

Pregnant? Come on in!

By Linda McManus

In July 2006, as a member of the Committee on Government Reform (in 2007 its chair) Rep. Henry Waxman (D CA 30th District) released *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*¹, a report dealing with the misinformation and deceptions of what are called “pregnancy resource centers” or “crisis pregnancy centers” but are, in fact, fake clinics.

The purpose of these clinics is to advance a biased agenda whose main aim is to stop pregnant women from seeking an abortion. While some of the clinics are legitimate and adhere to medically accurate information, many others use deception, coercion, medically inaccurate and oft-times dangerous information, and blatant lies, and frequently mislead and misinform pregnant teens about the health risks of induced abortion. Most are associated with religious organizations and all are strongly anti-choice. And they rarely employ true medical professionals. Representative Waxman’s report found that of the CPCs questioned, 87% gave out false and misleading health information – some while receiving federal funding.

Crisis pregnancy centers began in response to the decriminalization of abortion in 1967 in Hawaii; Robert Pearson opened the first center as well as establishing the Pearson Foundation, both for the purpose of preventing abortions by means that were less than truthful. In the 1990s he wrote a book, *How to Start and Operate Your Own Pro-Life Outreach Crisis Pregnancy Center*, which advocated deception – either by omission, evasiveness, or outright lying. In one of his speeches, Pearson said “Obviously, we’re fighting Satan. A killer, who in this case is the girl who wants to kill her baby, has no right to information that will help her kill her baby.”

We at Citizens for Choice would like to eliminate abortions also. But we believe in scientific facts, with research that has gone through rigorous checks and balances: we believe in the truth. We believe that everyone deserves medically accurate information, an unbiased and confidential consultation, and access to birth control and abortion.

Science? What’s science? To a great degree, the general public, the media, and some policy makers don’t know what constitutes good science². The methodologies used are complex but they must be transparent in the study so that other researchers can replicate the methods. Where scientific results are published is extremely important; scholarly journals, often run by professional associations that establish research standards in their field, are the benchmark. They rely on both the professional judgment of their editorial staff and on a peer-review process. One outstanding source is The Institute of Medicine or IOM (part of the National Academies of Science, NAS)³, an advisor to the nation for science-based advice on matters of biomedical science, medicine, and health. It is a non-profit organization created for this purpose in 1970 and is not politically connected to any group or administration. In one IOM report⁴ they state that “Family planning is a socially beneficial activity that affects the wellbeing of women, men, children, families, and society as a whole. Planned fertility confers the benefits of improved child health and development and reduces the lifetime risk of chronic illness or death from a pregnancy-related condition. A woman experiencing an unintended pregnancy is at greater risk for depression and physical abuse. She also faces the usual health risks of pregnancy, including maternal death.” The National Institutes of Health, NIH⁵ is another organization but is politically connected (it falls under the Health and Human Services department, as does the Centers for Disease Control, or CDC, thus making them potentially subject to political pressure from the executive or legislative branch of government) – however, a report from the Child Health and Human Development Branch of the NIH does call for ongoing research in contraception for both men and women, and states that “Effective new methods for male fertility regulation would not only benefit men, but would also be a major contribution to women’s health.”⁶

Truth in Advertising? Let’s deconstruct some of the items from the website of a local crisis pregnancy center, LivingWell. On the page relating to abortions⁷, some of the complications that they state as “facts” are not substantiated by any published research paper, indeed they cite none of the “number of scientific studies” that they mention. If one actually looks at impartial and authoritative research, the true findings are much different. Here are some of their claims:

Abortion procedures: the descriptions use leading and emotional statements to persuade. You’ll need to read the statements on their web page; it uses words such as “scarring,” “infertility,” “death,” but gives no statistics. The intent is clearly to scare one from having an abortion. The published facts are in stark contrast: an article from the Journal of the American Medical Association (JAMA), states that “Legal-abortion mortality between 1979 and 1985 was 0.6 death per 100,000 procedures, more than 10 times lower than the 9.1 maternal deaths per 100,000 live births between 1979 and 1986. Serious complications from legal abortion are rare. Most women who have a

single abortion with vacuum aspiration experience few if any subsequent problems getting pregnant or having healthy children. Less is known about the effects of multiple abortions on future fecundity. Adverse emotional reactions to abortion are rare; most women experience relief and reduced depression and distress.”⁸

Physical Risks of Abortion Procedures; Breast Cancer: The statement linking abortion to breast cancer is simply not true. In 2003, the National Cancer Institute (NCI) convened more than 100 of the world’s leading experts on the topic of abortion and breast cancer. After a lengthy and exhaustive review of all of the research, including a number of newer studies that avoided the flaws of their predecessors, they concluded that “induced abortion is not associated with an increase in breast cancer risk,” noting that the evidence for such a conclusion met NCI’s highest standard. In 2004, an expert panel convened by the British government came to the same conclusion.⁹

Emotional Risks of Abortion Procedures: the website mentions post-abortion stress syndrome (PAS), a “syndrome” that is not recognized by either the American Psychological Association or the American Psychiatric Association. In August 2008 the American Psychological Association issued a report stating that “...among adult women who have an unplanned pregnancy the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy.”¹⁰

While the “Koop Report” (the 1987 never-issued report by Ronald Reagan’s Surgeon General, C. Everett Koop) seems to remain somewhat shrouded in mystery, his words in the hearing before the House Government Operations Subcommittee on Human Resources and Intergovernmental Relations, in March 1989, are not. At the hearing, Koop did state that it was clear to him that the psychological effects of abortion are “minuscule” from a public health perspective¹¹. Also in the hearing, regarding the physical effect of abortions he stated that “...My letter to the President focused on the psychological effects of abortion because obstetricians and gynecologists have long since concluded that the physical sequelae of abortion were no different than those found in women who had carried pregnancy to term or who had never been pregnant.”¹²

Abstinence Education: LivingWell espouses only abstinence and calls for teens to practice “good character” rather than “safe sex” thereby implying that any teen who has sex has bad character. Their clinic does not dispense condoms or any other contraceptive; the author is unsure whether they employ qualified medical personnel. The webpage states that “condoms are useless in preventing STD’s contracted through area to area contact,” and in an interview on January 21, the LivingWell sex educator stated that “condoms do not protect, or very little at all, in skin-to-skin contact” from contracting STDs. She many times cited the use of facts and statistics from the CDC – and remember the CDC is under the umbrella of the Health and Human Services – yet the CDC website itself states that “Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS. In addition, consistent and correct use of latex condoms reduces the risk of other sexually transmitted diseases (STDs), including diseases transmitted by genital secretions, and to a lesser degree, genital ulcer diseases. Condom use may reduce the risk for genital human papillomavirus (HPV) infection and HPV-associated diseases, e.g., genital warts and cervical cancer.”¹³ Also in the interview, the sex educator mentioned how condoms often fail, without citing the rate. Condoms, when used correctly, have a 2% failure rate, that’s a 98% success rate. It should be remembered, though, that some STIs can be contracted from surfaces not covered or protected by the condom.

Check out the Citizens for Choice website dealing with abstinence, <http://www.citizensforchoice.org/abstinence.html>, you’ll find a number of references to peer-reviewed studies of abstinence-only programs that have found no consistent or significant effects on delaying the onset of intercourse, and at least one study provided strong evidence that the program did not delay the onset of intercourse. And if abstinence-only is taught with no comprehensive sexual education, then when one falls off the wagon and into bed, there’s no knowledge of how to protect oneself.

So what’s the answer? No birth control is 100% effective in preventing pregnancy; no method is 100% effective in preventing STDs. Total abstinence until marriage is (and that means no kissing, no touching), yet how realistic is it? (And marriage does not protect you from STDs or pregnancy). But denying science-based education and putting an anti-contraceptive and anti-abortion spin to further your own agenda – or rewriting CDC fact sheets – is not the answer. Hopefully Congress will put an end to these deceptive practices. In 2006 Representative Carolyn Maloney (D-NY) introduced a bill into the House of Representatives, *Stop Deceptive Advertising for Women’s Services Act*, which aims to hold crisis pregnancy centers up to truth in advertising standards. Maloney said of CPCs, “When women are making a health decision, they should never be subject to deceit and trickery... Some of these Crisis Pregnancy Centers should be called ‘Counterfeit Pregnancy Centers.’ They have the right to exist, but they shouldn’t have the right to deceive in order to advance their particular beliefs.” In April 2008 it was introduced into the Senate by Senator Robert Menendez (D-NJ).

As our advertisement in *The Union* on the 36th anniversary of Roe v Wade stated:

Before Roe v. Wade, women died from self-induced abortions, sometimes using wire coat hangers. Outlawing abortion will not make it go away. But through education and access to contraception, we can help eliminate the need for abortions. Help stop the ignorance.

¹Henry Waxman <http://oversight.house.gov/story.asp?ID=1080>

²The Uses and Abuses of Science In Sexual and Reproductive Health Policy Debates, Adam Sonfield, <http://www.guttmacher.org/pubs/tqr/08/4/gr080401.html>

³IOM <http://www.iom.edu/>

⁴IOM, report <http://www.iom.edu/Object.File/Master/27/702/ContraceptiveResearchpdfonly.pdf>

⁵<http://www.nichd.nih.gov/publications/pubs/upload/CRHB-council-report-june-2008.pdf>

⁶NIH, Child Health and Human Development, Contraceptive and Reproductive Health Branch http://www.nichd.nih.gov/publications/pubs_details.cfm?from=&pubs_id=5710

⁷LivingWell <http://www.livingwellqv.org/abortion.shtml>

⁸JAMA Vol. 268 No. 22, December 9, 1992, *Induced termination of pregnancy before and after Roe v Wade. Trends in the mortality and morbidity of women.* Council on Scientific Affairs, AMA, <http://jama.ama-assn.org/cgi/content/abstract/268/22/3231>

⁹2003 NCI study *Summary Report: Early Reproductive Events and Breast Cancer Workshop*, National Cancer Institute, www.nci.nih.gov/cancerinfo/ere-workshop-report

¹⁰APA Task Force on Mental Health and Abortion <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>

¹¹Guttmacher Policy Review <http://www.guttmacher.org/pubs/gpr/09/3/gpr090308.html#boxref1>

¹²Statement of C. Everett Koop, MD, http://profiles.nlm.nih.gov/qq/B/B/Q/Z/_qqbbqz.pdf

¹³CDC <http://www.cdc.gov/condomeffectiveness/latex.htm>