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Subject: Email from Ald. Shiva Bidar-Sielaff
Date: Thursday, January 17, 2013 3:53:16 PM
Attachments: [Care Net Core Values.pdf](#)
[US House of Rep Federally Funded Pregnancy Resource Centers.pdf](#)

Peggy,

Please print off this email and attachments (and also forward) to the members of the CDBG Commission for their meeting this evening. Thank you.

Lisa Veldran, Administrative Assistant
Madison Common Council Office

Dear members of CDBG,

I apologize for sending you this email at the last minute. I feel compelled to share my grave concerns regarding the CareNet funding request. I am attaching two important documents that I believe help put some context around my concerns: a document with the CareNet mission and values and the results of a congressional investigation of CareNet deceptive tactics. Given the very narrow mission of CareNet, I do not believe that their intent is to be an affordable housing provider for the general community. I believe that despite their assertions to the opposite their intent is to use this new housing units as an extension of their mission. I can't in good conscious trust that an organization with a track record of deceptive practices will fully comply with the conditions the City may impose if funding were to be approved. Thus I ask you to not allocate funding to this project. I do not think the proposal meets the requirement of overall public good that all public funds should serve.

Having been your colleague on CDBG for 2 years, I have tremendous respect and admiration for the thorough way in which you evaluate applications before you.

Best,

Shiva Bidar-Sielaff
District 5 Alder



UPDATED MAY, 2010

CORE VALUES

In the Name of Christ, Care Net Abides by the Following Values:

VALUE 1
UNITY IN CHRIST

We value our foundational belief in Christ as our Savior & Salvation.

VALUE 2
EVANGELISM

We are committed to demonstrating the transforming grace & redemptive power of Jesus Christ & sharing His Gospel through word & deed.

VALUE 3
SANCTITY OF LIFE

We believe that God values all life & has a plan & purpose for every person's life, including unborn life.

VALUE 4
CULTURE OF LIFE

As believers, we value life & are dedicated to promoting a culture of life to people facing unplanned pregnancies & other related sexual issues.

VALUE 5
SERVANT LEADERSHIP

We value leading others through authentic relationships, integrity, & giving oneself to meet the needs of others & equipping them to succeed.

VALUE 6
MINISTRY THROUGH SERVICE

We value ministry expressed tangibly through our service to others.

VALUE 7
PARTNERSHIPS

We value our partnerships in mission with other believers & organizations that support a culture of life.

VALUE 8
INTEGRITY & STEWARDSHIP

We are committed to conducting ourselves with transparency as faithful, responsible stewards of God's provisions.

VALUE 9
CHRIST CENTERED STAFF

We value maintaining an environment in which staff freely expresses their love of & devotion to Christ & strive for excellence in all that they do.

VALUE 10
INTEGRITY IN FUNDRAISING

We value honesty, integrity & accountability to our donors to ensure prudent, effective, & efficient use of the funds they have generously provided.



Saving Lives • Healing Hearts • Ministering Compassion®

MISSION

Care Net is a Christ-centered ministry whose mission is to promote a culture of life within our society in order to serve people facing unplanned pregnancies and related sexual issues.

VISION

Our vision is a culture where lives are transformed by the Gospel of Jesus Christ and every woman chooses life for herself and her unborn child.



UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM — MINORITY STAFF
SPECIAL INVESTIGATIONS DIVISION
JULY 2006

**FALSE AND MISLEADING HEALTH INFORMATION
PROVIDED BY FEDERALLY FUNDED
PREGNANCY RESOURCE CENTERS**

PREPARED FOR
REP. HENRY A. WAXMAN

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
I. BACKGROUND	1
A. <u>Pregnancy Resource Centers</u>	1
B. <u>Federal Funding of Pregnancy Resource Centers</u>	2
II. PURPOSE AND METHODOLOGY	6
III. FINDINGS	7
A. <u>Pregnancy Resource Centers Provided False and Misleading Information About Abortion and Breast Cancer</u>	7
B. <u>Pregnancy Resource Centers Provided False and Misleading Information About the Effect of Abortion on Future Fertility</u>	9
C. <u>Pregnancy Resource Centers Provided False and Misleading Information About the Mental Health Effects of Abortion</u>	11
CONCLUSION	14

EXECUTIVE SUMMARY

In December 2004, Rep. Henry A. Waxman released a report analyzing the scientific accuracy of the curricula taught by federally funded abstinence-only education programs. That report found that the abstinence curricula often contained false or distorted information that misled teens about sex and reproductive health.

At the request of Rep. Waxman, this report examines the scientific accuracy of the information provided by another Bush Administration priority: federally funded “pregnancy resource centers.” These organizations, which are also called “crisis pregnancy centers,” provide counseling to pregnant teenagers and women. Since 2001, pregnancy resource centers have received over \$30 million in federal funding. Most of this money has come from federal programs for abstinence-only education. Additional funding has been distributed as “capacity-building” grants to 25 pregnancy resource centers in 15 states as part of the new \$150 million Compassion Capital Fund. Individual centers have also been the beneficiaries of earmarks in appropriations bills.

For this report, female investigators telephoned the 25 pregnancy resource centers that have received grants from the Compassion Capital Fund, requesting information and advice regarding an unintended pregnancy. Twenty-three of the centers were successfully contacted. In each call, the investigator posed as a pregnant 17-year-old trying to decide whether to have an abortion.

During the investigation, 20 of the 23 centers (87%) provided false or misleading information about the health effects of abortion. Often these federally funded centers grossly misrepresented the medical risks of abortion, telling the callers that having an abortion could increase the risk of

breast cancer, result in sterility, and lead to suicide and “post-abortion stress disorder.”

Specifically, the report finds:

- **The centers provided false and misleading information about a link between abortion and breast cancer.** There is a medical consensus that induced abortion does not cause an increased risk of breast cancer. Despite this consensus, eight centers told the caller that having an abortion would in fact increase her risk. One center said that “all abortion causes an increased risk of breast cancer in later years.” Another claimed that research shows a “far greater risk” of breast cancer after an abortion, telling the caller that an abortion would “affect the milk developing in her breasts” and that the risk of breast cancer increased by as much as 80% following an abortion.
- **The centers provided false and misleading information about the effect of abortion on future fertility.** Abortions in the first trimester, using the most common abortion procedure, do not pose an increased risk for future fertility. However, seven centers told the caller that having an abortion could hurt her chances of having children in the future. One center said that damage from abortion could lead to “many miscarriages” or to “permanent damage” so “you wouldn’t be able to carry,” telling the caller that this is “common” and happens “a lot.” Another center said, “In the future you could have trouble conceiving another baby” because of scar tissue, a side effect of abortion that happens to “a lot of women.”
- **The centers provided false and misleading information about the mental health effects of abortion.** Research shows that significant

psychological stress after an abortion is no more common than after birth. However, thirteen centers told the caller that the psychological effects of abortion are severe, long-lasting, and common. One center said that the suicide rate in the year after an abortion “goes up by seven times.” Another center said that post-abortion stress suffered by women having abortions is “much like” that seen in soldiers returning from Vietnam and “is something that anyone who’s had an abortion is sure to suffer from.” Other centers said that abortion can cause “guilt, ... sexual problems, ... suicidal ideas, ... drug use, eating disorders,” and “a downward spiral

where they lose friends and family members.”

The individuals who contact federally funded pregnancy resource centers are often vulnerable teenagers, who are susceptible to being misled and need medically accurate information to help them make a fully informed decision. The vast majority of pregnancy resource centers contacted for this report, however, provided false or misleading information about the health risks of an abortion. This may advance the mission of the pregnancy resource centers, which are typically pro-life organizations dedicated to preventing abortion, but it is an inappropriate public health practice.

I. BACKGROUND

A. Pregnancy Resource Centers

“Pregnancy resource centers” are virtually always pro-life organizations whose goal is to persuade teenagers and women with unplanned pregnancies to choose motherhood or adoption. They do not offer abortions or referrals to abortion providers. In addition to initial counseling for pregnant teens and women, some centers may provide support services or referrals to prenatal care.

Many pregnancy resource centers, including all the centers contacted in this investigation, are affiliated with one or more national umbrella organizations. Two such networks are Heartbeat International and Care Net.¹ Heartbeat International describes itself as the “first pro-life network of pregnancy resource centers in the U.S. and the largest in the world, supporting, strengthening and starting nearly 1,000 pregnancy centers to provide alternatives to abortion.”² Care Net describes itself as “a Christian ministry assisting and promoting the evangelistic, pro-life work of pregnancy centers in North America.”³

Many pregnancy resource centers used to describe themselves as “crisis pregnancy centers.” One organization explained the change in terminology as follows: “God’s truth never varies, but new methods of communicating it continue to emerge, including a departure from the term ‘crisis pregnancy’ itself. Many centers now favor a more neutral, solution-oriented name, such as ‘pregnancy resource center.’”⁴

Pregnancy resource centers often mask their pro-life mission in order to attract “abortion-vulnerable clients.”⁵ This can take the form of advertising under “abortion services” in the yellow pages or obscuring the fact that the center does not provide referrals to abortions in the text of an advertisement.⁶ Some centers purchase advertising on internet

¹ Heartbeat International, *Worldwide Directory of Pregnancy Help* (online at www.heartbeatinternational.org/worldwide_directory.asp); Care Net, “Option Line” (online at www.care-net.org).

² Heartbeat International, *Pro-Life Pregnancy Center Support* (online at: <http://www.heartbeatinternational.org/>).

³ Care Net, *Our Mission* (online at: <http://www.care-net.org/aboutus/mission.html>).

⁴ Focus on the Family, *What is a Pregnancy Resource Center?* (online at <http://web.archive.org/web/20040616173837/www.family.org/pregnancy/articles/A0030278.cfm>).

⁵ See Kurt Entsminger, *Building a Successful Internet Advertising Campaign for Your Pregnancy Center* (2006) (online at <http://www.care-net.org/publications/cot/internetadvertising.pdf>).

⁶ Deceptive advertising has been addressed in some court cases and state actions. For example, in 2002, the New York Attorney General issued subpoenas to several centers across the state regarding misleading advertising; a subsequent consent decree with one center required it to adhere to certain standards of disclosure and practice. Office of New York State Attorney General Eliot Spitzer, *Spitzer Reaches Agreement With Upstate Crisis Pregnancy Center* (Feb. 28, 2002) (online at www.oag.state.ny.us/press/2002/feb/feb28c_02.html).

search engines under keywords that include “abortion” or “abortion clinics.”⁷ Other advertisements represent that the center will provide pregnant teenagers and women with an understanding of all of their options. For example, “Option Line,” a joint venture of Heartbeat International and Care Net, is a 24-hour telephone hotline that connects pregnant teenagers and women with pregnancy resource centers in their communities. The main page of Option Line’s website states at the top, “Pregnant? Need Help? You Have Options,” but does not reveal that both Heartbeat International and Care Net represent only pro-life centers or that only non-abortion options will be counseled.⁸

B. Federal Funding of Pregnancy Resource Centers

President Bush has declared that supporting pregnancy resource centers is a central component of his Administration’s pro-life and faith-based agenda. In his acceptance speech at the 2000 Republican convention, Mr. Bush told the delegates:

Big government is not the answer, but the alternative to bureaucracy is not indifference. It is to put conservative values and conservative ideas into the thick of the fight for justice and opportunity. This is what I mean by compassionate conservatism, and on this ground, we will lead our nation. ... In the next bold step of welfare reform, we will support the heroic work of homeless shelters and hospices, food pantry and crisis pregnancy centers, people reclaiming their communities block by block and heart by heart.⁹

The President has reiterated this theme in multiple speeches and proclamations:

- “My Administration encourages adoption and supports abstinence education, crisis pregnancy programs, parental notification laws, and other measures to help us continue to build a culture of life.”¹⁰
- “A generous society values all human life and that is why my administration opposes partial-birth abortion and public funding for abortion; why we support teen abstinence and crisis pregnancy programs; adoption and parental notification laws; and why we are against all forms of human cloning.”¹¹

⁷ Kurt Entsminger, *Building a Successful Internet Advertising Campaign for Your Pregnancy Center* (2006) (online at www.care-net.org/publications/cot/internetadvertising.pdf).

⁸ Option Line (online at www.optionline.org).

⁹ George W. Bush, *Remarks at the Republican National Convention* (Aug. 3, 2000).

¹⁰ The White House, *A Proclamation: National Sanctity of Human Life Day* (Jan. 16, 2004) (online at <http://www.whitehouse.gov/news/releases/2004/01/20040116-2.html>).

¹¹ The White House, *President’s Phone Call to March for Life Participants* (Jan. 22, 2002) (online at <http://www.whitehouse.gov/news/releases/2002/01/20020122-10.html>).

- “We will also continue our support for crisis pregnancy centers, incentives for adoption and parental notification laws. I propose to double federal funding for abstinence programs in schools and community-based programs.”¹²

Prior to the Bush Administration, only a few pregnancy resource centers received federal funding. Beginning in 2001, however, federal funding of pregnancy resource centers increased sharply. In total, over \$30 million in federal funds went to more than 50 pregnancy resource centers between 2001 through 2005.¹³

One major source of federal funds tapped by pregnancy resource centers is funding for abstinence-only education. Centers teach abstinence-until-marriage either on site or at other locations in the community, including public schools. At a 2005 conference, Care Net, the national umbrella organization, described the advantages of abstinence funding for pregnancy resource centers:

[D]efending and promoting a culture of life is not just about saving babies of those women that walk into the center that are pregnant and thinking about abortion You’re defending and promoting a culture of life through teaching them about their own sexuality, their own bodies, and in that, they begin to understand the creation process, and they begin to understand that an unborn child really is valuable. ...

Now obviously when you go into public schools you can’t start talking about Jesus dying on the cross, or you may not get invited back very quickly. But ... you’re opening the door to a lot more people that may not normally know of your center, you’re building credibility for your pregnancy center, you’re helping people begin to trust in your pregnancy center, so that if those girls that may have heard your story and didn’t quite take it to heart and end up coming to your pregnancy center, or they have friends or family members that come, that trust is already built, and then you’ve already earned the right to be heard. So people that come into your center that have already heard you, you get the chance to share the Gospel with them, which is the ultimate thing of what we’re doing.¹⁴

At least 29 pregnancy resource centers received a total of over \$24 million in Community-Based Abstinence Education (CBAE) funds from 2001 through 2005.¹⁵

¹² The White House, *President’s Remarks Via Satellite to the Southern Baptist Convention* (June 15, 2004) (online at <http://www.whitehouse.gov/news/releases/2004/06/20040615-9.html>).

¹³ *Grants Flow to Bush Allies on Social Issues*, Washington Post (Mar. 22, 2006).

¹⁴ Abstinence Liaison, Care Net, *She’s Having a Baby: Abstinence and CPCs* (Presentation at the National Abstinence Leadership Conference) (Aug. 8, 2005).

¹⁵ Department of Health and Human Services, *Tracking Accountability in Government Grants System (TAGGS)* (online at <http://taggs.hhs.gov>). Rebecca E. Fox, *SIECUS State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States, Fiscal Year 2003 Edition* (New York: Sexuality Information and Education Council of the United States, 2004); Rebecca E. Fox, *SIECUS State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States, Fiscal Year 2004 Edition* (New York: Sexuality Information and Education Council of the United States, 2005); Rebecca E. Fox, *SIECUS State Profiles: A Portrait of*

Other pregnancy resource centers have received a total of at least \$6 million in abstinence funding provided to the states under section 510 of Title V.¹⁶ The actual total may be higher because centralized information on these grants is not available. For many pregnancy resource centers receiving federal abstinence funding, the grants represented a major increase in their annual budget, in some cases expanding their budgets by seven-fold.¹⁷

In other cases, pregnancy resource centers have received funding through specific congressional earmarks, including for “counseling and pregnancy support services.”¹⁸

Pregnancy resource centers have also received approximately \$1 million through the “Compassion Capital Fund,” a component of the Bush Administration’s faith-based initiative. Created in 2002 and managed by the Administration for Children and Families at the Department of Health and Human Services, the Compassion Capital Fund was designed to bolster faith- and community-based organizations by providing technical assistance and “capacity building” grants. These grants allow recipients to “increase their effectiveness, enhance their ability to provide social services to serve those most in need, expand their organizations, diversify their funding sources, and create collaborations.”¹⁹

For many pregnancy resource centers receiving federal abstinence funding, the grants represented a major increase in their annual budget, in some cases expanding their budgets by seven-fold.

The Compassion Capital Fund, which has received \$150 million in federal funds, provides two types of financial support. “Demonstration grants” are given to intermediary organizations that provide technical assistance and subgrants to smaller faith-based and community groups.²⁰ The fund also makes “mini grants,” one-time capacity-building awards of up to \$50,000 for faith-based and community organizations “to increase their capacity to serve targeted social service priority areas.”²¹

Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States, Fiscal Year 2005 Edition (New York: Sexuality Information and Education Council of the United States, 2006).

¹⁶ See SIECUS, *State Profiles 2004* (online at www.siecus.org/policy/states/index.html).

¹⁷ *Grants Flow to Bush Allies on Social Issues*, Washington Post (Mar. 22, 2006).

¹⁸ For example, in fiscal year 2005 appropriations, \$150,000 was earmarked for Real Alternatives of Harrisburg, Pennsylvania, for “counseling and pregnancy support services; and \$80,000 was earmarked for the Pregnancy Crisis Center in Wichita, Kansas, for “facilities and equipment.” P.L. 108-447, *The Fiscal Year 2005 Consolidated Appropriations Act*. Overall, Congress has earmarked over \$1.3 million for pregnancy resource centers since 2001.

¹⁹ Administration for Children and Families, Department of Health and Human Services, *About the Compassion Capital Fund* (online at www.acf.hhs.gov/programs/ccf/about_ccf/index.html).

²⁰ Between 2002 and 2005, the Compassion Capital Fund made demonstration grants totaling more than \$125 million to 65 separate intermediary organizations. See Administration for Children and Families, *Compassion Capital Fund Intermediary Organization Grantees* (online at www.acf.hhs.gov/programs/ccf/existing_grantees/io_grantees.html).

²¹ Between 2003 and 2005, the Compassion Capital Fund made mini-grants totaling more than \$22.5 million to 463 organizations. Administration for Children and Families, *Mini-Grants: Targeted*

To date, 25 pregnancy resource centers in 15 states have received grants through the Compassion Capital Fund. Twenty-two of these centers received an estimated total of \$650,000 in subgrants from the Institute for Youth Development (IYD), an intermediary organization which focuses its subgrants on helping smaller organizations “build capacity to identify federal grant opportunities and to prepare highly competitive applications for federal assistance.”²² Most of the IYD’s subgrants to pregnancy resource centers have gone to recipients that are in the process of pursuing a “medical model” of service delivery, including those intending to pursue Medicaid reimbursement for their services.²³

Of the pregnancy resource centers that have received IYD subgrants, three applied for and received direct mini-grants from the Compassion Capital Fund. Three additional centers received mini-grants only.²⁴ These six mini-grants totaled \$293,000.²⁵

Two centers that received grants through the Compassion Capital Fund also received federal abstinence-only education funding worth \$1.9 million.²⁶

Capacity-Building Program, (online at www.acf.hhs.gov/programs/ccf/about_ccf/prgm_target_cap.html).

²² Institute for Youth Development, *Description of Compassion Capital Fund Initiative* (online at www.youthdevelopment.org/articles/pr120203.htm). Data on total subgrant amounts are approximate. Fifteen centers received about \$425,000 in subgrants in 2003 and 2004, according to data provided by HHS. Seven more centers received subgrants in 2005, but data on the amounts of those grants was not available. In addition, two organizations received \$50,000 subgrants through IYD’s “Pregnancy Resource Center Service Delivery and Medical Model” program. One of the organizations, Heartbeat International, is an umbrella organization that supports pregnancy resource centers. Institute for Youth Development, IYD Sub-Awards (online at <http://www.youthdevelopment.org/articles/subawards.htm>).

²³ The IYD provided funds to 15 pregnancy resource centers under its “Pregnancy Resource Center Service Delivery and Medical Model.” Under this program, the center must be engaged in at least one of the following: establishing or expanding a medical model demonstration program to provide an array of prenatal health care services for at-risk or disadvantaged pregnant women; building partnerships and coalitions with other local pregnancy resource centers, existing medical industry entities, and medical service providers to create a cost-effective system to deliver prenatal health care services to at-risk or disadvantaged pregnant women; designing and implementing strategies to recruit medical professionals and staff positions for such a medical model; designing a medical service delivery system that will allow existing pregnancy resource centers to pursue Medicaid reimbursements and other funding activities; demonstrating an exemplary medical practices model to other entities that desire to establish or expand their own models; or assisting other entities to establish or expand their own medical models. Institute for Youth Development, RFP/IYD 05-302, *Pregnancy Resource Center Service Delivery and Medical Model Program* (Announcement Date Jan. 1, 2005).

²⁴ Administration for Children and Families, *2003-2005 Funding for Targeted Capacity-Building Program Grantees, a.k.a. Mini-Grantees* (online at www.acf.hhs.gov/programs/ccf/about_ccf/ccf_pdf/2005fundingmg.pdf).

²⁵ *Id.*

²⁶ Department of Health and Human Services, *Tracking Accountability in Government Grants System (TAGGS)* (online at <http://taggs.hhs.gov>).

II. PURPOSE AND METHODOLOGY

In December 2004, Rep. Waxman released a report by the Special Investigations Division that evaluated the scientific accuracy of the curricula used in federally funded abstinence-only education programs. The report found that nearly all of the curricula contained false, misleading, or distorted information about reproductive health. The curricula included inaccurate information about disease and pregnancy prevention; erroneous effectiveness rates for condoms; the presentation of religious belief as fact; and the teaching of stereotypes about boys and girls as science.²⁷

In this report, Rep. Waxman asked the Special Investigations Division to undertake a similar evaluation of federally funded pregnancy resource centers. Rep. Waxman requested that the investigation examine the medical accuracy of the information that these centers provide to pregnant teenagers seeking advice about whether to have an abortion. Rep. Waxman did not ask the Special Investigations Division to assess the merits of using federal funds to support organizations that provide pro-life counseling to pregnant teenagers and women, and this report does not address this issue.

In response to Rep. Waxman's request, the Special Investigation Division identified the 25 pregnancy resource centers that have received grants through the Compassion Capital Fund. For this report, female investigators telephoned the 25 pregnancy resource centers that have received grants from the Compassion Capital Fund, posing as a 17-year-old trying to decide whether to have an abortion, and requesting information and advice. The caller stated that she was pregnant and thought she wanted an abortion. If asked for more information, the caller told center staff that:

- she was 17;
- she had taken a home pregnancy test and it was positive;
- she had never been pregnant before;
- her last menstrual period had fallen two months earlier; and
- she wanted to receive as much information as possible on the phone because she didn't think she could come in to the center.²⁸

Calls were made to all 25 centers. A counselor was reached at 23 of the 25. Attempts made to reach the remaining two were unsuccessful.

Of the 25 centers, 20 maintain public websites. The Special Investigations Division also reviewed the medical accuracy of the information presented on these websites.

²⁷ U.S. House of Representatives, Committee on Government Reform, Minority Staff, *The Content of Federally-Funded Abstinence-Only Education Programs* (Dec. 2004) (online at www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf).

²⁸ The majority of CPCs attempted to persuade the caller to visit the center in person.

III. FINDINGS

The vast majority of the federally funded pregnancy resource centers contacted during the investigation provided information about the risks of abortion that was false or misleading. In many cases, this information was grossly inaccurate or distorted. A pregnant teenager who relied on the information from these federally funded centers would make her decision about whether to give birth or terminate her pregnancy based on erroneous facts and misinformation.

In total, 87% of the centers reached (20 of 23 centers) provided false or misleading information to the callers. The three major areas of misinformation involved (1) the purported relationship between abortion and breast cancer; (2) the purported relationship between abortion and infertility; and (3) the purported relationship between abortion and mental illness.

A. Pregnancy Resource Centers Provided False and Misleading Information About Abortion and Breast Cancer

There is a medical consensus that there is no causal relationship between abortion and breast cancer. This consensus emerged after several well-designed studies, the largest of which was published in the *New England Journal of Medicine* in 1997, found no indication of increased risk of breast cancer following an induced abortion.²⁹ In 2002, the Bush Administration edited a National Cancer Institute website to suggest that there was still an open scientific question about whether having an abortion might lead to breast cancer.³⁰ After Rep. Waxman and other members of Congress protested the change, the National Cancer Institute convened a three-day conference of experts on abortion and breast cancer.³¹ Participants reviewed all existing population-based, clinical, and animal data available. Their conclusion was that “[i]nduced abortion is not

²⁹ Mads Melbye et al., *Induced Abortion and the Risk of Breast Cancer*, 336 *New Eng. J. Med.* 81, 84 (1997).

³⁰ As revised by the Bush Administration, the website stated: “the possible relationship between abortion and breast cancer has been examined in over thirty published studies since 1957. Some studies have reported statistically significant evidence of an increased risk of breast cancer in women who have had abortions, while others have merely suggested an increased risk. Other studies have found no increase in risk among women who had an interrupted pregnancy.” National Cancer Inst., *Early Reproductive Events and Breast Cancer* (Nov. 25, 2002) (online at www.cancer.gov/cancer_information/doc.aspx?viewid=8cf78b34-fc6a-4fc7-9a63-6b16590af277). *Abortion and Breast Cancer*, *New York Times* (Jan. 6, 2003).

³¹ Letter from Rep. Henry A. Waxman et al. to Tommy G. Thompson, Secretary, U.S. Department of Health and Human Services. (Dec. 18, 2002) (online at www.democrats.reform.house.gov/Documents/20040817143143-53989.pdf).

associated with an increase in breast cancer risk.” The panel ranked this conclusion as “[w]ell-established.”³²

Despite this medical consensus, eight centers warned the caller that having an abortion would increase her risk of breast cancer. For example, one center told the caller that “all abortion causes an increased risk of breast cancer in later years.”³³ Another center said that research shows a “far greater risk” of breast cancer after an abortion.³⁴

A few centers provided a misleading explanation for the purported elevated risk. One told the caller that women who have abortions “are now finding out that they have breast cancer” because the development of hormones and glands in the breast tissue is abruptly stopped.³⁵ Another center said that there is an increased risk of breast cancer because breast tissue is still developing when an abortion takes place.³⁶ A third stated that terminating a pregnancy can “affect the milk forming in your breasts” and “some women are finding out that they’re having breast cancer later on.”³⁷

Several centers quantified the claimed risk. One center told the caller that there is an “extremely high, increased risk of breast cancer” that “can be as much as an 80% increase depending upon how the risk factors fall into place.”³⁸ A second center stated that abortion increases the risk of breast cancer by 50%.³⁹ A third center asserted that an abortion elevates the average lifetime risk of breast cancer by 50% and that more abortions increase the risk even more.⁴⁰

Despite medical consensus that there is no causal link between abortion and breast cancer, eight centers warned of such a link. One center claimed that the risk would be “extremely high,” increasing by as much as 80%.

The theme of abortion causing breast cancer is reflected in many of the centers’ websites. One website reports an “[i]ncreased risk of breast cancer, particularly risky for those who abort their first pregnancy.”⁴¹ It further states that “[w]hile study results vary, most demonstrate a 50% or greater increased risk.”⁴² Another center website states: “For women aborting a first pregnancy, the risk of breast cancer almost doubles after a first-

³² National Cancer Inst., *Summary Report: Early Reproductive Events and Breast Cancer* (Mar. 4, 2003) (online at www.cancer.gov/cancerinfo/ere-workshop-report).

³³ Center T.

³⁴ Center N.

³⁵ Center K.

³⁶ Center S.

³⁷ Center X.

³⁸ Center O.

³⁹ Center U.

⁴⁰ Center W.

⁴¹ CareNet Pregnancy Center of Albuquerque, *Abortion* (online at www.carenetabq.org/abortion.shtml) (accessed June 9, 2006).

⁴² *Id.*

trimester abortion and is multiplied with two or more abortions. This risk is especially great for women who do not have children. Some recent studies have refuted this finding, but the majority of studies support a connection.”⁴³

B. Pregnancy Resource Centers Provided False and Misleading Information About the Effect of Abortion on Future Fertility

Vacuum aspiration, the method most commonly used for abortions during the first trimester, does not pose an increased risk of infertility or other fertility problems. According to one authority:

Researchers have reviewed the world literature, including studies from 21 countries, and have concluded that women who have their first pregnancy terminated by vacuum aspiration are at no increased risk of subsequent infertility or ectopic pregnancy when compared with women who carry their first pregnancy to term. They also concluded that a single induced abortion performed by vacuum aspiration does not increase the risk of complications during future pregnancies, the risk of having a low birthweight baby, or the risk of having a pregnancy result in a miscarriage, stillbirth, infant death or congenital malformations.⁴⁴

During the investigation, the caller informed the pregnancy resource center that her last period had been approximately two months earlier and that this was a first pregnancy. These facts placed the caller in the category with no increased risk of infertility from vacuum aspiration. Nonetheless, seven pregnancy resource centers informed the caller that she would be at increased risk of fertility problems from abortion.

Several centers described the risk of abortion-induced infertility as common or high. One told the caller that damage from abortion could lead to “many miscarriages” or to “permanent damage” so “you wouldn’t be able to carry.”⁴⁵ This center stated that this is “common” and happens “a lot.”⁴⁶

⁴³ Westside Pregnancy Resource Center, *Physical Health Risks of Abortion* (online at www.wprc.org/21.45.0.0.1.0.phtml) (accessed June 9, 2006).

⁴⁴ Atrash and Hogue, *The Effect of Pregnancy Termination on Future Reproduction*, Baillière’s Clinical Obstetrics and Gynecology 391-405 (June 1990). A leading obstetrics textbook states that other than the “small risk” of infection, “Fertility is not altered by an elective abortion.” F. Gary Cunningham et al., *Williams Obstetrics 21st Edition*, 877 (2001).

⁴⁵ Center E.

⁴⁶ *Id.*

One center told the caller that abortion “could destroy your chances of ever having children again” and that infertility “happens more often than the media reports.”

Another center said, “In the future you could have trouble conceiving another baby”⁴⁷ because of scar tissue. When the caller asked if that happens to a lot of women, the center said, “A lot of women, yeah.”⁴⁸ Another told the caller that if she did not need to have an abortion, she should not have one because “the risks of abortion are so great,” involving damage to the cervix which could prevent pregnancy.⁴⁹ A fourth center told the caller that abortion “could destroy your chances of ever having children again” and that infertility “happens more often than the media reports.”⁵⁰

Other centers provided similarly misleading information:

- One center said that there are “possibilities of miscarriage later on in life when you’re wanting to get pregnant.”⁵¹ When the caller asked if that happens a lot, the center responded, “I don’t know what the full statistics are” but “it’s just one of the possible risks.”⁵²
- Another center could not say “exactly how likely it is,” but “a lot of the women we see here who’ve had abortions in the past” are not able to get pregnant.⁵³
- Another center said that if the cervix is damaged, “it won’t stay closed in future pregnancies, and it can open prematurely and you can have miscarriages.”⁵⁴ The center told the caller that these physical risks may not happen as often as the emotional risks of abortion, but “it is a very real possibility.”⁵⁵

Several of the centers’ websites contained the same type of misinformation. For example, one states that abortion brings an “[i]ncreased risk of infertility,” claiming that 2% to 5% of abortions result in sterility.⁵⁶ Another notes: “Infertility and sterility mean that a woman cannot get pregnant. Abortion causes sterility in 2-5% of the women who have an abortion.”⁵⁷

⁴⁷ Center W.

⁴⁸ *Id.*

⁴⁹ Center G.

⁵⁰ Center H.

⁵¹ Center I.

⁵² *Id.*

⁵³ Center L.

⁵⁴ Center B.

⁵⁵ *Id.*

⁵⁶ CareNet Pregnancy Center of Albuquerque, *Abortion* (online at www.carenetabq.org/abortion.shtml) (accessed June 9, 2006).

⁵⁷ Pregnancy Resources, Inc., *Abortion Risks* (online at www.pregnancyresourcesinc.com/abortion_risks.htm) (accessed June 9, 2006).

C. Pregnancy Resource Centers Provided False and Misleading Information About the Mental Health Effects of Abortion

Pro-life advocates assert the existence of a condition called “Post-Abortion Syndrome,” characterized as severe long-term emotional harm caused by abortion, and claim that this condition occurs frequently. Neither the American Psychological Association nor the American Psychiatric Association recognizes this syndrome, however. In fact, there is considerable scientific consensus that having an abortion rarely causes significant psychological harm. An expert panel of the American Psychological Association convened to “review the best scientific studies of abortion outcome” found:

The best studies available on psychological responses to unwanted pregnancy terminated by abortion in the United States suggest that severe negative reactions are rare, and they parallel those following other normal life stresses. Despite methodological shortcomings of individual studies, the fact that studies using diverse samples, different measures of postabortion response, and different times of assessment come to very similar conclusions is persuasive evidence that abortion is usually psychologically benign.⁵⁸

Other studies have reached similar results. A subsequent analysis based on a longitudinal study of women one hour before, one hour after, one month after, and two years after abortion found: “Reports support prior conclusions that severe psychological distress after an abortion is rare.”⁵⁹ A study based on data from the National Longitudinal Survey of Youth, with respondents initially aged 14 to 21, found: “Although women may experience some distress immediately after having an abortion, the experience has no independent effect on their psychological well-being over time.”⁶⁰ Similarly, a review of multiple studies of teens and abortion reported: “data do not suggest that legal minors are at heightened risk of serious adverse psychological responses compared with adult abortion patients or with peers who have not undergone abortion.”⁶¹ Yet another longitudinal study followed 13,000 women in Britain over a period of 11 years and found that women who continued the pregnancy and gave birth experienced the same rate of need for psychological treatment as women who had abortions.⁶²

⁵⁸ N.E. Adler et al., *Psychological Factors in Abortion: A Review*, *American Psychologist*, 1194–1204, 1202 (Oct. 1992).

⁵⁹ B. Major et al., *Psychological Responses of Women After First-Trimester Abortion*, *Archives of General Psychiatry*, vol. 57, no. 8 (Aug. 2000).

⁶⁰ S. Edwards, *Abortion Study Finds No Long-Term Ill Effects on Emotional Well-Being*, *Family Planning Perspectives*, 193–94 (July–Aug. 1997). The study used data from the National Longitudinal Survey of Youth, with respondents aged 14 to 21 at the start of research. Data was from 1979 through 1987.

⁶¹ N. Adler et al., *Abortion Among Adolescents*, *American Psychologist* (March 2003).

⁶² Anne C. Gilchrist et al., *Termination of Pregnancy and Psychiatric Morbidity*, *British Journal of Psychiatry* (1995) 243-48. Pro-life advocates point to certain studies that report correlations between a history of abortion and a range of psychological problems. These studies have been criticized for methodological shortcomings, such as the failure to control for factors such as mental

Despite the scientific evidence that abortion does not cause significant long-term psychological harm, thirteen pregnancy resource centers told callers the exact opposite, asserting that having an abortion would cause a wide range of damaging and long-lasting psychological impacts.

According to one center, “the rate of suicide in the year following an abortion goes up by seven times.”⁶³ Other centers described lengthy lists of emotional harm that could result from an abortion:

- One center said that abortion can bring “huge” emotional complications. The center said that emotions experienced by women following an abortion can be: “guilt, numbness, dreams and nightmares, changes in relationships, ... difficulty with making friends, sexual problems, preoccupation with abortion date or due date, ... sadness, anxiety, suicidal ideas, sedatives, alcohol, drug use, eating disorders, sense of loss, inability to relax, fear of failure, crying spells, regret, anger, helplessness, headaches, loneliness, panic, ... signs of marital stress.”⁶⁴
- Another warned of “sadness, long-term grief, anger, sexual dysfunction, guilt, flashbacks, memory repression, anniversary reaction, suicidal thoughts, increased use of alcohol or drugs, or difficulty maintaining close relationships.”⁶⁵
- A third center described flashbacks and a “downward spiral where they lose friends and family members.”⁶⁶

Another center told the caller that “the side effects of abortion are pretty awful,” including guilt or shame, depression, isolation, anxiety, anger, sadness, preoccupation with getting pregnant again, eating disorders, drugs or alcohol abuse, difficulty with intimate relationships, and suicidal thoughts, and “there is more after that.”⁶⁷ This center said that after an abortion, 80% of women seek psychiatric help “in relation to their

illness or childhood abuse that may explain both the unintended pregnancy and the mental health problem. Guttmacher Institute, *Abortion in Women's Lives* (2006) at 24; Patricia Dietz *et al.*, *Unintended Pregnancy Among Adult Women Exposed to Abuse of Household Dysfunction During Their Childhood*, *Journal of the American Medical Association* (Oct. 13, 1999).

⁶³ Center Q.

⁶⁴ Center P.

⁶⁵ Center M.

⁶⁶ Center S. Other centers referred to “depression, anxiety, a whole bunch of different emotional risks” that can follow from abortion (Center K); “usually some nervousness, trouble sleeping, insomnia, or nightmares, sometimes it can lead then into maybe eating disorders or other psychological effects” (Center N); and depression and guilt “that may be at the root cause of other problems” such as eating disorders and suicidal tendencies (Center B).

⁶⁷ Center O.

One center compared the effects of having an abortion to the experience of soldiers returning from Vietnam, and said that post-abortion stress “is something that anyone who’s had an abortion is sure to suffer from.”

abortion,” often years later.⁶⁸ In contrast, the center asserted that only 3% of women who have full-term pregnancies seek psychiatric care for short-lived post-partum depression, explaining:

Having a baby is a normal process and what it does is fulfills a woman. It is fulfilling one of the roles that she has. Abortion is the exact opposite; she is doing something totally contrary to what her role is. That’s why it has such an emotional impact on women.⁶⁹

One center compared the experience of having an abortion to the experience of going to war, analogizing the post-traumatic stress experienced after an abortion to that seen in soldiers after Vietnam, and said that it “is something that anyone who’s had an abortion is sure to suffer from.”⁷⁰

The pregnancy resource centers indicated that these emotional effects are extremely common, telling the caller: over 75% of women experience mild to severe post-abortion stress syndrome⁷¹; “[j]ust about over 90% of women have some type of emotional or psychological effects of abortion”⁷²; post-abortion syndrome and other problems happen to everyone “in varying degrees”⁷³; and the “majority” of women who choose abortion have post abortion syndrome in “various degrees.”⁷⁴ The center that asserted that suicide rates increase seven times following an abortion also said that “60-70% of women have emotional complications from an abortion.”⁷⁵

The idea that abortion is likely to lead to long-term psychological harm was also present on many of the centers’ websites. For example, the following descriptions appeared on these websites:

- **“What is Post Abortion Syndrome?** Nine out of every ten women who have undergone an abortion suffer deep seated anxiety and regret called post-abortion syndrome. Sometimes it appears many years later.”⁷⁶
- **“Psychological/Emotional Trauma:** 50% of post-abortive women report experiencing emotional and psychological disturbances lasting for months or years. This includes acute feeling of grief, depression, anger, fear of disclosure, preoccupation with babies or getting pregnant again, nightmares, sexual

⁶⁸ *Id.*

⁶⁹ *Id.*

⁷⁰ Center R.

⁷¹ Center V.

⁷² Center X.

⁷³ Center U.

⁷⁴ Center J.

⁷⁵ Center Q.

⁷⁶ Women’s Care Center *Facts You Should Know About Abortion* (online at www.womenscarecenter.org/faq_abortion.html) (accessed June 9, 2006).

dysfunction, termination of relationships, emotional coldness, increased alcohol and drug abuse, eating disorders, anxiety, flashbacks, anniversary syndrome, repeat abortions, and suicide.”⁷⁷

CONCLUSION

Pregnant teenagers and women turn to federally funded pregnancy resource centers for advice and counseling at a difficult time in their lives. These centers, however, frequently fail to provide medically accurate information. The vast majority of pregnancy centers contacted in this investigation misrepresented the medical consequences of abortion, often grossly exaggerating the risks. This tactic may be effective in frightening pregnant teenagers and women and discouraging abortion. But it denies the teenagers and women vital health information, prevents them from making an informed decision, and is not an accepted public health practice.

⁷⁷ A Woman's Concern Pregnancy Resource Clinic, *Considering Abortion?* (online at www.awomansconcern.com/considering_abortion.htm) (accessed June 9, 2006).