

HEALTH

Anti-abortion leaders want bigger role for crisis pregnancy centers. Critics say they mislead, misinform, pressure women.

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In the months since the U.S. Supreme Court overturned *Roe v. Wade*, anti-abortion proponents in Wisconsin have painted the state's nearly 100 crisis pregnancy centers as integral to supporting women dealing with unexpected or unwanted pregnancies.

They contend the privately-run centers, which are often religiously-affiliated, offer a viable option for medical services, economic and social support, and, if needed, adoption assistance.

For women who share the centers' religious views and want to see their pregnancies through, the centers can and have served as places of support and community.

But many in the healthcare community and beyond argue the centers have never, and are not now, offering a full range of care — certainly not in a competent medical setting.

The anti-abortion centers long have been controversial — not just Wisconsin, but across the country — because of ethical questions about their operations. Critics say they underplay their anti-abortion bias, lack oversight, provide medical misinformation, and pressure vulnerable women. Some design their websites based on templates used by the national anti-abortion groups with which they are affiliated, yet market themselves without ever explicitly disclosing their mission. Some downplay their lack of medical licensing.

“Anti-abortion crisis pregnancy centers can never be a solution to a lack of abortion care because they do not provide abortion care,” said Johanna Hatch, board president of Pregnancy Options Wisconsin: Education, Resources, & Support, Inc. “The only solution is accessible abortion care for people who either desire it — for whatever reason — or who need it for medical reasons.”

Hatch's organization runs an “all-options” call line for people who are looking for information on abortion, adoption, the birth process and how to deal with miscarriages. Better known by the acronym POWERS, the resource network was founded in 2018 by an informal group of midwives, doulas, nurses and activists. Hatch herself is a registered nurse and nurse midwife.

She has little confidence that crisis pregnancy centers "as they exist can rise to this moment."

Hatch is not alone in putting together an organization in response to the crisis pregnancy centers. In 2014, Tia Murray founded Harambee Village and Doulas in Madison because of what she saw as a lack of public investment in addressing the reproductive health issues that communities of color face, especially Black women, in Dane County. The organization is volunteer-run and largely grant-funded. The majority of its clientele is Medicaid-eligible.

Murray said the crisis pregnancy centers "don't feel like safe places where you can go and really receive unbiased care, and I don't even know if we can even call what they offer 'care,' to be honest. Our job is to ensure that families have a safe environment to ask the questions they need to ask, and to receive evidence-based, unbiased non-judgmental support, care and education."

Initially, Murray saw a potential for partnering with some crisis pregnancy centers. She reached out, and was greeted with silence.

"There has been a lot of resistance to them referring out their patients to work with us in any sort of capacity," Murray said.

Pushing for taxpayer investment

Crisis pregnancy centers have long been key players in the anti-abortion movement, offering free ultrasounds, pregnancy tests, clothing and supplies to pregnant women, often with the aim of talking those who are considering abortion out of getting one. In Wisconsin, before the U.S. Supreme Court's *Dobbs v. Jackson Women's Health Organization* decision in June, they outnumbered designated abortion clinics nearly 25 to 1.

Anti-abortion politicians and activists have made getting more taxpayer funds for the centers a key piece of their vision for a post-Roe Wisconsin, while opposing any efforts to reconsider the 1849 law that bans doctors from performing the procedure except in cases where the mother's life is at risk.

Immediately after the *Dobbs* decision, Assembly Speaker Robin Vos led 37 Republican state legislators in sending a letter to Gov. Tony Evers calling on him to "immediately" provide \$10 million in federal pandemic funding to the centers, so they could offer more services. The money would "save the lives of countless children," the letter said. Evers declined.

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"The centers you reference in your letter are often not licensed medical facilities, do not provide complete disclosure of the services they provide, and are legally allowed to provide information that is flawed, outdated, or outright false," he wrote. "Rather than providing women with complete and accurate information, these centers are known to persuade women rather than inform them, and frequently in a

manner that is characterized as unethical. Furthermore, these centers are often staffed by volunteers and employees who lack medical training or licensure."

Nationwide, an analysis by the Associated Press found that since 2010, at least 13 states have funneled roughly \$495 million in taxpayer dollars to the anti-abortion centers.

With Evers' re-election and Republicans failing to secure a veto-proof supermajority in the Wisconsin legislature in this month's election, it is unlikely much will change in Wisconsin.

But in the days following the election, Vos, the state's most powerful Republican, called for taking steps to modify the 1849 ban, in order to ensure it can withstand an ongoing lawsuit to overturn it by Evers and Attorney General Josh Kaul.

Are the clinics at least part of the solution?

Reproductive care experts argue that even if a woman chooses to continue a pregnancy, crisis pregnancy centers are a poor choice for care.

"Are these centers the most apt to provide comprehensive care for people? Probably not," said Dr. Jonas Swartz, an OB-GYN and a faculty member at Duke University who has researched crisis pregnancy centers. "If they're going to continue their pregnancies, they should see physicians in places that provide maternity care and have social work and have case managers. There are resources within the formal medical system to help care for these people."

The Journal Sentinel contacted 15 crisis pregnancy centers throughout Wisconsin for this story, with a particular focus on Milwaukee. Twelve refused or did not respond to interview requests; two provided email statements; only one – Charis Pregnancy and Family Help Center in Fond du Lac – agreed to an interview.

Charis' Executive Director Cindy Sweeney said the center recently added "family" to its name because most of its clientele are looking for help with wanted pregnancies and the process of becoming a parent.

"Having a baby is a big deal and to do it alone is scary... It takes a village sometimes, and we're here to help with that," Sweeney said.

She said Charis has connections with local institutions, including the public health department, social services, churches and hospitals, and tries to guide expecting mothers and families in need to the resources that will help them.

She said she's under no illusions that her center, and others like it, can meet all of the needs of pregnant women locally post-Roe.

“We’re not the solution,” she said. “We might be part of it, but man, we need to all be in this together. You know, don't put all that on us.”

Spreading misinformation, fear

An examination of crisis pregnancy center websites shows that some overemphasize or overstate the side effects of common and safe medication, such as the Plan B pill and the medical abortion pills (mifepristone and misoprostol). A Women’s Care Center of Milwaukee’s blog page, for example, states that the main ingredient of the Plan B pill (levonorgestrel) has possible side effects, including “possible death!” even though medical professionals, researchers and doctors contend it is safe and effective. (The blog post was removed following questions posed to the center's leadership by the Journal Sentinel.)

The Women’s Care Center blog post also listed death as a possible risk associated with taking medical abortion pills, along with “severe bleeding,” which would “require a hysterectomy” and could lead to sepsis. The post did not disclose the actual risk of such major complications: 0.4%, with an associated mortality rate of less than 0.001%, according to Kaiser Family Foundation.

Many crisis pregnancy centers – particularly those in the Care Net and Heartbeat International networks – also advertise the possibility of an “abortion pill reversal.” The term itself is a misnomer; there is no way to “reverse” an abortion. Still, many centers promote the idea of giving patients progesterone after they take the first of two pills required in medication abortions to undo their abortion. Researchers at the American College of Obstetricians and Gynecologists, and elsewhere, have stated that prescribing progesterone after the first abortion pill to continue the pregnancy is “unproven and unethical” and “not supported by science.”

“It’s a very problematic type of medical misinformation,” Swartz said. “A couple states are even requiring that doctors providing abortions counsel (patients) about abortion reversal, which is a non-evidence-based practice.”

Such a bill was passed in Wisconsin but vetoed by Evers last December. OB-GYNs from across the state testified to the lack of medical evidence to behind abortion pill reversal.

In some cases, pregnancies can continue if the patient doesn’t take the second abortion pill, simply because the first is not 100% effective, Swartz said. In the rare case where a patient changes her mind, he said, the best thing is “watchful waiting” to see if the pregnancy continues.

Dr. James Linn, the medical director of the Women’s Care Center in Milwaukee who is also a board-certified OB-GYN affiliated with Ascension and a member of the American Association of Pro-Life OB-GYNs, agreed that more studies are needed on the use of progesterone in this way. But that hasn’t stopped him from prescribing it.

“I have personally prescribed this progesterone reversal treatment successfully to several women who are happy their babies survived.” Linn emailed the Journal Sentinel

Linn cited as proof of safety a 2018 study by Dr. George Delgado, who pioneered the protocol. The study was criticized for its reliance on observational data rather than being part of a rigorous clinical trial, and it was initially withdrawn for ethical issues, according to the Washington Post and BuzzFeed. In 2019, researchers had to stop a randomized clinical trial on abortion pill reversal — which aimed to collect the exact type of gold-standard clinical data Delgado’s lacked — when three of its subjects had to be taken to the hospital due to heavy vaginal bleeding.

At Charis, the abortion pill reversal is prominently featured on the center’s website. Charis is affiliated with Heartbeat International.

Charis’ main gynecologist, Dr. Sara Riegert, also practices at SSM Health St. Agnes Hospital in Fond du Lac. She did not reply to multiple attempts by the Journal Sentinel to set up an interview regarding whether or not she would prescribe the medication for a so-called abortion reversal.

But the center's executive director, Cindy Sweeney, said the center would help women access progesterone if they asked for it.

“I mean, anybody — most pregnancy help centers — would do that to help them,” she said. “I mean if that's what they want, that's an easy deal.”

Centers downplay anti-abortion bent

The medical misinformation is often in service of a mission that critics say is not transparent.

Some centers, particularly those affiliated with larger organizations like Charis and Women’s Care Center, put disclaimers at the bottom of their webpages saying they do not provide or refer for abortions. Others don’t even do that.

One example in the Alliance Women’s Clinic, which has locations in Kenosha and Racine.

The “clinic” offers “lab-grade pregnancy tests, limited ultrasounds, options counseling and community referrals.” It urges “patients” to call for a free appointment, boasting 22 “professional staff.”

No list of named doctors or nurses is available on its site, which is little more than a single webpage. A resources tab gives nothing more than a phone number and email for a resource specialist, Taylor Williams. The website also stated the clinics are “HIPPA compliant,” presumably a misspelling of the acronym for the Health Insurance Portability and Accountability Act, HIPAA.

Following an email inquiry by the Journal Sentinel, Alliance Women’s Clinic quietly fixed the spelling on its website, but did not respond to a question as to how it was determined that the clinic was covered by HIPAA.

These strategies — offering free “medical services,” the use of vague health care jargon, having doctors and nurses working as volunteers outside of their formal practices — lead people to thinking crisis pregnancy centers are medical facilities that will present them with a full range of options.

Swartz conducted a research study to find out how people ended up going to these centers. He and his fellow researchers asked more than 1,000 women to look at five screenshots of crisis pregnancy center websites and five of abortion clinics. The median score for correctly identifying abortion clinics was five out of five. For crisis pregnancy centers, it was two out of five.

“Even when we were setting up the study, many of us who are trained professionals who provide abortion had difficulty differentiating between the websites,” Swartz said.

A spokeswoman for the state Department of Health Services said that the agency does not regulate crisis pregnancy centers and recommended that people in need of reproductive health resources visit the agency's Wisconsin Reproductive Health and Family Planning program page. The U.S. Department of Health and Human Services lists only three main entities that are subject to HIPAA: health plans, most health care providers (specifically those that electronically bill for services) and health care clearinghouses.

In interviews with those involved in reproductive care, it's common to hear stories of women being required to participate in classes or Bible studies in order to earn access to clothing and other resources at crisis pregnancy centers. One woman who agreed to discuss her experience at a crisis pregnancy center said she was told, “God doesn't make mistakes,” and that her then-deceased mother would have wanted her to have the baby.

In an email to the Journal Sentinel, Linn said that Women's Care Center works with women “who come in, and come back freely.”

“The Women's Care counselors and sonographers respect women's autonomy,” Linn said. “They don't coerce anyone. But they offer support and information, and ultimately what we believe are better options for women and their children. What's wrong with that?”

Sweeney said Charis' policy is to disclose that the center does not offer or refer people for abortions if someone were to call asking for one. She said she was given hours of training by Heartbeat International on the importance of not “strong arming” people or using “bait-and-switch” advertising to pull people into the center. It could threaten the center's funding, she said, in addition to just being “wrong.”

“We don't make any illusions of being anything other than what we are,” Sweeney said.

'It was really overwhelming'

One central Wisconsin woman's experience sheds light on the decision-making challenges of a woman in crisis.

In 2016, the woman did an online search for where to get an abortion, and the first name that popped up was the Women's Care Center in Milwaukee. (The Journal Sentinel does not name victims of domestic abuse and agreed not to publish the woman's name due to ongoing concerns.)

"I had no idea prior to walking in the doors and talking to somebody that they weren't an advocate for your choice and fully supportive," said the woman.

A few weeks earlier, her partner of three-months had turned physically abusive. After getting into a disagreement, he started hitting her, and then his cousin joined in. The two of them punched her repeatedly and dragged her out of the house and onto a sidewalk.

She escaped to a nearby bar until a friend could pick her up. She never called the police because her partner had threatened retribution.

The woman arrived for her appointment at the center with visible bruises. She disclosed her abusive situation. She had decided to terminate the pregnancy, but was told she had to get an ultrasound first. (Before last summer's decision on *Roe v. Wade*, Wisconsin law required women to get an ultrasound prior to an abortion. Physicians were required to describe the fetus, including any developed organs or external features, and provide a way to show the fetal heartbeat. Women could not be forced to look at the image.)

The woman recalled sitting quietly as the technician described the images on the ultrasound, saying, "Oh, look, it's your baby. It's your baby." The technician pointed out the heartbeat. The woman was told she was seven weeks into her pregnancy. She then was taken into a consultation room, clutching the sonogram images she did not want or ask to have.

"They took me into a nice cozy room – very much like a therapist room," she said.

There, an older woman sat with her to talk about options. She was handed paperwork for how to apply for government health insurance, food stamps and assistance. A stack of vouchers for clothes, formula, and car seats was nearby.

"Aren't you so excited?" the older woman asked.

"And I said, you know, normally I think I would be, but as I discussed and as you can probably clearly see, this is a domestic violence situation," the woman remembered responding.

Repeatedly, she told them that she didn't want to keep the pregnancy, that it wasn't the right time. Repeatedly, her decision was dismissed.

"It was really overwhelming, so I left," she said.

The Women's Care Center declined to be interviewed for this story. Sheryl Laird, executive director, provided the Journal Sentinel with a statement, independent of the woman's story.

“We help build families by empowering women experiencing unexpected pregnancies with the resources, education, support, and community they need during and long after their pregnancy for their family and themselves to thrive, be nurturing parents, and become self-sufficient,” Laird wrote.

The woman returned to the care center, and also visited an abortion provider. She couldn’t afford an abortion, started saving for it, and then lost her job.

Her second visit to the abortion clinic, at 14 weeks pregnant, she decided not to go through with the procedure.

“I had never seen a baby at 14 weeks of gestation. She had legs and arms. And I think combined with hearing everything from across the street (at the Women's Care Center), it just sucker-punched me,” she said. “Just because of the guilt, I continued the pregnancy.”

It was a difficult and rare delivery: an en caul birth, or “mermaid birth,” which is when the baby is born in the amniotic sac. The days after the birth brought on life-threatening complications. Six days after she came home from the hospital, she realized blood was running down her legs, and rushed to an emergency department. It took two days for her to stabilize, and in four more she was back at work, against her loved ones’ concerns.

“They were like, ‘Why are you going back to work?’” she recalled. “Because like, I have to pay rent. I have to work. I'm already out almost two weeks of a paycheck.”

In the months that followed, she raised her baby alongside her roommate, also a single mom. They coordinated work shifts and split childcare duties. Things she had wanted – going back to school, nurturing a career – went by the wayside.

She stands by her choice to have – and raise – her baby.

But there are moments when she looks back and questions how much choice she really had. She lists off the “external factors” that had pushed her: the guilt from her religious upbringing that resurfaced in her visits to the crisis pregnancy center; the delay in learning all her options until shortly before losing her job.

“It’s simple to say, ‘Just have a baby, here’s some vouchers for onesies and some formula, you’re good to go,’” she said. “It’s deeper than that.”

A shifting landscape post-Roe

In the months since the Dobbs decision, the number of patients traveling out of state to get abortions has surged.

Researchers from the University of Wisconsin-Madison estimated in an August report that patients in 42 of the state's 72 counties would see the distance they have to travel to get an abortion increase by an average of 82 miles, one-way. In Milwaukee and Dane counties, which accounted for 56% of the state's abortions before the Dobbs decision, residents would have to travel 70 and 120 more miles to reach an abortion clinic, respectively. In the state's 30 other counties, the distance to an abortion clinic didn't change because they were already closest to an out-of-state clinic.

Future doctors are also traveling out of state. Wisconsin's OB-GYN training programs are either sending their medical residents out of state, or looking into it, because that is the only way they'll be able to learn how to perform abortions and abortion-related procedures, which are required for the programs to receive accreditation.

For those who end up continuing their pregnancies because they are unable to access abortions, national research shows being turned away from a wanted abortion has complex and wide-ranging implications on the life of the mother and the child, including the increased likelihood of poverty, poorer initial bonding between mother and child, continued physical violence from abusive partners, and being in a situation where they are raising their children alone, without the support of family members or male partners.

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