



# *The TRUTH Revealed: Crisis Pregnancy Centers in Montana*

## EXECUTIVE SUMMARY

Between May 2012 and September 2012, NARAL Pro-Choice Montana (NPCM) conducted an extensive investigation into the crisis pregnancy centers (CPCs) operating across the state of Montana. These centers offer services to women facing an unintended pregnancy, but are fraught with problems—most notably biased and incorrect information provided to clients, failure to abide by applicable regulations to protect consumers, and their distinct connection to extreme right-wing political groups. NPCM research concluded that many of these facilities present themselves as legitimate medical clinics providing a broad range of comprehensive and caring services when, in fact, they use deceptive and misleading tactics to promote an anti-choice agenda.

Through the investigations NPCM found that:

89 percent of CPCs in Montana present inaccurate information about birth control and other contraceptives. Examples of this include saying birth control is the same thing as abortion, condoms are not effective at preventing pregnancy or STIs, and that birth control leads to breast and cervical cancer.

78 percent of CPCs claimed that abortion causes serious psychological damage. This is often referred to as “post-abortion syndrome”. The reality, however, is that numerous studies have found that serious psychological reactions are uncommon and, furthermore, that no such syndrome is medically or scientifically recognized.

67 percent of CPCs linked abortion to breast cancer and 44 percent claimed that abortion can cause irreversible damage to the vagina and uterus. These two statements have *repeatedly* been disproven by medical research teams.

Scare tactics and manipulative tools of these centers include showing women “fetal dolls” supposedly the size of the fetus, but they are developmentally incorrect and are used in an effort to

humanize the embryo and dissuade women from choosing safe, legal abortion. 33 percent of the centers visited also showed graphic videos, often of late-term abortions to the “secret shoppers”. The volunteers expressed extreme discomfort and intimidation watching these videos, which we can only imagine would be worse for a woman truly in crisis and facing an unintended pregnancy.

Moreover, while CPCs provide services such as ultrasounds and pregnancy tests, they do not appear to be abiding by the applicable regulations that legitimate health care providers must adhere to. Although the centers advertise themselves as legitimate health centers, they do not abide by the same regulations that other health care providers must. Non-compliance with HIPAA—the regulations that govern the confidentiality of clients’ personal health information—is an obvious violation that is cause for consumer protection concerns.

CPCs are also part of the larger extreme anti-choice movement. The anti-choice movement created CPCs shortly after the landmark *Roe v. Wade* Supreme Court case of 1973, as part of a political strategy to re-frame the debate over abortion. Since their inception, CPCs have always followed the same business model: presenting themselves as comprehensive health centers but substituting legitimate pregnancy-related information with lies and intimidation.

While for years many CPCs existed independently, over the course of their history, they have become an increasingly tight network. Now, more and more CPCs are affiliated with one of three major umbrella organizations: the National Institute of Family and Life Advocates (NIFLA), Care Net, and Heartbeat International.

The growing number of crisis pregnancy centers in Montana and across the country comes at the same time as a tidal wave of legislative attacks on reproductive rights. Anti-choice extremists have taken on new tactics and their goals are symbiotic: they aim to shut down legal abortion providers through unnecessary restrictions while also opening more CPCs that exist to shame women out of choosing legal abortion.

All Montanans have the right to access the full range of reproductive health care options, free of judgment and under the assumption that the medical information provided is accurate. NARAL Pro-Choice Montana is committed to exposing crisis pregnancy centers and ensuring that abortion remains safe, legal, and rare in our great state.

## INTRODUCTION

Between May 2012 and September 2012, NARAL Pro-Choice Montana (NPCM) conducted an extensive investigation into the crisis pregnancy centers (CPCs) operating across the state of Montana. These centers claim to offer services to women facing an unintended pregnancy, when in fact their mission is to dissuade women from exercising their right to choose. CPCs are fraught with problems—they disseminate biased and incorrect information, and they are distinctly connected to powerful national anti-choice organizations and extreme right-wing political groups.

The following report outlines the findings from the investigation. It begins with a deep dive into the history of the role crisis pregnancy centers have played in the anti-choice movement across the country and in Montana. Throughout, it provides insight into the harm that these centers' practices pose to the women and communities of Montana.

## BACKGROUND

Approximately 50 percent of pregnancies are unplanned<sup>1</sup>, and quite often the news is overwhelming. An unintended pregnancy can bring with it mixed emotions including shock, stress, and sometimes fear. Upon learning this news, it is critical that a woman receives only the best medical information possible from professionals that give non-directive counseling, and is informed of all her options.

NARAL Pro-Choice Montana began looking at the state's crisis pregnancy center landscape and found that there are 20 CPCs operating in Montana. In contrast, there are currently only four abortion providers, with one more anticipated to close by the end of 2014. With this unbalanced ratio, NPCM knew it was critical to look into whether CPCs are giving accurate and comprehensive information regarding all available healthcare options to the women and men visiting their facilities.

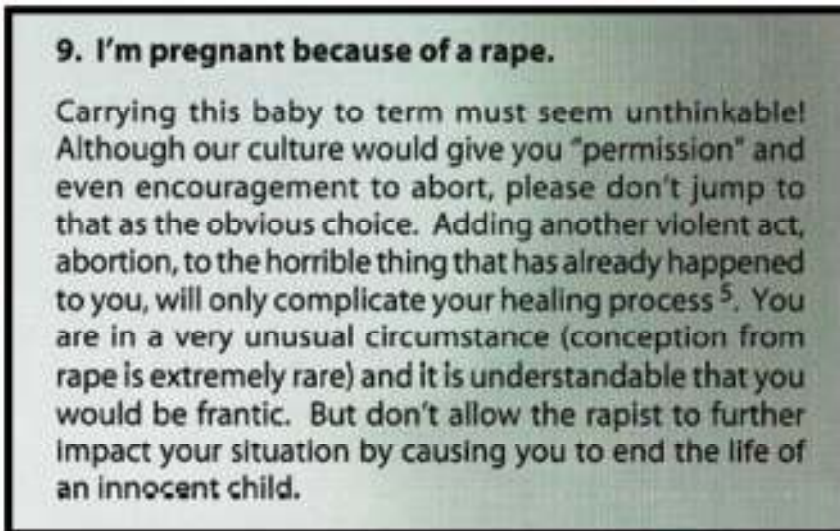
The research included literature reviews, research of media coverage, and a number of "secret-shopper" investigations where volunteers posed as an individual or couple thinking they may be pregnant. The research indicated an alarming trend of deception and manipulation at crisis pregnancy centers across the country and in Montana. This report documents that many of these facilities present themselves as legitimate medical clinics providing a broad range of comprehensive and caring services when, in fact, they use dishonest tactics to promote an anti-choice agenda. These facilities target and then manipulate women who are already vulnerable and overwhelmed with the news of an unintended pregnancy. They provide them with misleading and often false information that claims abortion is dangerous and poses a threat to women's physical and emotional health. The "counseling" CPCs purport to provide is rooted in moral judgment of sexual behavior and driven by vehement anti-choice ideology.

## What are Crisis Pregnancy Centers?

For decades, countless crisis pregnancy centers have presented themselves as comprehensive health centers. In reality, the anti-choice movement created these entities as part of a political strategy to reframe the debate over abortion. Since their inception, report after report<sup>2</sup> has shown that CPCs have consistently followed the same business model: presenting themselves as comprehensive health centers, but substituting legitimate pregnancy-related information with lies and intimidation. While for years many CPCs existed independently, over the course of their history they have become an increasingly tight network. Today, an increasing number of CPCs are affiliated with one of three major umbrella organizations: the National Institute of Family and Life Advocates (NIFLA), Care Net, and Heartbeat International.

The growing number of crisis pregnancy centers in Montana and across the country comes at the same time as a tidal wave of legislative attacks on reproductive rights. As this report shows, anti-choice extremists have taken on new tactics and their goals are symbiotic: they aim to shut down legal abortion providers through unnecessary restrictions while also opening more CPCs that exist to shame women out of choosing legal abortion. CPC marketing practices often imply that they provide comprehensive services and information; however, the findings reveal that Montana CPCs mirror their counterparts throughout the country. They are anti-choice facilities with a clear ideological agenda: to block women from choosing legal abortion.

**Figure 1: Brochure excerpt from Echoz Pregnancy Care Center**



**9. I'm pregnant because of a rape.**

Carrying this baby to term must seem unthinkable! Although our culture would give you "permission" and even encouragement to abort, please don't jump to that as the obvious choice. Adding another violent act, abortion, to the horrible thing that has already happened to you, will only complicate your healing process<sup>5</sup>. You are in a very unusual circumstance (conception from rape is extremely rare) and it is understandable that you would be frantic. But don't allow the rapist to further impact your situation by causing you to end the life of an innocent child.

*Figure 1: An excerpt in a brochure from Echoz Pregnancy Care Center titled "Ten Reasons I Want an Abortion" illustrates the shaming tactics of CPCs in order to sway women away from abortion. It even makes the outrageous—and false—assertion that "conception from rape is extremely rare" and calls choosing to terminate a pregnancy "another violent act." These missives, with language evoking a veneer of compassion, deploy a slew of shaming tactics on a victim of an unspeakable crime, suggesting that: 1) maybe it wasn't really rape since it claims conception from rape rarely happens, and 2) choosing to terminate a pregnancy is giving more power to the rapist. This excerpt brings to mind recent rhetoric from anti-choice lawmakers like former U.S. Representative Todd Akin (R-MO) in*

*2012, who have used this "argument" to bring forth policy meant to severely restrict women's choice in reproductive health care. It is important to clarify that medical research shows that approximately 32,101 pregnancies result from rape in America each year.<sup>3</sup> That is far from rare.*

No matter how many facelifts they have undergone, at their core CPCs consistently have served as a tool for the anti-choice movement's war on reproductive freedom.

## *History of Crisis Pregnancy Centers as Part of the Anti-Choice Movement*

Following the landmark *Roe v. Wade* Supreme Court decision in 1973, the anti-choice movement adopted various strategies to chip away at choice and try to reframe the public debate in their favor. A key part of their strategy became promoting CPCs, which quickly began multiplying after *Roe*. For example, two years after the *Roe* ruling, the Christian Action Council, an evangelical lobbying group based in Washington DC, created Care Net, which is now one of the most powerful national CPC networks.<sup>4</sup>

While some individual CPCs may provide appropriate services and supplies for pregnant women—such as free sonograms, diapers, and bottles—charity and compassion are not the values of the movement supporting their work. Anti-choice groups freely admit this. The Family Research Council, an outfit that the Southern Poverty Law Center categorizes as a hate group, has warned CPCs not to stray from the purpose of stopping abortion:

*“...there are sharply rising numbers of women coming to the [crisis pregnancy] centers who are not ‘at risk’ for abortion. These women have decided to carry their children to term and come in for material assistance or other services...These trends could threaten the primary mission of the centers—to reach women at risk for abortion.”<sup>5</sup>*

This directive to recruit only women considering abortion helps explain why many anti-choice extremists have put their support squarely behind CPCs over the years. Historically, CPC supporters have had close ties to some of the most militant segments of the anti-choice movement. Consider these examples:

- **Michael Bray and James Kopp**, both convicted of murdering abortion providers, both cofounded CPCs.<sup>6</sup>
- **Randall Terry**, the founder of Operation Rescue, formed a CPC early in his anti-choice career.<sup>7</sup> While running his CPC, Terry refined the tactics of harassing and threatening abortion providers that would come to define Operation Rescue.<sup>8</sup> Terry began telling followers in 1995 to “take up the sword” and “overthrow the tyrannical regime that oppresses them.” One Operation Rescue activist said, “It is your God-given right to destroy any man or woman calling themselves doctors who willingly slaughter innocent children.”<sup>9</sup>
- In 2006, **Tom Glessner**, president of the National Institute for Life and Family Advocates (another national CPC umbrella network), complained that the U.S. Supreme Court refused to uphold the use of “Wanted” posters featuring abortion providers by anti-choice activists. Glessner said the decision would “chill the free speech rights” of activists.<sup>10</sup> During the 1990s, “Wanted” posters featured multiple abortion providers who were later murdered.<sup>11</sup>

The connection of CPCs to extremists over the years did not go unnoticed. As the public became more aware of the centers' fundamental anti-choice purpose and critical of their deceptive practices, the anti-choice movement correctly identified part of their public relations problem. While they presented themselves as legitimate clinics, CPCs did not have qualified medical staff. Backlash against this brazen abuse of the public's trust in medical professionals presented CPCs with a significant challenge to the image they marketed to the public. In response, anti-choice groups adapted, putting significant resources into staffing CPCs with anti-choice medical professionals. The presence of medical professionals did not change CPCs' anti-choice mission. It only added a facade of legitimacy.

The effort to bring CPCs into the medical field was aggressive and sweeping. Focus on the Family started "Operation Ultrasound" in 2004.<sup>12</sup> Working with medical consultants from the National Institute of Family and Life Advocates, Operation Ultrasound provides funding for ultrasound machines to help convert CPCs into more medical-style facilities.<sup>13</sup> To be eligible, a CPC must "be located in a community with a high abortion rate."<sup>14</sup> The program provides three types of grants: one goes to converting traditional CPCs to more medical-style clinics; one covers 80 percent of the cost for purchasing an ultrasound machine; and one covers the costs of training nurses and staff to use ultrasound machines.<sup>15</sup> The program's website says it provides "step-by-step assistance through the medical conversion process."<sup>16</sup> In Montana, Kalispell's Hope Pregnancy Ministries used the program to purchase an ultrasound machine and establish a CPC named the Clear Choice Clinic.<sup>17</sup>

The tactic of using ultrasounds to convince women to not seek abortion services continues to evolve. The Family Research Council recently promoted a ministry that created "mobile medical ultrasound clinics" that it deploys to cities across the country. According to the Council, this "Fleet for Little Feet" tries to reach pregnant women who "will not or cannot go to a [stand-alone] crisis pregnancy center."<sup>18</sup>

The transformation of CPCs into medical or quasi-medical clinics should not be mistaken as an effort to provide legitimate care. Instead, these changes were in response to persistent criticism aimed at the mission of CPCs: blocking women from exercising their right to choose, even if it means deceiving or manipulating them. These anti-choice creations are still simply a tool in the anti-choice movement's war on women.

## CRISIS PREGNANCY CENTERS IN MONTANA

Considering the role national anti-choice groups and other right-wing organizations have played in creating and sustaining CPCs, it wasn't surprising to find that CPCs in Montana are closely connected to the national CPC movement in a number of ways.

Montana's research found that the longstanding connection between CPCs and prominent anti-choice figures also persists in our state. One example is *Kandi Matthew-Jenkins*. Matthew-Jenkins was the director of Life Net, a Missoula CPC, then known as Birthright of Missoula. She has unsuccessfully run for the Montana Legislature multiple times on the ticket for the Constitution Party of Montana, which embraces the most extreme forms of anti-choice fundamentalism and anti-government ideology.<sup>19</sup>

Not only has Matthew-Jenkins picketed with grotesque images of supposedly-aborted fetuses outside of legitimate clinics that provide abortions, she has targeted state government's Child Protective Services as an "unholy and evil department."<sup>20</sup> In one missive, she declared everyone knew there were "too many insane social workers" who "lie and abuse families."<sup>21</sup> Matthew-Jenkins derided Child Protective Services for "ripping apart families for profit."<sup>22</sup> The agency, she stated, was engaged in a "usurpation of our God given rights to parent children."<sup>23</sup> She once said that parents who had taken their children away from social workers at gunpoint had acted like "reasonable parents" and should be "commended not condemned."<sup>24</sup>

While Matthew-Jenkins is only one individual, this report documents that CPC connections to anti-choice extremists are not unique. In fact, many board members and staffers at Montana CPCs have connections to national entities. Some Montana examples include:

- *Russell Fagg*, a board member for Billings' LaVie Pregnancy Center, helped form a local chapter of the Christian Legal Society in 1999.<sup>25</sup> Founded in 1961, the Legal Society is a national network of lawyers and law students committed to rolling back the separation of church and state by "serving Jesus Christ through...the practice of law."<sup>26</sup>
- Fellow LaVie board member *Reverend Alfred Poirier* is on the advisory board of the Blackstone Legal Fellowship, a ministry affiliated with the Alliance Defense Fund.<sup>27</sup> Prominent leaders of the right wing to push their fundamentalist ideology in the courts founded the Defense Fund, now known as the Alliance Defending Freedom.<sup>28</sup>
- *Dallas Neil* has served on the board of directors for Missoula's Life Net.<sup>29</sup> A retired National Football League player, Neil has performed with the Strength Team, a right-wing conservative group that does feats-of-strength performances.<sup>30</sup> The Strength Team is one of several fundamentalist Christian ministries that market themselves as inspiring speakers to gain access to public schools and then proselytize to students.<sup>31</sup>

## *Funding Sources*

Another way to understand Montana CPCs' close ties with the anti-choice movement is to investigate their various sources of funding. CPCs have benefitted from programs offered by national umbrella organizations, and alarmingly also have received state funding.

With the frequently contentious debates over public funding for legitimate healthcare centers, it is alarming that Montana CPCs have received public funds. In 2003, Hope Pregnancy Ministries received federal funding through the Montana Abstinence Partnership. The amount was for \$32,000 over three years. It helped fund the Student Peer Abstinence Movement at Flathead High School, and the students did abstinence presentations in the community, including to middle school health classes.<sup>32</sup>

The pie chart in Figure 2 shows how Montana CPCs reported their income to the IRS in 2009 and 2010. In Montana, the majority of CPC funding (69%) comes from grants and individual contributions.

As cited earlier, Kalispell's Hope Pregnancy Ministries participated in Focus on the Family's "Operation Ultrasound," which provides grants to CPCs that cover up to 80 percent of the costs for an ultrasound machine and provides funds to train staff on how to use it.<sup>33</sup> Additionally, most of the CPCs in Montana are affiliated with a national organization; those entities frequently offer grant programs.

Another documented source of Montana CPC funding is the Knights of Columbus. Local chapters have raised money to help Montana CPCs purchase ultrasound machines. This is part of a national initiative launched in January 2009 on the anniversary of *Roe*.<sup>34</sup> What started in Florida and Iowa became a national push by the Knights to show pregnant women that their fetuses are "a child, not a choice."<sup>35</sup> When a local Knights council raises half of the purchase cost, the Supreme Council matches it, thereby providing a free ultrasound machine to a local CPC.<sup>36</sup>

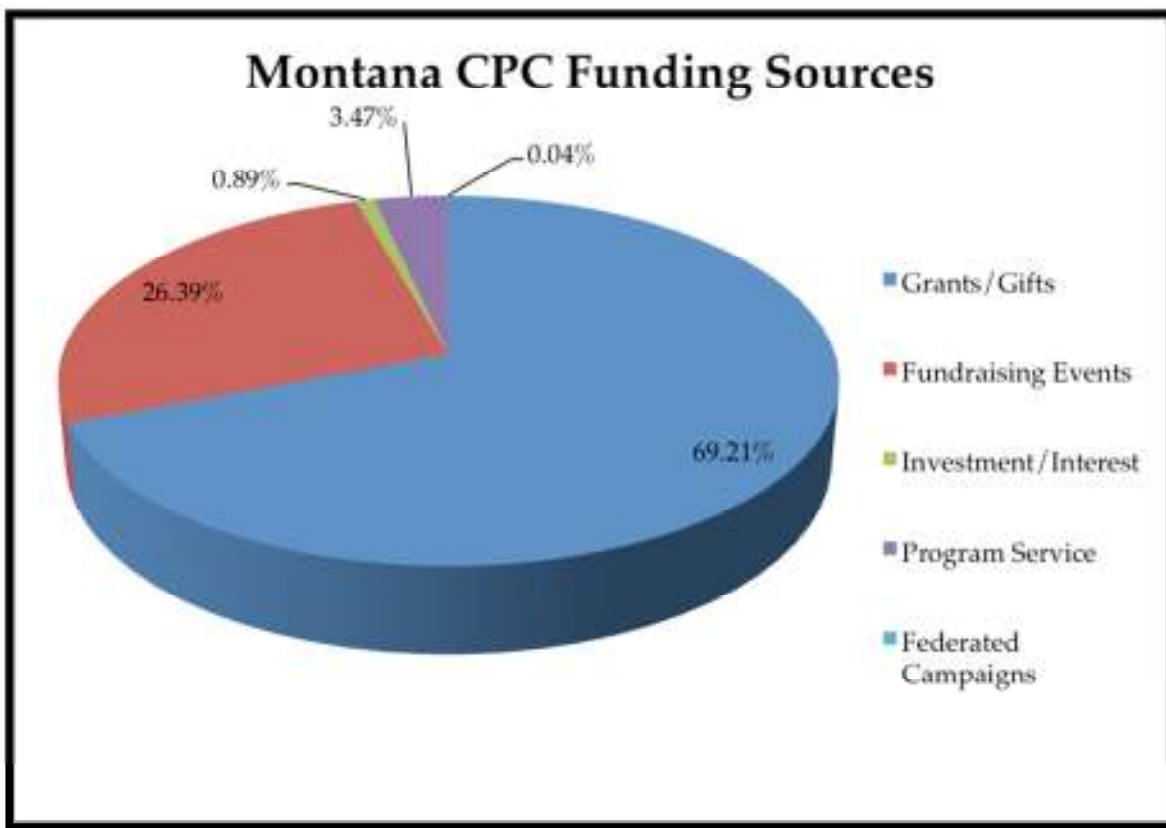
In 2011, the Great Falls Council of the Knights of Columbus took on the task of raising \$24,000 to purchase an ultrasound machine for Life Way Pregnancy Center. The local council's goal was to raise \$12,000 with the Supreme Council of the Knights of Columbus matching it to receive \$24,000.<sup>37</sup> The money came through in October 2012, when the Knights ultimately donated \$35,000 to Life Way, which is now known as Echoz Pregnancy Care Center. A Knights' spokesperson said the ultrasound project was perfect for the Catholic group because both groups emphasize "the culture of life."<sup>38</sup> Local Knights councils have also donated to CPCs in Billings and Kalispell, while the Catholic Diocese of Helena has contributed to the Butte CPC.<sup>39</sup>



The second largest contribution to Montana CPCs (26%) comes from fundraising events, which sometimes feature prominent right-wing speakers. LaVie’s executive director has stated that over 25 percent of her CPC’s annual budget comes from its annual fundraiser.<sup>40</sup>

In 2011, Billings’ LaVie hosted Tony Perkins of the Family Research Council at its fundraising event.<sup>41</sup> Perkins has shown bad judgment throughout his professional career. In 1992 while he was a reserve police officer in Baton Rouge, he failed to report an illegal conspiracy between anti-choice activists and Operation Rescue to his superiors.<sup>42</sup> He was suspended from duty and quit the force.<sup>43</sup> Then, while serving as the campaign manager for a U.S. Senate candidate in 1996, Perkins used the mailing list of longtime Ku Klux Klan activist David Duke.<sup>44</sup> In 2001, Perkins spoke to the Louisiana chapter of the Council of Conservative Citizens, a white supremacist group that has described African Americans as a “retrograde species of humanity.”<sup>45</sup>

**Figure 2: Montana CPC Funding Sources<sup>46</sup>**



Each of these examples helps illustrate how Montana CPCs are connected to a larger right-wing political movement. CPCs are a tool being used in the battle to eliminate reproductive freedom, which is part of the larger culture war being waged by the right-wing. As right-wing groups seek to impose their very specific and ultra-conservative doctrine on every area of society, CPCs serve as a vehicle to attack abortion and undermine the mainline medical community, just as other entities

focus on public schools or the courts. The examples illustrate how even individual Montana activists engage on more than one issue. Montana CPCs don't exist alone. They are part of the larger ultra-conservative movement.

## ***NPCM CPC Investigation***

In light of the research indicating CPCs' critical role in the anti-choice movement, NPCM saw the need to closely examine the tactics of local centers. NPCM found that Montana CPCs operate in a similar fashion as their national counterparts. The following sections detail the findings on Montana CPCs, as well as the strategies used by the facilities to target vulnerable women seeking comprehensive pregnancy-related information in our state.

NPCM began the investigation like all modern investigations—on the Internet. Initial searches identified contact information for 40 CPCs in the state. However, the reality is that it is often difficult to track CPCs; they often change names or consolidate centers. After contacting each center in the initial list, NPCM found that there were 20 distinct centers throughout the state. Many of the numbers were no longer in service or were routed to another CPC on the contact list. The centers span rural and urban Montana, and are most concentrated in college towns and smaller rural towns with limited resources. Many of the websites state they are nonjudgmental and will provide a woman with all of her options; and, some state that they do not refer for or provide abortions. However, when a random Google search for “abortion clinics” is done, they are consistently one of the first results to be listed. This is of deep concern to NPCM. Women seeking abortion services in Montana are led to believe that these facilities will meet their needs. It may not be until after she calls or visits that she realizes that the center does not provide or refer for abortion or contraceptives.

## **Methods**

NARAL Pro-Choice Montana conducted several levels of research on the crisis pregnancy centers in the state after researching connections to the anti-choice movement and funding sources. They were: 1) compiling a list of all of the CPCs in Montana; 2) investigating CPC websites and using various search engines to analyze how they advertise themselves online; 3) phone surveys of the identified centers to inquire about services provided; 4) undercover in-person “Secret-Shopper” investigations of nine centers; and, 5) analysis of brochures and literature obtained from the centers.

# 1. Compiling a List

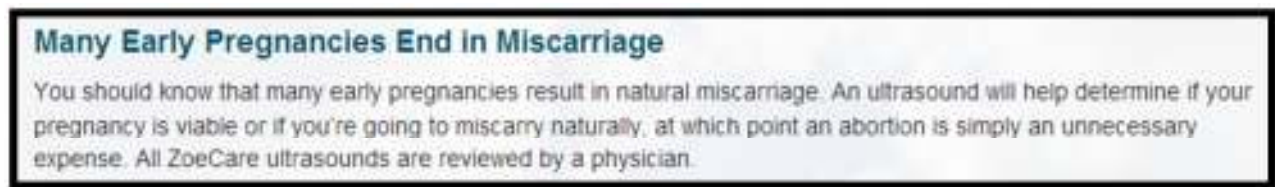
Investigations into the names, addresses, and telephone numbers of all of the crisis pregnancy centers often proved difficult. For example, NPCM found that many centers change their names and/or locations. As stated, the research located 20 unique CPCs in Montana. Of those 20, 14 had websites.

# 2. Website Investigation

NPCM examined the 14 websites for messaging, videos, information on board members, services they provide (or mention of services they do not provide), and religious affiliation. There were several trends. Many centers were vague in the information they provided, instead urging readers to make an in-person appointment.

One alarming tactic to get women through the doors was to insinuate that she might not have to consider abortion at all.

**Figure 3: Website excerpt from the Zoe Care, Bozeman**



*Figure 3: Zoe Care’s website explains women who are pregnant should come in for an ultrasound to see if they may “miscarry naturally, at which point an abortion is simply an unnecessary expense.” This rhetoric takes advantage of a woman’s anxiety about her situation, casually downplaying the importance of seeking medical care. In the worst cases, it could cause a woman to take no action at all and instead ignore her pregnancy altogether. This could result in such a delay in care that she loses an opportunity to consider all of her options—and even fail to seek prenatal care until much later in her pregnancy. But if the website’s promise of a miscarriage results in its likely intent—to bring a woman into the crisis pregnancy center - a woman will find herself faced with a variety of misleading and inaccurate information regarding her options (screenshot from September 26, 2013).*

Figure 4: Website homepage excerpt from Care Net, Missoula

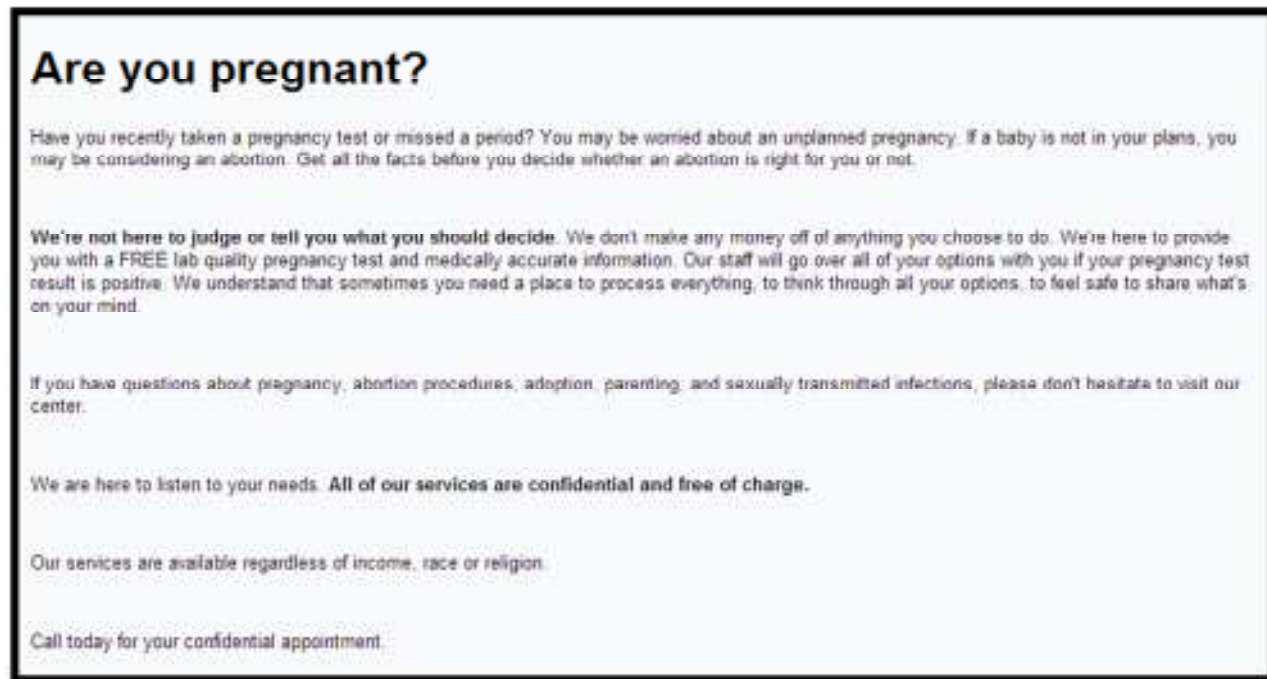


Figure 4: Care Net of Missoula's website homepage has vague information regarding services provided and has no disclaimer revealing that they do not provide or refer for abortions. It states, "our staff will go over all of your options" and will offer "medically accurate information." As was found to be the typical pattern, the website urges readers to visit the center or call for an appointment (screenshot from September 26, 2013).

NPCM conducted several standard Google searches of abortion services in major cities in Montana to see if the CPCs would be listed in the results. This happened when the search term "abortion clinic" was combined with one of these Montana cities: Helena, Butte, Kalispell, and Bozeman. The CPCs are consistently one of the first three to five listings, even if they explicitly said on their website that they did not refer for or conduct abortions. While this may not be intentionally deceptive, it is concerning to NPCM because women in vulnerable situations may go to a CPC expecting to access abortion services, yet receive misleading or completely false information from anti-choice and religiously-based perspectives.

**Figure 5: Screenshot of Google Search for: “Abortion Clinic, Butte Montana”**

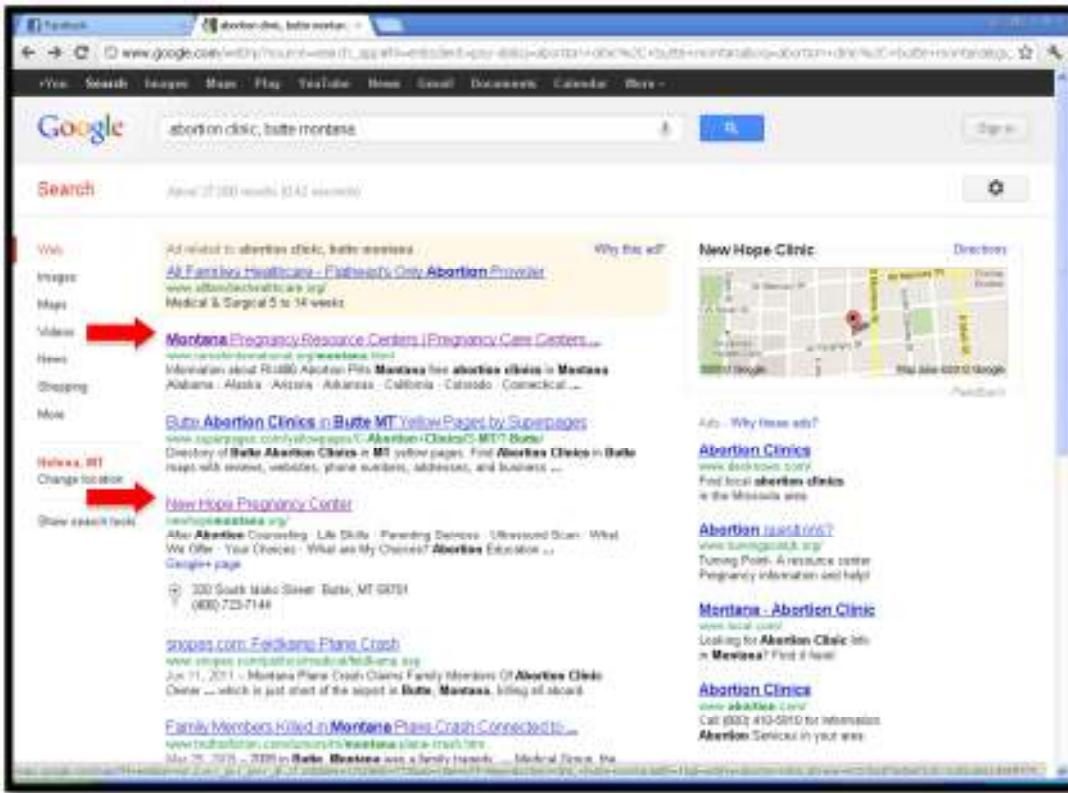


Figure 5: A Google search for an “abortion clinic” in Butte, Montana, brings up two CPC resources: Montana Pregnancy Resource Centers and New Hope Pregnancy Center. The first result includes “free abortion clinics in Montana” in the summary of key terms. The second search result comes up directly with a phone number and does not explicitly disclose that they do not provide or refer for abortions. It is probable that many women call the phone number without visiting the site directly, where they would see that New Hope Pregnancy Center does not actually provide or refer for abortions.

**Figure 6: Screenshot of Google Search for: “Abortion Clinic, Kalispell Montana”**

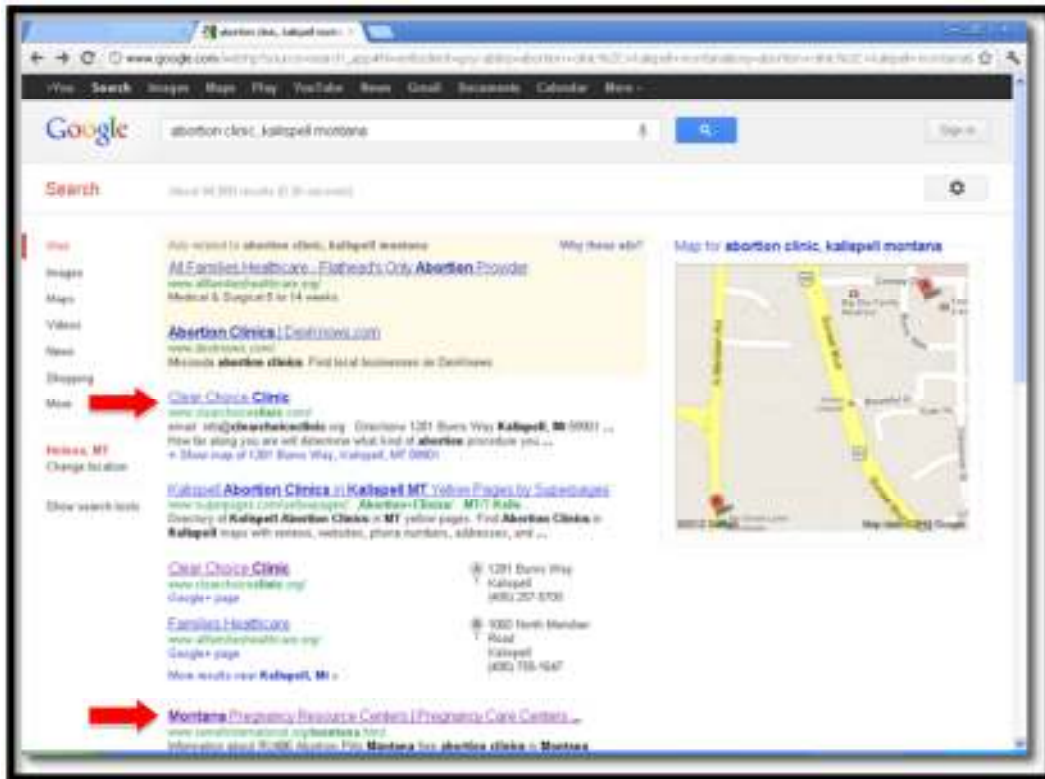


Figure 6: A Google search for “abortion clinics” in Kalispell, Montana, again, brings up two CPC resources. As in the Butte example, Montana Pregnancy Resource Centers’ summary below the search result includes the terms “free abortion clinics in Montana,” and the Clear Choice Clinic shows a direct phone number, so women do not necessarily ever visit the website before the call. The name, “Clear Choice Clinic,” has a strong implication that all of a woman’s legal choices will be discussed.

Figure 7: Screenshot of Google Search for: “Abortion Clinic, Bozeman Montana”

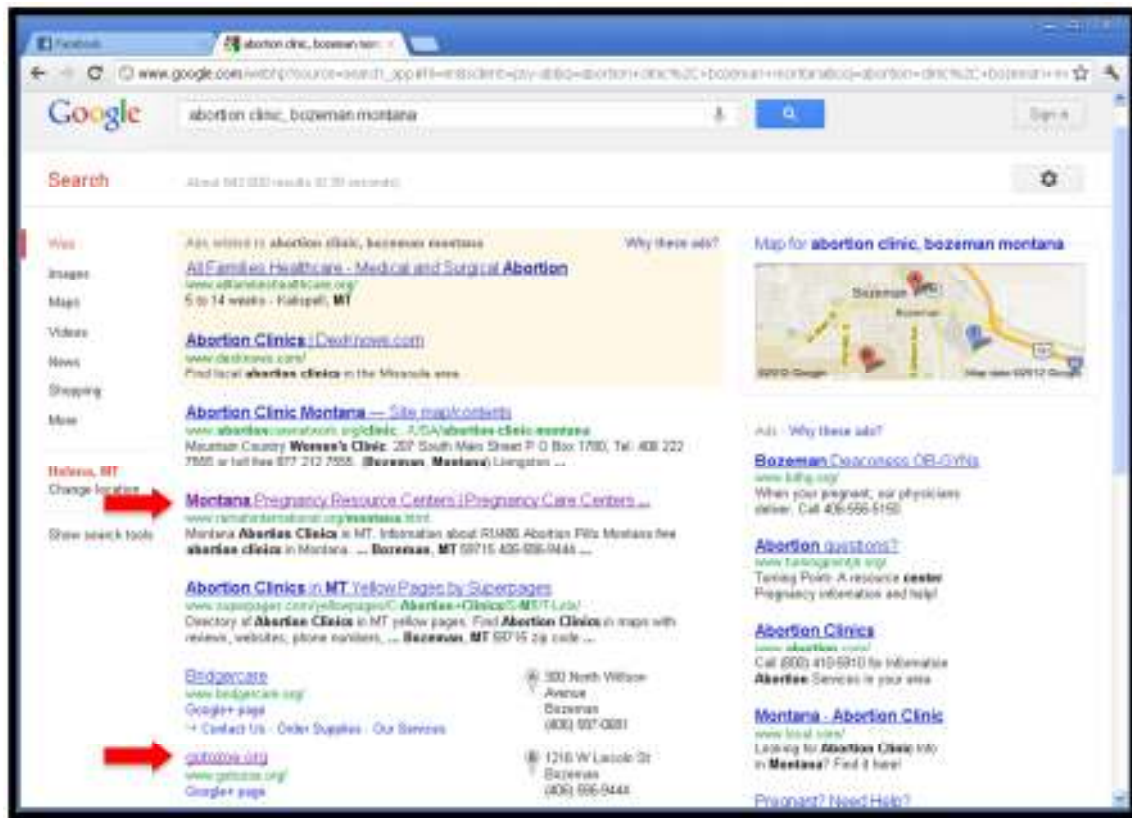


Figure 7: Once again, a Google search for “abortion clinics” in Bozeman, Montana, returns two CPC resources: Montana Pregnancy Resource Centers and Zoe’s (gotosoe.org). NPCM is concerned that women facing a difficult decision will be led to believe that these resources provide abortion services, when their very intention is to actually block a woman from choosing legal abortion.

In addition to online research, NPCM looked for advertisements in newspapers, phone books, and billboards. One billboard, advertising a CPC in Helena, was located adjacent to a high school. This is concerning because Montana is one of very few states which has not seen a decrease in teen pregnancy rates in recent years.<sup>47</sup> The placement of the billboard right by a school ensures that most young people in Helena will see the advertisement and believe, because of the CPC’s name, that it would help women explore all their options.

### 3. Phone Survey

Following the website analyses, NPCM called all of the listed crisis pregnancy centers in Montana. After the calls, the final count of functioning CPCs in the state was 20—five times the number of legitimate abortion providers.

Through phone investigations of 13 CPCs, NPCM learned that the CPCs offered the following services:

- Provide pregnancy tests: **12 CPCs (92%)**
- Provide “Earn While You Learn” program: **11 CPCs (85%)**
- Provide ultrasounds: **10 CPCs (77%)**
- Provide STI testing: **2 CPCs (15%)**

NPCM takes no issue with centers that provide women with services they need during their pregnancies. However, given the goal of the anti-choice campaign to move CPCs into the medical sphere, it cannot be ignored that when CPCs have a medical status, they can more easily obscure their anti-choice agenda. If a woman does not know a CPC’s ideological agenda before walking through the doors and is met with inaccurate information and scare tactics, no number of free services negates that.

Moreover, while CPCs provide services such as ultrasounds and pregnancy tests, they do not appear to be abiding by the applicable regulations that legitimate health care providers must adhere to. Although the centers advertise themselves as legitimate health care providers, they do not abide by the same regulations that legitimate health care providers must. Non-compliance with HIPAA—the regulations that govern the confidentiality of clients’ personal health information—is an obvious violation that is cause for consumer protection concerns.

#### **4. Undercover In-Person “Secret Shopper” Investigations**

The “Secret Shopper” portion of the investigation involved three steps: a phone call, an in-person appointment, and a debrief survey immediately following the appointment. Of the identified 20 centers, NPCM volunteers visited nine.

*“I got the message that abortion was simply not a viable option, and that adoption and parenting were the only avenues.” –“Secret Shopper” after visiting Birthright of the Bitterroot.*

*“The volunteer asked what services I would need if I turned out to be pregnant. I immediately stated, ‘I would be leaning toward abortion.’ The woman looked appalled and said ‘Oh, no, no, no. I could give you a million reasons not to.’ She then encouraged me to visit the Missoula CPC for an ultrasound.” –“Secret Shopper” after visiting Birthright of the Bitterroot.*

## 5. Brochure and Literature Analysis

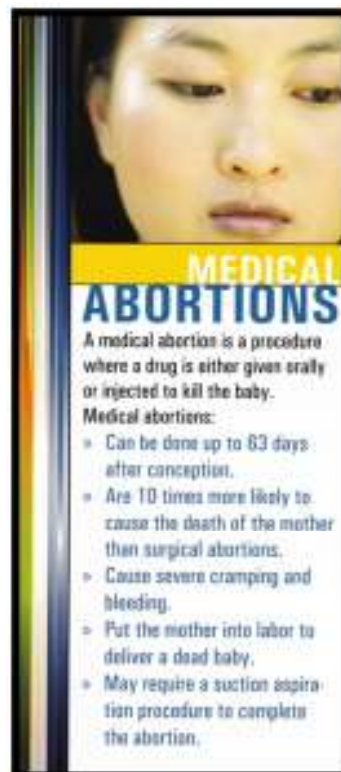
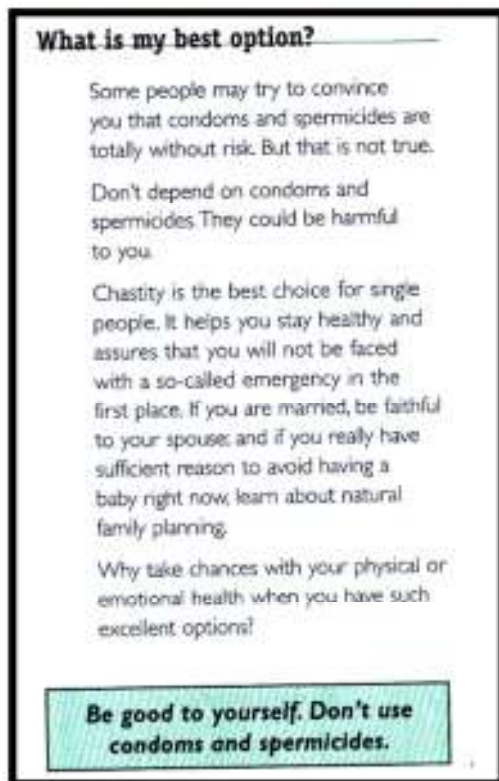
CPC brochures and literature were reviewed. Findings revealed that CPCs provide medically inaccurate information and utilize emotional intimidation.

### *CPCs Provide Medically Inaccurate Information*

The anti-choice movement has long searched for proof that abortion is dangerous and unhealthy, both physically and emotionally. In fact, the opposite is true. When abortion is legal, it is a very safe procedure. Early medical abortions are limited to the first nine weeks of pregnancy and utilize a pharmaceutical pill to induce abortion. Medical abortions have an excellent safety profile, with serious complications occurring in less than 0.5 percent of cases.<sup>48</sup>

Figures 8 & 9 are excerpts from two brochures from Echoz Pregnancy Care Center in Great Falls. Figure 8 suggests that condoms and spermicides are harmful. In the same brochure, in another section (not shown here) it states that condoms are not safe to use for various reasons, including “leakage, which means sperm do get past the condom” and “particles of talc found on some condoms can enter the body of the woman and irritate her tissues, potentially causing infertility or cancer.” Figure 9 lists the inaccurate risks of abortion.

Figures 8 & 9: Excerpts from Echoz Pregnancy Care Center brochures.





Serious complications arising from first-trimester abortion—about 88 percent of those provided in the U.S.—are extremely rare.<sup>49</sup> Of women who underwent that procedure, 97 percent report no complications; 2.5 percent have minor complications that can be handled at the medical office or abortion facility; and less than 0.5 percent have more serious complications that require some additional surgical procedure and/or hospitalization.<sup>50</sup>

In truth, carrying a pregnancy to term is much more dangerous than safe, legal abortion. A recent study, published in the *Obstetrics & Gynecology* journal, found that a woman choosing to give birth is at a 14 times higher risk of death than a woman who chooses legal abortion.<sup>51</sup>

*“The only information given was on the risks of abortion. The nurse...talked about abortion potentially causing breast cancer due to the increase in HCG [human chorionic gonadotropin]. The other risk focused on was cervix incompetence. She...illustrated on the diagram how it [the cervix] could become ‘too stretched out’ and that could lead to later miscarriages and potentially lead to not being able to have children in the future.”* –“Secret Shopper” after visiting Zoe’s (Zoe Care) in Bozeman.

*“[When I asked about abortion] their responses were graphic and extreme and anecdotal. The younger volunteer shared horror stories from women she knew who took RU486, the ‘abortion pill.’ One of the stories ended with a blood clot and death. They explained the risks of surgical abortion to be cervix incompetence and breast cancer. They said that people are getting misinformation...and are not being told the extreme risks involved. I asked if they had studies on this information and their response was ‘oh, somewhere around here yes.’ They didn’t pull out these studies, but instead dug out plenty of information on adoption services and went digging for graphic abortion videos.”* –“Secret Shopper” after visiting St. Catherine’s Pregnancy Resource Center in Belgrade

### ***“Post-Abortive Stress Disorder”***

CPCs also rely heavily on negative messaging that suggests serious psychological effects following an abortion. There are claims of “post-abortive stress disorder,” depression, and sometimes even suicidal thoughts. However, no legitimate study has shown any of these claims to be true.

Women who choose abortion face myriad emotions; research indicates, though, that *relief* is the most common response following abortion. Women at risk for poor post-abortion adjustment are those who do not get the support they need, or whose abortion decisions are actively opposed by people who are important to them.<sup>52</sup>

Figure 10: A brochure excerpt from St. Catherine's Pregnancy Resource Center

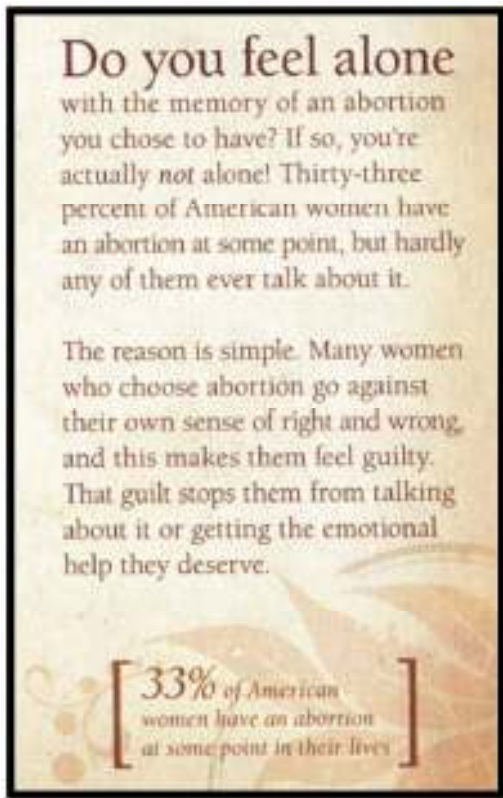


Figure 10: This brochure from St. Catherine's Pregnancy Resource Center in Belgrade tells women that they should feel shame and guilt after an abortion. It posits that women who have had abortions do not discuss it openly because they went "against their own sense of right and wrong." However, NPCM believes the shame or guilt a woman may feel after an abortion can largely be due to the negative influence from individuals and groups who shame or guilt them for their choice.

Since the early 1980s, groups opposed to abortion have attempted to document the existence of "post-abortion syndrome," which they claim has traits similar to post-traumatic stress disorder (PTSD), a very serious and very real illness most known to affect some war veterans and refugees. In 1989, the American Psychological Association (APA) convened a panel of psychologists with extensive experience in this field to review the data. They reported that the studies following peer-based scientific methods consistently found no trace of "post-abortion syndrome" and, furthermore, that *no such syndrome is scientifically or medically recognized*.<sup>53</sup>

The panel concluded that:

*"research with diverse samples, different measures of response, and different times of assessment have come to similar conclusions. The time of greatest distress is likely to be before the abortion. Severe negative reactions after abortions are rare and can best be understood in the framework of coping with normal life stress."*<sup>54</sup>

While some women may experience feelings of regret, sadness, or guilt after an abortion, the overwhelming responses are relief and happiness.<sup>55</sup>

In another study, researchers surveyed a national sample of 5,295 women between 1979 and 1987. The researchers were able to learn about women's emotional well-being both before and after they had abortions. They concluded at the end of the eight-year study that the most important predictor of emotional well-being in post-abortion women was their well-being before the abortion. Women who had high self-esteem before an abortion would be most likely to have high self-esteem after an abortion, regardless of how many years passed since the abortion.<sup>56</sup>

In a commentary in the *Journal of the American Medical Association*, Nada Stotland, M.D., former president of the Association of Women Psychiatrists, stated:

*" Significant psychiatric sequelae [psychiatric condition as a consequence of another event] after abortion are rare, as documented in numerous methodologically sound prospective studies in the United States and in European countries. Comprehensive reviews of this literature have recently been performed and confirm this conclusion. The incidence of diagnosed psychiatric illness and hospitalization is considerably lower following abortion than following childbirth...Significant psychiatric illness following abortion occurs most commonly in women who were psychiatrically ill before pregnancy, in those who decided to undergo abortion under external pressure, and in those who underwent abortion in aversive circumstances, for example, abandonment."*<sup>57</sup>

Henry P. David, PhD, an internationally-known scholar in this area of research, reported the following at an international conference:

*"Severe psychological reactions after abortion are infrequent...[T]he number of such cases is very small, and has been characterized by former U.S. Surgeon General C. Everett Koop as 'minuscule from a public health perspective' ...For the vast majority of women, an abortion will be followed by a mixture of emotions, with a predominance of positive feelings. This holds immediately after abortion and for some time afterward...[T]he positive picture reported up to eight years after abortion makes it unlikely that more negative responses will emerge later."*<sup>58</sup>

### ***"Abortion Increases the Risk of Breast Cancer"***

The anti-choice movement and CPCs claim there is a strong corollary between abortion and breast cancer. They rely on this messaging to dissuade a woman from choosing abortion versus carrying a pregnancy to term. Studies have been done and experts in the medical field agree that there is no link between the two.

**Figure 10: A brochure excerpt from the Pregnancy Care Center in Libby**

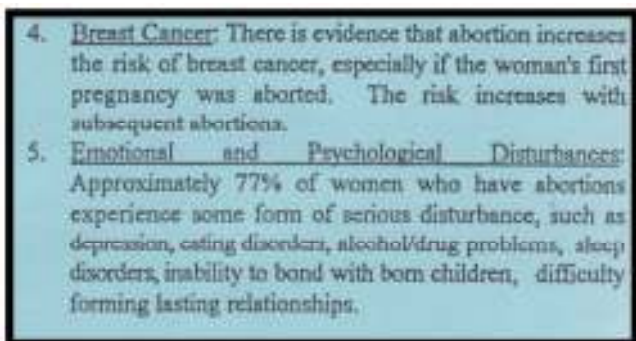


Figure 10: This brochure excerpt from the Pregnancy Care Center of Libby, Montana, gives false medical information about the link between abortion and breast cancer.

In February 2003, the National Cancer Institute, a branch of the National Institutes of Health, convened a workshop that evaluated studies on abortion and breast cancer to see if a corollary exists. Over 100 of the world's leading experts on pregnancy and breast cancer, including epidemiologists, clinicians, and breast cancer advocates, participated.<sup>59</sup>

These experts concluded that studies have clearly established that "induced abortion is not associated with an increase in breast cancer risk."<sup>60</sup> This conclusion was reviewed and unanimously approved by the National Cancer Institute's top scientific advisors and counselors.<sup>61</sup>

## *"Birth Control is Dangerous"*

The vast majority of the CPCs in NPCM's investigation will not provide or refer for birth control. They did, however, make a number of false claims about using contraceptives, including that using birth control equates to having an abortion; that it increases the risk of breast and cervical cancer; and, that a woman may even die from using it. They also told women that condoms and various forms of birth control are ineffective. In reality, birth control pills, the hormonal patch, and the vaginal ring all have a failure rate of less than 1 percent when used consistently; male condoms are 98 percent effective.<sup>62</sup>

**Figures 11 & 12: NuvaRing and Birth Control brochure excerpts from Echoz Pregnancy Care Center, Great Falls**

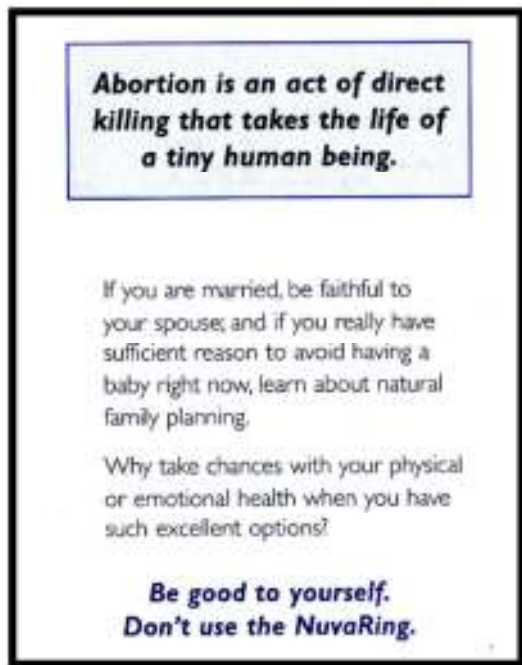


Figure 11: This brochure about NuvaRing is from Echoz Pregnancy Care Center in Great Falls. It states, "NuvaRing could be harmful to you. It also has the potential to abort your baby—without you ever knowing it."

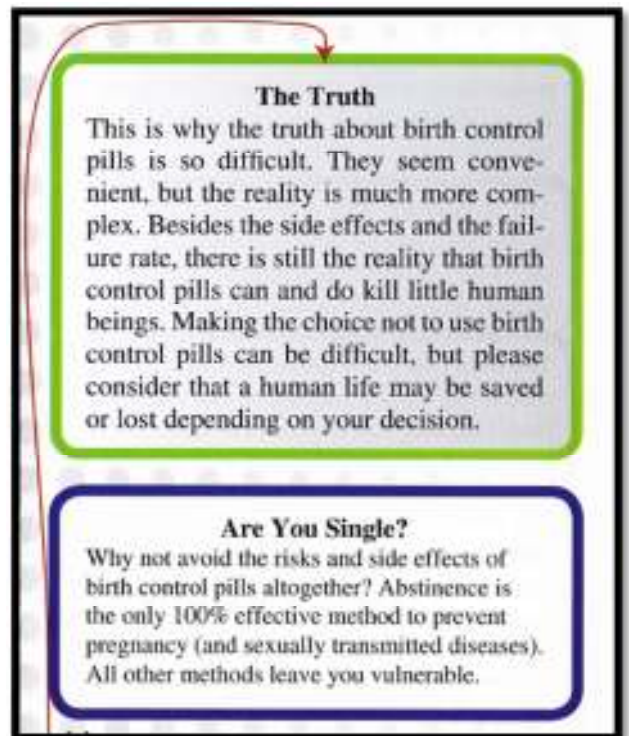


Figure 12: A brochure on birth control pills taken from Echoz Pregnancy Care Center in Great Falls states that "birth control pills can and do kill little human beings."

# Emotional Manipulation by CPCs

## Providing Ultrasounds

Many CPCs in NPCM's investigation urge young women who are facing an unintended pregnancy to come in to get an ultrasound. Again, national right-wing organizations explain this tactic. In encouraging the use of ultrasounds by anti-choice activists, the Family Research Council claims, "Ultrasound viewing significantly reduces the likelihood of the mother choosing abortion."<sup>63</sup> The group cited self-reported claims by CPCs across the country that between 90 to 98 percent of women viewing an ultrasound decided not to have an abortion. The paper also mentioned that ultrasound procedures helped CPCs combat the view that they don't provide medically accurate information.<sup>64</sup>

**Figure 13: Website excerpt regarding ultrasounds from Sunrise Pregnancy Center**



Figure 13: The website of Sunrise Pregnancy Center in Sidney, Montana, urges women to get an ultrasound to see if they may naturally miscarry; thus they would not need an abortion. This encourages women who may be leaning toward abortion as their option to come into the clinic where other deceptive CPC tactics can be used to coerce them. These tactics imply that women who may be pregnant have time to wait to find out for sure. This is problematic because the longer a woman waits to determine if she truly is pregnant, the more difficult it may be to access abortion services. Not only that, but the health of the mother and fetus may be compromised as well.

*"It was a very creepy experience for me as the woman [CPC volunteer] was so over-the-top religious. I did not feel at ease with her and felt she was pushing her religious beliefs on me." –"Secret Shopper" after visiting The Pregnancy Care Center in Libby.*

[Note that NPCM takes no issue with religious or spiritual guidance. Women should be encouraged to consult their individual religious and spiritual beliefs, if they feel so directed. The concern is that many women visiting CPCs are seeking medical care, not moral judgment.]

## *Graphic Videos and Scare Tactics*

If a woman asks about having an abortion, many CPCs in the investigation would not discuss it or simply told investigators they did not perform or refer for abortions. However, some Montana CPCs were not that forthcoming, instead showing videos in an effort to further dissuade a woman or couple from getting an abortion. The videos were extremely graphic and disturbing in nature so as to strike fear into the client.

*“I was told anyone seeking or considering an abortion should watch the video. I refused to watch the video until they showed me my results which took them 30 minutes to gather while we were discussing my options. The test was negative so I agreed to watch the video. I felt unprepared for the graphic nature of the video which demonstrated in detail a doctor performing an abortion. It only showed the procedure, not the woman. The movie focuses on showing fingers, toes, arms, and assembling them together at the end while playing horror movie-type music. It was then explained to me by the volunteers that there were entire positions [jobs] dedicated to assembling and gathering parts in order to not miss any.” –“Secret Shopper” after visiting St. Catherine’s Family Health Center in Belgrade*

### *Fetal “Dolls”*

More than half of Montana CPCs offer clients small fetal models that show the approximate stage of development, based on the time of conception. Similar to the use of ultrasound procedures, these models are not as much about information, but rather a tool of shame and coercion.

**Figure 14: “Precious One” dolls**



*Figure 14: Heritage House is an anti-choice product clearinghouse which provides materials to CPCs and other organizations. The description for “Precious One” dolls on their website says: “The Precious One is the most realistic fetal model ever developed. It’s [sic] beautiful detail, softness and weight can really move hearts and change minds!”*

*“I was shown fetal models from seven weeks to nine months, all of which had faces.” –“Secret Shopper” after visiting First Way Pregnancy Support Center in Missoula (now called Life Net of Missoula)*

### *Incentives for Carrying a Pregnancy to Term*

One program that many CPCs offer is called “Earn While You Learn.” Through it, the CPC offers incentives such as diapers, clothing, car seats, and sometimes, even money to help women with expenses if they choose to carry their pregnancy to term. While NPCM supports supplemental programs to assist women and families with childcare expenses, using these incentives as a method of coercion to manipulate a woman’s personal medical decision is of great concern.

## **SUMMARY OF FINDINGS**

The results of the NPCM investigation were consistent with those of the background research on the CPC movement identified in the first section of this report. CPCs often provided misleading or blatantly false information in the form of literature and videos, or during “counseling” sessions with staff and volunteers. Their tactics were often manipulative and coercive, which was overwhelming to our volunteers, and would surely be much more severe for a woman truly facing an unintended pregnancy.

**Table 1: Overview of Common Practices in Nine (9) Montana CPCs**

<b>Practice</b>	<b>Number of Clinics</b>	<b>Percentage of Clinics</b>
Used term “baby/life” versus “fetus/embryo”	9	100%
Presented inaccurate or misleading information about birth control	8	89%
Claimed abortion causes psychological damage	7	78%
Displayed or presented fetal “dolls”	6	69%
Linked abortion to breast cancer	6	67%
Claimed abortion results in irreversible damage to the vagina and uterus	4	44%
Showed graphic videos	3	33%

Medical research teams have *repeatedly* disproven each of the physical and mental health issues claimed by CPCs above. Additionally, NPCM fears what the emotional impact may be of manipulative tactics, such as graphic videos, on vulnerable women.

## CONCLUSION

NPCM's extensive investigation into CPCs throughout Montana found that our state's local CPCs behave very much in the same way as their counterparts in other states. We can no longer assume that Montana is different from the rest of the nation in this respect. Exuding an air of legitimacy, Montana CPCs target women seeking nondirective, comprehensive reproductive health information. They feed vulnerable women misleading and even completely false information, because their primary goal is to deter women from choosing legal abortion, not to provide science-based medical care.

All Montanans have the right to access the full range of reproductive health care options, free of judgment and under the assumption that the medical information provided is accurate. Consumers also must be able to assume that centers purporting to give health information are abiding by applicable regulations, such as HIPAA. NARAL Pro-Choice Montana is committed to exposing CPCs and ensuring that abortion remains safe, legal, and rare in our great state.



## REFERENCES

- 
- <sup>1</sup> Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception*. 2011;84(5):478–485.
- <sup>2</sup> NARAL Pro-Choice America Foundation, *Unmasking Fake Clinics, The Truth About Crisis Pregnancy Centers in California* (2010) at <http://www.prochoicecalifornia.org/assets/bin/pdfs/cpreport2010-revisednov2010.pdf> (last visited Aug. 17, 2012); NARAL Pro-Choice Maryland Fund; *Maryland Crisis Pregnancy Center Investigations: The Truth Revealed* (2008), at <http://www.prochoicemd.org/assets/bin/pdfs/cpreportfinal.pdf> (last visited Aug. 17, 2012); NARAL Pro-Choice Massachusetts and NARAL Pro-Choice Massachusetts Foundation, *Just Because You're Pregnant...Lies, Half Truths, and Manipulation at Crisis Pregnancy Centers in Massachusetts* (2011) at <http://www.prochoicemass.org/assets/bin/NARAL%20PCM%20CPC%20Report%202011.pdf> (last visited Aug. 17, 2012); NARAL Pro-Choice Minnesota Foundation; *State-Funded Deception: Minnesota's Crisis Pregnancy Centers* (2012) at [http://www.prochoiceminnesota.org/assets/bin/2012NARAL\\_MNCPCReport\\_.pdf](http://www.prochoiceminnesota.org/assets/bin/2012NARAL_MNCPCReport_.pdf) (last visited Aug. 17, 2012); NARAL Pro-Choice Missouri Foundation; *Show Me Truth: an Investigation into Crisis Pregnancy Centers in St. Louis and Mid-Missouri* (2012) at <http://www.prochoicemissouri.org/assets/files/showmetruth.pdf> (last visited Aug. 17, 2012); NARAL Pro-Choice New York Foundation and National Institute for Reproductive Health, *She Said Abortion Could Cause Breast Cancer* (2010) at <http://www.prochoiceny.org/assets/bin/pdfs/cpreport2010.pdf> (last visited Aug. 17, 2012); NARAL Pro-Choice North Carolina Foundation; *The Truth Revealed: North Carolina's Crisis Pregnancy Centers* (2011) at [http://www.prochoicenc.org/assets/bin/pdfs/2011NARAL\\_CPCReport\\_V05\\_web.pdf](http://www.prochoicenc.org/assets/bin/pdfs/2011NARAL_CPCReport_V05_web.pdf) (last visited Aug. 17, 2012); NARAL Pro-Choice Texas Foundation, *The Texas 'Alternatives to Abortion' Program: Bad Health Policy, Bad Fiscal Policy* (2011), at <http://www.prochoicetexas.org/assets/files/alltoabortionbadpolicy311.pdf> (last visited Aug. 17, 2012); NARAL Pro-Choice Virginia (2010); *Crisis Pregnancy Centers Revealed* (2010) at <http://www.naralva.org/assets/files/cpcsrevealed.pdf> (last visited Aug. 17, 2012).
- <sup>3</sup> Holmes, M., H. Resnick, D. Kilpatrick, and C. Best. "Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women." *American Journal of Obstetrics and Gynecology* 175.2 (1996): 320-25
- <sup>4</sup> *Colorado Independent*, Feb. 23, 2012.
- <sup>5</sup> As quoted in: *Great Falls Tribune*, July 26, 2006; *Christian Research Journal*, "The Vanishing Pro-Life Apologist: Putting the 'Life' Back in the Abortion Debate," Volume 22, Number 1, 1999; National Abortion Federation, *Crisis Pregnancy Centers: An Affront to Choice*, 2006.
- <sup>6</sup> Ms., "The Anti-Abortion Clinic Across the Street," Fall 2010.
- <sup>7</sup> James Risen and Judy Thomas, *Wrath of Angels: The American Abortion War*, Basic Books, 1998, p. 248-258.
- <sup>8</sup> *Ibid.*
- <sup>9</sup> Montana Human Rights Network, Briefing Paper on Operation Rescue, undated, available at <http://www.mhrn.org/publications/fact%20sheets%20and%20advisories/OperationRescue.pdf>.
- <sup>10</sup> *CitizenLink*, "Supreme Court Refuses Abortionist 'Wanted Posters' Case," May 3, 2006.
- <sup>11</sup> CBS News, "Abortion Docs Decry 'Wanted' Posters as Bait," Nov. 9, 2010.
- <sup>12</sup> *Colorado Independent*, Feb. 23, 2012.
- <sup>13</sup> *Ibid.*
- <sup>14</sup> Operation Ultrasound, website, [www.heartlink.org](http://www.heartlink.org), downloaded May 31, 2013.
- <sup>15</sup> *Ibid.*
- <sup>16</sup> *Ibid.*
- <sup>17</sup> Hope Pregnancy Ministries, <http://www.hopepregmin.org/about-history.html>, downloaded June 1, 2013.
- <sup>18</sup> Family Research Council, "Pro-Lifers Drive Debate with Mobile Ultrasounds," May 28, 2013.
- <sup>19</sup> For a thorough history of the Constitution Party of Montana, see: Montana Human Rights Network, *The Constitution Party of Montana: The Radical Right-Wing's Collision with Mainstream Politics*, 2006, available at: <http://www.mhrn.org/publications/specialresearchreports/CPMReport.pdf>.
- <sup>20</sup> *Great Falls Tribune*, letter to the editor, March 8, 2002.
- <sup>21</sup> Montanans for Multiple Use, e-mail, May 17, 2003.

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- <sup>22</sup> *Great Falls Tribune*, letter to the editor, March 8, 2002.
- <sup>23</sup> Kandi Matthew-Jenkins, e-mail, July 5, 2004.
- <sup>24</sup> Kandi Matthew-Jenkins, letter, May 22, 2002.
- <sup>25</sup> Russell Fag is listed on LaVie's 2009 Tax Form 990-EZ and 2010 Tax Form 990 as a board member; *Billings Gazette*, "Christian Legal Society Forms Local Chapter," Oct. 3, 1999.
- <sup>26</sup> Right Wing Watch, Profile of Christian Legal Society, available at <http://www.rightwingwatch.org/content/christian-legal-society>, June 1, 2013.
- <sup>27</sup> Blackstone Legal Fellowship, <http://www.blackstonelegalfellowship.org/About/History>, downloaded June 1, 2013.
- <sup>28</sup> American United for Separation of Church and State, Profile of Alliance Defense Fund, available at <http://www.au.org/resources/religious-right/alliance-defense-fund-adf>, June 1, 2013.
- <sup>29</sup> Dallas Neil is listed as the Treasurer on Life Net's 2008 Tax Form 990-EZ, 2009 Tax Form 990-EZ, and 2010 Tax Form 990.
- <sup>30</sup> *Missoulian*, March 23, 2010.
- <sup>31</sup> Americans United for Separation of Church and State, "Stealth Evangelism: Groups to Watch Out For," available at <http://au.org/church-state/featured/%E2%80%98stealth-evangelism%E2%80%99-groups-to-watch-out-for>, June 1, 2013.
- <sup>32</sup> *Daily Interlake*, Feb. 1, 2003.
- <sup>33</sup> Hope Pregnancy Ministries, <http://www.hopepregmin.org/about-history.html>, downloaded June 1, 2013.
- <sup>34</sup> Knights of Columbus, "Knights of Columbus Ultrasound Program Assists Pregnant Women," Jan. 22, 2009.
- <sup>35</sup> *Ibid.*
- <sup>36</sup> Knights of Columbus, "Ultrasound Initiative Guidelines," Jan. 22, 2009.
- <sup>37</sup> *Fairfield Sun Times*, Oct. 2, 2011 .
- <sup>38</sup> *Great Falls Tribune*, Oct. 13, 2012.
- <sup>39</sup> *The Montana Catholic*, Sept. 17, 2010; Knight of Columbus 13050, website, [http://stthomasbillings.org/?page\\_id=325](http://stthomasbillings.org/?page_id=325); *Montana Standard*, July 10, 2006.
- <sup>40</sup> LaVie website, [www.billingscpc.org](http://www.billingscpc.org), KURL Radio Program, "Banquet Recap," Oct. 3, 2011.
- <sup>41</sup> *Ibid.*
- <sup>42</sup> Southern Poverty Law Center, Profile of the Family Research Council, available at <http://www.splcenter.org/get-informed/intelligence-files/groups/family-research-council>
- <sup>43</sup> *Ibid.*
- <sup>44</sup> *Ibid.*
- <sup>45</sup> *Ibid.*
- <sup>46</sup> Funding figures are from 2009-2010 Internal Revenue Services 990 form filings by crisis pregnancy centers in Montana. Filings are from: Care Net Pregnancy Center (2009), First Way Pregnancy Support (2009), Hope Pregnancy Ministries (2009-2010), LaVie (2010), Life Net of Missoula (2010), Life Pregnancy Center (2010), Life Way Pregnancy Center (2009), New Hope Pregnancy Center (2009-2010), New Hope Pregnancy Clinic (2009-2010), Pregnancy Outreach Clinic (2010), St. Catherine Pregnancy Resource Center (2009-2010), Sunrise Pregnancy Center (2010), Zoe Pregnancy Caring Center (2009-2010)
- <sup>47</sup> Montana Department of Public Health and Human Services, "Montana Teen Birth and Pregnancy Report," 2012.
- <sup>48</sup> National Abortion Federation, "Safety of Abortion," available at [http://www.prochoice.org/about\\_abortion/facts/safety\\_of\\_abortion.html#n6](http://www.prochoice.org/about_abortion/facts/safety_of_abortion.html#n6)
- <sup>49</sup> *Ibid.*
- <sup>50</sup> *Ibid.*
- <sup>51</sup> *US News and World Report*, Jan. 23, 2013.
- <sup>52</sup> National Abortion Federation, "Women Who Have Abortions," available at [http://www.prochoice.org/about\\_abortion/facts/women\\_who.html#10](http://www.prochoice.org/about_abortion/facts/women_who.html#10)
- <sup>53</sup> National Abortion Federation, "Post-Abortion Issues," available at [http://www.prochoice.org/about\\_abortion/facts/post\\_abortion\\_issues.html#1](http://www.prochoice.org/about_abortion/facts/post_abortion_issues.html#1)
- <sup>54</sup> *Ibid.*
- <sup>55</sup> *Ibid.*
- <sup>56</sup> *Ibid.*
- <sup>57</sup> *Ibid.*
- <sup>58</sup> *Ibid.*

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<sup>59</sup> National Abortion Federation, "Abortion and Breast Cancer," available at [http://www.prochoice.org/about\\_abortion/facts/abortion\\_breast\\_cancer.html#4](http://www.prochoice.org/about_abortion/facts/abortion_breast_cancer.html#4)

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

<sup>62</sup> Guttmacher Institute, "Contraceptive Use in the United States," August 2013.

<sup>63</sup> Family Research Council, "Ultrasound Policy," July 2010.

<sup>64</sup> Ibid.