

# THE LANDSCAPE OF CPCs



## NORTH CAROLINA'S CRISIS PREGNANCY CENTERS

A REPORT BY  
NARAL PRO-CHOICE NORTH CAROLINA FOUNDATION  
JULY, 2017

Introduction .....	3
Acronyms .....	5
Methods .....	6
CPC Search Tactics.....	6
Website Review .....	8
Findings .....	10
Demographic Review .....	10
Demographic Review Maps .....	14
CPC Website Tactics and Strategies.....	17
Website Review Data Results:.....	24
State Funding and Budget Considerations .....	31
Conclusion .....	35



# Introduction

Anyone seeking healthcare services should receive comprehensive, unbiased, and medically accurate information. WTNB (Women, Trans & Non-Binary persons) facing an intended or unintended pregnancy should expect nothing less.<sup>1</sup>

Unable to shut down legitimate reproductive health clinics, the anti-choice movement built a national network of organizations of generally unlicensed, unregulated organizations posing as comprehensive healthcare providers – “crisis pregnancy centers.”<sup>1</sup>

As Vice Magazine Reporter, Callie Beusman puts it, “Anti-abortion groups are opening fake clinics near actual reproductive health care providers across the country in an attempt to shame and scare women into staying pregnant.”<sup>2</sup>

NARAL Pro-Choice North Carolina released a report in 2011 with the help of staff and volunteers that investigated CPCs using internet research, phone calls, and in-person visits. The 2011 report focused on various deceptive tactics, CPC funding sources, and policy recommendations.

In 2017, NARAL Pro-Choice North Carolina hired a Graduate Student Intern (GSI) working on her Masters degree in Public Health at The Gillings School of Global Public Health (UNC Chapel Hill). This student was tasked with updating key elements of the 2011 report. Due to the time frame of the project and other constraints, she was unable to perform in-person visits to the CPCs.

This report was submitted in partial completion for the Masters of Public Health for Margot Schein, Graduate Student Intern for NARAL Pro-Choice North Carolina.

---

<sup>1</sup> “The Truth Revealed: North Carolina’s Crisis Pregnancy Centers,” 2011, [http://www.prochoicenc.org/assets/bin/pdfs/2011NARAL\\_CPCReport\\_V05\\_web.pdf](http://www.prochoicenc.org/assets/bin/pdfs/2011NARAL_CPCReport_V05_web.pdf).

<sup>2</sup> Callie Beusman, “How Anti-Abortion Zealots Pose as Medical Professionals to Trick Pregnant Women - Broadly,” 2017, [https://broadly.vice.com/en\\_us/article/how-anti-abortion-zealots-pose-as-medical-professionals-to-trick-pregnant-women](https://broadly.vice.com/en_us/article/how-anti-abortion-zealots-pose-as-medical-professionals-to-trick-pregnant-women).

The main elements of the work include the following:

1. Assemble a list of CPCs currently operating in the state of North Carolina, their addresses, and available website information for mapping purposes.
2. Collect recent demographic data for the state of North Carolina to use in conjunction with statewide CPC data.
3. Analyze geographic data to determine CPC proximity to neighborhoods of color, lower-income neighborhoods, and Universities/Colleges.
4. Perform a thorough review of each available CPC webpage with respect to twenty-four variables, including:
  - a. Does the CPC disclose that it is not a medical facility?
  - b. Does the CPC claim that medical abortions can be reversed?
  - c. Does the CPC claim that abortions cause "Post-Abortion Stress?"
  - d. Does the CPC have religious affiliation?
  - e. Does the CPC claim that abortions cause breast (or other forms) of cancer?



*Note: CPC websites vary in completeness, and because in-person inquiries were not feasible during the internship period certain data are missing that might otherwise be available to individuals visiting a specific CPC. For instance, most CPC webpages do not claim whether abortions can cause breast cancer. For this reason, care should be taken in interpreting these data; a "No" to a given statement does not mean that a given CPC does not make such a claim, only that they do not make that claim on their webpage.*

5. Gather all available and up-to-date addresses on real resources and services to be used in an educational pamphlet for WTNB targeted by CPCs. These resources will include:
  - a. Public Health Departments
  - b. Social Services Departments
  - c. Federally Qualified Health Centers (Community Clinics)
  - d. Women, Infants & Children (WIC) sites
  - e. Abortion providers
  - f. District Court Houses
  - g. 211 North Carolina



6. Create the “Real Resources and Services” pamphlet as a resource to provide to WTNB targeted by CPCs and anti-choice activists.
7. Compose four emails intended for distribution on the NARAL Pro-Choice North Carolina listserv. These emails will introduce NARAL Pro-Choice NC subscribers to CPCs, their tactics, and their motivations.

### Acronyms

<i>ACA</i>	Affordable Care Act
<i>CPC</i>	Crisis Pregnancy Center
<i>CPCF</i>	Carolina Pregnancy Care Fellowship
<i>DHHS</i>	Department of Health and Human services
<i>FQHC</i>	Federally Qualified Health Center
<i>HPV</i>	Human Papillomavirus
<i>IRB</i>	Institutional Review Board
<i>NIFLA</i>	National Institute of Family and Life Advocates
<i>PID</i>	Pelvic Inflammatory Disease
<i>SNAP</i>	Supplemental Nutrition Assistance Program
<i>STD</i>	Sexually Transmitted Disease
<i>STI</i>	Sexually Transmitted Infection
<i>WIC</i>	Women Infants & Children
<i>WTNB</i>	Women, Trans & Non-Binary Persons*
	*Note: The inclusion of this term is a gesture of inclusivity of any person who can become pregnant and is thus a potential target by CPCs

# Methods

## CPC Search Tactics

- We used search engines to develop a complete list of CPCs in North Carolina. We focused primarily on the major CPC nationwide affiliates: Ramah International, Heartbeat International, and CareNet. The following are the steps we took.
- We began with searches through the Carolina Pregnancy Care Fellowship website (CPCF).<sup>3</sup> We were unsuccessful at accessing a member directory through this site.
- We reviewed the Ramah International site and accessed a list of CPCs under the title “Help in Your Area” which served as a helpful start to generate a list of CPCs.<sup>4</sup>
- We reviewed the Heartbeat International site and found another list of CPCs.<sup>5</sup> We reviewed each item on the list to determine which were CPCs and which were adoption care or other services. Through discussion with the Executive Director of NARAL Pro-Choice North Carolina, we determined that adoption centers, even those with religious affiliations, should not be included on this list because adoption centers do not typically use deceptive tactics to prevent their clientele from accessing abortion.
- We searched for CareNet centers and found a list of CareNet counseling centers that were licensed and registered counseling centers as opposed to CPCs. They are nonetheless still affiliated with CareNet and religiously affiliated.<sup>6 7 8 9</sup>

---

<sup>3</sup> “Carolina Pregnancy Care Fellowship,” <http://cpcfink.org/>.

<sup>4</sup> “Help in Your Area - NC Pregnancy Resource Centers - Pregnancy Resource Center Abortion Clinics Information Free Pregnancy Tests Free Ultrasounds,” *Ramah International*, <https://www.helpinyourarea.com/north-carolina/>.

<sup>5</sup> “Heartbeat International Worldwide Directory of Pregnancy Help,” *Heartbeat International*, <https://www.heartbeatinternational.org/worldwide-directory>.

<sup>6</sup> “Locations - CareNet Counseling Center,” *CareNet Counseling Center*, <http://www.wilmingtoncarenet.org/locations.html>.

<sup>7</sup> “Fayetteville Family Life Center,” *CareNet Counseling Centers*, <http://www.fayfamlife.org/>.

<sup>8</sup> “CareNet East — Faith Integrated Counseling and Professional Services,” *CareNet Counseling Centers*, <http://careneteast.org/>.

<sup>9</sup> “HOME - CareNet Counseling, Inc.,” *CareNet Counseling Center*, <http://www.blueridgecarenetcounseling.org/index.html>.



- Ultimately, we decided to list the CareNet Centers on a separate list and exclude them from the list of CPCs. Because they do not specifically offer pregnancy-related services, there was the concern that their inclusion could skew the data.
- We reviewed the National Institute of Family and Life Advocates (NIFLA) and found another list of CPCs entitled “Find a NIFLA Member Center Near You” that contributed to the final list.<sup>10</sup>
- We then compared the final list to the directory created by the NARAL Pro-Choice North Carolina team in 2011 to uncover remaining gaps. This revealed:
  - A number of the CPCs had either closed, moved, or changed names.
  - Several of the sites included on the 2011 list were social services providers such as Catholic Charities and did not meet the criteria for inclusion in the present investigation.
- Next, we reviewed the “Woman’s Right to Know Resource Directory” put forth by the state of North Carolina to verify which clinics were sanctioned by the state to provide ultrasounds and to uncover additional gaps.<sup>11</sup> This revealed that most CPCs on the list were State-sanctioned ultrasound providers.
- We cross-referenced the final list with the 2011 list, the “Woman’s Right to Know Resource Directory,” and several CPC affiliate directories to make sure we had the most up to date address, phone number, and website information.
- To ensure data quality, an undergraduate student intern was tasked with reviewing the lists by randomly sampling twenty items (CPCs) to make sure all information was current and correct.

---

<sup>10</sup> “NIFLA | Find a NIFLA Member Center Near You,” *National Institute of Family and Life Advocates*, <http://www.nifla.org/about-us-find-a-center.asp?state=NC>.

<sup>11</sup> “Woman’s Right to Know Resource Directory Woman’s Right to Know Resource Directory Directorio de Recursos Del Derecho de La Mujer a La Información Woman’s Right to Know Resource Directory,” 2016, <http://wrtk.ncdhhs.gov/library/doc/WomansRighttoKnowResourceDirectory-080416.pdf>.

## Website Review

We assessed twenty-four variables regarding information published on North Carolina CPC websites and also collected data on additional variables to assess CPC proximity to neighborhoods of color, lower income neighborhoods, and within seven miles of a university or college.

- Variables include: “Does the CPC offer free pregnancy tests?”, “Does the CPC disclose that it is not a medical facility?”, “Does the CPC claim that abortions cause breast (or other forms) of cancer?”
- We analyzed each website to assess the presence or absence of the variables of interest.
  - Websites varied in comprehensiveness. Some websites supplied enough information so that most variables could be assessed; however, for most CPCs the data are more sparse. For instance, only six websites stated directly that abortion causes breast cancer, yet it remains a (strong) possibility that many more CPCs tell their patients this falsehood in person. Without acting as a “secret shopper,” the GSI has no way of knowing, thus the final data has several fields left blank as opposed to having a “0” or a “1,” representing a “no” or a “yes.”
  - In contrast to other variables, for the variable: “Does the CPC disclose that it is not a medical facility?” a value of “0” or “no” was indicated when a site didn’t specifically disclose. In this case, the GSI determined that lack of disclosure amounts to no disclosure. However, she notes in this report that CPCs that did not disclose on their websites may have done so in person.
- The undergraduate intern randomly selected 20-30 websites to review. She checked to make sure that data was accurately collected on each variable and that the data were complete and free from exaggeration.
- Statistical analysis was completed using JMP Pro 13 statistical software.





## Complete List of CPC Variables

Variable	Possible Values	
<i>Does the CPC employ the use of a mobile Unit?</i>	0 = no	1 = yes
<i>Is the CPC funded by the CPCF?</i>	0 = no	1 = yes    2 = Mobile
<i>Does the CPC have paid staff who are qualified, trained medical personnel?</i>	0 = no	1 = yes
<i>Does the CPC offer free pregnancy tests</i>	0 = no	1 = yes
<i>Does the CPC provide free ultrasounds?</i>	0 = no	1 = yes
<i>Does the CPC offer ultrasounds as sanctioned through the Woman's Right to Know Act</i>	0 = no	1 = yes
<i>Does the CPC provide accurate STI Information?</i>	0 = no	1 = yes
<i>Does the CPC claim that there is a difference between STIs and STDs?</i>	0 = no	1 = yes
<i>Does the CPC provide STI testing, counseling, and treatment?</i>	0 = no	1 = just testing    2 = yes
<i>Does the CPC disclose that it is not a medical facility?</i>	0 = no	1 = yes
<i>Does the CPC dispense medically sound information and guidance regarding abortion?</i>	0 = no	1 = yes
<i>Does the CPC use graphic descriptions of abortions (correct or incorrect)</i>	0 = no	1 = yes
<i>Does the CPC claim that medical abortions can be reversed?</i>	0 = no	1 = yes
<i>Does the CPC claim that Plan B is an abortion?</i>	0 = no	1 = yes
<i>Does the CPC claim that abortions cause breast (or other forms) of cancer?</i>	0 = no	1 = yes
<i>Does the CPC claim that abortions cause "Post-Abortion Stress?"</i>	0 = no	1 = yes
<i>Does the CPC disseminate misleading information regarding birth control effectiveness?</i>	0 = no	1 = yes
<i>Does the CPC promote abstinence over contraception?</i>	0 = no	1 = yes
<i>Does the CPC claim a link between abortion and death?</i>	0 = no	1 = yes
<i>Does the CPC claim that abortions lead to a high possibility of miscarriage or delivering prematurely?</i>	0 = no	1 = yes
<i>Does the CPC suggest that abortion should be postponed due to the likelihood of miscarriage?</i>	0 = no	1 = yes
<i>Does the CPC claim a link between abortion and sterility?</i>	0 = no	1 = yes
<i>Does the CPC exist in primarily lower wealth communities?</i>	0 = no	1 = yes
<i>Does the CPC exist in primarily a community of color?</i>	0 = no	1 = yes
<i>Does the CPC exist near a University?</i>	0 = no	1 = yes
<i>Does the CPC have religious affiliation?</i>	0 = no	1 = yes
<i>Does the CPC offer incentives contingent on receipt of religious counselling?</i>	0 = no	1 = yes
<i>Does the CPC offer incentives such as diapers and baby clothes?</i>	0 = no	1 = yes

## Findings

### Demographic Review

Crisis Pregnancy Centers specifically target lower-income clients, including low-income WTNB of color. The anti-abortion movement often makes accusations that the pro-choice movement wants to control the bodies of Latinx and Black WTNB. Not only is this accusation false, the CPC industry itself commonly uses social marketing practices that target low-income WTNB of color in order to spread misinformation about both abortion and birth control. While Latinx and Black WTNB access abortion at higher rates than White WTNB, this is likely due to systemic racism and inequities in our health care system that have historically left many low-income patients with little access to affordable, quality, comprehensive reproductive health care.



- Billboard in New York

*"Fueled by a race-baiting, national marketing campaign and the missionary-like evangelism of its affiliates, Care Net has turned the complex reality behind black abortion rates into a single, fictional story. In that story, poor black women who have abortions are the unwitting victims of feminists and morally deficient reproductive healthcare providers. Crisis pregnancy centers, in this fable, are the best place those women can go to be saved."<sup>12</sup>*

The following findings represent a thorough review of all available CPC websites, available statewide demographic data,<sup>13</sup> and available statewide University and College data.<sup>14</sup>

<sup>12</sup> "The Missionary Movement to 'Save' Black Babies | Colorlines," *Colorlines*, 2013, <http://www.colorlines.com/articles/missionary-movement-save-black-babies>.

<sup>13</sup> "North Carolina Downloads | County Health Rankings; Roadmaps," <http://www.countyhealthrankings.org/app/north-carolina/2017/downloads>.

<sup>14</sup> "College Navigator - National Center for Education Statistics," <https://nces.ed.gov/collegenavigator/>.



## Number of CPCs by County Demography

	<i>Total CPCs</i>	<i>Average Number Per County</i>
<b><i>Population &gt; 129,853</i></b>		
<i>No</i>	55	1.17
<i>Yes</i>	60	2.72
<b><i>Median Household Income &gt; \$47,900</i></b>		
<i>No</i>	70	1.32
<i>Yes</i>	45	2.81
<b><i>Population &gt; 21% Black</i></b>		
<i>No</i>	72	1.53
<i>Yes</i>	43	1.95
<b><i>Population &gt; 9% Hispanic</i></b>		
<i>No</i>	64	1.33
<i>Yes</i>	51	2.43
<b><i>Population &gt; 2.8% Asian</i></b>		
<i>No</i>	80	1.31
<i>Yes</i>	35	4.38
<b><i>Population &gt; 1.6% Native American</i></b>		
<i>No</i>	106	1.71
<i>Yes</i>	9	1.29
<b><i>Population &gt; 0.1% Hawaiian/Pacific Islander</i></b>		
<i>No</i>	84	1.56
<i>Yes</i>	31	2.07
<b><i>Black/White Segregation Index &gt; 50</i></b>		
<i>No</i>	84	1.58
<i>Yes</i>	28	2.15
<b><i>Non-White/White Segregation Index &gt; 45</i></b>		
<i>No</i>	95	1.48
<i>Yes</i>	20	4.00
<b><i>Not Proficient in English &gt; 3%</i></b>		
<i>No</i>	86	1.54
<i>Yes</i>	29	2.23
<b><i>Population &gt; 34% Rural</i></b>		
<i>No</i>	57	2.85
<i>Yes</i>	58	1.18

Note: The segregation index is the most commonly used measure of segregation between two groups, reflecting their relative distributions across neighborhoods within a city or metropolitan area. It can range in value from 0, indicating complete integration, to 100, indicating complete segregation

This table shows the number of CPCs per county and the average number of CPCs per county that meet the cut-off criteria. For instance, the average population of Black people in the state of North Carolina is around 21%. For the purposes of this table, any county with a higher than average population of Black people would receive a “yes” and any county with a lower than average population of Black people would receive a “no.” Most important to note are the average number of CPCs per county. For instance, there are more CPCs in areas with lower than average Black populations, but a greater number of average CPCs per county in areas that have a higher than average Black population.

Of note, this investigation into North Carolina CPCs has shown that overwhelmingly, CPCs are built in lower-income neighborhoods, neighborhoods of color, urban centers, and counties with higher than average rates of segregation.

- CPC prevalence is twice as high in counties in which median household income is below average.
- CPC prevalence is twice as high in counties with an above average number of Hispanic persons and 0.5 times as high in counties with an above average number of Black persons.
- CPC prevalence is three times as high in counties in which the White/Non-White Segregation Index is above average
- CPC prevalence is twice as high in counties in which the White/Black Segregation Index is above average
- CPC prevalence is twice as high in counties in which proficiency in English is lower than average.
- CPC prevalence is twice as high in counties in which the population is above average (more Urban areas).
- CPC prevalence is almost three times as high in counties in which the county is more Urban than Rural.

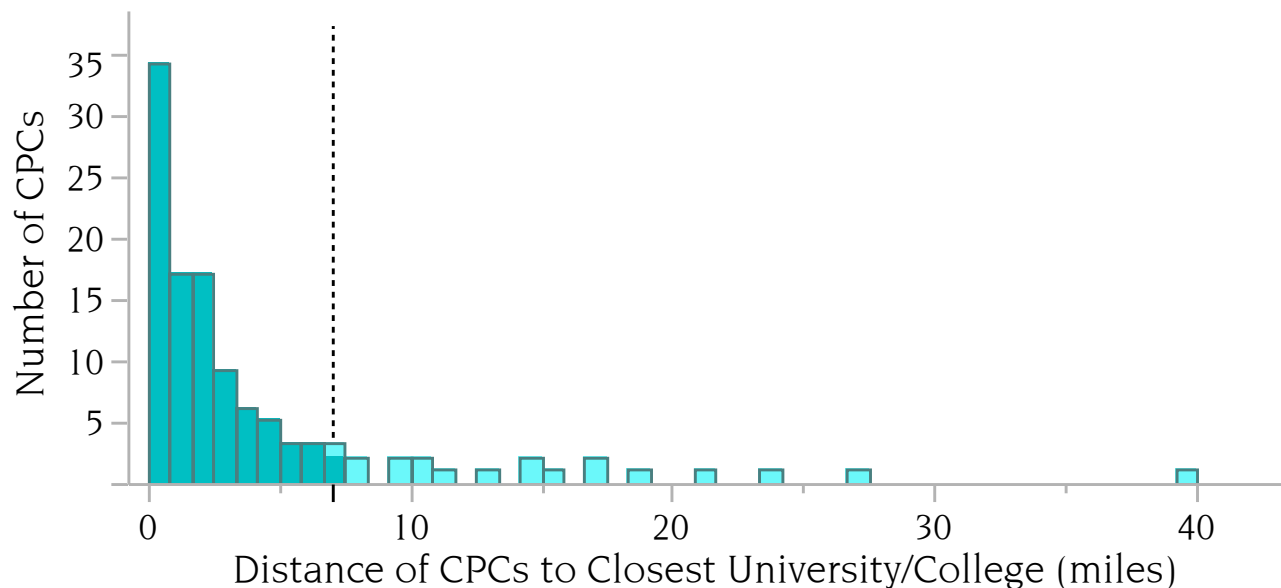
In June of 2017, State Representative Deb Butler (Democrat – District 18) tried to shift the immense CPC funding to much needed substance abuse programming before the state budget was voted on. However, Representative Dean Arp (Republican – District 69), stated that “the legislature is already working to improve drug treatment services, and the pregnancy centers are important in preventing pre-term births that are “rampant” in rural communities and resulting in birth defects.”<sup>15</sup>

---

<sup>15</sup> “NC House Rejects Effort to Shift Anti-Abortion Pregnancy Center Funding to Addiction Treatment | News & Observer,” *The News & Observer*, 2017, <http://www.newsobserver.com/news/politics-government/state-politics/article153918829.html>.



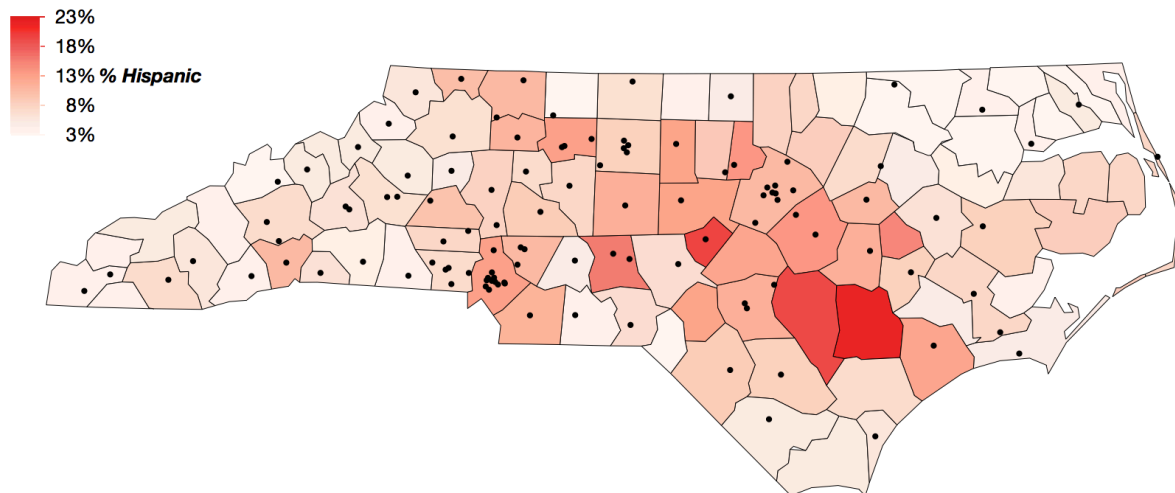
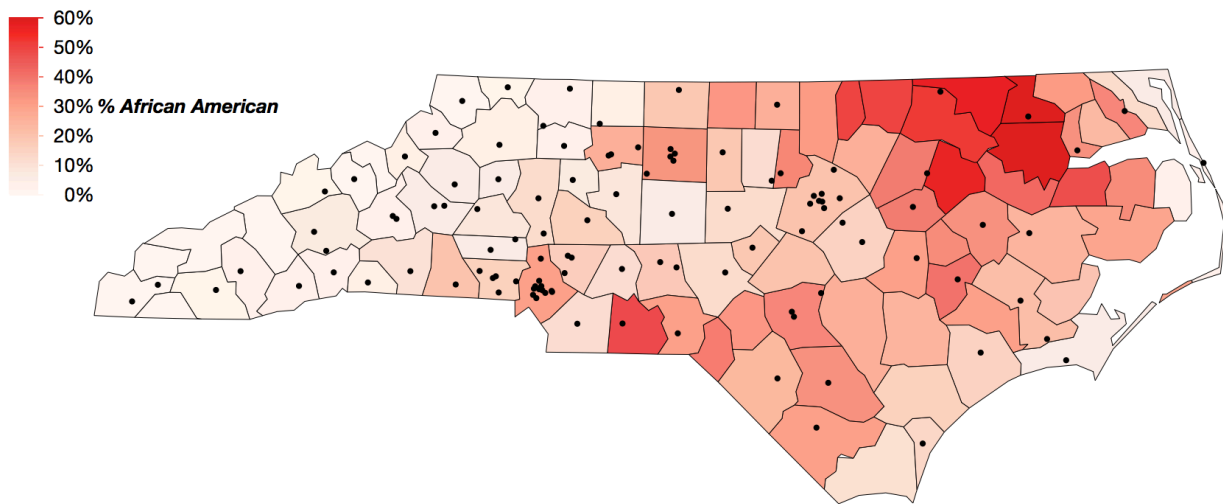
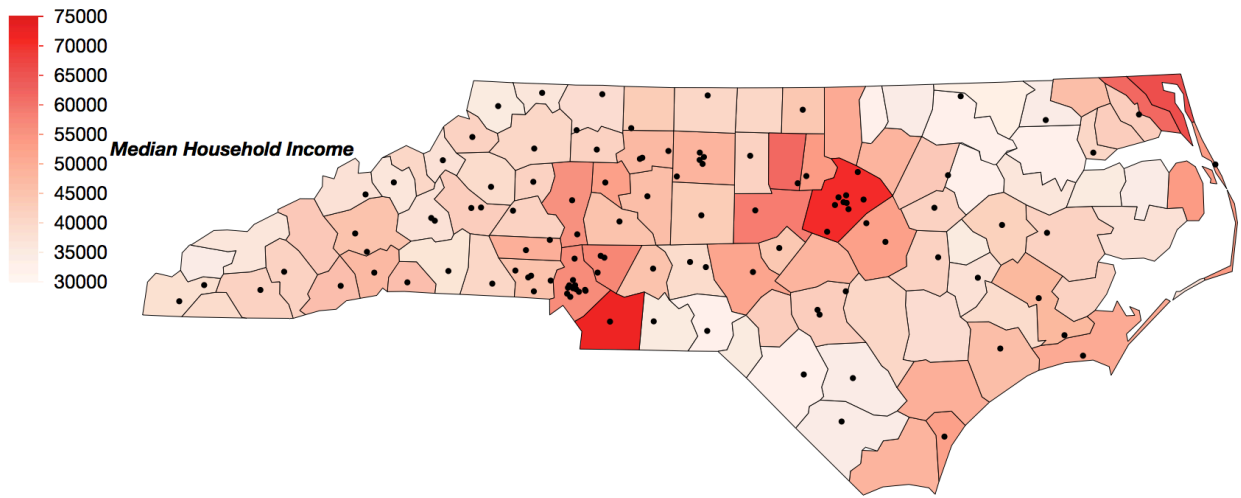
It is clear from the data however, that CPCs are targeting urban centers. Additionally, 83% of CPCs exist within seven miles of a University or College. it is also unclear if there is evidence that CPCs prevent pre-term births, which is multi-faceted infant/maternal health issue.

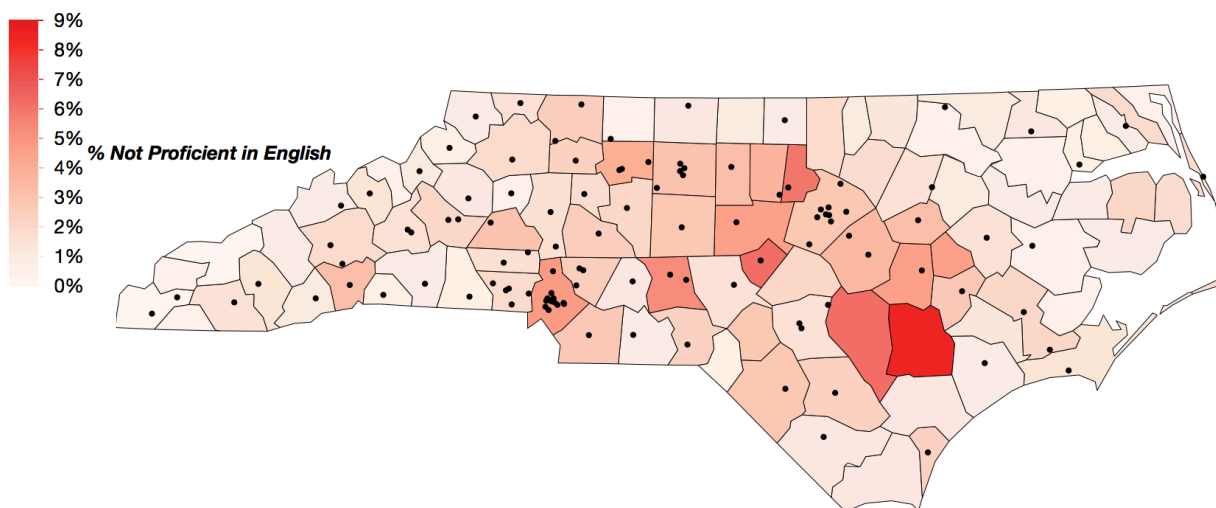
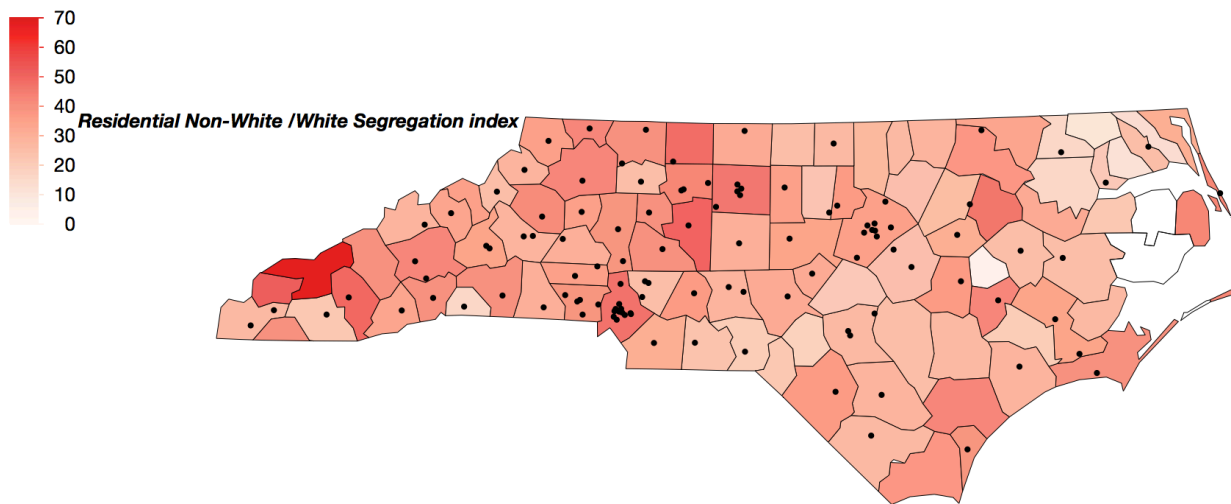
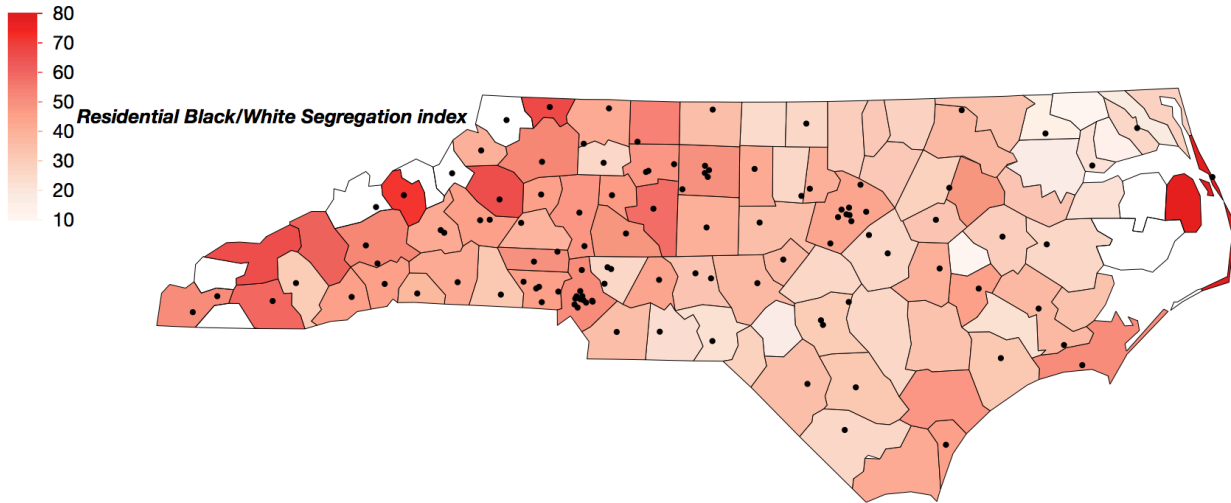


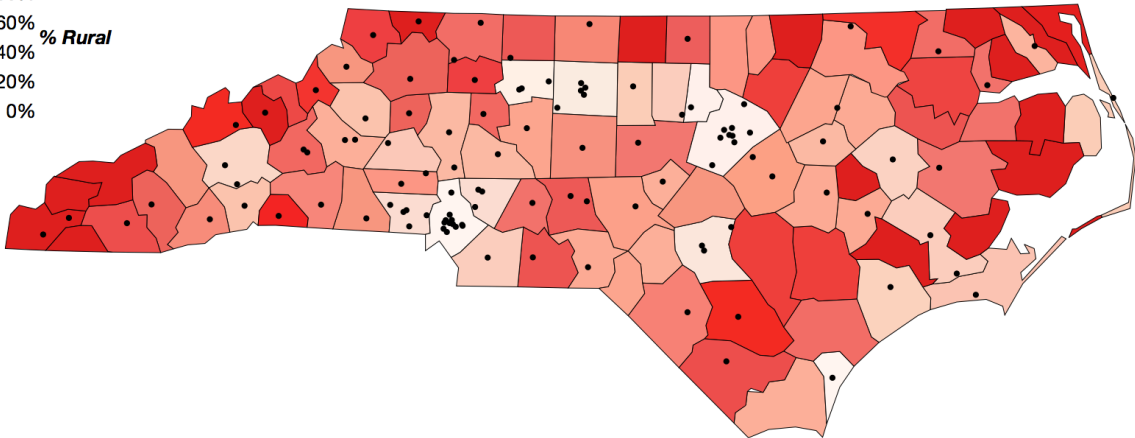
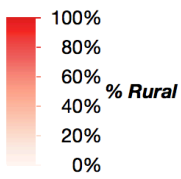
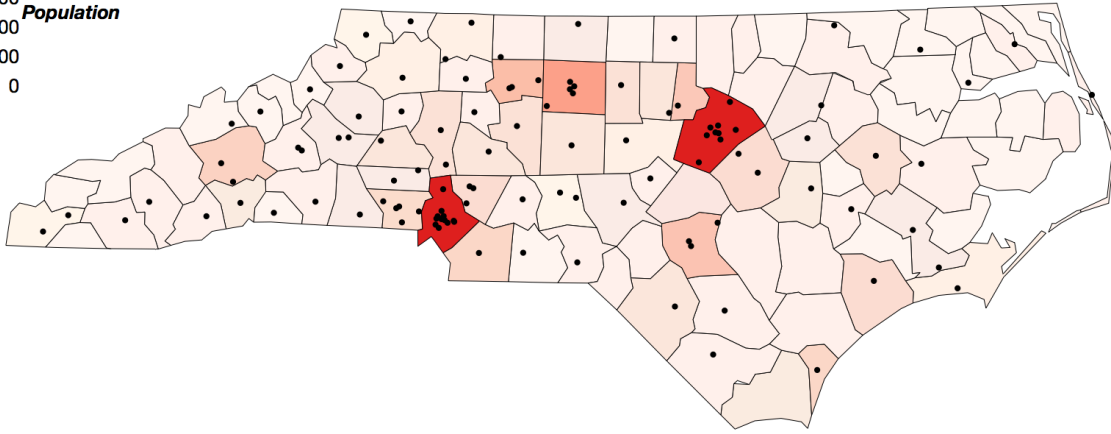
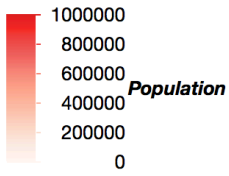
While CPCs claim that they are targeting lower-income and rural WTNB because they are most in need of services, CPCs do not, and cannot provide substantive care that many of these communities need: due to lack of qualifications, CPCs do not enroll low-income WTNB in Medicaid, they do not help them apply for SNAP (food stamps), and they do not assist with applications for WIC benefits. CPCs, by their nature, cannot provide WTNB with meaningful, comprehensive healthcare. CPCs do not and cannot give a Pap smear or a breast exam, treat for STIs (with few exceptions), or inoculate for anything, including HPV.

As noted by Anita Solomon in her article for Colorlines, "like the marketing campaign to get women in the door, everything is geared toward delivering a message, rather than providing a service to black women."<sup>19</sup>

# Demographic Review Maps









# CPC Website Tactics and Strategies

115 Crisis Pregnancy Centers were identified throughout the state of North Carolina. For Sixteen of the CPCs identified, there was no available website information. Each website was assessed for the presence or absence of several variables. The following are the results of the website investigation.

“No choice is truly a choice without complete and truthful information.” – *Birthchoice of Raleigh* co-opts the rhetoric of choice

CPC websites used tactics such as telling readers that abortion can cause breast cancer – a widely debunked statement—as well as attempting to co-opt the rhetoric of “choice” (see top right) leading readers to believe they are being lied to by abortion professionals, and under-informed by medical personnel.

**FALSE**

“An abortion clinic typically does not test for STIs prior to procedures, which can increase your chances of developing a secondary infection, such as Pelvic Inflammatory Disease (PID)” – *Cabarrus Women’s Center (a CPC)*

Some CPC websites imply that abortion providers put WTNB at risk by neglecting to test for STIs. This scare tactic is intended to breed distrust in abortion providers, and to instill a fear of approaching legitimate providers for services.

The terms STD (sexually transmitted disease) and STI (sexually transmitted infection) are often used interchangeably, but there is a difference.

The term “STI” (sexually transmitted infection) is used to describe the presence of an infection in the body, which may or may not be accompanied by symptoms. On the other hand, the term “STD” (sexually transmitted diseases) describes an infection that has caused damage in a person’s body — though, like STIs, an STD may or may not be accompanied by symptoms.

In general, an STI is the broader of the two terms. All STDs are STIs, though not all STIs become STDs.

- *Caldwell Pregnancy Care Center (a CPC)*

A new tactic to incite doubt and concern regarding sexuality is the claim that STIs and STDs are different from each other (see sidebar to the left). The American Sexual Health Association has stated that the reason public health professionals are moving towards the usage of the term STIs rather than STDs is because “The concept of ‘disease,’ as in STD, suggests a clear medical problem, usually some obvious signs or symptoms. But several of the most common STDs have no signs or symptoms in the majority of persons infected. Or they have mild signs and symptoms that can be easily overlooked.”<sup>16</sup>

Using professional looking websites with often superfluous medical jargon, these fake clinics make wildly inaccurate medical claims, yet are not held accountable by any governing body – neither medical nor State.

Other sites try to build credibility by featuring **celebrities or politicians** on their websites – sometimes in conjunction with religious statements.

---

<sup>16</sup> “STDs/STIs,” *American Sexual Health Association*, <http://www.ashasexualhealth.org/stdsstis/>.



In this image from the Coastal Pregnancy Center's Website, State Senator Bill Cook (Republican – District 1) is present alongside a quote from the Bible. CPCs already receive a great deal of State funding because politicians either believe that they are an equivalent alternative to a legitimate women's health center or are anti-choice in their ideology and voting practices.



Taken from the H.E.L.P Crisis Pregnancy Center website, this screenshot is from a music video featuring Nick Cannon singing an anti-choice song entitled, "Can I live." The H.E.L.P Crisis Pregnancy Center will receive \$450,000 dollars in the 2017 State Budget. For more information, see [State Funding and Budget Considerations](#).



Hope Pregnancy Center links to videos of famed anti-choice OB/GYN, [Dr. Anthony Levatino](#). He promotes himself as a former abortion provider who has changed his views. Levatino describes abortion in graphic terms, calls the fetus with the more emotional term, "the baby," and uses incorrect information about the procedure to intimidate and shame viewers.



*"Since Hope offers all services free of charge, we have no need to communicate with any insurers, and HIPAA is inapplicable."*

Hope Pregnancy Center also makes a remarkable claim about privacy. As CPCs are not medical facilities, they are not adherent to HIPAA, The Healthcare Information Portability and Accountability Act. HIPAA was voted into law in 1996 to protect patients' privacy. Most CPCs do not disclose that they are not beholden to HIPAA. Some create their own privacy statements. Others, such as Hope Pregnancy Center, make statements like the one to the left.

Patient privacy is one of the cornerstones of the American healthcare system. HIPAA affords patients autonomy in medical decision making and protection from persecution. Without patient privacy laws, patients who visit a CPC have no control over what happens to their medical records and cannot decide who is permitted to receive their private information.

Davie Pregnancy Care Center and many other CPCs use mostly unresearched or outright false medical claims when discussing a medication abortion or "the abortion pill" (see below).

**Note:** *If you change your mind after the first visit, please contact us and we will connect you with a network of doctors who can reverse the effects of Mifepristone in some cases.*

The claim that medical abortions can be reversed has led to several states actually passing laws requiring that abortion providers counsel their patients regarding the possibility of an abortion reversal. This incorrect and dangerous claim not only serves to hurt and shame WTNB, but it also violates a medical provider's Hippocratic Oath to *do no harm* as well as their first amendment right to speech free from persecution by the government.



*In 2015, Arkansas was the first state to implement a law requiring providers to counsel patients that a medication abortion may be “reversed” if a woman is given a high dose of progesterone after she takes mifepristone. There is no medical evidence to support this claim.*

*These laws are primarily based on a case study published in 2012 by an antiabortion obstetrician-gynecologist who gave six abortion patients who had taken mifepristone—but not misoprostol, the second drug in the approved two-stage regimen—high doses of progesterone. The study author did not apply for ethical approval and did not use any controls.<sup>17</sup>*

Crisis Pregnancy Centers’ main goal to stop patients from accessing safe and legal abortion care. But CPCs also exploit religious beliefs, and use shame and guilt to promote anti-LGBTIQ rhetoric, make false claims about the efficacy of contraception, and push abstinence as the only way to prevent pregnancy and STIs. Claims made on CPC websites only sometimes cite sources – and when they do, the citations are cherry-picked or out of context.

In addition to the assertion that abortions can be reversed, Davie and others claim that Plan B (the morning-after pill) is a form of abortion (see below).

Taking Plan B after you get pregnant stops a new human life from growing. This is an abortion.<sup>7</sup> Since there is no pregnancy test you can take this early in the process, it is impossible to tell whether or not you are pregnant before taking the morning after pill.

---

<sup>17</sup> “Medication Abortion | Guttmacher Institute,” *Guttmacher Institute*, 2017, <https://www.guttmacher.org/evidence-you-can-use/medication-abortion>.

Again, this claim is harmful to WTNB and is a tool used by CPCs and law-makers alike. In fact, such fallacious reasoning was invoked by Hobby Lobby president, David Green, to support claims made during the Supreme court case fighting Affordable Care Act birth control provision mandates, “These abortion-causing drugs go against our faiths.”<sup>18</sup>

However, it is now clear that Plan B and other emergency contraception are not abortifacients.



*But it turns out, at least when it comes to Plan B, there is now fairly definitive research that shows the only way it works is by preventing ovulation, and therefore, fertilization.*

*A study published just last year led by the International Federation of Gynecology and Obstetrics to declare that Plan B does not inhibit implantation. And some abortion opponents in the medical community are beginning to accept that conclusion.<sup>18</sup>*

The following “concerned” message from the Smoky Mountain Pregnancy Care Center actually serves to “other” Queer identified persons. It is presented completely without evidence and is mostly unfounded. In fact, since there is no test for HPV infection for males, it is impossible to report rates of HPV infection among males.<sup>19</sup> And finally, it uses harmful language such as, “lifestyle factors” that make being Queer sound like a “lifestyle” choice. It even goes so far as to imply that men who have sex with men are not members of the general population.

<sup>18</sup> “Morning-After Pills Don’t Cause Abortion, Studies Say : Shots - Health News : NPR,” *NPR*, 2013, <http://www.npr.org/sections/health-shots/2013/02/22/172595689/morning-after-pills-dont-cause-abortion-studies-say>.

<sup>19</sup> “STD Facts - HPV and Men,” accessed October 3, 2017, <https://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>.





*Even less well known is that these cancers disproportionately affect LGBT people based on lifestyle factors and screening habits more than their heterosexual counterparts ... HIV-positive gay or bisexual men have higher levels of both HPV infection and HPV-related disease than heterosexual men ... An estimated 61% of HIV-negative and 93% of HIV-positive gay and bisexual men have anal HPV infections compared to 50% or less of heterosexual men... Compared to heterosexual women, lesbians may be at greater risk for HPV and cervical cancer due to health and lifestyle factors*

The following statement from H.E.L.P Crisis Pregnancy Center uses citations that lead nowhere, implies that birth control is more ineffective than it is effective, incorrectly states that condoms are not meant to prevent the spread of STIs, and places a premium on the specific fundamentalist religious value of waiting until (heterosexual) marriage for sex. It also implies that unplanned pregnancies and STI never occur within marriage.

***What about “safe sex”?** Some people think that it is ok to have sex as long as you are practicing “safe sex.” Did you know that no form of “safe sex” is 100% effective?*

- *Birth control often fails<sup>3</sup>, and it provides little protection against STDs.*
- *Condoms are only meant to protect you from pregnancy, not from STDs.*
- *An IUD or Implant may actually keep you from getting pregnant, but it can't protect you from STDs, and may pose a health risk if you get an STD.<sup>4</sup>*
- *And oral sex.... Did you know that you can contract several STDs through oral sex, and that oral sex has been linked with an increase in occurrence of throat cancer?<sup>5</sup>*

*Don't let yourself be fooled into thinking that there is such a thing as “safe sex.” There may be “reduced risk sex,” but that is all you can depend on. The only way to ensure that you will not be faced with an unplanned pregnancy or unexpected STD is to wait until you are married to have sex.*

## Website Review Data Results:

CPCs engage in many other deceptive and unethical practices. A review of the North Carolina CPC websites resulted in the following data. As noted in the Website Review section of this report, many of the tactics employed by CPCs are used most frequently within in-person interactions. For instance, most CPCs do not claim on their websites that abortion causes breast cancer.<sup>20</sup> However, this is a common lie told to WTNB who visit CPCs. Thus, the data in this report represent the information collected from CPC websites alone.

---

<sup>20</sup> "The Seven Most Common Lies About Abortion - Rolling Stone," *Rolling Stone*, accessed July 27, 2017, <http://www.rollingstone.com/politics/news/the-seven-most-common-lies-about-abortion-20140226>.





<b><i>Funding and Disclosure</i></b>	
<i>% of CPCs that Receive funding from the Carolina Pregnancy Care Fellowship</i>	77%
<i>% of CPCs that do not employ paid staff who are qualified, trained medical personnel</i>	46%
<i>% of CPCs that do not disclose that it is not a medical facility</i>	79%
<b><i>Pregnancy &amp; STI Testing and Ultrasound Provision</i></b>	
<i>% of CPCs that provide free pregnancy testing</i>	95%
<i>% of CPCs that provide free “limited” ultrasound</i>	98%
<i>% of CPCs listed in “Woman’s Right to Know” Directory as state-sanctioned ultrasound providers</i>	89%
<i>% of CPCs that provide inaccurate information about STIs</i>	29%
<i>% of CPCs that claim there is a difference between STIs and STDs</i>	17%
<i>% of CPCs that test, but do not treat STIs</i>	17%
<b><i>Abortion Information</i></b>	
<i>% of CPCs not dispensing medically sound information/guidance regarding abortion*</i>	50%
<i>% of CPCs that employ the use of graphic descriptions of abortions</i>	44%
<i>% of CPCs that claim that a medication abortion can be reversed</i>	14%
<i>% of CPCs that claim that Plan B and other morning after pills are abortions</i>	17%
<i>% of CPCs that claim that abortion can cause “Post Abortion Stress”**</i>	55%
<i>% of CPCs that disseminate misleading information regarding birth control effectiveness</i>	18%
<i>% of CPCs that claim a link between abortion and death</i>	13%
<i>% of CPCs that claim a link between abortion and future miscarriage or premature births</i>	14%
<i>% of CPCs that promote abstinence over contraceptive use</i>	28%
<b><i>Religion &amp; Incentives</i></b>	
<i>% of CPCs that have an overt religious affiliation</i>	78%
<i>% of CPCs that host “Learn to Earn” program***</i>	23%
<i>% of CPCs that offer incentives to WTNB such as baby clothes and diapers</i>	57%

\*For 49% of CPCs, there was no available information on the CPC websites. Only 1% of CPCs dispensed medically sound information and guidance regarding abortion on its website.

\*\* Post Abortion Stress is a fabricated syndrome not recognized in any version of the DSM.

\*\*\*“Learn to Earn” programs provide women with monetary or other incentives if they attend religiously affiliated parenting classes or bible study sessions.

Items of particular interest:

79% of CPCs do not disclose that they are not a medical facility on their website. And yet, 98% of CPCs still perform, what they call, “limited ultrasounds.”

89% of CPCs are listed in the DHHS “Woman’s Right to Know Resource Directory” as sanctioned ultrasound providers.

But CPCs file no reporting paperwork to the state or the DHHS. Meanwhile, abortion providers are required to provide detailed reports on every patient they see.

## Ultrasound



Following a positive pregnancy test, a nurse may approve a limited ultrasound. This procedure will determine whether the pregnancy is viable (detect fetal heartbeat) and is in the uterus, as well how far along you are and your due date.

Having a free ultrasound can determine:

- Accurate gestational age (how far along you are).
- What abortion procedures you are eligible for at this stage of pregnancy.
- If there is a measurable heartbeat.
- Whether the pregnancy is in the uterus (not an ectopic/tubal pregnancy).



- Gateway Pregnancy Center in Raleigh



Sarah Shanks, Office Manager & Abortion Counselor for Family Reproductive Health in Charlotte, NC, expressed that her clinic has to provide an abundance of reporting paperwork not only to the state, but also per the Woman's Right to Know Act:

*Per the "Woman's Right to Know" Act, we have to:*

- 1. Have paper proof of a 72-hour counseling session signed, dated, and timed by the patient, RN, and doctor*
- 2. Fill out a stat sheet per abortion patient to send to the state. We have to provide date of abortion, how far they are, what city, state, and county, their age, marital status, grade level completed, and all of their pregnancy information (how many live births, miscarriages, child deaths or abortions)*
- 3. We are required to fill out an additional form and send in a copy of the ultrasound of any patient over 15.6 weeks of pregnancy*
- 4. We are required to send our monthly abortion totals to the state every month. That total has to match the total number of stat sheets we are required to send in monthly.*

*The state requires:*

- 1. Time of arrival for every patient documented on paper.*
- 2. Start and End time of the abortion procedure for every patient*
- 3. Discharge time and information*
- 4. Documented checking of the patient's ID*
- 5. Emergency contact on paper for every patient*
- 6. Patient Medical history and all consents for treatment required by the state*
- 7. Documented blood pressures and vital signs required by the state*
- 8. Preventative Maintenance on all medical equipment (including ultrasound machines) is required by the state to ensure equipment continues to work properly. That documentation has to be on all machines.*
- 9. A written document about patient privacy is offered to every patient per state requirement*
- 10. All staff, nurses, and doctor's schedule is required and looked over by the state*
- 11. A detailed policy and procedure manual is required by the state*
- 12. On call nurse and doctor schedule has to be provided*
- 13. All business licenses and contracts have to be available for the state*
- 14. Required to have quarterly quality assurance meetings, as well as meeting minutes for each one.*

Abortion clinics receive no funding from the state. Yet they still maintain meticulous records of every patient and adhere to privacy laws, such as HIPAA. Meanwhile, CPCs collect very few data on their patients, *sometimes* report the number of patients seen in a year as evidence of a job well done, and still receive increasing amounts of state funding.

Moreover, nearly three quarters of CPCs are religiously affiliated according to their websites. And increasingly, they are using funds to provide services on a conditional basis. A quarter of CPCs now require that WTNB attend “learn to earn” classes to be allowed access to incentives, money, diapers, and baby clothes. These classes are almost always more focused on bible study rather than parenting. Moreover, they target vulnerable, low-income and low-recourse WTNB rather than providing them with referrals to fundamental community resources such as Medicaid applications or SNAP applications (food stamps).



Learn Earn and Parent (LEAP) is an educational program designed to help mothers and fathers grow in all areas—emotionally, intellectually, and spiritually. This program allows you to earn LEAP DOLLARS (LD) which may be spent on various boutique items to assist with your baby’s needs. We reserve the right to determine the eligibility of a client to participate in the LEAP program based upon their achievement set by the goals of our mission statement.

- PRC of Stanly County

Not listed in the table on page 25, the number of CPC mobile units has increased from one CPC using a mobile unit to five with a total of thirteen mobile sites. Mobile units often park near or in front of an abortion clinic and wave WTNB over in an attempt to make them miss their appointments. Mobile units use tactics such as:

- Telling WTNB that the unit is where they can check in
- Telling WTNB that the unit is where they can get their ultrasound
- Trying to stall the WTNB for long enough that they miss their appointment
- Volunteers approach the cars of WTNB as they drive up to the abortion clinic and use guilt and shame to persuade them to skip their appointment<sup>21</sup>

<sup>21</sup> “Rewire Original Documentary: Care in Chaos,” *Rewire*, 2017, <https://rewire.news/videos/2017/06/06/care-in-chaos/>.



Over half of North Carolina CPCs claim that abortion causes “Post Abortion Stress,” or PAS, a syndrome not recognized by the American Psychological Association nor the American Psychiatric Association.

*Likely because the science attesting to the physical safety of the abortion procedure is so clear, abortion foes have long focused on what they allege are its negative mental health consequences. For decades, they have charged that having an abortion causes mental instability and even may lead to suicide, and despite consistent repudiations from the major professional mental health associations, they remain undeterred. For example, the “postabortion traumatic stress syndrome” that they say is widespread is not recognized by either the American Psychological Association (APA) or the American Psychiatric Association.*



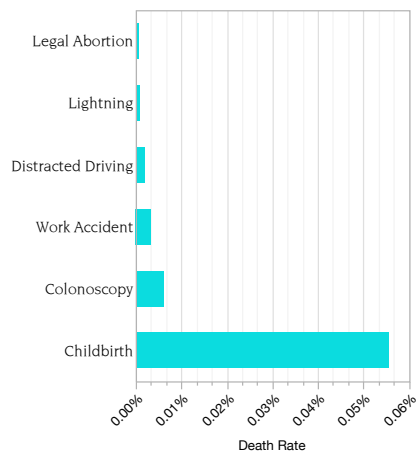
*To a considerable degree, antiabortion activists are able to take advantage of the fact that the general public and most policymakers do not know what constitutes "good science."<sup>22</sup>*

CPCs continue to use scientific sounding language to inspire fear in their clientele. And because they are not regulated by a State or medical governing body, CPCs may continue to spread falsehoods. The idea behind PAS that CPCs wish to communicate is that WTNB will regret their abortions and will suffer mentally for their choice. However, a study out of the University of California San Francisco School of Medicine indicates otherwise.

<sup>22</sup> “Abortion and Mental Health: Myths and Realities | Guttmacher Institute,” *Guttmacher Institute*, 2006, <https://www.guttmacher.org/gpr/2006/08/abortion-and-mental-health-myths-and-realities>.

*More than 95 percent of women surveyed in a new U.S. study said they didn't regret having an abortion and felt that the procedure was the right decision for them.<sup>23</sup>*

Finally, 13% of CPCs make the dangerous claims that there is a link between abortion and death. However, another study out of the University of California San Francisco would suggest that the complication and death rate for abortion procedures is extremely low.



*The rate of major complications among all 54,911 abortions was 0.23%, 0.31% among women who had first-trimester aspiration abortions, and 0.41% among women who had second-trimester or later procedures. Among all women, 0.20% were admitted to hospitals, 0.02% had surgery, and 0.09% received blood transfusions.<sup>24</sup>*

Tang, Michelle. "5 Things That Are More Lethal Than Legal Abortion | HuffPost." *Huffpost*, 2017.

In fact, as researchers told Time Magazine, the complication rate was rather lower than other, less stigmatized procedures.

*The complication rate is less than that associated with wisdom tooth extractions, 7 percent, and tonsillectomies, 9 percent. The major complication rate is lower than major complications resulting from a colonoscopy, 0.35 percent.<sup>25</sup>*

<sup>23</sup> "Overwhelming Majority of U.S. Women Don't Regret Abortion: Study," *Reuters*, 2015, <http://www.reuters.com/article/us-usa-women-abortion-idUSKCN0PR1KP20150717>.

<sup>24</sup> Ushma D. Upadhyay et al., "Incidence of Emergency Department Visits and Complications After Abortion," *Obstetrics & Gynecology* 125, no. 1 (January 2015): 175–83, doi:10.1097/AOG.0000000000000603.

<sup>25</sup> "Major Complication Rate from Abortion Less than that of Colonoscopy, Study Finds - UPI.com," *UPI*, 2014, [https://www.upi.com/Health\\_News/2014/12/09/Abortion-complication-rates-are-very-low-study-says/3591418165114/](https://www.upi.com/Health_News/2014/12/09/Abortion-complication-rates-are-very-low-study-says/3591418165114/).



## State Funding and Budget Considerations

Of the 115 CPCs and mobile units identified in North Carolina, 88 are members of the Carolina Pregnancy Care Fellowship. The stated vision of the CPCF is “Women – pregnant or suspecting they are – will find the help they need to make healthy, well informed choices for their future. Pregnancy care organizations are even better equipped to offer women, father, and families quality services in a professional, compassionate manner. AND Individuals and organizational partners impacting the state with the **Culture of Life!**”<sup>26</sup> The CPCF distributes funds from the Federal Maternal and Child Block Grant and the State general fund to CPCs within their network.

According to a 2013 Rewire Article, “In 2013, the North Carolina’s Woman’s Health Fund lost \$250,000 in state funding. Those dollars, which were used to provide medical care and contraceptive coverage for poor, uninsured, Medicaid-ineligible women, were instead channeled to the CPCF, an umbrella group for the majority of the state’s current CPCs.”<sup>27</sup>

Since 2013, the CPCF has received \$300,000 from the Maternal and Child Health Block Grant that has been funneled through the States. This money was intended for client care primarily.<sup>28</sup> In the 2017 budget, there are several line-items of additional funding have been allotted to CPCs. This includes: \$1.3 million from the General Fund for CPCF, \$100,000 for the Coastal Pregnancy Center (an individual CPC), and \$450,000 for The H.E.L.P. Center (another

In the 2017 budget, CPC funding increases to \$1.3 million

---

<sup>26</sup> “Carolina Pregnancy Care Fellowship.” <http://cpcfink.org/>

<sup>27</sup> “North Carolina to Give Quarter of a Million Dollars in Women’s Health Funding to Deceptive ‘Clinics’ - Rewire,” *Rewire*, 2013, <https://rewire.news/article/2013/05/24/north-carolina-to-give-quarter-of-a-million-dollars-in-womens-health-funding-to-cpcs/>.

<sup>28</sup> Tara Romano, “State Lawmakers Expand Funding for Anti-Abortion Centers, Even as Women’s Health Suffers | NC Policy Watch,” *NC Policy Watch*, 2017, <http://www.ncpolicywatch.com/2017/06/19/state-lawmakers-expand-funding-anti-abortion-centers-even-womens-health-suffers/>.



individual CPC).<sup>29</sup> The breakdown of the budgetary line-items can be viewed in the following image. Additionally, the CPCF is set to receive \$400,000 from the Maternal and Child Health Block Grant, an increase of \$100,000 from the previous years.

Funding for CPCs in North Carolina are as follows:

- Fiscal year 2017/2018: \$1.3 million + \$100,000 + \$450,000 + \$400,000 = \$2,250,000
- Fiscal Year 2018/2019: \$1.3 million + \$400,000 = \$1,700,000
- Total funding under the budget for two years: **\$3,950,000**

The increase of funding from \$300,000 a year to a yearly average of \$3.1 million represents an increase in funding of **933%**.

While \$1.3 million dollars from the general fund was designated to CPCs, Legal Aid lost \$1.7 million of its funding.

*“This means that the state’s legal aid community – a mostly shoestring operation that struggles heroically to serve the civil law needs of tens of thousands of poor clients each year (more than a third of the state’s population of 10 million is actually poor enough to be eligible for some services) with a small cadre of lawyers, paralegals, volunteer coordinators and other professionals – will suffer an annual budget cut of roughly \$1.7 million.”<sup>30</sup>*

<sup>29</sup> GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2017 SESSION LAW 2017-57 SENATE BILL 257 (General Assembly of North Carolina, 2017), <http://www.ncleg.net/Sessions/2017/Bills/Senate/PDF/S257v9.pdf>.

<sup>30</sup> Rob Schofield, “The General Assembly’s War on the Poor Hits Another New Low | NC Policy Watch,” *NC Policy Watch*, 2017, <http://www.ncpolicywatch.com/2017/06/20/general-assemblys-war-poor-hits-another-new-low/>.





Meanwhile, a majority of the funds newly allotted are intended for use on “durable medical equipment” such as Ultrasound machines. The North Carolina Department of Health and Human Services provides a list of sanctioned ultrasound providers in the “Woman’s Right to Know Resource Directory.” On this list are 89% of the 115 CPCs identified. Thus, North Carolina recommends CPCs to (potentially) pregnant WTNB as a resource for pregnancy-related needs, most of which, a CPC cannot meet. Additionally, since 68% of CPCs are religiously affiliated (according to their websites), the State is sending WTNB to receive religious counseling during a particularly delicate situation and vulnerable time in a woman’s life.

At a time when women’s health clinics are increasingly less likely to receive governmental support, even a tacit endorsement of CPCs is concerning. The “Woman’s Right to Know Resource Directory” clearly states that “the organizations listed in this directory do not constitute or imply any endorsement, agreement, or recommendation of their viewpoints or the services they provide by North Carolina State Government and any of its employees.”<sup>31</sup> However, notably missing from the directory are all individually-owned abortion clinics in the State. Additionally, the State of North Carolina does not currently collect evaluative data on any of the CPCs and thus cannot know the type, amount, or quality of care a woman will receive at a CPC. The directory may not make any outright recommendations to its readers, but the inclusion of religiously affiliated and unregulated CPCs is problematic and cause for alarm.

---

<sup>31</sup> “Woman’s Right to Know Resource Directory Woman’s Right to Know Resource Directory Directorio de Recursos Del Derecho de La Mujer a La Información Woman’s Right to Know Resource Directory.”

**88 Advisory Council on Rare Diseases**

**Fund Code:** 126C

\$100,000 NR

Provides funds for the Advisory Council on Rare Diseases established by S.L. 2015-199. The Division of Public Health shall transfer the funds to the UNC-Chapel Hill School of Medicine to be used to support start-up costs of the Advisory Council. The revised net appropriation for the Advisory Council on Rare Diseases is \$100,000 in FY 2017-18 only.

**89 Carolina Pregnancy Care Fellowship**

**Fund Code:** 13A1

\$1,300,000 NR \$1,300,000 NR

Provides funds to the Carolina Pregnancy Care Fellowship (CPCF). CPCF shall use \$800,000 to purchase durable medical equipment for clinics that apply to the Fellowship for such equipment. Up to thirty thousand dollars (\$30,000) in each year may be used by CPCF for administrative purposes. Up to \$170,000 may be used each year to provide grants to clinics for training on the use of durable medical equipment. The remaining \$300,000 is provided for the Human Coalition to develop and implement a two-year Continuum of Care pilot program at its Raleigh Clinic. The pilot program shall provide care coordination and medical support to women experiencing crisis pregnancies. The revised net appropriation for the Carolina Pregnancy Care Fellowship is \$1.3 million in each year of the biennium.

Health and Human Services

G 51

Conference Report on the Base, Capital, and Expansion Budget

**FY 17-18**

**FY 18-19**

**90 Coastal Pregnancy Center**

**Fund Code:** 13A1

\$100,000 NR

Provides funds for the Coastal Pregnancy Center located in Beaufort County. The revised net appropriation for the Coastal Pregnancy Center is \$100,000 in FY 2017-18 only.

**91 H.E.L.P. Center, Inc.**

**Fund Code:** 13A1

\$450,000 NR

Provides funds for H.E.L.P. Center, Inc. for services for pregnant women who are under insured or do not qualify for prenatal health care. The revised net appropriation for H.E.L.P. Center, Inc. is \$450,000 in FY 2017-18 only.

**92 Greene County Wellness Center**

**Fund Code:** 1261

\$100,000 NR



## Conclusion

Created as a response to Roe v. Wade and the growing availability of legal and safe abortions, CPCs manipulate and deceive WTNB with lies, guilt, and shame. While Public Health Departments, Social Services Departments, Community Clinics, WIC Offices, etc. work to bring affordable healthcare and services to the community, CPCs offer superficial assistance in their effort to prevent anyone from accessing abortion. CPCs do not encourage safe sex; rather, CPCs espouse hard line fundamentalist beliefs leading them to promote abstinence as the only method of birth control, erroneously claim that contraception is not effective, and claim that sex within a heterosexual marriage is the only safe and acceptable form of sex.

CPCs position themselves near abortion providers, in lower-income neighborhoods, in communities of color, and near colleges and universities; an intentional strategy to reach communities they claim are most in need, and yet there is an absence of evidence that these communities are actually served by their work. Moreover, because CPCs appear to be credible medical centers, WTNB end up receiving at best misleading, and at worst downright incorrect health information and too often are obstructed or delayed in carrying out their decision to have an abortion.

With increasing State funding, CPCs continue to improve their ability to appear as legitimate professional health centers. After the passage of the “Woman’s Right to Know Act,” CPCs were listed on official DHHS resource directories as state-sanctioned ultrasound providers while individually-owned abortion clinics were excluded. With more funds, more CPCs can purchase ultrasound machines, and through their deceptive and manipulative practices, they will continue to put the health of the WTNB of North Carolina at risk.

Crisis Pregnancy Centers, with their deception and misinformation about sexual and reproductive health, are a public health threat to North Carolinians. The current political climate- - in which the health of WTNB is not a priority - makes it difficult to levee against the rising tide of state-subsidized misinformation. Promoting awareness of the existence and actions of CPCs is critical in our fight for reproductive justice and health equity in North Carolina and the United States.