.164, L.1-25; P.165, L.1-25; P.166, L.1-9 and L.18-25; P.169, L.17-19 (Exhibit 120)

b. See also, Pacer Document 119, Declaration of Jane Doe #1.

65. Planned Parenthood personnel recognize that deciding to have an abortion is one of the most difficult decisions a woman can ever have to make in life.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.170, L.11 to 14; P.171, L.9 to P.172, L.1 (Exhibit 121).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.79, L.9-17; P.81, L.16 (Exhibit 122).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Kylene, P.18, L.4-7; P.93, L.7-11; P.106, L.14-15; P.107, L.3-9; P.119, L.22-23 (Exhibit 123).

66. The "Patient Educator" does not volunteer any information in this session other than how the procedure is done unless the counselor is asked a specific question.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Pam Nelson, P.71, P.11-21 (Exhibit 128).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.53, L.19-22 (Exhibit129).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.68, L.24-25; P.69, L.1-21 (Exhibit 130).

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Kylene, P.69, L.14-22 (Exhibit 131).

67. Next, the "patient educator" determines that the pregnant woman had already signed consent forms 600 and 601 (the request for the abortion).

a. See, Pacer Document 236-4, Second Cassidy Declaration, deposition of Andrea, P.69, L.1-21 (Exhibit 132).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Kylene, P.69, L.23-25; P.70, L.1-10 (Exhibit 133).

68. The physician who performs the abortion signs the physician certification at the time

the physician performs the abortion, despite the fact that the physician was not privy to what discussions took place.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Van Oppen, P.69; P.70; P.71, L.1-2 (Exhibit 136).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. D'Ascoli, P.45, L.6-21 (Exhibit 137).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball, P. 52, L.2-17 (Exhibit 138).

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.57, L.2-24 (Exhibit 139).

(c) The Abortion Procedure

69. The doctor who performs the abortion does not volunteer any information to the woman and does not volunteer facts about the status of the fetus or embryo, or simple facts about fetal development.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.185, L.16 to P.186, L.15 (Exhibit 140)

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. D'Ascoli, P.45, L.6-21 (Exhibit 141).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Van Oppen, P.219, L.12-13 and 17-18 (Exhibit 142).

d. See, Pacer Document 119, Declaration of Jane Doe #1.

70. The doctor spends about five to ten minutes with the pregnant woman, most of which

is the time required to perform the abortion.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.205, L.2-9; P.233, L.16-25; P.234, L.1-3 (Exhibit 143).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball, P.46, L.19-22; P.58, L.19-23 (Exhibit 144).

c. See, Pacer Document 119, Declaration of Jane Doe #1, Par.60, P.19 (and her medical records attached that show that Dr. Van Oppen was with her for about five minutes, which was only enough time for Dr. Van Oppen to perform the abortion, and no time for "counseling").

71. There is never a true physician-patient relationship between the woman and the physician because since the surgery is scheduled without anyone consulting the doctor; the consent is taken without counseling or the doctor ever seeing the patient; the woman pays for the abortion before she sees a counselor or physician; the physician does not see the patient before or after the abortion is done; the physician does not voluntarily counsel the woman; the physician does not do any follow-up and typically the doctor only sees the woman for five to ten minutes in the woman's entire life.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.206, L.24-25; P.207, L.1; P.233, L.25; P.234, L.1-3; (Exhibit 145).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Van Oppen, P.77, L.12-13 and 21-24 (Exhibit 146).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr.

D'Ascoli, P.46, L.25; P.47, L.22 (Exhibit 147).

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball, P.46, L.19-22; P112, L.23-25; P.122, L.23-25; P.123, L.1-3 (Exhibit 148).

e. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.40, L.1 to 6 (Exhibit 79).

f. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, P.33, L.25 to P.34, L.1; P.36, L.17 to P.37, L.8; P.52, L.23 to 24; P.60, L8 to 22 (Exhibit 80).

g. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.23, L.20 to P.24, L.16 (Exhibit 81).

h. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.205, L.2-9; P.233, L.16-25; P.234, L.1-3 (Exhibit 149).

i. See, Pacer Document 119, Declaration of Jane Doe #1, Par.60, P.19 (and her medical records attached that show that Dr. Van Oppen was with her for about five minutes, which was only enough time for Dr. Van Oppen to perform the abortion, and no time for "counseling").

72. The fact that Planned Parenthood does not volunteer any information about the unborn child is compounded by the fact that Plaintiffs use dehumanizing, and medically incorrect language that is misleading, when referring to the unborn child, ("Remove the pregnancy," "the pregnancy tissue," and "multiple pregnancies").

a. See, Pacer Document 184, First Cassidy Declaration, Form # H-5SF entitled "Abortion Exam and Surgical Record," marked as Looby Exhibit 10, which

has a check box about "multiple pregnancies." (Exhibit 91);

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball, P.59, L.24-25; P.60, L.7-17; P.65, L.11-12; P.67, L.24-25; P.68, L.1-14; P.71, L.15-20; P.73, L.2-8; P.80, L.13-15; P.145, L.6-25; P.170, L.22 (Exhibit 150).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.76, L.11 and 20 to 22; P.77, L.1-10 and 20-15; P.89, L.14; P.90, L.6; P.103, L.5-10 and 12-15; P.155, L.2-3 (Exhibit 151).

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. D'Ascoli, P.93, L.18; P.97, L.9 (Exhibit 152)

e. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Van Oppen, P.32, L.20-23; P.58, L16; P.59, L.7, 10-11, 19-20; P.60, L.10-13; P.180, L.1-6; P.186, L.4, 6, 25; P.187, L.1-25 (Exhibit 153).

f. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.48, L.16-19 (Exhibit 154).

g. See, Pacer Document 184, First Cassidy Declaration, deposition of Pam Nelson, P.46, L.9, 20-21; P.47, L.3-4; P.62, L.19-22; P.77, L23-24; P.79, L.25; P.80, L.1-5 (Exhibit 155).

h. See, Pacer Document 184, First Cassidy Declaration, deposition of Kylene, P.57, L.17-18, 20; P.58, L.16, 18; P.60, L. 12-18; P. 87, L.1-15 (Exhibit 156).

i. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.64, L.23; P.65, L.6-13 (Exhibit 157).

III THE DECISION OF WHETHER OR NOT TO HAVE AN ABORTION IS

ESSENTIALLY A NON-MEDICAL DECISION, AND REQUIRES THE WOMAN TO UNDERSTAND NON-MEDICAL INFORMATION, INCLUDING HER LEGAL RIGHTS AND THE ANSWERS TO CERTAIN LEGAL QUESTIONS IN ORDER TO REACH AN INFORMED DECISION.

73. The Planned Parenthood physicians, by necessity, to discharge their duty to a woman, must discuss legal issues because the pregnant mother's decision is essentially a non-medical decision, despite the fact she shall employ a medical procedure to achieve a non-medical result – the termination of her relationship with her child.

See, Pacer Document 185, Declaration of Dr. T. Murphy Goodwin, especially Section II (c), pages 22 to 27.

74. The woman who has an abortion uses a medical procedure to achieve the result of terminating her relationship with her child; while the woman who surrenders her child to adoption uses a legal procedure to achieve the termination of that relationship.

See, Pacer Document 185, Declaration of Dr. T. Murphy Goodwin, especially Section II (c), pages 22 to 27.

75. Planned Parenthood, prior to the enactment of HB 1166, discussed numerous legal issues with the pregnant mothers, and have prepared a number of preprinted brochures that discuss many legal issues and answers questions about the pregnant mother's legal rights relating to her terminating her relationship by an adoption procedure.

a. See, Pacer Document 185, Declaration of Dr. T. Murphy Goodwin, especially Section II (c), pages 22 to 27.

b. See, Pacer Document 184, First Cassidy Declaration, Planned Parenthood printed brochure titled "Answers to Your Questions About Adoption."

(Exhibit 158).

c. See, Pacer Document 184, First Cassidy Declaration, Planned Parenthood pre-printed brochure titled "What About Placing the Baby for Adoption?" (Exhibit 159).

d. See, Pacer Document 184, First Cassidy Declaration, portion of Planned Parenthood pamphlet bearing Bate number PP1000097 which covers other legal discussions and states that Planned Parenthood personnel will answer legal questions (Exhibit 160).

IV THE PLANNED PARENTHOOD PHYSICIAN HAS A DUTY TO INFORM THE MOTHER OF THE ADVERSE CONSEQUENCES OF A PROCEDURE ON HER UNBORN CHILD AS A MATTER OF PRE-EXISTING LAW AND PRACTICE.

76. The physician who has a pregnant woman as a patient has two separate patients and has a duty to both the mother and the child.

a. See, Pacer Documents 185; 185 A-D, Declaration of Dr. T. Murphy Goodwin;

b. See, Pacer Document 184, First Cassidy Declaration, American College of Obstetricians & Gynecologists, *ETHICS IN OBSTETRICS AND GYNECOLOGY*, 34 (2nd ed. 2004) ("The maternal-fetal relationship is unique in medicine....both the fetus and the woman are regarded as patients of the obstetrician.") (Exhibit 161).

77. The doctor has a duty to disclose to the pregnant mother the adverse consequences of a procedure upon the mother's unborn child.

See, Pacer Documents 185; 185 A – 185 D, Declaration of Dr. T. Murphy Goodwin.

78. In the year 2004, of the 814 women who had abortions in the State of South Dakota, 114 did not graduate high school (14%); 275 only graduated high school (33.8%); 247 had completed some college or vocational school (30.3%); only 142 had graduated college (18.3%).

a. See, Pacer Document 184, First Cassidy Declaration, South Dakota Department of Health Report on Vital Statistics, 2004, Table 52, P.66 (Exhibit 205).

b. See, Pacer Document 184, First Cassidy Declaration, South Dakota Department of Health Report on Vital Statistics, 2003, Table 44, P.62 (Exhibit 206).

79. In 2004, 381 of the 814 women who had abortions in South Dakota were between 18 and 24 years of age (46.8%); 55, or 6.8% were under 17 years of age; and 164 or 20.1% were between 25 and 29 years old (thus, 73,7% were 29 years old or younger).

See, Pacer Document 184, First Cassidy Declaration, South Dakota Department of Health Report on Vital Statistics, 2004, Table 50, P.65 (Exhibit 207).

80. Often women who are considering an abortion at an abortion clinic are in a state of crisis, do not know that a human being already exists and the procedure will terminate the life of a human being (in the biological sense), are being pressured to have the abortion by her unborn child's father or someone else, and do not understand their options.

a. See, Pacer Document 119, Declaration of Jane Doe #1;

b. See, Pacer Document 30, Declaration of Leslee Unruh;

c. See, Pacer Document 60, Declaration of Stacy Wollman;

d. See, Pacer Document 81-6, Declaration of Cynthia Collins;

e. See, Pacer Document 61, Declaration of Dr. Glenn Ridder;

f. See, Pacer Document 45-5, Declaration of Eleanor Larson;

g. See, Pacer Document 34, Declaration of Lisa Strafford;

h. See, Pacer Document 32, Declaration of Janet Hurguy;

i. See, Pacer Document 35, Declaration of Teresa Oxsen;

j. See, Pacer Document 185; 185-A to 185-D, Declaration of Dr. T. Murphy Goodwin; and

h. See, Pacer Document 33, Declaration of Lisa Hartman.

V. A PREGNANT MOTHER HAS AN EXISTING RELATIONSHIP WITH HER UNBORN CHILD/FETUS/EMBRYO IN WHICH SHE HAS A PERSONAL INTEREST.

81. During pregnancy there is an existing relationship between the pregnant woman and her unborn fetus or embryo (regardless of the particular term used to refer to that offspring, "fetus," "embryo," "unborn child" or "human being").

a. See, Pacer Document 184, First Cassidy Declaration, supplemental report of Intervenors' expert, Dr. Priscilla K. Coleman, P.2 Par. 3 and P. 3 Par. 5 (Exhibit 162).

b. See, Pacer Document 184, First Cassidy Declaration, deposition testimony of Plaintiffs' expert, Dr. Anne Lyerly, P. 7 L. 16 to P. 11 L. 2; P. 121 L. 13 to P. 122 L. 11; Dep. P.140, L. 22 to L. 24; P. 141 L. 24 to P. 142 L. 2: P. 145 L. 21 to P. 146 L. 2 (Exhibit 163).

c. See, Pacer Document 184, First Cassidy Declaration, Pp. 105-106 of Dr.

Lyerly's article in *Hypatia* (Exhibit164).

d. See, Pacer Document 185; 185-A to 185-D, Declaration of Dr. T. Murphy Goodwin, Section II (b), P.18 to22.

82. An abortion procedure terminates the relationship between a pregnant woman and her unborn child/fetus/embryo by killing the fetus or embryo.

a. See, Pacer Document 184, First Cassidy Declaration, deposition testimony of Plaintiffs' expert, Dr. Anne Lyerly, P. 194 L. 6 to L.10 (Exhibit 165).

b. See, Pacer Document 184, First Cassidy Declaration, deposition testimony of Plaintiffs' expert, Dr. Lee Silver, P. 76 L. 7 to P. 78 L. 10 (Exhibit 166).

c. See, Pacer Document 185; 185A to 185D, Declaration of Dr. T. Murphy Goodwin.

83. Planned Parenthood provides no services that help a woman keep her relationship with her child, they only involve themselves in terminating that relationship.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Andrea, P.63, L.5 to 15; P.116, L.11 to 25; P.117, L.1 to 11 (Exhibit 169).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Jamie, P.26, L.18 to 25 (Exhibit 170).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Pam Nelson, P.139, L.1 to 15 (Exhibit 171).

VI. THE FAILURE OF ABORTION PROVIDERS TO MAKE DISCLOSURES ABOUT THE EXISTENCE OF, AND OTHER IMPORTANT FACTS ABOUT THE UNBORN CHILD, AND THE FACT THAT THE ABORTION PROCEDURE WILL TERMINATE THE LIFE OF A HUMAN BEING, OFTEN RESULTS IN A MOTHER SUBMITTING TO AN ABORTION, SHE WOULD

NOT HAVE SUBMITTED TO IF PROPERLY INFORMED.

84. If the women received the disclosures set forth in HB 1166, in a proper manner, a large percentage of women would not submit to the abortions that they are induced to undergo, and when they later learn that they had a child that was killed, they become depressed and suicidal.

a. See, Pacer Document 119, Declaration of Jane Doe #1;

b. See, Pacer Document 30, Declaration of Leslee Unruh;

c. See, Pacer Document 60, Declaration of Stacy Wollman;

d. See, Pacer Document 81-6, Declaration of Cynthia Collins;

e. See, Pacer Document 61, Declaration of Dr. Glenn Ridder;

f. See, Pacer Document 45-5, Declaration of Eleanor Larson;

g. See, Pacer Document 34, Declaration of Lisa Strafford;

h. See, Pacer Document 32, Declaration of Janet Hurguy;

i. See, Pacer Document 35, Declaration of Teresa Oxsen; and

j. See, Pacer Document 185; 185A to 185D, Declaration of Dr. T. Murphy Goodwin.

VII. A FIRST TRIMESTER ABORTION PERFORMED AT THE PLANNED PARENTHOOD FACILITY IN SIOUX FALLS TERMINATES THE LIFE OF A WHOLE, SEPARATE, UNIQUE, LIVING MEMBER OF THE SPECIES *HOMO SAPIENS*

a. The Embryo or Fetus Aborted by Planned Parenthood is a Member of the Species *Homo Sapiens* as a Matter of Scientific Fact

85. The human embryos and human fetuses that are aborted at the Planned Parenthood facility in Sioux Falls range in age from a minimum of three weeks post-conception to a maximum

of six weeks post-conception for medical abortions, and a minimum of four weeks post-conception to a maximum of eleven weeks and six days post-conception for surgical abortions.

a. See, Pacer Document 184, First Cassidy Declaration, 2004 South Dakota Department of Health Report on Vital Statistics,(S.D. Dept. Of Health), Figure 20, P.71 (Exhibit 209).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball, P.112, L.24 to 25; P.113, L.11-23 (Exhibit 174).

86. Planned Parenthood admits that they have never done an emergency abortion at its Sioux Falls facility and they have never done an abortion because of a serious risk to the health of the pregnant mother.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Ball P.81, L.11-14 (Exhibit 175).

87. The human embryo at three weeks post-conception and older is clearly a member of the species *Homo sapiens*, as a matter of scientific fact.

a. See, original Declaration Dr. David Mark (Intervenors' and State Defendants' expert in molecular biology), dated June 22, 2005 (Pacer document #25).

b. See, Pacer Document 196, Declaration of Dr. David Mark, dated July 10, 2006 filed July 10 with this statement in opposition to Plaintiffs' Motion for Summary Judgment with attachments.

c. See, Pacer Document 186, Declaration of Dr. Bruce M. Carlson, M.D., P.hd. (Intervenors' and State Defendants' expert human embryologist) dated July 6, 2006, with attachments (report dated Sept. 29, 2005; C.V., 9 page list of

208 Structures of three Systems observed in the 5 Week Old Human Embryo, and illustrations showing precise location of these structures.

d. See, Pacer Document 26, Declaration of Dr. Ola Saugstad, M.D. (Intervenors' and State Defendants' expert neonatologist) dated June 22, 2005.

e. See, Pacer Document 185; 185A-185D, Declaration of Dr. T. Murphy Goodwin, M.D. (Intervenors' and State Defendants' expert in maternal-fetal medicine and principles of informed consent), Section II A, P.16 to P.18 (par. 17 to 22), dated June 29, 2006 filed with this statement, with attachments.

f. See Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.221, L.9 to P.222, L.3 (Dr. Miriam McCreary, who performs 64% of all abortions in South Dakota in a given year, admitted that a fetus (or embryo) is a member of the species *Homo sapiens*). (Exhibit 186).

88. The fact that an embryo or fetus implanted in his or her mother's uterine wall is an individual member of the species *Homo sapiens* is scientifically verifiable.

a. See, Pacer Document 186; 186A to 186L, Declaration of Dr. Bruce Carlson, dated July 6, 2006, with attachments, filed with this statement in opposition to Plaintiffs' Motion for Summary Judgment.

b. See, Pacer Document 196, Declaration of Dr. David Mark, dated July 10, 2006, with attachments, filed with this statement in opposition to Plaintiffs' Motion for Summary Judgment.

89. It can be scientifically verified that all of the genetic information necessary for the entire life of a particular member of the species *Homo sapiens* is present in the human organism

(embryo) immediately after fertilization.

a. See, Pacer Document 196, Declaration of Dr. David Mark, dated July 10, 2006.

b. See, Pacer Document 25, Declaration of Dr. David Mark, dated June 22, 2005.

c. See, Pacer Document 24, Declaration of Dr. Bruce Carlson, dated July 6, 2006, with attachments.

90. It is scientifically verifiable that the embryo or fetus, as a human organism, is fully programed for expression of his or her genetic information for the entire life of the organism, with various and different mechanisms for this expression of the genetic information, and the genetic information and this program for its expression is unique to the species, and the individual member of the species.

a. See, Pacer Document 186, Declaration of Dr. Bruce Carlson, dated July 6, 2006, with exhibits.

b. See, Pacer Document 196, Declaration of Dr. David Mark, dated July 10, 2006 with exhibits.

c. See, Pacer Document 82-2, Declaration of Dr. David Mark, dated June 22, 2005 with exhibits.

d. See, Pacer Document 185; 185A-185D, Declaration of Dr. T. Murphy Goodwin, dated June 29, 2006.

b. The Embryo or Fetus is a Whole member of the Species *Homo Sapiens*

91. The embryo or fetus is a whole member of the species *Homo sapiens,* is the entire

organism (not just a part), and the embryo or fetus contains the complete code or human genome and the program for its expression is complete.

a. See, Pacer Document 186, Declaration of Dr. Bruce Carlson, dated July 6, 2006, with exhibits.

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Carlson, P.52, L.3 to P.57, L.25 (Exhibit 176).

c. See, Pacer Document 196, Declaration of Dr. David Mark, dated July 10, 2006 with exhibits.

c. The Embryo or Fetus is a Separate Member of the Species *Homo Sapiens*

92. The embryo or fetus is a separate member of the species *Homo sapiens* and in the context of the statutory disclosure, it is undeniable that the embryo or fetus is a different member of the species *Homo sapiens* than his or her mother (or another member) .

a. See, Pacer Document 186, Declaration of Dr. Bruce Carlson, dated July 6, 2006, with exhibits.

b. See, Pacer Document 196, Declaration of Dr. David Mark, dated July 10, 2006 with exhibits.

c. See, Pacer Document 25, Declaration of Dr. David Mark, dated June 22, 2005 with exhibits.

d. See, Pacer Document 184, First Cassidy Declaration, Pacer Document *Hypatia* article of Plaintiffs' expert, Dr. Anne Lyerly, P.106 ("there is another human being growing inside her (a pregnant woman)) (Exhibit165).

d. The Embryo or Fetus is a Unique Member of the Species *Homo Sapiens*

93. Every embryo and fetus is a unique member of the species *Homo sapiens* after three weeks post-conception and no two members of the species are identical, including monozygotic twins.

a. See, Pacer Document 186, Declaration of Dr. Bruce Carlson, dated July 6, 2006, with exhibits.

b. See, Pacer Document 196, Declaration of Dr. David Mark, dated July 10, 2006 with exhibits.

c. See, Declaration of Dr. David Mark, dated June 22, 2005 with exhibits (Pacer # 25).

e. An Abortion Terminates the Life of a Living Member of the Species *Homo Sapien*

94. Although largely self-evident, Plaintiffs and their experts admit that the human organism which is terminated by an abortion is "living" before that termination.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Lyerly, P.194, L.6 to 10 (Exhibit 177).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Lee Silver, P.76, L.7 to P.78, L.10 (Exhibit 178).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Wolpe ("Plaintiffs' Bioethicist"). P.296, L.19-20; P.297, L.14-15 (Exhibit 179).

d. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.220, L.20-22 (Exhibit 180).

e. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Van

Oppen, P.186, L.17-21 (Exhibit 181).

f. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Stotland, P.149, L.4-21 (Exhibit 182).

g. See, Pacer Document 186, Declaration of Dr. Bruce Carlson, dated July 6, 2006, with exhibits.

h. See, Pacer Document 196, Declaration of Dr. David Mark, dated July 10, 2006 with exhibits.

i. See, Declaration of Dr. David Mark, dated June 22, 2005 with exhibits (Pacer # 25).

95. The Plaintiffs' experts admit that (1) adult human beings are member of the species *Homo sapiens* and an organism of the species *Homo sapiens*; (2) that children five years old, ten years old and thirteen years old are "developing organisms of the species *Homo sapiens*;" and (3) that a fetus is a "developing organism of the species *Homo sapiens*," described the same way as the five year old child, ten year old child and 13 year old child.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Lyerly, P.53, L.8 to 12; P. 106, L.11 to 23 (Exhibit 183).

b. See, Pacer Document 236-5, Second Cassidy Declaration, deposition of Dr. Lee Silver (Plaintiffs' expert in molecular biology), P.74, L.2 to P.75, L.14 (Exhibit 184).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Dirk Van Oppen, P.106, L.24 to P.107, L.20 (Exhibit 185).

96. Dr. Miriam McCreary, who performs 64% of all abortions in South Dakota in a given

year, admitted that a fetus (or embryo) is a member of the species *Homo sapiens* (her objection is that she doesn't like the term "human being" to refer to that member of the species *Homo sapiens*).

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.221, L.9 to P.222, L.3 (Exhibit 186).

VIII. THE TERM "HUMAN BEING" IS A PROPER AND APPROPRIATE TERM TO USE TO REFER TO OR TO CONNOTE A MEMBER OF THE SPECIES *HOMO SAPIENS* WHEN SPEAKING WITH LAY PERSONS, AND IS, IN FACT, THE PREFERRED (AND PROBABLY THE ONLY) APPROPRIATE TERM.

a. Plaintiffs and Their Experts Admit That the Term "Human Being" Is a Proper and Appropriate Term to Use in the Purely Biological Sense to Connote a Member of the Species *Homo Sapiens*.

97. The Plaintiffs admit that the term "human being" is the proper or appropriate term to refer to or to connote a member of the species *Homo sapiens*, and, in fact, it is their own term of choice, and only term that is available.

a. See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiff, Dr. Carol Ball, testifying on her own behalf and on behalf of the Plaintiff, Planned Parenthood (in her capacity as Medical Director), P.177, L.13 to 18 (Exhibit 187).

b. See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, the South Dakota State Director of Planned Parenthood, P.237, L.15 to P.238, L.8 (Exhibit 188).

c. See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiffs' expert obstetrician, Dr. Scott Moses, P.219, L.21 to P.220, L.17 (Exhibit 189).

d. See, Pacer Document 184, First Cassidy Declaration (Exhibit 190), deposition of Plaintiffs' expert obstetrician, Dr. Maria Bell, P.132, L.17 to P.134, L.3.

e. See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiffs' expert bioethicist, Dr. Paul Root Wolpe, P.353, L.13 to P.355, L.9 (Exhibit 191).

b. The Term "Human Being" Has Been Traditionally Used by Common Dictionaries to Refer to a Member of the Species *Homo Sapiens*.

98.. The term "human being" has been traditionally used by common dictionaries to refer to a member of the species *Homo sapiens*.

(a) See, Pacer Document 184, First Cassidy Declaration, copies of common dictionary definitions referenced in Par.199 of Cassidy Declaration and Exhibit 192, attached to Cassidy Exhibits.

(b) See, Pacer Document 196, Declaration of Dr. Mark.

c. The Term "Human Being" Is Commonly Used in Scientific Texts and Journals in the Purely Biological Sense to Refer to or to Connote a Member of the Species *Homo Sapiens.*

99. The term "human being" is commonly used in scientific texts and journals in the purely biological sense to refer to or to connote a member of the species *Homo sapiens.*

(a) See, Pacer Document 184, First Cassidy Declaration, copies of selected texts and scientific journals referenced in Par.200 of Cassidy Declaration, and Exhibit 193, attached to Cassidy Exhibits.

(b) See, Pacer Document 196, Declaration of Dr. Mark.

d. The Term "Human Being" Is Used by the Courts in Many States in the Purely Biological Sense to Refer to a Human Being in Fact as Distinguished from a Human Being or "Person" in Law.

100. The term "human being" is used by the courts in many states in the purely biological sense to refer to a human being in fact as distinguished from a human being or "person" in law.

See, Pacer Document 184, First Cassidy Declaration, Cassidy Declaration setting forth some citations and quotes from the courts, Par. 201, and Exhibit 194, attached to Cassidy Exhibits.

e. The Term "Human Being," Although Sometimes Used in a Non-biological Sense, Is Primarily a Lay Term Most Often Used to Refer to a Member of the Species *Homo Sapiens*.

101. The term "human being" is not synonymous with the term "person" when the term "person" is used to refer to something more than a "person in fact" such as a "person in law."

See, citations and Exhibits listed above under VIII a, VIII b, VIII c and VIII d above.

See also, Pacer Document 186, report of Dr. Carlson attached to his Declaration dated September 22, 2005, particularly pages 3-5 (e.g. "The term human being, defined in the Statute, is a neutral term that serves as an objective reference to a member of the species *Homo sapiens*").

See, Pacer Document 25; 82-2, Declaration of Dr. Mark dated July 10, 2006 and Pacer Document 196, Dr. Mark's Declaration dated June 22, 2005.

See also, Pacer Document 190, Declaration of Dr. Kaczor with attachments.

See, also Pacer Document 185, Declaration of Dr. Goodwin, dated July 6, 2005 filed with this statement.

(See, Pacer Document 23, Declaration of Dr. Nathanson dated June 21, 2005).

102. Some people may, at times, use the term "human being" with a meaning other than the usual biological meaning, but that does not alter the fact that the term "human being" is (1) the only term available to connote a member of the species *Homo sapiens*; and (2) it is mostly used in the biological sense and is appropriate in every way.

See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiff, Dr. Carol Ball, testifying on her own behalf and on behalf of the Plaintiff, Planned Parenthood (in her capacity as Medical Director), P.177, L.13 to 18 (Exhibit 187).

See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, the South Dakota State Director of Planned Parenthood, P.237, L.15 to P.238, L.8 (Exhibit 188).

See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiffs' expert obstetrician, Dr. Scott Moses, P.219, L.21 to P.220, L.17 (Exhibit 189).

See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiffs' expert obstetrician, Dr. Maria Bell, P.132, L.17 to P.134, L.3 (Exhibit 190).

See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiffs' expert bioethicist, Dr. Paul Root Wolpe, P.353, L.13 to P.355, L.9 (Exhibit 191).

See, Pacer Document 184, First Cassidy Declaration, copies of common dictionary definitions referenced in Par.199 of Cassidy Declaration and Exhibit 192, attached to Cassidy Exhibits.

See, Pacer Document 184, First Cassidy Declaration, copies of selected texts and scientific journals referenced in Par.200 of Cassidy Declaration, and Exhibit 193,

attached to Cassidy Exhibits.

See, Pacer Document 184, First Cassidy Declaration, setting forth some citations and quotes from the courts, Par. 201, and Exhibit 194, attached to Cassidy Exhibits.

See, citations and Exhibits listed above under VIII a, VIII b, VIII c and VIII d above.

See also, Pacer Document 186, report of Dr. Carlson attached to his Declaration dated September 22, 2005, particularly pages 3-5 (e.g. "The term human being, defined in the Statute, is a neutral term that serves as an objective reference to a member of the species *Homo sapiens*").

See also, Pacer Document 196, Declaration of Dr. Mark dated July 10, 2006 and Dr. Mark's Declaration dated June 22, 2005.

See also, Pacer Document 190, Declaration of Dr. Kaczor with attachments.

See, also Pacer Document 185, Declaration of Dr. Goodwin, dated July 6, 2005 filed with this statement.

(See, Pacer Document 23, Declaration of Dr. Nathanson dated June 21, 2005).

See, all of the Exhibits cited in VIII a, VIII b, VIII c and VIII d , and VIII e above especially Pacer Document 184, First Cassidy Declaration, the deposition testimony of Dr. Ball (Exhibit 187), Pacer Document 184, First Cassidy Declaration, the deposition testimony of Dr. Wolpe (Exhibit 191), Pacer Document 184, First Cassidy Declaration, the deposition testimony of Dr. Moses (Exhibit 189), Pacer Document 184, First Cassidy Declaration, Maria Bell (190), the Exhibit 200 (medical texts), and the Pacer Document 185, Declaration of Dr. Goodwin and Pacer Document 186, Dr. Carlson.

103. a. There is a complete consensus on the biological facts that are scientifically verifiable that the human embryo or human fetus is an entire human organism and is a member of the species *Homo sapiens*.

See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiff, Dr. Carol Ball, testifying on her own behalf and on behalf of the Plaintiff, Planned Parenthood (in her capacity as Medical Director), P.177, L.13 to 18 (Exhibit 187).

See, Pacer Document 184, First Cassidy Declaration, deposition of Kate Looby, the South Dakota State Director of Planned Parenthood, P.237, L.15 to P.238, L.8 (Exhibit 188).

See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiffs' expert obstetrician, Dr. Scott Moses, P.219, L.21 to P.220, L.17 (Exhibit 189).

See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiffs' expert obstetrician, Dr. Maria Bell, P.132, L.17 to P.134, L.3 (Exhibit 190).

See, Pacer Document 184, First Cassidy Declaration, deposition of Plaintiffs' expert bioethicist, Dr. Paul Root Wolpe, P.353, L.13 to P.355, L.9 (Exhibit 191).

See, Pacer Document 184, First Cassidy Declaration, copies of common dictionary definitions referenced in Par.199 of Cassidy Declaration and Exhibit 192, attached to Cassidy Exhibits.

See, Pacer Document 184, First Cassidy Declaration, copies of selected texts and scientific journals referenced in Par.200 of Cassidy Declaration, and Exhibit 193, attached to Cassidy Exhibits.

See, Pacer Document 184, First Cassidy Declaration, Cassidy Declaration setting

forth some citations and quotes from the courts, Par. 201, and Exhibit 194, attached to Cassidy Exhibits.

See, citations and Exhibits listed above under 1a, 1b, 1c and 1d above.

See also, Pacer Document 186, report of Dr. Carlson attached to his Declaration dated September 22, 2005, particularly pages 3-5 (e.g. "The term human being, defined in the Statute, is a neutral term that serves as an objective reference to a member of the species *Homo sapiens*").

See also, Pacer Document 196, Declaration of Dr. Mark dated July 10, 2006 and Dr. Mark's Declaration dated June 22, 2005.

See also, Pacer Document 190, Declaration of Dr. Kaczor with attachments.

See, also Pacer Document 185, Declaration of Dr. Goodwin, dated July 6, 2005 filed with this statement.

(See, Pacer Document 23, Declaration of Dr. Nathanson dated June 21, 2005.

See, all of the Exhibits cited in 1a, 1b, 1c, 1d, and 1e above especially Pacer Document 184, First Cassidy Declaration, the deposition testimony of Dr. Ball (Exhibit 187), Pacer Document 184, First Cassidy Declaration, the deposition testimony of Dr. Wolpe (Exhibit 191), Pacer Document 184, First Cassidy Declaration, the deposition testimony of Dr. Moses (Exhibit 189), Pacer Document 184, First Cassidy Declaration, Maria Bell (190), the Exhibit 200 (medical texts), and Pacer Document 185, the Declaration of Dr. Goodwin and Pacer document 186, Dr. Carlson.

See also, Pacer Document 26; 82-5, Declaration of Dr. Ola Saugstad.

b. There is no requirement that there be a unanimous approval of the term human being for it to be an appropriate term to connote a member of the species *Homo sapiens*.

See, Pacer Document 186, Declaration and report of Dr. Carlson.

104. Although self-evident, the Plaintiffs and their experts admit that an abortion terminates the life of the embryo or fetus and "kills the embryo and fetus."

See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Lyerly, P.194, L.6 to 10 (Exhibit 177).

See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Lee Silver, P.76, L.7 to P.78, L.10 (Exhibit 178).

See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Wolpe ("Plaintiffs' Bioethicist"). P.296, L.19-20; P.297, L.14-15 (Exhibit 179).

See Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.220, L.20-22 (Exhibit 180).

See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Van Oppen, P.186, L.17-21 (Exhibit 181).

See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Stotland, P.149, L.4-21 (Exhibit 182).

See, Pacer Document 186, Declaration of Dr. Bruce Carlson, dated July 6, 2006, with exhibits.

See, Pacer Document 196, Declaration of Dr. David Mark, dated July 10, 2006 with exhibits.

See, Pacer Document 25, Declaration of Dr. David Mark, dated June 22, 2005 with

exhibits.

IX. THERE IS NO TRUE RISK AND THERE CAN BE NO RATIONAL FEAR THAT THE DISCLOSURE UNDER S.D.C.L. §34-23A-10.1(1)(b), THAT THE ABORTION WILL TERMINATE THE LIFE OF A WHOLE, SEPARATE, UNIQUE, LIVING HUMAN BEING IS USED IN ANY SENSE OTHER THAN THE BIOLOGICAL SENSE.

105. Since the physician has a duty, both at common law and under the provisions of the Statute, to be sure that the pregnant mother understands the disclosure that the procedure will terminate the life of a human being, there will be no significant chance of a misunderstanding.

a. See, Pacer Document 185, Declaration of Dr. T. Murphy Goodwin.

b. See, generally, Declaration of Jane Doe #1, Pacer Document 119.

X. THE "OPINIONS" OR ASSERTIONS OF PLAINTIFF PLANNED PARENTHOOD'S FOUR DOCTORS, AND THEIR EXPERTS IN THIS CASE, CONCERNING AT WHAT POINT IN THE LIFE OF AN ORGANISM OF THE SPECIES HOMO SAPIENS THEY WOULD CALL THE ORGANISM A "HUMAN BEING"ARE NOTHING OTHER THAN PERSONAL SUBJECTIVE PHILOSOPHICAL OR IDEOLOGICAL MUSINGS, ADMITTEDLY UNSCIENTIFIC, IN NO WAY GROUNDED IN SCIENCE, AND NO TWO OF PLAINTIFFS' DOCTORS OR EXPERTS AGREE TO THE VIEWS OF ANY OF THE OTHERS.

106. Planned Parenthood's Dr. Van Oppen's "opinion" that in his personal view one isn't a "human being" until the child is "weaned" from his or her mother, often at about the post-natal age of two years, ***but*** only if the child's parents consider him or her a human being and welcome the child into the family of human beings is non-scientific subjective philosophy.

See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Van Oppen, P.125, L.12 to P.128, L.6 (Exhibit 195).

107. Planned Parenthood physician Dr. Peter D'Ascoli's "opinion," that in his view an infant is a human being only if the parents want the child, consider it a human being, and

welcome it into the community, is non-scientific subjective philosophy.

See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Peter D'Ascoli, P.229, L.1 to L.20 (Exhibit 196).

108. Plaintiff, Dr. Carol Ball, opines that because it cannot be said at what point in the life of a human organism that he or she can be referred to as a human being, she disagrees that the court reporter who transcribed her deposition testimony is a human being as a matter of biological fact; she disagrees that a child is a human being as a matter of biological fact one year after live birth; and she disagrees that there is a human being as a matter of biological fact following the live birth of the unborn child.

109. Planned Parenthood doctor, Miriam McCreary states that she "believes the life of a human being ***occurs*** when the infant is born into the world," is a non-scientific philosophical statement.

See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. McCreary, P.213, L.3 to 5 (Exhibit 198).

110. Plaintiffs' expert Dr. Scott Moses' "opinion," that after he delivers a child, the child is not a human being while the baby is entirely out of the mother's body and he is holding the baby and even during the time the mother is holding her baby, because he claims the "status" as human being "transfers" when he clamps the cord, but before he cuts the cord, is a non-scientific statement of subjective philosophy.

See, Pacer Document 184, First Cassidy Declaration, deposition of Dr. Moses, P. 157, L.15 to P.162, L.9 (Exhibit 199).

111. Plaintiffs' expert molecular biologist, Dr. Lee Silver, who originally expressed

the view that there is no human being until the unborn child obtains sentience (sometime around 30 weeks gestation), states that his original opinion is wrong, and he now has no opinion at which point in the life of the human organism is a human being because his thinking on the subject is in a "state of evolution."

See, Declaration of HJC in support of Motion for Summary Judgment, dated, August 8, 2008; *see also,* Pacer Document 236-6.

112. Plaintiffs' expert, Dr. Lee Silver, although offered as an expert to explain the meaning of terms and the term "human being," admitted that he's "not sure how to define any word."

See, Pacer Document 236-7, Second Cassidy Declaration, deposition of Dr. Lee Silver, P.107, L.13 to P.108, L.2 (Exhibit 201).

DATED: January 26, 2009

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ATTORNEYS FOR INTERVENORS

CERTIFICATION OF SERVICE

I, Jeremiah D. Murphy, hereby certify that on the 26th day of January 2009, a true and correct copy of Intervenors' Amended Rule 56.1(A) Statement of Material Facts as to which Intervenors Contend that there is No Genuine Issue to be Tried was served electronically upon the following:

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/s Jeremiah D. Murphy
Jeremiah D. Murphy, Esq.

Exhibit B

CARE NET®

COMMITMENT OF CARE & COMPETENCE

DOCUMENT ISSUE DATE: 6/2009

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
2. Clients are treated with kindness, compassion and in a caring manner.
3. Clients always receive honest and open answers.
4. Client pregnancy tests are distributed and administered in accordance with all applicable laws.
5. Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
6. Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
7. We do not offer, recommend or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
8. All of our advertising and communication are truthful and honest and accurately describe the services we offer.
9. We provide a safe environment by screening all volunteers and staff interacting with clients.
10. We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
11. We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
12. Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.*
13. All of our staff, board members, and volunteers receive appropriate training to uphold these standards.

**Not all pregnancy centers offer medical services. If you have questions about the services offered at this pregnancy center, please ask to speak to a center representative.*

44180 RIVERSIDE PARKWAY, SUITE 200 | LANSDOWNE, VA 20176 | V: (703) 554-8734 | F: (703) 554-8735 | WWW.CARE-NET.ORG | INFO@CARE-NET.ORG

Crisis Pregnancy Center of New York, Inc

38 Tenth Street
Staten Island, NY 10306
(718) 667-HELP

November 16, 2010

Good Afternoon,

My name is Joanne Reilly and it has been my honor to serve as the Executive Director of the Crisis Pregnancy Center of NY for 11 years now. Since 1985 this organization has been dedicated to providing life affirming education, service and care to women who are pregnant. In all of our 25 years of operation neither a client nor agency has brought a lawsuit against us.

Our pregnancy center exists to empower women and men facing unplanned pregnancies with practical help, emotional support, and information about their pregnancy options. Women know that whatever decision they make, they are welcome to come back to our center. Our support and care for them is unconditional. We do not profit from her choice one way or the other.

All of our services are free, which communicates to women that we truly care about them and not just their babies. We offer free pregnancy tests, material aid, parenting and lactation classes, and post abortion support groups. In addition we refer for prenatal care, maternity homes, adoption services, and domestic violence shelters. Our center is entirely supported by donations from individuals and churches.

As part of the Care Net network, our center complies with strict guidelines regarding truthful advertising. All of our yellow page ads, website information, and other means of advertising clearly state the services we offer. Our initial disclaimer form,

handed to each client when she comes in the door, specifically states that all our services are free and confidential, that we are not a medical facility and we do not perform or refer for abortions. All services are at the client's request and with their permission. Our center does not use any material that can be deemed as coercive or used for shock value.

All volunteers must submit to extensive volunteer training with guidelines provided by Care Net, and are only allowed to provide peer counseling once they've concluded this extensive training. Those who serve at our center include members of the medical community, attorneys, teachers, social workers, business owners and homemakers.

Recently we received a call from the Senior Social Worker at Staten Island University Hospital about a young woman who was alone in this country, living in an attic room and expecting twin girls. She was practically destitute and totally unprepared for this birth. We supplied ALL of her needs, including carseats to take the babies home from the hospital, clothing, food, and furniture. These items were delivered right to her door. She commented on the phone to her counselor, "Every time I think of you I cry---you are like a mother to me."

I am submitting for the record references from the following, Healthy Families, NY Foundling, Staten Island University Hospital, Center for Women's Health, and previous clients.

I strongly urge the City Council to oppose Int. No. 371 of 2010. The bill is unfair, unnecessary, and will ultimately harm women because it targets organizations like ours that are providing important free pregnancy support to the community.

CARE NET

Statement on Int. No. 371
"Limited Service Pregnancy Centers"
Presented to The Committee on Women's Issues of the New York City Council
November 16, 2010

By Kristin Hansen
Vice President of Communications, Care Net

We strongly urge the Council to oppose Int. No. 371. It unfairly targets pro-life pregnancy centers with unnecessary regulation.

- The bill was prompted by NARAL, a biased advocacy group that has launched a nationwide campaign to shut down its competition.
- *Actual* clients of pregnancy centers are highly pleased with pregnancy center services and recommend us to their friends.[1]
- New York City is a vibrant city, full of life and potential, and its soaring abortion rate[2], three times the national average, is simply inconsistent with that.
- Allowing charities and organizations that provide support for abortion alternatives to thrive doesn't threaten anyone's access to abortion. It simply gives women more options and helps to reduce your city's abortion rate. [3] That's a goal that everyone can and should support.

From my perspective at Care Net, a national network of 1,100 pregnancy centers, I urge you not to judge pregnancy centers based on NARAL's information. For decades, NARAL has sought to undermine the work of pregnancy centers. The information provided at pregnancy centers helps a woman to learn more about her pregnancy and the support available for carrying the pregnancy to term. This in turn, leads nine of ten pregnant women who visit Care Net pregnancy centers to choose to carry to term. As a result, fewer women choose abortion. If fewer women choose abortion, it not only has a financial bearing on abortion providers, it makes those who advocate for abortion feel that their ideological position is threatened.

So, in order to maintain the perception that abortion is the most desirable choice for unplanned pregnancies, NARAL's only choice is to undermine those who promote abortion alternatives. Since pregnancy centers are well within their constitutional rights, NARAL has had to resort to negative publicity campaigns that consist of name-calling and in many cases, outright lies. These campaigns have served as the basis for bills like the one before us today.

In 2000, the NARAL Foundation Legal and Constituency Development Department produced a handbook entitled "Unmasking Fake Clinics." The NARAL handbook provides a step-by-step guide and attack plan for destroying and discrediting pregnancy centers. The goal of the guidebook is to bring the pregnancy center movement to an end by passing anti-pregnancy center legislation, encouraging women to sue pregnancy centers, and urging state Attorneys

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[1] 97 percent of Care Net pregnancy center client exit surveys gave overall high approval ratings of pregnancy centers. Source: 2009 Care Net Client Satisfaction Survey, conducted online among pregnancy center affiliates, based on client exit surveys from 2009, 101 centers responding.
[2] "Where New York is Not Proud to Lead," John Wilson. *New York Post*, July 1, 2010.
[3] "Why Have Abortion Rates Fallen," Nancy Gibbs. *TIME*. January 21, 2008.

General to take official action against pregnancy centers. To achieve these ends, NARAL encourages volunteers to enlist the help of supportive state and local legislators like this Council, contacts in the Attorney General's offices, and *pro bono* attorneys. I have attached portions of this handbook to my written testimony (See Exhibit A).

The handbook also provides guidance and scripts for use by NARAL supporters who pose as fake clients to collect "evidence" against pregnancy centers which can then be used to create an "investigative report." Such "reports" are then used to promote lawsuits and anti-pregnancy center legislation. These reports are publicized as scientific investigations although they are almost entirely anecdotal stories, clearly biased, and developed through highly unscientific survey methods. In fact, in the state of Virginia, NARAL's own witness, a doctor, testified before a Virginia state legislative committee that the organization's report on Virginia pregnancy centers was biased, "methodologically flawed" and that she would not alter her practices based on such a report.

To facilitate center "investigations," NARAL typically enlists the help of young unpaid interns. These interns will pose as fake clients and call centers with questions specifically designed by NARAL to elicit statements from center volunteers which can be later used to allege center impropriety. In addition to phone calls, these interns will also conduct on-site client visits. They will use often urine from a pregnant woman to fake a positive pregnancy test.

From 2005 through 2009, state NARAL organizations have published seven "reports" on pregnancy centers. These reports have been used by NARAL to promote anti-pregnancy center legislation. Within the past three years, eight states have introduced legislation specifically targeting pregnancy centers, including Virginia, Washington, Maryland, Oregon, New York, Texas, Michigan and West Virginia. Generally, the bills would require pregnancy centers to issue false and damaging disclaimers, such as stating that they are not required to provide clients with factually accurate information. All state bills have been defeated in committee and in some cases thrown out by the bill's own sponsors after hearing testimony from pregnancy centers. Lawsuits are ensuing in Baltimore City and Montgomery County, Maryland where similar bills have been passed by local governing bodies.

The bill before us today, Int. No. 371, should be viewed for what it is - the result of one advocacy group's national campaign to eliminate the competition.

To get a more balanced view on the work of pregnancy centers, we encourage City Council members to visit the centers, meet the directors, and most of all, listen to the stories of those women who have been clients. You will find that pregnancy centers enjoy support from a broad segment of the community. A national survey of Care Net pregnancy centers in 2009 revealed that a majority of pregnancy centers received clients referred to them from state health departments, high schools, colleges, hospitals, physicians, and other non-profits. In fact 28 percent of our centers had clients referred to them from abortion providers. People nationwide view pregnancy centers as an important part of the community-based web of support for pregnant women.

Finally, as one of the largest national bodies that provide training, support, and education to pregnancy centers, Care Net is committed to instilling excellence in our center services. The Commitment of Care and Competence is a document which articulates the principles that are the foundation of everything we do – from our national conference, legal reviews, trainings, regional consultants, and training materials. In addition, our medical advisory board regularly reviews our client information to ensure the information is up-to-date and medically accurate.

Because this bill unfairly targets our centers because of their viewpoint on abortion, is unnecessary and based on biased information, and because of the skyrocketing abortion rate in New York City, we urge you to oppose Intro 371.

INT #371

Good afternoon Council men and Council women. My name is Nicole Baker and I have served as the Executive Director of the Boro Pregnancy Counseling Center in Bayside, Queens since January 2001. I am a Licensed Mental Health Counselor in New York State and a National Certified Counselor under the National Board of Certified Counselors. BPCC is a registered 501(c)3 organization in New York State and is committed to serving New York City with compassionate integrity by meeting the felt needs of those experiencing an unplanned pregnancy. We offer self-administered pregnancy tests, options counseling, parenting classes, and material assistance to men and women from Brooklyn, The Bronx, Queens, Manhattan and Nassau County free of charge. We are pleased to receive referrals from many city agencies and hospitals including Brookdale Hospital, New York Presbyterian Hospital, The Coalition for the Homeless, and Elmhurst Hospital. We are a privately funded organization that receives no monetary contributions from the city, state, or federal governments.

We have served men and women from the far reaches of the world including Egypt, Uzbekistan, Korea, Japan, Uganda, South Africa, Jamaica, Trinidad-Tobago, Guyana, Ecuador, Dominican Republic and Mexico. We offer our services free of charge regardless of immigration status and have had the privilege of serving many clients that had no hope and no family in the US on which to rely. We have given of our time and resources to encourage those that are downtrodden because of homelessness, joblessness, and language barriers that inhibit many immigrants from receiving much needed social services.

We are committed to encouraging our clients to make an informed choice in regards to their unplanned pregnancy. We believe that only the client can make the best decision for their life and seek to offer them medically-accurate, emotionally-sensitive information. We believe that the well-educated individual is better equipped to make a positive decision. We clearly inform clients during our initial phone conversations that we are not a medical clinic and that we do not recommend or refer for abortions, as well as provide written documentation of this disclaimer, as evidenced by our "Request for Services" form that I have provided in my written testimony. There is a posted disclaimer in our office that we are not a medical clinic and that no medical care will be provided.

Dr. Elaine Eng served as our Board president from 2002-2008 and is a NYS Board certified psychiatrist, a Distinguished Fellow of the American Psychiatric Association and an Adjust ~~professor~~ Clinical Asst at Weill-Cornell Medical College. Our current Board president, Gideon Kim, is also a NYS Licensed Mental Health Counselor and a doctoral student at ~~Hofstra~~ Adelphi University. As licensed professionals, we understand the importance of informed consent and disclosure of services. We affiliate with CareNet and the National Institute for Family and Life Advocates that require us to internally regulate disclosure of services.

The regulatory legislation is unnecessary and respectfully request that the NYC Council vote AGAINST it. Thank you.

Women's eNews
womensenews.org

Covering Women's Issues. Changing Women's Lives.

6 Barclay Street, 6th Floor, New York, NY 10007
Tel: 212-244-1720 • Fax: 212-244-2320

Testimony of Rita Henley Jensen, editor in chief

Women's eNews

Nov. 16, 2010

New York City Council's Women's Issues Committee

Thank you Speaker Christine C. Quinn and Council Committee Chair Julissa Ferreras and Council member Jessica Lappin.

Women's eNews[1] is a daily, online, nonprofit news service launched here in New York City on June 15, 2000 and now has 60,000 subscribers and 150,000 page views per month.

A year ago, Women's eNews reported[2] that Baltimore was the first city to act regarding the practices of crisis pregnancy centers, government-subsidized purveyors of misinformation and fundamentalist Christian doctrine. Like this proposed local law would do, Baltimore now requires crisis pregnancy centers located in the city to post disclaimers that clarify what they don't do: provide or refer for abortions or birth control. Women's eNews also reported that cities in Oregon, California and Texas were preparing to push in 2011 for similar local laws.

During its ten years of operations Women's eNews consistently has alerted its readers to the deceptive practices of the crisis pregnancy centers, the government funds supporting them and the centers' commitment to proselytizing conservative, anti-choice Christianity.

Therefore I congratulate you for introducing this local law and I would encourage you to go further to ascertain if in fact these clinics in New York City are receiving tax payer dollars and government medical insurance payments even though they may not be providing medical care or accurate information.

Women's eNews first reported[3] that government funds were being used to support these proselytizing centers on October 12, 2000—only four months after our launch. The story reported on the distribution of a $34 million settlement to all 50 states from a large women's shoe retailer accused of price-fixing. Attorneys general from three states allocated hundreds of thousands of dollars from this settlement to crisis pregnancy centers.

[1] http://www.womensenews.org
[2] http://www.womensenews.org/story/abortion/091201/baltimore-puts-heat-crisis-pregnancy-centers
[3] http://www.womensenews.org/story/the-courts/001012/us-judge-mete-out-34-million-fund-women

6 Barclay Street, 6th Floor, New York, NY 10007
Tel: 212-244-1720 • Fax: 212-244-2320

In 2002, Women's eNews reported[4] that New York's attorney general Eliot Spitzer subpoenaed documents from 34 crisis-pregnancy centers suspected of deceiving women about their services or practicing medicine without a license.

Four years later, we reported[5] on a National Abortion Federation study that found that more than 4,000 crisis pregnancy centers were operating in the U.S., compared to 2,000 abortion clinics. In extreme cases, the organization claimed, women received pregnancy tests at the centers and were informed the results were negative, concealing the pregnancy until it was too late to have an abortion safely.

Also in 2006, we reported[6] that Congresswoman Carolyn Maloney had introduced legislation The Stop Deceptive Advertising for Women's Services Act that would require the Federal Trade Commission to create and enforce rules to prohibit crisis pregnancy centers' deceptive advertising practices, such as advertising under the term "abortion services."

That legislation has not passed.

By taking this action, the City Council is assuming a significant leadership role in the growing movement to require these centers to be absolutely clear what their missions are and whether in fact they are eligible for government funding.

Thank you very much.

[4] http://womensenews.org/story/health/020131/ny-launches-probe-crisis-pregnancy-centers
[5] http://www.womensenews.org/story/cheers-and-jeers/060617/arab-women-press-rights-fda-blocks-plan-b
[6] http://www.womensenews.org/story/washington-outlookcongresswhite-house/060331/maloney-calls-truth-clinic-advertising

NARAL
Pro-Choice New York

Testimony of NARAL Pro-Choice New York
before
The New York City Council
Committee on Women's Issues
regarding
Limited Service Pregnancy Centers (Int. 371)
November 16, 2010

My name is Kelli Conlin and I am the President of NARAL Pro-Choice New York. I'd like to start by thanking the committee for considering this critical bill. And thank you to Councilwoman Lappin and Speaker Quinn for advancing this initiative that is so important to the women of New York.

NARAL Pro-Choice New York supports Intro. 371 because when a woman walks into a facility representing itself as a source for reproductive health information and services, she has a right to expect – and to actually receive – comprehensive options counseling and a full range of information.

Unfortunately, when a woman enters a crisis pregnancy center, or CPC, she is confronted with biased counseling, anti-abortion propaganda, and deception.

In 2009, NARAL Pro-Choice New York began an undercover investigation into CPCs in New York to determine how they advertise themselves and whether or not they provide full options counseling, including accurate information about abortion and contraception.

The results, presented in our recent report, demonstrate that many CPCs in New York consistently and intentionally misrepresent themselves and their services. Their tactics delay, and sometimes divert, women from accessing real reproductive health care.

We found that approximately 75% of CPCs fail to disclose their anti-choice agenda on their websites. When called, not one of the CPCs admitted that they don't offer complete pregnancy counseling – including abortion and contraception options – unless explicitly asked.

The CPCs surveyed go to great lengths to foster an impression of medical authority, even though most are not licensed medical facilities and the women coming in are unlikely to see a licensed medical provider. Nearly all offered free pregnancy tests that they claim to be medical quality, even though they are self-administered tests that can be purchased in a drug store.

Alarmingly, the majority of CPCs also asked our volunteer investigators to fill out forms soliciting personal information, including health history, relationship status and work information, with no assurance of confidentiality.

NARAL Pro-Choice New York believes that the dishonest practices of CPCs must be exposed and stopped. A woman seeking reproductive health care options when facing an unintended pregnancy has a right to know, at minimum:

- whether she will, in fact, receive comprehensive options counseling, including information and referrals for abortion and birth control;
- whether or not she will be seeing a licensed medical provider and;
- that if she gives up her private, personal information it will be treated confidentially.

While not every deceptive and manipulative practice that our investigation uncovered can be remedied through legislation, we believe this bill will go a long way in arming women with the facts about what they will and will not get if they visit a CPC in New York City. Only by requiring these facilities to be honest about their agenda can women make informed decisions about where to seek information and services when faced with an unintended pregnancy.

Attached is the report of findings from NARAL Pro-Choice New York's investigation of crisis pregnancy centers in New York City – *"She Said Abortion Causes Breast Cancer": A Report on the Lies, Manipulations and Privacy Violations at Crisis Pregnancy Centers.*

"She said abortion could cause breast cancer."

A REPORT ON:

THE LIES, MANIPULATIONS, AND PRIVACY VIOLATIONS OF CRISIS PREGNANCY CENTERS IN NEW YORK CITY

NARAL
Pro-Choice New York Foundation

NATIONAL
INSTITUTE FOR
REPRODUCTIVE
HEALTH

INTRODUCTION

Riding the New York City subway, one can't help but notice the posters of young women clustered among the advertisements for immigration attorneys and college courses: "Scared? Confused? We Can Help." "Abortion Alternatives."

These campaigns are the work of crisis pregnancy centers (CPCs), anti-choice organizations that frequently misrepresent themselves as full-service reproductive health centers. Their goal? To use whatever means they can to reach a woman considering abortion and prevent her from going through with that decision.

In 2009, in response to growing concerns about CPCs, the Activist Leadership Circle (volunteers for the NARAL Pro-Choice New York Foundation) decided to conduct an undercover investigation of the CPCs in New York. The purpose of this research was to determine how CPCs advertise themselves and whether or not they provide full options counseling, including complete and accurate information about abortion and contraception. The results, as presented in this report, demonstrate that many CPCs in New York City consistently provide misinformation and seek to manipulate and scare the women who turn to them for care they mistakenly believe to be accurate and unbiased.

BACKGROUND

WHAT ARE CRISIS PREGNANCY CENTERS?

Crisis pregnancy centers are typically non-profit organizations posing as pseudo-medical facilities operated by anti-choice activists that aim to coerce women considering abortion into carrying their pregnancies to term. CPCs often claim to offer the full range of information on reproductive options, but actually use a number of deceptive tactics to discourage women from choosing abortion.

CPCs represent the subtle and manipulative front-lines of the anti-choice movement in America. Beginning with the first CPC, which opened in Hawaii in 1967 after the state decriminalized abortion, CPCs have proliferated across the U.S.[1] Today, CPCs outnumber abortion providers by more than two to one: there are as many as 4,000 CPCs in the United States compared to fewer than 2,000 abortion providers.[2]

CPCs engage in a number of deceptive practices to achieve their goal of disguising these anti-choice facilities as legitimate medical clinics. CPCs are not, however, medical clinics; they are, for the most part, staffed by anti-choice volunteers rather than trained medical clinicians. Their efforts to deceive women include naming their facilities to sound like legitimate family planning clinics; advertising under the "Abortion" or "Medical" categories in the Yellow Pages; and offering services such as pregnancy tests, biased counseling, and ultrasounds. These practices do not serve the end of offering medical treatment, but rather aim to lend legitimacy to their attempt to dissuade women from choosing abortion.[3]

The four most prominent national chains of CPCs in the U.S. are Birthright, Care Net, Heartbeat International, and the National Institute of Family Life Advocates (NIFLA) – all predominately Christian, anti-choice networks with affiliates across the country.[4] Funding for CPCs varies widely, with many CPCs receiving private funds from donors and organizations with conservative or religious affiliations. In some states, CPCs are supported through state funding and proceeds from state sales of "Choose Life" license plates.[5] From 1996 until recently, CPCs were eligible for funding through the federal Title V abstinence-only program and the community-based abstinence education program.[6] Under the Obama administration, all three abstinence-only funding streams were eliminated or allowed to expire, but the health care reform bill passed in the spring of 2010 reinstated $50 million per year for five years for Title V programs.[7]

CPCs IN NEW YORK STATE

New York is a pro-choice state with better access to abortion than most, and is also home to many CPCs. With over 250 abortion providers, most of whom are concentrated in New York City, the state is considered a hotbed of so-called "abortion vulnerable" women, making it a prime targets for CPCs.[8]

In the 1980s, former Operation Rescue leader Chris

Slattery founded Expectant Mother Care (EMC), a New York City-based chain of centers that were the first CPCs to start offering ultrasounds.[9] Today, EMC claims to run nearly a dozen centers in New York City and boasts on its website that it is "[o]n the FrontLines for Life in...The Abortion Capital of America."[10] Other CPCs operating in New York City are affiliated with national CPC chains or are independent organizations.

Expectant Mother Care (EMC) is a chain of CPCs across the city that claims to be fighting "On the Front Lines for Life in...The Abortion Capital of America."

EMC PREGNANCY CENTERS WEBSITE:
HTTP://EMCFRONTLINE.ORG/

Unlike in many states, CPCs in New York largely rely on private funding. Since 2007, New York has rejected federal Title V abstinence-only funding. In 2009, six organizations in New York State received federal community-based abstinence education grants, including one CPC in Long Island.[11] And recently, one CPC in Queens received grants of public funding from two separate members of the New York City Council.[12] For the most part, however, they are supported financially by private donors; evangelical and Catholic religious organizations; and corporations such as the Wal-Mart Foundation, Curves Fitness, and Chick-fil-A.[13]

In 2002, former New York State Attorney General Eliot Spitzer launched an investigation into several CPCs in the state, issuing subpoenas based on concerns that the CPCs' "advertising and business practices could lead women to believe that the centers provide medical services — including professional pregnancy testing — or that they provide abortions or referrals for abortion when in fact their goal is to persuade women not to consider abortion."[14,15] The subpoenas only appear to have resulted in one settlement agreement, between the Office of the Attorney General and Birthright of Victor New York, Inc., a CPC in Ontario County. The agreement required Birthright to:

- clearly inform clients that it does not provide or make referrals for abortion or birth control;
- disclose verbally and in writing — before providing a pregnancy test or counseling about pregnancy — that the center is not a licensed medical provider qualified to diagnose or accurately date pregnancy and inform the woman that only a licensed medical provider can confirm a pregnancy and provide medical advice about pregnancy;
- clarify in advertising and consumer contacts that the pregnancy tests the center provides are self-administered; and
- tell people who call or visit the center that it is not a medical facility.[16]

Prior to Spitzer's investigation, previous New York attorneys general had investigated CPCs across the state and, as a result, entered into consent decrees with some CPCs in order to address concerns about false advertising and practicing medicine without a license.[17] While some of these consent decrees may still be valid, most are outdated and no longer applicable to the deceptive and manipulative tactics CPCs currently employ. Moreover, currently there are no municipal, state, or federal laws that specifically regulate CPCs in New York City.

RESEARCH PROCESS

In the first phase of research, trained volunteer investigators gathered information about CPCs throughout the state by analyzing their websites, investigating their funding sources, and conducting "secret shopper" phone calls. After the first phase revealed that New York's CPCs are heavily concentrated in New York City, it was decided that the second phase of research would focus on this area. Next, volunteer investigators made in-person visits to CPCs in New York City to identify the services they provide and the way they present and discuss abortion and contraception, as well as to collect any pamphlets, brochures, or other materials offered by the CPCs.

The following report summarizes the results of the investigation into CPCs in New York City. It is difficult to determine exactly how many CPCs exist in New York City, since various sources provide different numbers. Based on Internet research, our volunteer investigators identified a total of 16 CPCs in New York City. Of these, volunteer investigators examined 14 unique websites, spoke to eight CPCs on the phone, visited 10 CPCs in person, and corresponded with one via e-mail. (See Appendix 1 for a list of all CPCs investigated.)

WEBSITE ANALYSIS

Each website was analyzed to determine the services and referrals advertised; whether or not the CPC's anti-abortion agenda was evident or clearly stated; and the accuracy of information provided about abortion, adoption, parenting, and contraception.

PHONE SURVEY

Volunteer investigators, who called anonymously by using *67 to block the incoming phone number, posed as potentially pregnant women seeking information about the services provided by the CPC. Prior to making the phone calls, all volunteers were trained on how to gather information and what to expect during the call. Immediately after calling the CPCs, they recorded the responses they received and all answers were collected and compiled. (See Appendix 2 for a list of questions asked.)

IN-PERSON VISITS

After participating in trainings on how to gather information and what to expect during the visit, volunteer investigators were dispatched in pairs to CPCs throughout the five boroughs, posing as a pregnant woman and a friend, relative, or parent. In most cases, the volunteer investigator said she had already received a positive result from a home pregnancy test and was interested in meeting with a counselor to discuss her options. At three CPCs, however, the volunteer investigator said she suspected she was pregnant and requested a pregnancy test from the center.

Immediately following each visit, the investigators

completed a survey about their experience and impression of the CPC. (See Appendix 3 for post-visit survey questions.) In lieu of a visit, one investigator had an extended e-mail correspondence with a CPC. For the purposes of this report, the e-mail correspondence was included as an "in-person visit."

LITERATURE REVIEW

During the in-person visits, volunteer investigators collected all written materials provided by the CPCs. Typically, this included brochures and fact sheets that were available in the waiting room, as well as information given to the investigators by the CPC counselors. Subsequently, the medical accuracy and tone of the materials were analyzed.

A survey of CPC materials designed to deter women from choosing abortion.

LIMITATIONS

The research was conducted by trained volunteers through background research, website analysis, phone investigation, and in-person visits. The results provide clear trends related to CPCs in New York City, but the findings contained herein are not exhaustive. It was difficult to determine exactly how many CPCs exist in New York City. Furthermore, not every CPC had a public website, and we were unable to reach every CPC on the phone or in person. Finally, because none of the volunteer investigators was pregnant, this report contains no insight into how CPCs would respond to a proven pregnancy.

The research project was not intended to uncover whether or not the CPCs investigated for this report are currently in compliance with any prior consent decrees or agreements entered into with former New York State attorneys general. In addition, while a number of the concerns identified in this investigation lend themselves to a legislative remedy, a primary purpose of this report is to educate women and the public at large about the full range of deceptive and manipulative practices used by CPCs in New York City.

FINDINGS: MISINFORMATION, MANIPULATION, & SCARE TACTICS

"Is it really necessary to kill your baby in order to solve the problems caused by your pregnancy? Is there another way?"

PAMPHLET CALLED "YOU HAVE A RIGHT TO KNOW" DISTRIBUTED AT THE BRIDGE TO LIFE, INC. IN QUEENS

TARGETING WOMEN

"Free and confidential services."[18] "We know exactly how you feel and you're not alone."[19]

These welcoming sentiments greet visitors to most CPC websites. While the sites vary in terms of how much information they provide—from basic information like hours of operation and location to pages about abortion, adoption, and parenting—nearly all present themselves as hospitable places offering emotional support. Focusing on the negative emotions some women experience with an unintended pregnancy, the websites assure visitors that CPC staff can empathize.

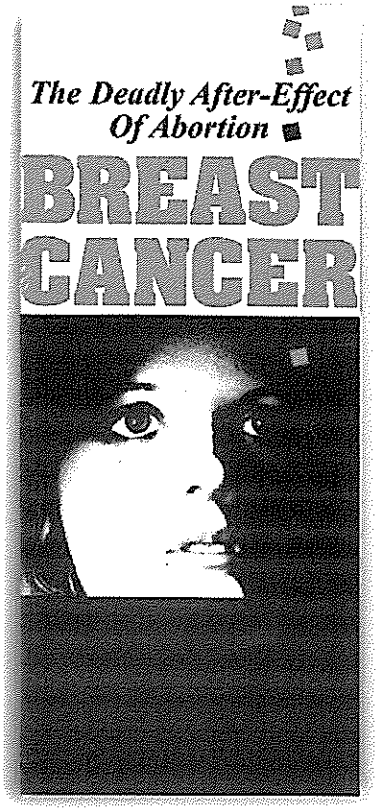
With neutral sounding names like Pregnancy Help, Inc., Pregnancy Resources Services, and Center for Pregnant Women, the CPCs seem to take great pains to conceal their anti-choice agenda; they actively seek to represent themselves as legitimate reproductive health centers. Only 25% of the surveyed CPCs clearly identify themselves as "pro-life" on their websites. Another 37.5% explicitly state that they do not recommend abortion, but still claim to provide unbiased, accurate information about the procedure to women considering it. For example, the Crisis Pregnancy Center of New York's website states that the Center "does not provide abortions or referrals for abortion but we are committed to offering accurate information about abortion procedures and risks."[20] The remaining 37.5% present themselves as entirely neutral, making it nearly impossible to discern their true anti-choice bias from their websites.

And while CPCs do not refer for abortion, they take pains to couch their

anti-abortion position in terms of concern for women and to distance themselves from the incendiary rhetoric of the anti-choice movement. Many even co-opt the language of the reproductive rights movement; references to "rights," "choices," and "informed decisions" abound. The Crisis Pregnancy Center of New York website, for example, states, "You have the legal right to choose the outcome of your pregnancy."[21] The Midtown Pregnancy Resource Center assures its potential clients that its services are delivered in "a professional atmosphere without the use of scare tactics or emotional appeals."[22] Pregnancy Help, Inc. promises, "You won't find any hype, politics, or judgment." [23]

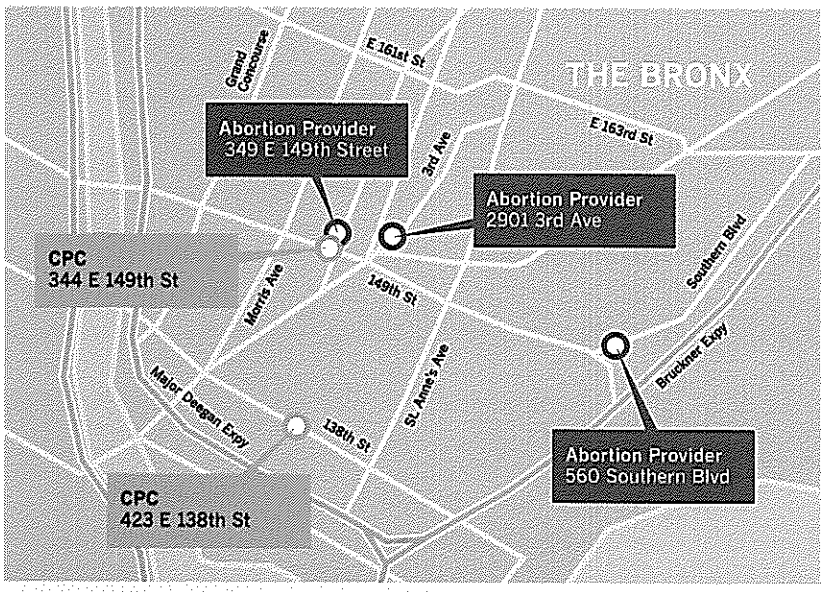
Similarly, most of the CPCs reached on the phone did not advertise their anti-choice views. Volunteer investigators reported that, on the phone, the CPCs were welcoming and seemed eager to get the caller to come in for an appointment. They did not give inaccurate information about abortion over the phone. None mentioned abortion unless asked; once asked, most said they did not recommend or refer for abortion. The majority of CPCs called did not volunteer that they were not a medical clinic until the volunteer investigator explicitly asked if she would be meeting with a doctor or nurse.

In an effort to target women seeking legitimate medical facilities, CPCs often locate themselves near clinics that offer abortion services. EMC Pregnancy Centers makes clear that strategic positioning near a medical



A CPC brochure falsely linking breast cancer to abortion.

CPCs TARGET NEIGHBORHOODS WITH ABORTION PROVIDERS



clinic is a calculated tactic, stating on its website: "One of its centers is located across the street from Planned Parenthood, and one is housed in the same building as a Planned Parenthood abortion clinic and a second abortion Mill — Dr. Emily's, and other centers are next door to, or are down the block from other abortion clinics."[24] Another eight CPCs in New York City are located within walking distance of a hospital.

Approximately 75% of investigated CPCs fail to disclose their anti-choice agenda on their websites, thereby misleading unsuspecting women who may think they are going to visit a clinic that offers medically accurate and unbiased comprehensive reproductive health information and services.

DECEIVING WOMEN

Not only do CPCs mislead women via deceptive advertising practices, but they also actively foster an impression of medical authority, often by offering free pregnancy tests. Nearly all of the surveyed CPCs offer free pregnancy testing, and this service is often prominently highlighted on their websites. In reality, these tests are self-administered urine tests that are available at any pharmacy, but by claiming to provide, as Pregnancy Resource Services advertises, "medical quality" pregnancy tests, CPCs also attract women in need of free services.[25] There is also a growing trend of CPCs providing ultrasounds in order to further deceive women about their credibility as a medical facility that meets medical standards of care, including unbiased counseling.[26] Offering ultrasounds is also a strategy to deter women from abortion based on the theory that a woman is less likely to choose to terminate her pregnancy if she is able to view her fetus or listen to the fetal heartbeat. Two of the CPCs visited offered ultrasounds and another said it would refer for one.

Even more alarming, the majority of CPCs visited asked the volunteer investigators to fill out forms that included questions soliciting personal information. For example, the EMC Pregnancy Center in the Bronx asked about relationship status, work information, and even the personal information of the "father of the baby." However, only three CPC counselors told the volunteer investigator that her information would be kept confidential, and none of them asked the investigator to sign paperwork about confidentiality or HIPAA compliance.

"She said that pregnancy releases hormones and abortion stops that process, which is harmful. She asked how far along [my friend] was and asked if her breasts felt different or sore. She said that abortion could cause breast cancer."

VOLUNTEER INVESTIGATOR AT BRIDGE TO LIFE INC. IN QUEENS

"She said all women who went through with pregnancy were happy and never regret it, whereas women who had abortions were unhappy."

VOLUNTEER INVESTIGATOR AT PREGNANCY HELP INC. IN MANHATTAN

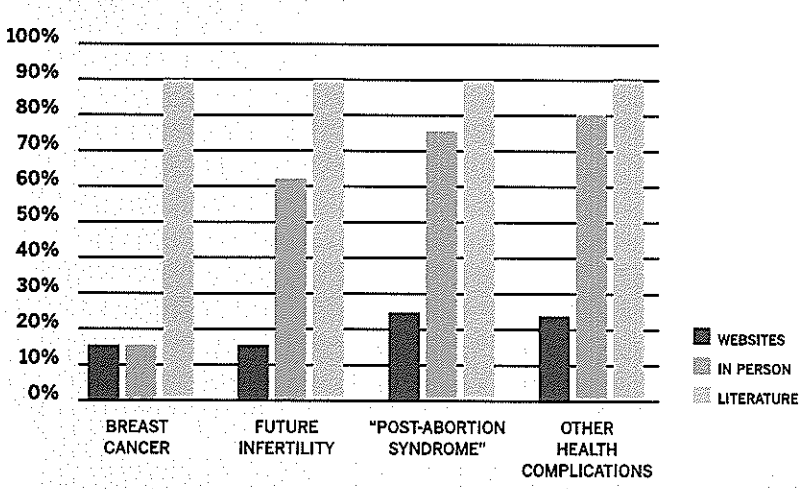
Hiding their anti-abortion agenda and giving the false impression of medical expertise serves the CPCs' dual purpose of confusing, and thereby tricking, women who may be seeking a genuine medical facility, as well as legitimizing the inaccurate information and biased counseling these centers provide.

MISLEADING WOMEN

Nearly every CPC investigated provided misleading — or sometimes entirely false — information about abortion, either through websites, written materials, or counseling sessions. They portrayed abortion as a painful, dangerous procedure that leads to a range of physical and emotional damage: future infertility, higher risk of breast cancer, "post-abortion syndrome," and other health complications, including sexual dysfunction, infection, cervical scarring, and death.

While the majority of surveyed websites simply encouraged potential clients to come in for an appointment to "get the facts" about the procedure, the CPCs that did mention abortion on their websites provided medically inaccurate information: approximately 13% claimed abortion was linked to breast cancer and future infertility, and 25% warned it could cause "post-abortion syndrome" and other health complications.

PERCENTAGE OF CPCs MAKING FALSE CLAIMS ABOUT THE RISKS OF ABORTION



"She tried to persuade me to keep it by saying that I'm 27 years old and I'm getting really old and I should start considering that because I may not be able to have children again."

VOLUNTEER INVESTIGATOR AT EMC PREGNANCY CENTER IN THE BRONX

"50% of women who have had abortions report experiencing emotional and psychological problems lasting for months or years."

WEBSITE OF PREGNANCY RESOURCE SERVICES IN STATEN ISLAND — HTTP://WWW.PREGNANCYSTATENISLANDNY.COM/ABORTION-RISKS.HTML

"Adoption allows you to move forward with your life, without the responsibility of parenting, much like abortion. The difference is adoption means life for your unborn child while abortion means death. Choose life."

WEBSITE OF THE CRISIS PREGNANCY CENTER OF NEW YORK IN STATEN ISLAND: HTTP://WWW.CPCNY.ORG/OPTIONS.HTM

CPCs were more likely to misrepresent the risks of abortion during in-person visits. Eighteen percent of CPC counselors claimed abortion led to a higher risk of breast cancer, 64% cited future infertility, 73% mentioned "post-abortion syndrome" or other mental health problems, and 82% overstated the risk of other health complications. In addition, a full 89% of CPCs visited presented all of these false claims as risks of abortion in their written materials.

In reality, abortion is one of the safest and most common surgical procedures performed in the United States. The Guttmacher Institute reports that approximately one third of American women have an abortion by age 45 and less than 0.3% of abortion patients experience a complication that requires hospitalization.[27] Studies have repeatedly found no link between abortion and increased risk of breast cancer, future infertility, or mental health problems. The National Cancer Institute concluded that abortion is not correlated with an increased risk for breast cancer, and "post-abortion syndrome" is not recognized by mainstream medical authorities, such as the American Psychological Association (APA) or the American Psychiatric Association.[28] Indeed, while women's experiences with abortion are varied, the APA has found that after an abortion, most women report feeling "relief and happiness."[29]

The false information about abortion presented as fact at the CPCs is designed solely to deter women from making the decision to have one.

DELAYING WOMEN'S DECISION-MAKING

The goal of CPCs is to prevent a woman from having an abortion, which is why one of their primary tactics is to make it harder for her to obtain one. Knowing that the further along a woman is in pregnancy the more expensive and inaccessible abortion becomes, CPC staff will try to manipulate a client into delaying a decision. Two CPC websites surveyed inappropriately suggest that a woman may be at risk for a miscarriage and thus might not even have to make a choice at all. For example, Pregnancy Resource Services states on its website, "If your pregnancy is confirmed, we also offer free ultrasound exams to determine if your pregnancy is viable. You may not even need to make this choice as you could be headed toward a natural miscarriage."[30]

The counselors at two CPCs were even more overt in their efforts to delay the client's decision-making—they provided false information

about how long a woman can wait before getting an abortion. For example, when a volunteer investigator posing as a woman who was 9.3 weeks pregnant asked a counselor at the EMC Pregnancy Center in the Bronx how long she had to make a decision, the counselor told her that "in this country you can get an abortion up to nine months" and "you've got time to think about it." In reality, abortion is prohibited after the point of fetal viability unless a woman's life or health is in danger or if the fetus is not viable.

Providing misleading information to delay decision-making is a clear strategy to make abortion more difficult to access. Having an abortion within the first trimester is safer, less expensive, and more accessible than later in pregnancy. In fact, 58% of abortion patients report that they would have preferred to have their abortion earlier but were delayed because of problems or logistical matters.[81]

By deliberately causing women to delay medical care and falsely insisting that it does not matter at what point in pregnancy a woman decides to have an abortion, CPCs are not only being dishonest but also placing an undue burden on the women for whom they claim to be advocating.

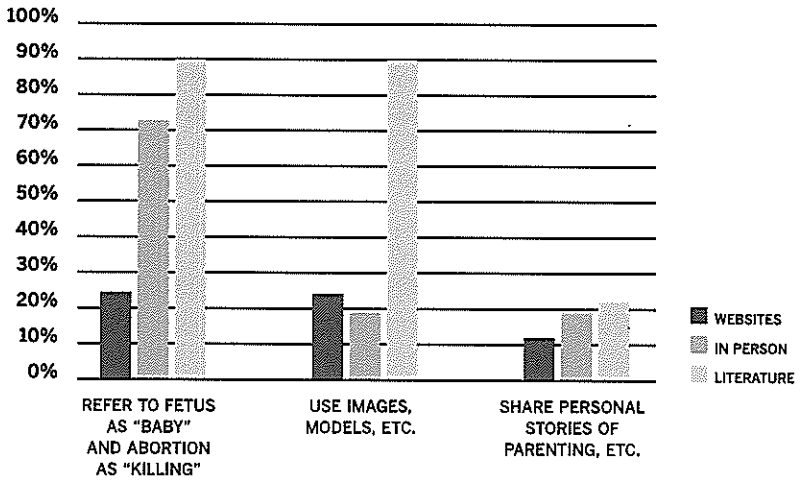
"She shared her personal story of being a single mother and said that if she could do it, I can too. She kept making raising a child sound so easy and reassured me that I can still continue school as many high schools have programs that help teenage mothers and that I can certainly go to college. "

VOLUNTEER INVESTIGATOR AT CRISIS PREGNANCY CENTER OF NEW YORK IN STATEN ISLAND

"She asked again how far along [I] was and brought over a pamphlet to show pictures of what the fetus looked like at that stage of pregnancy and emphasized how fast the baby develops and how it is a person and a living thing."

VOLUNTEER INVESTIGATOR AT BRIDGE TO LIFE, INC. IN QUEENS

PERCENTAGE OF CPCs USING EMOTIONALLY MANIPULATIVE TACTICS



EMOTIONALLY MANIPULATING WOMEN

In addition to attempting to scare women by misrepresenting the risks of abortion, many CPCs also use emotionally manipulative counseling to shame women out of choosing abortion. Although most of the surveyed CPCs describe abortion in medical terms on their websites, in person and in written materials they often used language that revealed their anti-abortion views. When describing the abortion procedure during in-person visits, 73% of the counselors referred to the fetus as a "baby" or "unborn child" and to abortion as "killing," and 89% of CPCs did so in their written materials.

Many CPCs also show images, models, or videos of fetal development to foster an emotional attachment to the pregnancy. Twenty-five percent of the surveyed CPC websites use such images, 18% of the counselors did so (sometimes while the volunteer investigator was waiting for the results of her pregnancy test), and 89% of CPCs visited included them in their written materials. For example, the AAA Pregnancy Problem Center distributed a pamphlet called "Watch Me Grow!" describing the nine months of pregnancy in a first-person narrative from the perspective of the fetus.

Another common tactic of the CPCs surveyed was to share personal stories about women regretting abortions or successfully parenting or

placing children in adoption. For example, on the Pregnancy Resource Center's website, a woman who had an abortion warns, "Truly if there was one thing I could go back and undo in my life, it would be that abortion."[32] Thirteen percent of CPC websites used personal stories, 18% of counselors told these stories in person, and 22% of CPCs visited included these stories in written materials.

In contrast to abortion, most CPCs portrayed adoption and parenting as universally positive, but offered little information on the realities of those options. For example, a counselor at the Crisis Pregnancy Center of New York shared her own story of being a single mother, dismissed the volunteer investigator's concerns about continuing her education, and assured her that "if I could do it, you can too."

Similarly, many CPCs were enthusiastic about the benefits of adoption, but few provided information about the process or the different types of adoption. Many simply lauded adoption as a "loving" or "brave" choice and told personal stories of women who had a positive experience with it.

A lack of neutrality, emotional manipulation, and shaming are not recognized components of the "unbiased options counseling" that CPCs claim to provide. Unfortunately, these coercive tactics are widely used by CPCs to discourage women from choosing abortion. While a legislative remedy may not be appropriate to address these tactics, it is critical that women entering CPCs understand that the counseling they receive will reflect an anti-choice ideology.

IGNORING THE NEEDS OF WOMEN

CPCs claim to be concerned about women facing the challenges of an unintended pregnancy, yet they do little to provide information about contraception and safe sex. Only one CPC website surveyed even mentions contraception, and this was simply to point out its failure rates.[33] During the phone investigation, when asked if they provided birth control or information on where to get birth control, all CPC operators said no. Similarly, all of the CPCs' counselors failed to discuss contraception with the volunteer investigator. A counselor at Maternity Birthcare Services advised the volunteer investigator to "use protection" but did not specify what her options were.

"Simply put, most women who choose abortion are going against their own moral codes, and this explains why they feel guilt afterwards."

PAMPHLET CALLED "HEALING AFTER ABORTION" DISTRIBUTED AT THE MIDTOWN PREGNANCY SUPPORT CENTER IN MANHATTAN

"When I purposefully put my hand on my tummy, she pointed it out and said that it's a mother's nature to protect the baby and implied that I'm showing my desire for this baby subconsciously."

VOLUNTEER INVESTIGATOR AT THE CRISIS PREGNANCY CENTER OF NEW YORK IN STATEN ISLAND

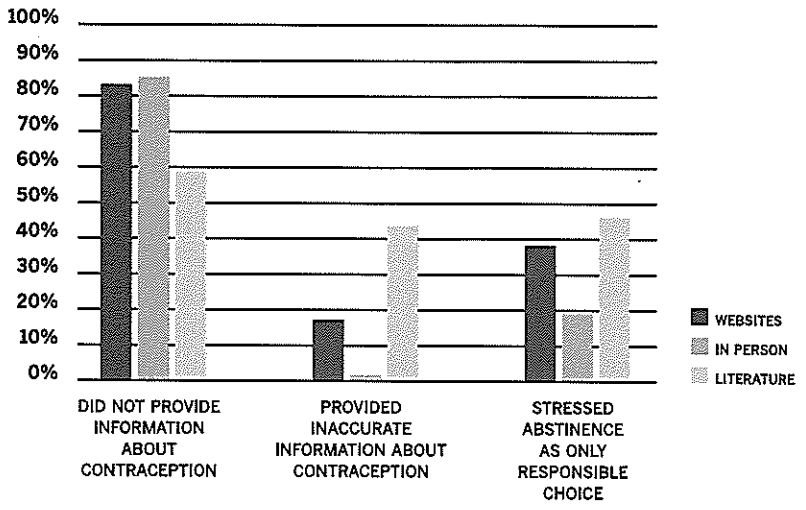
"The condom's biggest flaw is that those using it to prevent the conception of another human being are offending God."

PAMPHLET CALLED "THE FLAWED CONDOM: SPOTTING THE BIG HOLES IN CONDOM PROPAGANDA" DISTRIBUTED AT THE EMC PREGNANCY CENTER IN BROOKLYN

"You can decide to be abstinent before you become sexually active, or after. If you've already blown it you can still start again. Everyone makes mistakes."

PAMPHLET CALLED "THE TRUTH ABOUT SEX" DISTRIBUTED AT THE EMC PREGNANCY CENTER IN BROOKLYN

PERCENTAGE OF CPCs PROVIDING LITTLE OR INACCURATE INFORMATION ABOUT CONTRACEPTION



Furthermore, in their written materials and pamphlets, many CPCs actively discouraged the use of various forms of contraception by providing false and misleading information about their effectiveness. While 56% of CPCs visited provided no written literature about contraception, the remaining 44% gave inaccurate information about the efficacy and/or risks of contraception. For example, a few CPCs distributed pamphlets that claim condoms are permeable to HIV and vastly overstate their failure rate.[34] Others assert that emergency contraception and other hormonal contraceptives can cause abortion and may have harmful long-term effects.[35]

In addition to undermining confidence in contraception, many CPCs promote abstinence-only-until-marriage as the only risk-free and responsible choice. Thirty-six percent of surveyed websites refer to abstinence-only-until-marriage as the only effective way to prevent sexually transmitted diseases (STDs) and unintended pregnancies and stress that abstinence until marriage is the only option for a happy, healthy life. Eighteen percent of CPC counselors echoed this view, and 44% of CPCs visited distributed literature advocating abstinence-only-until-marriage.

With a single-minded focus on abstinence, CPCs place ideology over the real needs of their clients and fail to provide a critical preventive service to women who are already sexually active, depriving them of information they need to prevent unintended pregnancies in the future.

CONCLUSION

NARAL Pro-Choice New York Foundation and the National Institute for Reproductive Health believe that the deceptive and manipulative practices of CPCs must be exposed. Women facing unintended pregnancies have a right to accurate, unbiased, and comprehensive information about their full range of options. They deserve to know whether the "options counseling" and information they receive is based on medical fact or anti-choice ideology and whether the facility they are walking into is in fact a health care facility — and therefore required to abide by privacy laws — or simply posing as one. Women deserve the truth so that they can make the best decision about an unintended pregnancy for themselves and their families.

We believe that a woman who visits a CPC when faced with an unintended pregnancy should, at minimum, have the right to know:

- Whether she will, in fact, receive comprehensive options counseling, including information and referrals for abortion and contraception;
- Whether or not she will be meeting with a licensed medical provider and that only a licensed medical provider is qualified to accurately date a pregnancy; and
- That if she gives her private, personal information to the CPC staff it will be treated confidentially.

While not every dishonest practice that our investigation exposed can be remedied through legislation, public education can arm women with the facts about the true agenda of CPCs. Our hope is that this report will also promote public conversation and increase public awareness of the full range of deceptive practices employed by CPCs in New York City.

APPENDIX

APPENDIX 1: LIST OF CPCs INVESTIGATED IN NEW YORK CITY

Name	Location	Website	Researched Funding	Spoke on Phone	Visited In-person
Pregnancy Help, Inc.	233 W. 14th St. New York, NY	http://pregnancyhelpnyc.org/	X	X	X
Midtown Pregnancy Support Center	110 E. 40th St., Suite 706 New York, NY	http://www.mpsc.org/faq.php	X	X	X
Maternity Birthcare Services	1011 1st Ave., 2187 New York, NY	no site	X		X
Sisters of Life	320 E. 66th St. New York, NY	http://sistersoflife.org/	X	X	X (e-mail)
EMC Pregnancy Center	419 Lafayette St. New York, NY	http://emcfrontline.org/	X		X
The Bridge to Life, Inc	23-40 Astoria Blvd. Astoria, NY	http://www.thebridgetolife.org/index.htm	X	X	X
EMC Pregnancy Center	11311 Jamaica Ave. Richmond Hill, NY	http://emcfrontline.org/	X		
EMC Pregnancy Center	195-04 Hillside Ave. Hollis, NY	http://emcfrontline.org/	X		
EMC Pregnancy Center	3765 104th St. Corona, NY	http://emcfrontline.org/	X		
AAA Pregnancy Problem Center	6802 5th Ave. Brooklyn, NY	no site	X	X	X
Center for Pregnant Women	191 Joralemon St., 7th Fl. Brooklyn, NY	http://www.ccbq.org/program.htm	X	X	
EMC Pregnancy Center	44 Court St. Brooklyn, NY	http://emcfrontline.org/	X		X
EMC Pregnancy Center	226A W. 238 St. Bronx, NY	http://emcfrontline.org/	X		
EMC Pregnancy Center	344 E. 149th St., 2nd Fl. Bronx, NY	http://emcfrontline.org/	X		X
Pregnancy Resources Services	15 Treadwell Ave. Staten Island, NY	http://www.pregnancystatenislandny.com/	X	X	X
Crisis Pregnancy Center of New York	38 10th St. Staten Island, NY	http://www.cpcny.org/	X	X	X

APPENDIX 2: PHONE SURVEY QUESTIONS

Q1 I think I might be pregnant and I don't know what to do. Can you help me? What type of services do you provide? (Note any lack of/mention of abortion.)

Q2 How long will the appointment take? How long will the results of the pregnancy test take?

Q3 Will I be meeting with a doctor? Nurse? Physician's assistant?

Q4 What will the appointment involve? What will the doctor/nurse/PA do?

Q5 If I'm not pregnant, can I get birth control from you? Can you tell me where I can get birth control?

Q6 How much will all of this cost?

Q7 Describe the phone call made to the CPC.

APPENDIX 3: POST-VISIT SURVEY

01 PLEASE DESCRIBE THE CPC:

1a Did it feel like a clinic? ❑ Yes ❑ No

1b Was it in a building with other medical offices? ❑ Yes ❑ No

1c Was it near a hospital? ❑ Yes ❑ No

1d Was it near a Planned Parenthood or other women's health center? ❑ Yes ❑ No

- If yes, which one?

02 PLEASE DESCRIBE THE WAITING ROOM EXPERIENCE:

2a How long were you left in the waiting room?

2b Did the waiting room in the CPC feel like a clinic waiting room? ❑ Yes ❑ No

- If yes, please describe (what kind of decorations, posters, what else was in the room.)

2c Did you see any pamphlets or reading material? ❑ Yes ❑ No

- If yes, please describe the material (what kind of magazines and flyers, were they religious, were they health-related?)

2d How many people were in the waiting room?

2e Describe the other people waiting (approximate age, gender, ethnicity, any other children, couples, general demeanor, e.g. nervous, excited, etc.).

03 HOW MANY STAFF MEMBERS DID YOU COME IN CONTACT WITH AT THE CPC?

04 PRIMARY STAFF PERSON (OPTIONS COUNSELOR):

4a Was the person male or female? ❑ Male ❑ Female

4b Was the person wearing a medical uniform or lab coat? ❑ Yes ❑ No

4c How did this person present him/herself to you?

❑ Doctor ❑ Nurse ❑ Volunteer ❑ Clinician ❑ Counselor

- If something other than above, please describe.

05 SECONDARY STAFF PERSON

5a Was the person male or female? ❑ Male ❑ Female

5b Was the person wearing a medical uniform or lab coat? ❑ Yes ❑ No

5c How did this person present him/herself to you?

❑ Doctor ❑ Nurse ❑ Volunteer ❑ Clinician ❑ Counselor

• If something other than above, please describe.

06 WERE YOU TOLD THAT YOUR INFORMATION WOULD BE KEPT CONFIDENTIAL?

❑ Yes ❑ No

07 DID YOU HAVE TO SIGN PAPERWORK ABOUT CONFIDENTIALITY OR HIPAA?

❑ Yes ❑ No

08 DID YOU TAKE A PREGNANCY TEST?

❑ Yes ❑ No

8a If yes, how long did it take to process your pregnancy test?

❑ Less than 5 minutes ❑ About 30 minutes ❑ About 1 hour ❑ More than 1 hour

• If more than 1 hour, about how long?

8b Test results ❑ Positive ❑ Negative

8c What did you do while they processed the pregnancy test? Did you receive counseling or were you left in the waiting room? Please describe:

09 WERE YOU SHOWN A SLIDE SHOW, VIDEO, FETAL MODELS, OR PHOTOGRAPHS?

❑ Yes ❑ No

• If yes, please describe:

10 DID THE STAFF PERSON USE A GESTATIONAL WHEEL TO GIVE YOU AN APPROXIMATE:

10a Number of weeks pregnant? ❑ Yes ❑ No

10b Date of conception? ❑ Yes ❑ No

10c Due date? ❑ Yes ❑ No

10d Please elaborate:

11 DID ANYONE TELL YOU THAT THE CPC WOULD PERFORM AN ULTRASOUND IF THE PREGNANCY TEST WAS POSITIVE?

❑ Yes, they offered ❑ Yes, when I asked directly
❑ No, refused to discuss when asked ❑ No, didn't offer and I didn't ask

• If yes, please explain the reason they gave for providing ultrasounds:

12 DID YOU FEEL PRESSURE FROM THE CPC STAFF TO MAKE A CERTAIN DECISION ABOUT YOUR PREGNANCY?

❑ Yes, to have abortion ❑ Yes, to continue pregnancy and parent
❑ Yes, to choose adoption ❑ No pressure in any direction

12a When/if you expressed your decision (to have an abortion, keep the baby, etc.), how did they react?

❑ Respectfully accepted ❑ Tried to change my mind/persuade
❑ Openly hostile/disapproving of my decision

12b If the staff person tried to convince you to choose a different option, what specifically did they say?

13 DID ANYONE TALK TO YOU ABOUT ABORTION?

❑ Yes, they offered ❑ Yes, when I asked directly
❑ No, they didn't offer and I didn't ask ❑ No, refused to discuss when asked

13a If they discussed abortion, did they discuss any of the following issues/risks? (check all that apply)

❑ breast cancer ❑ future fertility ❑ sexual dysfunction ❑ fetal pain ❑ medical complications
❑ other risk to fetus ❑ mental health problems ❑ post-abortion stress syndrome
❑ moral judgment/moral issues ❑ religious/spiritual issues

13b Please elaborate on what they discussed.

13c Did they provide fact sheets or other materials on abortion? ❑ Yes ❑ No

13d If they talked to you about abortion, did they describe the abortion process/procedure? ❑ Yes ❑ No

- If yes, how did they describe the abortion process (e.g. what terms did they use? fetus, baby, child, medical terms, names of instruments used, terminate, kill, etc.)?

13e Did they give you any referrals or resources for where to get abortion services?

❑ Yes, they offered ❑ Yes, when I asked directly
❑ No, didn't offer and I didn't ask ❑ No, refused to discuss when asked

- If yes, what resources did they give you?
- If no, what reasons did they give for being unable to refer you/give you resources?

14 DID ANYONE TALK TO YOU ABOUT ADOPTION?

❑ Yes, they offered ❑ Yes, when I asked directly
❑ No, didn't offer and I didn't ask ❑ No, refused to discuss when asked

15 DID ANYONE TALK TO YOU ABOUT RESOURCES AND HELP THAT WOULD BE AVAILABLE TO YOU IF YOU CARRIED THE PREGNANCY TO TERM?

❑ Yes, they offered ❑ Yes, when I asked directly
❑ No, didn't offer and I didn't ask ❑ No, refused to discuss when asked

15a If yes, what resources did they offer (e.g. maternity/baby clothes, prenatal care, prenatal support, living support, etc.)?

15b Did they discuss any requirements for receiving these resources? ❑ Yes ❑ No

- If yes, what were the requirements?

16 WERE YOU PROMISED ANY SORT OF FINANCIAL ASSISTANCE IF YOU CONTINUED YOUR PREGNANCY?

❑ Yes ❑ No

- If yes, how much and what type of assistance?

17 IS THERE ANYTHING ELSE ABOUT YOUR EXPERIENCE (POSITIVE OR NEGATIVE) THAT YOU THINK WE SHOULD KNOW ABOUT? WERE YOU SURPRISED BY ANYTHING THAT OCCURRED? PLEASE PROVIDE DETAILS OF ANY IMPRESSIONS OR FEELINGS.

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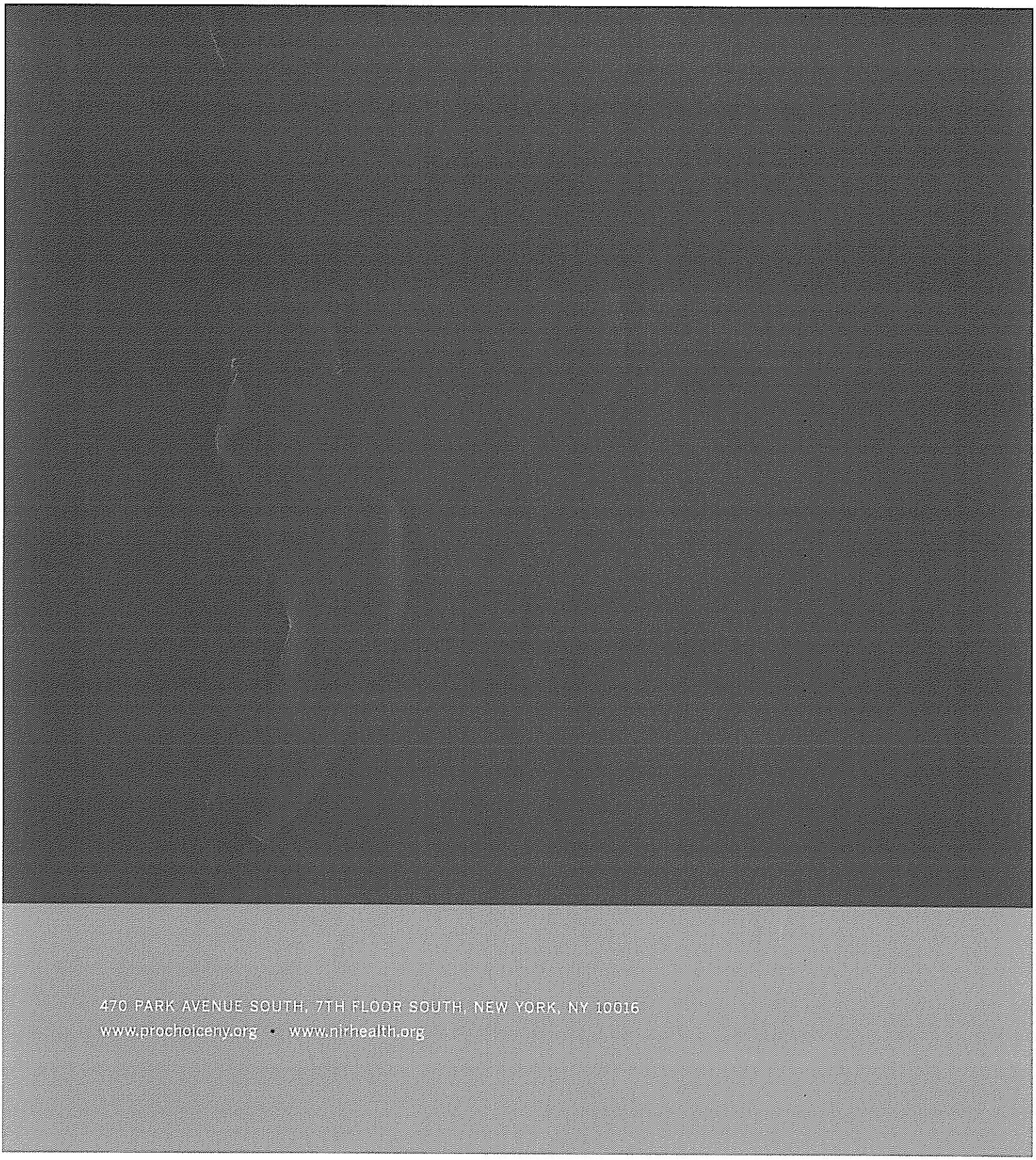
35 EMC Pregnancy Center in the Bronx and the EMC Pregnancy Center in Brooklyn.

NARAL PRO-CHOICE NEW YORK FOUNDATION works to protect and advance access to the full range of reproductive health care to help women, men and teens stay healthy and safe.

THE NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH is an innovation institute for state and local organizations working on reproductive health issues. We offer strategic guidance, hands-on support, and funding to help state and local leaders remove barriers to health care, win public battles, and change public policies. Together, we are helping women in communities all across the country gain access to the full range of quality reproductive health care options, the freedom to exercise their reproductive rights, and the opportunity to have healthy pregnancies.

ACKNOWLEDGEMENTS

"She Said Abortion Could Cause Breast Cancer:" A Report on the Lies, Manipulations, and Privacy Violations of Crisis Pregnancy Centers was authored by staff at the NARAL Pro-Choice New York Foundation and National Institute for Reproductive Health. The Report was modeled on *The Truth Revealed*, created by the Maryland NARAL Pro-Choice Fund, January 2008. Primary research was conducted by volunteer members of the Activist Leadership Circle.



470 PARK AVENUE SOUTH, 7TH FLOOR SOUTH, NEW YORK, NY 10016
www.prochoiceny.org • www.nirhealth.org

NARAL
Pro-Choice New York Foundation

NATIONAL
INSTITUTE FOR
REPRODUCTIVE
HEALTH

For the Record

Date: November 15, 2008
Submitted by: Jean Bucaria,
Deputy Director
Contact: 212.627.9895

Testimony on Behalf of the National Organization for Women

New York City Chapter (NOW-NYC)

On

Limited Service Pregnancy Centers (Int. No. 371)

The National Organization for Women-New York City is in full support of the proposed Limited Service Pregnancy Centers bill (Int. No. 371) for New York City which would require that limited service pregnancy centers, which NOW-NYC refers to as crisis pregnancy centers (CPC's), disclose in clearly posted signs on-site and on any web site or written advertisement that they do not provide abortion or FDA-approved contraceptive drugs or devices or referrals for abortion or contraceptives. The bill also requires that these centers make it clear if a licensed medical provider is not available, and it has measures built in to enforce compliance.

As a pro-choice women's rights organization, we speak on behalf of our members, representing thousands of women and men across the five boroughs of New York City, who agree that this bill is a necessary measure to ensure that women are able to obtain comprehensive reproductive healthcare without being deceived, misled, or given false information about their own health status or choices.

Crisis pregnancy centers intentionally mislead women by posing as medical providers, from which the public would have a reasonable expectation of receiving unbiased and factual health information. Instead, it's been demonstrated that these centers often provide inaccurate information, harming women by trying to prevent them from obtaining the information they need to make a well-informed decision on what's best for their health and their life.

How can we legally allow a facility to pose as a medical provider to women without any safeguards or disclosure requirements in place? In what other area of healthcare would we allow clinics that look like real medical facilities set up shop and give people information on their health without a license or provide information that is false? It sounds ridiculous. Yet this is exactly what's happening to women seeking reproductive healthcare, and it has to stop.

Here in New York City, there are more than a dozen crisis pregnancy centers. Most claim to offer services such as pregnancy testing and ultrasounds, but they are not actually licensed by the state of New York to provide any medical services. This is intentionally misleading. Their actual purpose is plain and simple: to dissuade women facing an unplanned pregnancy from having an abortion.

Testimony on Behalf of the National Organization for Women
New York City Chapter (NOW-NYC)
Limited Service Pregnancy Centers (Int. No. 371)

Most New Yorkers have become familiar with the series of subway ads for "Free Abortion Alternatives," which provide the phone number for one of a chain of 10 Crisis Pregnancy Centers operating across the five boroughs—EMC Frontline Pregnancy Centers. While the main EMC Frontline Pregnancy Center web site—www.emcfrontline.org—clearly states their anti-choice agenda by proclaiming that they are "on the frontlines for life....in The Abortion Capital of America" other crisis pregnancy center web sites, even different web sites for some of the EMC Frontline Centers appear more neutral. For example, many of the EMC Frontline Pregnancy Centers also advertise through innocuous sounding web sites like findpregnancyhelp.com/NYC or www.abortion-options.com that contain misleading and false information. In fact, abortion-options.com, which posts the locations and phone numbers of EMC Frontline Pregnancy Center locations, lists among its services: "Free pregnancy tests, Free sonograms, STD testing, Gynecology, and Family Planning." It also states "Most insurance/HMOs Accepted" and claims to host "Board-Certified Physicians." This is followed by the statement, "Alternatives and Options offers free pregnancy tests, ultrasounds, and material help to those facing a crisis pregnancy or thinking of abortion as an alternative through 10 help centers located throughout the greater New York City area." Does this sound like a facility that may not have a licensed physician on site or a place that would not even provide a referral to an abortion provider? Investigations into crisis pregnancy centers both locally and nationwide have shown that a licensed physician is often not found on site. Furthermore, none of these centers in New York City offer birth control (other than the recommendation of abstinence) and they will not even refer a woman to places that do.

What the ads and web sites for these centers have in common is their advertising approach in listing a range of services, such as "FREE Confidential Options Counseling" and "FREE pregnancy tests." By listing out services and health insurance availability the crisis pregnancy centers aim to convey medical authority and the idea that they provide a range of options to potential clients, when this could not be further from the truth.

Perhaps the clearest evidence that these centers intentionally aim to be misleading is their physical location—they are always located within walking distance of an abortion provider—sometimes even in the same building (see attached exhibit). To a young woman riding the train home, doing a frantic web search, looking in the yellow pages, or even walking by, it's easy to see how these centers could be confused with a legitimate woman's health clinic—one that would offer a full range of medical services and scientifically-backed information and referrals.

What women are getting instead is a slew of misinformation that remains unsupported by any authority or major organization in the medical establishment. As NARAL Pro-Choice New York detailed in its recent report that investigated 16 crisis pregnancy centers across the city, women that seek information from crisis pregnancy centers are often wrongly told that abortion causes a higher risk of breast cancer or that they will become infertile, and the procedure is inaccurately portrayed as extremely dangerous. In reality, abortion is one of the most common medical procedures performed in the U.S. and there isn't one mainstream medical authority that supports these claims.

Testimony on Behalf of the National Organization for Women
New York City Chapter (NOW-NYC)
Limited Service Pregnancy Centers (Int. No. 371)

A NOW-NYC volunteer who works as a counselor for a local abortion provider in New York City said that this is all very familiar to her. She noted that pregnant teens are especially vulnerable to the manipulations of crisis pregnancy centers, often going there first to get help without realizing that they are not going to get unbiased and medically accurate information and guidance. She said that for these young women who are seeking an abortion, a mistaken visit to a crisis pregnancy center fills them with unnecessary fear and confusion. She's heard numerous clients say, "They told me that I'll never be able to have a baby. Is that true?" As this counselor puts it, "These young women need a medically sound perspective to inform them about what all their actual options are," and "At the end of the day the power should be in the hand of the woman."

These findings also corroborate what a 2006 congressional report requested by Representative Henry Waxman found—that 87% of crisis pregnancy centers receiving federal funding provide false information. Although none of the New York City centers receive federal or state funds at this time, it's clear that they are misrepresenting themselves as unbiased, medical authorities and as a result are preventing women from getting comprehensive and accurate information so that they can make an informed choice that works best for them. It's clear that New York City needs to act.

Baltimore, Maryland and Austin, Texas have already passed similar disclosure laws. Congresswoman Carolyn Maloney from New York and Senator Robert Menendez of New Jersey are already working to tackle this problem on a national level, recently reintroducing the Stop Deceptive Advertising Women's Services Act which would enable the Federal Trade Commission to penalize organizations that mislead women.

If we care about women, then it is our charge and that of our city and community to protect and ensure women's access to comprehensive and unbiased medical care. If we do not pass this bill, we are failing the women of this city and blocking their right to have clear access to legal abortion and to medically and scientifically accurate information about their own selves and bodies. Thank you.

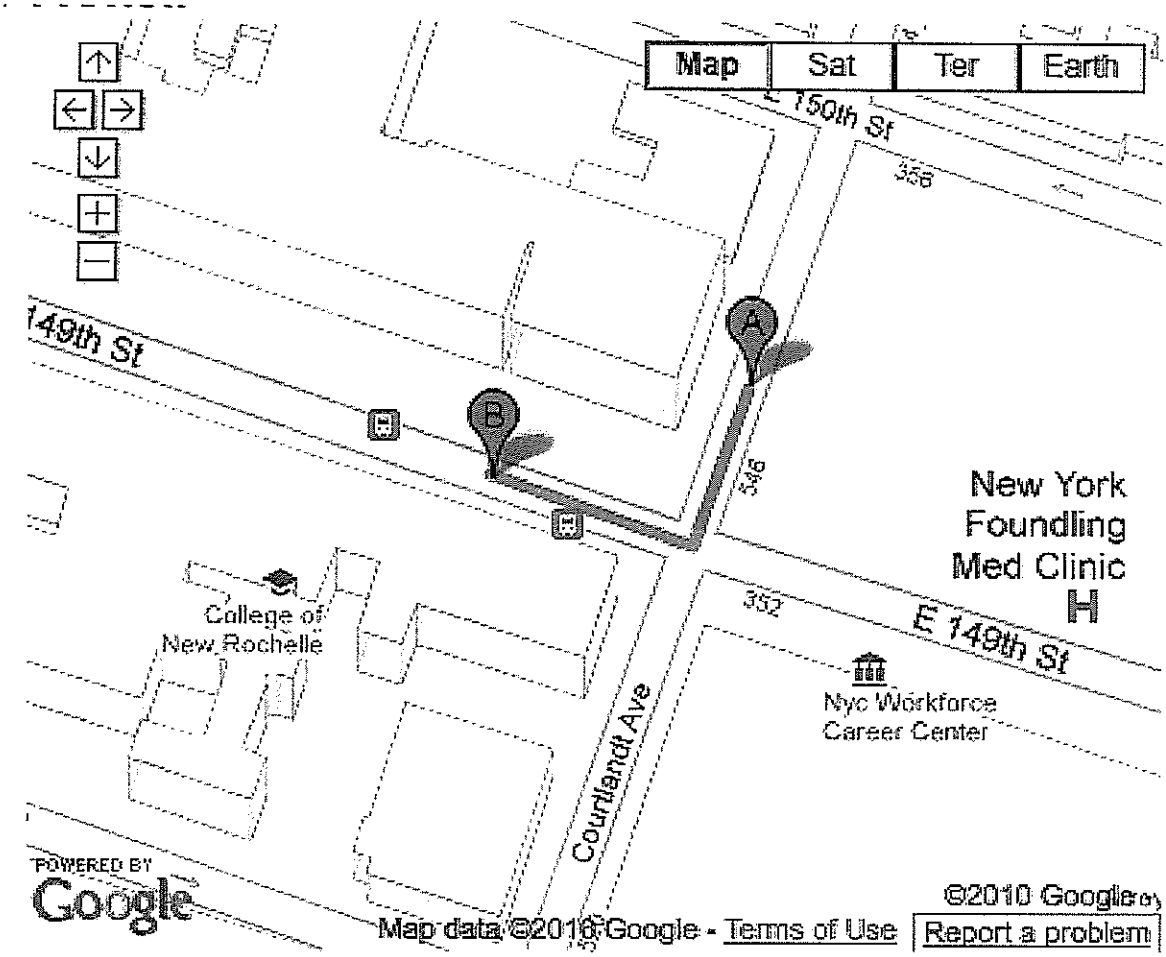
About NOW-NYC: The National Organization for Women is the nation's largest organization working to advance women's rights and improve women's lives. The New York City Chapter of NOW, founded in 1966, is the largest chapter in the country with 5,000 members locally and 35,000 statewide. NOW-NYC works to promote women's reproductive rights, secure women's economic empowerment, and end violence and discrimination against women.

Crisis Pregnancy Centers Located Near Licensed Women's Healthcare Providers
Exhibit to Accompany Testimony of NOW-NYC (7 pages total)

Bronx

A) Planned Parenthood
349 E 149th Street, 2nd Floor Bronx, NY 10451

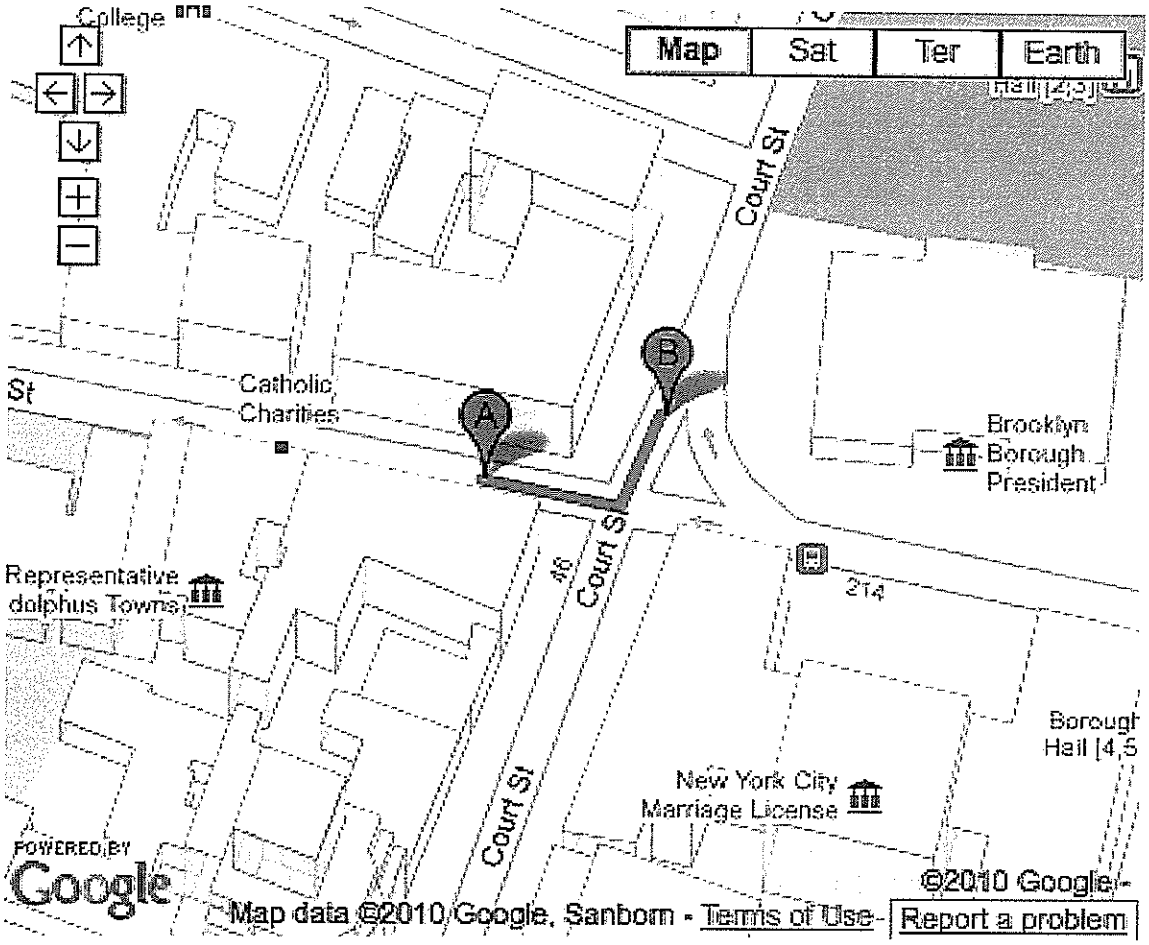
B) EMC PREGNANCY CENTER
344 East 149th Street, 2nd Floor Bronx, NY 10451
Distance: 52 feet



Brooklyn

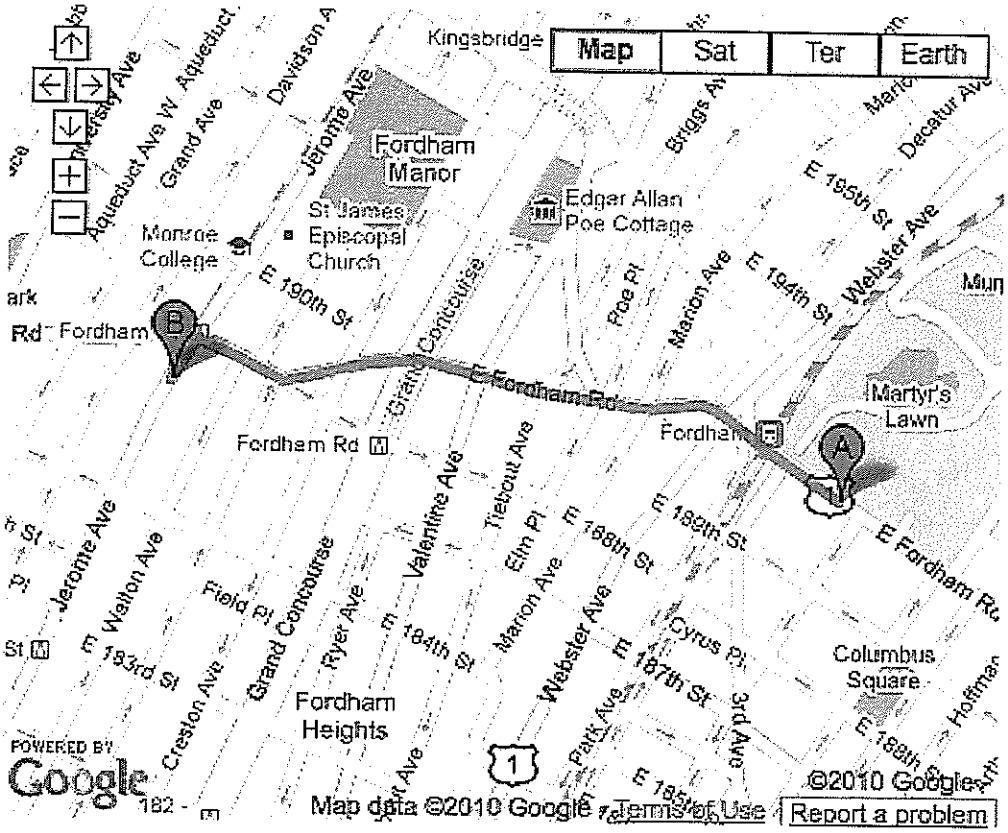
A) Planned Parenthood
44 Court Street 6th Floor
Brooklyn, NY 11201

B) EMC PREGNANCY CENTER
44 Court Street, Suite 1205
Brooklyn, NY 11201
Distance: 135 feet



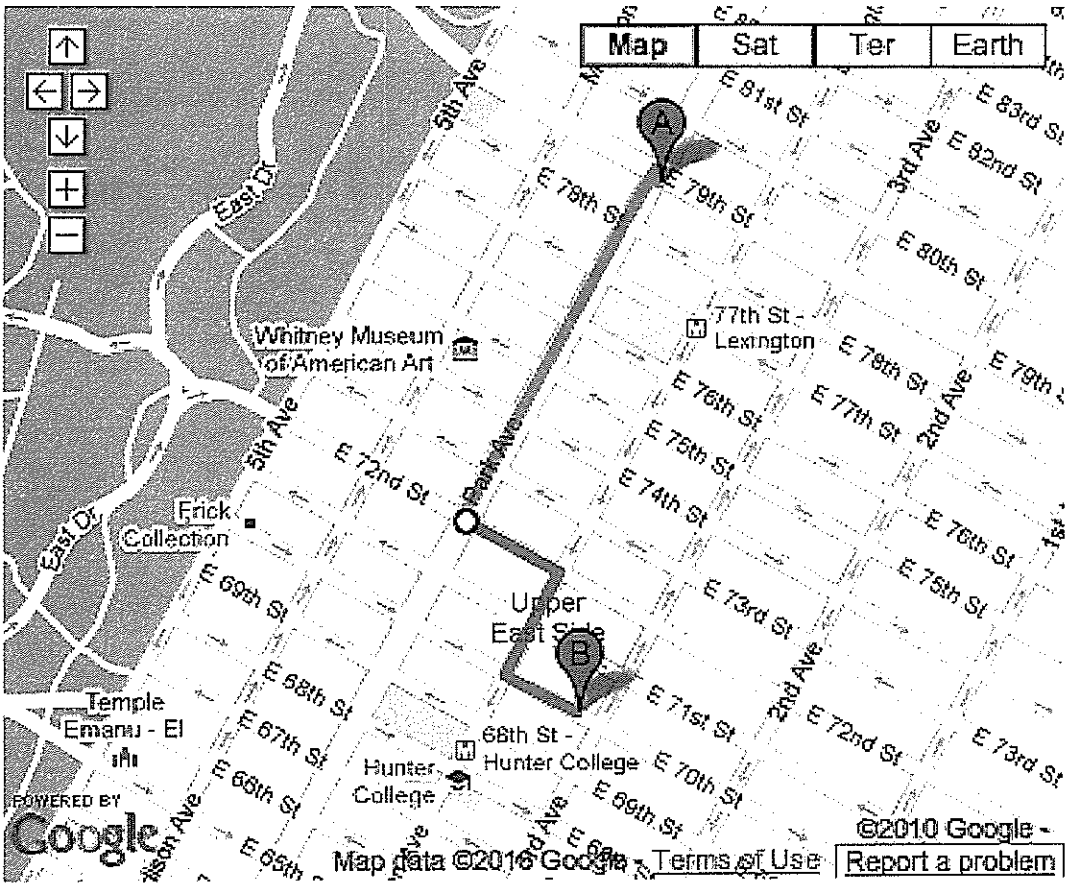
A) Abortion Clinic
468 E Fordham Rd
Bronx, NY 10458

B) EMC PREGNANCY CENTER
2435 Jerome Ave.
Bronx, NY 10468
Distance: .7 miles



A) Women's Medical Center
560 Southern Boulevard, Bronx, NY

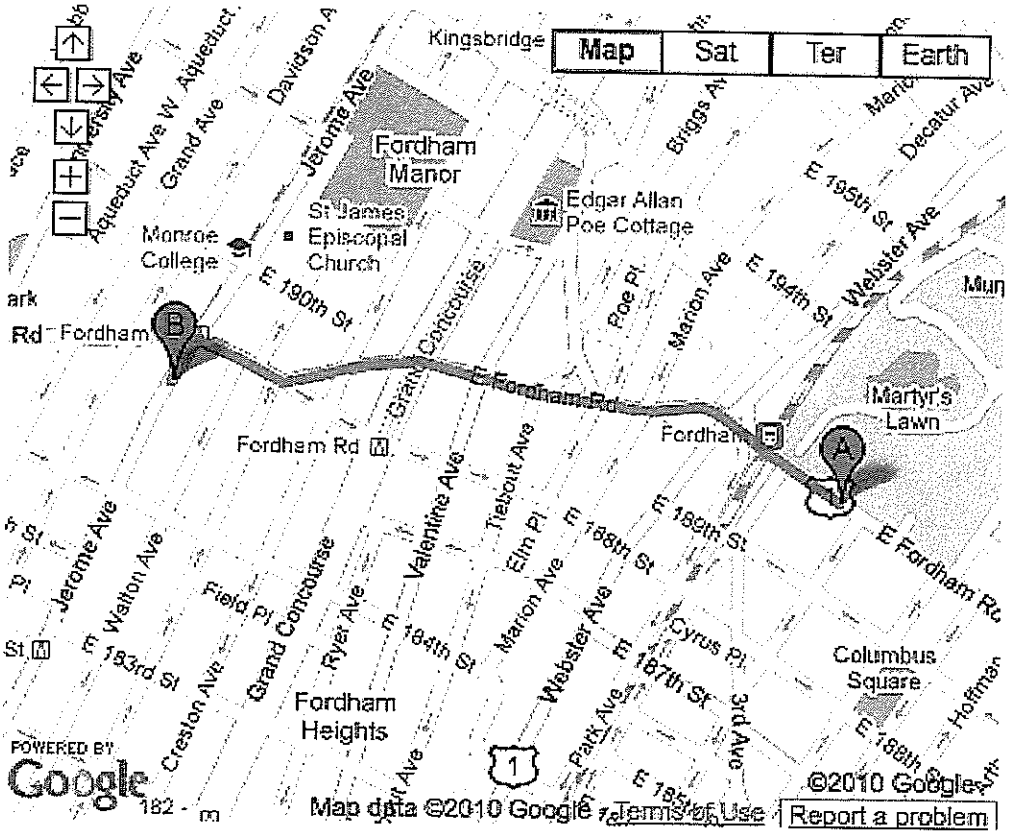
B) EMC PREGNANCY CENTER
4377 Bronx Boulevard, NY
Distance: .5



View Larger Map

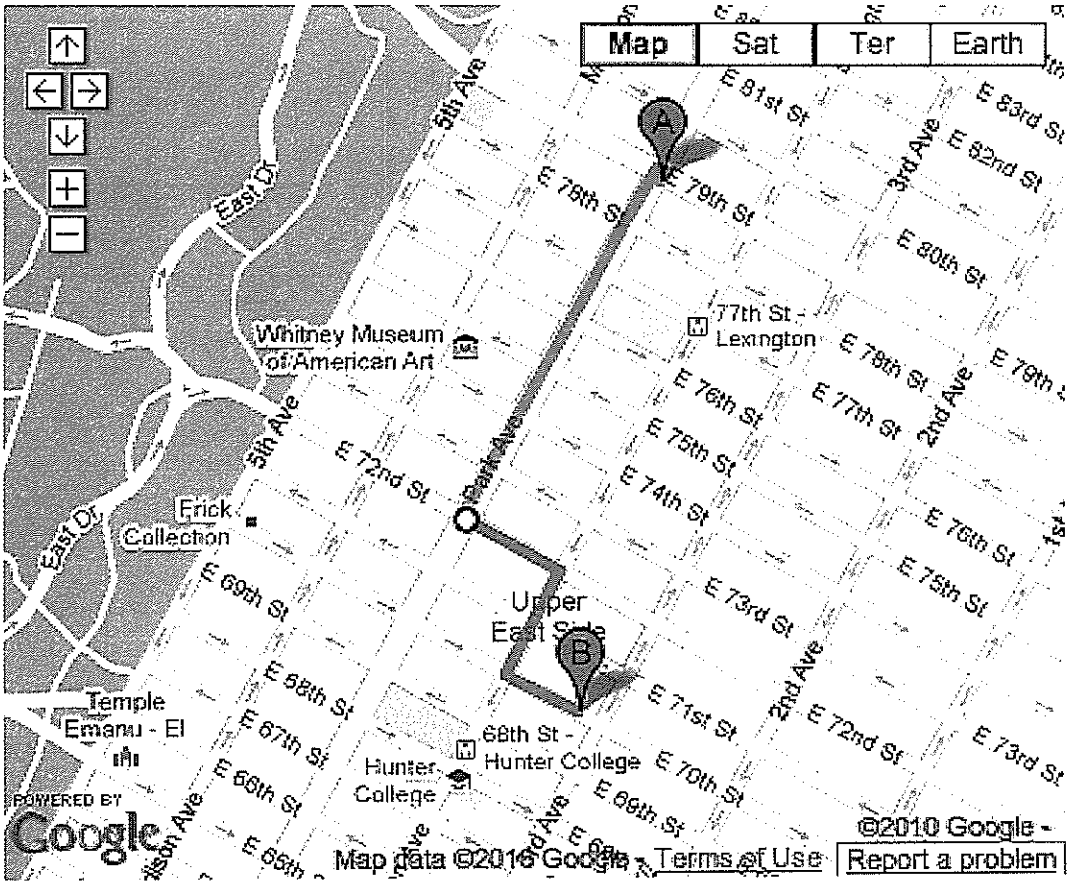
A) Abortion Clinic
468 E Fordham Rd
Bronx, NY 10458

B) EMC PREGNANCY CENTER
2435 Jerome Ave.
Bronx, NY 10468
Distance: .7 miles



A) Women's Medical Center
560 Southern Boulevard, Bronx, NY

B) EMC PREGNANCY CENTER
4377 Bronx Boulevard, NY
Distance: .5

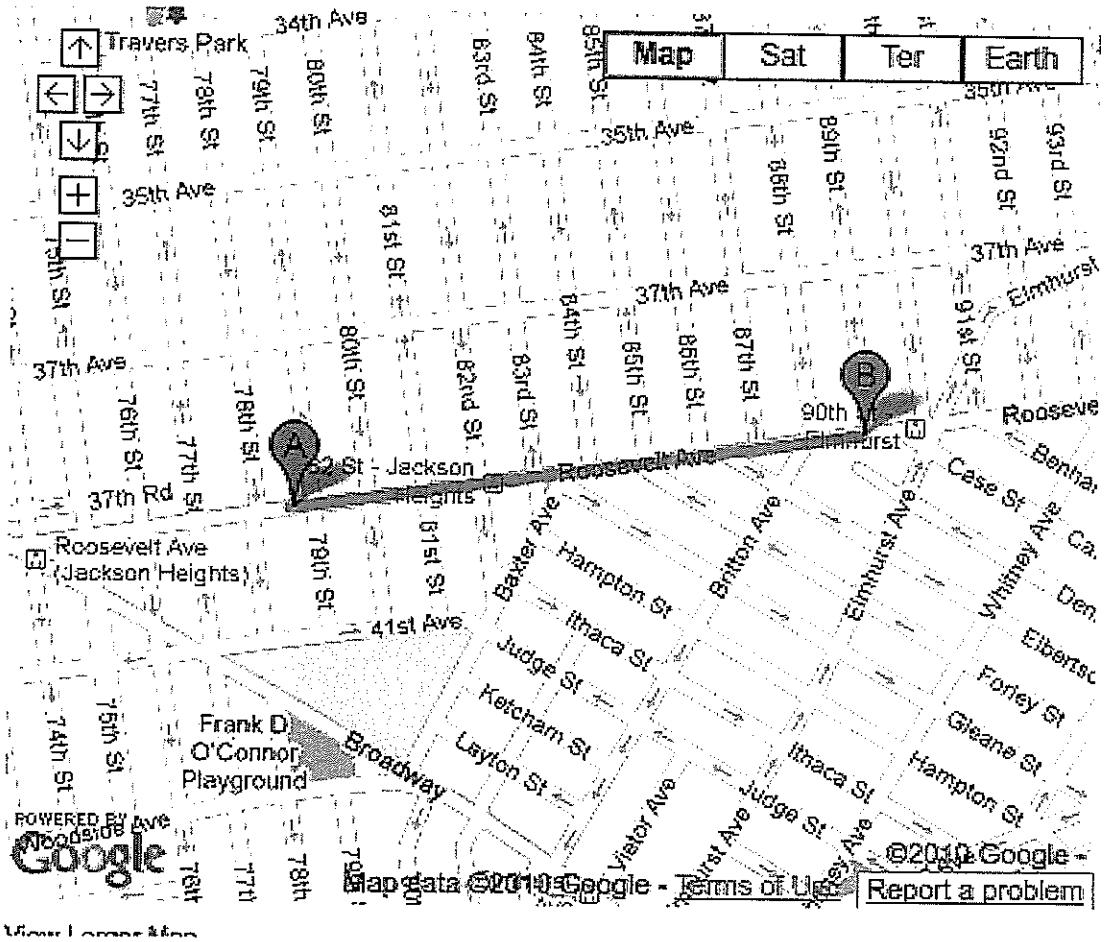


View Larger Map

Queens:

A) Roosevelt Women's Medical Care - 718-205-0234
78-13 Roosevelt Ave., Jackson Heights, NY 11372

B) EMC PREGNANCY CENTER
89-08 Roosevelt Ave. 2nd Floor, near 89th St.
Jackson Heights, NY 11368
Distance: .5 miles



Concerned Clergy for Choice
Family Planning Advocates of NYS
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Testimony to the New York City Council on Limited Services Pregnancy Centers
Concerned Clergy for Choice, Rabbi Dennis S. Ross, MSW, LMSW, Director
November 16, 2010

I am Rabbi Dennis Ross, director of Concerned Clergy for Choice. I am here today on behalf of our multi-faith statewide network of 1,000 religious leaders. We urge you to support introduction code 371 regulating limited services pregnancy centers. We want women to get honest medical care.

Our network includes clergy from a wide spectrum of denominations: Baptist, Episcopal, Lutheran, Methodist, Presbyterian, Unitarian clergy, as well as rabbis, pro-choice Catholics and Muslims. We believe that a woman facing an unplanned pregnancy needs all the medical facts to reach the decision that is right for her. And we support her in her decision, be it carrying to term, placement in foster care or adoption, and abortion.

I work with the Education Fund of Family Planning Advocates of New York State and the more than 800 Planned Parenthood health centers nationwide. I am an ordained rabbi and licensed a social worker in New York State. I also hold a certificate in "All-options Clergy Counseling" for unplanned pregnancies from the Religious Coalition for Reproductive Choice. This credential represents the commitment to present a full spectrum of faith teachings and referral for honest medical care, whatever direction a woman's spirit leads her. When I am called upon to provide pastoral care, like our network members, I would never refer a woman to a so-called "crisis pregnancy center." We refer only to health centers like Planned Parenthood where trained counselors compassionately review all the options with the patient. We affirm that, as a matter of faith, a woman is entitled to know everything, especially when feeling frightened and vulnerable.

Finally, Concerned Clergy supports this proposal as the latest chapter in the long history of New York clergy advocacy for access to reproductive health care. Clergy were encouraged by the opening of the nation's first birth control clinic in Brooklyn in 1916. In 1921, Rabbi Maxwell Silver invited the nation's first birth control advocates to address the congregation from the pulpit of the Free Synagogue of Flushing, in Queens. In 1970, when New York became one of the first states to legalize abortion, clergy were instrumental in the opening of the first abortion clinic in Manhattan. Three years prior – and six years before the United States Supreme Court decision in *Roe v. Wade* – 21 New York City Clergy formed the Clergy Consultation Service on Abortion to refer women for safe, affordable and compassionate medical care (please see attached news clip). These clergy came forward because they were left heartsick after provide pastoral care or funeral services for young women abandoned without access to safe medical care. This pastoral care experience demonstrated that, when a woman knows her pregnancy is not right for her, she will do whatever it takes, to the point of risking her health and life. Today we know that putting her health and safety first is the smart thing to do.

Thank you for the opportunity to address you today, as I urge you to support introduction 371 regulating full disclosure at limited pregnancy services centers.

CLERGYMEN OFFER ABORTION ADVICE

21 Ministers and Rabbis Form New Group—Will Propose Alternatives

By EDWARD B. FISKE

Twenty-one Protestant ministers and rabbis in New York City have announced the establishment of a Clergymen's Consultation Service on Abortion to assist women seeking abortions.

The Rev. Howard R. Moody, spokesman for the group, said that its services, which begin today, would include assistance in obtaining legal therapeutic abortions and advice on such alternatives as keeping the child or having him put up for adoption.

"If legal therapeutic abortion is not possible, but an abortion is indicated, we will try to get the woman the best possible medical advice to take care of her problem pregnancy," he said.

"In some instances it is possible we would attempt to facilitate her getting an abortion in a country where it is legal."

In New York State the only legal cause for performing an abortion is to save the life of the mother. Mr. Moody acknowledged that the project involves "some legal risk," but he added: "We are not willing to admit that it is illegal."

Jacques Nevard, deputy commissioner of the Police Department for press relations, said the department "cannot comment on a program that has not yet begun."

In their 600-word statement announcing the consultation service the clergymen specifically repudiated the view of the Roman Catholic Church, which teaches that the destruction of a fetus constitutes the taking

Continued on Page 36, Column 3

21 Clergymen Here to Offer Advice on Abortion

Continued From Page 1, Col. 2

of a human life. The statement said:

"We affirm that there is a period during gestation when, although there may be embryo life in the fetus, there is no living child upon whom the crime of murder can be committed."

The counseling service, which has no office, will operate through a telephone answering service at OR 5-5000 in New York.

Women calling this number will be given the name and telephone number of a rabbi or minister and invited to make an appointment for a personal interview. Eventually, the service plans to list participating rabbis and minsters in each borough on a rotating basis.

"To Offer Compassion

Mr. Moody, who is pastor of the Judson Memorial Baptist Church, 55 Washington Square South, said the purpose of the project was "not to encourage abortions, but to offer compassion and to increase the freedom of women with problem pregnancies."

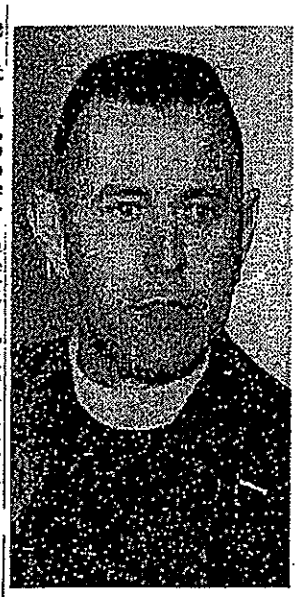
"Some women may want to have the baby but be unable to do so for economic reasons," he explained. "In such instances we may be able to put women in touch with an adoption agency or a home for unwed mothers."

In other cases, he said, a woman may be eligible for a legal therapeutic abortion but is not aware of this fact or is not familiar with the necessary procedures.

"We hope that we will be referring lots of women to hospitals when it seems that therapeutic abortions are indicated," he said. "We also hope to learn whether the hospitals, especially municipal hospitals, are functioning in this area as they should be."

A study of therapeutic abortions in this city from 1951 to 1952 showed 4,703 legal abortions were performed. Of these, all but 169 were in private hospitals, and only 342 involved Negro or Puerto Rican women.

Dr. Christopher Tietze, associate director of the biomedical division of the Population Council and an authority on abortions, has estimated that criminal abortions exceed legal ones by a ratio of about 100 to 1.



The New York Times

The Rev. Howard R. Moody said Clergymen's Consultation Service on Abortion would advise women on abortion and alternatives.

In their statement the clergymen pledged to work for the enactment of a liberalized abortion law in New York State.

"In the meantime," it said, "women are being driven alone and afraid into the underworld of criminality or the dangerous practice of self-induced abortion.

"Confronted with a difficult decision and means of implementing it, women today are forced by ignorance, misinformation and desperation into courses of action that require humane concern on the part of religious leaders."

The statement said the clergymen were "mindful that there are duly licensed and reputable physicians who in their wisdom perform therapeutic abortions which some may regard as illegal.

"When a doctor performs such an abortion motivated by compassion and concern for the patient, and not simply for monetary gain," it continued, "we do not regard him as a criminal but as living by the highest standards of religion and of the Hippocratic oath."

The clergymen cited "higher laws and moral obligations transcending legal codes," and said that it was their "pastoral responsibility and religious duty to give aid and assistance to all women with problem pregnancies."

"To that end," they concluded, "we are establishing a Clergymen's Counseling Service on Abortion which will include referral to the best available medical advice and aid to women in need."

Efforts Unsuccessful

Unsuccessful efforts were made last winter to amend the 84-year-old state abortion law. The bill would have permitted abortion in a number of additional instances, including situations in which there is substantial risk to the woman's physical or mental health, in which the infant might be born defective, or in which the pregnancy resulted from incest or rape.

Mr. Moody said that passage of a liberalized abortion law would not eliminate the need for the counseling service.

"There would continue to be large numbers of women, especially poor women, who would not be aware of the alternatives open to them," he said. "There is also tremendous need among women in such situations for someone who will offer compassion and companionship along this dark road."

Participate in Program

The clergymen whose names will be given out during the initial phase of the project's operation are the Rev. Richard Johnson, pastor of the Emmanuel Baptist Church, 279 Lafayette Avenue, Brooklyn, and Rabbi Lewis E. Bogage of the Central Synagogue, 652 Lexington Avenue, Manhattan.

Other listed participants in the program are:

The Rev. Lee H. Ball, the Methodist Federation for Social Action, Inc.

The Rev. Robert A. Edgar, Central Presbyterian Church, 131 East 69th Street, Manhattan.

The Rev. Duke T. Gray, First Unitarian Church, 50 Monroe Place, Brooklyn.

The Rev. William H. Gray, Fort Hamilton Presbyterian Church, 237 95th Street, Brooklyn.

The Rev. Lyle R. Guttu, Church of the Holy Redeemer, 2424 Linden Boulevard, Brooklyn.

The Rev. Robert W. Howard, Christ United Methodist Church, 673 45th Street, Brooklyn.

The Rev. Harry H. Kruener, Plymouth Congregational Christian Church, 75 Hicks Streets, Brooklyn.

The Rev. John M. Krumm, Church of the Ascension (Episcopal), 12 West 11th Street, Manhattan.

The Rev. Charles W. Lee, Bushwick Avenue Methodist Church, 1139 Bushwick Avenue, Brooklyn.

Rabbi Israel Margolies, Beth Am-The People's Temple, 71 Thayer Street, Manhattan.

The Rev. Robert Pierce, Department of Youth Ministries, National Council of Churches, 475 Riverside Drive, Manhattan.

The Rev. Thomas F. Pike, St. Andrews Episcopal Church, 73 Morris Street, Yonkers.

The Rev. Louis Pojman, New Brooklyn Reformed Church, 1062 Herkimer Street, Brooklyn.

The Rev. Willett R. Porter, St. Johns of Elmont Church, Valley Stream, L. I.

The Rev. Finley Schaef, Washington Square Methodist Church, 133 West Fourth Street, Manhattan.

The Rev. Max A. Schwindt, Middle Village Methodist Church, 79-40 67th Road, Middle Village, Queens.

The Rev. Anthony Shipley, Union Methodist Church, 121 New York Avenue, Brooklyn.

The Rev. Jeffrey C. Wood, Bay Ridge Presbyterian Church, 636 Bay Ridge Parkway, Brooklyn.

The New York Times
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Originally published May 22, 1967

Testimony of

Gerard M. Nadal, Ph.D.

Editorial Board, Center for Morality in Public Life

Advisory Board: Good Counsel Homes, Staten Island, New York

New York City Council

Committee on Women's Issues

Int 0371-2010

Limited Service Pregnancy Centers

16 November 2010

Honorable members of the New York City Council. As a native and lifelong resident of our city, I believe that the legislation pending before this body represents a sharp departure from this Council's honorable legacy of lifting up the socio-economically disenfranchised.

According to the New York City's 2008 Vital Statistics, (Reference 1), the following numbers of abortions have been procured between1999-2008. In this ten year period:

Asian/Pacific Islander	50,382;	5.5%
Non-Hispanic White	101,856;	11%
Hispanic	296,330	32.1%
Blacks (non-Hispanic)	430,515	46.7%

726,845 dead Black and Hispanic babies, out of the total of 922,272 in that ten-year period alone represents a **genocide in slow motion**. So do the following:

- 20 million aborted black babies nationwide since 1973 (Reference #3)
- The number of aborted blacks, according to the Centers for Disease Control, outnumbers the next leading seven causes of death among blacks combined. (Reference #2)
- Blacks are down to 12.3% of the U.S. population in 2010, from 14.8% in 2000. (Reference #4)
- While only 12.3% of the U.S. population, blacks have 37% of all abortions nationwide, and 46.7% City-wide. (References 1 & 2)
- Whites in New York City have 512 abortions for every 1000 live births, Hispanics have 687 abortions per 1000 live births, and blacks have 1,260 abortions per 1000 live births. Blacks represent a race in decline. (Reference # 5)

This is indeed slow motion genocide.

It represents an abortion industry feeding on the poverty and fear of our neediest daughters. The legislation before this body would muzzle the very resource centers who offer the hope and assistance that the abortion industry fails to furnish. This legislation is designed to preempt our offer of hope, to confirm the hopelessness of women who often lack any resource for hope in their lives; and it will railroad even greater numbers of minorities to their deaths.

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Supplemental Reference

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Reference # 3 To Accompany:

Testimony of

Gerard M. Nadal, Ph.D.

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New York City Council

Committee on Women's Issues

Int 0371-2010

Limited Service Pregnancy Centers

16 November 2010

Over 20 Million Aborted:

WHY PLANNED PARENTHOOD TARGETS THE INNER-CITY

Paper Presented By

La Verne Tolbert, Ph.D.

For

Georgia Right to Life

In Support of

THE PRENATAL NONDISCRIMINATION ACT

February 11, 2010

La Verne Tolbert, Ph.D., has 35 years experience in the field of teen pregnancy prevention. Her interests began in 1975 when was invited to become a board member of Planned Parenthood in New York City. The education that she received about abortion and population control during her five-year tenure laid the groundwork for continued research in this field. An author and curriculum writer, Dr. Tolbert teaches in the graduate school at Azusa Pacific University, Azusa, CA.

Over 20 Million Aborted: Why Planned Parenthood Targets the Inner-City

February, 2010

The figure of 20 million represents the number black babies aborted:
www.abortionfacts.com/statistics/us_stats_race.asp

Research in this paper is adapted from the following:

Tolbert, L. (2007). *Keeping You & Your Kids Sexually Pure: A How to Guide for Parents, Pastors, Youth Workers and Teachers.* www.xlibris.com

Tolbert, L. (1996). Condom availability through school-based clinics and teenagers attitudes regarding premarital sexual activity. (Doctoral dissertation, Talbot School of Theology, 1996). *Dissertation Abstracts International, 57/08A,* 3409

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Planned Parenthood, the nation's primary abortion provider, has clinics in inner-city neighborhoods throughout America. On one corner, there may be a Planned Parenthood Comprehensive Clinic, and within just a few short blocks, another clinic, this time a Planned Parenthood *Express*. To service minors, clinics are either located directly on school grounds or within short walking distances of schools. The question begs to be asked: Why does Planned Parenthood target the inner-city?

Margaret Sanger

An exploration of Planned Parenthood's founder, Margaret Sanger (1879-1966) and her philosophy may provide a clue. In her autobiography, she expresses disdain for the poor whom she calls the wretched of humanity.[1] Eugenics—the improvement of the race through controlled breeding—identifies certain ethnic groups as dysgenic, meaning they are biologically defective or deficient and therefore unworthy of procreation.

Sanger's mission was to "stop the multiplication of the unfit...[for] race betterment" to guarantee "a cleaner race."[2] "Birth-control," said Sanger in 1920, "is nothing more or less than the facilitation of the process of weeding out the unfit, or preventing the birth of defectives, or of those who will become defectives."[3]

Sanger's 1939 Negro Project may provide further rationale for the proliferation of Planned Parenthood clinics throughout inner-cities. The proposal, which called for hiring Colored ministers and selecting a Negro Advisory Council who would *appear* to run a family planning campaign, was to popularize family planning in southern black communities using community people as spokespersons.[4]

Although Sanger decried the fact that blacks believed "that God sends them children,"[5] she believed that the best educational approach was through religion. "We do not want the word to get out that we want to exterminate the Negro population, and the Minister is the man who can straighten out that idea if it ever occurs to any of their more rebellious members."[6] Has her tactic of working in communities and through churches been so successful that clinics abound in our neighborhoods?

Although these combined reasons may provide a backdrop for discussion, the answer is *No*. Sanger's personal mission alone did not propel Planned Parenthood to such national status. To do so involves a shared goal, multiple committed partnerships, and the sustained dedication of financial resources—a monumental strategy that only the United States government could achieve.

Organization Meets Opportunity

As an organization, Planned Parenthood met opportunity. What began with Sanger's Birth Control Federation in 1916 had, by 1960, become a national movement. Renamed Planned Parenthood Federation of America (PPFA), popularizing birth-control for the poor had a three-fold purpose—controlling the growth of the population to preserve a quality of life;[7] (2) producing children of higher intelligence in keeping with the ideals of the Eugenics philosophy;[8] and (3) controlling population growth through the Malthusian[9] strategy of monitoring one's own fertility.[10]

The organization in place, opportunity surfaced when African American women, who were perceived to be particularly fecund or fertile, became the focus of the government's national family planning efforts.[11] Reducing the size of traditionally large black families[12] was a priority that eventually would impact other minorities as well.

The Commission on Population Growth and the American Future

In July, 1969, President Nixon asked Congress to create a Commission on Population Growth and the American Future to study population growth and its effect on federal, state, and local governments.[13] In October of that same year, the National Center for Family Planning Services was established in the Health Services and Mental Health Administration (HSMHA) of the Department of Health, Education, and Welfare (DHEW). The federal government, though quite late in doing so, had a commitment to assuming a "responsible role in family planning efforts."[14]

This would be achieved by developing a "meaningful federal and private partnership among all interested groups" to address "this area of great social need."[15] Grants and contracts would be awarded to support those services which encouraged "consumer participation and consent." According to Acting Director Scheyer,

> In a country of 200 million, a growth rate of one percent per year produces enough additional people to populate a new Washington metropolitan area every year. And we are feeling the impact—in the crowding of cities, the sprawl of suburbia, the vanishing wilderness, the trespass of pollution. Every one of us feels it where it hurts most—in the quality of our lives....
>
> And what is most tragic and most ironic is that we, who need it least, have readily accessible to us and to our wives the means of deciding how many children shall share our large and well-spaced houses and our trips to the beach. Those who lack our ways of buffering the pressure of population on their lives also lack the means to decide how many shall share their lot.[16]

Contract and Partnership with Planned Parenthood

With DHEW'S task of developing family planning programs and coordinating with other federal and private efforts to assure community family planning services, the HSMHA contracted Planned Parenthood to provide comprehensive services to the low-income population. The National Center for Family Planning Services in the HSMHA established "a meaningful federal and private partnership" by officially incorporating Planned Parenthood into the federal government under the umbrella of DHEW.[17]

Through the Family Planning Services and Population Research Act of 1970 (Title X), Planned Parenthood received federally-funded grants to provide a "radically simplified delivery system" by establishing free or low-cost non-medical clinics in poor, inner-city neighborhoods.[18] A pilot program in Forsyth County, North Carolina, for example, demonstrates that walk-in clinics attract the poor to utilize clinic services.[19]

Subsequently, autonomous clinics located within high-risk communities were to be developed as entities that were separate from hospitals to service the "immediate target"—the "five million women in this country who are in need of subsidized services".[20] Of this population, three critical age groups were identified: teenagers and young adults 15-22 years old, women in their middle and late twenties, and those 28-30. Scheyer noted that "reduction in population growth achieved as a by-product of the enrichment of individual and family living can enrich the lives of every one of us."[21]

A Catchy Phrase

"Equal opportunities for the poor" became the catch-phrase for Planned Parenthood's services to minority women.[22] It was acknowledged that "skill, tact, and innovation" were necessary to make services appealing and non-threatening.[23] Low clinic utilization in New York, however, caused Planned Parenthood to reexamine its strategy. It recommended more drastic solutions such as the decentralization of public schools to accommodate "school-based family planning information and education programs."[24]

Sex education went hand-in-hand with providing contraceptive and birth-control services for teenagers.[25] Mary Calderone, medical director of Planned Parenthood, established the Sex Information and Education Council of the United States (SIECUS) in 1970 to serve as a national clearinghouse for sex education curricula for all public schools.[26] The next step was the amendment of parental notification and consent laws to provide services to minors of any age.[27]

The Final Report

In 1972, the Commission, chaired by John D. Rockefeller 3rd, issued its final report noting that "small differences in family size will make big differences in the demands placed on our society."[28] It was determined that population was part of the crisis of environmental deterioration, racial antagonisms, the plight of the cities, and the international situation.

Perspectives for addressing the population were to (1) slow growth by freedom from unwanted childbearing; (2) include minorities and women into the mainstream of America; and (3) recast American values toward the ecology system. "The time has come to challenge the tradition that population growth is desirable: What was unintended may turn out to be unwanted, in the society as in the family."[29]

Goals to improve the quality of life included slowing and eventually halting U.S. population growth by promoting an average of two children per family, and passing the Equal Rights Amendment so that women would find meaningful work outside of the home. To address the crisis of overpopulation among blacks, the government committed to the "full support of all health services related to fertility," and to "an extension of government family planning project grant programs."[30] Stating that the task for fertility-related services was too important to be left to voluntary organizations or to private efforts, the government assumed leadership responsibility for an extensive information and education component in addition to the mass provision of services.

The Commission mandated generous federal funding of Planned Parenthood, a commitment that continues today. It authorized $225 million in fiscal year 1973, $275 million in fiscal year 1974, $325 million in fiscal year 1975, and $400 million each year thereafter in Title X grants for fertility related health services for inner-city women.

Schools and Curriculum

The Commission also recommended that states eliminate legal restrictions and make contraceptives available to minors in settings considered to be appropriate for them—their schools. Teachers and school administrators were to receive training and curriculum integrated with family planning information.[31]

With oversight from the DHEW and the National Institute of Mental Health, sex education would be made available to all teenagers in combination with "community efforts sponsored by youth-oriented groups, Planned Parenthood centers, and similar groups."[32] California Senator Alan Cranston objected.

> I do not believe the Commission has placed sufficient stress on the role and responsibilities of parents regarding the provision of birth-control information and services... Society and schools should make every effort to encourage child and parent to discuss these matters honestly and openly. Our educational programs should stress this.
>
> I have similar concerns about medical authorities providing contraceptive services to unemancipated teenagers without parental consent or knowledge. I strongly believe that it should be the obligation of the health professional to counsel the unemancipated teenage patient to raise this issue with his or her parents.[33]

Despite similar passionate arguments, the majority vote carried. Now, legal statutes on parental rights had to be changed accordingly. "To implement this policy, the Commission urges that organizations, such as the Council on State Governments, the American Law Institute, and the American Bar Association, formulate appropriate model statutes."[34] And they did.

Condoms and Clinics

With a common national agenda, attention now turned to deciding which contraception was most effective for teenagers. Condoms were the solution.[35]

African American teenagers from single-parent homes were identified as high-risk of pregnancy and in need of specialized services through school-based clinics (SBCs).[36] Researchers also documented that since whites managed to avoid illegitimacy, African American adolescents who were given "social rewards for motherhood"[37] were to be the primary focus of fertility-related services.[38]

The SBC was seen as "the best hope of reducing the incidence of the 'unwed mother syndrome' among inner-city children."[39] Schools were encouraged to "prevent unwanted births" by publicizing the "location of contraceptive services for teenagers."[40]

By 1973, there were two SBCs operating on school grounds.[41] The first clinic opened quietly in a Dallas high school in 1970,[42] but opening the second in 1973 in a junior/senior high school in St. Paul, Minnesota proved problematic. Objections from parents, teachers, and community leaders forced a 2-year delay, but the Board of Education finally granted its approval with the stipulation that contraceptives not be distributed on school grounds.[43]

Clinic enrollment remained low until a range of additional services were added to boost students' participation. These included athletic, job and college physicals, immunizations, and a weight-control program.[44] "Specialized procedures, tests, and consultations" were "arranged" at nearby hospitals.[45]

Lowering the Voting Age

With the legalization of abortion in 1973, laws regarding parental consent were further challenged. The voting age had been lowered from 21 to 18, which meant that late adolescent teenagers could be recognized as adults and receive contraceptive services.[46] Reversal of parental consent laws finally occurred in 1977 with the *Carey v. Population Services International* Supreme Court decision which ruled that contraceptives were to be made available to all minors without parental notification or consent.[47]

This cleared the way for SBC staff to remove a girl from school for an abortion without informing her parents. Here's how it works. In the morning,[48] SBC nurses drive the student from her school to a nearby Planned Parenthood facility where the abortion is performed. The student is transported back to school in the afternoon.

Planned Parenthood instructs the "woman"—she is not to be called a "girl" no matter her age—that she does not have to inform her parents about the abortion.[49] Girls and boys may also opt for sterilization, again without parental notification or consent. While the regular school nurse may not give a child an aspirin without her parent's consent, SBC nurses perform pelvic examinations and prescribe medications.[50]

Expensive Operations

School-based clinics are expensive operations. Costs for services, which are primarily for salaries, range from $90,000 to over $300,000 per clinic.[51] Even with substantial Title X and state grants, Medicaid, and social services[52] along with funding from private foundations, the cost-effectiveness of SBCs was not proven.[53] Still, by 1985 there were 13 clinics identified as "comprehensive, multiservice units" providing abortions.[54] Researchers reported 85.3 fewer live births at clinic schools.[55]

To address opposition to new clinics from parents, clergy, and the community, clinic staff was advised not to dispense contraceptives during the first year of operation.[56] The Center for Population Options offered technical and advisory support to promote SBCs and in 1994, seeking a less controversial name for itself, was recast as Advocates for Youth.[57] Reports cite poverty statistics and the number of poor children without medical coverage as rationale for the expansion of SBCs.[58] The AIDS pandemic opened the door to "safe sex education" and more condoms in schools. Sexual activity increased.[59]

By 1986, there were 60 SBCs throughout the United States.[60] By 1988, there were over 150 SBCs,[61] which is surprising since researchers recognize that SBCs are unsuccessful in impacting pregnancy rates.[62] Additionally, where there are clinics, there is an increase of 120 pregnancies per 1,000 among 15- to-19 year olds.[63] But this did not stop their expansion. By 1991, there were 239 SBCs and SLCs—school-linked clinics (clinics located near school grounds).[64] By 1995, there were 607.[65]

Lawsuits challenged condom distribution based on parental rights in New York, Massachusetts, Pennsylvania, and Washington. Where laws could not be broadly interpreted, the recommendation was to change laws because of the "large number of dysfunctional families in which parents do not act in the best interests of their children."[66]

With condoms in classrooms and bathrooms, is contraceptive use among teenagers increasing? An evaluation of 4 SBCs in California demonstrates that the availability of contraceptives on site, "which has been thought to be an important convenience factor contributing to positive contraceptive adoption," was not found to be significant.[67]

> Contraceptive use is not related to whether contraceptives are dispensed on site, whether health education and counseling are provided by a health educator, whether contraceptive services are part of a comprehensive array of services that include medical or counseling services, or whether a family planning visit results in the dispensing of contraceptives or a prescription for contraceptives.[68]

Clinics in...Kindergarten?

Despite these and similar findings, there is urgency to open a clinic in every public school—elementary through high.[69] Although African Americans are only 13% of the population, SBCs are concentrated in schools that are attended by black children.[70] The ethnicity of the entire student clinic population is Latino (44 percent), African American (28 percent), White (24 percent), Asian (3 percent), other (1 percent), and Native American (<1 percent).[71]

By 2005, there were 869 school-based health centers (SBHCs) as they are more favorably labeled. New York has the largest number of clinics in schools K-5 with a total of 195. California, with 140, has the second-largest concentration of SBCs, 35% of which are located in elementary schools.[72] In all, pregnancy testing (76%) is a primary service. But evaluation of SBCs demonstrates "little evidence that school-based comprehensive sex education strategies are effective."[73]

The presence of SBCs on school grounds may imply a sexually permissive environment that encourages sexual activity. Condom availability may send social cues to males that it is expected and accepted that they engage in sexual intercourse. More female virgins may transition to non-virgin status in clinic schools.[74] In health classes, presentations by SBC nurses desensitize teens by exposing them to explicit sex education. Students play games like "The Condom Race" where they sit in groups blindfolded and race to roll and unroll candy colored condoms on anatomically correct, erect penises. The group that wins receives...more condoms.[75]

Abstinence Education

Abstinence education is not a focal point for black children because social science researchers deem it unrealistic.[76] However, "self-control, self-respect, delayed gratification, planning for the future, building healthy friendships and other values essential to abstinence education are necessary for every area of life, not just in the delay of sexual activity".[77] Teenagers' future orientation, educational goals, religiosity, and the presence of both parents in the home, are factors which reduce the risk of early coitus.[78]

Abortion—an enterprise that targets minority communities where blacks reside—is big business in America. School administrators lack funds to procure lab equipment or computers or fix crumbling buildings[79] but there's ample tax and foundation dollars for SBCs. Perhaps it's time that the government takes another look.

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Submitted by: Virginia M. Corbett RN FCP 11/16/10

Robert F. Conkling | Friday, 15 January 2010
tags : cancer, contraception, pollution, sti's

Medicine that makes you sick

When will the medical establishment acknowledge the health risks associated with chemical contraceptives?

Recently three major health stories appeared in the Washington press in less than two weeks that were an occasion to pause and reflect.

First, the Potomac Conservancy made headlines about the contamination of rivers and drinking water in major metropolitan areas, including Washington DC. Contaminants include not only bacteria, industrial chemicals and agricultural pesticides but also potentially endocrine-active pharmaceuticals, such anti-depressants, contraceptive sex hormones, antibiotics and personal care products.

Next came the report of US Preventive Services Task Force, an independent body which studies mortality from common diseases, issuing new guidelines for mammographic screening for early detection of breast cancer. Breast Cancer remains the second highest cause of mortality of American women since it began to rise in the 1970s.

Finally, the Centers for Disease Control (CDC) reported the annual statistics for sexually transmitted diseases. In 2008 there was a record number of new cases of Chlamydia -- a whopping 1.2 million new cases, a rise in the number of new cases of syphilis and an all-time record of 19 million total cases of all forms of STDs.

To connect the dots between these stories one has to ask: Could steroid–based sex hormone contraceptives be a common thread?

Hard to believe until you consider the evidence.

A pill is born

The first sex hormone-containing pill, a synthetic steroid called Norethindrone, was developed by organic chemist Carl Djerassi in Syntex Laboratories in Mexico City. Djerassi was developing a synthetic progestin for menstrual irregularities. His product turned out to be a powerful inhibitor of ovulation, but he had not anticipated that the estrogen-with-progestin combination oral birth control pill (COCP)

would have other effects upon women. Only after many years was this combination suspected as the culprit in many unexpected side-effects, including blood clots, diabetes, depression or anxious emotional states experienced by women.

That some of these side-effects can be serious is confirmed by a new report of conclusive evidence for significant loss of bone mineral density when a woman uses Depo-Provera (a long acting injectable form of progestin-only contraceptive) for more than two years.

In 2005 the International Agency for Research on Cancer Research (IARC), an arm of the World Health Organization, estimated that worldwide more than 100 million women were using some form of COCP. In developed countries, the current usage was estimated at 16 percent, while the "ever used" rate was as high as 80 percent. While there appeared to be extreme variability between countries, the evaluation found that most contraceptives were used by women of younger age and with higher educational achievement.

After an earlier evaluation the IARC had classified oral contraceptives as a Group 1 carcinogen: "There is *sufficient evidence* in humans for the carcinogenicity of combined oral estrogen-progestogen contraceptives," it said in 1999. The weight of evidence indicated an increased risk of breast cancer which was greater for women who were under age 35 at the time of diagnosis and who had begun using contraceptives before their 20th birthday. This was reaffirmed by the 2005 review.

In 2006 the Mayo Clinic Proceedings published a meta-analysis of 23 studies done in several countries about breast cancer risk and usage of oral contraceptives. Dr Chris Kahlenborn, one of the principal authors, stated that "if a woman takes combined oral contraceptive pills before her first full term pregnancy, she risks a 44 percent increased chance of developing pre-menopause breast cancer when compared to women who have never taken an OCP". Kahlenborn also found that "if a woman takes OCPs for 4 years or more prior to her first full term pregnancy, she suffers a 52 percent increased risk".

Kahlenborn also uncovered that the commonly used contraceptive Depo-Provera was reported by the WHO and a New Zealand study to be associated with a statistically significant 190 percent increased risk of breast cancer when Depo-Provera was taken by a woman for more than 3 years prior to the age of 25 years.

Drinking water contamination

In 2002 the US Geological Survey found one or more pharmaceuticals in 80 percent of the streams it had tested. In 2006 the Los Angeles Times reported that sewage contains traces of medications like

antibiotics, anti-depressants, birth-control hormones, Viagra, Valium and heart drugs. Shane Snyder, lead toxicologist at the Southern Nevada Water Authority, said: "there is no place on Earth exempted from having pharmaceuticals and steroids in its wastewater. This is clearly an issue that is global, and we are going to see more and more of these chemicals in the environment, no doubt about it."

The Potomac Conservancy found similar drinking water conditions in Washington DC. Mirroring other regions of the country where biologists have found frogs contaminated with Prozac, insects on anti-seizure drugs and algae killed by antibiotics, the waterways draining the Shenandoah Mountains and tributaries flowing into the Potomac River have witnessed fish kills since 2002. The unexpected observation was that most of the dead male fish had inter-sex characteristics and that there was a disproportionate number of female fish. Further examination by the US Geological Survey of the Potomac tributaries revealed that 80 percent of the male fish had the inter-sex condition.

While the concentrations of some of the pharmaceuticals found in drinking water sources, including estrogens and fertility drugs, are in the parts per trillion, comparable to putting a few drops in an Olympic-sized pool, the effects this may have on humans remains unknown. What is known is that on the level of endocrine systems, fish and humans function in very similar ways. What happens to fish may be signaling future disorders for humans.

Contraceptives: a form of endocrine disrupting chemicals

In 2009 the world's leading professional association for endocrinologists, the Endocrine Society, issued a strong statement on endocrine-disrupting chemicals. The evidence suggests that exposure to multiple endocrine disrupting chemicals at developmental stages has the potential to affect any hormone-sensitive body system, including the breast and the hypothalamic-pituitary-ovarian system in women, and the testes and prostate gland in men. The Endocrine Society appealed to the precautionary principle stating: "This principle is key to enhancing endocrine and reproductive health, and should be consulted to inform decisions about exposure to and risk from any potential endocrine disruptor." And: "The public may be placed at risk because critical information about potential health effects of endocrine

disrupting chemicals to which Americans are exposed is being overlooked in the development of federal guidelines and regulations."

The pill's link to STDs

Are there any strong associations between use of steroid-based OCPs and sexually transmitted diseases? The CDC's answer is yes. A review of 83 studies published in the Journal Contraception in 2006 found that combined oral contraceptives and Depo-Provera use generally had a positive association with cervical chlamydial infection. Chlamydia infection and other inflammatory STDs such as Syphilis or genital Herpes are reported by the CDC to increase the risk of transmission of Human Immunodeficiency Virus infection. Chlamydia is well known as the leading preventable infection that can cause a severe condition called Pelvic Inflammatory Disease, which, if not treated, can result in female infertility.

The recent STD report for 2008 from the CDC states that adolescent girls between the ages of 15-19 account for 27 per cent of the total new cases of chlamydia and gonorrhea. While acknowledging that adolescent boys have a similar prevalence of STDs, the CDC insisted that because of "biological differences" young women have a greater potential to suffer consequences to their health than young males.

Depressing sex

Yet, what was most surprising to Dr Meg Meeker, pediatrician and adolescent medicine specialist, was her observation that many of her adolescent girl patients who had begun to engage in sexual encounters were showing signs of clinical depression. In her book, Strong Fathers, Strong Daughters (2007), she says: "Kids get depressed when they experience a loss for which they cannot express a healthy emotion. This is very common with sexual activity. When a girl has sex, she loses her virginity and very often loses her self-respect with it".

That clinical observation of one pediatrician is supported by findings of researchers interested in any association between teenage sexual experimentation, drug use and depression. Denise Hallfors and colleagues found that for girls even modest involvement in sexual experimentation or substance use elevated depression risk. In contrast, boys exhibited little added risk of depression with sexual experimental behavior, although binge drinking and frequent use of marijuana contribute substantial risk.

Thanatos syndrome revisited

In Walker Percy's 1987 novel, *The Thanatos Syndrome*, Dr Tom More returns to his home town and family to restart what remains of his practice of psychiatry after serving a felony conviction for selling prescriptions for narcotics. After a few weeks of re-establishing contact

with some of his former patients, he notices a profound change in his patients, with unusual mood changes, increased ability to recall the location of obscure names of places and the ability to make complex numeric calculations. In addition his patients all seem to have become hyper-eroticized, exhibiting outlandish sexual advances that persons with intact higher-order self-control would recognize as outside the range of socially acceptable behavior.

He postulates something has changed his patients. With the help of an epidemiologist, More learns that toxic, radioactive sodium has been released from a nearby nuclear power plant and that the water with the heavy sodium is being deliberately channeled through an unauthorized and hidden pipe into the drinking water supply. Behind this scheme are some of More's medical colleagues, who discovered, that dosing the water supply with low concentrations of heavy sodium had the effect of suppressing the cognitive functioning of antisocial types like alcoholics, drug addicts, prostitutes or those confined to the local jail. The docs feel justified in what they are doing. They want Dr Tom to join them when they discover he knows what they are up to. Dr Tom knows better.

It appears that for the last 50 years, something similar has been happening to America. The contraceptive pill was sold as the scientific panacea for ultimate sexual liberation. Its real-time effect has been a form of "lobotomy" of reason and good judgement, both of users and prescribers. It is time the medical establishment recognized its complicity and returned to that simple principle for which it gained the enviable respect and autonomy of action it merited as the premier profession that advocated for the unprotected and unknowing: "Above all, do no harm."

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Birth control pills for acne?

Lawrence E. Gibson, M.D.

Yes, birth control pills (oral contraceptives) may improve acne in women. Birth control pills for acne are typically considered when acne doesn't respond to other treatments, such as prescription medication. Three estrogen-progestin combination birth control pills are approved by the Food and Drug Administration (FDA) to treat acne in women:

- Ethinyl estradiol and norgestimate (Ortho Tri-Cyclen)
- Ethinyl estradiol and norethindrone (Estrostep)
- Ethinyl estradiol and drospirenone (Yaz)

Acne develops when sebum — an oily substance that lubricates your hair and skin — and dead skin cells build up in the hair follicle and form together as a soft plug. As the plug grows, the follicle wall can rupture, allowing more oil and skin cells to accumulate. Bacteria then trigger additional inflammation and infection.

Birth control pills for acne work by reducing the amount of sebum. Because the pills target only one cause of acne — excess sebum — it's best to use them with other acne treatments, such as medicated creams containing benzoyl peroxide or salicylic acid. You may need to take birth control pills for several months before noticing any results, and your skin may get worse before it gets better.

Though typically safe and effective, birth control pills aren't for everyone. Side effects and possible complications include:

- Headaches Change in menstrual flow Potential fetal problems, if taken when pregnant
- Breast tenderness Nausea and vomiting Decreased sex drive (libido) Depression
- Slightly increased risk of heart disease, high blood pressure, high potassium (hyperkalemia) and blood clots

Talk to your doctor about how your health history and age may affect your risks with birth control pills for acne. Don't take combination estrogen-progestin pills if you:

- Are age 35 or older and currently smoke
- Have a history of cardiovascular disease
- Have a history of breast, uterine or liver cancer
- Have a history of blood clots in your legs or lungs

Impact of the Sexual Revolution: Consequences of Risky Sexual Behaviors

Sheetal Malhotra, M.B.B.S., M.S.

ABSTRACT

The Sexual Revolution in the United States significantly changed attitudes and behavior and has led to an increased prevalence of risky sexual practices. Early sexual debut in adolescents is correlated with multiple sexual partners, sexually transmitted infection (STI), teen pregnancy, and emotional consequences. Human Immunodeficiency virus (HIV) and many other STIs such as herpes, chlamydia, gonorrhea, and syphilis are easily transmitted during oral, vaginal, or anal sex.

Approximately 19 million new STI cases occur each year: about half in young persons aged 15 to 24. About 750,000 teenagers become pregnant each year. Early sexual activity and multiple partners are also associated with altered self-esteem, depression, and impaired ability to form healthy long-term relationships. Condoms, contraceptives, vaccines, and screening may help in reducing the risk of infection or pregnancy, but do not eliminate the risk. The only certain way to avoid these consequences of the Sexual Revolution is sexual abstinence outside a mutually monogamous lifelong relationship with an uninfected partner.

Continuing Impact of the Sexual Revolution

For most people, the "Sexual Revolution" is a thing of the past—a term used in association with the "swinging" 1960s and 1970s. But the relaxation of sexual inhibitions that began in the 1960s continues. Risky behavior that became the norm at that time is still with us—along with the consequences.

Risky sexual behavior in adolescents is common—about half of persons aged 15 to 19 have tried vaginal sex, more than half have tried oral sex, and about 11% have tried anal sex. Early sexual debut is correlated with the number of lifetime sexual partners.[1,2] About 40% of persons aged 15 to 19 have had multiple sexual partners. This proportion increases with age—about 75% of persons aged 20 to 24 have had multiple sexual partners. In those aged 20 to 24, about 90% have had vaginal sex, more than 80% have tried oral sex, and about 30% have tried anal intercourse.[3]

In the past few years, more and more adolescents are engaging in oral and anal sex.[4] Many young people think these are safe because they do not cause pregnancy. However, human immunodeficiency virus (HIV) and many other sexually transmitted infections (STIs) such as herpes, chlamydia, gonorrhea, and syphilis are easily transmitted during oral or anal sex. The risk of acquiring an STI during anal sex is high because of lower bowel lacerations and trauma during anal intercourse. These cuts and tears in the anal mucosa create conditions that foster infection.[5]

Adolescents engage in sexual activity for a variety of reasons, including lack of parental guidance and monitoring, peer pressure, curiosity, desire for intimacy,[6] history of sexual abuse,[7,8] and other risky behaviors such as alcohol and drug use.[9,10,11] Adolescents who start sexual activity at an early age have a higher number of sexual partners; a higher risk of STIs, nonmarital pregnancy, and maternal and child poverty; and are more likely to suffer depression and emotional consequences.[12]

Consequences of the Sexual Revolution: STIs and HIV

Approximately 19 million new STI cases occur each year, about half in persons aged 15 to 24. The most common infections include chlamydia, human papillomavirus (HPV), and trichomoniasis. These three account for 88% of all new cases in adolescents and young adults.[13] Most of the STIs are asymptomatic, making detection and treatment a challenge.

Approximately 3 million new cases of chlamydia occur every year.[13] Of all cases in female patients, half occur in girls aged 15 to 19. The infection is asymptomatic in 75% of infected women and about half of infected men.[14] Gonorrhea is another highly common infection. Highest rates of gonorrhea are seen in women and girls aged 15 to 19 and young men aged 20 to 24. The disease is asymptomatic in 85% of infected men and more than half of infected women.[15] Gonorrhea may damage joints, the heart, or the brain if untreated. Both chlamydia and gonorrhea also increase the risk of HIV infection by three- to five-fold.[16]

If untreated, 10% to 40% of women with chlamydia and up to 20% of women with gonorrhea develop pelvic inflammatory disease (PID). Gonorrhea and chlamydia account for one-fourth to three-fourths of the acute PID cases in young women.[17,18] PID often leads to infertility, pelvic pain, and ectopic pregnancies. One million women are diagnosed with PID every year.[19]

Syphilis, another bacterial STI like chlamydia and gonorrhea, has recently reemerged in the U.S. Syphilis infection increases the risk of HIV infection two- to five-fold.[20]

Common viral STIs include genital herpes, a chronic infection that afflicts more than 50 million people in the U.S. Genital herpes increases the risk of HIV three- to seven-fold.[20]

HPV affects about 20 million people in the U.S.; about 6.2 million new HPV infections occur each year.[21] Of the 100 known HPV types, 40 cause genital infections, of which 18 are high-risk types. While low-risk HPV types cause genital warts and low-grade cervical changes, high-risk HPV types are associated with more than 99% of cervical cancers. Each year more than 11,000 women are diagnosed with cervical cancer in the U.S., and about 3,700 die.

HPV infection also causes vulvar, vaginal, penile, anal, and head and neck cancers.

In 2006, more than 35,000 new HIV cases were diagnosed in the U.S. HIV infection is believed to lead to acquired immunodeficiency syndrome (AIDS), which may be fatal. More than 500,000 Americans have died of AIDS, with 16,000 deaths occurring each year.[22] Currently, more than a million people are said to be living with HIV/AIDS,[23] and a quarter of them are unaware that they are infected.

Trichomoniasis, caused by a protozoan, is very a common STI, which is asymptomatic in 85% of men[24,25] and 50% to 80% of women. Untreated trichomonas infection can cause premature rupture of membranes during pregnancy, and may be passed on to female infants. Trichomoniasis also increases two- to three-fold the chances of getting HIV.[24]

Most of these infections can also be transmitted through oral and anal sex. An infected mother can transmit infections such as syphilis, gonorrhea, herpes, HPV, and HIV to the baby during pregnancy or childbirth. Since most of these infections are asymptomatic, many infected people and their partners remain unaware of transmitting and acquiring these infections until they are faced with the sequelae many years later.

Teen Pregnancy

More than 750,000 teen pregnancies occur each year;[26] most are nonmarital. This means that about one in 10 teenage women get pregnant in a year—or about one in five sexually active teenage women. One out of three girls becomes pregnant at least once before reaching age 20.[27] Teen parents are more likely to drop out of school, continue to have nonmarital pregnancies, change jobs more frequently, be on welfare, and have mental and physical health problems.[28]

Emotional Consequences

Early sexual activity and multiple partners are also associated with pain and suffering from broken relationships, a sense of betrayal and abandonment, confusion about romantic feelings, altered self-esteem, depression,[29] and impaired ability to form healthy long-term relationships.

How Can We Prevent These Consequences?

The only certain way to avoid the consequences of the Sexual Revolution is sexual abstinence outside a mutually monogamous lifelong relationship with an uninfected partner. Condoms, contraceptives, vaccines, and screening may help in reducing the risk of pregnancy or infection, and may help in early detection and treatment of STIs.

Condoms and other contraceptives may reduce the risk of STIs and pregnancy, but do not eliminate it. Even 100% condom use does not totally eliminate risk of any STI, including HIV. Condoms reduce the risk of HIV transmission by 85%, but for STIs such as gonorrhea and chlamydia, risk reduction is only about 50%.[30] And the risk reduction is less with inconsistent use. Even in adults who knew their partner had HIV, less than half report consistent condom use.[31] Condom use studies are done for a limited period of time; risk, however, accumulates over years.

Even though a vaccine is now available for some types of HPV infection, there is no prevention for infection by other types of HPV. Moreover, the prevalence of HPV vaccine types is low in the infected population.[32]

Contraceptives that are most effective for pregnancy prevention provide no STI protection, and may even increase the risk of certain infections.[33,34] Even with the use of contraceptives, 15% to 20% of teens become pregnant. About 20% of teenage women using oral contraceptives are pregnant within 6 months, and 20% of those relying on condoms become pregnant within a year. Teen pregnancy is much more likely in cohabiting couples. Almost half (47%) of cohabiting teens get pregnant in the first year of contraceptive use.[35]

It is important to screen sexually active young adults for STIs. The CDC recommends annual screening of sexually active women under the age of 26 for chlamydia. HIV screening is recommended annually for the sexually active population, and more often for those with high-risk behaviors such as multiple or anonymous partners. Site-specific tests may be required in some cases for those engaging in oral sex and anal intercourse.[36]

Conclusion

The far-reaching consequences of the Sexual Revolution can be only partly ameliorated by screening, vaccinating, treating STIs, and using contraceptives. Physicians need to be aware of the risks and their magnitude, and to inform young patients that healthy sex occurs only between mutually faithful, uninfected partners.

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To: New York City Council, Committee on Women's Issues **November 16, 2010**
From: William Harder, Executive Director – Cross Road Foundation

A. Oral Summary

I. My name is William Harder; I am the Executive Director of the Cross-Road Foundation, the non-profit organization that operates "Pregnancy Resource Services," one of the centers targeted by the so-called "limited service pregnancy centers" bill. I welcome this opportunity to speak to this committee.

The Cross-Road Foundation was founded on Staten Island in 1987 to assist women and families who are facing unplanned pregnancies by providing them with consultation about their options. For those who choose to continue their pregnancies we offer ongoing support through our "Earn-While-You Learn" program.

This program includes pre-natal and parenting classes in both English and Spanish. We offer the mothers credit in the form of "Mommy Money" for attending each class. Using this incentive system, attendance is good and the mothers enjoy their learning experience.

After each class we open our *Mommy Store* where the women use their "Mommy Money" to get new and "gently used" clothing for their infants, pampers, formula, strollers, cribs, car seats, high chairs, and other needed baby items. We offer this assistance throughout the pre-natal period and the newborn's first year.

For the year 2009, we had 230 new clients come to our center. We awarded 120 certificates to the mothers for completing their courses. We also distributed more than $18,000 in baby items. We now have agreements to provide material assistance as well to the expectant and new mothers who are participating in the *Healthy Families* and the *Nurse Family Partnership* parenting programs. All our services are provided free of charge.

The primary group of women who benefit from our services are single mothers in low-income households. The majority of our clients (55%) are Latino immigrants, followed by African-American women (27%), Caucasian women (15%), Asian women (2%) and Mid-Eastern women (1%). About 80% of these women live below the poverty line.

II. The bill you are considering would dissuade women from using our services. Its chief sponsors admit to being influenced by an investigative report by *NARAL Pro-Choice New York*, an organization whose fierce opposition to pregnancy centers is well documented. Leaving aside the deceptive manner in which these abortion advocates misrepresented themselves as "clients," *NARAL*'s report uncovered no evidence of false statements or deception by anyone working at the pregnancy centers.

In the absence of such evidence, the report, incredibly, claims that we deceive women through the benign titles of our centers and in the enticing services offered free of charge. To suggest that there is a hidden, sinister motive in using the word "pregnancy" is, well, hysterical as is the assertion that free consultations and ultrasounds somehow trick women into receiving information that will confuse them. In forwarding this argument, abortion advocates make the presumption that women are gullible and not capable of discerning what is in their own best interest. As Dr. Joel Brind points out, this report reveals NARAL's own preference to not let women know the facts about fetal development, nor even to let them view the ultrasound image lest they somehow recognize the fetus as their child.

That the philosophy of pro-life pregnancy centers is in conflict with that of abortion rights group such as NARAL, is obvious. But that the latter group's bias against the unborn be the basis for law is unacceptable. The reason then why our organization opposes this bill is because it is based on assumptions fabricated from opinions not grounded in facts. The bill seeks a solution to a problem not proven to exist. And it does so in a manner that reveals the ideological motives of its proponents.

III. There are three particular items in this bill that betray its ideological bias. First, the bill defines us as "limited service pregnancy centers" because we do not provide nor give referrals for abortion or contraceptives, i.e. services that help terminate or avoid pregnancy. The implication here is that "full" service pregnancy centers should include those services that prevent or end pregnancy. This is embarrassingly illogical. While it would be correct to say that our *reproductive services* are limited, we, in fact, never claimed to offer such a full range of services.

Next, the illogic in the bill's definition becomes nonsensical in its requirement that we post signs clarifying that we do not provide abortions or contraceptive drugs. We also do not do wheel alignments, sell goat cheese, or give eye exams. In as much as we never suggest that we offer any of these items either, where should our list of non-services begin and end?

Truth in advertising is one thing, but quite another is dictating the words, the type and size of the font, and even the color of the lettering to be used in a disclaimer by a non-profit organization, which does not conduct commercial transactions. Not only have we never suggested that we provide abortion or contraceptive services, but, as the NARAL report admits, we always clarify that we do not when asked.

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% of their clients end up having abortions, can they not be accused, at the very least, of deceptive labeling? That the limited services offered by such abortion providers are not addressed in this bill reveals the disingenuous motive of its backers.

With regard to the issue of confidentiality, each woman who seeks our services signs such an agreement. The Attorney General already has the means to remedy any violation of this agreement. In our twenty-three years of service, to my knowledge, we have not had one complaint that this agreement was violated. And while this bill's confidentiality clause may seem to be merely an unnecessary repetition of a standard practice, it would actually prohibit our advisors from reporting cases of statutory rape, sexual abuse and incest of minors when they do not consent to reporting this abuse.

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 handful were disappointed. Their gratitude for our services is heartfelt. One mother, Jill, writes: *They [Cross Road] have given me hope and a reason to keep going with my pregnancy. I feel that if they had just mentioned abortion instead of helping me learn to be a mom and a responsible woman, I would have regretted it. I am very happy with my decision.* Even those who finally choose abortion appreciate that we take the time to talk with them and give them the facts about fetal development and the dangers of abortion procedures.

With the many moving testimonies of mothers who have been helped, and the absence of evidence for any who have been harmed, it is disturbing that the sponsors of this bill would attempt to stigmatize our center and limit the outreach of our services. They have surrendered any pretext of impartiality with their uncritical acceptance NARAL's biased report and by their exemption of Planned Parenthood from any similar scrutiny. There is no legal or factual basis for this pernicious bill. It is a blatant assault on our first amendment rights. If passes, it would invite legal challenges.

In as much as it would compel pregnancy centers to post warning signs without any evidence of harm; in as much as its intent is to dissuade women from seeking an affirmative and informative second opinion; in as much as it would effectively reign in hope and reinforce fear in the hearts of women and couples; and in as much as it is designed to limit and control the information women receive, this perverse legislation should not see the legal light of day. In order to avoid further embarrassment, I urge this committee to abort this ill-conceived bill.

B. Written Testimony

I.. The Cross-Road Foundation was founded on Staten Island in 1987 to assist women and families who are facing unplanned pregnancies by providing them with accurate information about their options and by offering ongoing support to those who choose to continue their pregnancies. Our goal is to enable women to make healthy choices for themselves and their families. Unlike abortion clinics, we provide our advice free of charge in the exercise of our First Amendment rights. Abortion clinics are commercial enterprises that make money by providing abortions. We are in no sense a commercial enterprise and should be treated as possessing the same First Amendment rights as individual speakers. We should in no way be subject to consumer regulation because the women who come to see us are not consumers. We do not sell anything.

Rather, we provide free information that does not involve any kind of commercial transaction. When appropriate, we provide information about sexually transmitted diseases (STDs), fetal development, pregnancy options, and abortion procedures. This information is available on the Internet and many sources, and is not subject to regulation by government agencies. Much of the information is common knowledge. All of the information is protected by the First Amendment and can be conveyed by any person speaking to another without violating any consumer regulation.

We also provide the free service of making appointments for medical diagnosis of pregnancy, the PCAP program, and free sonograms and the free service of making arrangements for other social and legal services when necessary. For those who choose to continue their pregnancies we offer ongoing support through our "Earn-While-You Learn" educational program.

Through our outreach center, "Pregnancy Resource Services" we provide a free, self-administered pregnancy test that can be purchased in any drugstore without a prescription.

We provide free consultations by trained volunteers for women and their partners, including pre-natal and parenting classes in both English and Spanish.

The pre-natal class covers such topics as nutrition, doctors' appointments, the changing body, fetal development, delivery, and newborn care. The parenting class covers baby's health, communication, safety, discipline, early literacy, and quality child care. We provide ESL classes and ongoing support groups for mothers who want to continue coming to our center.

By offering the mothers "Mommy Money" for participating in this program. After each class we open our *Mommy Store* where the women use their "Mommy Money" to pick out the supplies they need for their baby. There they can get new and "gently used" clothing for their infants, disposable diapers, formula, strollers, cribs, car seats, high chairs, swings, and other needed baby items. We also supply our expectant mothers with a layette for their newborn. We offer this assistance throughout the pre-natal period and the newborn's first year.

We have had good attendance in these classes. Last year, we awarded more than 120 certificates to the mothers for completing their classes. None of the information we provide in these classes requires a license of any kind. These classes, like all the other information we provide, are speech protected by the First Amendment.

For the year 2009, we had 230 women come our center for help, an increase of 30% over the previous year. We distributed more than $18,000 worth of free material assistance to expectant mothers.

We also offer material assistance to expectant and new mothers who are participating in the pre-natal programs at *Healthy Families* and the *Nurse Family Partnership.*

All advice and all services at our center are provided absolutely free of charge. There is absolutely no basis to subject our center to commercial regulation.

The primary group of women who benefit from our services are single mothers between the ages of 15 and 45, in low-income households. The majority of our clients (55%) are Latino immigrants, followed by African-American women (27%), Caucasian women (15%), Asian women (2%) and Mid-Eastern women (1%). More than 3/4 of our clients do not have a high school diploma or GED equivalent. About 80% of these women live below the poverty line.

II. The bill you are considering is based on an unproven assumption about pregnancy centers that in turn is founded on a troubling presumption about women.

The chief sponsors of this bill admit to being influenced by an investigative report on pregnancy centers by NARAL Pro-Choice New York. Leaving aside the deceptive manner in which these abortion advocates misrepresented themselves as "clients," NARAL's report uncovered no evidence of false statements or deception by anyone working at the pregnancy centers. Rather, the report reluctantly admits that: *they [Crisis Pregnancy Centers] did not give inaccurate information about abortion over the phone. None mentioned abortion unless asked; once asked, most said they did not recommend or refer for abortion.* (p.7) Likewise, concerning the use of artificial contraceptives, the report observes that *:[d]uring the phone investigation, when asked if they provided birth control or information on where to get birth control, all CPC operators said no.* (p.13)

This investigative report by NARAL, which apparently is the chief evidence offered in support of this bill actually proves that the bill is completely unwarranted and would be an arbitrary and capricious exercise of legislative authority to favor one political constituency—the pro-abortion one—over an other—the pro-life one.

Yet, finding no evidence of misstatements or misrepresentation of services, the report, incredibly, bases its claim of deception on what pregnancy centers do not say. The report notes that: "*[w]ith such neutral sounding names like Pregnancy Help, Inc., Pregnancy Resource Services, and Center for Pregnant Women, the CPCs seem to take great pains to conceal their anti-choice agenda.* (p.6)

To suggest that use of the word "pregnancy"—which NARAL admits is a neutral term—justifies regulation of crisis pregnancy centers is to admit that this proposed bill is a direct attack on freedom of speech. NARAL is attempting to use the power of this body to force crisis pregnancy centers to utter words that NARAL would prefer them to use when there is no legal justification for this demand other than that NARAL would prefer it.

The NARAL report argues that by offering information free of charge, pregnancy centers somehow trick women into receiving information that will "confuse" them. (Report, 8-9) By "confuse," NARAL means persuading women that the life within them is human and worth preserving. Here again NARAL reveals its intent to use this legislative body to attack free speech opposed to NARAL's position.

As Dr. Joel Brind points out, the NARAL report's criticism of pregnancy centers for providing First Amendment-protected information about alternatives to abortion reveals NARAL's intention not to let women have this information. And now NARAL is trying to use the legislative body to keep women from having the information we are constitutionally entitled to give them without regulation by the State.

In our work at Pregnancy Resource Services, we use an empathetic approach. We listen carefully to each woman's concerns and always respond in a personally affirmative and supportive manner. We understand the stress they and their partners are experiencing. The truth is that most women considering abortion feel that they really have no other choice. Unlike abortion providers, who reinforce their fears, we encourage women to consider the alternatives to abortion and offer whatever assistance we can to help them remain positive about

their pregnancies. We are non-judgmental and, contrary to unsubstantiated reports by abortion activists, we do not coerce women or try to manipulate them emotionally. And while we do not make referrals for abortion services, we do respect the decision that women and their partners make.

That the philosophy of pro-life pregnancy centers is in conflict with that of abortion providers such as NARAL and abortion rights groups in general is obvious. But this legislative body has no business taking sides in a political, social and religious dispute like this one under the guises of "consumer affairs."

III. This bill seeks a solution to a problem that does not exist. And it does so in a manner that reveals the ideological motive of its proponents.

First, by defining crisis pregnancy centers as "limited service" this bill takes the side of NARAL and the abortion clinics, which are presumably viewed as "full service." And if the biased proponents of this bill do not view abortion clinics as "full service", then why are crisis pregnancy centers identified as "limited service." Limited compared to what?

In a blatant violation of our First Amendments, this bill would force us to call ourselves "limited service" merely because we do not provide or give referrals for abortion or contraceptives—i.e. services that terminate or avoid pregnancy. The implication that "full" service pregnancy centers should include services that *prevent or end pregnancy* is preposterous. Indeed, if anything is deceptive it is a "full service pregnancy center" whose very business it so make sure there are no pregnancies or that they are terminated once they begin.

Second, and equally nonsensical, the bill would require that we post signs clarifying that we do not provide abortions or contraceptive drugs. We also do not provide wheel alignments, sell goat cheese, or perform eye exams. Where should our list of non-services begin and end?

Do car dealerships need to disclose all the models they don't sell? Should fast food restaurants be required to list all the items not on their grill? The absurdity of a bill requiring an organization—a non-profit organization—to disclose services it does not provide should be apparent to every member of this Council.

Here I must note that our own "Request for Services" form, which each woman signs before meeting with one of our advisors, clearly states that our center "does not perform nor give referrals for abortion services." Further, telephone directories have taken it upon themselves to list us and other crisis pregnancy centers in the "Abortion Alternatives" section precisely because we do not provide abortions.

Truth in advertising is one thing, but quite another is forcing a non-profit organization like ours to declare that we do not provide abortions or contraception when we never even suggested that we do, but on the contrary state that we do *not*. The violation of our First Amendment rights could not be more obvious.

Ironically, while no woman has ever been harmed by going to an "abortion alternative" pregnancy center—not a single witness has come before this Council to claim she was harmed by any crisis pregnancy center—many women have been physically and emotionally scarred, even killed by abortion providers. Might Planned *Parenthood*, where 97% of their clients choose not to be parents, be accused at the very least of deceptive labeling? *What* parenthood? Should they not also be forced to disclose that they do not actually provide any parenting program for couples that choose to continue their pregnancies? That the limitation of services offered by abortion providers is not even addressed in this bill reveals the unconstitutional motive of its backers.

With regard to the issue of confidentiality this bill purports to address, every woman who seeks our services signs an agreement which reads: "I understand that the pregnancy center will hold in strict confidence all the information that I provide them except as required by law or when necessary to protect others or myself against threat of harm." The Attorney General already has the means to remedy any violation of this agreement. In our

twenty-three years of service, to my knowledge, we have not had one complaint that this agreement was violated.

While this bill's confidentiality clause may seem to be merely a recognition of what is already a standard practice, it would actually prohibit our advisors from reporting cases of statutory rape, sexual abuse and incest of minors when they are too traumatized to consent to reporting this abuse. This bill, championed by abortion providers, would result in a *mandatory non-reporting of sexual crimes* in certain circumstances. *That is, this bill would literally make it a crime to report crime.*

IV. In the six years that I have been the director of Pregnancy Resource Services, I have reviewed many exit surveys where hundreds mothers expressed their gratitude for our services and only a handful were disappointed. The women who come to our center appreciate the personal attention we give to them and to their children. Their gratitude for our services is heartfelt.

One mother, Jill, writes: "They [Cross Road] have given me hope and a reason to keep going with my pregnancy. I feel that if they had just mentioned abortion instead of helping me learn to be a mom and a responsible woman, I would have regretted it. *I am very happy with my decision.*" (I include her full statement and that of several other clients with this testimony.)

Even those who finally choose abortion appreciate that we take the time to talk with them and give them the facts about fetal development and the dangers of abortion procedures.

In conclusion, there is no legal of factual basis for this pernicious bill, which is a frontal assault on the First Amendment rights of crisis pregnancy centers, employing a blatant double standard that targets our speech while favoring the speech of our political opposition.

It is alarming indeed that this legislative body is apparently acting at the behest of two notorious political pressure groups—NARAL and Planned Parenthood. That the sponsors of this bill choose to ally themselves with these two groups, the latter of which is the nation's largest abortion provider with a disgraceful history of involvement in the eugenics movement, is a sure sign that this bill is intended as a restriction on the First Amendment rights of pro-life speakers.

These pressure groups know full well that pregnancy centers are no threat to women, but rather a challenge—a constitutionally protected challenge—to their ideology and their lucrative industry, which they are improperly asking this Council to protect with a facially invalid law that will invite legal challenges.

With the public displays of affection we witnessed on the steps of City Hall on October 12, along with the exchange of endorsements, favors and financial contributions, the chief sponsors of Int. 371 have abandoned even a pretext of impartiality. Their uncritical acceptance NARAL's baseless contentions against crisis pregnancy centers has produced a bill that is constitutionally dead on arrival.

But it is not too late to change course. I urge the members of this committee to terminate this monstrous bill before it goes any further in the legislative process. That would be one abortion the crisis pregnancy centers of greater New York would heartily support.

C. Three Stories

1 "Jennifer" is a college student who came in three months ago for a pregnancy test. She already had taken two home pregnancy tests that were positive and was not surprised when the one here had the same result. She previously discussed this possibility with her partner who wanted her to get an abortion since he felt that they were not yet prepared to raise a child. He told her that it would be best for the child's sake to terminate the pregnancy.

She was almost four weeks along with her pregnancy. Usually at this early stage it is difficult to get a woman who is considering abortion to think about the condition of the unborn child. But Jennifer wanted to know if the child already had a heartbeat. She was told that it did. She wanted to see for herself and so she sat with one of our advisors and watched a DVD that clearly showed a beating heart and nervous system in an embryo at four weeks. There were tears in her eyes when it ended.

As she continued talking it soon became clear to our advisor that, despite the urging of her partner, Jennifer wanted to continue her pregnancy. What she was really looking for was support in speaking up to her partner. With encouragement from our advisor, she went home and told him that she would not have an abortion. While he was initially surprised by her decision, he has accepted it. While the immediate road ahead for them has not been easy, they have our support along the way.

2. On a cold, rainy Wednesday morning last November, "Maria" came late for her 11 AM parenting class. As the director opened the door, she wheeled in her daughter Marisol and apologized. Since the mothers earn "Mommy Money" for attending the one hour bi-weekly classes, tardiness is frowned upon. It was now 11:55 and the director gave Maria a stern look. She met that frown with a disarming smile. So the director had to ask: "Maria, why are you so late?" "The trains were not running on time," she replied. The confused director asked her where she was coming from. "Manhattan," she cheerfully replied. Everyone in the office was amazed that she made this two hour trip on a dreary morning with her 5 month old daughter. She was immediately brought to the classroom where Ana, the instructor, was finishing her class. Ana was also surprised and met with Maria after class to give her a summary of the lesson.

While Maria's commitment is extraordinary, many of our mothers are truly dedicated to our program and do come to class, even when it is raining or cold outside, usually with their toddlers in tow and often on time. They enjoy the class discussions and also the opportunity to shop after class with their "Mommy Money". They appreciate the personal attention that is given both to them and to their children.

3. "Yolanda" was a high school student who found out on Christmas Day that she was pregnant. In this case, her boyfriend, who was 18, was prepared to accept his responsibilities as the child's father. Yolanda also wanted the child. The problem here was with her mother did not.

Fearing that Yolanda was too young to have a child and that she would drop out of school, Yolanda's mother immediately took her to get an abortion. While waiting in the office, Yolanda prayed quietly to Our Lady of Guadalupe that somehow she would keep her child. Fortunately, the doctor who did the abortions was not in that week.

Desperate to keep her baby, Yolanda and her boyfriend went to Pregnancy Resource Services where they received support with their decision and assistance in talking to her parents.

Dealing with a teenage pregnancy is usually a challenging experience. This one certainly was. After several highly emotional sessions, in which we helped the family deal with a number of issues, Yolanda's parents accepted her decision to continue the pregnancy.

Her son "Jeffrey" was welcomed into the world both by her boyfriend who is now working full time and by her proud parents who have been reconciled with their daughter. Yolanda herself is now continuing her studies in high school and plans to marry the baby's father after graduation.

D. Some Testimonies from Mothers

Cristina:
Well I've just started this program and I have 4 children already. I was so worried about what I was going to do with a 5th child. Then I heard about this place and this place gave me hope and faith along with great recourses. They really help me and my family and I'm very grateful.

Michelle:
I entered this program when I was two months pregnant. Now my baby is fourteen months. I don't think I could have had a baby in good faith if it wasn't for this place. I had 2 boys before I came to this place. I was really undecided about having a 3rd baby until I heard about this place. This place gave me hope that I could have another baby. All there resources have really helped me and my family.

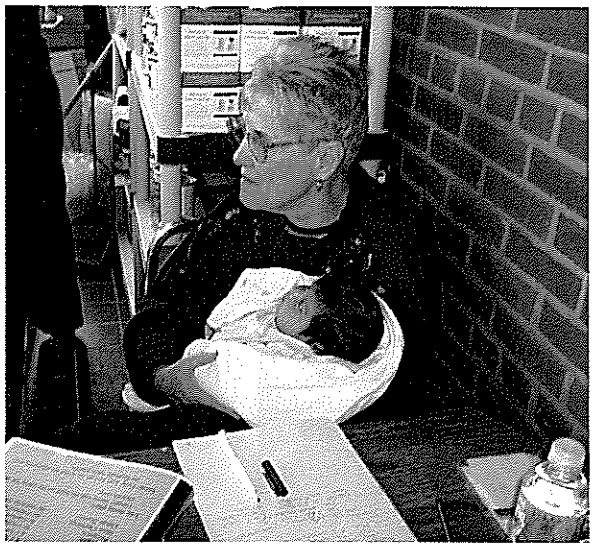
Angela:
The Cross Roads Foundation has helped me in so many ways. They have made me feel at home. They have helped me with support for my personal issues. They do so many wonderful things for a diverse set of people. They had help me grow into a stronger woman that is more set in my goals.

Jillian:
I came to this organization after finding out me (26) and my (20 yr old) partner were expecting out first baby. I was scared, worried and all the above of what to do. My parent were never going to approve which in coming months they kicked me out and I had to go to a shelter and live with friends. He has no job due to layoffs. My life is upside down. Every class though and since point one they have been kind and generous to my needs, emotions and problems. They are non-judgmental and offer good advice. They have given me hope and a reason to keep going with my pregnancy. I am very happy with my decision and I feel if they had just mentioned abortion from the beginning instead of helping me learn to be a mom and responsible woman I would have regretted it. I am very grateful for their services.

Cross Road's "Earn While You Learn Program"

Lillian Ubinas-Petrillo and her Saturday morning computer class

Ana helps mothers get needed formula



June handles the check-out counter

Gloria is looking for an extra gift for her little one

Choosing from a variety of "gently used" clothes

Every Day is Mothers' Day at Cross Road

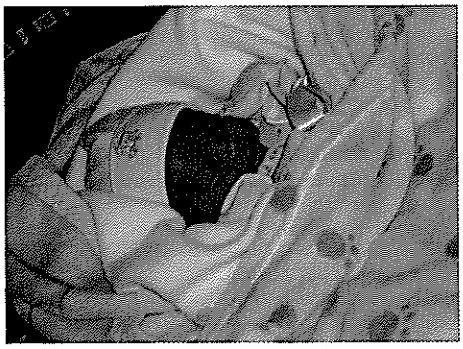
Volunteers: Kathy, Gloria H., Gloria G., Gail, Jeanette, Anita, Rita, June, and Nancy

Ebony with Emma, Jovanni, and Xavier

Anny and daughter Nicole

Blanca and daughter Esmeralda

Angela with her son Christian



Baby Raul at 2007 Christmas Party

Esmeralda with a sleepy Roman

Olivia, Alicia, Emma and Letecia receive Certificates for Parenting course

Eloisa, Olga, Jovita, and Guadalupe receive Certificates for Pre-Natal course

November 16, 2010

Madam Speaker, City Council Members, my name is Gloria Gadzinski. I am Director of Volunteers for Pregnancy Resource Services, Staten Island, N.Y. I am here to oppose the passing of the "Limited Service Pregnancy Bill Int. 371.

Our Mission is to assist women and families who are facing unplanned pregnancies by providing them with accurate information about their options and by offering them ongoing support. Our goal is to empower women to make healthy choices for themselves and their families.

Every organization has a mission statement of what they provide, not what they don't provide. There seems to be a misconception that all pregnancy centers solicit women who are pregnant to convince them that abortion is an abomination. This is so far from the truth. Our goal is to assist women in a life crisis whether they are pregnant or not.

Of course, we lean toward parenting or adoption if they are pregnant and this is not hidden with deceitfulness and lies. We are very clear that we are a pre-abortion counseling service and are non-medical.

We offer information on their options so that they can make a more informed decision. We offer a mother support group with a professional facilitator. Our volunteer's are trained to lead workshops.

We have an "Earn While You Learn Program" offering the opportunity to purchase baby items.

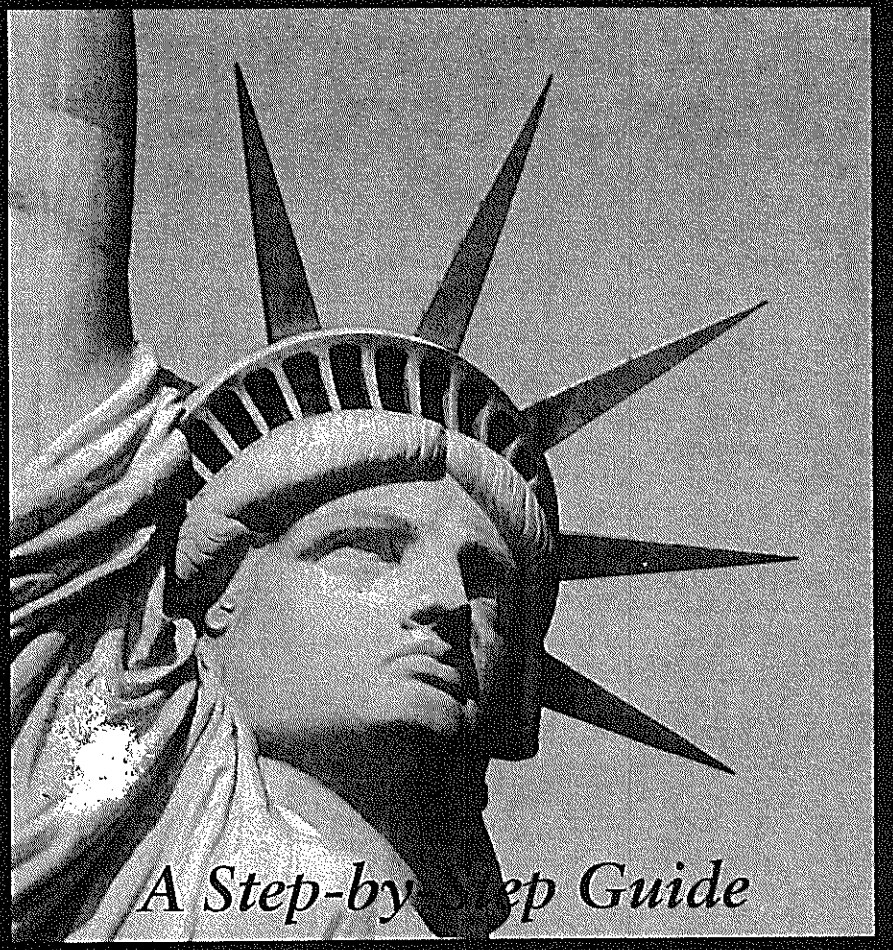
I could go on and on with the services that we offer, but, my purpose today is to oppose this bill that discriminates against Pregnancy Centers who have been helping thousands of women each year. It is unjust and one sided. Pro Choice Centers do not have to divulge information they DO NOT provide. This is a travesty of justice, therefore I ask you to vote no on the clauses of Bill #371. It is an outright injustice to the freedom of true choice.

Every woman has to the right to choose freely where she seeks counseling.

Exhibit A

CHOICE ACTION KIT

Third in a Series

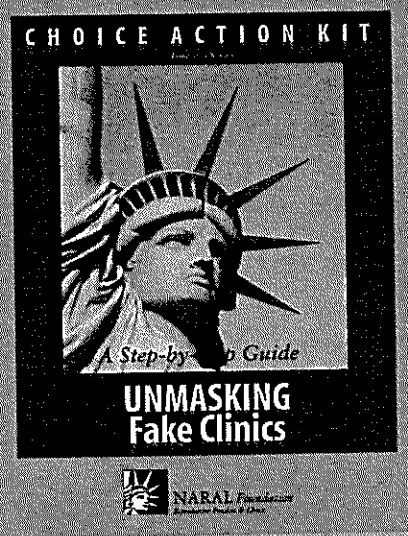


A Step-by-Step Guide

UNMASKING Fake Clinics

Statement of Scope

This booklet offers a range of strategies for various types of campaigns to expose fake clinics. Whether you are an individual interested in starting a campus pro-choice group and informing your classmates about a nearby fake clinic or you work with an organization that can mobilize dozens of volunteers to advocate for new laws and policy changes, we have endeavored to provide helpful information for you. As you read through these materials, keep your individual goals and resources in mind and consider which steps make the most sense for you.



This booklet also serves as a model for achieving social change through legal action. Like *Roe v. Wade* itself, many of the breakthroughs for reproductive choice have come from activists pressing arguments in the courts based upon a persuasive factual record. The steps laid our in this kit could be applied to efforts to litigate against deceptive crisis pregnancy centers, as well as to litigation efforts around other reproductive rights issues.

Finally, while all crisis pregnancy centers aim to dissuade women from exercising their right to choose, the organizing strategies discussed in this kit apply to those fake clinics that fail to disclose their true agenda, deprive women of accurate information about their reproductive options, and use coercive tactics to pressure women into carrying their pregnancies to term.

Disclaimer

A Step-by-Step Guide: Unmasking Fake Clinics is strictly for informational purposes and does not constitute legal services or representation. For legal advice, consult a practicing attorney who has a thorough knowledge of the current law in a state or locality and who is informed about all the relevant details of the situation.

The NARAL Foundation/NARAL hereby specifically disclaims any liability for loss incurred as a consequence of the use of any materials in this book.

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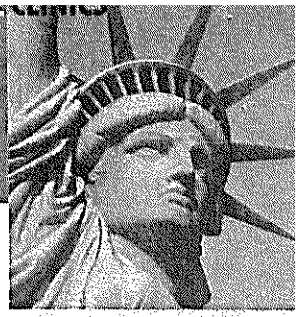

A-Step-by-Step Guide
Unmasking Fake Clinics

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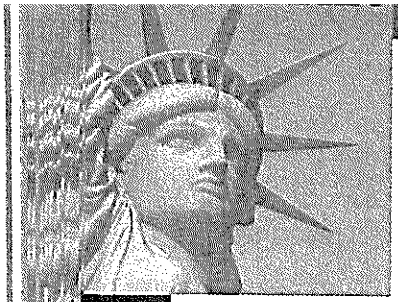
Debra Erenberg
Associate Director of
Constituency
Development

Design:
To the Point Publications



Sample Strategy Chart

GOALS

LONG-TERM:
- Stop CPCs from providing women false and misleading information.

INTERMEDIATE:
- Pass legislation requiring CPCs that receive government funds to provide information that is medically accurate and objective.
- Get school districts to stop providing abstinence-only funding to CPCs.
- Get hospitals to stop referring pregnant women to CPCs.
- Persuade state attorney general to bring litigation against targeted CPCs.
- Educate public about CPC tactics.

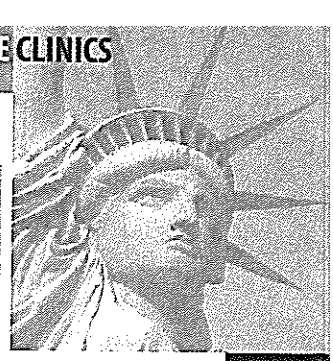
SHORT-TERM:
- Research local CPC practices, organizational structure, presence in local schools, and funding sources.
- Find out what laws and regulations apply to your investigation.
- Find women who are willing to share their stories and/or litigate.
- Get letters and articles about CPCs published in three local papers.
- Work with lawyer to develop case to bring to Attorney General.

RESOURCES

Have:
- 8 lead activists in each targeted area.
- 20 volunteers in targeted areas.
- 150 members of e-mail alert network.
- Fax machine.
- Office space for phone banking.
- 2 friendly reporters.
- Staff member: 50% of time for 6 months.
- Free meeting space.
- $1000 to spend.
- Newsletter to 3000 people.
- Supportive state legislator.

Hope to gain:
- Support of 6 coalition partners.

Need:
- Pro-bono attorney.
- 20 more volunteers.
- 6 more friendly reporters.
- 10 more lead activists.
- Additional $5000.
- School board and/or hospital contact.
- Attorney General contact.
- Women willing to make their stories public.
- Research for talking points.



CONSTITUENTS, ALLIES and OPPONENTS

Constituents:

- Young and college-age women.
- Teenage girls.
- Low-income women.
- Women of color.
- Residents in areas near CPCs.
- Members.
- Legitimate clinic staff and abortion providers.

Allies:

- Planned Parenthood.
- American Council of Obstetricians & Gynecologists (ACOG).
- Medical Students for Choice.
- American Medical Association (AMA)/American Nurses Association (ANA).
- Attorney General.
- Pro-choice religious groups (e.g., Religious Coalition for Reproductive Choice).
- Welfare rights league.
- Women's bar association.
- Domestic violence organizations.

Opponents:

- CPCs.
- Right to Life/Operation Rescue.
- Anti-choice churches.
- CPC funding sources.
- Anti-choice legislators.

TARGETS

Primary:

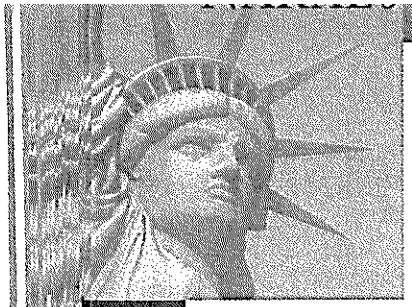
- Attorney General.
- State legislators X and Y.
- School board chair.
- Hospital administrator.
- CPC directors.

Secondary:

- Editorial boards/media.
- Other legislators.
- Parents and school officials.
- Voters (esp. in X and Y's district).
- Women of reproductive age.
- Those from whom Attorney General takes advice.
- Lawyer knowledgeable in laws and regulations affecting your investigation and CPCs.
- CPC funders.

TACTICS

see timeline



Timeline 1

Short-term Goal:

Research CPC practices, organizational structure, funding sources, and presence in local schools and/or the community. Find out what laws and regulations apply.

Targets:	Tactics:	Timeline:	Who:
• Women of reproductive age in counties X, Y, and Z.	• Form a group of concerned community members in each targeted county.	• Now (allow up to one month).	• You and other core volunteers.
• Parents of high school students and community leaders in the school district.	• Conduct legal and regulatory research.	• Four to six weeks.	• You, board member, pro bono lawyer.
• Lawyers knowledgeable in laws and regulations affecting your investigation.	• Develop investigation strategy.	• Two weeks after initial research.	• You, lawyer, core volunteers.
	• Train volunteers and conduct investigation.	• Two months.	• You, lawyer, volunteers, community members.
	• Assess level of support for CPCs in state legislature and on school board.	• Two months (allow the time necessary to attend at least one school board meeting or legislative session).	• You, concerned parents, allies on school board and in legislature.

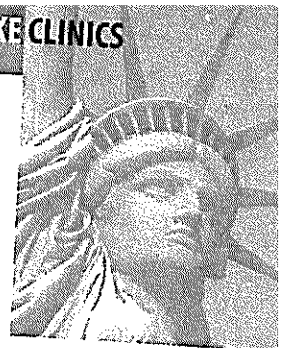
Tips on How to Assess Support Level

- **Read newspaper articles.**
- **Review campaign materials.**
- **Attend school board meetings and legislative sessions.**
- **Review public statements.**

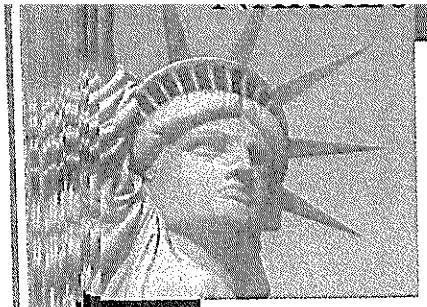
Timeline 2

Intermediate Goal:

Persuade state attorney general to bring litigation against targeted CPCs.



Targets:	Tactics:	Timeline:	Who:
• Attorney General (AG)	• Arrange to meet AG or pro-choice staff member and/or staff member responsible for women's health issues.	• After initial research has been completed.	• You, pro bono attorney.
• Secondary target: pro-choice attorney on AG's staff.	• Discuss investigation findings and possible charges with AG. Focus on consumer protection and deceptive practices of CPCs.	• Allow two to four weeks.	• You, pro bono attorney, women with CPC experiences.
• Community leaders and media.	• Conduct additional research to address specific questions/concerns.	• Four to six weeks.	• You, attorney, volunteers.
	• Develop flyer concerning CPC practices.	• After initial research has been completed.	• You, volunteers, attorney.
	• Distribute information in neighborhoods around CPCs.	• After undercover investigation has ended, over the course of two to four weeks.	• You, volunteers, community group.
	• Mail information to targeted individuals in neighborhood.	• After initial research has been completed.	• You, volunteers, community group.
	• Send out news release or hold news event calling on AG to press charges.	• After investigation and meeting with AG.	• You, community group leaders, women with CPC experiences.

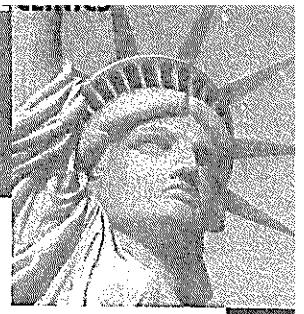


Timeline 3

Long-term Goal:

Stop CPCs from providing women false and misleading information.

Targets:	Tactics:	Timeline:	Who:
• CPC directors and donors. • Secondary targets: Public/media.	• Based on successful litigation, legislation, or public/donor pressure for voluntary reforms, develop new operating guidelines for CPCs.	• Allow four weeks.	• You, community group, AG, legislators, women's health organizations, professional associations representing doctors, nurses, and clinic operators.
	• Meet with donors to ask them to stop contributions unless standards are met.	• Two to four weeks.	• Community groups.
	• Conduct periodic checks to determine whether CPCs are complying with new standards.	• Periodically over next six months.	• Volunteers.
	• Continue educational campaign of flyers and mailings to neighbors.	• Four to eight weeks.	• Volunteers, community groups.
	• Send out press release regarding CPCs that refuse to adopt new standards.	• Four weeks after proposing guidelines.	• Community groups.



I. Researching CPCs in Your Community

A. Phone Investigation Script

I saw your ad/pamphlet in _____, and would like more information about your services OR I think I'm pregnant and need a pregnancy test and information [undercover]. Can you help?

1. Can you tell me what services you provide?
2. Will I meet with a doctor/nurse when I come in for an appointment?
3. How long will the pregnancy test/counseling appointment take?
4. Do you provide information on abortion?
5. Can I obtain an abortion at your center?
6. If not, can you give me an abortion referral?
7. How much will an abortion cost?
8. Do you provide family planning information? contraception? emergency contraception? referrals?
9. What is the cost of a counseling session/CPC visit?

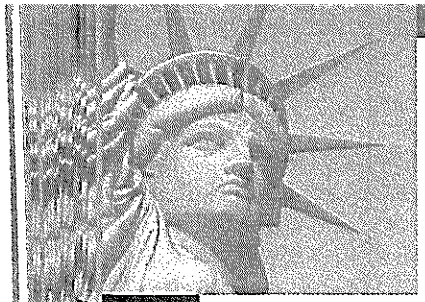
B. Volunteer Training Materials

THE ROLE

You are a young woman in your senior year of high school up to your junior year in college. You are over 18 years old. You missed your last two periods and are really scared. Your boyfriend dumped you. Your parents are really strict and you are afraid of their reaction.

You have not been taught much about birth control. You don't know your options, but you do know that being pregnant will get you in big trouble — probably thrown out of your home — and you have no place to go. With no family support you cannot stay in school.

You also don't know much about abortion. You repeat as much as possible that you cannot have this baby. You don't know what to do, but you need to end this pregnancy.



Your job once in the CPC with the positive pregnancy test is to keep them talking. Don't argue. Just express confusion and fear. Give the CPC staff an opportunity to make all their arguments.

Your buddy doesn't say much. She nods frequently and comforts you. She only divulges her real first name. Have a false last name ready just in case. She may offer that she drove you there and that she is your roommate or best friend. She does not leave you alone no matter what. She is there to keep you feeling safe while you are acting out this difficult role.

At no time argue with them. Ask questions.

Typical questions/comments include:

- But what can I do?
- I can't take care of a baby. I don't know how!
- I have no money, no job, no place to live.
- If I go through with this my parents will throw me out.
- I think I want to end this pregnancy now.
- I think I want an abortion. What happens if I do that?
- Are there any risks? What are the risks if I decide not to abort?
- What do I do if I can't have a baby?
- Can I take a pill?
- Do you do abortions?
- It would be easier to end this pregnancy now, I think.
- I don't want to hurt anyone. I just don't know what to do!
- What do you think I should do?

IMPORTANT

- It is okay to respond to any offer of aid with more questions and fear. You do not have to respond directly.
- It is okay to repeat your fears over and over again. CPC staff are used to various types of emotional responses in women.
- Use your best judgment as to when to leave the CPC.

- Keep an eye on the clock and time your tape recorder. If possible, don't let the recorder turn off while CPC staff are in the room. It makes a distinctive noise.
- Meet with your designated community volunteer immediately after the visit. Decompress and review your tape and your observations.
- You will see things in the clinic that the recorder will not pick up. Your observations will be very important to our work. Stay as alert as possible during your time in the clinic. Try to remember everything you saw and felt so that we can incorporate this information into our work.

You need to create the following information:

Name (real first name, fictitious but easily remembered last name)

We will give you the following information:

Address

Phone

School

Major in college

Age

Name of father

Race of father

Date of your last period

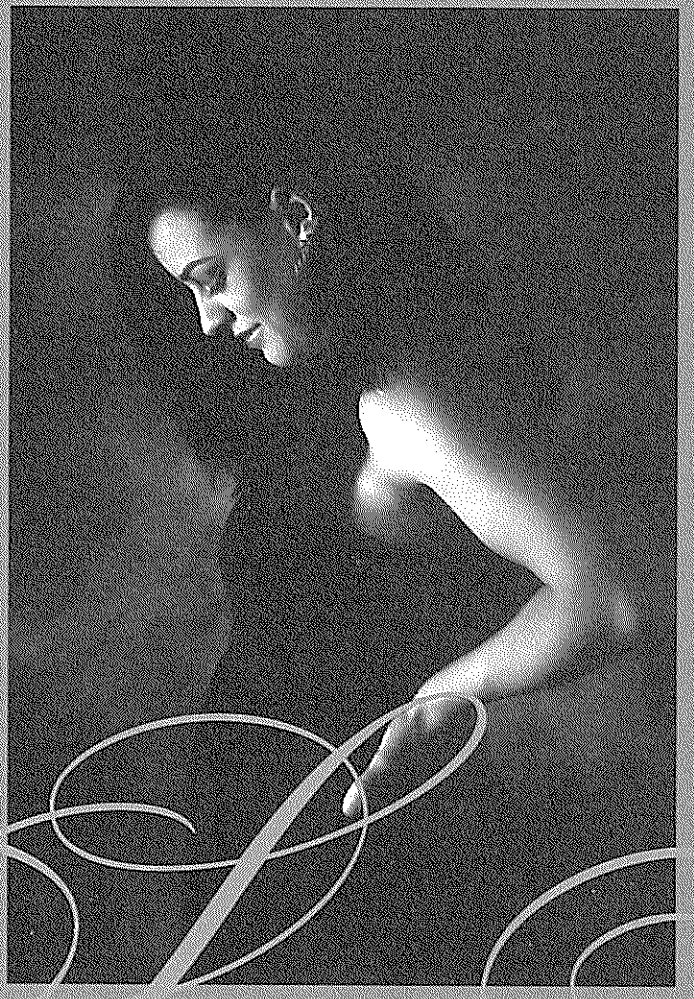
Any additional medical concerns or complicating factors

It's acceptable to act confused if they ask for more information than what we've provided. You don't need to know everything.

DO NOT CARRY IDENTIFICATION INTO THE CPC WITH YOU.

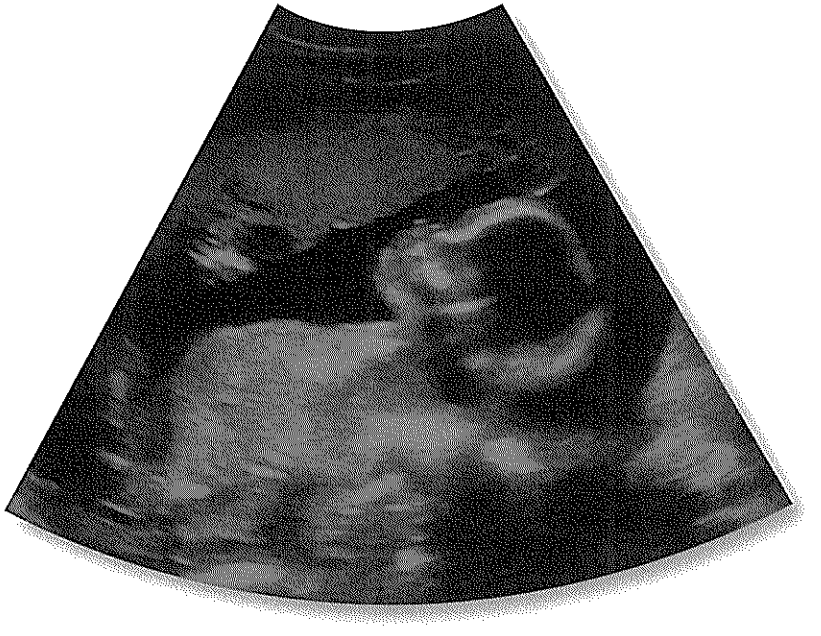
Stay in character while entering the clinic, during the visit, as you depart from the clinic, and until you are out of sight of the clinic.

THANK YOU FOR WHAT YOU ARE DOING. YOUR WORK WILL HELP WOMEN IN [CITY/STATE] GET THE INFORMATION THEY NEED TO MAKE SAFE, INFORMED DECISIONS ABOUT THEIR PREGNANCIES.



A Passion to Serve, A Vision for Life

Pregnancy Resource Center Service Report 2009



"Women who are fortunate enough to find their way to your centers are welcomed and receive loving care, access to counseling and education programs, ultrasounds and medical assistance, and referrals to other resources for little or no cost. As an Ob-Gyn, I can tell you that your efforts to assist women in underserved communities help to bring healthier babies into the world. Because of the selfless work you are doing, a culture of life is being built in America."

- **Joxel Garcia, M.D., M.B.A.**
  Former Assistant Secretary of Health
  U.S. Department of Health and Human Services

Table of Contents

Introduction

Over the past 40 years a movement of women and men has created and sustained a vital service in an area of unsurpassed need. Exemplifying the enduring American principles of voluntary and selfless giving, a mustard seed of concern for women facing unexpected pregnancies has blossomed into dynamic national and international networks of love in action. Today, through a massive commitment of personal time and professional services, the movement to provide pregnancy-related resources encompasses thousands of centers worldwide that bring aid and hope to millions of people each year.

The scope of these centers varies but their mission is single-hearted: to communicate to women and their families that their lives are valuable and that their needs – emotional, psychological, medical, spiritual and practical – can and will be met. With honesty and compassion, the global pregnancy resource movement now offers powerful community-based programs whose accomplishments are a story not yet fully told. The goal of this report is to embark upon that telling, to provide to layman and professional alike, to the legislator and the citizen – to all people of goodwill – an account of the good that is being done in our midst.

From Mustard Seed to Topmost Branches

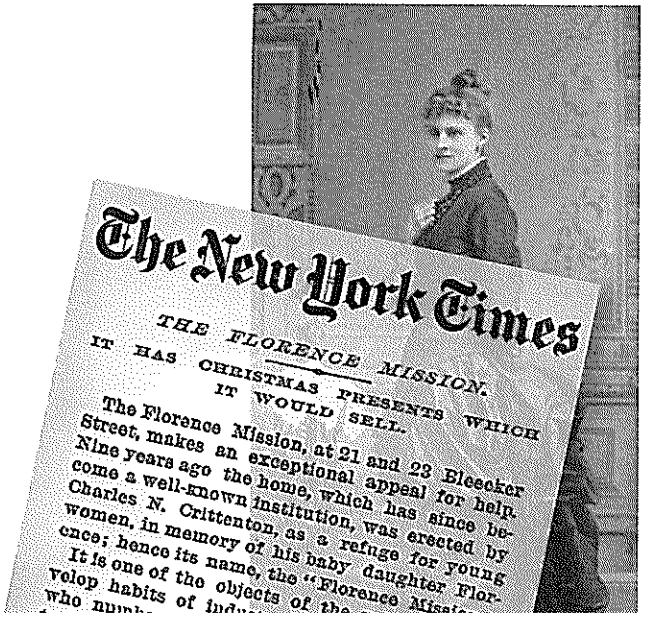
In the long history of American compassion, service to expectant mothers and their families has occupied a prominent place. In the 19th century charities like the Florence Mission and, in the century's last decade, the Doors of Hope offered what historian Marvin Olasky has called "spiritual challenge and the training of character." By 1931, according to an authoritative history of Catholic Charities, there were 44 Roman Catholic infant and maternity homes in the United States. Jewish Maternity Homes, Salvation Army homes and other havens were created to assist women in need. These refuges, models for their time, relied on volunteer service and sought to address both immediate and underlying needs.

In our time the phenomenon of unexpected pregnancy occurs not only in a different social context, but in a legal and social environment where pressure to abort the pregnancy is common. Today's pregnancy resource movement began as a response to this developing environment, and the life-affirming work of these centers also manifests a traditional concern for building healthy relationships and helping to bring restoration – a hope and a future.

The first pregnancy center network was founded in 1968 under the aegis of Birthright in Canada, and these centers soon spread to the United States. The 1960s were a time of social and political upheaval in the United States and the West generally, with the sexual revolution, divorce law reform, the drug culture, and liberalization of abortion laws in several U.S. jurisdictions.

In 1971 Alternatives to Abortion, the forerunner to Heartbeat International, was formed in the United States. This loose network of newly formed life-affirming pregnancy test centers and hotlines numbered fewer than 100. It soon added affiliates in Europe and Australia and became known as Alternatives to Abortion International.

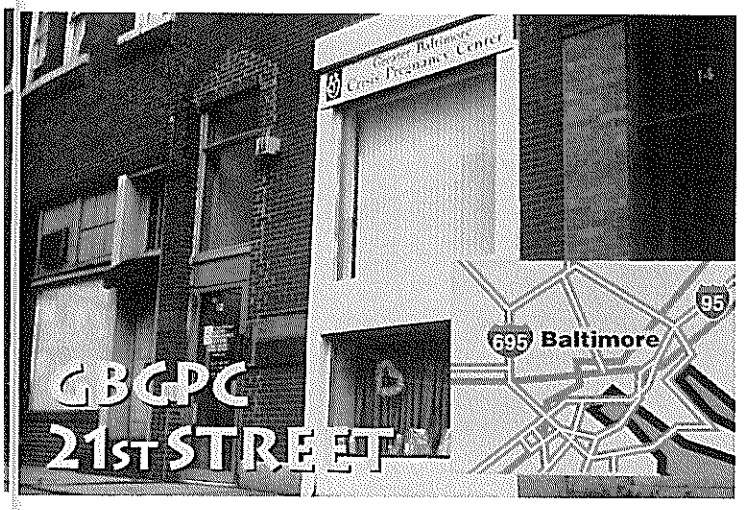
The 1970s dawned with the U.S. Supreme Court decision in *Roe v. Wade*, a seismic event that sparked national political and legal debates that endure to the present. Like the early pregnancy center movement, the initial legislative


The New York Times

THE FLORENCE MISSION.

IT HAS CHRISTMAS PRESENTS WHICH IT WOULD SELL.

The Florence Mission, at 21 and 23 Bleecker Street, makes an exceptional appeal for help. Nine years ago the home, which has since become a well-known institution, was erected by Charles N. Crittenton, as a refuge for young women, in memory of his baby daughter Florence; hence its name, the "Florence Mission." It is one of the objects of the ... velop habits of ... who ...



The first "crisis pregnancy center," opened in 1980 in Baltimore, Maryland by the Christian Action Council (CAC). The CAC recognized that social changes post-Roe would reinforce the need for pregnancy-related services to women. Pregnancy centers increasingly omit the word "crisis" in their titles and prefer pregnancy "resource," "care," or "help centers" now.

response to the abortion tide unleashed by *Roe* was led by Roman Catholic organizations and individuals. In 1975 the Catholic presence was augmented by the Christian Action Council (CAC), a Washington, D.C.-based evangelical organization that at first devoted itself to lobbying and education within the church. The legislative battle became more intense as the nation's abortion rate exploded throughout the decade.

Leaders at the CAC recognized that the social changes of the era and the legal challenges after *Roe* only reinforced the need for pregnancy-related services to women. In 1980 the CAC established its first "crisis pregnancy center" in Baltimore, Maryland. After the Congressional defeat of national legislation to protect the unborn in 1983, the CAC rededicated itself to outreach to women facing unexpected pregnancy, establishing church-based ministries with strong volunteer bases across the nation. By 1999, when the CAC changed its name to Care Net®, the group's affiliate network had grown to 554 centers.

Over the past quarter century the pregnancy resource center (PRC) movement has developed an increasing array of services, extended its reach to every state of the Union and dozens of countries overseas, and grown in both volunteer and professional capacity. In 1993 a new national organization entered the picture, the National Institute of Family and Life Advocates (NIFLA). NIFLA initially was committed to providing legal advice and consultation to pregnancy centers that found themselves under intense attacks from the abortion industry. Two years later NIFLA made simultaneous commitments to promote medical conversion of pregnancy centers and to guide them through health practitioner certification and compliance with all legal requirements to enable them to provide ultrasound services.

About the same time, Alternatives to Abortion International changed its name to Heartbeat International and hired its first paid staff member. Having grown to about 200 affiliates, this groundbreaking ministry embarked, as did the other pregnancy center networks, on a period of remarkable increase in size, services and effectiveness. The 1990s also saw Focus on the Family®, the ministry founded by author and psychologist Dr. James C. Dobson, enter the

field by supplying high-quality, research-supported educational resources to the nation's pregnancy center networks. This dedicated arm of Focus became a key service ally of the centers, providing materials they could not readily produce themselves.

Throughout the next 15 years these centers responded to multiplying community needs and the challenges facing couples and families. The centers offered lay or peer counseling and education for women whose tests were negative, risk avoidance education for youth, counseling and other services for couples and families, the establishment of housing programs and small maternity homes, and targeted programs for special populations like the urban poor, college students and other age groups, and Native Americans. During this period the number of smaller-scale maternity homes steadily grew to today's count of some 350 residential facilities.

Editor's note: The reader will see that throughout this report both the formal and generic names of centers vary greatly. Such terms as pregnancy "care," "resource," and "help" centers, and more are used, as well as "medical clinics," "medical centers," and "pregnancy medical help clinics," for those offering medical services. The variety of terminology reflects the true grassroots nature and dynamism of the movement. Increasingly, the umbrella membership organizations and their affiliates are moving away from the name "crisis" pregnancy centers, though this was the original title given to pregnancy centers. This report favors "pregnancy resource centers," or PRCs, where an editorial option was available.

New Initiatives and Better Technology

No aspect of the changes in the pregnancy care movement has had more significant impact than the addition and enhancement of ultrasound technology. First developed in the 1960s, ultrasound machines of increasing sophistication and lower cost came into wide obstetrical use in the 1980s. NIFLA was the first of the national pregnancy center organizations to promote acquisition of ultrasound technology by the centers and to provide trainings in its use by certified and qualified personnel. NIFLA-affiliated centers number 1,175 today, 639 (more than 55 percent) of which are limited ultrasound-providers. NIFLA holds nine ultrasound trainings per year and has trained more than 1,200 physicians and nurses in the provision of limited ultrasound through the Life Choice Project to help members convert to medical centers. NIFLA also offers an online training program for physicians and nurses.

Continued on page 12

"To a pregnant woman abandoned by friends, family, and the baby's father, abortion can seem like the only choice—that is, not a choice at all. It is pregnancy care centers that come alongside her and give her the support and hope she needs to make a life-giving choice."

– Frederica Mathewes-Green
Author

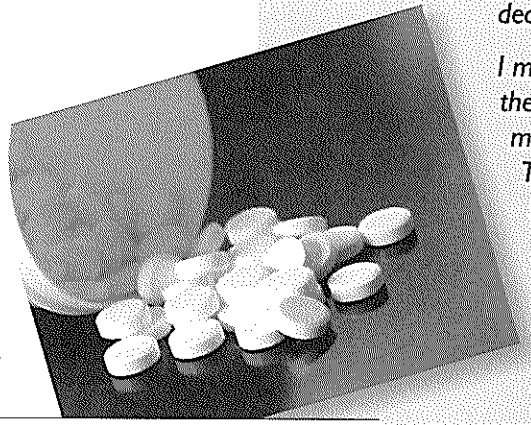
Megan and Ava's Story
Women's Choice Network: Oakland Center and Pregnancy Resource Center of the South Hills, Pittsburgh, Pennsylvania

When I found out I was pregnant, I was scared, confused, and believed everything I had been told. "Having a baby will ruin your life." "Abortion is the only way out." "Young single mothers cannot make it in this world." The fears I felt toward confronting the pregnancy, and having such drastic changes take place in my life, confirmed my decision. An abortion was the only way to "save" my life as I knew it.

I made an appointment for the next week for a medical abortion, where I would take the medication/pill regimen known as RU-486. The thought of "surgical abortion" made me queasy, and the clinic staff made the pill sound so simple – like taking a Tylenol for a headache. It seemed like the perfect solution had fallen right in my lap. But what I first thought was the answer to my prayers soon came with its own set of worries. I couldn't shake the nagging thoughts in the back of my mind, those unsettled feelings that I was sure would disappear since I had made the appointment to take the RU-486.

My anxiety worsened as the date for the abortion grew closer. I crept slowly through the days, wishing that I could stall the abortion appointment until I felt 100% confident about my choice. It was the biggest decision of my life, and I needed, I craved some conviction that it was the right decision. One day, as I was riding on the bus I saw a sign that read, "Considering Abortion? Pregnancy Care Centers: Caring, Confidential, Trusted." It gave me a sense of comfort I hadn't felt in weeks. I decided to call the number…I figured at that point, what did I have to lose? Maybe I did have one more chance to talk to someone before the abortion.

When I called the Help Line phone number, I was nervous – I didn't want to be judged or pressured. I just wanted to hear something hopeful. The woman on the other end of the line listened, and didn't judge. She gave me information, and set me up with an appointment. I don't know what prompted me to go. But I knew that I couldn't go in and get the abortion without some sense of affirmation that whatever choice I made, it would be a well-informed decision.

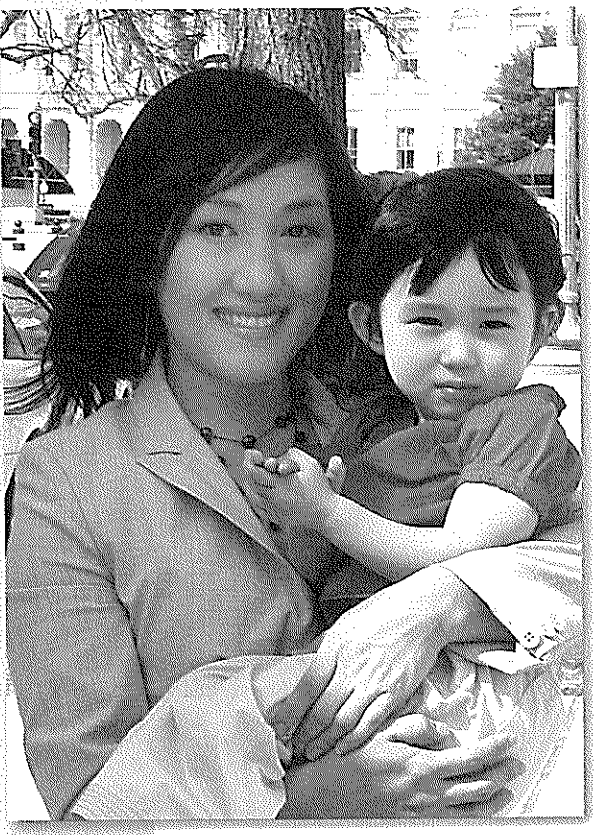


RU-486 is offered as the easy way out of an unexpected pregnancy - but the consequences are serious and troubling.

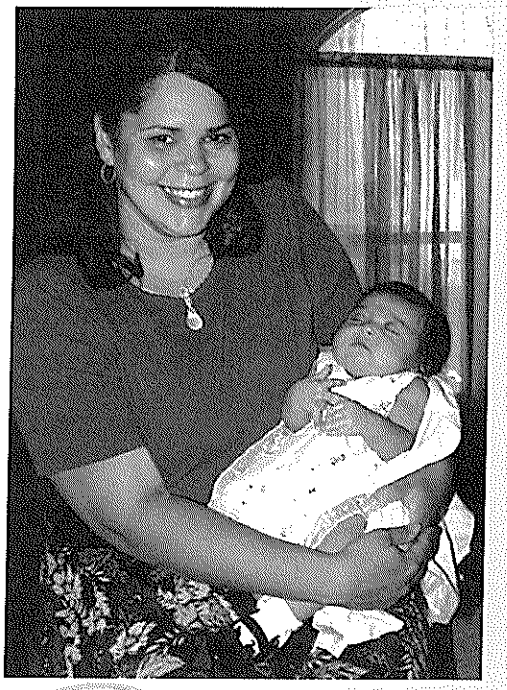
The visit to the pregnancy care center changed my life. For the first time, I saw my situation for what it really was – a blessing, a miracle of life. I saw my baby on the ultrasound as a real person. I could see her as a newborn baby…a little girl…and a grown woman who would do amazing things in this world if I would just give her the opportunity. Seeing Ava opened my eyes to everything I couldn't see before. I was able to see past my fears and my worries, and experience the excitement and joy of a new life. I felt a renewed sense of purpose, and an overwhelming responsibility to myself as a woman, and my capabilities of being a mother. The support and love the center showed me gave me the validation I was searching for all along.

The center wasn't about fixing a "problem" or telling me what to do – it was about the undeniable, unselfish celebration of life…and not just my baby's life, but mine as well. It was about empowerment, guidance and support. They were my reminder, when I was too scared to remind myself, that I didn't need to succumb to pressure just because I was afraid, and that I could choose the life I wanted. For the first time, I felt like I had choices and that I could make a genuine, confident decision.

When I left the clinic, I realized that the pit in my stomach was gone. I no longer had that nagging feeling of dread I had while I was waiting to have the abortion. I finally understood that the dread was not just a result of my current situation. It was really a preview of the regret that I would feel living the rest of my life knowing I had made a decision that I didn't have any information about. It was regret in a decision which would have stolen those qualities of joy and unconditional love that I experience in my life every day now.



Ultrasound enabled Megan to see her baby, Ava, as a "real person." "The support and love the center showed me gave me the validation I was searching for all along."



Options counseling, non-judgmental care and support, as well as continuing friendship and prayers, were all provided to Tina, shown here with her daughter Isabella.

Tina and Isabella's Story

Care Net Pregnancy Center of Cochise County, Sierra Vista, Arizona

My boyfriend said there was only one option: abortion. After all, what would our parents say? What would the people at our church think?

I obediently scheduled an appointment, but before the date arrived, I was overwhelmed with doubts. I knew I couldn't do it. Desperate for help and options, I turned to the phone book and found the Care Net Pregnancy Center of Cochise County.

I scheduled an appointment to meet with a peer counselor. They sat down with me and helped me go over all of my options, and they really listened to my needs. I didn't feel judged; I just felt cared for.

After meeting with my counselor, I knew that I wanted to keep this baby. I still had fears about how this decision was going to affect my future, but the staff from the pregnancy center was there for me throughout my pregnancy. They offered me parenting classes as well as ears to talk to, shoulders to cry on, and ready prayers.

And now, I have a beautiful little daughter, Isabella. When I look at my daughter, I still cannot believe that I almost considered abortion. Life as a single mother is not a bed of roses, but the love that I have for my daughter and the love that she gives to me make it all worthwhile.

I am so thankful for the love and support I received at the Care Net center and for their continuing friendship and prayers!

Compassion

As the pregnancy center movement continues to expand in excellence and reach, several new projects have moved to the fore with profound impact in the 21st century, the most important of which are Option Line®, the Option Ultrasound Program™(OUP), and Urban Initiatives.

First, the spread of centers and changes in the way clients find and access services created the need for the development of a new national service. In 2003 Heartbeat International and Care Net began Option Line, a 24-hour-a-day, live-operator contact center that fields inquiries from women, and men as well, seeking pregnancy information or care services. This service was designed to address an unmet need for women who are afraid or alone, under overwhelming pressure, unaware of their strengths and seeking help and resources on the other side of a computer screen or phone line.

Then, in 2004 Focus on the Family's Sanctity of Human Life (SOHL) Division added a powerful new impetus toward the medical transformation of PRCs through the Option Ultrasound Program. OUP provides funding grants to qualifying pregnancy centers to enable them to convert their operations into medical clinics, to obtain ultrasound equipment, and to train medical clinic staff in the provision of ultrasound. OUP works with NIFLA for pregnancy centers that want to undergo the conversion to medical clinic status.

Using incentive grants and providing intensive professional training, this program is bringing the highest-quality ultrasound services to women in predominantly urban settings. In five short years Option Ultrasound has seen 425 placements of ultrasound machines or top-quality sonography trainings in 49 states that have enhanced maternal and fetal health, and the potential number of women who chose to carry their babies to term after viewing an ultrasound could be as high as 63,000. The combined provision of counseling and ultrasound results in at-risk women being twice as likely to express their intent to carry their baby to term compared to at-risk women who receive counseling alone.

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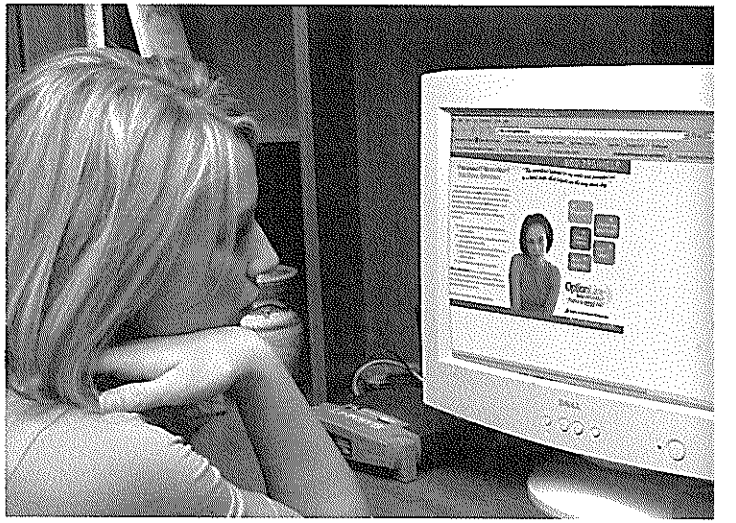

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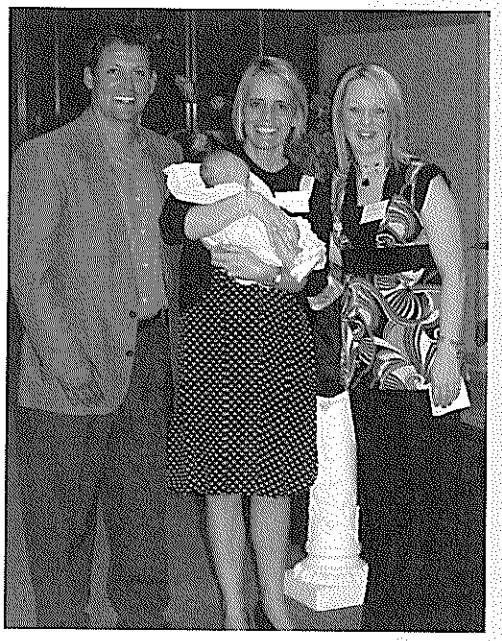

At a recent Stillwater Life Services banquet, Kendra (right) presented the story of how she went from being a pregnancy center client to become a college grad and center director. As director, Kendra often helped women faced with untimely pregnancies see the importance of a loving home – with a mother and a father – for their babies. Adoptive parents, Tiffany and Ramon (left), with baby, Abbey Noel, shared their gratitude during the banquet.

Kendra's Story
Stillwater Life Services, Stillwater, Oklahoma

I walked through the doors of Stillwater Life Services (SLS) pregnant and wrapped in many layers of pain from emotional, physical, and sexual abuse as a child. Like Lazarus when Jesus raised him from the dead, I needed His people to loose the grave clothes that bound me. God used the staff at SLS, a Heartbeat International affiliate, to bring me back to life.

Through Heartbeat's Bridges program, God helped me to build non-judgmental relationships and revived my ability to dream. I learned parenting skills and found lasting friendships with people who helped me carry my cross.

The day also came when the Bridges program allowed me to give back to other women in need – as a volunteer. Inspired, I entered college with a dream that I could work in a center like SLS someday. In fact, God was preparing me for that day through my work at SLS as I went to school and started working as the director's assistant.

In time, I stepped into the role of director of SLS. Just two weeks after my hire, I was on a plane headed for my first of three Heartbeat conferences! There, God surrounded me with other directors of Heartbeat affiliates who share the same heart and passion. I realized that my life was part of God's plan since the foundation of the Earth and that my childhood had prepared me to minister to the unborn, women, and men who are hurting.

God has tasked me with telling my own story and that of Heartbeat's work around the world in order to help others. His grace has revived my family through Heartbeat's Sexual Integrity™ program, rescuing my niece from abortion, healing my mother of her own past abortion, and restoring my sisters and me from past sexual abuse and misuse. God is using Heartbeat to save and change lives across the globe.

Finally, in 2005 Care Net and Heartbeat International began their collaborative Urban Initiatives, an intentional effort to bring resources to inner cities where the challenges of nonmarital pregnancy and high STD rates are particularly intense. Providing alternatives to abortion has been a mainstay of the pregnancy center movement, and urban areas have seen the nation's highest rates of abortion and repeat abortion. Breaking that cycle and rebuilding the safety networks of community and family are core purposes of the Urban Initiatives.

Each of these initiatives and the movement as a whole have been bolstered by the embrace of refined statements of professional quality and responsibility, which are conditions of affiliation or participation. Focus on the Family's Standards of Excellence of Care statement, directed by the organization's Physicians Resource Council, supplies guidelines to help pregnancy clinics provide ultrasound and other medical services based upon professional industry standards and regulations. Heartbeat, Care Net, NIFLA and other networks also embrace a broader Commitment of Care and Competence whose history is described below.

Pregnancy resource centers started by offering free pregnancy tests but offer so much more today. With 2,300 affiliated centers nationwide, their spirit of service heals families and gives women the respect, support, and care that empower them.

SERVICE SUMMARY

The array of services provided by the nation's pregnancy resource/care movement is dynamic and diverse. Free pregnancy tests were the original service provided by the centers of a generation ago. With the advent of low-cost, over-the-counter tests in the 1980s, this free service lost some of its centrality in the pregnancy center matrix, but nearly all centers continue to provide pregnancy tests as a valued service. With so much more offered today, the warmth of the nation's more than 2,300 pregnancy centers affiliated with the national groups and their spirit of service have spread by word of mouth to friends and family members alike, as women know their dignity and confidentiality will be respected in an environment of trust.

Over the last 15 years, as centers have grown in size and impact, they have added medical services like sexually transmitted infection and disease (STI/STD) testing, treatment and counseling; expanded lay and peer counseling; diversified

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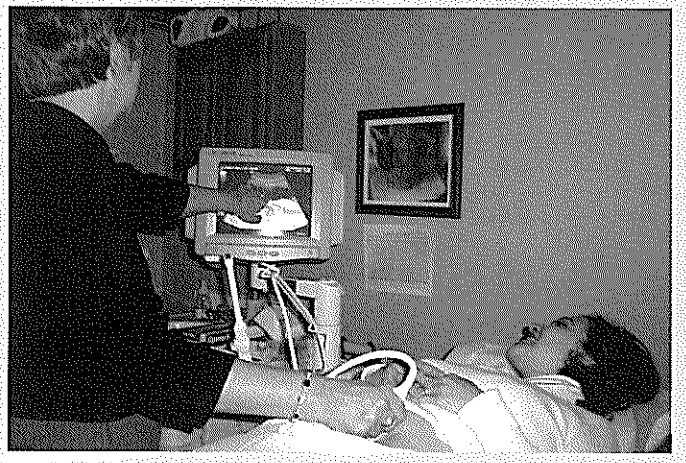


Volunteer medical professionals (nurses, doctors, ultrasound technicians and radiologists) provide medical services, including STD testing and 3D/4D ultrasound scans.

Center Spotlight

Elizabeth's New Life Center, Dayton, Ohio

In 1989, Elizabeth's New Life Center (ENLC) opened its doors, staffed solely by volunteers for the first six years. Co-founder and executive director Vivian Koob, and her husband and co-founder Steve, have witnessed ENLC's growth to five Women's Centers and a prenatal care center, with a paid staff of 100 and 300-350 volunteers. Holy Family Prenatal Care, fully owned by ENLC, was founded in 2000 to offer pregnant clients excellent maternity care.

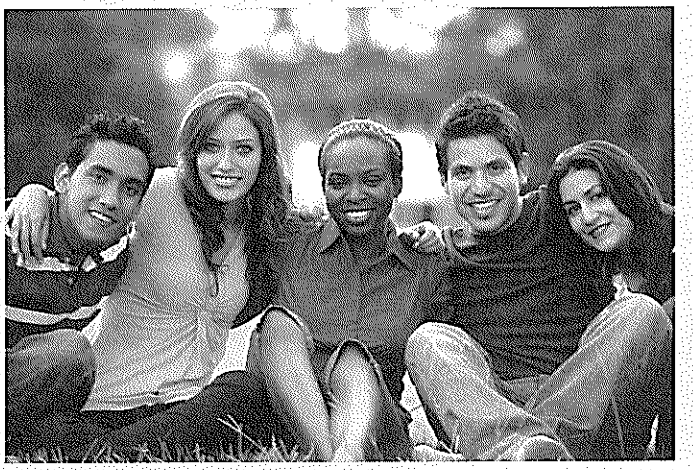
While ENLC offers more traditional pregnancy center services on premises such as pregnancy testing, emergency material assistance, abstinence education, mentoring, and post-abortion healing sessions, its services have grown over the last 20 years to include in-depth educational classes, limited ultrasound scans (including 3D/4D scans at two centers), STD testing, marriage and relationship education, natural family planning (NFP) instruction, men's mentoring, fatherhood outreach, and boutique shopping. In 2008, the women's centers served 2,869 new clients and 1,683 return clients. Altogether, ENLC provided an incredible tally of 57,025 services in 2008.

Abstinence and marriage education are also a well-developed outreach through ENLC off premises. Working with various community partners, ENLC serves over 4,400 people annually with marriage education through its Marriage Works! program and over 15,000 students annually with its abstinence education program, "Save It," and its relationship/ marriage prep program, "Go for the Gold." Both of these programs have been nationally recognized over the past two years, with requests to conduct and lead workshops as well as participate in leadership roundtables.

ENLC partners with myriad community agencies making educational classes available free of charge to women and their spouses or boyfriends. Community volunteers from various agencies provide free trainings twice a week in ENLC's Women's Center-Dayton. These classes cover over 65 topics, including life and parenting skills, domestic violence, housing needs, childbirth classes, quality child care options, child abuse awareness, bonding with your baby, breastfeeding, infant health and safety, and many more.

ENLC's Holy Family Prenatal Care serves 185 women annually and partners with agencies that work toward the same ends but provide unique services -- for example, WIC, Healthy Start, Secret Smiles, Brighter Futures, Good Neighbor House, CareSource, medical labs, and mental health agencies. Active partnerships exist with Dr. Stephen Guy, who serves as the prenatal care center medical director, and the Miami Valley Hospital where the moms deliver.

Elizabeth's New Life Center partners with many area schools, public and private. Over the years, ENLC has earned the respect and trust of its clients and partners by amassing numerous letters of support from teachers, principals, leaders and health care professionals from across the communities it serves. ENLC has well honed its own community resource list and refers over 2,600 clients annually for support, health, and education services.



ENLC reaches over 15,000 students annually with its abstinece education program, "Save It," and its marriage prep program, "Go for the Gold." Both programs have received national recognition.

ENLC's office was staffed entirely by volunteers for its first six years. It now includes 100 paid staff and 300-350 volunteers.

"Their message is one that our clients need to hear, and their staff delivers the message of abstinence in a clear and direct manner. "

Kathy Ventura
Assistant Superintendent
West Central Juvenile Detention Center
Troy, Ohio

"Many of our students have experienced difficulties in the educational setting in the past years for a variety of reasons. It takes a unique blend of personality, creativity, and substance to engage our students, and Elizabeth's New Life Center's presenters provide just that."

James Grimsley
Instructor, Mound Street Academies
Dayton, Ohio

At a White House ceremony in September 2008, ENLC received a presidential volunteer award as an agency and five individuals were honored, four of whom received lifetime awards for over 4,000 hours of volunteer service.

Elizabeth's New Life Center is affiliated with Heartbeat International; National Institute of Family and Life Advocates; Focus on the Family's Option Ultrasound Program; Miami Valley Marriage Coalition; Association of Women's Health, Obstetrics, and Neonatal Nurses; Society of Non-Profit Organizations; Ohio Pregnancy Resource Association; National Abstinence Clearinghouse; National Abstinence Education Association; and Association of Fund Raising Professionals.

Center Spotlight

Heartbeat of Miami, Miami, Florida

Heartbeat of Miami is one of the newest pregnancy center projects, founded in 2007 in response to "a bold and winsome call" to provide life-affirming alternatives to women in urban America. Heartbeat's two Miami centers, one in Hialeah and another in North Dade, offer culturally appropriate outreach and ministry in an area with one of the densest concentrations of abortion facilities in the nation. Miami has more than three dozen abortion facilities, not including hospitals, that market to women struggling with unexpected pregnancies.

This tragic fact prompted area leaders to spearhead the opening of ultrasound-equipped pregnancy help centers in Miami's neediest communities, with the goal of ultimately establishing three to five centers in Miami's sprawling metropolitan area. This involved a new approach adapted to the particular needs of urban communities where poverty and weakened family networks go hand in hand. The Miami centers drew on the work of the Rev. John Ensor. Fourteen years earlier, while pastoring a church in Boston, he joined others in the effort to develop a pregnancy help center in the inner city. Called A Woman's Concern, this center attracted volunteers and financial support from a broad community of Catholics and Evangelicals who labored hard, gave generously, and prayed steadfastly. Today this ministry is a network of six ultrasound-equipped pregnancy centers in the Greater Boston area staffed by well-trained nurses, counselors and volunteers.

The Miami leadership team developed a city-wide plan and opened the first ultrasound-equipped pregnancy center in Hialeah, a Miami neighborhood with seven abortion facilities. The second ultrasound-

Heartbeat of Miami team picture taken at the Heartbeat International Conference in 2008.

Advance promotion of a new center opening in the Hialeah community. The sign was hung early so that the community could see that help was on its way. Women were able to obtain the nearby Broward County pregnancy resource center number when they approached construction workers to learn more.

equipped center was opened in North Dade in mid-2008, with plans for additional center planting in Miami's African-American and Haitian neighborhoods and another in Little Havana.

It was important for the founding of these centers to break the pattern too often seen in center creation by ministries with tenuous roots in the communities served. All too often, traditional pro-life organizations do not invite black leaders to the planning table when key decisions are made and courses are set. In Miami, the formation of a development team composed of individuals from several black churches was instrumental in the institution and shaping of the local outreach. As Heartbeat International board member Dr. Alveda King explains, "You can't go to someone's house, tell him he has a problem, and that you know how to solve it better than he does." Dr. King and fellow Heartbeat board member Mrs. Pat Hunter have dedicated their lives to awakening the black Christian community to the harsh reality of abortion. The Miami centers respond to this harshness with compassion, giving in selfless service what words alone cannot supply.

While the Miami centers focus on providing basic pregnancy services, peer counselors, medical professionals, and essential resources, they do so in a bilingual and culturally sensitive manner with an emphasis on outreach to Hispanic and African-American women. The services and resources offered include pregnancy tests, education on all options and sexual health, limited ultrasound, parenting education, material resources, community referrals and networking, abstinence education, and abortion recovery for women and men.

The centers are quickly making a profound impact. During 2008 the clinic in Hialeah served 1,477 clients, and the newly opened North Dade clinic served 107 clients. As part of an awareness campaign, Heartbeat

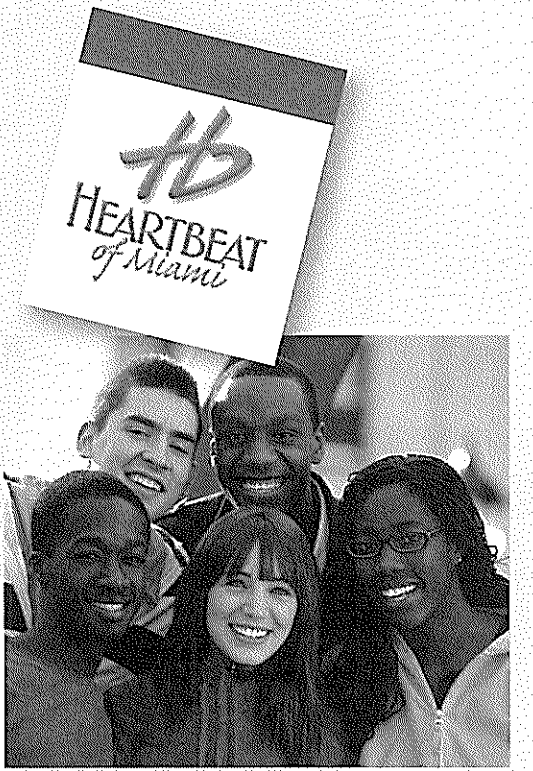
of Miami launched a radio advertising campaign in the Miami area with astounding results. The message reached many women looking for a safe place to turn and receive trusted information. The two centers received over 1,500 total calls in 2008. As one client commented, "I thank Heartbeat of Miami for their support and their words that it was OK to have my baby. That was all I needed to hear."

Martha Avila, the centers' executive director, described one particularly compelling instance of the needs to which Heartbeat of Miami responds:

"*In Miami a mother in her late thirties was told that her baby most likely would be born with Down Syndrome and was advised to abort. She was understandably scared. She turned her radio on at that moment and heard me sharing my testimony how, thirty years ago, I was told my daughter would be deformed because of the x-rays I had while I was pregnant. They proved to be wrong. The woman called and we got her some help through the Heartbeat affiliate in Ft. Lauderdale. She is now 14 weeks along and struggling. She calls me every day and knows that we will get through it together.*"

Avila adds, "*Most of the women that come to our clinic find themselves in turmoil and fear, yet they leave with hope and the knowledge that God has a perfect plan for their lives and that He does not make mistakes.*"

Heartbeat of Miami is affiliated with Heartbeat International.



programs and outreach to include couples, families, and post-abortive men and women; and opened multiple locations tailored to specific communities.

Center services are delivered at little or no cost to clients in an environment characterized by understanding and trust. The centers are nonjudgmental in approach, and, as thousands of client exit surveys confirm, the trust that women place in those who assist them is high and an indication of broad community acceptance. Moreover, as the centers work increasingly with other community resources, they become vital members of the local service, volunteer, business and, oftentimes, medical community.

All of this has been done while retaining the essential nature of the centers as predominantly privately funded, community-oriented, faith-based, and volunteer-driven enterprises. The 19th century commentator John Ruskin described the transformative power of this volunteerism in action when he wrote, "The highest reward for a person's work is not what they got for it, but what they became because of it."

Recording the scope of pregnancy center work in the United States poses challenges due to the differences in reporting among the many agencies involved, which are collaborating with increasing frequency. For this report we have used published data from the major national affiliation groups (NIFLA, Care Net and Heartbeat), information from Focus on the Family's Sanctity of Human Life Division, and public reports filed by hundreds of centers with the Internal Revenue Service. Because the programs of these groups overlap, ranges are generally used to describe their accomplishments. By any measure, the achievements are impressive, a dramatic example of the power of citizen action to change lives and improve communities.

"Newborn life is also served by centres of assistance and homes or centres where new life receives a welcome. Thanks to the work of such centres, many unmarried mothers and couples in difficulty discover new hope and find assistance and support in overcoming hardship and the fear of accepting a newly conceived life or life which has just come into the world."

– John Paul II, *Evangelium Vitae*

CLIENTS AND VOLUNTEERS

The nation's pregnancy resource centers reach some 1,900,000 people each year. Roughly half of those reached by the centers are recipients of community-based abstinence education. Adolescent girls and women seeking pregnancy tests, options counseling and education, support, and medical services constitute the rest of center clients. The average pregnancy center in the national network will see between 300 and 350 women per year. While there are many smaller centers, Lakeshore Pregnancy Center in Western Michigan, with four locations, 5,200 client visits per year, and a budget near $1 million, exemplifies a trend in these nonprofit ministries toward larger operations.

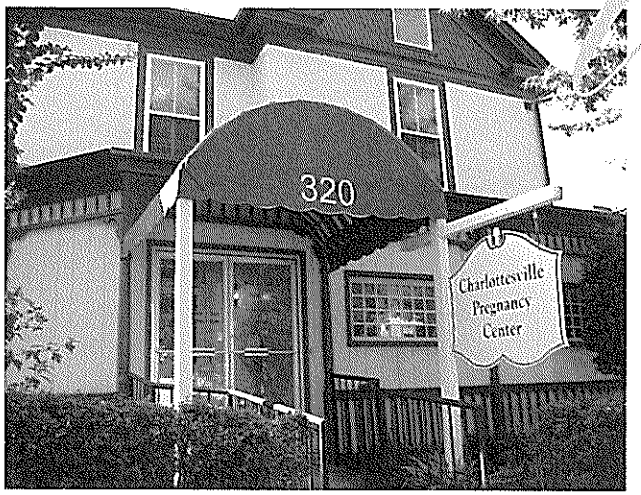
The center services described in this report are generally provided at little or no cost, in large part thanks to private charity and the high proportion of

Clients

"I strongly commend the life-affirming work of pregnancy care centers. The success rates and national expansion of these pregnancy care centers are a testament to their invaluable work in the lives of communities and individuals over the years. These networks provide services that are often unavailable elsewhere to expectant mothers. The work of these hard-working employees and volunteers will be a major component in bringing about a society that acknowledges and edifies life in all its forms."

– Rep. Daniel Lipinski (D-Ill.)

Volunteers



The Pregnancy Centers of Central Virginia, founded in 1984 in Charlottesville, Virginia, have provided services to over 15,000 women and their families. Composed of centers in four locations, the centers operate through small staffs and over 400 volunteers from a 10-county area.

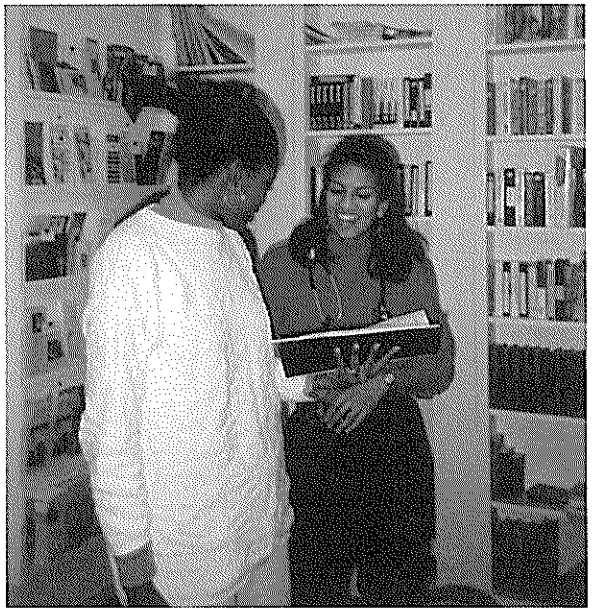
volunteers who work at the centers. Twenty-nine of every 30 people engaged in pregnancy center work are volunteers. Care Net and Heartbeat affiliates together utilize the services of more than 40,000 volunteers who devote themselves to tasks as varied as fundraising, center refurbishing, bookkeeping and lay/peer counseling. The medical personnel who assist centers are often volunteers as well. NIFLA's medical clinic conversion program, for example, has now provided training to over 1,200 volunteer nurses and physicians in the provision of ultrasound. NIFLA continues to train such volunteers in its *Institute in Limited Obstetrical Ultrasound.*

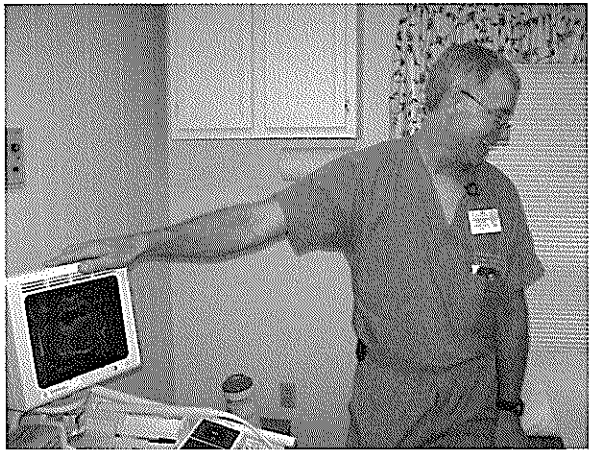
ENHANCING MATERNAL AND CHILD HEALTH

Medical Services

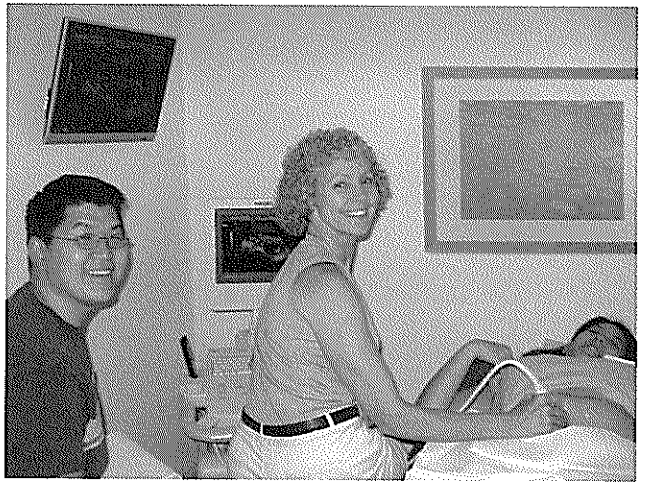
With the nation's concern deepening about the number of individuals and families that lack health insurance on a temporary or extended basis, America's pregnancy help medical centers are meeting a growing need for care that promotes reproductive and sexual health. Medical services, offered at little or no cost to clients thanks to the high proportion of generous donations of time and labor, powerfully combine with a view of individual and community health that addresses the whole person. Medical pregnancy centers and clinics operate today under the license of a physician-medical director and, where required, under state licensure as well.

Medical services are provided by numerous certified and licensed professionals as well as trained specialists proficient in a wide range of maternal and child health areas: obstetrical medical care and nursing, ultrasonography, childbirth classes, labor coaching, midwife services, lactation consultation, nutrition consulting, and social work, among others. These professionals are typically community-based volunteers. The list of services provided here is exemplary, and centers vary greatly in the number and kinds of such services offered.





The Culpeper Pregnancy Center in Virginia empowers its clients to make informed choices and offers healing through physical, emotional and spiritual support. Medical pregnancy centers and clinics operate today under the license of a physician-medical director and, where required, under state licensure as well.



Ultrasounds provided at no or very low cost by pregnancy care centers are invaluable for providing women with the best possible care. Physicians use ultrasounds early in pregnancy to confirm a viable pregnancy, determine gestational age, and aid in the detection of ectopic pregnancies which pose health risks for the mother.

Ultrasound Services and Medical Exams

The growth in the number of medically oriented pregnancy centers has been impressive, and with the encouragement of the equipment and training provided by Option Ultrasound and NIFLA, center "conversions" to medical clinic status are expected to remain high. Between 2003 and 2006, the number of centers providing ultrasound affiliated with Care Net, for example, more than tripled. Both Care Net and Heartbeat International, under their Physician Advisory Boards, provide regular, ongoing training for their medical clinic affiliates. Focus on the Family's OUP intends to continue enabling and implementing such medical conversions. Substantial resources are brought to bear toward this goal, as OUP absorbs 100 percent of the clinic conversion costs in areas with high abortion rates, plus 80 percent of the cost of ultrasound machines or sonography training.

The nearly 700 medical centers that provide limited ultrasound deliver this service at little or no cost to women. These services provide confirmation of pregnancy, determine if the pregnancy is viable (through fetal cardiac activity), establish if it is a uterine or ectopic pregnancy (which can be life threatening), and measure how far along the pregnancy is by verifying the developing baby's gestational age. The centers then refer for follow-up obstetrical care to ensure entrance into prenatal care. When adverse medical conditions are suspected, women are referred into specialized medical care.

Ultrasound services are provided by these centers under strict national medical guidelines issued by the American Institute in Ultrasound Medicine (AIUM), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Radiology (ACR). Under these guidelines a limited ultrasound may be performed to "confirm the presence of an intrauterine pregnancy." At pregnancy centers the initial question asked by a woman considering abortion is, "Am I pregnant?" Thus, pregnancy centers that are medical clinics can use ultrasound to confirm pregnancy and answer her question.

Prenatal Care in Centers

All pregnancy medical clinics make direct referrals to prenatal care for their patients who are pregnant. However, a growing number are also providing prenatal care on-site. Services range from an initial prenatal care appointment, which includes a health assessment and prenatal vitamins, to full prenatal care (excluding labor and delivery). These medical services are sometimes provided by a volunteer staff of physicians, nurse practitioners, or midwives, and sometimes they are billed to Medicaid. Occasionally the center partners with physicians who provide services within the center medical clinic or off-site.

Early entrance into prenatal care is essential for benefits to both moms and babies. Information on folic acid intake is particularly important to prevent birth defects. Early entrance into prenatal care is also vital to detect gestational diabetes and hypertension; to receive counseling on harmful behaviors such as smoking and substance abuse during pregnancy; and to be screened for HIV, other STDs, risk of violence during pregnancy, and risk for postpartum depression. Finally, prenatal care is essential to prevent low-birth weight and preterm birth.

The vision behind providing prenatal care on-site or in partnership is to ensure that the client receives consistent, life-affirming, personalized medical care in an atmosphere where she is comfortable, for as long as possible throughout her pregnancy. Meanwhile, the client can conveniently take advantage of the many other center support and educational services, both for herself and perhaps also for the father of the child, thus helping build a stronger family. This trend is growing: for example, of the Heartbeat-affiliated medical clinics who responded to a recent survey, 10 percent provided some level of prenatal care as part of their services.

Prenatal care is essential for the health of both moms and babies. Pregnancy resource centers prioritize referral to prenatal care and some provide it on-site.

Testing

"Thousands of pregnancy care centers and tens of thousands of pro-life counselors work day in and day out to meet the needs of both mother and baby. Because of the work of these unsung heroes, mothers and babies are rescued from the tragedy of abortion."

– Rep. Chris Smith *(R-N.J.)*

STD Testing and Treatment Referral

The most recent services to be included in the center offerings are testing and referral, and testing and treatment, of sexually transmitted diseases (STD). The percentage of Care Net affiliates offering this service has increased five-fold since 2003, and over 100 medical pregnancy resource centers (PRCs) nationwide now offer this service. The variety and virulence of these diseases place the utmost importance on early detection, whether or not the client is pregnant and in need of longer-term assistance. Some STDs and sexually transmitted infections (STIs) carry with them the long-term risk of causing infertility, thus affecting future childbearing, and detection is imperative for both current and future reproductive health. Testing provides the opportunity to discuss the need for behavior change to avoid infection and transmission to others. Risk avoidance education through lay and peer counseling are always available at both medical and nonmedical centers, which make an increasing number of group presentations to youth. Additionally, for women seeking abortion, certain STDs also raise the risk of physical complications from abortion, a further threat to women's health.

Study results released by the Centers for Disease Control in 2008 show that young women at highest risk for contracting an STD, due to sexual activity, are not receiving adequate testing.[1] PRCs are meeting this priority public health need by regularly referring at-risk individuals for testing, offering front-line services, or partnering with local health departments and private laboratories in various models of operation.

Community Networks and Public Health Linkages

The advent of new and accepted maternal and infant care interventions has multiplied the impact of PRCs through linkages to care and services promoting positive health outcomes. PRCs play a critical role in referring women to needed community, health care, and support services across the country. PRCs play an active role in caring for the whole woman – including both physical and psycho-social needs.

Positive maternal and child health effects result from referrals to free clinics, local and state health departments, community health centers, private medical practices, and social services for health care sign-up. This increases the screening for and identification of risk factors affecting pregnancy and postpartum outcomes; prenatal care; ongoing obstetrical care; and testing for sexually transmitted diseases which can affect pregnancy outcomes. Public health research has shown, and the Centers for Disease Control and Prevention has affirmed, that early access to and provision of these services and care are necessary to reduce adverse maternal, reproductive, and child health outcomes.

Referrals to community agencies expose women to key education interventions spanning childbirth, breast-feeding, nutrition, sudden infant death syndrome (SIDS), unintentional and intentional injury prevention, and child safety seat instruction. PRCs also refer women with children to community agencies such as Women, Infants and Children (WIC) and health care entities addressing immunizations, testing for developmental milestones, and child safety interventions.

The high number of mutual, referring relationships and partnerships PRCs have with community agencies — from school health teachers and nurses, to women's health clinics, to youth leaders — demonstrates the widespread and established trust placed in PRCs to provide accurate information and

Examples of community, health, social and support agencies and services with which pregnancy care/resource centers maintain referral relationships.

Abuse and Battered Women's Shelters
Addiction Recovery
Adoption Agencies
AIDS Testing
Alcohol Addiction

American Red Cross
Anger Management
Behavioral Counseling
Breastfeeding Classes
Brighter Futures
Bureau for Children with Medical Handicaps
Car Seats
Catholic Charities
Catholic Social Services
Child Abuse Reporting
Child Safety Seat Instruction
Childbirth Classes
Childcare Programs
Christian Counselors
Church Referral List
Churches
Clothing Closets
Community Health Centers
Counseling and Support Services

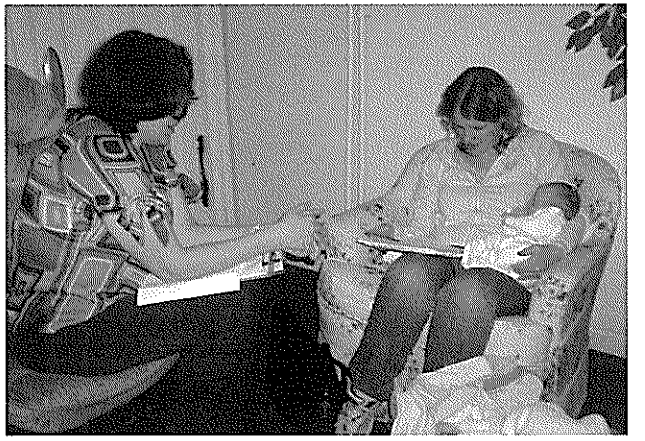
Crisis Hotlines
Dental Services
Department of Job and Family Services
Detoxification Centers
Domestic Violence Outreach Programs
Domestic Violence Support
Drug Addiction
Drug and Alcohol Addiction Support and Services
Education Programs
Financial Assistance
Food Banks and Pantries
Free Clinics
GED Completion
Grief Support
Head Start
Healthy Families
HIV Testing
Housing Loans
Housing

Housing Shelters
Immunization Programs
Injury Prevention
Job Centers and Skills Training
La Leche League
Legal Aid/Assistance
Local Health Departments
Marriage Enrichment
Maternity Homes
Medicaid
Medical Services
Mental Health Services
Mentoring Programs
Mothers of Preschoolers (MOPS)
Natural Family Planning
Nutrition Classes
Option Line
Parenting Classes
Paternity Testing
Physicians
Postpartum Depression

Prenatal Care
Perinatal Hospice
Prescription Assistance
Professional Counseling
Rape Reporting, Counseling and Care
Relationship Counseling
Rescue Mission
Safe Houses
Salvation Army
Sexual Abuse Counseling
Shelters
Shelters for Runaway and Homeless Youth
Social Services
Social Support Networks
State Children's Health Insurance Program (S-CHIP)
State Health Departments
STD Testing
Sudden Infant Death Syndrome (SIDS) Information
Suicide Prevention
Support Groups (General Interest)
Support Programs for Women Leaving Prostitution
Temporary Protection Orders
Transportation
Women Infants & Children (WIC)
YWCA

appropriate help. The centers are thereby also trusted to provide beneficial and vital follow-up referrals for care. PRCs are embedded within almost every type of community across the country. The significance of facilitating active community referral is borne out in the centers' success in overall enhancement of maternal and child well being. The list of agencies to which centers link is impressive.

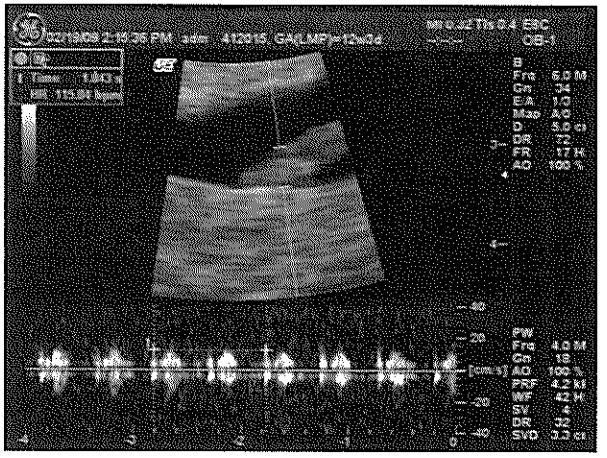
When a tragic diagnosis of lethal fetal anomaly is made showing that a child will not live long after birth, parents are devastated. Typically these diagnoses are made late in pregnancy during the third trimester. A compassionate model of care has been designed over the past decade to help parents and families cope with the grief associated with prenatal end-of-life issues. The model of care requires a "multidisciplinary team approach" involving the physician, a nurse manager, hospice workers, a social worker, and a nurse manager with training in bereavement issues to provide a broad spectrum of care to families.[2] Currently nearly 70 perinatal hospice programs are active around the country and are available for referral through PRC networks.



Pregnancy centers provide help and assistance to mothers before and after delivery. Norma Nashold, director, meets with a client, Becky, at the Care Net Pregnancy Center of Central New York in Utica. The group of now four pregnancy centers first opened their doors in 1989. Pregnancy centers are equipped to provide material, emotional and instructional support to new moms.

COUNSELING AND EDUCATION

Education in the pregnancy resource center setting is premised on providing women with accurate information to empower them to make informed decisions, enable them through either pregnancy- or non-pregnancy-related programs offered at the center, and equip them with personal development skills. Accurate and medically referenced information on all pregnancy options is made available. Lay counselors who have successfully completed training seminars, which rely upon nationally reviewed and approved training manuals, meet one-on-one with women for initial appointments. They provide them with educational materials, offer them emotional support and care, and connect them with necessary resources and referrals either within the center or in the community.



This ultrasound of a developing child at a gestational age of only 6 weeks and 6 days identifies a strong, healthy heartbeat of 115 beats per minute.

The centers' lay and peer counseling is provided in a one-on-one, confidential and non-threatening setting. Referrals take a prominent role at the conclusion of the counseling process, fostering the clients' growth in knowledge and empowerment. In addition to the specific counseling areas outlined below, centers often provide additional one-on-one mentoring and education on maintaining healthy relationships.

Prenatal/Fetal Development

Prenatal development education has been primary for PRCs to inform women about the changes taking place in early pregnancy and the dramatic development of human life inside of them. Educational pamphlets, fetal development models, videos, and other media provide further instruction about the dynamic changes facing both mother and baby. Accurate and medically referenced materials are provided illustrating physical and physiological development themes in the early stages of life. From the baby's heartbeat at six weeks; to facial features at seven weeks; to nerve receptors in the face, the palms of the hands, and the soles of the feet that can sense delicate touch at nine weeks -- women are well informed about their pregnancy and their developing baby.

Centers provide the mother with education on prenatal care, which can include what to expect and how to take care of herself during the pregnancy -- the importance of eating well, getting exercise, avoiding smoking and alcohol, and coping with morning sickness or discomfort during pregnancy -- all so that she and her baby are healthy. Educational materials on prenatal health and fetal development distributed by the national networks are reviewed and approved by national medical experts on behalf of the networks.

Continued on page 33

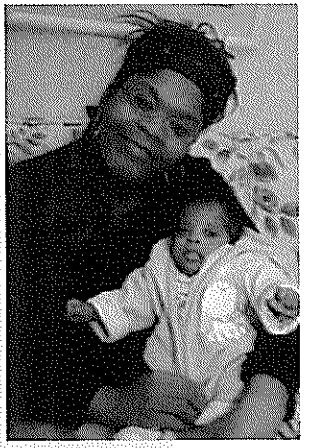
Tia, Ma-chi and Ma-chiya's Story
Pregnancy Care Center, Rocky Mount, North Carolina

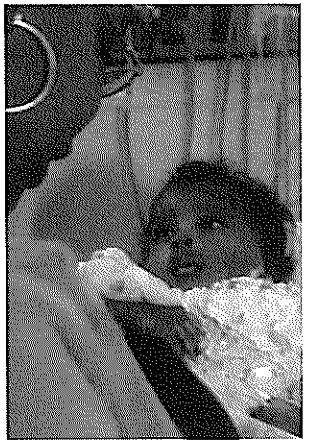
When I found out I was pregnant, I had no idea what I was going to do. I thought there was no way I could provide for a child and decided that abortion was my only option. I went to the City Health Department looking for an abortion referral, but they suggested I go to the Pregnancy Care Center, a local Care Net center in Rocky Mount, North Carolina. At first I was scared they were going to judge me because of my situation, but when I walked through the doors I was accepted with open arms. My peer counselor offered me hope and assurance and told me that God has a plan for everyone, and that included me and my child. She told me that God would take care of both of us if I would let Him. That day, I gave my life to Jesus Christ and chose life for my child.

The center arranged for me to have an ultrasound, which revealed that I was having twins! Excited but a little anxious, this news motivated me to begin parenting classes at the center as well as to attend a Bible study. Through the parenting classes, I learned how to take care of myself, as well as my children. Through the Bible study, I learned how to draw closer to God and how to make positive decisions for my future. I realized that I'm worth waiting for and have made a new commitment to remain abstinent until marriage.

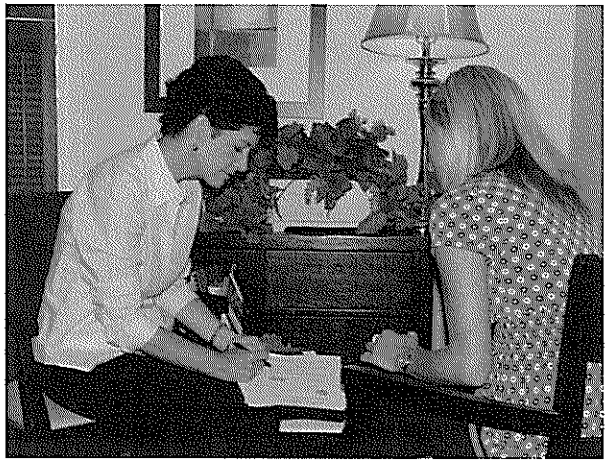
Today I am the proud mother of twins, a boy and girl, who I named Ma-chi and Ma-chiya. I plan on completing a degree in nursing and will soon begin classes.

If I could give advice to other girls that find themselves in a similar situation, I would tell them to never give up and to put all their faith in God, because with Him, anything is possible!





Through parenting classes and the support at a pregnancy resource center, Tia was able to make positive decisions for her and her twin babies' futures.



Peer or lay counseling about available options has been offered at the Pregnancy Resource Center, Charlotte, North Carolina since its opening in 1982. Core PRC services are offered as well as extended medical services.

Options Education

A positive pregnancy test result is the prelude to acknowledgment that, under the law, a woman has essentially three options, including parenting the child, adoption, and abortion. Pregnancy centers strive to provide the most up-to-date information on each of these three options to enable women to make the best choices both for their own health and that of their unborn child.

Education on parenting options is presented to clients regarding both single motherhood and marriage, depending on the client's situation, belief system and all other relevant factors. Short-term and long-term challenges may be discussed with the lay counselor as well as the woman's goals for the near future and for life. Referrals to other education sources, support groups and other resources are explored. Supplemental education and support are provided through parenting and life skills classes, among many others, which help foster nurturing environments for the child as well as positive development for moms.

Accurate and medically referenced health education about the risks (both physical and psychological) of surgical and medical (RU-486) abortion is provided to women to increase their awareness and empower them to make more informed decisions regarding their reproductive and overall health. Centers make the statement up front to clients in writing and orally that they neither provide nor refer for abortion. Information about induced abortion procedures is offered to women in the form of physician-certified descriptions of the various methods and through medically referenced literature. Additionally, information is made available about the morning after pill, or Plan B, and its possible abortifacient mechanism of action.

Materials distributed by the national networks and used at PRCs are reviewed by national-level experts in the fields of medicine, psychiatry, and psychology who have identified large bodies of published scientific research showing induced abortion to be associated with increased risk of subsequent preterm birth,[3] mental illnesses – including post-traumatic stress disorder, substance abuse,[4] and even suicide.[5] A variety of professional bodies have established these associated women's health risks from induced abortion.[6]

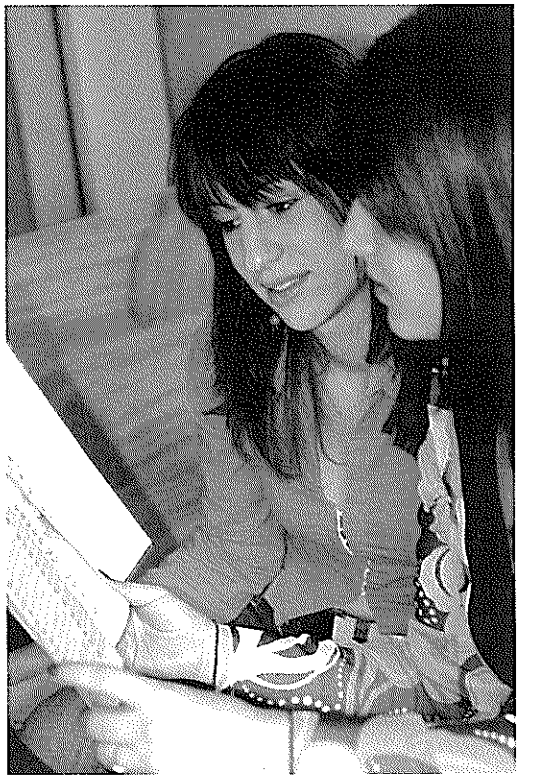
Many centers offer adoption counseling and referral, a loving option that can give new mothers the chance to rebuild their lives while affirming life and providing their child with the benefits of family life. Counselors present the adoption option and share information about the various adoption arrangements now available, empowering the mother to make a better-informed decision. The centers then refer to agencies with special expertise in adoption that can provide detailed guidance. Heartbeat International lists nearly 200 nonprofit adoption agencies in its comprehensive annual directory of pregnancy resource providers worldwide, some of which are Heartbeat affiliates.

Counseling on Abstinence

The goal of abstinence education is to provide insight and incentive to practice the form of prevention that is available only through refraining from risky behavior. Abstinence-centered information and education provide tools to resist behaviors that are freighted with physical and emotional cost.

For clients with negative pregnancy tests who are not married, the primary prevention message of sexual abstinence is presented in a one-on-one confidential setting to help the client avoid the risk of sexually transmitted disease, unexpected and out-of-wedlock pregnancy, and emotional harm. Medically referenced information is offered to clients concerning the risks of casual sex, adolescent sex, multiple partners, and other high-risk behaviors. This includes information on the hazards of sexually transmitted infections. Counseling on sexual risk avoidance is key for adolescents and young women, who make up a significant percentage of the PRC client population.

Surveys of teenagers with a history of sexual activity have shown that a majority wish they had waited to become involved. Counselors provide necessary information on how, and reasons why, to return to practicing abstinence through effective skills that assist teenagers in identifying and averting high-risk behaviors and situations. These reasons include not only disease prevention and health promotion, but also the benefits of pursuing interests and healthy relationships without the continual worries associated with premarital sexual activity.



Counseling on sexual risk avoidance is key for adolescents and young women, who make up a significant percentage of the PRC client population.

New moms Rachel, Tiya, and Jalisa participate in classes on parenting. A parenting class partnership between Young Lives and the Capitol Hill Pregnancy Center in Washington, D.C., provides education on topics such as child development, bonding, positive discipline strategies, as well as life skills. Classes give new moms opportunities to connect and build relationships with other new moms.

Heartbeat International's comprehensive Sexual Integrity program, now offered in 300 centers, teaches sexual wholeness, including not only physical but also emotional, social and spiritual health, and respect for the gift of fertility.

SUPPORT PROGRAMS AND COMMUNITY OUTREACH

Ongoing support and education for women who visit PRCs has been a core service in centers since their inception. While centers vary widely in the number and sophistication of their programs, there are several types of classes and services which are almost uniformly offered, including parenting classes and material assistance to mothers. These core support services also include healing outreach to women suffering the ill effects of abortion, especially given the high percentage of women affected. Additional outreach to the community is provided through informational presentations on topics such as center services and programs, abstinence education, Healthy Marriage programming, abortion risks and the need for informed consent, among others. These community presentations span local schools, health venues, women's groups, partnering organizations, and churches, to name just a few.

Parenting Classes

Parenting education has become a core service provided by pregnancy centers, equipping new mothers and fathers to be stronger parents and preparing nurturing environments for childraising. Nationally, nearly 70 percent of centers offer this specialized education either through direct services on premises or in nearby churches, schools, and other locations. Curriculum topics span child development, bonding, nutritional counseling, communication skills, finance management, safety and injury prevention, family rules, anger management, positive discipline strategies, and hygiene.

Classes also typically cover life skills topics to strengthen the development and resilience of mothers-to-be, broaching strategies for stress management, job skills training, continuing education, marriage and relationship education, relationship boundaries, and conflict resolution. The meetings often provide

opportunities for women to connect and grow with other new moms, aiding in the building of a social support network. Additionally, a number of centers have incorporated joint trainings with fathers who choose to participate. Recognized and respected as offering first-rate training for mothers, fathers and couples, the pregnancy center parenting classes receive community referrals from schools, social service entities, and legal bodies.

Material Assistance to Mothers

Nearly every center provides clients with material support for pregnancy and infant care, which may include maternity clothing, baby clothes and furniture, housing assistance, nutritional counseling and resources. Recognizing that needs exist during pregnancy and afterward, centers provide everything from prenatal vitamins to diapers, cribs and car seats. Immediate needs are swiftly met. The programs are often designed to supplement this instant help by providing clients with incentive-based opportunities to obtain additional material help as they pass vital milestones in their education and prenatal care plans. One widely recognized program offered in centers nationwide is Earn While You Learn.

Abstinence Education Community Programs

Abstinence education is fundamentally a positive prevention strategy for good health. It has been increasingly offered through pregnancy centers to audiences in a host of settings over the past 15 years, including public and private school health classes, special presentations, and after-school programs; community youth groups; faith-based youth groups; church groups; juvenile detention centers; and maternity homes. The demand for this form of risk avoidance prevention education, following the prevailing comprehensive model for youth regarding alcohol, drugs, tobacco, and violence, has increased due to the dearth of such education in the schools and the larger community. Abstinence education is a vehicle for PRCs to deliver accurate and medically referenced health messages to an estimated 1,000,000 teenagers and adults each year.

Federal funding through such avenues as the Community Based Abstinence Education (CBAE) program and Title V has augmented the level of outreach

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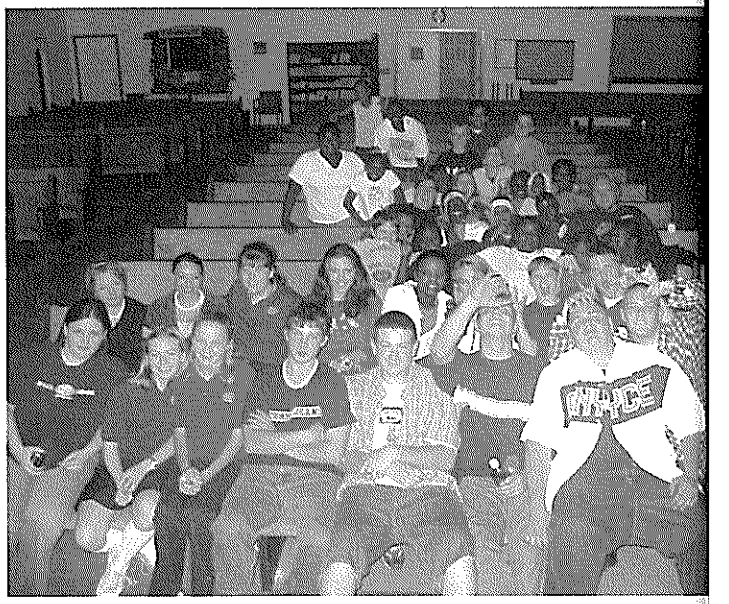


The "Desert Rose" abstinence drama team from the Lakeshore Pregnancy Centers in Holland, Michigan presents skits and plays to enable and equip youth to practice risk avoidance or abstinence behaviors. This abstinence presentation was given to a local "Grand Strand" group.

Care Net Pregnancy Center of Coastal Georgia offers the BRAVEheart abstinence initiative to equip teens, parents of teens, and the community with information and emotional support to help teens avoid sex outside of marriage. Drama members Amber and Aaron perform a skit about the pressures of teen relationships.

Community-based Abstinence Project Spotlight

Care Net Pregnancy Center, Coastal Georgia

In 1998 Patrick Eades, executive director of Care Net Pregnancy Center of Coastal Georgia, decided to bring the message of purity to Coastal Georgia. At that time he founded a new initiative in the pregnancy center to reach out to teens called BRAVEheart. BRAVEheart deploys teams of teens and young adults to encourage youth and single adults to make healthy decisions regarding their sexuality.

Every year, BRAVEheart performs about 150 abstinence presentations in local schools in classes from grades 7-10, as well as in local churches. Since beginning BRAVEheart, Glynn County has seen a 30% reduction in teen pregnancy among 15-17 year olds.

The project's goal is to equip teens, parents of teens and the community at large with information and emotional support to help teens resist the pressure to engage in sex outside of marriage.

In addition to community abstinence outreach and core pregnancy center services, the three centers which make up Care Net Pregnancy Center of Coastal Georgia offer limited ultrasound and STD/STI testing, treatment and referrals - including HIV testing.

Care Net Pregnancy Center of Coastal Georgia is affiliated with Care Net, Focus on the Family's Option Ultrasound Program, and National Institute of Family and Life Advocates.

Mallory's Story
Living Alternatives, Tyler, Texas

My story of survival is one that I often take for granted. My life was ill conceived and what some would call illegitimate. I am the child of the hard case, the case used to justify abortion.

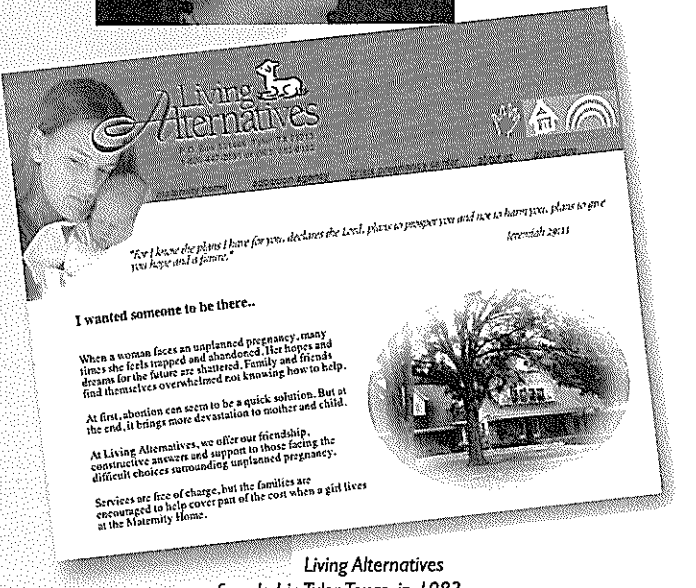
The night of my conception my mother made the unfortunate mistake of running to a false friend for emotional comfort during a personal crisis. Another man was there, and using the situation to his advantage, he and her "friend" managed to get her drunk, leaving her no possibility of getting home that night. She was shown to a spare bed, in which this stranger would also be sleeping. With the alcohol impairing her judgment as well as her strength, she became the unwitting victim of a rape.

When she realized she was pregnant, she turned to Living Alternatives for help. They counseled her through the pregnancy and gave her information about the positive aspects of adoption. Fortunately, my birthmother made the heroic decision to provide me with a loving mother and father, wonderful people that I am blessed to call my parents. I have never once felt unloved, unwanted, or out of place in my adoptive family. My parents make it a point to tell me that my adoption was the perfect answer to their infertility. They rejoice to see me spread my wings as a college student.

In the midst of simply enjoying life and looking forward to the future, it is sobering to think that had my birthmother not turned to the pregnancy center for help, I might not have left her womb intact. I am glad to be alive and I feel an obligation to let people know that pregnancy centers are good for America because they really do help women and children. Currently, I see myself fighting for the lives of other babies much like me. With the gift I have received, that would be perfectly legitimate.

I am currently enjoying life as a student at Regent University.

Mallory is a thriving young woman because her birthmother made the heroic decision to choose life for her unborn child.



Living Alternatives was founded in Tyler, Texas, in 1982 and serves 1,250 clients a year through a pregnancy resource center, maternity home, and adoption agency.

pregnancy centers can provide, although fewer than 20 percent of the nation's PRCs participate in government grant or other assistance programs. Federally funded Healthy Marriage programming has grown in some centers to go hand-in-hand with abstinence education.

Abortion Recovery

Mental health after-effects of abortion are significant and can emerge years and even decades after the procedure occurred. The impact can be felt by women, their partners, and their families alike. Forty-five million abortions are estimated to have been performed in the United States between 1973 and 2005; put another way, at the present rate one in three women will have an abortion before the age of 45.[7] Large numbers of women are suffering after abortion. PRCs and recovery groups open their doors wide to enable women to cope and heal.

As a result, post-abortion counseling and education are a growing component of pregnancy center services. More than two-thirds of centers offer abortion-recovery services to women, and more than 10 percent offer similar services to men. In addition, at least 50 agencies in the United States focus solely on the provision of abortion recovery.

Women and men – 13,000 in 2006 alone – visited Care Net pregnancy resource centers, with its network of over 1,100 locations throughout the United States, seeking help due to a past abortion. Heartbeat International estimates that it annually serves 8,000 to 10,000 men and women through its centers' post-abortion ministries.

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For women and men suffering the emotional and psychological impact of an abortion, centers are a safe haven offering support, love and healing. Center for Pregnancy Choices-Metro Area in Jackson, Mississippi, was founded in 1988 and has been offering an abortion recovery program since 1992. Trained staff leads an abortion recovery study.

"The pregnancy center movement, 97 percent volunteer and 100 percent compassionate, has changed the hearts of millions of women for the past three decades, healing families, consoling hurts, and saving babies' lives. This movement, putting the words of Matthew 18:12-14 into action, is a national treasure that every American should cherish."

– Tony Perkins
President, Family Research Council

Alicia's Story

A Call to Option Line

Pregnancy Decision Health Centers, Columbus, Ohio

Before I tell you my story, I want you to know that I take full responsibility for my actions. I'm not blaming anyone but me for the choices I made in my life. But that wasn't how I felt that April night when I came home from work.

I came home that night feeling as if something was not right with my body. I continued questioning myself, "What could it be?" I sat down in the living room and just cried. I felt as if it really did not matter what was wrong because I did not have anyone to listen to me. Out of habit and without even thinking about it, I turned on the TV. And almost as soon as I did, a commercial for a home pregnancy test came on.

Hearing this ad raised a question in my mind. "Could this be what was wrong with me? No, I could not be pregnant." I did not want to even think about it. So I bought a kit with two pregnancy tests and took the first test ... pregnant. Hoping I'd done something wrong, I took the second test ... pregnant.

Feeling terribly alone and extremely guilty, my mind filled with questions. "How could I be a mother? How could I provide a home for a baby?" I had to get out of my apartment. I left and went to talk to a friend. I know that my friend meant well. However, he was too busy working on his jeep to really have anything to say about my situation. He just kept saying, "Are you sure? Do you know who the father is?" Talking with him only made things worse.

I turned the TV back on. And that's when I heard a young woman's voice saying: "If you're facing an unplanned pregnancy, you have options. You don't have to be alone. Call 1-800-395-HELP. Our services are totally confidential and free. If you're pregnant,

Alicia and her daughter, Alexis Jean - the light of her life.

The Option Line live contact center based in Columbus, Ohio, provides 24/7 assistance to women and girls seeking information about pregnancy resources. The contact center and web site are able to provide immediate information and link callers in real time with both services in their community and with the five closest pregnancy resource centers to their zip code.

call now. There is help." I couldn't believe my ears. It was as if God had arranged things just so I heard that ad at the very moment when I most needed some hope.

Grace. That's what moved me to respond to that young woman's voice.

The name of the woman at the Option Line contact center who took my call was Megan. But for me that night, Megan was an angel from heaven.

She understood what I was going through because she'd had a crisis pregnancy herself. She was kind and not in the least judgmental. And she gave me the information and encouragement I needed...especially about adoption since that's the option Megan chose for her baby. But most of all...Megan gave me hope. So when she asked if I wanted her to connect me to a local crisis pregnancy center's 24-hour hotline, I said yes...and a moment later I was talking with a trained volunteer and making an appointment to come in for a consultation the very next day.

I met with a volunteer named Peggy and I talked for a long time. I poured out my heart to her. I was so afraid. I was sure that neither my father nor my boyfriend would support me. I told Peggy I would probably lose my job because my company has a "no fraternization" policy, and my boyfriend and I work for the same company. I talked for what seemed like forever...and Peggy listened.

Finally, after I'd talked myself out, Peggy took my hands in hers, looked me in the eye and told me she was there to help me. You can't imagine how I felt at the sound of those words. It was as if a great weight had been lifted from my shoulders.

Peggy assured me that I was not alone. She said she would be with me every step of the way. And then she prayed with me. After that, Peggy said that before she and I

(Alicia's story continued)

could address the changes I needed to make in my life, the first thing I needed to do was make sure I was pregnant. So I agreed to come back to the center's medical clinic for an ultrasound.

Almost immediately after leaving the clinic, I called my mother at work. I just straightened my voice and said, "Mom, please don't hate me...I'm pregnant." As soon as the words came out, the tears started flowing again. All I could hear my mom say is that everything would be okay and that she was my mom and she was here to support me.

I am grateful to God for my mom. She did not abandon me. In fact, she came with me when I went in for my [second] *sonogram. I am so thankful she did. I saw my baby's heart beating on the screen, and my mother and I began to weep. Then the nurse showed us the images of my baby.*

This past December – thanks to God – I gave birth to my baby girl. Her name is Alexis Jean...and she is the light of my life. If it hadn't been for Heartbeat, I don't know how I would have gotten by.

April (standing) mentors Option Line consultants like Jackie.

SPECIAL INITIATIVES

Option Line

Established in 2003, Option Line is ready to provide pregnancy information, help and resources any hour of the day or night.

Pregnancy resource centers are widely distributed, operating in all 50 states and overseas. Experience has shown, however, that more clients of pregnancy centers are finding information and making contact using the Internet at late hours when centers are closed. To supplement the local providers' hours of operation and to accommodate privacy concerns of women seeking help, Heartbeat International and Care Net co-established Option Line in 2003.

This live contact center based in Columbus, Ohio, provides 24/7 assistance to women and girls seeking information about pregnancy resources. The contact center and web site at www.optionline.org are able to provide immediate information and to link callers in real time with services in their community. Increasingly, Option Line is able to use online tools to enter center scheduling calendars and set appointments for callers. A model of inter-group collaboration, Option Line now averages more than 20,000 contacts per month while its web site averages 800,000 to 1,000,000 visitors per year.

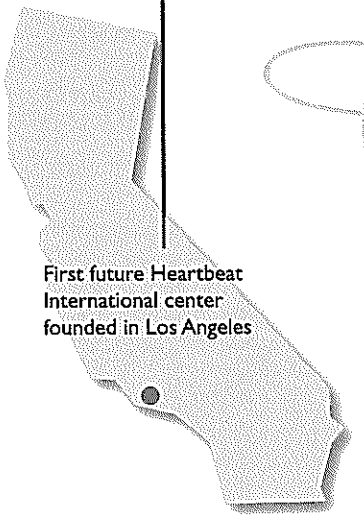
Option Line's growing network can be reached at 1-800-395-HELP as well as the online address shown above. The web site has an easy-to-use center locator system powered by MapQuest® that allows visitors to find the five closest pregnancy centers to their zip code. Option Line also features a Spanish presence online at www.estasembarazada.com, as well as bilingual consultants who answer the phone 24 hours a day.

Continued on page 46

Timeline

First pregnancy care center opens in North America

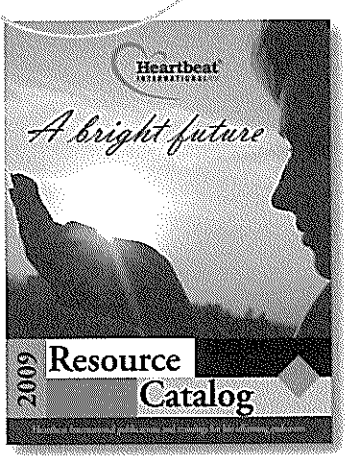
1968



First future Heartbeat International center founded in Los Angeles

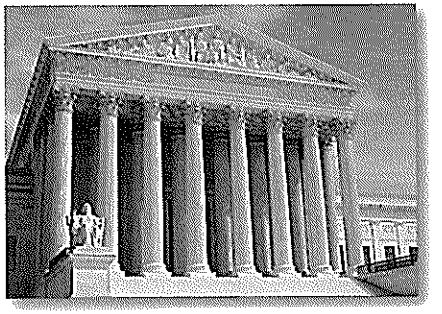
1971

Heartbeat International founded as Alternatives to Abortion



Roe v. Wade and *Doe v. Bolton*

1973



1980

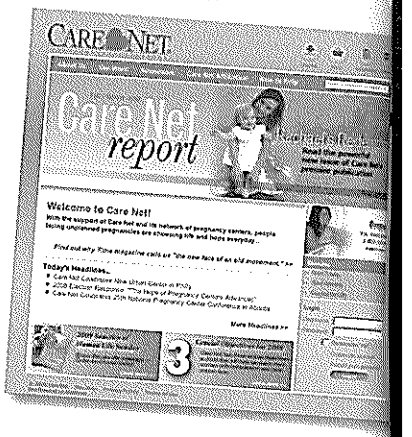
First Christian Action Council (later Care Net) center opens in Baltimore, MD.

NIFLA established for medical conversions

1993

1999

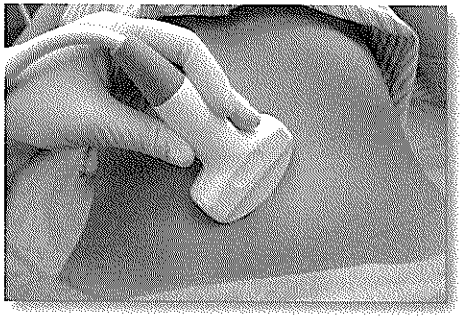
Christian Action Council changes name to Care Net



Option Line established

2003 — 2008

Focus on the Family places over 400 ultrasound machines



"Pregnancy care centers play a critical role in representing the diverse members of the pro-life movement with a single voice and a unified purpose. You stand as beacons of light in every community, defending the helpless and proclaiming the truth. Thank you for representing us with such compassion and integrity!"

– James C. Dobson, Ph.D.
Founder and Chairman,
Focus on the Family

Urban Initiatives

The concentration of abortion clinics in urban, minority and poorer areas of the United States is well-known. In the most recent year for which data is available, 87 percent of all U.S. counties had no abortion facility, but 65 percent of all U.S. women lived in the small proportion of counties that did have abortion facilities.[8] Single women living below the federal poverty line with no children have abortions four times more often than women who are above 300 percent of the poverty line.[9] Recognizing these factors, abortion networks have put a vast majority of their businesses in metropolitan areas, with many of them in predominantly minority communities.

The result is a startling and disparate impact of abortion on minority groups. Between them African-American and Hispanic women are subject to 59 percent of all abortions done in the United States.[10]

In 2005 Care Net and Heartbeat International developed a project called Urban Initiatives to locate new services in neighborhoods where poverty is rampant and alternatives are few. Focus on the Family's Option Ultrasound Program is also designed to bring professional services and support to clinics that assist women and families who are among the most vulnerable and underserved in the United States. In November 2008 center-city Philadelphia celebrated the opening of the H.O.P.E. Center of People for People, Inc., an outreach of Greater Exodus Baptist Church. In 2007 and 2008 two centers (featured in the Center Spotlight on page 18) were opened in the heart of Miami to serve the predominantly Hispanic and African-American communities.

The resolute goal of this initiative is outreach to the underserved as evidenced by their high abortion rates and limited access to pregnancy centers. While there are many areas lacking PRCs, the initiatives first seek to serve the community with the highest abortion rate – African Americans. Hispanic women, another underserved community, are the future focus of expanded initiative efforts.

The New H.O.P.E. Center in North Philadelphia, Pennsylvania, offers real help and hope to mothers and fathers who need extra support and information at a time when they may be feeling discouraged and needing to consider pregnancy options. Staff picture taken at the center's opening in November 2008.

Although this "urban initiative" model is relatively new, a number of centers in urban settings have been advancing in level of care and sophistication of services for several years. One such center is Pregnancy Resource Center of Charlotte, North Carolina. Founded in 1982, PRC of Charlotte has been attracting urban women for a growing range of services. The center served over 3,200 clients in 2007 and 3,100 clients in 2006, with ultrasounds and STD testing services, as well as more traditional care and education. The center's established community partnerships with WIC, BELLAS (breastfeeding education and support), the Women's Commission on Domestic Violence, and the Department of Social Services all speak to the level of trust local women's health advocates place in this agency.

Fatherhood Initiatives

While the immediate needs of women facing unexpected pregnancy are the primary focus of pregnancy centers, assistance to fathers and the formation of healthy, two-parent families are essential goals as well. Working with the National Fatherhood Initiative (NFI, the nation's premier fatherhood organization, founded in 1994), PRCs in 43 states have committed to engaging fathers. They use NFI's innovative resources to engage and equip new and expectant fathers so that they will acquire the skills they need to become involved and responsible fathers. Because many of the couples engaged by pregnancy centers are "fragile families," the NFI-pregnancy center partnership includes education regarding the value of marriage for the couple and their children alike. The goal of these efforts is long-term transformation: It's not just about saving the baby, but raising the child, thereby increasing the chance that the cycle of unexpected pregnancy can be broken.

Fatherhood program group at the Living Hope Women's Center, Whiteriver center, in Arizona. Equipping dads and building stronger families are goals of the fatherhood program.

International Network

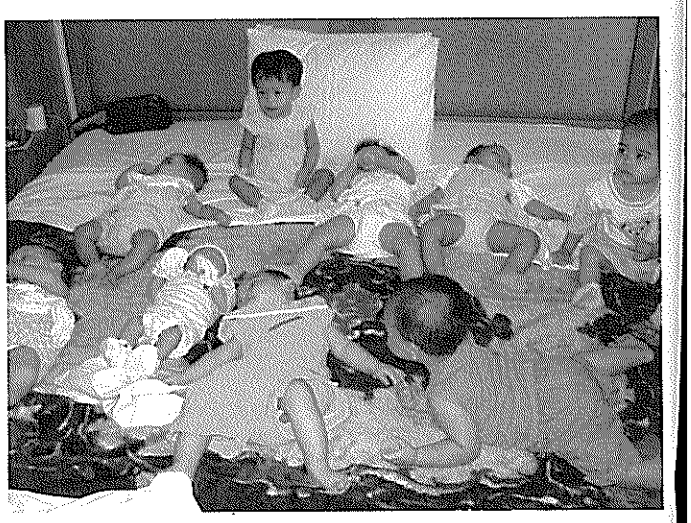
The work of planting pregnancy resource centers and providing compassionate care sweeps across six continents and continues to flourish around the world. Care Net has extended its network to include 64 centers in Canada. Heartbeat International has extended the movement's outreach to another five continents, with 218 international affiliates in nearly 50 countries, which empower women, encourage motherhood, and celebrate the importance of family.

Heartbeat International has trained hundreds of leaders, professionals, and laypeople outside of the United States in core areas of pregnancy counseling, post-abortion programs, and community outreach. They do this through on-site trainings and conferences overseas and through providing scholarships to international delegates to attend Heartbeat's training conferences in the United States. The conferences and trainings have inspired and equipped both international leaders and laypeople who return to their respective countries impassioned to serve the unmet needs of distressed women and children.

After attending a Heartbeat conference in 1999, a local couple in Zambia started a post-abortion support group, which led to the creation of a maternity home for African women with AIDS, an orphanage, and a young men's home, also supported by LIFE International.

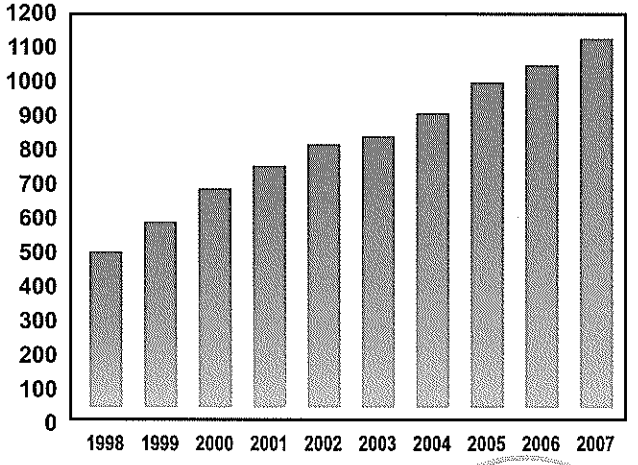
Limited health information has left women in Eastern Europe in need of education, post-abortion care and counseling. In Serbia, where an estimated 200,000 abortions occur annually, Choose Life, a Heartbeat affiliate, offers a post-abortion ministry and a responsible sex education program in schools. Similarly, in Bulgaria, another country with a high abortion rate, Heartbeat affiliate Advocates for Life offers educational resources, free pregnancy tests, compassion, emotional support, and counseling. In 2005, 157 participants from 16 countries received training in core areas from Heartbeat and LIFE International in Kiev, Ukraine.

In 2007, Heartbeat provided support for 26 "Centers of Help for Women" in Mexico and 13 other Latin American countries. Heartbeat's *The LOVE Approach*



"Baby Bed" children all belong to a group of women who were attending a LIFE International post-abortion counseling group in a South East Asian country with some of the world's highest abortion rates. Each child pictured was scheduled to be aborted.

Heartbeat Affiliate Growth



Heartbeat Centers have grown in response to the needs of women and children — more than doubling over the last ten years. Individual pregnancy centers are often cross-affiliated with other national umbrella organizations.

training manual has been translated into Spanish and is used throughout Latin America. Heartbeat further supports international affiliates by connecting them with generous organizations and individuals in the United States. Heartbeat has published an annual worldwide directory since 1971, which identifies pregnancy centers, maternity homes, counseling services, adoption agencies and others. The 2008 edition of the directory includes 3,700 entries in the United States and an additional 1,700 around the world.

One of the newest international outreaches is LIFE International, which became an independent nonprofit in 2001. The mission of LIFE International is to multiply healthy, life-giving ministries wherever abortion exists in the more than 180 nations around the world. During the past eight years, 20 ministries have been started in 17 countries covering six continents; one regional office has been established to multiply the work of LIFE in Eastern Europe; and over 300 international church leaders and pastors have been equipped with the Theology of Life.

LIFE International has intentionally focused on nations with the highest abortion rates in the world, like Vietnam and Romania. In Vietnam LIFE International began with a single person who sensed God's calling to start a life-giving work in her country. Initially the work was very humble in isolated locations, but it has now spread into major cities of the country including a medical clinic with a sonogram service. In Romania, LIFE International began with training the initial director and staff in Cluj and Bucharest. The ministry has grown to five locations throughout the country, with three medical clinics, a full abstinence program, and post-abortion healing with plans to grow to as many as 25 sites across the nation.

LIFE International's model has broadened from solely helping to start full-scale centers to providing training and resources to develop, empower, and release movement leaders to begin ministries within their local communities. These centers will be self-governing, self-supporting, and self-reproducing within the particular context of their culture.

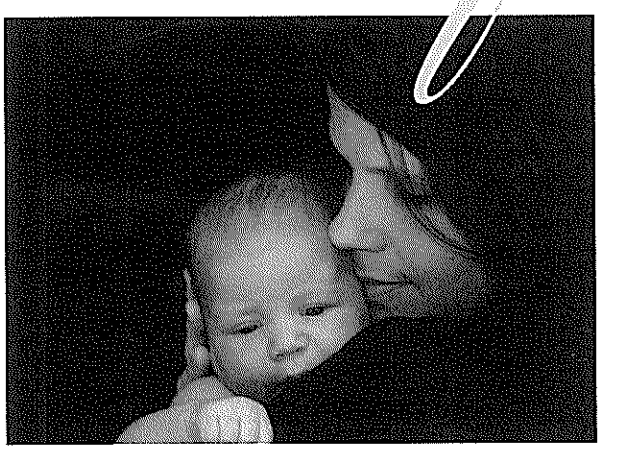
Standards

Care Net, Heartbeat and NIFLA have developed an updated statement of standards titled "Our Commitment of Care and Competence," (see page 67). The new statement expands on the principles developed in 1995 and subsequently endorsed by Heartbeat, Care Net, NIFLA and other networks. This earlier Commitment of Care addressed such issues as scientific and medical accuracy, truth in advertising, compassion, nondiscrimination, patient confidentiality, staff training, and a consistent life ethic.

The new statement expresses the center networks' determination to provide a safe environment by screening all volunteers and staff interacting with clients; to be governed by a board of directors in accordance with appropriate organizing documents and the stated mission; to comply with applicable legal requirements regarding employment, fundraising, financial management, taxation, public reporting and disclosure; and to provide medical services in accordance with all applicable laws, and with pertinent medical standards, under the supervision and direction of a licensed physician.

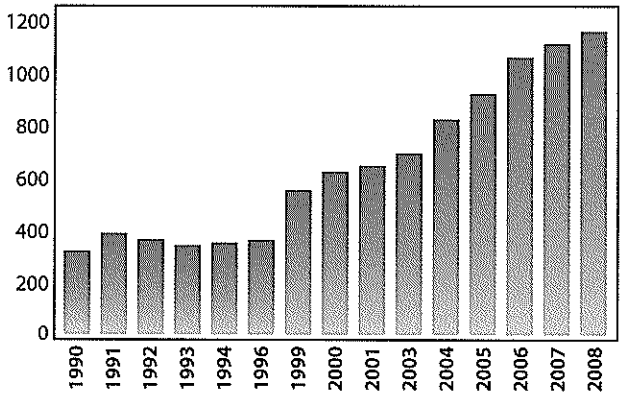
The Commitment of Care and Competence is an ethical code of practice for life-affirming pregnancy resource centers and medical clinics, endorsed by the National Leadership Alliance of 13 national organizations that provide affiliation, training, or resources for these centers and clinics.

Pregnancy care centers are governed, like all nonprofits, by federal and state statutes, as well as by the codes of professional ethics that apply to the individuals who serve them in various capacities. In order to maintain compliance with laws and guidelines, the centers rely on the training, print resources, newsletters, conference opportunities and personal professional guidance provided by NIFLA, Care Net, Heartbeat, and other networks. The trainings extend to medical personnel, executive directors, board members, and volunteers, and include materials like NIFLA's two monthly publications, "Legal Tips" and "Clinic Tips," as well as Care Net's monthly "Legal Care," which educate centers about their duties under the law and professional practice.



Pregnancy resource centers share a determination to provide a safe environment for all clients and operate under an ethical code of practice endorsed by 13 national organizations.

Care Net Affiliate Growth



The number of Care Net affiliates has more than tripled over 18 years serving more than 370,000 women in 2007 alone. Individual pregnancy centers are often cross-affiliated with other national umbrella organizations.

Additionally, the national affiliation groups all offer "legal reviews" for their affiliates. A legal review is designed to audit center practices for legal and professional compliance. A legal review starts with a large questionnaire which centers complete about multiple aspects of their operations, including incorporation and taxation, advertising, insurance, finances and fundraising, policies and procedures, human resources and employment, client services, and medical services. Based on the center's responses, the national affiliation organization then submits individualized education, recommendations and suggested corrections to the center.

To date, NIFLA has performed 874 individual legal reviews for 1,175 affiliates. Care Net has now performed more than 600 legal reviews for pregnancy centers and currently averages over 100 legal reviews per year. Care Net requires a legal review for each new affiliate and provides all new affiliates with a legal manual. Care Net consultants also provide centers with free initial on-site training and assist center boards with strategic planning, board development, and conflict resolution. Finally, Care Net offers 80 relevant workshops per year at its annual conference.

Heartbeat International makes available a no-cost legal review for its affiliates. Heartbeat also provides on-site training on board issues, conflict resolution, strategic planning, special training for new center directors, and an annual conference with multiple training tracks. To encourage and recognize higher levels of professional training, Heartbeat provides continuing education credits through its training programs so that center personnel, who meet certain qualifications, can obtain the Life-Affirming Specialist (LAS) designation and keep it current through ongoing education.

Care and Competence

In the area of ultrasound training, NIFLA teaches a three-day course titled *Institute in Limited Obstetrical Ultrasound*, which trains both nurses and physicians in the legal requirements for providing limited ultrasound in a medical clinic setting. This course is taught eight times a year and follows national medical guidelines in the provision of ultrasound services from four national medical organizations – the Association of Women's Health Obstetric and Neo-Natal Nurses (AWHONN), AIUM, ACOG, and ACR. This course also provides needed continuing education credits for nurses.

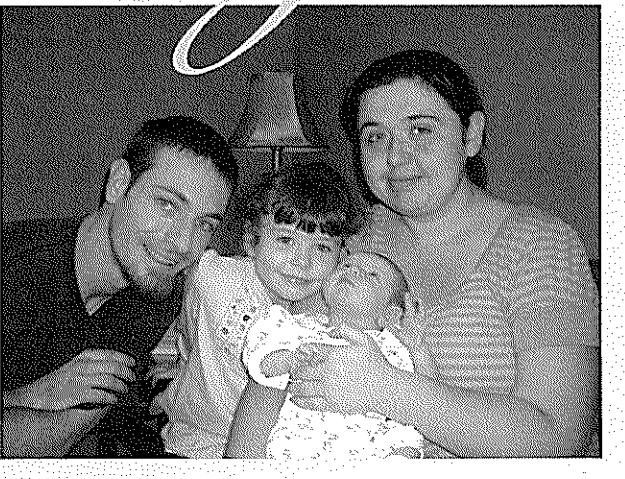
Continued on page 59

Center Spotlight

Pregnancy Resource Centers, Greater Portland, Oregon

The Pregnancy Resource Centers of Greater Portland (PRC) are a group of six centers located in Beaverton, Gresham, Portland, and Milwaukie offering traditional and advanced pregnancy care services. Established in 1984, PRC has helped more than 160,000 women and teens who were unprepared for pregnancy or faced a potential pregnancy. PRC began with one employee and a handful of volunteers. It now operates with the assistance of 225 volunteers and serves approximately 9,000 clients (8,577 of them new clients in 2007) each year. Former Pastor Larry Gadbaugh has served as the CEO of PRC since March 2001.

PRC's basic services include pregnancy tests, verification of pregnancy, peer counseling, education, limited ultrasound for the first and second trimesters, prenatal classes, parenting classes, newborn and older baby clothes, baby furnishings (cribs and bassinets), car seats, maternity clothing, and community referrals. Services offered off premises include abstinence education and abortion recovery programs.



Client and baby, with big sister and father, at the Pregnancy Resource Centers of Greater Portland, Oregon.

"For decades, a deceptive movement has undercut our community. Women have been taught that abortion is a quiet, easy answer without consequences. This deception could not be further from the truth, and is reflected in the fact that many lives are terminated by abortion every day in our area. Nearly 9,000 abortions will be performed in Tri-County Portland in 2008 alone. We need to break the painful cycle of abortion among women in the greater Portland area.

Decisions regarding life, health and relationships, including the most vulnerable, affect everyone in our community. Simple acts of love and compassion, combined with Truth, are creating amazing results for our neighbors."

- Our Community in Crisis
PRC of Greater Portland

Over 55 percent of the clients seen by the Portland PRC are under the age of 24. Centers are located close to high schools and colleges, public transport, and shopping malls in order for services to be readily available to 17- to 24-year-olds. The risk avoidance or abstinence message being specially delivered to youth serves an unmet need for prevention messaging in the Portland metro area. Peer counseling facilitates delivery of this messaging. Centers are decorated to appeal to the post-modern generation and are designed to be comfortable for men.

Annual referrals number 6,000 and these include community agencies, recovery programs, support groups, health care, shelters, short- and long-term housing, job training programs, S-CHIP enrollment, professional counseling, community assistance programs, continuing education, and single-parent support groups. As a respected resource for compassionate care and valid information, PRC receives referrals from numerous city and state community agencies.

The PRC of Greater Portland goes the extra mile for those cast aside and hurting by reaching out to women who are in prison and long-term recovery settings, with post-abortion recovery programs to aid in reconciliation. For the women's prison in Portland, the PRC now has two volunteers and two employees that have been cleared to go in and lead the post-abortion support group. The program length averages 13 to 15 weeks. Director of Services Jacquie Guthrie notes that PRC will not begin a group if the allotted period of weeks for program completion is not approved, because a healing program could be harmful to initiate without conclusion. The PRC has found that many women in prison suffer from the after-effects of abortion.

The centers also offer post-abortion outreach through long-term recovery homes. The following story is about Kathleen – who went

through the PRC's HEART group, Healing Encouragement for Abortion-Related Trauma. Kathleen lived in transitional housing called Shepherd's Door, operated by Portland Rescue Mission. The PRC offers HEART groups at Shepherd's Door twice a year.

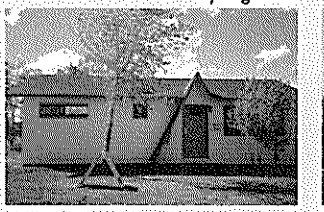
I came to Shepherd's Door March of 2006. I was broken, defeated and wanted a change. Shepherd's Door opened their loving arms to me and loved me until I could love myself. They showed me daily the heart of Jesus. I spent one year in the program and was able to dig down deep and pull out all the lies, ugliness, deceit, self-hatred, condemnation, and so much shame that I did not want to live anymore. I gave myself totally to the Lord and was willing to trust staff, then God, and eventually myself . . .

Today my life has turned around. I work at Shepherd's Door as a Pastoral Care Associate, I am attending Bible College, and I am engaged to be married to a wonderful man of God. I know today that God can use all my past for his Glory. He is showing that to me now because I am teaching the HEART Class at Shepherd's Door and am on the staff of Pregnancy Resource Center as a HEART Leader. God has been so good to me and HEART has given me a heart that loves the Lord.

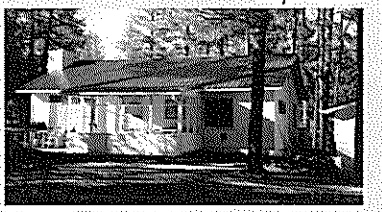
PRC's of Greater Portland is an affiliate of Care Net, National Institute of Family and Life Advocates (NIFLA), and Focus on the Family's Option Ultrasound Program.

Taking HEART (Healing Encouragement for Abortion-Related Trauma), offered by the PRC of Greater Portand at Shepherd's Door, gave Kathleen her heart back. Scared to look back at three abortions from 20 to 30 years ago, she found healing and hope through the HEART Bible study.

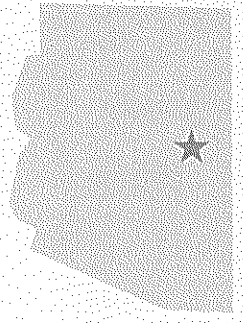

Show Low


Springerville


Whiteriver


Hope House

Living Hope Women's Centers: three pregnancy centers, Show Low, Springerville, and Whiteriver; and a maternity home, Hope House, all rurally located in Arizona.



Center Spotlight

Living Hope Women's Centers, Show Low, Arizona

Living Hope Women's Centers (LHWC) consists of three rural locales and a maternity home, Hope House. The group was founded in 1997 by Dinah Monahan under the umbrella of Mountain Mission Clinic. To extend vital outreach to women in rural areas, offering abortion alternatives and pregnancy support, Mrs. Monahan changed locales and opened a pregnancy center in Show Low in 1999. At this new site she witnessed a need for housing for unwed moms, and as a result Hope House Maternity Home opened its doors in 2000 to help support women in need and assist in adoptions.

The Show Low center was augmented with the Springerville satellite center in 2000 and the Fort Apache Indian Reservation center in 2003. LHWC includes Apache, Hopi and Navajo populations among its overall range of clients.

LHWC and Hope House partner with Northland Therapy (an organization that does early intervention with infants and toddlers), the Arizona Department of Economic Services (DES), Child Protective Services, Summit Regional Medical Center, Johns Hopkins University grant team in Whiteriver, the Women's Club, and numerous area churches.

Programs at each of the three locations include:

- Earn While You Learn (EWYL), an incentive-based program which allows clients to earn points or "mommy money" through education in prenatal and postnatal care, child development, life skills, abstinence, shame-free parenting styles, and boundaries
- The Mommy Store, a place where clients who earn "mommy money" while taking EWYL classes can shop for baby and toddler clothes, diapers, and furniture
- Financial Peace University, where clients can learn to get out of debt and live debt-free
- The Fatherhood Program
- Professional Christian counseling (now available at two of the centers)

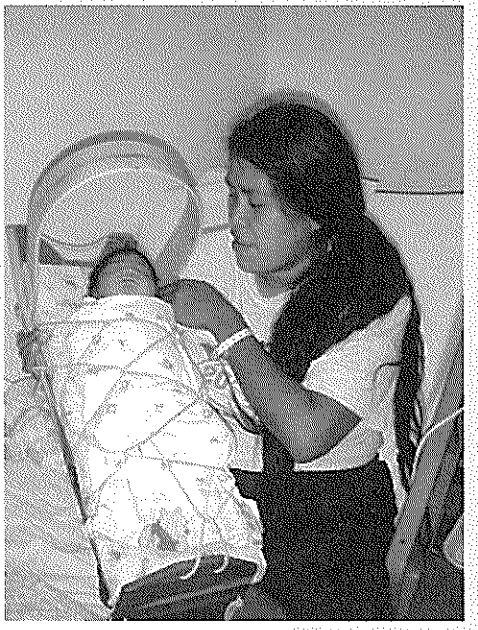
The total number of client visits for each location in 2007 was:

Show Low 3,947 Whiteriver 2,461 Springerville 723

Additionally during 2007, there were over 3,000 volunteer hours logged for the three centers and Hope House combined.

The opening of the Whiteriver satellite center on the Fort Apache Indian Reservation in 2003 marked the first and still the only PRC to operate on a Native American reservation. An appeal to the Apache tribal leadership resulted in the gifting of a rent-free building on the reservation. The reservation has continued to partner with LHWC, with Apache women staffing the center. The Fatherhood Program at the center has particularly flourished, attracting many men from the community. The program has also been taken into the jail there and is part of the Rainbow Treatment Center's curriculum.

Whiteriver satellite center on the Fort Apache Indian Reservation is the first center to operate on a Native American reservation.



Whiteriver center client Mary Rose and her baby Davilyn in the cradleboard.

During the early outreach conducted by LHWC, volunteers were keenly aware of the need to enable clients rather than just give away free things and encourage a sense of entitlement in them. The EWYL curriculum was developed to foster self-sufficient and loving parenting by teaching young mothers good parenting skills. EWYL is an incentive-based model where clients receive material assistance as they earn points, called "Mommy Money," for attending education classes in a one-on-one or group setting. The main curriculum now contains eight modules covering parenting needs from conception to 12 months of age. Topics in the curriculum include prenatal care, "going it alone," reducing the risk of SIDS, crying, colic, sleep, disciplining with love, and more.

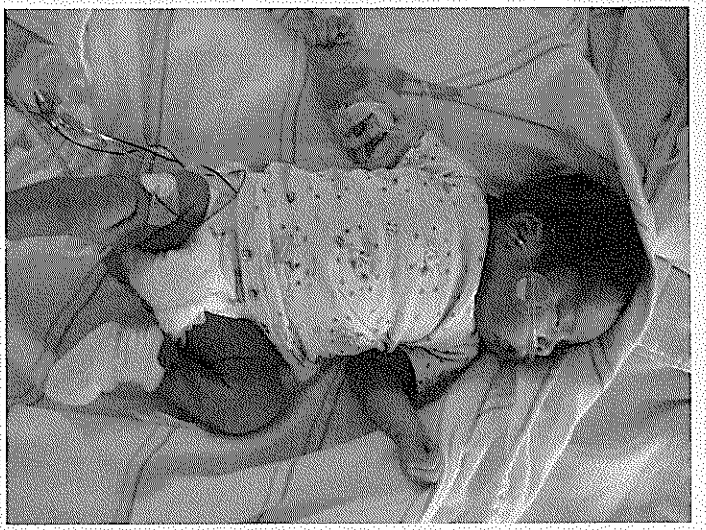
EWYL works to increase client and volunteer-instructor bonding, raising the quality of care these mothers can provide. The curriculum was authored and published by Mrs. Monahan and it has been implemented as a core program in over 800 PRCs across the country. Additional curricula have been developed covering early childhood to elementary age. A life skills pack has also been introduced. The LHWC now sees 60 percent of clients signing up for the program, and similar success is being experienced in EWYL programs at PRCs nationwide.

> *"Summit Healthcare believes so much in the Living Hope Women's Center ministry that we donated $5,000 to purchase an ultrasound machine to be used for early pregnancy detection especially for the low- and no-income families of our community. This ministry not only provides free testing but it also provides free parenting classes, family classes and baby items benefiting those who take advantage of it."*
>
> William Lasonder
> President
> Summit Healthcare Hospital Foundation Board of Directors

"I am thankful that we have a place such as Living Hope Women's Center to provide not only a safe place for women whose lives are in crisis but also to provide opportunities to restore the confidence and to equip these women in facing the challenges in the days ahead."

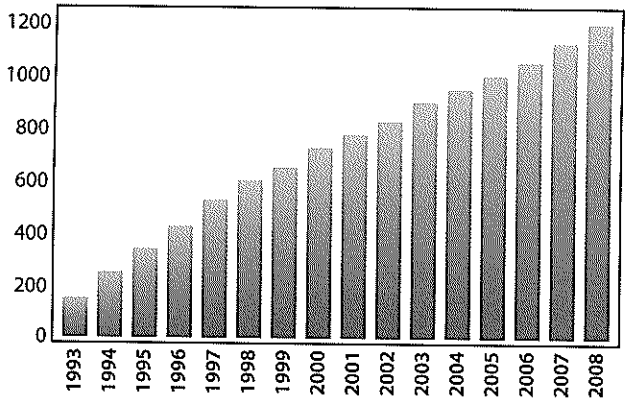
Jim Chang
Navajo County Probation Officer

LHWC is affiliated with Heartbeat International, Focus on the Family's Option Ultrasound Program, and the National Institute of Family and Life Advocates.



Little Elijah's mother sought help from a maternity home in Arizona. While living there she decided to place him for adoption. Following delivery, Elijah developed respiratory syncytial virus, a strep infection, pneumonia, and an E. Coli infection. After a three-week hospitalization, Elijah was flown to Minnesota and placed in the arms of his adoptive parents.

NIFLA Affiliate Growth



NIFLA membership has grown immensely over the years as centers seek to maintain the highest legal and medical standards. NIFLA's program of medical conversion of pregnancy centers has had a sustained impact in raising the centers' work to a new level of quality and value to communities nationwide. Individual pregnancy centers are often cross-affiliated with other national umbrella organizations.

The benefits provided by the nation's large and growing network of pregnancy care providers are enormous. The centers provide direct assistance to individual women and families, helping them to maintain and achieve better health for themselves and for their children. Addressing physical health as well as emotional, familial, psychological and spiritual needs, the centers have both short- and long-term impact. Averting abortion and even multiple abortions, the centers:

- Promote maternal and child health and well-being
- Lower the incidence of preterm birth. A risk association has been identified between previous induced abortion and subsequent preterm birth in numerous published studies internationally for over two decades. One recent, large-scale evaluation published in *Pediatrics* has concluded that preterm birth is the most frequent cause of infant death in the U.S.[11]
- Reduce the rate of repeat abortions which, according to the U.S. Centers for Disease Control in 2008 reporting data for 2005, account for at least 44 percent of abortions in the United States[12]
- Avert mental health impacts of abortion for women, which include elevated rates of depression, substance abuse, and even suicide

CONCLUSION

The hallmarks of pregnancy center operation are that funds are raised locally and spent locally, immediately deployed to meet immediate needs, and devoted to basic services not costly overhead. Less than 10 percent of the income of the nation's pregnancy centers derives from governmental sources, and more than 80 percent of the centers covered by this report receive no public funding at all. This practice ensures that the centers minimize burdens on the taxpayer and engage their local communities in the provision of sustainable support.

Continued on page 63

Center Spotlight

Catherine Foundation Pregnancy Care Center, Charles County, Maryland

In October 1983, the Catherine Foundation Pregnancy Care Center opened its door, staffed primarily by volunteers and one part-time acting director. The center was established in Charles County, Maryland, a rapidly growing suburb of the nation's capital. Its name derives from the experience of the center's founders, Pierre and Christine Bynum.

Catherine was a miracle. Pregnant and feeling alone, Catherine's teenage mom, Tina, fled from pressure to abort her unborn child. Taken in by a Christian family, Tina received unconditional love and the support she needed to bear her child and ultimately decide to place her for adoption. Later Tina wrote in her college newspaper, "There were many tears, but never a tear of regret." In 1983, moved by the love that brought their adopted daughter into the world, the Bynums rallied Southern Maryland churches to launch the Catherine Foundation Pregnancy Care Center. There, Catherine's miracle is multiplied year after year.

During the opening year, 68 men and women were trained to serve. Between 1986 and 1987 the number of clients increased by 40 percent. The first building was so over-occupied with clients and workers that staff meetings were held in the parking lot. The Catherine Foundation began delivering abstinence talks in the high schools in 1988 covering the topics of emotional and physical risks associated with adolescent sexual activity, and contraception failure rates. Since then the center has served over 28,000 clients.

In 2008, the Catherine Center served 323 new clients, and 698 return clients.

The Catherine Foundation has been recognized by the Charles County Commissioners as well as the Maryland Senate for providing reliable information, counseling and services to county citizens.

From 2003 to 2008, the staff was doubled to meet the increased needs of the clients and programs. Among the center's key services is its ultrasound program. In 2008 it provided 98 ultrasounds without cost to the client, with the assistance of a clinic director, two nurses, one sonographer and the oversight of one physician. That is a savings of approximately $451 per ultrasound for a total of more than $44,000. The Foundation also provided a minimum of $3,145 in maternity and baby clothing, $17,660 in diapers, $15,444 in formula, $6,800 in childbirth classes, $4,760 in parenting classes, $3,040 in pregnancy tests, $960 in cribs, and $394 worth of car seats.[13]

Over 2,400 hours of service were logged in 2008 by trained volunteers via initial and follow-up peer counseling. These volunteers provided counseling on abortion alternatives, life-affirming options information, lifestyle information, post-abortion information, and referrals to numerous center programs and services, as well as myriad community health, support and education services. All these services are confidential and cost-free to the clients.

The Catherine Foundation has celebrated 25 years of proud service in Southern Maryland. The center has received a proclamation from the Charles County Commissioners and a resolution from the Maryland Senate recognizing its quarter century of providing reliable information, counseling and services to the citizens of Charles County.

"The Department of Health supports the Catherine Foundation's efforts in promoting health and well being of the women in need."

Manjula Paul
Director (2008)
Nursing and Community Health Services
Charles County Health Department

When the Catherine Foundation opened in 1983, it was staffed by one part-time acting director and trained 68 volunteers. From 2003 to 2008 the staff size doubled, and in 2008 alone trained volunteers provided over 2,400 hours of service.

"As the Traffic Safety Coordinator for the Charles County Sheriff's Office, I serve 180,000 citizens of Charles County, Maryland. I support the Catherine Foundation Cribs for Kids Program which will enable mothers to receive new cribs and car seats for their children, who otherwise would not be able to provide these necessities."

Sgt. J. Hoover Thompson
Traffic Safety Coordinator (2008)
Charles County Sheriff's Office

"Thank you again for all that you do to strengthen our community and empower individuals to be self sufficient and provide opportunities for individuals to achieve success. We appreciate our partnership."

Holly Blanchard, CPA, MBA
Chief Financial Officer (2008)
United Way of the National Capital Area

"Healthy Families, Charles County supports the insightfulness of the Catherine Foundation in recognizing that by offering ultrasounds to parents, we can and will have a positive impact on sharing the message that there is life in the womb, and it is important to begin early prenatal care, begin the bonding process between mother and baby, and remove mother's ambivalence about the pregnancy."

Christine Dawkins-Brewster
Program Coordinator (2004) Healthy Families, Charles County

The Catherine Foundation Pregnancy Care Center is affiliated with Care Net, Heartbeat International, and the National Institute of Family and Life Advocates.

Like the Good Samaritan, pregnancy resource centers respond with spontaneous compassion, personal and enduring care and support and are a model of faith-based, community-oriented service.

Annual center income nationwide is at least $200 million and likely more for the large number of centers that are either pregnancy help medical clinics (at least 660) or pregnancy resource centers (some 1,670), more than 2,300 overall. Based on a sample of approximately half of both types of centers drawn from their recent 990 tax returns filed with the IRS, estimated annual income for the medical centers is $109 million and for the resource centers is $85 million. These estimates are very conservative as any center for which a 990 report was absent was included in the estimate with an income of zero. These figures also exclude the annual income of the center networks that contributed to this report, whose combined revenue, reinvested in the centers, totals more than $9 million per year.

While approximately half of the centers nationwide operate with total revenue at or below $125,000 per year, the largest centers have income as high as $4 million. The outpouring of private support for the pregnancy care movement is among the strongest assurances that their work will continue to thrive and reach millions of Americans.

Pregnancy resource centers are models of faith-based and community-oriented service. They draw their inspiration from the personal religious commitment of volunteers and their support, financially and professionally, from members of local congregations. Many are formally para-church ministries, and they represent the progress that can be made when "armies of compassion" take the field. Like the Good Samaritan in Luke 10:30-36, their compassion is spontaneous, personal and enduring.

What centers seek and accomplish is the transforming and saving of human lives. Through the centers' work clients realize their opportunity to wear "a crown of beauty instead of ashes, the oil of gladness instead of mourning, and a garment of praise instead of a spirit of despair." (Isaiah 61:3). As George MacDonald wrote in *The Lady's Confession:*

But love is the first comforter, and where love and truth speak, the love will be understood even where truth is not. Love indeed is the highest in all truth; and the pressure of a hand, a kiss, the caress of a child will do more to save, sometimes, than the wisest argument, even rightly understood.

Pregnancy center volunteers and professionals have given this kind of love year after year, with enormous satisfaction but scant recognition. On September 19, 2008, however, more than 150 unusually generous volunteers and 56 pregnancy center organizations were honored at a White House event focused solely on this life-changing movement. Then-Assistant Secretary of Health Dr. Joxel Garcia conducted the ceremony commending outstanding centers and individuals who, in some cases, have given more than 400 hours of service in a single year. The awards were bestowed in the name of the President as part of the recognition program of USA Freedom Corps.

On September 19, 2008, volunteer and pregnancy center organizations were honored at a White House event. Awards were bestowed on outstanding centers and individuals volunteering large numbers of hours. The then-Assistant Secretary of Health, Dr. Joxel Garcia, delivered the awards.

Every day in the United States pregnancy resource centers assist an average of 5,500 Americans, female and male, young and old, with sexuality-and-pregnancy-related concerns. The reach of America's pregnancy centers and the scope of their success continue to attract new attention. In January 2008, on the eve of the 35th anniversary of the Supreme Court decision in *Roe v. Wade*, Nancy Gibbs of *Time* magazine cited the "evidence that the quiet campaign for women's hearts and minds, conducted in thousands of crisis pregnancy centers around the country, on billboards, phone banks and websites, is having an effect" in reducing abortion rates, which are down by one third from their U.S. high.

Assisting women, counseling couples, providing goods and services, offering free and confidential pregnancy care, these "centers for women's true reproductive health," as Heartbeat's president, Dr. Margaret Hartshorn, calls them, are playing an indispensable role in the health of our families and communities. They are witnessing and acting in the spirit of Matthew 25:40, "Whatever you did for one of the least of my brothers of mine, you did for me."

Pregnancy resource center volunteers, staff and professionals assist an average of 5,500 Americans daily with sexuality-and-pregnancy-related concerns.

ENDNOTES

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Mandi was an abortion-minded client who had a heart change after seeing her unborn baby, Kendly, by ultrasound.

6 American Association of Pro-Life Obstetricians and Gynecologists; American College of Pediatricians; American Psychological Association; Association of American Physicians and Surgeons; Catholic Medical Association; Christian Medical Association; and, Medical Institute for Sexual Health.

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OUR COMMITMENT OF CARE AND COMPETENCE

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
2. Clients are treated with kindness, compassion and in a caring manner.
3. Clients always receive honest and open answers.
4. Client pregnancy tests are distributed and administered in accordance with all applicable laws.
5. Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
6. Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
7. We do not offer, recommend or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
8. All of our advertising and communication are truthful and honest and accurately describe the services we offer.
9. We provide a safe environment by screening all volunteers and staff interacting with clients.
10. We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
11. We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
12. Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.
13. All of our staff, board members and volunteers receive appropriate training to uphold these standards.

The Commitment of Care and Competence is an ethical code of practice for life-affirming pregnancy resource centers and medical clinics, endorsed by Care Net, Heartbeat International, the National Institute of Family and Life Advocates and 10 other national groups that provide affiliation, training, and resources for these centers and clinics.

STATEMENTS OF ENDORSEMENT

"The more than 2,000 pregnancy care centers across the country are an expression of charity and genuine love for people dealing with life-changing situations. The outpouring of local support over the years shown by supporters, organizers, and staff embody the spirit of volunteerism and truly make pregnancy care centers one of the most important grassroots movements in American history."

- Rep. John Boehner (R-Ohio)
House Minority Leader

"Public debates, tireless education, rallies, and political organizing are all vitally important in turning our country toward a culture of life. Too little recognized in this great human rights struggle, however, are the thousands of people who selflessly serve in pregnancy care centers to help women who are often frightened and confused."

- Reverend Richard John Neuhaus (1936-2009)
Editor, First Things

"Being pro-life means caring for mothers and their children both during the pregnancy and afterward. Pregnancy Resource Centers give women a safe and supportive environment to ask questions and receive the medical care and information needed to ensure healthy pregnancies and births. Pregnancy Resource Centers then continue to stand alongside new mothers and help them become good parents. Oftentimes these Centers are the only option available for women who lack family networks and community support systems. By creating a network of volunteers and caretakers, they bring communities and families together to help each other and celebrate life."

- Rep. Heath Shuler (D-N.C.)

"On behalf of the State of Minnesota, I would like to commend the work of our country's numerous pregnancy care centers. These centers have seen tremendous growth during the past few decades, and the tireless work of supporters has led to the creation of more than 2,000 centers in all 50 states. Thank you to all the advocates and champions here in Minnesota and across the country who value life-affirming pregnancy care centers and devote efforts and support to helping women."

- Gov. Tim Pawlenty (R-Minn.)

"Pregnancy care centers, many of which are faith-based, are saving lives and changing lives. They are a lifeline to those who know in their heart that abortion is wrong but don't believe they can cope with a pregnancy. Americans from all walks of life volunteer their time and compassion at these centers and our country needs them now more than ever."

- Jim Towey
Former Director, White House Office of Faith-Based and Community Initiatives

"Crisis pregnancy centers are a crucial component of the culture of life we as Americans are trying to foster in the face of increasing pressures to devalue human life. Those who work and volunteer at crisis pregnancy centers should be proud and congratulated for the work they do for these too-often overlooked and marginalized women and children, and for all they do for our entire society's health."

- Rick and Karen Santorum

"No issue is more basic than the fundamental right-to-life. Those of us who care deeply about the protection of life have also worked to provide accurate medical advice and follow-up care as well. Your work is at the core of Christian action."

- Rep. Mark Souder (R-Ind.)

Young woman and her baby living at the Sara Rose Maternity Home in Kitwe, Zambia, an outreach of LIFE International.

"I would like to take this opportunity to thank you for your tireless work on behalf of life. Women who are fortunate enough to find their way to your centers are welcomed and receive loving care, access to counseling and education programs, ultrasounds and medical assistance, and referrals to other resources for little or no cost. As an Ob-Gyn, I can tell you that your efforts to assist women in underserved communities help to bring healthier babies into the world. Because of the selfless work you are doing, a culture of life is being built in America."

- Dr. Joxel Garcia, M.D., M.B.A
Former Assistant Secretary of Health
U.S. Department of Health and Human Services

"Wherever I travel, I am always impressed by the high level of concern and love offered at pregnancy care centers. The good people that staff them are truly heroes."

- Chris Godfrey, Life Athletes
Former professional football player

"The pregnancy care centers . . . are a model of excellence in service to a great cause: women and their babies. The Catholic League is proud to endorse this noble effort."

- Dr. William Donohue
President, Catholic League for Religious and Civil Rights

"It is not enough to preach about the ills of abortion. If you are not part of the solution, you are a part of the problem. We must become pro-life practitioners through the act of saving the lives of the unborn."

- Reverend Herb Lusk
Pastor, Greater Exodus Baptist Church,
Philadelphia, Pa.

"The prophet Jeremiah received a word from the Lord that said, 'Before I formed you in the womb I knew you.' (Jeremiah 1:5A NKJV). This biblical truth serves as the foundation of the lifesaving work through the pregnancy care centers in all 50 states and in countries around the world."

- Franklin Graham
President and CEO
Billy Graham Evangelistic Association
Samaritan's Purse

"In recent years, pregnancy care centers have taken important steps in increasing their support for fathers. Research shows that when fathers are involved in a pregnancy, mothers are more likely to seek prenatal care, and are less likely to smoke, have a low birth-weight baby, and their baby is less likely to die in infancy. Responding to this data, pregnancy care centers across the country are increasing their provision of skill-building materials to encourage and support fathers in becoming involved. For example, National Fatherhood Initiative's (NFI's) Doctor Dad™ program is being used to teach fathers basic child safety and healthcare skills. Additionally, NFI's Daddy Pack™, full of informational brochures and a CD-ROM, is helping men in pregnancy care centers get the basic skills and encouragement they need to take care of their newborns."

- Roland C. Warren
President, National Fatherhood Initiative

"This respect for life is evident in communities throughout our Nation where people are reaching out, in a spirit of understanding and helping, to women with crisis pregnancies and to those who bear the spiritual and emotional scars of abortion. Such efforts strengthen the bonds of affection and obligation that unite us and assure that the family, the primary guardian of life and human values, will continue to be the foundation of our society."

- President Ronald Reagan
January 14, 1985
excerpt from National Sanctity of Human Life Day Proclamation

This report is a collaborative project of Care Net, Family Research Council, Heartbeat International, LIFE International, and the National Institute of Family and Life Advocates.

Care Net is a national nonprofit organization dedicated to promoting a culture of life through the delivery of valuable, life-affirming evangelistic ministry to people facing unplanned pregnancies and related sexual issues. Care Net carries out this mission by supporting the largest network of pregnancy centers in North America. With joint venture partner Heartbeat International, Care Net operates the 24/7 Option Line contact center (1-800-395-HELP) and website that assist people with pregnancy-related and abortion recovery needs. Visit us at www.care-net.org.

Family Research Council was founded in 1983 in Washington, D.C. as an organization dedicated to the promotion of marriage and family and the sanctity of human life in national policy. FRC develops public policy, analyzes and publishes research on family issues, and seeks to assure that the unique attributes and benefits of family life are recognized and respected in Congress, the courts and the nation's regulatory bodies. Visit us at www.frc.org.

Heartbeat International is a Christ-centered, life-affirming association of pregnancy help centers, medical clinics, maternity homes, and nonprofit adoption agencies. It is the first pregnancy center association founded in the United States and the most expansive, with affiliates in the United States, Canada, and over 40 other countries. Heartbeat's mission is to reach and rescue as many people as possible through our network of help centers that renew their communities for life. With joint venture partner Care Net, Heartbeat operates the 24/7 Option Line contact center (1-800-395-HELP) and website that assist people with pregnancy-related and abortion recovery needs. Visit us at www.heartbeatinternational.org.

LIFE International was formed in the United States as an independent entity in 2001 and has as its sole focus the establishment of life-giving pregnancy care ministries in every nation where abortion is present worldwide. LIFE is launching several key initiatives that include establishing regional offices in strategic locations around the globe, developing an online school to provide training in starting or furthering life-giving ministry; and creating and distributing the "Center in a Backpack," filled with essential tools and knowledge needed to start a life-giving ministry. Visit us at www.lifeinternational.com.

National Institute of Family and Life Advocates (NIFLA) is a nonprofit organization that provides life-affirming pregnancy centers legal education, consultation and training. NIFLA equips members with legal counsel, training and support for conversion to medical clinic status, and a vision for a future of enhanced and expanded service to women, infants and families. Visit us at www.nifla.org.

Contributors

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We gratefully acknowledge the support of the Gerard Health Foundation of South Natick, Massachusetts for the publication and distribution of this report.

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For more information about pregnancy resource centers and this report, go to www.apassiontoserve.com

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FOR THE RECORD

Testimony of Anne R. Davis, MD, MPH

Medical Director

Physicians for Reproductive Choice and Health

Before the New York City Council, Committee on Women's Issues

November 16, 2010

As an obstetrician/gynecologist practicing in Manhattan, I wholeheartedly support our city council's efforts to improve the care of pregnant women in New York City. This bill will protect my patients from being misled by limited-service pregnancy centers masquerading as legitimate health clinics. I have direct experience with patients who have visited so-called crisis pregnancy centers (CPCs). The "care" they provide has been uniformly harmful to my patients and their families. By offering pregnant women misinformation in the guise of medical fact, CPCs have kept my patients away from the services they need, whether it is sound prenatal care or a safe abortion.

Crisis pregnancy centers claim to give "unbiased, accurate information about the procedure to women considering it."[1] That is not what my patient Susan[2] received. She went to a CPC in downtown Manhattan early in her second trimester, thinking that she could obtain an abortion there. The staff told Susan that she needed an ultrasound before the procedure. Then another ultrasound. They attributed the multiple tests to uncertainty about how advanced her pregnancy was. Because of these delays, Susan's pregnancy progressed into the third trimester.

Susan was 32 weeks pregnant and still seeking an abortion when she consulted me at our hospital-based clinic. I had to tell her it was no longer possible: she was well beyond the legal limit for abortion in New York. Susan was shocked, as the "counselor" at the CPC had assured her she could have an abortion in the third trimester. Moreover, when I examined Susan, I found her case straightforward—one simple abdominal ultrasound would have dated her pregnancy easily. The CPC had no medical reason for keeping her waiting.

Susan was devastated and furious. Her pregnancy was unplanned, and she had used drugs and alcohol through both trimesters. Her partner had no interest in parenting. Susan's third child, whom she brought with her to our clinic, has a severe form of autism and was starting to receive city services.

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[1] NARAL Pro-Choice New York. *"She Said Abortion Causes Breast Cancer:" A Report on the Lies, Manipulations and Privacy Violations at Crisis Pregnancy Centers.* October 2010. http://www.prochoiceny.org/assets/files/cpcreport2010.pdf

[2] Patient's name has been changed.

Not only did the CPC's lies prevent Susan from getting an abortion, they also nearly eliminated her chances for prenatal care—I gave her a referral, but there was a delay before she could get an appointment. I imagine she had only one or two prenatal visits before delivering. We talked about adoption; Susan was considering that possibility but guessed that no one would want to adopt her baby given all the drugs and alcohol she had used.

While this story sounds extreme, it is not uncommon. I don't know precisely how many patients I've seen who had a similar experience before coming to me—most don't talk about it. I do know that no woman deserves to be misled as Susan was.

Pregnant women in New York City deserve to know what to expect from a CPC before entering, not when they find their physical and emotional health at risk. No clinic or counselor should be allowed to trick women about the medical care they will receive. I urge the City Council to pass this important bill and preserve the health and safety of New York's women.

FOR THE RECORD

Cordero, Rachel

From: Marjana Banzil [Marjana@DrEmily.com]
Sent: Friday, November 12, 2010 1:27 PM
To: Cordero, Rachel
Subject: cpc testimony

Hello,

My name is Marjana Banzil and I am the Executive Director at Dr. Emily Women's Health Center at 560 Southern Blvd, in the Bronx.

My office is the direct target of protests and sidewalk counselors from EMC Pregnancy Network run by Chris Slattery. I witness on a daily basis, how my patients are targeted by his sidewalk counselors. They operate a small bus which they park either directly in front or near my clinic and they solicit my patients with free ultrasounds. This bus has no running water, no identification whatsoever, and they use a generator to supply electricity to operate the ultrasound machine.

Believe it or not, but I have had some patients actually go and have ultrasounds on the bus. On several occasions, the EMC employees have told my patients that they work for the clinic and that we perform ultrasounds on the bus. A constant battle, you can only imagine.

On many occasions, the ultrasounds and the pregnancy diagnosis, which are also not given by any licensed Medical professional, are incorrect any misdiagnosed. It then becomes a burden to my staff to explain any pregnancy anomalies.

Not only is this a dangerous practice, but who is responsible for the misdiagnosis of these patients. It needs to be stopped. These sidewalk counselors, as they call themselves, are not licensed to give any Medical Advice or Diagnosis.

If you need further information, please feel free to contact me at (718) 585-1010.

Very truly yours,

Marjana Banzil

FOR THE RECORD

November 16, 2010

The Honorable Julissa Ferreras
Committee on Women's Issues
250 Broadway
New York, NY 10007

Re: Support for the regulation of limited service pregnancy centers

Madam Chairwoman and Members of the Committee:

Thank you for this opportunity to testify in support for the regulation of limited service pregnancy centers. Having recently had the opportunity to visit two such centers, I am confident in my impression that these facilities present false information as fact, and base their pregnancy consultations solely on moral beliefs. As an entering medical student, hoping to specialize in women's health, I feel strongly that propagating false medical information in the name of religion or morality is a dangerous thing. I would like my future patients to be free to make their own choices about their bodies, and part of that freedom is the freedom to receive accurate medical information in which to make those very important and life-changing decisions. These limited service pregnancy centers are knowingly, or even unknowingly, disseminating grossly exaggerated information and outright lies to young women who are desperate for help. In addition, they take advantage of a young woman's fragile state using emotional appeals, moral threats, and biased personal anecdotes that are confusing to a potential mother.

I visited two crisis pregnancy centers on Long Island as part of an investigation through NARAL Pro-Choice NY, of which I am a volunteer. My first visit was to a Birthright in Rocky Point, NY. I prefaced my visit with a phone call explaining that I had taken a positive pregnancy test and wanted to discuss my options. At my consult, I was taken into a small room adorned with religious pictures and signs. Two women introduced themselves as Birthright volunteers, and began asking me about my life and my current situation. No information was recorded other than my first name, and I was assured everything would be kept confidential. The consult lasted over an hour, and most of it involved my listening to their thoughts about abortion and recommendations for the future of my child. I was offered free clothes, diapers, furniture, etc. if I carried the baby to term. We spent the majority of the time discussing the risks associated with abortion, including, but not limited to: death, perforation of the uterus and colon, future infertility, and post-abortion stress syndrome. The abortion procedure itself was also described in an exaggerated, and oftentimes false way. Their attitude towards gynecologists and doctors in general was very negative, implying that the physicians who perform abortions are influenced by financial incentive. If I were to go through with the procedure, I was told that I would be stopping a beating heart, that I would have to live with that, and that I would regret it. Even if I had been raped, they assured me that something beautiful could come from such a horrible, violent act. There was an immense pressure put on me to carry the pregnancy to term, followed by a half-hearted reassurance that I was free to make my own decision.

My second visit was to the Life Center of Long Island in Deer Park, NY. This time a friend who was posing as the father of my child accompanied me. The clinic was in an old house that had been converted to a clinic, and felt much more like a medical office than the first center. There were pamphlets lining the walls about the dangers of every kind of birth control, including the morning after pill, and especially the horrors of abortion. Anything that prevented the implantation of the egg to the uterine wall was attacked as the killing of a baby. Abstinence and marriage were heavily promoted among the brochures. An older woman who introduced herself as a volunteer took me back into a consult room. She recorded some very extensive personal information, which I was assured would be kept confidential. The rest of the time was spent discussing the dangers of abortion. She showed me brochures describing the risks of abortion, from breast cancer to increased mortality of my future children, even after their birth. She passionately described how populations in the US, Europe, and Japan have plummeted since Roe V Wade because of the increased abortion rates. She was so caring and compassionate and warm, relating her own story of a miscarriage, that it was easy to feel safe and as if I wasn't being manipulated through her emotional appeals. Again, I was offered financial assistance, this time including full medical care, from now until after delivery, including a sonogram if my pregnancy test came back positive (it didn't). At some point in our consult, my counselor told me that after high school she dropped out of school, and she was so proud of me for continuing my education. This was just before she began to tell me about the intricate biological processes that go on in a woman's body, and the complex medical procedures done to abort a fetus, both of which she summed up very simply: "They take a loop with a blade on it and cut the baby into pieces, and then suck it out with a vacuum."

It is not a secret that my views are at odds with those of the limited service pregnancy centers, but that does not mean that I do not understand their point of view. I believe the volunteers at the clinics are well meaning individuals. I also believe, most of the time, these volunteers are not even aware that they are propagating false medical information. I understand the pro-life argument, and believe that they are free to defend their cause, as long as they are using proven medical facts and valid arguments, not moral judgments and religious beliefs, in which to do so. Therefore, I urge the committee to support the regulation of the limited service pregnancy centers.

-Nicole Bilbro

FOR THE RECORD

Cordero, Rachel

From: Sunny Chapman [sunnychapman@earthlink.net]
Sent: Tuesday, November 16, 2010 2:50 PM
To: Cordero, Rachel
Subject: RE: City Council Hearing

Hi,
I arrived at the building at a little before 1pm and could not get in. After waiting out on the sidewalk for an hour and not seeing one single person get in, I left. For what it's worth, here's my testimony.
Best,
Sunny

I became interested in crisis pregnancy centers when I was a volunteer safety escort at an abortion clinic in the early 1990's. Some of the anti-abortion protesters were designated as self-described "sidewalk counselors". They would try to convince woman coming into the clinic to go to a crisis pregnancy center instead,and would give them pamphlets.

The pamphlets usually contained bloody pictures of dead fetuses or fetal parts, and alarming misinformation about the abortion procedure. These pamphlets made alarming and untrue claims such as : abortion causes breast cancer; abortion is unsafe; abortion causes emotional problems, depression, even suicide. All of the pamphlets would have the name, address and phone number of a local crisis pregnancy center stamped on the back.

During my volunteer time, I started to document the activities of anti-abortion protesters by videotaping them. Over the course of several years, I traveled to different cities and videotaped anti-abortion protests at a number of different locations. There were different groups and different people at these protests but the consistent them was the presence of the "sidewalk counselors" and the pamphlets.

I started researching the crisis pregnancy centers and in 1999 made two short documentary films about them, titled Misguidance and In Bad Faith (dist. Cinema Guild). During the course of researching the subject of my documentaries, I looked at hundreds of crisis pregnancy centers around the country. I looked at telephone directories to see how they advertised themselves. And I made phone calls asking for information.

Consistently, I saw that generally crisis pregnancy centers had misleading names, ranging form generic sounding names like Pregnancy Help, Inc. (located on 14th St. in Manhattan) to vaguely feminist sounding names like Ohio Women's Center. None that I saw had names that indicated their anti-abortion position. I looked at a lot of telephone books from different cities and saw that ads for CPCs were often placed in the clinic category in business directories and gave the impression of being full service medical clinics, and never mentioned that they are opposed to abortion.

A number of phone calls made to CPCs gleaned much misinformation about the abortion procedure and abortion clinics. I was told that abortion causes breast cancer, that it's extremely dangerous, that a woman who has an abortion might never be able to have a baby, that women are seriously injured by abortion every day. Several CPCs told me that women are seriously injured by abortion regularly and frequently die, but that the abortion clinics manage somehow to conceal these injuries and deaths. I was told that abortion causes lifelong psychological problems such as severe depression and that many woman who have abortions commit suicide. I was also told that abortion clinics are unsafe and unregulated, that the average restaurant is subject to more safety rules and inspection than an abortion clinic. These statements are false, not facts, studies prove otherwise.

Abortion and family planning providers have extensive regulations and health department inspections as part of their licensing. Even more oversight comes by means of audits and financial requirements if they are nonprofit or get any public funds. This is not the case for CPCs. CPC's are unregulated, even though many of them have started getting federal funds.

I interviewed several woman who had visited CPCs when pregnant and looking for help. Their stories were all the same even though they'd visited CPCs in different cities. When they went to the CPC, they were given a pregnancy test, most often an over the counter test that gives results in less than 5 minutes. The women were all told the test would take 30 to 45 minutes and led to a waiting room to watch a gory anti-abortion video such as The Hard Truth. After the video a CPC worker would try to convince the woman not to have an abortion, by giving her frightening misinformation about the abortion procedure and showing her more

bloody, gory photos.

The overall impression gleaned from my research is that CPCs engage in deceptive practices on many levels, from their names, to the way they advertise, to the information they give client. I've maintained an active interest in CPCs since making the documentaries and their mode of operation has changed little since 1999. I believe that more careful regulation is urgently needed.

Patricia Chapman, known as Sunny Chapman
sunnychapman@earthlink.net
917-721-3365

-----Original Message-----
From: "Cordero, Rachel"
Sent: Oct 27, 2010 1:47 PM
To: Sunny Chapman
Subject: RE: City Council Hearing

Art
http://sunnychapman.wordpress.com/

Film/Video work
http://www.sunnychapman.com/media

Online vintage clothing shops
http://stores.shop.ebay.com/Vintage-Arcana
http://www.etsy.com/shop/VintageArcana
http://www.etsy.com/shop/itemvintage
https://shop.marketpublique.com/profile.php?user_id=3708

Handcrafted jewelry
http://www.etsy.com/shop/sunnychapman

Designer vintage clothing and accessories
http://itemvintage.blogspot.com/

Chic & cheap vintage clothing and accessories
http://www.etsy.com/shop.php?user_id=5598618

Art
http://sunnychapman.wordpress.com/

Film/Video work
http://www.sunnychapman.com/media

Online vintage clothing shops
http://stores.shop.ebay.com/Vintage-Arcana
http://www.etsy.com/shop/VintageArcana
http://www.etsy.com/shop/itemvintage
https://shop.marketpublique.com/profile.php?user_id=3708

Handcrafted jewelry
http://www.etsy.com/shop/sunnychapman

Designer vintage clothing and accessories
http://itemvintage.blogspot.com/

Chic & cheap vintage clothing and accessories

FOR THE RECORD

My Patients Deserve Complete Care: Why I Support New York City's Crisis Pregnancy Center Bill
By Lynette Leighton, MD

As a family physician, I provide comprehensive health care for all of my patients, including safe abortions for women who decide to end a pregnancy. I've cared for many women who came to me in crisis when they learned they were pregnant. The last thing my patients need is to be misled by anti-abortion organizations masquerading as health clinics. I'm strongly in favor of the New York City bill requiring crisis pregnancy centers to disclose that they do not provide abortions or contraception, or offer referrals for these services.

I recently treated Michelle, a 16-year-old who came to my clinic for an abortion. Michelle received counseling from our social worker, and she was quiet when she entered the exam room—not unusual for a woman going through a difficult time. However, as I began to counsel her about what to expect during the procedure, she started to sob.

"Are you sure this is the right decision for you?" I asked.

She exclaimed through her tears, "I can't have a baby right now!"

We sat down together and discussed the pros and cons. She was not ready to be a mother, or to be pregnant. She wanted to go to college. Michelle felt suicidal at the thought of carrying out the pregnancy. Her mother was opposed to abortion, but Michelle still concluded that it was right for her.

On the way to the clinic, however, Michelle saw a nearby building with a large sign: "Unintended Pregnancy?" Thinking it was our clinic, she went in. She was surprised that instead of taking her medical history, the staff asked her about her relationship with God. They told her that ending a pregnancy is murder, and if she followed through with her abortion, the baby would feel pain during the procedure. They showed her pictures of fetuses from much later in pregnancy. "I can't get them out of my head," she said.

I expected Michelle to say that she had changed her mind and wanted to leave our clinic. Instead, she touched my arm, looked into my eyes, and thanked me for being there. "I'm ready now."

This young woman had determined on her own that she did not want to be pregnant. She considered all of her options, and she chose abortion. She did not want to be a mother right then. She wanted to continue her education. Despite the propaganda that the crisis pregnancy center forced on Michelle, she chose to end her pregnancy.

New York City has just introduced a bill that could help prevent women from being misled by crisis pregnancy centers. It would require these centers to post signs clearly stating that they do not offer abortion or contraceptives, and will not help women find a provider who does. The bill would also make centers without a licensed medical

professional on staff add this fact to their signs. Michelle might have been spared her traumatic experience had she seen a sign like this on the door of the crisis pregnancy center.

Beliefs about abortion and reproductive health are all over the map. Some women in Michelle's situation will choose parenting or adoption. But traumatizing women with misinformation doesn't help anyone. Pregnant women need care and counseling based on medical evidence and compassion, not lies. That's why I support the effort to give women in New York City clear information about what happens inside crisis pregnancy centers.

Testimony regarding CPC's by Linda Prine MD

My name is Linda Prine, I am a family physician. I work at the Institute for Family Health, a large network of family medicine offices that are Federally Qualified Health Centers (FQHCs) serving lower Manhattan, the South Bronx, and the Hudson Valley in New York State. Since 1998 I have also worked one or two days per week at a NYC family planning clinic. One of the centers of this family planning clinic has an office across the street from a so-called Crisis Pregnancy Center (CPC) in the Bronx.

On many occasions I have had the experience of caring for women who mistakenly visited the CPC before they found the family planning clinic. These women come into the center shaken to their core. They still come, because they desperately need the abortion they are seeking, but they have been traumatized by the experience they had across the street. There is no way of knowing how many women were scared away and go on to have a child they didn't want or didn't feel they could care for.

One patient, who especially sticks in my mind, was a Central American woman who was working two jobs and sending her money to her mother, who was raising her three children. She lived in a very crowded apartment, trying to keep down her expenses so that she could send as much as possible home, and was forced by one of her male roommates into sex. She mistakenly went to the CPC and was told:

- "They will vacuum the baby out of you and it will be crying in pain from the abortion."
- "You will become sterilized from the abortion and never able to have children again."
- "Abortion causes breast cancer"
- "Abortion is a dangerous procedure, you can loose a lot of blood and get infections and become infertile."
- "God will know if you have an abortion and you will surely go to hell."

She was so shaken from this experience she could hardly stop crying from fear. She knew she wanted an abortion, there was no way she wanted to consider having a baby in her circumstances. But how could she know that she was hearing lies? It wasn't really until the procedure was over that she could really catch her breath and calm down. At that point she was just amazed that she hadn't experienced anything awful, that she'd been treated with warmth and kindness, and that she'd survived. Then she hugged us all in relief and gratitude.

(Demonstrate the gentleness of an MVA cannula now.)

The people who tell our patients these lies are posing as medical professionals. They are not offering our patients alternatives that might make a real difference in their decision-making: like financial help, housing, child-care services. They are only offering fear-mongering and misinformation.

I call on the City Council to shut down these operations. They serve no legitimate purpose and provide only psychological terror to vulnerable women.

Linda Prine MD
Reproductive Health Access Project
917-520-2889 (c)

FOR THE RECORDS

My name is Vanita Kumar and I am a family physician who practices in the Bronx. I provide full spectrum primary care, including family planning, prenatal care and abortion services.

I have had many patients who are have been deceived and accidentally entered into a "limited service" pregnancy center. These centers often set themselves up across or near to offices that offer abortion services. With their large and vague signs and advertisments, many women are lured into these LSPC's thinking it is a medical facility that offers a full range of reproductive health services.

Countless numbers of my patients have told me stories of their experiences at these "limited service"pregnancy centers. They have been told gross misinformation in order to scare them out of have a safe and legal abortion. My patients have been told they will get breast cancer or become infertile if they terminate their pregnancy- which is grossly false information and not based on widely accepted medical studies. Many of my patients have left these centers feeling traumatized and upset during an already difficult time. They especially prey on vulnerable women- like young teens and immigrants.

As a physician, I urge you to pass this bill. All New Yorked deserve to know what services they will and will not be receiving when they go to a Limited service pregnancy center. Our community needs this transparency and patients private information needs to be protected.

Vanita Kumar MD
200 Cabrini Blvd #91
NY, NY 10033

FOR THE RECORD

November 16, 2010

Testimony for Intro. 371 regarding regulating crisis pregnancy centers.

My name is Melanie Canon. I am a physician and practice family medicine which includes reproductive health care. I am currently working at Jacobi Hospital in the Bronx. I have been practicing in NYC since 1998 after finishing my residency in Maine. Because of the dearth of abortion providers women came from all over Maine and other states in New England for these safe and legal services of reproductive health. I, along with the other providers, was driven to the family planning center in an armored, tinted vehicle b/c of the anti choice movement's violence against providers.

It is almost 2011, more than 12 years later and the anti choice group is well funded, active and violent murdering Dr. George Tiller in his own church in May of last year. The movement is opposed to a constitutional democracy, opposed to the rule of law and opposed to basic personal freedom. They are highly organized and spreading around the country in many ways. One of these ways is through crisis pregnancy centers which try to convince women who are seeking options to unplanned pregnancies to continue the pregnancy to term. They do this by giving women false information and biased views instead of accurate medical information and standard of care. I have had numerous patients tell me their own stories about going to a cpc thinking it was a place they could get an abortion or contraception and being given grotesque pictures of mutilated babies and made to watch pro life videos in the waiting room.

In my experience as a family practice physician, reproductive health care is the most common need women seek. To have more and more cpcs springing up around the city giving inaccurate information to women who need contraception or abortions or options counseling is a threat to public health our constitution and an injustice to women.

I strongly support Intro 371 which introduces accountability and basic regulations for crisis pregnancy centers to work within the law and to offer unbiased and accurate information to women seeking help.

Melanie Canon, M.D.

69 East 130th Street

NY, NY 10037

(FOR THE RECORD)

The Rev. Dr. Earl Kooperkamp, Rector
St. Mary's Episcopal Church
521 West 126th Street
New York, NY 10027
(212) 864-4013

My dear friends and fellow New Yorkers, I come today to support the legislation you are considering, Intro 371, concerning limited service pregnancy centers in New York City. I believe that this is an important legislative initiative. In my 25 years of pastoral experience, a pregnancy, especially an unplanned pregnancy, is one of the most important events in a woman's life. Because it is of such vital importance, it is also of the utmost importance that a woman has all the information she needs in order to make the right choices for herself and her situation.

Unfortunately, over the years I have counseled women who were not able to obtain all the information they wished to have and not able to receive full medical information to determine the course of their pregnancy. These women had sought counsel and advice from pregnancy centers that were either not equipped to discuss the full range of pregnancy options or had religious or moral reasons for not disclosing all the options available. In several cases, women were given information from a religious perspective to pressure them to forgo considering all the options available to them. In at least one case, there was information given to a woman about medical matters that, as an educated layperson, I think is completely erroneous.

Given the importance of pregnancy in a woman's life and given the pressure to find out accurate information for taking care during the course of the pregnancy, we as New Yorkers, have a responsibility to see that woman are protected at this important juncture. I believe that Intro 371, before this committee today does accomplish that goal. This legislation has been spoken of as "Truth in advertising." I believe that it is indeed a needed move toward truth and an effective foil against "bait and switch" tactics. The proposed legislation will ensure that women in New York City will be confident in seeking counseling regarding their pregnancies that they will receive accurate medical information for their health and for the well being of their families.

In my faith tradition, and my belief, God graciously grants us a liberty of conscience to follow in God's loving call and to seek justice for all God's people. That liberty, a precious freedom, cannot be fully exercised without truth. It is, as Jesus said, the truth that shall set us free, and the provisions of Intro 371, insofar as they serve to make truth a part of the counsel pregnant women are able to obtain, is in the service of this freedom.

Thank you very much for your time and your kind consideration of my views and may God bless you as you seek the welfare of the women of New York City.

FOR THE RECORD

Cordero, Rachel

From: Siman, Adira
Sent: Thursday, November 18, 2010 3:24 PM
To: Martin, William
Cc: Cordero, Rachel
Subject: FW: CPC's

Can you add the email below to the record for the hearing on Int. 371?

Thanks, Adira

From: reynolds Tenazas [mailto:reynoldsnart@gmail.com]
Sent: Tuesday, November 16, 2010 8:50 PM
To: Siman, Adira
Subject: CPC's

Hi Adira
I was present today but was unable to give testimony, as after three hours I had to meet my kid and make sure the homework got done. I also thought that I would just be able to tell my story and not be subjected to an interrogation from that horrible Halloran person. I notice that CPC's are allowed to operate using non trained personnel, but any pro choice activists would be subjected to the third degree. It became clear that my testimony would be discounted, so I left to attend to my mothering duties.

If an old veteran like me was scared away, imagine a young poor girl in difficult circumstances having to face an assault battery of these people, while trying to enter a legitimate clinic. I visited the 44 Court street EMC with a young woman of reproductive age who was trying to explore her pregnancy options. We knew where we are going: You cannot ignore these people outside the clinic every Sat morning harassing the passer by about Planned Parenthood. I would like to point out, as a parent, that there are at least three schools in the immediate neighborhood: my kid goes to Brooklyn Friends. Apparently there is a loophole in the Clinic Access law that says the fifteen foot provision does not apply to a building where other "business" is present. Whatever: it would seem that his law designed to protect women is not being enforced. What a disgrace!

Anyway, my clinic visiting partner, after saying she had unprotected sex was not offered or told about the"morning after pill" even though there is a DOCTOR'S DEGREE posted at THAT location IN the waiting room.(I think NYC law says if they do not offer EC they have to give a referral) After an interview, we were ushered into the back suite of rooms that were populated by creepy clerical types. We saw an abstinence only film that was mostly anti birth control. The back room was stocked with pamphlets : the same ones pushed on women outside the building! My point is that there was a Doctor's degree posted BUT these pamphlets contained medically inaccurate info about birth control, abortion AND STD.s (for example,condoms do NOT protect you from HPV, BUT no mention of the new preventive shot.) The most offensive pamphlet was called "Klan Parenthood". Everybody was wearing a cross but nobody would admit WHICH religious denomination was being represented. If the Doctor was EVER present, she was clearly sharing a suite of offices paid for by a religious group. We did not see an examination room.

I work for the Brooklyn Museum and pay my ACLU dues as I protest the war, the death penalty and am an eco activist. I am an artist and want to keep abreast of free speech limitations and privacy laws which are affected by the Patriot Act. I was highly offended by the Catholic Church today protesting that their rights to free speech would be affected by today's proposed law. Excuse me? I was here when the Mayor tried to shut down my Museum in the nineties at the behest of the Catholic Church!!!! Just a few weeks ago, I saw the Bishop get the bully pulpit on CBS news to attack the NY Times for giving a favorable review to an art show he did not like (about AIDS activism!). Fine! they can have free speech, they can lie, BUT they cannot disseminate medical misinformation under a Doctor's sign. The proposed law

would protect women form these clearly predatory practices. One last thing...one of the issues they push on the girls is this "post abortion" syndrome....which they do everything to promote. Nobody is going to walk out of there after being subjected to that brainwashing and have an abortion and not be sorry. It is a sad day when a young girl is shamed for choosing her future.

Just for the record I am a parent and I DID plan it! Parenthood works better that way, and I highly recommend it.

Thanks for your time. I hope you pass the proposed bill with NO loopholes. Feel free to contact me. I also wrote to my City Councilwoman Tish James who is totally awesome.

--

Reynolds tenazas-norman
41 Eastern Parkway
Brooklyn Ny 11238
reynolds@reynoldsnart.com
917-328-0386

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rev. Elizabeth Ott

Address: 21 E 87th St #11D NY, NY

I represent: clergy task force of PPNY - Serve Park Ave United Methodist Church

Address: 106 E 6th St NY, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Jonathan Berry

Address: 420 W. 116th Street, Apt. 1B, NY, NY 10027

I represent: Expectant Mother Care

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: Nov 16

(PLEASE PRINT)

Name: Jose Allahar

Address: _____

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Jennifer Carnig

Address: 4404 6th Ave 3D Brooklyn

I represent: NYCLU

Address: 125 Broad St 19th Flr Manhattan

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 11-16-2010

(PLEASE PRINT)

Name: [illegible] Washington

Address: 1368 Richmond Ave

I represent: Myself

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: Nov 16

(PLEASE PRINT)

Name: [illegible]

Address: [illegible]

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☑ in opposition

Date: _____

(PLEASE PRINT)

Name: Nadia Reid

Address: 1414 Bryan St

I represent: My self

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☑ in opposition

Date: _____

(PLEASE PRINT)

Name: Nouriela Germain

Address: 155 Audubon Ave

I represent: Myself.

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☑ in favor ☐ in opposition

Date: 11/16/2010

(PLEASE PRINT)

Name: Rev. Earl Kooperkamp

Address: 521 W. 126th St. NY NY 10027

I represent: St. Mary's Episcopal Church

Address: 521 W. 126th St. NY NY 10027

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Olinna Hidalgo

Address: 11 Fulton Ave

I represent: myself

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: Nov. 16, 2010

(PLEASE PRINT)

Name: Nancy Northup, President

Address: _____

I represent: Center for Reproductive Rights

Address: 120 Wall St #14 Flr
NYC 10005

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: MARIANA BANZIL

Address: 560 SOUTHERN BLVD BX NY 10455

I represent: DR. EMILY WOMENS HC

Address: AS ABOVE.

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10 A-D

(PLEASE PRINT)

Name: Christopher Bell

Address: 1148 Fulton Ave., Bronx,

I represent: Good Counsel

Address: 1140 Fulton Ave, Bron

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. EMC Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Tricia N. Clairmont

Address: 136 Utica AV BKLYN N.Y 11213

I represent: E.M.C

Address: 44 Court St

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Rev Matthew ~~Wetfox~~ Westfox

Address: 287 Prospect Ave #76 Brooklyn

I represent: All Souls Bethlehem Church

Address: 566 E 7th St, Brooklyn, NY

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0371-2010 Res. No. _____

☐ in favor ☒ in opposition

Date: 16 NOV 2010

(PLEASE PRINT)

Name: Colleen E. Barry

Address: 4 Steamboat Rd, 2A Great Neck, NY 11024

I represent: Silent No More Awareness Organization

Address: 266 5th Ave Suite 205 NY, NY.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/2010

(PLEASE PRINT)

Name: Jane DACHTERA

Address: 101-05 Lefferts Blvd.

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: DR CHRIS CREATURA

Address: 235 EAST 67th St. Suite 204

I represent: the women of NYC, Physicians for Reproductive Choice + Health, Cornell Medical College

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: JOSIE ALLAHAL

Address: 1078 President St

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Marietta Canning

Address: 241 Cuba Ave SI NY 10306

Pres

I represent: SI Right To Life Peace Inc
Pro Life Elderly and Homebound Club Inc

Address: PO BOX 60520 SI NY 10306

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Expectant Mother Care

Address: _____

I represent: LINDA SUSAN MARZULLA

Address: DIRECTOR

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. ______ Res. No. ______

[X] in favor [ ] in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Elizabeth Maloney

Address: 113 W. 128th St. Harlem

I represent: Radical Women

Address: 113 W 128th St. Harlem

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. ______

[ ] in favor [X] in opposition

Date: [illegible] 2010

(PLEASE PRINT)

Name: Kathleen O'Connell [illegible]

Address: [illegible] Wall [illegible]

I represent: [illegible]

Address: ______

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. ______

[ ] in favor [X] in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: [illegible] Manning

Address: 306 [illegible] Streets Bronx NY 6

I represent: [illegible]

Address: 350 [illegible]

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☑ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Adjoa S. Tetteh

Address: 629 W. 172nd St. Apt 57

I represent: PROCHOICE; a concerned citizen

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☑ in favor ☐ in opposition

Date: 11/16/2010

(PLEASE PRINT)

Name: Pamela Zimmerman

Address: 219E 64th St - 6H, NYC, 10021

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☑ in opposition

Date: 11

(PLEASE PRINT)

Name: Julie Bayer

Address: 1513 Rosedale Ave Bx NY

I represent: EMC Free Abnts on Alternatives

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Nancy Northup

Address: 120 Wall St

I represent: CRR

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: 11-16-10

(PLEASE PRINT)

Name: Donna Lieberman, NYCLU

Address: 125 Broad St 19th Fl NYC 10004

I represent: New York Civil Liberties Union

Address: same

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16

(PLEASE PRINT)

Name: The Legal Aid Society

Address: 199 Water St NY NY

I represent: Coord Counsel

Address: Bronx NY

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10.16.10

(PLEASE PRINT)

Name: Dr Sool Bird

Address: ACLS - 1120 Avenue of Americas

I represent: Chris Slattery

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 10.16.10

(PLEASE PRINT)

Name: Mrs. Jennifer O'neill

Address: ACLS - 1120 Avenue of Americas

I represent: Chris Slattery

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 10.16.10

(PLEASE PRINT)

Name: Mrs. CeCe Heil

Address: ACLS - 1120 Avenue of Americas

I represent: Chris Slattery

Address:

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: November 16, 2010

(PLEASE PRINT)

Name: Michelle Gadre

Address: 2027 Madison

I represent: Pro Babies

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: 11-16-2010

(PLEASE PRINT)

Name: Fr. Peter R Pilsner

Address: 1991 Needham Ave. Bronx 10466

I represent: myself

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: Nov 16, 2010

(PLEASE PRINT)

Name: Heidi Jenkins

Address: 1185 Park Ave

I represent:

Address:

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 37 Res. No. _____

☒ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Melanie Cahon

Address: 69 E. 130th St NY, NY 10037

I represent: Self

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: November 16, 2010

(PLEASE PRINT)

Name: Debora Ubegu-Hernandez

Address: 50 Broad Street, suite 1937, NY 10004

I represent: National Latina Institute for Reproductive Health

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0371-2010 Res. No. _____

☐ in favor ☒ in opposition

Date: 11-16-10

(PLEASE PRINT)

Name: PETER LEPRE

Address: 181A LARCHMONT ARMS, LARCHMONT NY.

I represent: VOLUNTEER WITH F.M.C

Address: CHRIS SLATTERY

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0371-2010 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/2010

(PLEASE PRINT)

Name: ALICE KO TSAI

Address: 17 W 17th St #1B 10011

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: PAT MUSCO

Address: Church @ the Rock

I represent: " "

Address: 1280 E 92 St BKlyn NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Patricia Burkhardt

Address: 49 STRONG PLACE

I represent: NYS Assoc of Licensed Midwives

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: JULIE LEWIS

Address: _____

I represent: MIDTOWN PREGNANCY SUPPORT CENTER

Address: 110 EAST 40th

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Tiffany Himes

Address: 2373 31st St. Astoria, NY 11105

I represent: MPSC

Address: 110 E 40th St. Suit 706 NY, NY 10016

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Susanne Metaxas

Address: 145 E. 74th St. 5A NYC 10021

I represent: Midtown Pregnancy Support

Address: 110 E. 40th St. Suite Center 706 NYC 10016

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 37 Res. No. _____

☐ in favor ☐ in opposition

Date: Nov 16, 2010

(PLEASE PRINT)

Name: Reynolds Tenazas-Norman

Address: 41 Eastern Parkway

I represent: myself

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: Nov 16, 2010

(PLEASE PRINT)

Name: Mara Liebler

Address: 452 Park Pl #3E Bk, NY 11238

I represent: Spence-Chapin

Address: 410 E92nd Street NY, NY 10128

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/2010

(PLEASE PRINT)

Name: Greg Pfundstein

Address: 415 Madison Ave, 15th Fl

I represent: Chiaroscuro Foundation

Address: 415 Madison Ave, 15th Fl

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☐ in opposition

Date: 11/16/2010

(PLEASE PRINT)

Name: Sean Degidon

Address: 16 N. Broadway #15 WP, NY 10601

I represent: National Traditionalist Caucus

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 317 Res. No. _____

☐ in favor ☑ in opposition

Date: 11-16-2010

(PLEASE PRINT)

Name: LUIS MENCHACA

Address: 221 SOUTH AVE. N.Y. N.Y. 10034

I represent: PREGNANCY CENTERS OPPOSE UNFAIR PREGNANCY CTR. REGS.

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☑ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: FRED D. TRABULSI

Address: 105 EAST BKLYN NY 11201

I represent: LIFE CENTER OF NY

Address: 6802 - 5 AVE BKLYN NY 11220

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

Date: Nov. 16, 2010

(PLEASE PRINT)

Name: Rita Henley Jensen

Address: ~~6 Barclay St, NYC~~ 6 Barclay St, NYC

I represent: Woman's eNews

Address: 6 Barclay St, NYC 10007

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: James Jaciello

Address: 68-46 Mansf St Forest Hills, NY 11375

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Donald Rosenberg

Address: 116 E 35th St, NYC 10016

I represent: National Trust for Cultural Collections

Address: POB 7776 PO, NYC NY 10116

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card 317

I intend to appear and speak on Int. No. ~~0317~~ Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Gerard M. Nadal Ph.D.

Address: 33 Ainsworth Ave S.I.

I represent: Good Council Hms

Address: STATEN ISLAND NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16

(PLEASE PRINT)

Name: Theresa Bonopartis

Address: 1955 Needham Ave Bronx NY

I represent: Good Counsel

Address: Hoboken NJ

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: ~~Miranda Northup~~ NANCY NORTHUP

Address: 120 Wall St. , NY NY

I represent: Center for Reproductive Rights

Address: 120 Wall St

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0371-2010 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Anne Mielnik MD - citizen

Address: 12 Stuyvesant Oval, Apt 3F, NY 10016

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 361 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Alice Lemer

Address: 41-31 51st St 2k Woodside NY 11377

I represent: Bridge to Life

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Chris Slattery

Address: 61 Lewis Pkwy Yonkers, NY

I represent: EXPECTANT MOTHER CARE

Address: 344 E. 149th St. BRONX, NY

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11-16-10

(PLEASE PRINT)

Name: DOROTHY DIGANDZIC

Address: 7538 Riverdale Ave Yonkers, NY 10705

I represent: St. Augustine Foundation

Address: 135 Ruggles Ave Bronx NY 10473

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: Nov 16, 2010

(PLEASE PRINT)

Name: Andrew Zumchak

Address: _____

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: DR. SUSAN BLANK

Address: _____

I represent: DOHMH (Dept. of Health & MH)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: CECE HEIL

Address: 1000 REGENT UNIVERSITY DRIVE, VA BEACH, VA

I represent: ACLJ

Address: 1000 REGENT UNIVERSITY DR., VA BEACH VA

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: 11/16/2010

(PLEASE PRINT)

Name: Joel Brind

Address: Baruch College CUNY, 1 Bernard Baruch Way, NYC 10010

I represent: self

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Kelli Conlin

Address: 420 Park Ave S.

I represent: NARAL Pro-Choice NY

Address: same

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11-16-10

(PLEASE PRINT)

Name: ELAINE ENG

Address: _____

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: LORRAINE GARIBOLDI

Address: 9 DULCE LA., DIX HILLS, NY

I represent: LIFE CENTER OF LONG ISLAND

Address: 35 E. WILLOW ST., MASSAPEQUA NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rt. Rev. Anthony Johnson

Address: 40 E 35 St. NY NY 10016

I represent: Community Church of NY

Address: 40 E 35 St NY NY 10016

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: ROSEMARY GINTY

Address: _____

I represent: CATHOLIC COMMUNITY RELATIONS COUNCIL

Address: 1011 1ST AVE

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jan Vinokour

Address: 240 E 76 NYC

I represent: Women's City Club of New York

Address: 22 Seventh Ave, NYC

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 371

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rabbi Dennis Ross

Address: 17 Elk St, Albany, NY 12207

I represent: Concerned Clergy for Choice

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/2010

(PLEASE PRINT)

Name: EDWARD MECHMANN

Address: 1011 FIRST AVE NY, NY

I represent: ARCHDIOCESE OF NY

Address: 1011 FIRST AVE NY, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: James Hardin

Address: 300 White Plains Rd Rock. NY

I represent: Compassion

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Kathleen Dooley Polcha

Address: 1011 First Ave NY

I represent: Catholic Guardian Society & Home Bureau

Address: 10N First Ave N.Y. 10022

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☑ in favor ☐ in opposition

Date: 11/16

(PLEASE PRINT)

Name: Galin Anderson

Address: 26 Bleecker St

I represent: Planned Parenthood of NYC

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☑ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Joan Malin

Address: 26 Bleecker St. NY NY 10012

I represent: Planned Parenthood

Address: (same as above)

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☑ in opposition

Date: _____

(PLEASE PRINT)

Name: Patrick Mahoney

Address: 109 2nd St. NE Washington DC

I represent: Christian Defense Coalition

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: MARY GREENE

Address: 901 PARK TERR. E

I represent: MYSELF

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: Nov 16, 2010

(PLEASE PRINT)

Name: Janis L. Little

Address: 92B Cebra Avenue, SI NY 10304

I represent: The Pregnancy Care Center

Address: 38 10th St SI NY 10306

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Virginia M Corbett RN FCP

Address: 8 Pickwick Ct Commack NY 11725

I represent: LI Teen Freedom

Address: 35 E willow St Massapequa NY 11758

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: William Harder

Address: 102 Hatfield Pl.

I represent: Pregnancy Resource Services

Address: 15 Treadwell Ave, S'NY 10308

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: 11-16-10

(PLEASE PRINT)

Name: Jeanneane Maron

Address: 44180 Riverside Pkwy Suite 200 Lansdowne, VA

I represent: Care Net

Address: Same as above

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: JOANNE Reilly

Address: 137 Nelson Ave.

I represent: Crisis Pregnancy Ctr of NY

Address: 36 10th St. S'I NY 10306

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: _____

(PLEASE PRINT)

Name: NICOLE BAKER

Address: 154-02 9th AVE #2L, WHITESTONE 11357

I represent: BORO PREGNANCY COUNSELING CENTER

Address: 203-06 Rocky Hill Rd, BAY SIDE 11361

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☐ in favor ☑ in opposition

Date: _____

(PLEASE PRINT)

Name: Kristin Hansen

Address: 4410 Riverside Pkwy Lansdowne PA 20176

I represent: (CPC of New York) - Can't Not

Address: Boro Preg. Center

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☒ in opposition

Date: Nov 15 2010

(PLEASE PRINT)

Name: Chris Rostenberg APT 4H

Address: 56 Sheridan Ave Mt Vernon NY 10552

I represent: self / CPC's

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☒ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: KATHERINE ABELSON

Address: 415 ARGYLE RD, BKLYN, NY 11218

I represent: The 1st patient I had who died due to a septic abortion (my age - 25). Her death took 4 hours. She had 3 children

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 371 Res. No. _____

☑ in favor ☐ in opposition

Date: 11/16/10

(PLEASE PRINT)

Name: Lalena Howard

Address: 450 3RD AVE #2R BROOKLYN NY 11215

I represent: myself and I support this bill

Address: _____

Please complete this card and return to the Sergeant-at-Arms