A Pro-Active Strategy
to Defend Your Pregnancy Center
Against Legislative Attacks
DEFENDING PREGNANCY CENTERS:
STRATEGY SUMMARY

“You are the light of the world. A city on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before men, that they may see your good deeds and praise your Father in heaven.”  (Matthew 5:14-16)

Historically, the pregnancy center movement has purposely remained underground, avoiding the limelight and the controversy of pro-life political activism for the sake of reaching abortion-minded women. In the meantime, the movement has grown tremendously over the past two decades and has become too big and effective to continue to fly under the radar screen. Without a pro-active communications and advocacy strategy, the movement has inadvertently allowed itself to be negatively defined in certain circles by its opponents such as NARAL, Planned Parenthood and Feminist Majority Foundation.

In the wake of increased attacks on pregnancy centers in state legislatures, national pregnancy center affiliation organizations have come together to develop a coordinated, nationwide communications and advocacy strategy. For the sake of God’s glory and protecting the ongoing work of pregnancy centers, we intend to bring the work of pregnancy centers into the light.

A Pre-Emptive Strike

Pregnancy centers are anticipating a host of state bills introduced in 2009 that seek to smear the reputation of pregnancy centers and ultimately shut them down. We encourage you to review the enclosed document, “State-Based Opposition Activity” that provides information on where the most hostile activity at the state level is occurring.

As a movement, our plan is to issue a pre-emptive strike beginning this fall 2008 by encouraging pregnancy centers affiliates across the nation to develop positive relationships with their elected state officials. Such an initiative is unprecedented as pregnancy centers do not normally build such relationships unless they are attacked. When provided the opportunity to meet pregnancy center counselors, clients, and medical professionals and to hear their stories, elected officials – even those who support abortion – refuse to forward hostile legislation. They see that pregnancy centers are providing their communities with critical, free services and realize that the attack on them is not warranted and will hinder compassionate community-based services to women in need.

Care Net, Heartbeat International and NIFLA are asking all pregnancy centers, particularly this fall, to reach out to their state elected officials while they are in their home districts and before state legislatures reconvene in 2009. Before January, each pregnancy center should have met their state officials and provided them a tour of their center. In the following pages, you will find key components to assist pregnancy centers in accomplishing this goal.
INVITING STATE ELECTED OFFICIALS TO VISIT A PREGNANCY CENTER

Before the 2008 NARAL Pro-Choice Maryland legislative attack, a Maryland pregnancy center director had developed a strong relationship with her state senator and had invited him to visit her center. This senator was not pro-life, but because he observed the pregnancy center’s good work and the director’s integrity, he was not interested in supporting the mean-spirited attacks against Maryland centers. He happened to be in a very strategic position in the legislature to put a hold on the legislation. This director’s forethought and pro-active strategy, along with the hard work of many other Maryland centers, played a critical role in defeating the attack against Maryland centers.

Anticipating continued publicity and legislative attacks against pregnancy centers nationwide, Care Net, Heartbeat International, and NIFLA are asking all pregnancy centers this fall, not just those in states at risk, to invite their state elected officials to visit their pregnancy centers while in their home districts and before state legislatures reconvene in 2009.

Larry Gadbaugh, CEO of Pregnancy Resource Centers of Greater Portland has shared the following email with pregnancy centers across the country to encourage them to contact their state legislators and invite them to tour their pregnancy center. Larry shares how helpful it is for these legislators to see your center in person and recognize the tremendous service pregnancy centers provide their communities.

Pregnancy centers in Larry’s state, Oregon, have experienced hostile legislation and have soundly defeated it - but not without a lot of hard work. They expect future legislative attacks and are forced to continue to try to build positive relationships with their elected officials. Oregon is one of a host of states where NARAL and other abortion advocates are working overtime to pass legislation to shut down pregnancy centers. If one of these bills is passed, it will be easily introduced and passed by NARAL in every state.

For the sake of the larger movement, pregnancy centers must reach out, step out of their comfort zone, and invite legislators to observe and become a fan (or at least no longer a hostile opponent!) of their tremendous service to local communities. Read Larry’s email…

From: Larry Gadbaugh [larry@portlandprc.org]
Sent: Tuesday, July 29, 2008 3:35 PM
To: Larry Gadbaugh
Subject: FW: Caring for our Communities

Friends of PRCs, I’m passing on to you an email I just sent out to the Oregon PRCs to motivate us to proactively engage with our public servants through center tours so they don’t default to Planned Parenthood’s description of us. Thanks for all you do in strengthening us and keeping us strong!

Larry Gadbaugh, Portland PRC
(Continued on next page…)
Hello sisters and brothers for LIFE,

I’m prompted to encourage us in the Oregon pregnancy care centers to invite our city, county, and state officials to take a tour of our centers, so they can see first-hand the crucial services we provide for our communities.

We all remember how our state representatives were surprised to hear that the accusations that SB 776 made against us did not fit our true identity and mission. We found out that most of our government officials only know about PRCs through the misrepresentation they’ve received from Planned Parenthood.

We can count on it that Planned Parenthood and NARAL will be putting lipstick on that pig (I’m referring to the failed legislation, not any person), and trotting it out again the next session.

Our good friend, Executive Director of Oregon Right to Life, Gayle Atteberry (who God used so powerfully to help coach us through last year’s legislative attack), says,

"It is very possible that the (pro-abortion) Democrats will control both the Oregon House and Senate again next legislative session. They may even pick up a couple of seats. You can be assured that you will see an attack on the pregnancy support centers again. It is IMPERATIVE that the local centers use this summer to invite their local legislators to their center for a tour and to meet the director and other personnel. In the heat of the session, as you have seen, this cannot be done. You MUST inoculate them NOW from the bill that will be coming". Blessings, Gayle

I would add that there are too many pro-abortion or ambivalent Republicans who will also likely participate in such an initiative.

Our best defense is to be proactive and invite them into our centers to see your compassionate hearts and hear your compassionate, well-equipped voices for themselves.

Another encouragement for us comes from Focus on the Family’s “Heartlink” newsletter. Please read it at this link: [http://www.heartlink.org/boardlink/A000000627.cfm](http://www.heartlink.org/boardlink/A000000627.cfm).

As we saw a year ago, abortion promoters see Oregon as an easy mark where they are seeking to establish a beachhead from which they can multiply a legislative precedence across the nation.

I believe that as Oregon PRCs, we have a national stewardship to take appropriate, faith-driven, love-guided action to prevent any foothold being given here.

I have been greatly encouraged by the initiative of one of our center directors, Keri Shore, in Gresham, who has already set up several center tours for city and state officials.

One of the state representatives from Gresham, who has deep connections with Planned Parenthood, said this after her tour of our Gresham center:
“This has been great. I am so glad to see first hand what the PRC does. I had no idea the number of services you offer to the community. If any legislation comes across my desk in the future that may affect Pregnancy Resource Centers I feel I am educated on what the organization is about and what you provide. Thank you for inviting me for a tour”.

If you desire some insights how Keri has gone about this, please email her at pregresh@portlandprc.org.

I’d encourage us to consider inviting not only incumbents, but also candidates, since they are likely to be seeking other public service positions, even if their current bid is unsuccessful.

This is the time when candidates are more open to meeting with new groups, since they’re looking for votes and support.

It’s an honor to serve the God who gives Life together with you. Thank you for your courage and compassion.

In Christ,

Larry

Larry Gadbaugh
CEO
Pregnancy Resource Centers of Greater Portland
503.256.0808
TIPS FOR PREGNANCY CENTER VISITS AND MEETINGS WITH ELECTED OFFICIALS

The following are tips and talking points to use when offering an elected official a tour of your pregnancy center.

• Contact state elected officials by phone or letter to request an initial face-to-face meeting to introduce yourself and your pregnancy center and to extend an invitation for a center tour. The best time to contact them is when the legislature is not in session. Contact state officials in their home district offices, if they have them. Contact information is available on state legislature websites, which can be found at www.ncsl.org/public/leglinks.cfm. Once you find your state legislature website, contact information for your specific legislators should be readily available.
• Only offer tours when the pregnancy center is closed to ensure confidentiality and comfort of clients.
• Have key staff and volunteers on hand to answer questions and share about their work. If your center offers medical services, have medical staff/volunteers on hand to field questions.
• Consider inviting a client and her baby to be on hand to share about her experience at the center. Clients are always your best advocates!
• When you’re giving the tour, explain what a client experiences as she comes in for a visit – how she’s greeted and the care you take throughout her visit to ensure her comfort.
• Obviously, make sure the center is in tip-top shape, bathrooms are clean, and brochures, baby clothes, and material goods are organized.
• Be respectful of their time and send a thank-you note.

Adapt the following talking points according to your center’s practices and national affiliation:

• A pregnancy center exists to offer women and men facing unplanned pregnancies practical help, emotional support, and information about their pregnancy options.

• All of our services are free.
  o Our center is entirely supported by donations from individuals in our community. We receive no federal or state funding. (Or, our center is primarily supported by….)

• Our free services provide a tremendous benefit to families in our community.
  o Through our free services, our center is helping to build healthy and stable families. Pregnancy tests, childbirth and parenting classes, mentoring, community referrals and post-abortion support are just a few of the services offer. We serve over ____ women and men in our community each year. Since our founding, over ___ individuals have participated in our post-abortion support program. (List strong stats from various programs.)
  o (For medical centers/clinics, as appropriate to services offered) As a center that offers limited medical services, we strive to ensure women are fully informed about their reproductive health. We provide limited ultrasounds to inform clients of the age and viability of the pregnancy, and partner with the Dept. of Health to provide limited STD testing.
• **Our goal is to empower women to make informed pregnancy choices.**
  o Before making such a critical decision about their health, women feel better knowing that they did their research. Clients tell us in exit surveys: “I felt so relieved after visiting your center and hearing about all my choices. I felt like I had all the information I needed to make a good decision. I felt like I was not alone in this decision.”
  o After visiting our center, women know that whatever decision they make, they are welcome to come back to our center. Our support and care for them is unconditional.

• **Our center is committed to caring for clients with absolute integrity and we’ve done so for ___ years in our community.**
  o Our center is part of a national affiliation network of pregnancy centers, and as an affiliate, is committed to upholding strict standards of care. We adhere to the “Commitment of Care”, a foundational document that reiterates our commitment to serving clients with the utmost integrity. (Other documents may be cited as well, depending on the center’s affiliation. When appropriate, a center may also state that it has successfully completed a legal review/audit.)
  o As part of this network, we comply 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.
  o All of the services we offer are at the client’s request and with his/her permission.
  o *(For medical centers/clinics)* As a center that offers medical services, our limited ultrasound services are offered by medical professionals and supervised by a physician, licensed to practice in this state. Our nurses/sonographers are trained to provide limited ultrasound as a diagnostic measure under 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).
  o We are committed to providing our clients who seek information about abortion risks with an accurate interpretation of the data on connections between abortion and health risks. All client material on abortion procedures and abortion risks have been reviewed by a medical professional and deemed medically accurate.
  o All volunteers must submit to extensive volunteer training with guidelines provided by our national affiliation network and are only allowed to provide peer counseling once they’ve concluded this extensive training.
PARTNERING WITH PRO-LIFE ADVOCACY GROUPS

One of the key components of the pregnancy center advocacy strategy is to partner with like-minded groups that are better situated to help promote and defend the work of pregnancy centers in state legislatures. For example, in Maryland and Oregon, the assistance of state-based Right to Life groups was critical to pregnancy centers in defeating hostile legislation. Pregnancy centers are called to caring for those facing unplanned pregnancies, not issue advocacy, and they urgently need the aid of like-minded groups that are uniquely called and equipped to working in the legislative arena.

The most effective approach to partnering with state pro-life advocacy groups and ultimately defeating hostile legislation is to have each group – both the pregnancy center and the advocacy group – agree upon what particular role it will play in such efforts. When it comes to advocacy, pregnancy centers, their clients and other advocates are the best “face” of the movement. It should be agreed that any publicity efforts and all meetings with legislators about PRCs should have pregnancy center representatives at the forefront.

However, pregnancy center representatives know very little about lobbying and state politics. The role of the state pro-life advocacy group should be to provide guidance on strategy, background on state officials, and to help pregnancy centers simply find their way around the state capitol! In addition, state pro-life advocacy groups often have better infrastructure for grass roots advocacy and, if they’re willing, can provide assistance in helping generate letters, phone calls, and emails to legislators on behalf of pregnancy centers.

Finally, while pro-life advocacy groups will provide critical input on what messages are more effective with legislators, pregnancy centers should be the messengers.

Before approaching a state advocacy group for assistance, consider the following:

• Is the group committed to upholding and defending the sanctity of human life?
• Does it have a good reputation at the state capitol and among the pro-life community? Is it effective?
• Does the group have a similar “voice” to the pregnancy center or is it more strident? Would working with the group negatively affect the pregnancy center’s efforts to reach abortion-minded women? Or, does the group understand and grasp the compassionate approach and vision of pregnancy centers?

Pregnancy centers may already be familiar with leading pro-life advocacy groups in their state. If not, national pregnancy center groups recommend contacting state-based “family policy councils” (FPCs) which are state pro-life public policy and advocacy groups that work closely with Focus on the Family and Family Research Council. A list of state FPCs is available at www.frc.org/state-policy-organizations.

Other like-minded and reputable state groups to approach may be state Right to Life affiliates. Contact information for state affiliates is available at www.nrlc.org/states.
INTRODUCTION OF PREGNANCY RESOURCE CENTER (PRC)
STATE RESOLUTION

Introducing a state resolution is a pro-active way to educate legislators about the positive work of pregnancy centers. It also provides an opportunity for friendly legislators to publicly take a stand for pregnancy centers. While pregnancy centers may be less adept at approaching state legislators to introduce legislation, state pro-life advocacy groups may be willing and able to assist them.

PRC resolutions have been offered in the past in Colorado and South Carolina among other states and helped to generate positive publicity both for pro-life leaders in office as well as pregnancy centers. Americans United for Life has drafted a sample state pregnancy center resolution below which can be introduced in 2009 state legislatures. It may be determined that introducing such legislation is not the best approach in such hostile states as Maryland, Oregon, and New York, however it could serve as a pre-emptive strike in more neutral states. Once a resolution has been introduced, it would provide a talking point for pregnancy center directors to discuss with their elected officials when meeting with them.

Joint Resolution Honoring Pregnancy Centers

By Denise M. Burke, Esq.
Vice President & Legal Director
Americans United for Life

In anticipation of the continuing anti-pregnancy center trend, Americans United for Life (AUL) has drafted model resolution honoring the work of pregnancy resource centers (PRCs). A legislative resolution is an excellent tool for drawing and encouraging attention to the life-affirming work of PRCs and for countering legislative initiatives designed to harass, denigrate, or unnecessarily regulate PRCs.

Further, resolutions are generally much easier (than substantive legislation) to introduce and pass. Here are some general guidelines for proposing a PRC-honoring resolution in your state:

1. Personalize the enclosed resolution to suit the needs of your state and operations. This resolution contains basic language, and that language can be modified or supplemented. Please feel free to contact AUL for drafting assistance.
2. Prepare a short factsheet, using the information in this guide, from your own operations, and from other sources to support the need for this resolution.
3. Contact other PRCs in the state and enlist their support.
4. Contact pro-life legislators and ask that they consider introducing and/or co-sponsoring the resolution. You should attempt to garner as much advance support as possible, contacting a number of representatives and senators (or their staffers).
5. Plan to travel to your state capitol to discuss the resolution with legislators and/or their staffers. In-person visits are often more effective than phone calls in getting commitments to introduce or co-sponsor the resolution.

6. Provide copies of the resolution and factsheet to your staff and supporters. You should also post them on your website or blog.

7. Prepare a press release to accompany the introduction of the resolution. You can work with legislative staffers in preparing the release. You should also plan to make yourself available to discuss the resolution with local media.

8. Encourage your staff, supporters, and community to voice their support for the resolution by calling or writing their representatives.

9. Stay on top of the progress of the resolution and offer your assistance in talking with non-sponsoring legislators, staffers, and others involved in the legislative process.

For more information or assistance, please contact AUL’s Legislative Coordinator at (312) 568-4717 or Legislation@AUL.org.¹

¹ More detailed information about state legislative activity related to PRCs and other organizations and groups offering alternatives to abortion can be found in Defending Life 2008: A State by State Legal Guide to Abortion, Bioethics, and the End of Life. Copies can be obtained by visiting www.AUL.org or at Amazon.com.
JOINT RESOLUTION HONORING PREGNANCY RESOURCE CENTERS
Available online at www.aul.org.

JOINT RESOLUTION No. ______
BY REPRESENTATIVES/SENATORS ___________

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

WHEREAS, pregnancy resource centers serve women in [Insert name of State] and across the United States with integrity and compassion; and

WHEREAS, more than 2,500 pregnancy resource centers across the United States provide comprehensive care to women and men facing unplanned pregnancies, including resources to meet their physical, psychological, emotional, and spiritual needs; and

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

WHEREAS, many medical pregnancy resource centers offer ultrasound and other medical services; and

WHEREAS, many pregnancy resource centers provide information on adoption and adoption referrals to pregnant mothers; and

WHEREAS, pregnancy resource 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 child; and

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

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

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

WHEREAS, many pregnancy resource centers provide grief assistance for women and men who regret the loss of their children from past choices they have made; and
WHEREAS, many pregnancy resource centers work to prevent unplanned pregnancies by teaching effective abstinence education in public schools; and

WHEREAS, Federal and State governments are increasingly recognizing the valuable services of pregnancy resource centers through the designation of public funds for such organizations; and
WHEREAS, pregnancy resource 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 protecting and promoting life [; and]

[OPTIONAL (consider adding only in states where PRCs have been publicly accused by a legislator or abortion-advocacy group of “false advertising”): WHEREAS, pregnancy resource centers provide full disclosure, in both their advertisements and direct contact with women, of the types of services they provide].

NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ________:

Section 1. That the legislature strongly supports pregnancy resource centers in their unique, positive contributions to the individual lives of women and men and of babies—both born and unborn.

Section 2. That the legislature commends the compassionate work of tens of thousands of volunteers and paid staff at pregnancy resource centers in [Insert name of State] and across the United States.

Section 3. That the legislature encourages the Congress of the United States and other federal and state government agencies to grant pregnancy resource centers assistance for medical equipment and abstinence education in a manner that does not compromise the mission or religious integrity of these organizations.

Section 4. That the legislature disapproves of the actions of any national, state, or local groups attempting to prevent pregnancy resource centers from effectively serving women and men facing unplanned pregnancies.

Section 5. That the Secretary of State of [Insert name of State] transmit a copy of this resolution to each pregnancy resource center in [Insert name of State], to the Governor, to the President of the United States, and to the President of the Senate and the Speaker of the House of Representatives of the United States Congress.
RELEASE OF COMBINED SERVICES REPORT

A national public policy organization, with the assistance of national pregnancy center affiliation organizations, is spearheading the production of a Combined Services Report, which will detail and tout the national efforts and accomplishments of pregnancy centers. The intended audience of the report is the general public and specifically, legislators and the media. Its purpose is to recognize the contribution of centers to the health and welfare of women, families, and communities across the country.

The report is tentatively scheduled for release in November 2008. Pregnancy centers at the local level will be provided copies of the report through their affiliation organization to use as a tool to introduce their organizations to state legislators. Local events, such as a press conference or an open house, can be held in conjunction with the national report’s release. As pregnancy centers share this report with elected officials and the media, it will be important to include local and state-based combined services information and statistics, along with other positive publicity about the center, such as awards and other accomplishments. When the report is released, pregnancy center affiliation organizations will provide additional guidance on how to use this helpful resource to their advantage.
STATE-BASED OPPOSITION ACTIVITY

Introduction

Over the past several years, opponents to the sanctity of human life and the good work of pregnancy centers, mainly NARAL and Planned Parenthood, have stepped up their attacks on centers. National pregnancy center organizations have collaborated to provide a national response to these attacks. The response of the national organizations has been two-fold. First, the national organizations have sought to provide operational excellence education to centers in areas targeted by pro-abortion advocates. Second, the national organizations have led coalitions of pregnancy centers to oppose legislation promoted by NARAL that specifically targets pregnancy centers.

Several years prior to the most recent attacks, pregnancy center affiliation organizations collaborated to draft and adopt the universal Commitment of Care found below in this report. The Commitment of Care was distributed nationally to pregnancy centers in 2001 along with a step-by-step guide for responding to pregnancy center attacks. The Commitment of Care was intended to communicate to the public the standards of excellence and operational integrity of pregnancy centers throughout our nation. Pregnancy center affiliation organizations continue to use and refer to the Commitment of Care in responding to attacks from our opposition.

NARAL Plan to Attack Pregnancy Centers

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 General to take official action against pregnancy centers. To achieve these ends, NARAL encourages volunteers to enlist the help of supportive state legislators, contacts in the Attorney General’s offices, and pro bono attorneys. NARAL’s attack is strategic, well-planned, and should be highly concerning to pregnancy centers.

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.

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 urine from a pregnant woman to fake a positive pregnancy test.

From 2005 to 2008, national NARAL and state NARAL coalitions have published six “reports” on pregnancy centers. Additionally, Representative Waxman of California produced a report in 2006. These reports have been used by NARAL to promote anti-pregnancy center legislation. Within the past
two years, five states have introduced legislation specifically targeting pregnancy centers, including Maryland, Oregon, New York, Texas, 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. Additionally, centers have been subjected to subpoenas and inquiries from state Attorneys General, including Elliot Spitzer’s investigation of New York centers in 2002, and similar threatened investigations in Maryland and Illinois.

Recent Developments

Feminist Majority Foundation is currently advertising a full-time employment position for a Coordinator for its “Campaign to Expose Fake Clinics.” The job description on the Feminist Majority Website is as follows:

Description: The Feminist Majority Foundation (FMF) seeks a highly motivated and self-starting individual with 2-4 years experience in reproductive health and rights, and grassroots organizing. The Campaign to Expose Fake Clinics will take on the problem of so-called crisis pregnancy centers (CPCs). Affiliated with anti-abortion organizations, CPCs advertise free pregnancy tests and options counseling in an effort to trick women, especially young women and low-income women, into seeking their services. Studies have found that CPCs place women’s health at risk by providing medically inaccurate information. CPCs have seen an explosion in funding in recent years due to faith-based and abstinence-only government funding.

In early May, NARAL Texas issued a new anti-center report attempting to discredit pregnancy centers and possibly to promote legislation in the 2009 session. In 2007, three anti-center bills were introduced in Texas. The new “report” makes arguments that would support the proposed restrictions set forth in the 2007 bills.

NARAL Maryland also plans to reintroduce and promote its anti-pregnancy center bill again in the 2009 Maryland session. Additional states of concern are analyzed below. Other states of concern include Pennsylvania, North Carolina, Arizona, Montana, and Missouri. In these states, NARAL is particularly active and may be advertising positions for interns and many have posted anti-center articles on their websites.

State-by-State Analysis

MARYLAND

• Prior legislation: Senate Bill 690/House Bill 1146 was introduced in the Maryland General Assembly in February 2008. The bill, entitled “Limited Pregnancy Resource Centers,” would have required centers that did not refer for abortions or contraception to tell clients that they are “not required to provide factually accurate information to clients.” The bill was brought before a hearing in both the House and Senate, but did not leave the committee. NARAL has indicated that it will push to have this bill, or a similar bill, introduced in the next legislative session.
• **Attorney General Investigations:** In 2002 and 1991, the Maryland Attorney General initiated informal investigations into Maryland centers by requesting information on the centers. A response was provided and no formal investigation ensued; however, the Attorney General was openly supportive of the 2008 anti-pregnancy center legislation despite the legislation’s obvious unconstitutionality.

• **“NARAL Report” Issued:** In February 2008, NARAL Pro-Choice Maryland published an “investigative report” on Maryland pregnancy centers entitled “The Truth Revealed.” The report contained anecdotal information on 11 client visits over the course of three years. It accused centers of deceptive practices and providing inaccurate medical information. This “report” was used to support the 2008 anti-pregnancy center bill.

• **NARAL/Planned Parenthood Lobbying Activity:** NARAL and Planned Parenthood in Maryland have a strong lobbying base. They routinely provide support and testimony for pro-abortion legislation, and oppose pro-life initiatives. These organizations have posted blogs which indicate that one of their top priorities this year will be to push the anti-pregnancy center legislation.

• **Fake Clients/Volunteers:** Many pregnancy centers have received phone calls and site visits from NARAL plants determined to discredit pregnancy centers. These plants typically ask unusual questions or follow a script, making them fairly easy to spot. There are also credible reasons to believe NARAL and Planned Parenthood are attempting to infiltrate pregnancy centers through fake volunteers.

• **Website Activity:** The NARAL Pro-Choice Maryland website, [www.prochoicemaryland.org](http://www.prochoicemaryland.org), is thick with anti-pregnancy center propaganda. Much of this propaganda is personalized to Maryland, indicating that the state has taken particular effort and expense to specifically target pregnancy centers in that state. Of particular concern is that NARAL Maryland has established a link in which the public can inform NARAL of negative experiences they have had with pregnancy centers.

**TEXAS:**

• **Prior legislation:** In 2007, three bills were introduced in the Texas Legislature: Senate Bill 1174, House Bill 2223, and House Bill 2036. All three of these bills were sent to the Committee on State Affairs and none were called up for a hearing and none were called for a vote. When the Texas 2007 session closed, the bills died. Texas only has a legislative session once every two years, so there was no 2008 session. Any anti-pregnancy center bills will therefore need to be introduced anew in 2009.

  The 2007 bills would have required pregnancy centers to only operate under the licensure of a clinician or a counselor. This was highly concerning and could have potentially brought many pregnancy centers in Texas to a halt. Additionally, the bills would have required pregnancy centers to only provide medical information that is “peer-reviewed,” and the bills suggest that the standard for such peer-reviewed medical information would be information only from the FDA, CDC, ACOG and the AMA. The bills also would have placed additional notice requirements and audit requirements on centers.
• **“NARAL Report” Issued:** NARAL Pro-Choice Texas recently issued a report entitled “A 2008 Annual Report: Taxpayer Funded Crisis Pregnancy Centers in Texas: A Hidden Threat to Women’s Health.” The “report” is primarily targeted at the Texas Pregnancy Care Network (TPCN), which is a Texas replication of Real Alternatives. TPCN contracts with the Texas Alternatives to Abortion Services Program which is funded through the Texas Health and Human Services Commission. It is noteworthy that the report does not attack non-PRC members of TPCN. Instead the focus is primarily on pregnancy centers and makes generalizations about all pregnancy centers, both TPCN centers and non-TPCN centers. The report accuses centers of providing biased and inaccurate medical and abortion information, and of failing to meet standards of care.

• **Website Activity:** The NARAL Texas website, [www.prochoicetexas.org](http://www.prochoicetexas.org), contains a substantial amount of anti-pregnancy center propaganda, including the 2008 report, and a section entitled “What’s the problem with crisis pregnancy centers?” which encourages readers to send letters to the editor and provides sample letters.

**OREGON:**

• **Prior legislation:** In 2007, Planned Parenthood promoted an anti-pregnancy center bill in the Oregon State Legislature, entitled “The Crisis Pregnancy Center Review Act—SB 776.” Senate Bill 776 would have mandated the Oregon Department of Human Services to conduct an investigation into pregnancy centers, post the results of the investigation for public view, and establish a toll-free hotline to receive complaints against pregnancy centers. The bill died in committee; however, the bill may be reintroduced in the 2008-2009 legislative session.

• **NARAL/Planned Parenthood Lobbying Activity:** The NARAL and Planned Parenthood lobbies in Oregon are quite organized. Prior to the pregnancy center lobbying day at the Oregon State House, Planned Parenthood had already held a lobbying day and riddled the State House with pink Planned Parenthood buttons.

• **Website Activity:** The NARAL Pro-Choice Oregon website, [www.prochoiceoregon.org/issues/factsheets.shtml](http://www.prochoiceoregon.org/issues/factsheets.shtml), posts a copy of The Crisis Pregnancy Center Review Act—SB 776.

**NEW YORK:**

• **Prior legislation:** In 2007, New York bill A 6591 was introduced. The bill would have required centers to offer disclaimers, and it provided a justification which stated that the “deception and misinformation that has been previously offered by these clinics [i.e. pregnancy centers] is not only unjust but potentially dangerous to a woman’s health.” The bill did not leave committee. The bills may be reintroduced in the next legislative session.

• **Attorney General Investigations:** In 2002, then Attorney General Elliot Spitzer launched an aggressive investigation and PR campaign against pregnancy centers. Spitzer’s efforts were eventually thwarted by a collaborative effort among national organizations and pro-life New York attorneys, but not before at least one center was coerced into signing an unfair and burdensome agreement. New York remains a hostile state for pregnancy centers.
NEW JERSEY:

- **Prior legislation**: In 2007 and 2008, NARAL has promoted legislation (bill A2264) introduced in New Jersey that would restrict ownership of ultrasound machines, potentially impacting a pregnancy center’s ability to obtain ultrasound. NARAL promotes this bill on the NARAL website as “regulating anti-choice clinics.” The bill did not leave committee.


WEST VIRGINIA:

- **Prior legislation**: Anti-pregnancy center legislation has been consistently introduced in the West Virginia Legislature, most recently with House Bill 2312. HB 2312 would require “pro-life, antichoice, faith-based or abstinence only facilities” to produce disclosures and information on contraception, abortion, and sexual issues. The bill did not survive committee.

OHIO:

- **Fake Clients**: During the summer of 2008, numerous pregnancy centers have reported interactions with fake clients. The NARAL Pro-Choice Ohio website also continually advertises for interns. Often such interns are used as fake clients in attempts to discredit pregnancy centers.

- **Website Activity**: The NARAL Pro-Choice Ohio website, www.prochoiceamerica.org, is aggressively advertising for interns.

ILLINOIS:

- **Attorney General Investigations**: In prior years, the Illinois Attorney General’s office has instituted informal investigations and inquiries into pregnancy centers.


CALIFORNIA:

- **NARAL/Planned Parenthood Lobbying Activity**: NARAL Pro-Choice California appears to have a well organized and strong lobby. They maintain a sophisticated website and are active in supporting and opposing legislation.

- **Website Activity**: NARAL Pro-Choice California maintains a section of its website devoted to anti-pregnancy center propaganda. This section of the website contains a “report” on pregnancy centers as well as a news release on the Waxman report.

WASHINGTON:
• **Website Activity:** The NARAL Pro-Choice Washington website continually advertises for interns. Often such interns are used as fake clients in attempts to discredit pregnancy centers.

**Conclusion**

The national pregnancy center organizations continue to monitor (via internet sites) state legislation and the publication of NARAL reports and maintain updates on the threat status of the above states. We invite assistance from like-minded, state-oriented legislative groups in monitoring for the introduction of negative legislation. The pregnancy center movement desires the directors, staff, volunteers, and clients of pregnancy centers to be the “face” of our movement. To that end, the movement is striving to prepare centers for attacks, both by assisting them in implementing standards of excellence and supporting them when they have to fight anti-pregnancy center legislation, lawsuits, and government attacks.

**Documents Available for Additional Viewing**

Please feel free to request any of the following documents which are available for your review by contacting Care Net, Heartbeat International, or NIFLA. Contact information is provided at the end of this report.

*Serving Clients with Care and Integrity: A Step-by-Step Guide for Responding to NARAL’s CPC Campaign*

2006 Waxman Report
NARAL 2005 Report in Texas
NARAL 2006 Report in North Carolina
NARAL 2007 National Report
NARAL 2007 Report in Wisconsin
NARAL 2008 Report in Maryland
NARAL 2008 Report in Texas
Anti-PRC bill in New York
Anti-PRC bill in Maryland
Anti-PRC bill in Oregon
Anti-PRC bill in Texas
Anti-PRC bill in West Virginia
ULTRASOUND AND PREGNANCY RESOURCE MEDICAL CLINICS

Currently, of the more than 2,300 pregnancy resource centers (PRCs) nationwide approximately more than 600 operate as licensed medical clinics. Under the direction of licensed physicians, these clinics provide pregnancy diagnosis through the use of ultrasound, STI testing and treatment, and prenatal care services through the first part of pregnancy.

Ultrasound is used in these clinics to confirm the diagnosis of a viable intrauterine pregnancy for a woman in a problem pregnancy. Such services are provided under the direction of a physician who is licensed to practice medicine within the state where the clinic is located. Under the auspices of this physician, trained sonographers and nurses provide limited ultrasound to confirm the results of a previously undertaken urine pregnancy test.

A national course directed by the National Institute of Family and Life Advocates (NIFLA) trains nurses and other medical personnel in the provision of limited ultrasound in the Pregnancy Resource Center setting. This course provides such training under national guidelines set forth by the Association of Women’s Health, Obstetrical and Neonatal Nurses (AWHONN), the American Institute in Ultrasound Medicine (AIUM), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Radiology (ACR). (For more information on this course, go to www.nifla.org.)

The provision of limited ultrasound provides to women considering abortion critical information. The ultrasound examination confirms the existence of a viable intrauterine pregnancy. It also provides the gestational age of the woman’s unborn child as well as establishes cardiac activity of this child. This factual data about her pregnancy provides a woman contemplating abortion the information necessary to empower her to make an informed choice.

As licensed medical clinics, many PRCs provide, in addition to ultrasound, other medical services to meet the needs of women in problem pregnancies. STI testing and treatment and prenatal care through the early stages of pregnancy are some of the services now being provided in clinics across the nation. Medical consultations with a medical professional are also available to help answer questions and provide medical information to further empower these women to make informed choices.

The trend to provide medical services in PRCs is growing. It is estimated that close to 1,000 PRCs will be licensed medical clinics within the next five years. As such, these clinics will provide excellent service and critical information to women in problem pregnancies. Such services are necessary to empower such women to make informed choices.
PREGNANCY CENTER ADVERTISING

Our Commitment to Care states: “All of our advertising and communications are truthful and honest and accurately describe the services we offer.”

Pregnancy centers rely on various forms of advertising to promote their services. Any advertising practices used by centers should be consistent with Christian principles of honesty. Such practices must also comply with any applicable truth-in-advertising laws. Thus, all information and representations contained in a center’s advertisements should be completely truthful and accurate.

Care Net, Heartbeat International, and NIFLA hold their affiliates to the standards in the Pregnancy Center “Commitment to Care” which states: “All of our advertising and communications are truthful and honest and accurately describe the services we offer.” These national umbrella organizations train their affiliate centers how to conduct client marketing, and Care Net designs ads that are in compliance with state and federal laws.

Most pregnancy centers advertise in the Yellow Pages. Key issues surrounding Yellow Pages ads are the headings under which the pregnancy center ad is placed and the language used in the ad.

- **Yellow Page Headings:** Depending on the particular services offered by the center, there are several possible headings under which a center may list itself. “Abortion Alternatives” is the most commonly used and appropriate heading for pregnancy centers. This heading has been created by publishers of Yellow Pages with pregnancy centers in mind and usually includes an accompanying description similar to the following:²

  Advertisers under this heading provide assistance and information on abortion alternatives. They do not provide abortion services, or abortion referrals.

- **Yellow Page Language:** A pregnancy center seeks to assure that all phraseology included within its advertisements is fully accurate and free of any latent ambiguities that might be construed as conveying misleading information. Below are samples of ads designed by Care Net for affiliated centers.

² In some instances, abortion providers have been found to wrongfully advertise in these sections. In 2006, an abortion provider in the Bronx, NY agreed to stop advertising in this section after a local pregnancy center filed a lawsuit. “New York Abortion Business Will Stop False ‘Abortion Alternatives’ Ads,” Lifenews.com, Oct. 31, 2006.
THE HISTORY OF PREGNANCY RESOURCE CENTERS
IN THE UNITED STATES

Prepared by Margaret H. Hartshorn, PhD, President of Heartbeat International - HeartbeatInternational.org

1960’s
- Entrepreneurial groups (often led by Roman Catholic physicians, nurses, social workers, and mothers) sprang up to offer women alternatives to abortion in response to efforts to change state laws that protected unborn babies and women from abortion.
- Original pregnancy centers offered hotlines, crisis intervention counseling, pregnancy tests, connection to community social services, and housing in private homes. Small maternity homes were also formed (as an alternative to large, institutional-type homes run by professional social service agencies).

1970’s
- Affiliation organizations (with standards, training, and other resources) were formed. Founded in Canada, Birthright chapters open to address material needs. Alternatives to Abortion International (now Heartbeat International) founded in the USA.
- After Roe v. Wade, pregnancy centers developed quickly in all 50 states.
- Pregnancy centers stressed care for women so they have the resources and support to have their babies. Small, faith-based maternity homes also grew in numbers.

1980’s
- Evangelical pro-life group Christian Action Council (now Care Net) started centers in North America.
- As needs of clients became greater, following a decade of abortion on demand, centers expanded original “crisis intervention” model to include broader range of services: maternity support, classes, post-abortion support groups and Bible studies, abstinence counseling, and educational programs (to prevent the “need” for abortion).
- Centers came under scrutiny and charges were made against them by NARAL, Planned Parenthood, and others. Hearings were held by Congressman Ron Wyden, but centers were prohibited from testifying in their defense.

1990’s
- “Industry Standards” called “Our Commitment of Care” were adopted.
- National Institute of Family and Life Advocates (NIFLA) formed to provide legal audits, legal education and training to centers; mission expanded to help pregnancy centers convert to pregnancy medical clinics providing services under licensed Medical Directors.
- Some centers became medical clinics and add pregnancy diagnosis through ultrasound; medical services expanded to include STD testing and even prenatal care at some centers.
- Number of pregnancy centers, clinics, and maternity homes continued to grow.

2000’s

- 2,300 pregnancy centers located in the USA (with a wide range of educational and support services), including more than 600 with ultrasound and other medical services; 350 small maternity homes, and about 350 maternity support centers (offering primarily clothing and baby items). The vast majority are faith-based community organizations; all are non-profit, 501(c)(3) organizations, supported almost entirely by private donations.
- **Heartbeat** and **Care Net** found **Option Line**® (1-800-395-HELP/OptionLine.org or PregnancyCenters.org), a professionally staffed, bilingual contact center, operating 24/7. Responds to about 20,000 phone calls, e-mails, and Instant Messages per month. Connects those in need to centers, clinics, maternity homes, post-abortion programs.
- **NIFLA** provides limited obstetrical ultrasound training for nurses and other health care professionals who work at pregnancy help medical clinics. The training follows medical guidelines from national organizations such as the American College of Obstetricians and Gynecologists (ACOG), the American Institute in Ultrasound Medicines (AIUM), the American College of Radiology (ACR), and the Association of Women’s Health, Obstetric and Neo-Natal Nurses (AWHONN).
- Charges against centers continue, led by NARAL, National Abortion Federation, and Planned Parenthood. Congressman Waxman’s staff creates a negative report on centers and Congresswoman Maloney introduces a bill to regulate center advertising.
- Approximately 2 million Americans are served yearly, by professional staff and thousands of trained volunteers, providing confidential medical services, education, material aid, and a wide variety of care and support services, all at no cost to clients.
Care Net, Heartbeat International, and NIFLA support a network of pregnancy centers that have pledged to uphold the standards in the “Commitment of Care”. This is an important document to post publicly at your center as well as share with elected officials.

Commitment of Care

- Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
- Clients are treated with kindness, compassion and in a caring manner.
- Clients always receive honest and open answers.
- Client pregnancy tests are distributed and administered in accordance with all applicable laws.
- Client information is held in strict and absolute confidence. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
- Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- We do not offer, recommend or refer for abortions or abortifacients, but we are committed to offering accurate information about abortion procedures and risks.
- All of our advertising and communications are truthful and honest and accurately describe the services we offer.
- All of our staff and volunteers receive proper training to uphold these standards.
PREGNANCY RESOURCE CENTER CONTACT INFORMATION

National Groups

Care Net  
www.care-net.org  
Vice President of Communications: Kristin Hansen, khansen@care-net.org, (703) 554-8742  
General Counsel: Jeanneane Maxon, jmaxon@care-net.org, (703) 554-8743

Care Net was founded in 1975 as the Christian Action Council with its primary focus to engage evangelicals in responding to abortion. The mission soon crystallized into reaching out to women facing unplanned pregnancies through the compassionate work of pregnancy centers. In 1999, the organization changed its name to Care Net, and today, it has become a vast network of 1,100 pregnancy centers in North America serving over 340,000 women each year.

Care Net pregnancy centers provide a holistic and life-affirming approach to caring for those facing an unplanned pregnancy. Free services include pregnancy tests, peer counseling, material resources, limited ultrasound, STI testing, and post-abortion support.

Care Net equips its centers with new ideas, professional resources, and relevant services. In addition, it helps existing centers plant new locations and expand services into underserved areas, such as inner cities and college campuses.

Care Net also serves women in crisis directly through the 24/7 Option Line call center and website. A joint venture with Heartbeat International, the Option Line is one of the most effective ways to reach the most at-risk segment of women on the Internet and connect her to the help of a local pregnancy center. Through innovative advertising campaigns, Care Net helps to generate hundreds of thousands of contacts a year to the Option Line.

Heartbeat International  
Director of Public Relations/Policy: Virginia Cline, vcline@heartbeatinternational.org, (614) 885-7577

Heartbeat International’s vision sees a world where every new life is welcomed and children are nurtured within strong families, according to God’s Plan, so that abortion is unthinkable.

Founded in 1971, Heartbeat International is the first network of pregnancy support providers founded in the USA and the most expansive in the world. Heartbeat is a nonprofit, interdenominational association of pregnancy resource centers, pregnancy help medical clinics, maternity homes, and nonprofit adoption agencies.

Heartbeat’s life-saving mission envisions, encourages and equips community leaders in 43 countries to Reach and Rescue as many lives as possible, around the world, through an effective network of care centers that Renew their communities for LIFE.

Heartbeat reaches those at risk for abortion through marketing partnerships that direct individuals to our national 24/7 help center, Option Line* (1-800-395-HELP/OptionLine.org), and through educational programs that help communities promote the value of human life.
Heartbeat’s network of more than 1,000 community organizations provides practical life affirming help and true reproductive health care bringing hope and healing into difficult situations.

With a staff of 22, Heartbeat provides vision, leadership, professional development, standards of care, risk management, advocacy and defense, and programs to increase the effectiveness of faith-based community organizations across the globe.

*Option Line is a joint venture of Care Net and Heartbeat International.

**National Institute of Family Life Advocates**
www.nifla.org.
President: Tom Glessner, tglessner@nifla.org, (540) 372-3930
General Counsel: Ann O’Connor, aoconnor@nifla.org, (732) 974-1062

The National Institute of Family and Life Advocates (NIFLA), a 501(c)(3) organization, was founded in 1993 by attorney Thomas A. Glessner to be a legal arm for Pregnancy Resource Centers (PRCs) in the United States. As such, NIFLA provides legal audits, legal materials, legal trainings, board trainings and consultations, and legal instruction on how PRCs may convert their operations into medical clinic status. NIFLA’s network currently has 1,150 member PRCs in all 50 states.

Critical NIFLA monthly publications include Legal Tips -- a bulletin that identifies legal issues of concern for PRCs -- and Clinic Tips -- a bulletin that identifies legal issues of concern that relate to the provision of medical services. Suggested policies and procedures are periodically contained in these publications for use by the PRCs to enable them to comply with sometimes technical legal requirements.

Primary among these services is NIFLA’s Institute in Limited Obstetrical Ultrasound -- an intensive three-day course held nine times a year to train nurses and other health care professionals who work at PRCs in the implementation of limited ultrasound. Since this course was inaugurated in 1998 NIFLA has trained more than 1,200 PRC nurses in limited ultrasound.

Finally, NIFLA holds an annual Medical Clinic Conference to further train medical PRCs. The conference provides professional medical speakers, workshops and continuing education credits for nurses who attend.
PREGNANCY RESOURCE CENTER CONTACT INFORMATION

State Contacts

This is a preliminary list of pregnancy center leaders in states where groups like NARAL have been active to oppose pregnancy centers. These contacts are not state-wide leaders, however they have been determined by national affiliate organizations to be strategic leaders within their state. For further information, please contact the national pregnancy center organizations or www.HeartbeatInternational.org/Coalitions.htm. To find a pregnancy center near you, contact the Option Line at www.optionline.org or 1-800-395-HELP.

Maryland
Pamela Palumbo (pamela@pregnancyclinic.org), Maryland Coalition of Medical Pregnancy Centers/Bowie Crofton Pregnancy Clinic, 301-262-1330

Texas
Carol Everett, Texas Association of Women’s Resource Organization (TAWRO), 512-255-2088
Darlene Norberg (dlnorberg@ncstexas.com), Norberg Consulting, 972-384-2657
Becky Hyde, DFW (Dallas/Fort Worth) Directors, 817-299-9799
Cathi L. Woods (cwoods@thesourceforwomen.org), CAPA, 713-783-6971, www.capaoftexas.org

Oregon
Larry Gadbaugh (larry@portlandprc.org), PRCs of Greater Portland, 503.256.0808

New York
Jacque Wagner, Care Net Regional Consultant, (jacque@carenetcny.org), 315-733-5404,

New Jersey
Anne O’Connor, General Counsel, NIFLA (ajocd@mac.com), (732) 996-8079

Ohio
Virginia Cline (vcline@HeartbeatInternational.org); 614-885-7577
Erin Ness (eness@firststring.org) O.P.R.A. Heartbeats of Licking County, 740-349-7558 x 208

California
John Ensor (jensor@HeartbeatInternational.org), 614-885-7577
Anne Hennessy (tltfess@sbcglobal.net), Right to Life League of So. California, 626-398-6100
Jeannette Kuiphoff, Whittier Pregnancy Care Clinic, 562-902-2273
Kent Peters, Affiliates for Life (San Diego), 858-490-8324
Becky Reimer, Northern California Regional Directors, 530-741-0556
Dave Wilkinson, Greater LA, 805-583-3590

Washington
Beth Chase, Executive Director of The Life Choice Project, (bchase@nifla.org), 425-260-4462