Crisis Pregnancy Centers Revealed, Part II
An investigative update on Virginia CPCs

A report by the NARAL Pro-Choice Virginia Foundation
Dedication

NARAL Pro-Choice Virginia Foundation dedicates this report to the heroic providers of comprehensive reproductive health care in the Commonwealth. Thank you for your bravery, your compassion, and your unwavering commitment to the women and families of Virginia.

Acknowledgements:

The year-long investigation and publication of this report could not have been possible without the support, encouragement and guidance of the members of the NARAL Pro-Choice Virginia family.

NARAL Pro-Choice Virginia would particularly like to thank the following organizations: NARAL Pro-Choice America, The American Civil Liberties Union of Virginia, Progress VA, Falls Church Healthcare Center, the Virginia Pro-Choice Coalition, the Coalition to Protect Women’s Health, and our anonymous funders who believed in this project and made it possible.

We would also like to thank the many individuals who dedicated their time and energy to the completion of this project, including our volunteers, advisors, board members, policy experts, interns, and friends. We are incredibly fortunate to have been able to rely on your enthusiasm and intelligence throughout the course of this undertaking.

Finally, NARAL Pro-Choice Virginia extends our deep gratitude and appreciation to Virginia’s pro-choice legislators. Your steadfast commitment to protecting the rights and health of Virginians is unparalleled, and we are proud to stand with you in the fight for reproductive freedom.

To our NARAL Pro-Choice Virginia Family: your patience, support, and passion for our CPC efforts were unparalleled, and we cannot thank you enough.

Yes Virginia. We Are Pro-Choice!

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Advocacy and Communications Manager
NARAL Pro-Choice Virginia
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Executive Summary

NARAL Pro-Choice Virginia Foundation (NPCVF) engaged in a year-long investigation of crisis pregnancy centers (CPCs) throughout the Commonwealth from June of 2012 through June of 2013. This investigation served as a follow-up to NPCVF’s 2009 CPC investigation and report,1 which gave Virginians an unprecedented look into the misleading and potentially dangerous practices employed by CPCs in the Commonwealth.

The following report presents NPCVF’s recent findings, collected over the past 12 months, to provide additional insight into the potential harm CPCs pose to women and Virginia communities, and present evidence for the need to inform women of the limitations of their services. Because of the inaccurate reproductive-health information many CPCs continue to provide, NARAL Pro-Choice Virginia believes, as in 2010, that these centers pose a significant threat to public health.

About Crisis Pregnancy Centers in Virginia

Anyone seeking health-care services should receive comprehensive, unbiased, and medically accurate information. Women facing unintended pregnancy deserve no less.

Unable to shut down legitimate public-health centers, the anti-choice movement built a national network of nonprofit organizations posing as comprehensive health care clinics – ‘crisis pregnancy centers’ or ‘limited service pregnancy centers.’

NPCVF identified 58 CPCs in Virginia, including two mobile units. 2 These CPCs do not provide or refer for abortion care or birth control. In addition, research conducted by NARAL Pro-Choice Virginia Foundation shows that the vast majority of CPCs in the Commonwealth spread medical falsehoods that put the health of women and all Virginians at risk. Furthermore, CPCs are often not regulated in the same way as comprehensive reproductive health clinics to ensure confidentiality of clients’ personal and private information.

Investigation Findings

The investigation, conducted by NARAL Pro-Choice Virginia Foundation staff and volunteers, included 77 phone calls and 10 in-person visits to 56 of the 58 CPCs in the Commonwealth. The study’s findings demonstrate that the vast majority of Virginia CPCs continue to relay medically inaccurate information to potential and current clientele about infertility, fetal development, sexually transmitted infections, contraception, pregnancy, and


2 NPCVF discovered the presence of 2 CPC mobile units in May of 2013. Due to the limited timeframe of our project and report, we were unable to investigate these CPCs before the release deadline.
abortion. Of the 56 centers identified and investigated in Virginia, 71 percent (40) shared some degree of medically erroneous information.

Investigation Findings of Misleading and Medically Inaccurate Information:

- **40 CPCs** shared medically erroneous information that abortion causes long-term psychological damage, including suggesting that women who have abortions can “get eating disorders, become alcoholic, or become drug addicts,” and that “the sound of a vacuum would always bring back flashbacks of the abortion.”
- **18 CPCs** shared medically inaccurate information that abortion causes breast cancer, including several that issued the following warning on their respective websites: “A number of reliable studies have demonstrated a connection between abortion and later development of breast cancer.”
- **25 CPCs** falsely reported a link between abortion, infertility, and later pregnancy complications. One in-person investigator reported: “The counselor said that if I was a certain blood type, an abortion could cause my body to create antibodies that would attack my baby the next time I got pregnant.”

**Mandatory Ultrasound Law and Virginia CPCs**

In addition to updating our knowledge of CPCs’ deceptive practices, NARAL Pro-Choice Virginia Foundation has explored the little-known intersection between Virginia’s crisis pregnancy centers and the Commonwealth’s newly enacted forced ultrasound law and 24-hour waiting period.

NPCVF has found clear evidence to suggest that, by codifying barriers to comprehensive reproductive health care, mandating state-sponsored advertising for illegitimate health centers, and perpetuating delays for women seeking abortion care, Virginia’s newly enacted mandatory ultrasound law and 24-hour waiting period have served to support, aid, and legitimize Virginia’s crisis pregnancy centers. NPCVF’s 12-month investigation reveals that through this recently enacted legislation, the Virginia government is strategically attempting to dissuade Virginia women from accessing their full range of reproductive health care options, including abortion.

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Policy Recommendations: Protecting Community Health and Privacy

Based on the deeply troubling evidence gathered through NPCV’s investigative update, we have put together two comprehensive policy recommendations to better protect the public health and privacy of Virginian women and their communities.

First, all crisis pregnancy centers must commit to a pre-certification by the Department of Health, confirming to provide only medically accurate information to their clientele as evidenced by a commitment to following the Department of Health’s current standard of care and (1) supported by research conducted in compliance with accepted scientific methods; (2) recognized as accurate and objective by leading professional organizations and agencies with relevant expertise; and (3) published in scientifically proven peer-reviewed journals, if appropriate.

Additionally, NPCVF strongly recommends that the Virginia Department of Health not refer women to crisis pregnancy centers in the Commonwealth. VDH should require all organizations on its referral lists to promote the public health and meet a set of commonsense eligibility requirements.

NARAL Pro-Choice Virginia is dedicated to ensuring that all Virginians have complete and medically accurate information when faced with reproductive health decisions. Our policy proposal will help guarantee that crisis pregnancy centers throughout the Commonwealth maintain an honest and medically accurate standard of care, and better support public health.
Introduction

Crisis Pregnancy Centers in Virginia

Crisis pregnancy centers (CPCs) are facilities that often advertise free services to women facing unintended pregnancies while promoting an anti-choice agenda. The most common services include free pregnancy testing, onsite ultrasound or ultrasound referrals, counseling, and short-term material or health care assistance. Some CPCs also operate or work in connection with adoption agencies. The majority of CPCs are volunteer-run though some have medically licensed staff onsite, often working as volunteers once or twice a week.

While many CPCs claim to provide unbiased information and assistance, their fundamental goal is to dissuade women from considering their full range of reproductive health options. To attain this goal, some may provide women facing unintended pregnancies with medically inaccurate and deceptive information on reproductive health, fetal development, miscarriages, sexually transmitted diseases, contraception, and abortion.

In addition, some CPCs encourage women to delay decision-making. In Virginia abortions can only be performed in clinics during the first trimester, and many CPCs capitalize on this limited timeframe by suggesting the likelihood of miscarriage or misrepresenting the possibility of later abortion. Some CPCs also suggest that gestational development is farther along than it actually is, making women wrongly assume that abortions will neither be as safe nor accessible.

NPCVF identified 58 crisis pregnancy centers in the Commonwealth (Appendix 1). They are located throughout the state, with particularly large clusters in several regions (Figure 1). There are more than twice as many CPCs throughout the state as comprehensive reproductive health care facilities (Figure 2) that perform abortions (medical or surgical). Many CPCs are affiliated with three national anti-choice organizations: Care Net, Bethany Christian Services, and Heartbeat International. These three groups provide technical assistance and other support to CPCs including training, legal advice, organizational development, and financial assistance.
These parent organizations often track CPCs throughout the country, and operate call centers and websites to match potential clientele with a local CPC. Of the 58 CPCs in Virginia, five are Care Net organizations, six are Bethany, and five are Birthright. An estimated 27 centers are affiliates of Heartbeat International.\(^{10}\)

In June 2012, NARAL Pro-Choice Virginia Foundation (NPCVF) launched a 12-month undercover investigation and an in-depth research project to update our knowledge of the practices and procedures these 58 centers engage in, as well as measure which facilitates share medically inaccurate information and employ deceptive practices.

### How CPCs Differ from Comprehensive Reproductive Health Facilities

As determined through our survey, the overwhelming majority of Virginia’s crisis pregnancy centers do not offer the medical and social services provided by comprehensive reproductive health clinics. The following chart provides a detailed comparison of reproductive health services contrasted with the limited services offered at Virginia’s CPCs.

<table>
<thead>
<tr>
<th>Health/Social Services</th>
<th>Provided at Comprehensive Reproductive Health Facilities?</th>
<th>Provided at CPCs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual gynecological exams</td>
<td>✓ Yes</td>
<td>✗ No</td>
</tr>
<tr>
<td>Pap tests and lab tests</td>
<td>✓ Yes</td>
<td>✗ No</td>
</tr>
<tr>
<td>Family planning and contraception</td>
<td>✓ Yes</td>
<td>Only “natural” family planning information provided</td>
</tr>
<tr>
<td>STI testing, counseling, and treatment</td>
<td>✓ Yes</td>
<td>Testing at some CPCs</td>
</tr>
<tr>
<td>HIV testing, counseling and treatment</td>
<td>✓ Yes</td>
<td>Testing at some CPCs</td>
</tr>
<tr>
<td>Abortion Services</td>
<td>✓ Yes</td>
<td>✗ No</td>
</tr>
<tr>
<td>Urinary tract infection treatment</td>
<td>✓ Yes</td>
<td>✗ No</td>
</tr>
<tr>
<td>Vasectomies</td>
<td>✓ Yes</td>
<td>✗ No</td>
</tr>
<tr>
<td>Essure and tubal ligation services</td>
<td>✓ Yes</td>
<td>✗ No</td>
</tr>
<tr>
<td>Emergency Contraception</td>
<td>✓ Yes</td>
<td>✗ No</td>
</tr>
<tr>
<td>Colposcopy and cryotherapy</td>
<td>✓ Yes</td>
<td>✗ No</td>
</tr>
<tr>
<td>Clinical research</td>
<td>✓ Yes</td>
<td>✗ No</td>
</tr>
<tr>
<td>Pregnancy testing, blood and urine</td>
<td>✓ Yes</td>
<td>Urine testing only</td>
</tr>
<tr>
<td>Adoption service referrals</td>
<td>✓ Yes</td>
<td>Only to select adoption agencies</td>
</tr>
<tr>
<td>Pregnancy counseling</td>
<td>✓ Yes</td>
<td>Only anti-abortion counseling provided</td>
</tr>
</tbody>
</table>
How CPCs Target the Women of Virginia

CPCs increasingly target groups that are the most underserved by the current health-care system and are therefore most vulnerable to the misinformation CPCs provide. These groups include women of color, young women, women living in rural locations, and low-income women. Through a variety of methods, including the offering of free services, strategic location placements and market-specific advertising, CPCs work to attract women from specific demographics.

Crisis pregnancy centers are able to bring in a large percentage of clients by advertising free services, such as pregnancy tests, ultrasounds, and prenatal classes. Unfortunately, women who are most in need of free services are often those who lack access to basic, comprehensive and medically accurate health care due to geographic, economic or situational disadvantages. Because of this lack of access, CPCs attract women who may have few options beyond these services. In Virginia this problem is compounded by recently enacted legislation mandating that women undergo a mandatory ultrasound before accessing abortion care. Faced with the necessity of an expensive ultrasound procedure, Virginia women are additionally likely to be attracted by the no-cost services advertised by CPCs.

In addition, CPCs often plant facilities near universities and colleges and in communities with disproportionately high minority populations. Care Net, which touts itself as “the largest network of pregnancy centers in North America”,11 launched an “Urban Initiative” in 2003 (since renamed the “Underserved Outreach Initiative”) specifically designed to target African American and Latina women. As Care Net explains on its website, CPCs are strategically located to attract women of color:

[The Urban Initiative] focused on developing partnerships and planting pregnancy centers in urban communities... While there are many areas lacking pregnancy centers, we are first seeking to serve the community with the highest abortion rate – African Americans. The successes and lessons learned in engaging the African American community (albeit a different culture) will be beneficial as we expand our efforts to reach another underserved community -- Hispanic women.12

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In Virginia an overwhelming majority of CPCs are located in communities with above average populations of women of color. 79% of the 56 CPCs investigated are located in areas that have a higher than average percentage of African American and/or Latino residents (Figure 3).\(^{13}\)

Many CPCs also establish themselves near universities, colleges, and community colleges in order to target students facing unintended pregnancies who may have limited resources and mobility. NPCVF found 74%\(^{14}\) of the state’s CPCs are located within 10 miles (and many within walking distance) of universities and colleges, illustrating their goal to target young people who may not have other options available (Figure 4).\(^{15}\)

\(^{13}\) 43 out of 56 CPCs are located in cities that have an above-average percentage of African-American and/or Latino residents. 19.4% is the state average for African-Americans residents and 7.9% for Hispanic or Latino origin residents.

\(^{14}\) Of 37 universities and colleges in Virginia, 30 (81%) are within 10 miles of CPCs. And of 29 community colleges in Virginia, 19 (65%) are within 10 miles of CPCs.

\(^{15}\) http://www.communitywalk.com/virginia/colleges_and_universities__crisis_pregnancy_centers_in_virginia/map/405201
In addition to tactical locations, Virginia CPCs also cater directly to target demographics through strategic advertising. As Care Net explains of its focus on women of color:

Care Net equips centers and community leaders to generate awareness in the African American community about the impact of abortion by offering culturally relevant training and marketing resources. We provide workshop tracks at our national conference to equip Care Net centers to effectively minister to African American clients. We develop client brochures and other materials that appeal to urban communities.16

Several Virginia CPCs advertise directly to college students. For example, one CPC connects with students at the University of Virginia through an ad in an online coupon book (Figure 5). In addition to coupons for various restaurants and shops, students receive a coupon for a free pregnancy test at a local CPC (Figure 6). Another CPC posted flyers on the campus of George Mason University and specifically appealed to students: “Helping GMU students since 2005” (Figure 7).


Figure 5: Advertisement for Pregnancy Centers of Central Virginia, a CPC, nestled among coupons for various shops and services popular with students.
Figure 6: Coupon for a free pregnancy test at a local CPC, as distributed to University of Virginia students.

Figure 7: Advertisement for a crisis pregnancy center targeting students at George Mason University. The advertisement was placed in the Student Union on March 14, 2010.
As with its urban outreach initiative, Care Net is vocal about targeting young women:

Care Net is strategically planting new pregnancy centers in these urban communities in order to provide needed abortion alternatives and pregnancy support services. Care Net also recognizes the need to offer pregnancy center services to women on college campuses. Therefore, Care Net has recently launched a new college campus program that aims to reach these underserved areas.\textsuperscript{17}

In addition, CPCs in Virginia often use deceptive names for their centers. For example, NPCVF identified CPCs with the names “AAA Women for Choice”, “A Woman’s Choice”, “Emergency Pregnancy Services”, and “First Choice”, all misleading to an individual seeking abortion services. Likewise, CPCs will occasionally locate themselves near comprehensive women’s health clinics to take advantage of women may mistake the CPC for a legitimate medical facility. NPCVF is aware of at least two CPCs\textsuperscript{18} that are in the same shopping plaza or building as a comprehensive reproductive health care medical clinic.

Finally, CPCs across the country and in Virginia are beginning to explore the use of “mobile units”, portable vans that are able to travel to strategic locations and more directly target key demographics. In Virginia, CPC mobile units are open about this strategy. As “A Best Choice Mobile Ultrasound and Pregnancy Resource Center” explains:

\begin{quote}
We are the only mobile ultrasound and pregnancy resource center in the D.C. area. We hope to service approximately 15 colleges and universities in the Northern Virginia and D.C. areas by offering free pregnancy tests, limited ultrasound, and eventually, sexually transmitted disease testing within a 50-mile radius. If only 10\% of women are walking into traditional crisis pregnancy centers, we need to go where they are.\textsuperscript{19}
\end{quote}

NPCVF was able to locate only two such mobile units in Virginia\textsuperscript{20}, although identification is difficult due to their mobility and frequently changing location. It is likely that the number of mobile CPCs in Virginia is higher.

\begin{flushright}
\textsuperscript{18} AAA Women for Choice located in Manassas, VA and Pregnancy Resource Center of the New River Valley located in Blacksburg, VA are located next to comprehensive reproductive health care facilities.
\textsuperscript{20} “A Best Choice Mobile Unit” in Fairfax County and “A Best Choice Mobile Unit” in Prince William County.
\end{flushright}
How ‘Choose Life’ License Plates Fund CPCs

Crisis pregnancy centers receive funding from a number of sources. In Virginia the majority of the centers are privately funded by individual donors, religious organizations, and national CPC umbrella organizations Heartbeat International, Care Net, Birthright, and Bethany Christian Services.

These national CPC organizations provide a sophisticated support network for crisis pregnancy centers in Virginia and across the country. In addition to educational and financial resources, these major umbrella organizations help CPCs establish themselves with federal and state policymakers.

In fact, the anti-choice movement has identified CPCs as key to their strategy to end abortion: along with state legislation and federal legislation, their vision for CPCs is to serve as a third arm on the ground by planting them in communities and courting state elected officials to pass legislation supporting CPCs. Enacting ‘Choose Life’ license-plates programs is part of this strategy.

As Ohio Right to Life puts it in a promotional video:

“When we look at the overall strategy of ending abortion, not just in Ohio but nationwide, we have to have a strong federal strategy, a very strong state strategy, and then a local strategy to support our pregnancy centers.”

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This strategy is particularly evident in Virginia. In early 2009 prominent anti-choice Virginia Senator Ken Cuccinelli sponsored legislation to enact a ‘Choose Life’ license-plate program, thereby setting up a state mechanism to fund crisis pregnancy centers and lend legitimacy to their deceptive and manipulative tactics. As Cuccinelli explained the legislation:

“When with the passage of this bill, Virginians can purchase the Choose Life license plate for $25 each year, with $15 to be divided among 40 crisis pregnancy centers around Virginia. These centers, and the volunteers that work there, are on the front lines of the fight for life – trying to help women at the very moment when they are the most vulnerable.”

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Choose Life License Plates Funding Stream

The ‘Choose Life’ license plate in Virginia costs $25.²³ Of this $25, $15 goes directly to a license plate funding pool regulated by Heartbeat International, located in Columbus, Ohio. After the first 1,000 plates are sold, all proceeds are sent directly to Heartbeat International from the Special Plates department of the Department of Motor Vehicles (DMV). The DMV also reports the total number of license plates sold each month to the Richmond Coalition for Life.²⁴

At the publication of our 2010 report, exactly 1,624 license plates had been sold, totaling $9,360 to be distributed to the Commonwealth’s Heartbeat International CPCs. Since then an additional 11,477 license plates have been sold or renewed, with an additional $213,770 distributed to Virginia’s Heartbeat International CPCs. As of June 17, 2013, there are a total of 5,094 “Choose Life” license plates on Virginia roads, which have funneled $223,130 to Heartbeat-affiliated crisis pregnancy centers in Virginia.²⁵ As established by Code Section §3 of Chapter 755 of the Acts of Assembly of 2009, Virginia CPCs must technically qualify to receive funding:

These funds shall be paid annually to Heartbeat International, Inc., to be distributed in equal grants to pregnancy center locations in Virginia that are tax exempt organizations under 501(c)(3) of the Internal Revenue Code and officially committed to Heartbeat International’s “Our Commitment of Care” standards.²⁶

However as outlined in NPCVF’s 2010 investigation, these qualifications were widely ignored in practice. In 2010, NPCVF identified 38 Virginia CPCs sanctioned by Heartbeat International and therefore qualified under state law to receive license plate monies. Of these 38 centers, 26 (72 percent) were found to violate Heartbeat International’s purported ‘Commitment of Care’ standards.²⁷

Nonexistent CPC Continues to Receive Funding Through the State

Also among those listed as 2010 recipients of the Virginia “Choose Life” funding stream were Mattingly Test Center and Lady Care, Inc.,²⁸ two nonexistent CPCs receiving state-sponsored funding, despite providing zero of the services mandated by Virginia law.²⁹

²⁷ Full list of Heartbeat International “Commitment of Care” standards can be found online: http://www.heartbeatinternational.org/hbi-about-us/our-commitment
²⁸ In Ashburn, VA and Chesapeake, VA respectively.
At the onset of our 12-month investigative update then, NPCVF was determined to discover if nonexistent CPCs were continuing to receive state-sponsored “Choose Life” monies. Coincidentally – as is likely due to the 2010 publication of our report and the subsequent media investigation that ensued – Heartbeat International no longer makes the list of state-funded CPCs publically available. Instead they provide a general estimate, stating online that “approximately 75 service providers that meet the general qualifications of being one of the ‘pregnancy center locations’ serving ‘pregnancy women and women who suspect they may be pregnant in Virginia.’”

By counting the number of affiliated centers in Virginia listed in Heartbeat International’s “Worldwide Directory” and cross-referencing this list with the number of NPCVF-verified CPCs, NARAL Pro-Choice Virginia Foundation was able to identify 28 crisis pregnancy centers believed to be receiving Virginia “Choose Life” license plate monies. Shockingly, although the Mattingly Test Center has been removed from the list of affiliated CPCs, Lady Care Inc. is still listed as a Heartbeat International affiliate in Virginia – and is presumably continuing to receive ‘Choose Life’ license plate monies.

Over the past 12 months NPCVF investigators repeatedly called the number listed for Lady Care, Inc. Upon finally receiving an answer, one investigator was told that Lady Care Inc. “does not offer services for women in the United States.” This is deeply troubling, considering that Heartbeat International presumably counts Lady Care Inc. among its list of centers serving “pregnant women and women who suspect they may be pregnant in Virginia,” and an in-state presence is necessary to receive state funding under Code Section 3 of Chapter 755 of Virginia law. Furthermore, as was the case during NPCVF’s 2010 investigation, internet and phonebook searches for Lady Care Inc. resulted in unidentified and unusable addresses, phone numbers, and websites. If Virginia residents cannot locate or access this center, it is not serving the predetermined purpose of Heartbeat International’s crisis pregnancy centers. An inaccessible facility that is admittedly operating out of state should not receive license plate funding from the Commonwealth, per Virginia code.

29 While listed as recipients of license plate monies on both the Richmond Coalition of Life’s website and Heartbeat International’s website, neither The Mattingly Test Center in Ashburn nor Lady Care, Inc. in Chesapeake even existed as Virginia entities entitled to receive state funding, as determined by Code Section 3 of Chapter 755 of the Acts of Assembly of 2009.
The Investigations

Beginning in June of 2012, NPCVF embarked upon a year-long investigative survey to build upon our knowledge of Virginia’s crisis pregnancy centers. Upon completion of a preliminary web-based survey to determine all listed facilities in the Commonwealth, NPCVF conducted an intensive analysis of all potential centers in the Commonwealth and discovered there to be 58 distinct CPCs. We conducted 10 in-person visits and 77 phone interviews to 56 of these confirmed centers (Appendix I). All facilities that our investigators did not visit in-person were called at least once. Ten centers received a phone call and an in-person visit. Ten centers were called in Spanish. All CPCs’ websites were also investigated, if applicable.

Methodology

NARAL Pro-Choice Virginia trained 12 volunteer investigators and guided them in their visits and phone calls to these centers. All investigators were instructed to make an appointment by phone first, obtain any information through the call, and then visit the center with a partner for both safety and research needs. Trainings included role plays, question-and-answer sessions, and survey materials in order to obtain the most comprehensive information available. CPC visits were assigned based upon proximity to the investigators’ residence. Those not accessible were visited by NPCVF interns or called by phone.

A standard survey instrument was used to ensure uniformity in reported findings. Investigators were asked to track a variety of topics including information shared with clientele, procedural methods, and paperwork and confidentiality. Most tracking measures were objective analyses, reporting on the facility’s physical appearances, terminology used to describe procedures and options, and collecting written materials. The survey instrument also asked investigators to report any specific anecdotes or conversations not otherwise tracked on the form.

Investigators were instructed to record findings on their survey instrument immediately after the interaction to best remember circumstances. Investigators were also instructed to take as much written material from the center as they found available. Results of visits and phone calls were sent directly to NARAL Pro-Choice Virginia, where information was

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34 NPCVF originally found more than 70 CPCs but upon close investigation, determined several CPCs to have filed 990s forms or call themselves by several different names when they were only one physical facility. Additionally, several centers are listed at more than one address though secondary addresses were not found to be active. Finally, while still listed on national CPC websites such as Option Line, NPCVF identified several former CPCs that no longer exist in the Commonwealth by way of extensive online and Yellow pages searches.
compiled, tracked, and maintained with strict confidentiality. All investigators were asked to keep their work and the investigation confidential until the release of this report. All visits occurred from June 2012 through May 2013.

Overall Investigative Findings

Common Tactics Employed by Crisis Pregnancy Centers

NARAL Pro-Choice Virginia’s investigative update concludes that the majority of crisis pregnancy centers throughout the Commonwealth continue to rely on a number of deceptive tactics to dissuade pregnant women from considering all of their reproductive options, including abortion. As first reported in our 2010 investigation and still evident in 2013, tactics include strategic phone conversations, misleading and occasionally deceptive advertising, and medically inaccurate information about medical and surgical abortion, fetal development, infertility, miscarriage, mental illness, sexually transmitted infections, and birth control. We have categorized and documented these practices in the following section.

Deceptive Advertising

CPCs rely on high visibility advertising and as such, will often purchase billboards on well-traveled roads or buy advertisement space on public transportation, including buses and the Metro. These signs often feature a young woman, with text such as, “Pregnant? Scared? Need Help? Call us!” or “Need Help? Free Pregnancy Tests!” In many cases, specific services are not listed but rather implied. This misleading advertising is designed to confuse women looking for comprehensive reproductive health clinics, and incite a potential client to call, make an appointment, and walk in. The intention to mislead is clear; a woman will often – if ever – only learn that the CPC is an anti-choice facility once she walks through the door.
In addition, many CPCs are listed on online resources such as Yelp (shown in Figure 9) under ‘Medical Centers’ or ‘Abortion’. This deceptive advertising is compounded by a majority of CPCs’ websites, which often make no mention of their anti-choice bias and instead claim to offer services simply to support a woman’s needs when facing a possible pregnancy.

One example of this deceptive advertising is the website of Abba Pregnancy Care Center in Winchester, Virginia. Abba Care’s website not only includes the deceptively-worded tagline “A Fresh Perspective on Choice”, but bills itself as a “place to process everything” with no mention of its anti-abortion ideology (Figure 10).

![AbbaCare Website Screenshot](image)

At AbbaCare, staff and volunteers are here to provide you with a free pregnancy test and medically accurate information. We’ll go over all of your options if your pregnancy test is positive. We understand that you need a place to process everything and share what’s on your mind. Come talk with us.

Figure 10
While it is the center’s prerogative to promote whatever ideology it likes, Virginia’s crisis pregnancy centers intentionally use deceptive advertising to encourage women to enter their facilities without knowledge of their directive nature and limited services. This pattern of false advertising not only preys on vulnerable women facing unintended pregnancies, but purposefully takes advantage of a potential client’s lack of resources and support when in a crisis situation.

**Strategic Phone Conversations**

NPCVF investigators completed a total of 56 investigative phone calls, yet only 8 CPCs shared that they were ‘pro-life’ facilities. Most centers only shared that they do not offer abortion services or abortion referrals after probing by investigators. NPCVF cannot be sure if this information would be revealed if a client did not ask forthright.

These evasive practices were widely reported by investigators throughout NPCVF’s 2010 study, when a typical phone conversation included a center staffer avoiding discussions of direct services provided. NPCVF’s updated investigation revealed a slight shift in this trend: although investigators reported an increased willingness on the part of CPCs to share service limits, many used new – yet similarly deceptive – tactics to encourage in-person visits. Ultimately, NPCVF found that, as in 2010, the vast majority of CPCs employ a variety of underhanded tactics to get Virginia women through their doors.

Although less prominent than in 2010, several investigators did report evasive phone conversations regarding the limited nature of CPC services. For example, multiple CPCs told investigators that they could not discuss their service options over the phone, explaining when pressed that the caller would have to “come in for more information.”

When one investigator called a CPC and stated she wanted an abortion, the center staffer responded by offering free parenting classes, Medicaid referrals, and a free ultrasound, if qualified. As our investigator reported “They told me they had several resources for me, but would not tell me whether or not they offered abortion.” While it is important to note that the majority of CPCs surveyed did admit the limits of their services when pressed, NPCVF cannot be sure that this information would be revealed if the client did not ask outright.

However as mentioned above, a refusal to stipulate service limits was only one of several strategic tactics employed by Virginia CPCs to lure women into their facilities. Other common phone tactics included insistence on scientific confirmation of pregnancy, medical misinformation about sexually transmitted disease and abortion, and manipulation of Virginia’s recent forced-ultrasound law.

Several CPCs told our investigators of the need to “medically confirm a pregnancy” before even considering abortion, and many stressed the importance of obtaining a “professional”

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38 “Comfort Care Women’s Health”. Telephone Investigation. 6 Dec. 2012.
pregnancy test – despite using common urine tests widely available in stores. One investigator was told to visit the center for a pregnancy test because “the pregnancy tests we use are extra sensitive and better than the average pregnancy tests.” Another CPC’s website stressed that women should come in for a visit even if they’ve already taken a test: “A home pregnancy test doesn’t confirm you’re pregnant. Only a doctor can do that. At ComfortCare, our medical professionals will provide a free pregnancy confirmation.” Similarly, several CPCs stressed the importance of an in-office STI test before abortion. One investigator was also told that she should come in to be tested for STIs, because “having an abortion and also having STDs is unsafe.”

Another common tactic employed by CPCs within the Commonwealth was the invoking of Virginia’s mandatory-ultrasound law. Out of a total of 56 calls, NPCVF investigators reported 24 cases in which they were told to make an in-person appointment in order to comply with Virginia’s 2012 forced-ultrasound provision – despite the fact that multiple CPCs have indicated zero intention of supplying women with the legal documentation necessary to comply. For example, one center told our investigator that “Virginia law requires you to get an ultrasound 24 hours before an abortion. So come in and get an ultrasound and then the clock will start on those 24 hours.” Another investigator reported being told over the phone that the law actually mandated a visit to a crisis pregnancy center, which is untrue. “In order for you to get an abortion, you have to be counseled about all your options, all about the risks with abortions, just so you make an informed decision. It’s Virginia law.”

This willful manipulation of Virginia’s mandatory ultrasound law is especially troubling considering the fact that CPCs have no obligation to actually offer the services needed to comply with the statute. In fact, as we will discuss in detail on page 33, multiple Virginia’s CPCs have indicated that they will refuse to provide ultrasound documents to women who indicate they are seeking abortion care – despite implying over the phone that a CPC ultrasound is necessary for legal compliance.

It is most important to note that if a woman facing an unintended pregnancy did not know the limits of CPC services nor the full extent of Virginia law, she could be easily mislead to believe that CPCs are comprehensive reproductive health care facilities due to deceptive advertising and strategic phone techniques.

39 All Crisis Pregnancy Centers visited by NPCVF used at-home pregnancy tests, either administered by a center staffer or by the investigator herself.
42 “AAA Women for Choice”. In-Person Investigation. 17 Nov. 2012.
43 “AAA Women for Choice”. Telephone Investigation. 20 Feb. 2013
**Medically Inaccurate Information**

There are a number of common myths crisis pregnancy centers share with women facing unintended pregnancies. Of the 56 centers surveyed, our investigators reported receiving medically inaccurate information either by phone, in-person, or in written materials from 40 CPCs (Figure 11).  

![Total CPCs Sharing Medically Inaccurate Information](image)

Figure 11

**Medically Inaccurate Information about Negative Psychological Effects**

In 2010, NPCVF’s investigation revealed that the most common medical inaccuracy perpetrated by Virginia CPCs was the claim that abortion causes permanent psychological and emotional disorders, ranging from depression and eating disorders to suicidal thoughts and “post-abortion stress disorder.” In 2010 a total of sixteen investigators were told in-person that abortion yields dangerous or even deadly psychological side effects. An additional seven were

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41 These measurements are taken from contacting 56 centers. By excluding overlapping information wherein one center supplied medically inaccurate information by phone, in-person, and in their literature, a total of 40 were found to provide some degree of medically inaccurate information.
told this by phone, and another fourteen centers’ literature suggested that women undergoing abortions would face permanent psychological disorders.45

The results of our 2012 investigative update prove that false statements about negative “psychological effects” of abortion continues to be the most common falsehood spread by Virginia’s CPCs. Of the 56 centers surveyed, 40 provided misinformation about the “emotional and psychological impact”46 of abortion. 2012 investigators relayed the following warnings from CPC counselors about the long-lasting psychological effects they would face should they choose abortion:

“I was told that I would have emotional complications from abortion. The counselor said that the sound of a vacuum would always bring back flashbacks of the abortion.”47

Shenandoah County Pregnancy Center, Edinburg

“The woman told me that I would be ‘haunted’ by an abortion. She said “even if you have kids later on, every time you watch them growing up you will think about your abortion and the baby you could have had.”48

AAA Women for Choice, Manassas

“She told me that ‘there’s this thing called Post Abortion Stress Disorder’ and that ‘[the abortion clinic] won’t tell you any of this.’ She said that she had abortion when she was 15, and she ‘dreamed of a baby screaming every night’ for almost 5 years.”49

Pregnancy Help Center of Chesterfield, Chester

“I was told that the emotional impact of abortion could lead me to develop an eating disorder, or become an alcoholic and drug addict.”50

Northampron Pregnancy Center, Belle Haven

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46 “Abba Pregnancy Care Center.” Website Investigation. 9 March. 2013.


48 In-person Investigation. 17 Nov. 2012.

49 In-person Investigation. 8 Jan. 2013.

“I was given a video describing the ‘downward spiral’ after an abortion. A woman said that after her abortion she started to break all the promises she had made to herself: ‘I started to use drugs, alcohol, bulimia…all of these things to try to stuff the pain in my life.’ Another woman said that she had tried to commit suicide: ‘No one tells you that you’ll want to kill yourself after you do an abortion…having had that abortion turned me into a crackhead whore, and no one told me that would happen.’”

Pregnancy Support Center of the Tri-Cities, Petersburg

In addition, 34 CPCs shared materials online and in-person that explicitly listed several “psychological” and “emotional” effects of having an abortion:

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51 In-person Investigation. 8 Jan. 2013.
When women and their partners or friends are told that one of their reproductive options will have devastating psychological side-effects, fear may take precedence over educated and autonomous decision-making. These scare tactics rob Virginia women of the right to make fully informed decisions about the health option they feel is best for them and their families.

**Medically Inaccurate Information about Surgical Abortion**

As in 2010, another common medical untruth told to women at Virginia CPCs included misinformation about surgical abortion. A total of 29 CPCs perpetrated misinformation on surgical abortion, either online, through their materials, in-person, or over the phone. Investigators relayed the following experiences:

“*She talked about saline abortions and said that the doctor ‘injects the baby with a saline solution that burns the baby to death.’*”

_A Woman’s Choice, Falls Church_

“The counselor drew a picture of the uterus showing where the ‘little boy or little girl’ was implanted…then she drew a hook below the uterus and talked about scraping the baby out.”

_Emergency Pregnancy Services/Moriah Center, Alexandria_

“I watched a video where they showed a graphic model of a surgical abortion. It showed a doctor scraping out a fully formed baby, and then scraping off some of the uterine lining, which it said could cause infertility or problems with a later pregnancy.”

_AAA Women for Choice, Manassas_

“I was given a video that showed several women discussing their surgical abortions. One woman described the abortion procedure as ‘to be on a table and have a machine inside of you and a doctor to begin to literally pound and beat that child to death inside of you…rip it apart with a vacuum.’ Another woman described ‘seeing that jar sitting there and seeing the hunks of a baby put in it.’”

_Pregnancy Support Center of the Tri-Cities, Petersburg_

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54 “AAA Women for Choice”. In-person Investigation. 17 Nov. 2012.
Despite the medical misinformation evidenced above, legal and accessible abortion is extremely safe. According to the National Abortion Federation, “Surgical abortion is one of the safest types of medical procedures. Complications from having a first-trimester aspiration abortion are considerably less frequent and less serious than those associated with giving birth.”\textsuperscript{56}

Graphic untruths about the dangers of surgical abortion are therefore clearly intended to scare women from considering all reproductive-health options available to them, including abortion.

**Medically Inaccurate Information about Medical Abortion (RU-486)**

NPCVF’s 2010 study determined that seven of Virginia’s CPCs provided inaccurate information about medical abortion during in-person visits, and six centers confused RU-486 with emergency contraception during these visits. Furthermore, nine investigators received inaccurate information over the phone, and ten investigators received inaccurate information by way of literature.

This dissemination of misinformation regarding medical abortion (RU-486) is still occurring in 2012, with a total of 11 CPCs continuing to spread medical inaccuracies. At one Virginia CPC, an investigator was told that “They’re recalling RU-486 because women are bleeding out at home alone and dying”.\textsuperscript{57} Another facility gave NPCVF investigators a pamphlet highlighting the dangers of RU-486: “Severe bleeding is also a risk with the use of the abortion pill: one in 100 women requires surgery to stop the bleeding.”\textsuperscript{58} The claim of excessive bleeding requiring a transfusion as a common side-effect also appeared on several CPC websites, including that of Care Net Pregnancy Resource Centers (Figure 16).

![Figure 16](image)

Side effects may occur with induced abortion, whether surgical or by pill. These include abdominal pain and cramping, nausea, vomiting, and diarrhea. Abortion also carries the risk of significant complications such as bleeding, infection, and damage to organs. Serious complications occur in less than 1 out of 100 early abortions and in about 1 out of every 50 later abortions. Complications may include:

- **Heavy Bleeding** — Some bleeding after abortion is normal. However, if the cervix is torn or the uterus is punctured, there is a risk of severe bleeding known as hemorrhaging. When this happens, a blood transfusion may be required. Severe bleeding is also a risk with the use of RU 486. One in 100 women who use RU 486 will require surgery to stop the bleeding.

In reality, a transfusion after RU-486 is required in only about 1 in 500 cases - less than .002 percent.\textsuperscript{59}

\textsuperscript{57} “Emergency Pregnancy Services/Moriah Center”. In-person Investigation. 19 Oct. 2012.  
\textsuperscript{58} *Before you Decide*. Care Net. 2008. Received from Pregnancy Help Center of Chesterfield. In-Person Investigation. 8 Jan. 2013.  
\textsuperscript{59} “Facts About Mifepristone.” National Abortion Federation:  
http://www.prochoice.org/about_abortion/facts/facts_mifepristone.html
Medically Inaccurate Information about Fetal Development

NPCVF’s 2010 report found that medically erroneous information about fetal development was portrayed to a lesser degree than many of the other tracked categories. However, eight volunteers were told in person about exaggerated fetal development information, four on the phone and at least six provided literature with erroneous medical claims. The intent and effect likely is to scare from seeking safe and legal abortion.

The results of our 2012 investigative update prove that Virginia CPCs continue to perpetuate medical misinformation on fetal development, although to a lesser degree than in 2010. Three volunteers were told in-person about exaggerated fetal development information, five on the phone and eight through online & offline literature.

In addition, several CPCs exaggerated fetal development to portray the fetus as a full-term baby. For example, one CPC had selectively edited a paragraph on fetal development from what appeared to be a medical document, removing several sentences, presumably to portray the fetal development as further along than originally described (Figure 17).

Finally as in 2010, NPCVF investigators tracked the language used in the CPC facilities. The vast majority of the CPCs surveyed, regardless of the stage of development, called the potential zygote, embryo, or fetus a ‘baby.’ NPCVF finds this to be a common strategic move to appeal to a client’s emotions and portray the fetus as further developed than scientifically proven. One pamphlet clearly demonstrates this technique, describing a single-celled zygote as a “little person” and outlining conception in non-medical and emotional terms:

This tiny human begins her life as a single cell gliding down the fallopian tube. In just a few days she will snuggle into the soft lining of her mother’s womb where she will be nurtured for about nine months. After birth she will play a unique role within her own family and community – a role only she can fulfill.60

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Medically Inaccurate Information about Contraception and STIs

NPCVF’s 2010 report determined that a total of nineteen CPCs gave medically inaccurate information about contraception, and a total of fourteen told investigators unfounded statements about sexually transmitted infections (STIs). In addition, twenty-two CPCs told investigators that they did not provide or refer for birth control, citing the following reasons:

- HIV can pass through a condom.\(^{61}\)
- The AIDS virus is smaller than the holes in condoms.\(^{62}\)

NPCVF’s 2013 investigative update reveals that this pattern of misinformation about STIs, contraception, and birth control has not subsided. Eight of Virginia’s CPCs provided inaccurate information about contraception and STI’s in-person and over the phone. Furthermore, sixteen investigators received inaccurate information through CPCs’ websites, and two investigators received inaccurate information by way of literature. Investigators relayed the following experiences:

“[The CPC] told me that condoms were only 75-85% effective, and that the pill was even lower than that and to just not consider it.”\(^{63}\)

*Harrisonburg Pregnancy Center, Harrisonburg*

“I asked about getting on birth control, and she said I should only do natural family planning…she said that condoms are only 86% effective, but natural family planning is 98% effective.”\(^{64}\)

*A Woman’s Choice, Falls Church*

“She told me that condoms are only 85% effective, and that’s only if they are good condoms and are used perfectly every time.”\(^{65}\)

*Assist Crisis Pregnancy Center, Annandale*

“I was told that condoms are not effective. She explained that the failure rate on the box is wrong because it represents the failure rate in factory tests, not in real life.”\(^{66}\)

*Shenandoah County Pregnancy Center, Edinburg*

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61 “SLM Pregnancy Help Center.” In-Person Investigation. 24 June 2009.
62 “1st Choice Women’s Health/Life Line.” In-Person Investigation. 5 November 2009.
63 In-Person Investigation. 13 Dec. 2012.
64 In-person Investigation. 19 Oct. 2012.
66 In-Person Investigation. 30 Jan. 2013.
In 2010, many facilities also provided investigators with medically inaccurate literature on birth control and STIs. One particularly troubling graphic depicted a hole in a condom and argued that both sperm and HIV were small enough to “fit through the hole” (Figure 18).

NPCVF’s 2013 investigative update determined that Virginia’s CPCs continue to provide misleading and inaccurate literature on birth control and STIs, as demonstrated by another pamphlet denouncing the effectiveness of condoms: “You might think that condoms make sex safer, but research shows that’s not the case” (Figure 19).

In addition to providing medically inaccurate materials on STIs and birth control, many CPCs surveyed also used scare-tactics when addressing the potential emotional ramifications of pre-marital sex. One pamphlet outlined potential “emotional difficulties” that sex can trigger, including “regret, anger, guilt, emotional discomfort, depression, and...
even attempted suicide” (Figure 22). Another brochure stated that “premarital sex can leave emotional scars that you’ll feel for the rest of your life” (Figure 20).

NARAL Pro-Choice Virginia Foundation believes young people should be given the tools they need to avoid risky sexual behavior, and studies show that comprehensive and medically accurate sex education is the most effective means of preventing unintended pregnancies, particularly among teenage women.\(^6^7\)

Instead of providing comprehensive and accurate information, many CPCs choose only to promote abstinence and attempt to scare clients away from safe, proven methods of pregnancy prevention. This dissemination of inaccurate information around birth control, sex, and STIs is particularly troubling given the fact that virtually all of CPC clients are sexually active at the time of their visit, and are therefore apt to continue to engage in sexual activity. NPCVF finds it likely that scaring women away from contraceptive methods that prevent pregnancy and sexually transmitted disease actually will increase the risk of sexual infection and unintended pregnancy among CPC clients.

**Medically Inaccurate Information about Infertility and Preterm Birth**

As in our 2010 investigation, NPCVF’s investigative update found that several CPCs reported a link between abortion, infertility, and preterm birth. Of the 56 centers surveyed, 25 suggested that any type of abortion would make it far more difficult to conceive and carry a healthy baby to term in the future.\(^6^8\)

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Injury to the cervix may cause the early loss of a later wanted pregnancy. Scarring, which can block your fallopian tubes, may also occur. This can keep you from becoming pregnant in the future. The risk of miscarriage in later pregnancies is higher if a woman has had two or more abortions.\(^69\)

Risks of any surgical abortion include hemorrhage, infection, infertility, and complications with future pregnancies (i.e. incompetent cervix).\(^70\)

Women who undergo one or more induced abortions carry a significantly increased risk of delivering prematurely in the future. Premature delivery is associated with higher rates of cerebral palsy, as well as other complications of prematurity (brain, respiratory, bowel, and eye problems).\(^71\)

“The counselor said that if I was a certain blood type, an abortion could cause my body to create antibodies that would attack my baby the next time I got pregnant.”\(^72\)

In one video retrieved from a Virginia CPC,\(^73\) multiple women said that they were infertile due to abortion:

“[The doctor] said ‘you will never have children because of those abortions. What that suction from that machine did is literally pull your tubes down flush with your uterus, and they’re blocked.’”

“We wanted to have more children, but because my uterus and my cervix were so damaged from those abortions, they could not believe that I had [my child].”

“All I wanted to be was a mommy, and because of what I did when I was 16 and 19, I can’t be a mommy.”

These myths are often shared to dissuade women from choosing abortion, as CPC staff members may insist that the current pregnancy could be a woman’s only chance to

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\(^71\) Before you Decide. Care Net. 2008. Received from Pregnancy Help Center of Chesterfield. In-Person Investigation. 8 Jan. 2013.


conceive. As one woman in the video concluded, “It was very traumatic coming to that realization that the only three children I would ever bear, I had killed.”

**Medically Inaccurate Information about Breast Cancer**

In our 2010 report, NPCVF found that sixteen CPCs provided literature promoting a link between abortion and breast cancer, while ten investigators reported hearing about a breast cancer-abortion link in person.

NPCV’s 2012 investigation revealed that despite concrete medical fact to the contrary, Virginia CPCs continue to perpetrate a link between abortion and breast cancer. Three investigators were told in-person that abortion is linked to breast cancer, and an additional five were told this by phone. Sixteen centers’ literature and/or websites suggested that women undergoing abortions would face increased risk for breast cancer.

One investigator relayed the following experience:

> “They had me watch a movie that discussed breast cancer as a side effect of abortion. The movie stated that having an abortion can dramatically increase the risk of breast cancer, and that if you have an abortion under the age of 18 or above the age of 32, and also have a history of breast cancer in your family, you are virtually guaranteed to get breast cancer at some point in your life. I asked the counselor later if it was true that there was a link between abortion and breast cancer. She answered ‘Yes, well it makes sense, since everything’s connected.’

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AAA Women for Choice, Manassas

Sixteen CPCs perpetrated this repeatedly debunked myth through online and offline materials. Consider one pamphlet, retrieved at multiple CPCs: “New scientific evidence shows that the increase in abortions worldwide has caused a sharp increase in breast cancer. Over thirty-four studies indicate that women who abort their first pregnancy have a much higher risk of developing cancer “(Figure 23). In addition, this brochure argues that breast cancer due to abortion is much more aggressive than other types: “Dr. H. Olsson found, if she had aborted her first pregnancy, that the cancer was more aggressive, metastasized earlier and was lethal more quickly as compared to women who had completed their first pregnancy.”

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74 “Pregnancy Support Center of the Tri-Cities.” In-person Investigation. 8 Jan. 2013.
75 In-person Investigation. 17 Nov. 2012.
77 “Front Royal Pregnancy Center.” In-Person Investigation. 10 Aug. 2012.
78 “AAA Women for Choice”. In-Person Investigation. 17 Nov. 2012.
Most of these claims, including those within the pamphlet displayed above, were supported by studies at least 2 decades old. NPCVF strongly believes these false and debunked statistics are shared with clients to encourage fear and steer women away from considering their full range of reproductive-health options.

These findings are indeed troubling. But they are even more alarming when examined in the context of Virginia laws restricting abortion rights, which essentially confer government legitimacy on CPCs. Since NPCVF’s first report was released, the state enacted two anti-choice laws that have direct implications for CPCs’ ability to reach women: a forced-ultrasound and 24-hour delay requirement and the “Choose Life” license plate program. Both of these laws, have impeded—and in some cases foreclosed—many women’s ability to access abortion care, while not only expanding but also endorsing CPCs’ reach.
Mandatory Ultrasounds and Crisis Pregnancy Centers

It is deeply troubling that Virginia CPCs continue to spread medically-inaccurate misinformation with the intent to deceive women from accessing their full range of reproductive health-care options. But NPCVF’s investigative findings are even more alarming when examined in the context of Virginia’s increasingly restrictive abortion laws.

Since NARAL Pro-Choice Virginia Foundation’s first CPC report was released in 2010, the Commonwealth has enacted an extreme anti-choice law with direct implications for CPCs’ ability to reach women: forced ultrasound. Virginia’s mandatory ultrasound law – in effect since June of 2012 – has impeded many women’s ability to access abortion care while not only expanding but also endorsing CPCs’ reach.

Background on Mandatory Ultrasound
During the 2012 General Assembly session, the Virginia House and Senate passed HB 462, a bill mandating that Virginia women undergo a transabdominal ultrasound and wait at least 24 hours before accessing abortion care. On March 7, 2012, Virginia Governor Bob McDonnell signed HB 462 into law. It went into effect on July 1 of that year.

Over the past 12 months, NARAL Pro-Choice Virginia Foundation has explored the little-known intersection between Virginia’s crisis pregnancy centers and the Commonwealth’s newly enacted ultrasound law. Our most recent investigation reveals that, in addition to obstructing access to comprehensive reproductive-health services, Virginia’s mandatory-ultrasound law significantly supports, aids, and benefits Virginia CPCs both directly and indirectly.

Impeded Access Replaces Legitimate Providers with CPCs
At its core, Virginia’s mandatory ultrasound and 24-hour waiting-period requirements have made access to comprehensive reproductive-health care more difficult—and CPCs stand to gain significant influence. Not only are women forced to schedule and complete an additional appointment before accessing abortion, but these increased barriers disproportionately affect women who already lack sufficient access to health care and are therefore most susceptible to the promise of free services provided by CPCs. Sadly, these are the same women already proven to be most aggressively targeted by Virginia CPCs—young women, low-income women, and women of color.

79 The law includes two exceptions: a woman who is a victim of rape or incest and has reported the crime to the police is not required to undergo a transabdominal ultrasound, and women who live more than 100 miles from the clinic must have their ultrasounds completed more than two hours before the abortion.
Already, forcing women to schedule and complete an additional appointment before receiving abortion care imposes obvious logistical barriers; further, the additional requirements mean both patient and provider must absorb additional costs. For many Virginia women, accessing abortion care already presents significant challenges. A year ago patients seeking abortion in Virginia could access services with one visit to a health-care center. Now with these new and burdensome requirements, providers report an average of two to three trips per patient. Each trip to the clinic means gas money, time away from work, and, as the majority of women seeking abortion already have children, the arranging for childcare.

The mandatory-ultrasound statue purports to mitigate these barriers by exempting women who live more than 100 miles from a reproductive health center from the 24-hour waiting period requirement. However as a 100-mile radius is so large, the exception provides little to no relief for the majority of Virginia women in practice. A woman living 75, 85, or even 95 miles from one of Virginia’s 19 abortion providers will still have to travel at least 1 ½ hours to the clinic, with another 1 ½ hours logged on the return trip. Some Virginia women face as long as a four-hour round trip per appointment – while still falling within the 100-mile radius outlined under the law.

Due to Virginia’s newly enacted mandatory ultrasound and 24-hour waiting period then, women within the Commonwealth face unprecedented barriers in accessing comprehensive reproductive health care, including abortion services. Crisis pregnancy centers, which outnumber Virginia abortion providers by more than 2-1, become even more accessible and convenient in comparison.

In addition, mandatory ultrasound and 24-hour waiting period requirements have forced many of Virginia’s comprehensive women’s health centers – already overburdened and outnumbered – to limit the scope and availability of services they are able to offer. In order to handle hundreds of new and separate ultrasound appointments, providers have had to increase staff time, lengthen work days, and add personnel, all of which can dramatically increase overhead costs. As a result, many of Virginia’s reproductive-health facilities have been forced to make dramatic administrative changes, including the restriction of appointment times and the reduction of non-abortion-related healthcare.

For example, the majority of Virginia’s abortion providers now have to designate entire days solely for ultrasound services - patient and staff time that had previously been used for abortion care, annual well-woman exams, gynecological services, and seasonal flu vaccines. With women’s health centers forced to juggle additional appointments and a restricted timeline, access to reproductive-health care is further reduced – and CPCs’ influence increased.

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80 Facts on Induced Abortion in the United States. Guttmacher Institute, August 2011.
As is obvious, increased burdens on abortion providers in conjunction with the health and abundance of Virginia CPCs have created an alarming paradox: access to the full range of services that women rely on for their reproductive health care has been sapped, while CPCs – which fall far short of meeting appropriate standards of care – are more and more pervasive within the Commonwealth.

Finally, NPCVF finds it to be both telling and troubling that the women most impacted by Virginia’s 24-hour waiting period and forced-ultrasound requirements are also those most heavily recruited by the Commonwealth’s CPCs. Young women, low-income women, women in rural areas and women in abusive relationships disproportionately lack the resources, transportation, and child-care necessary to get to a reproductive healthcare provider for a single appointment – let alone twice. With CPCs already targeting these demographics through strategic placement and tailored advertising, Virginia’s most vulnerable women are further barred from accessing the comprehensive health care they need.

**Government Endorsement of Virginia CPCs Threatens Women’s Health**

In addition to increasing CPC influence through restricted abortion access, Virginia’s mandatory ultrasound law further benefits CPCs through direct promotion of their services. Since July 1 2012, the Virginia Department of Health has been using state resources to refer women to crisis pregnancy centers in the Commonwealth. In this way, Virginia’s mandatory-ultrasound law plants deceptive and manipulative CPCs within the state’s public health system.

Buried within Virginia’s mandatory-ultrasound law is a provision that directs the Virginia Department of Health to publish and maintain a list of no-cost ultrasound providers. The statute also compels abortion providers to present this list to any woman who enters their facility seeking termination of a pregnancy. This requirement was actually the unfortunate unintended consequence of an attempt to mitigate the law during legislative debate; during the 2012 General Assembly session many of Virginia’s pro-choice legislators’ rightly argued that the law would be so cost-prohibitive as to block low-income women from accessing abortion care at all. Under the guise of a so-called compromise, anti-choice lawmakers offered to make publically available a list of “no cost” ultrasound providers.

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Unfortunately, because legitimate public health clinics—irrespective of whether or not they offer abortion services—do not have the resources to offer all of their services for free, this so-called compromise’s clear design and effect was to promote Virginia CPCs. On July 1st of last year, as directed by Virginia law, VDH publically released a list of 14 facilities providing “no cost” ultrasound services (Figure 24). This list was then updated in March 2013 to include four additional centers; 18 in total. All are Virginia crisis pregnancy centers.

This state promotion of Virginia crisis pregnancy centers is dangerous for several reasons. First, NPCVF believes strongly that the Virginia Department of Health, a medically-based and government-funded agency, has the responsibility to refer patients only to health-care facilities that meet basic and appropriate standards of care. As documented in this report, Virginia’s crisis pregnancy centers do just the opposite. It is deeply troubling that an official governmental agency would, by referring women to these facilities, confer legitimacy on their pervasive use of deception, emotional manipulation, and medical misinformation. These centers are a threat to public health, and must be treated as such – not legitimized by the highest medical institution in the Commonwealth.

Second, NPCVF finds it disingenuous that VDH would refer women who have chosen abortion to facilities whose sole mission is to dissuade women from accessing abortion care. As outlined above, the purpose of the no-cost ultrasound list is not simply to publish information about the identity of centers that provide this free service, but as directed by the statute, to provide women with information about where to access a no-cost ultrasound prior to abortion. By including centers on this list that do not refer or provide abortion – and in fact, attempt to dissuade clients from this option – VDH is promoting a list that does not even comply with the purpose of the list itself. Furthermore, if the ostensible purpose of the law is simply to help women give informed consent before receiving medical care, VDH, by directing women to centers that give biased information and have an anti-abortion agenda, turns that concept of informed consent squarely on its head.

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82 This is not the complete list. For the complete document, please see Appendix 2.
Finally and most importantly, NPCVF has discovered that at least three of the CPCs included on the VDH list are in fact incompliant with the purpose of the mandatory ultrasound law itself. In August of 2012, NPCVF worked with the ACLU of Virginia to survey each center on the “no cost” ultrasound list and inquire as to whether a patient would be given a copy of her ultrasound image to take to an outside abortion provider. Two centers – the Little Life Center in Danville and the Pregnancy Center of Central VA in Culpeper – indicated that they would not provide a copy of the ultrasound image to a patient, if the patient requested it for an abortion appointment.

In a recent round of investigative calls placed within the last month, the Little Life Center in Danville reiterated their unwillingness to provide an ultrasound, stating that while the procedure was provided at the facility, the nurse would “get to choose” who was eligible. As the staffer argued, “We don’t give ultrasounds to just anyone who wants one.” A receptionist at Abba Care in Winchester said documentation could take up to a week — far longer than the alleged 24-hour mandatory delay the law purports to require.

Particularly troubling is the ordeal of a patient who entered the Blue Ridge Women’s Health Center to seek her legally required pre-abortion ultrasound. After visiting the CPC in March of 2013 and undergoing an ultrasound procedure, the patient in question called the Blue Ridge center and requested that her ultrasound image be sent to a comprehensive health care facility. According to a complaint filed on behalf of the woman to the Virginia Department of Health, the Blue Ridge Women’s Health Center flatly denied this request on the grounds that they “do not support abortion clinics” (Figure 25).

<table>
<thead>
<tr>
<th>State your concern</th>
<th>Please write legibly. Provide pertinent information such as date, staff names/title, names of witnesses, and the sequence of events surrounding your concern. Attach copies of documents related to your concerns (medical records, correspondence, contracts, reports, or photographs).</th>
</tr>
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<tr>
<td>Information Regarding Your Report may be Shared with the Provider or Facility</td>
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I called and ask for my ultrasound to be fax to the Clinic I was being seen at and she told me they would not fax my information I request to be sent and I was told they do not support abortion clinics or help provide and information to any abortion clinics.
As a matter of policy and public health, it makes little sense to include centers on a no-cost ultrasound list that are unwilling to comply with the purpose of the mandatory ultrasound law. However, when the ACLU of Virginia informed VDH about this discrepancy in August of 2012, the Virginia Office of Family Health Services indicated that it was not a legitimate reason to remove a CPC from the no-cost ultrasound list. We find this reply to be seriously alarming - VDH is not statutorily prevented from excluding centers from the list that have indicated they will not comply with the list’s purpose.

Ultimately, NPCVF finds it deeply troubling to know that a Virginian woman – at the direction of VDH – may seek ultrasound services at one of the CPCs listed only to face biased counseling, emotional manipulation, medical misinformation and, quite possibly, denial of documentation for her intended abortion. Without a verified ultrasound image, women who go to CPCs like those documented in this report would be forced to repeat their ultrasound procedure (and restart the 24-hour waiting period) once reaching a comprehensive reproductive health facility.

This delay of care poses a serious threat to women’s health. While legal abortion is a very safe medical procedure, it becomes more dangerous later in pregnancy. Further, the law could make abortion virtually inaccessible in practice, as Virginia’s reproductive health centers only offer first-trimester abortion care. After this threshold, women would be forced to travel long distances out of state to seek care or, much worse, attempt to access abortion through illegal and/or unsafe means.

If the Virginia Department of Health and anti-choice lawmakers endorse CPCs that will not even meet the law’s ultrasound requirements, the purpose of the referral list becomes clear: to funnel women seeking abortion care to facilities that will intimidate, shame, and harass them in an attempt to block them from exercising their right to choose.

State-Sponsored Emotional Manipulation

If a woman does receive ultrasound services from a Virginia CPC and is able to obtain documentation to bring to an abortion provider, there is still a chance that she may have to repeat the entire procedure and 24-hour waiting period once reaching a comprehensive health care facility. After all like any other legitimate medical provider, Virginia’s abortion clinics require fully-certified medical documents, including ultrasound pictures. Unfortunately, NPCVF’s 10-month investigation has revealed significant evidence (anecdotal or otherwise) of unverifiable – and therefore unusable – ultrasounds being provided by Virginia CPCs.

Because Virginia CPCs are not subject to the licensure, inspection, and regulation required of medical facilities, there is no mechanism in place to ensure that ultrasound procedures are conducted by a qualified medical professional trained in sonography, as is legally required. In one particularly alarming case, NPCVF obtained evidence of an ultrasound image which was not only appeared to have been taken by an untrained and non-medical individual – and was virtually unusable.

The sonogram in question was conducted on a CPC client who, after receiving the legally-mandated procedure, brought it to her local comprehensive healthcare facility to obtain an abortion. However instead of the measurements and documentation typically included on any medical ultrasound image, this sonogram was little more than a picture. It did not include the name of the patient, the practitioner, or the center in which the procedure was performed, as is industry practice. Furthermore, the ultrasound did not even include measurement of the fetus, and therefore had no indicator of gestational age. NPCVF finds it highly unlikely that a qualified medical professional – particularly one trained in ultrasound imaging – would neglect basic documentation required of any industry sonogram. That a trained medical professional would neglect to even measure gestational age (the point of an ultrasound) is virtually unbelievable.

The above example not only casts doubt on the medical training of CPC employees, but also serves as evidence of a second legal violation. Virginia’s mandatory ultrasound law was passed by legislators who argued principally that ultrasounds were necessary as an indicator of gestational age. If CPCs in the Commonwealth are conducting ultrasounds with no measurement of fetal age, they are further violating the legal stature on which the law was founded.

Why would Virginia CPCs perform ultrasounds that have no functional or medical purpose? NPCVF believes the answer is simple: emotional manipulation. The Family Foundation of Virginia, one of the main advocates for the 2012 mandatory ultrasound law, recently stressed the value of an ultrasound as “a window into the womb”, with no mention of gestational age: “[ultrasounds] allow women the opportunity to see a picture of their unborn child prior to making a life-altering decision.”

As this report documents in previous sections, CPCs rely heavily on emotional manipulation. That Virginia CPCs use ultrasounds specifically to elicit an emotional appeal from their clients becomes further obvious when considering another sonogram obtained by NPCFV (Figure 26). This ultrasound was also conducted at a CPC in the Commonwealth and given to a comprehensive reproductive health center. Although this image did measure fetal age (and was presumably performed by a qualified medical professional), a CPC staffer wrote on the image, “Hi Dad”. In contrast, legitimate providers give non-directive information and counsel their patients with respect, not shame.

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Ultimately, NPCVF has found clear evidence to suggest that by codifying barriers to comprehensive reproductive health care, mandating state-sponsored advertising for illegitimate health centers and perpetuating delays for women seeking abortion care, Virginia’s newly enacted mandatory ultrasound law and 24-hour waiting period have served to support, aid, and legitimatize Virginia’s crisis pregnancy centers.

NPCVF’s 12-month investigation reveals that through this restrictive anti-abortion law, the Virginia government is – like the 58 CPCs it supports – strategically attempting to dissuade Virginia women from accessing their full range of reproductive health care options, including abortion.
Policy Recommendations

As a matter of public policy, the mandatory-ultrasound and mandatory-delay law poses multiple threats to public health in the state and is deeply irresponsible government intrusion into medical care. NPCVF finds it a public health threat for a center with a purported mission to help women facing unintended pregnancies, to:

1) Engage in deceptive advertising.
2) Give medically inaccurate information to women about their health care options.
3) Refuse non-directive options counseling.
4) Deny women comprehensive pregnancy-related information.

NPCVF finds it deeply troubling that the Virginia Department of Health would endorse centers that engage in these practices. When these facilities provide biased medical information about abortion, sexually transmitted infections, ultrasounds, and mental illness, they pose a threat to public health. It is the state’s responsibility to ensure women are not funneled to a facility without full knowledge of the nature of its services. Yet a government medical agency devoted to promoting the health and wellbeing of the residents of Virginia is referring women to such centers.

In 2010, NARAL Pro-Choice Virginia worked with the National Women’s Law Center, NARAL Pro-Choice America, and Virginia legislators to propose legislation to standardize all crisis pregnancy centers receiving state-funded monies through the “Choose Life” funding stream. This legislation (SB 188) was defeated during the 2010 General Assembly session. However, because NPCVF’s recent investigation revealed that state-funded CPCs continue to use deceptive tactics and promote medical misinformation; we once again recommend the administration and General Assembly take steps to rein in these bad practices.

First, all centers must commit to a pre-certification by the Department of Health, confirming to provide only medically accurate information to their clientele as evidenced by a commitment to following the Department of Health’s current standard of care and:

(1) Supported by research conducted in compliance with accepted scientific methods;
(2) Recognized as accurate and objective by leading professional organizations and agencies with relevant expertise; and
(3) Published in scientifically proven peer-reviewed journals, if appropriate.

Additionally, NPCVF strongly recommends that the Virginia Department of Health not refer women to crisis pregnancy centers in the Commonwealth. VDH should require all
organizations on its referral lists to promote the public health and meet a set of commonsense eligibility requirements. Referral vehicles include materials that abortion providers are compelled to distribute, and/or information distributed by the government, both online and off. Facilities on the list should:

1. Provide *comprehensive* information on all relevant medical options;
2. Provide *medically and factually accurate* information on all relevant medical options;
3. Provide *non-directive* options.

While a forced-ultrasound law alone is an intrusion into the doctor-patient relationship and would have dangerous effects on women’s access to safe, legal abortion in Virginia, the VDH can and should enact policies that do not funnel women to crisis pregnancy centers.

No patient should be misled when seeking medical care, and pregnant women are no different. If CPCs truly do want to promote women’s health, as they say they do, they should have no objections to policies to simply ensure women are not mislead or coerced when seeking their full range of reproductive options.
Conclusions

In light of NARAL Pro-Choice Virginia Foundation’s investigative update, it can be concluded that the majority of the 58 crisis pregnancy centers in Virginia continue to practice evasive and deceptive tactics in targeting clientele. Most centers share biased and medically unfounded information to influence reproductive-health decisions. Forty centers sharing medically inaccurate information is 40 too many for the citizens of Virginia, especially when many of these centers are receiving state-sponsored advertising by the Virginia Department of Health.

The factually inaccurate information about infertility, abortion, mental health, breast cancer, contraception, and sexually transmitted infections promulgated by Virginia CPCs suggest a biased, anti-choice, and anti-health agenda. But more significantly, these medically-erroneous and state-endorsed efforts put Virginia’s women and entire population at risk. When women are denied accurate information about pregnancy, fetal development and birth control, their own health and the health of their families are endangered.

With the support of legislators, medical professionals, educators, leaders of faith communities, and grassroots activists, NPCVF has recommended substantive policy proposals to better inform Virginian women and regulate Virginia CPCs. By requiring crisis pregnancy centers to undergo a pre-certification from the Virginia Department of Health and ensuring that VDH only refer women to comprehensive, non-directive and medically-accurate facilities, Virginians can be assured that women seeking reproductive health care know the limits of CPC services before seeking them.

Crisis pregnancy centers engaging in evasive practices and sharing medically inaccurate information are a threat to public health. This danger is further compounded by a state that knowingly and significantly restricts reproductive health-care access while supporting, aiding, and benefiting Virginia CPCs. However, by enforcing policies to ensure that all health care facilities are comprehensive, non-directive and medically accurate, Virginia can work to improve this hazardous situation.

We must protect Virginians from deceptive and misleading tactics CPCs employ, which trivialize and threaten public health. Citizens of the Commonwealth deserve honest and medically accurate information, and a government that increases – not restricts – critical access to medical care. Our health depends on it.
<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>ZIP</th>
<th>PHONE</th>
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<tr>
<td>^Alexandria Pregnancy Help Center (SLM or Sanctity of Life Ministries)</td>
<td>8305 Richmond Hwy, Ste 13A</td>
<td>Alexandria</td>
<td>22309</td>
<td>703-780-4700</td>
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<td>Emergency Pregnancy Services/Moriah Center (or Arose in Haste inc.)</td>
<td>3230B Duke St</td>
<td>Alexandria</td>
<td>22314</td>
<td>703-370-4774</td>
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<td>^Assist Crisis Pregnancy Center</td>
<td>5101D Backlick Rd</td>
<td>Annandale</td>
<td>22003</td>
<td>703-354-7272</td>
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<td>^Bedford Pregnancy Center</td>
<td>813 East Main St.</td>
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<td>24523</td>
<td>540-587-5900</td>
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<td>(Acomack) Northampton Pregnancy Center</td>
<td>36318 Lankford Hwy</td>
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<td>23306</td>
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<td>^Pregnancy Resource Center of the New River Valley</td>
<td>708 N Main Street</td>
<td>Blacksburg</td>
<td>24060</td>
<td>540-552-5556</td>
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<tr>
<td>^Albermarle Pregnancy Center (Pregnancy Centers of Central Virginia)</td>
<td>1420 Greenbriar Pl</td>
<td>Charlottesville</td>
<td>22901</td>
<td>434-220-3777</td>
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<tr>
<td>^The Pregnancy Centers of Central Virginia</td>
<td>320 W Main St</td>
<td>Charlottesville</td>
<td>22903</td>
<td>434-0979-8888</td>
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<tr>
<td>Bethany Christian Services</td>
<td>1924 Arlington Blvd Ste 101</td>
<td>Charlottesville</td>
<td>22903</td>
<td>434-979-9631</td>
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<td>Crisis Pregnancy Center of Tidewater</td>
<td>102 Eden Way N Ste 116</td>
<td>Chesapeake</td>
<td>23320</td>
<td>757-499-4444</td>
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<tr>
<td>&gt;Lady Care Intl</td>
<td>PO Box 3067</td>
<td>Chesapeake</td>
<td>23327</td>
<td>757-547-4906</td>
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<td>^Pregnancy Help Center of Chesterfield</td>
<td>2675 Osborne Rd.</td>
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<td>23831</td>
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<td>^The Pregnancy Centers of Central Virginia</td>
<td>420 Sunset Ln</td>
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<td>22701</td>
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<td>Birthright</td>
<td>4235 Dale Blvd</td>
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<td>Little Life/Family Life Services of Southern Virginia</td>
<td>2960 N Main St</td>
<td>Danville</td>
<td>24540</td>
<td>434-836-7000</td>
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<tr>
<td>Christian Outreach Program and Pregnancy Center Inc</td>
<td>23878 N James Madison Hwy</td>
<td>Dillwyn</td>
<td>23936</td>
<td>434-983-8643</td>
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<tr>
<td>Shenandoah County Pregnancy Center</td>
<td>28 Cedarwood Ln</td>
<td>Edinburg</td>
<td>22824</td>
<td>800-395-4357</td>
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<tr>
<td>^SLM Pregnancy Help Center</td>
<td>10380 Democracy Ln</td>
<td>Fairfax</td>
<td>22030</td>
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<td>^Bethany Christian Services</td>
<td>10378B Democracy Ln</td>
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<td>22030</td>
<td>703-385-5440</td>
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<td>A Best Choice (Mobile unit in Prince William County)</td>
<td>N/A</td>
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<td>N/A</td>
<td>703-946-3077</td>
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<td>A Best Choice (Mobile unit in Fairfax County)</td>
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<td>Fairfax</td>
<td>N/A</td>
<td>703-278-5433</td>
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<tr>
<td>*A Woman’s Choice</td>
<td>6201 Leesburg Pike</td>
<td>Falls Church</td>
<td>22044</td>
<td>703-538-4305</td>
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<tr>
<td>^^Hope in Northern Virginia</td>
<td>610 Park Ave</td>
<td>Falls Church</td>
<td>22046</td>
<td>703-536-2020</td>
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<tr>
<td>Pregnancy Support Center of Southside Virginia</td>
<td>1775 Zion Hill Rd</td>
<td>Farmville</td>
<td>23901</td>
<td>434-392-8483</td>
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</table>
Appendix 1: Virginia Crisis Pregnancy Centers

| ^Fredericksburg Pregnancy Center | 1616 Stafford Ave | Fredericksburg | 22401 | 540-370-1800 | 1 |
| ^Bethany Christian Services | 5610 Southpoint Centre Blvd #107 | Fredericksburg | 22407 | 540-373-5165 | 1 |
| Birthright of Fredericksburg Inc. | 2006 Lafayette Blvd., Suite 202 | Fredericksburg | 22401 | 540-898-8558 | 1 |
| ^Front Royal Pregnancy Center | 11 South Royal Street | Front Royal | 22630 | 540-635-6181 | 1 |
| Tri-Area Pregnancy Resource Center | 111 N Main St. | Galax | 24333 | 276-236-7121 | 1 |
| ^Bethany Christian Services | 287 Independence Blvd #241 | Roads/Virginia Beach | 23462 | 757-499-9367 | 1 |
| ^Harrisonburg Pregnancy Center | 833 Cantrell Ave | Harrisonburg | 22801 | 540-434-7528 | 1 |
| Birthright | 823 South King St, Ste 1 | Leesburg | 20175 | 703-777-7272 | 1 |
| ^Life Line Inc. (or 1st Choice Women’s Health Center) | 19465 Deerfield Ave Suite 109 | Lansdowne | 20176 | 703-729-1123 | 1 |
| Page Pregnancy Assistance Center/The Life Center of Page Valley | 21 N Deford Ave | Luray | 22835 | 540-743-1464 | 1 |
| Blue Ridge Pregnancy Center | 1915 Thompson Dr | Lynchburg | 24501 | 434-528-4321 | 2 |
| ^Care Net Pregnancy Resource Center | 8741 Plantation Ln | Manassas | 20110 | 703-330-1300 | 2 |
| AAA Women For Choice | 9380A Forestwood Ln | Manassas | 20110 | 703-330-9312 | 1 |
| Birthright | 10752B Ambassador Dr | Manassas | 20109 | 703-361-9769 | 1 |
| Pregnancy Care Center of MHC, Inc. | 314 Fairy St. Suite E | Martinsville | 24112 | 276-634-5433 | 1 |
| Care Net Resource Pregnancy Center | 321 Main St C | Newport News | 23601 | 757-591-0303 | 1 |
| ^The Keim Center (CPC of Tidewater) | 2121 Colonial Ave | Norfolk | 23505 | 757-499-4444 717-626-3702 | 1 |
| Birthright (in DePaul Hospital) | 150 Kingsley Ln | Norfolk | 23505 | 757-489-0222 | 2 |
| The Pregnancy Centers of Central Virginia | 323 North Madison Rd Suite C | Orange | 22960 | 540-661-5111 | 1 |
| Pregnancy Support Center of the Tri-Cities | 700 South Sycamore St. Ste 12 | Petersburg | 23803 | 804-861-5517 | 1 |
| The Keim Center (CPC of Tidewater) | 4224 Portsmouth Blvd | Portsmouth | 23701 | 757-488-7907 | 1 |
| Pregnancy Resource Center of the New River Valley | Memorial Baptist Church 995 Peppers Ferry Blvd. | Pulaski | 24301 | 540-553-1527 | 1 |
| ^Crisis Pregnancy Center of Metro Richmond | 1510 Willow Lawn Dr Ste 200 | Richmond | 23230 | 804-673-2020 | 1 |
| Bethany Christian Services | 1510 Willow Lawn Dr Ste 203 | Richmond | 23230 | 804-360-0466 | 1 |
### Appendix 1: Virginia Crisis Pregnancy Centers

| ^Blue Ridge Women’s Center | 5034 Williamson Rd NW | Roanoke | 24012 | 540-362-4357 | 1 |
| Comfort Care Women’s Health | 1020 N Augusta St | Staunton | 24402 | 540-885-6261 | 1 |
| ^The Keim Center | 302 N. Main St. Ste. A | Suffolk | 23434 | 757-925-6596 | 1 |
| ^The Keim Center | 4356 Bonney Road Building 1, Suite 103 | Virginia Beach | 23452 | 757-499-4965 | 1 |
| ^Care Net Pregnancy Resource Center | 59 Frost Ave Ste 100 | Warrenton | 20186 | 540-347-7770 | 2 |
| Comfort Care Women’s Health | 1305 13th St | Waynesboro | 22980 | 540-943-1700 | 1 |
| Care Net Pregnancy Resource Center | 1158 Professional Drive, Suite N | Williamsburg | 23185 | 757-220-0202 | 1 |
| Abba Pregnancy Care Center | 200 Weems Ln | Winchester | 22601 | 540-665-9660 | 1 |
| ^Care Net Pregnancy Resource Center | 3122 Golansky Blvd Ste 101 | Woodbridge | 22192 | 703-670-5322 | 1 |

**KEY**

- ^Does not exist according to NPCVF investigation
- ^Receiving state license-plate funding, according to NPCVF investigation
- ^Called in Spanish at least once
### Appendix 2: Table provided on the website of the Virginia Department of Health

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<th>Location</th>
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<tr>
<td>Blacksburg</td>
<td>Pregnancy Resource Center of the New River Valley</td>
<td>708 N. Main St., Suite 200</td>
<td>(540) 552-5556</td>
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<td>Blacksburg, VA 24060</td>
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<tr>
<td>Lynchburg</td>
<td>Blue Ridge Pregnancy Center</td>
<td>1915 Thomson Dr.</td>
<td>(434) 528-4321</td>
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<td>Lynchburg, VA 24501</td>
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<tr>
<td>Charlottesville</td>
<td>The Pregnancy Centers of Central VA.</td>
<td>320 W. Main St.</td>
<td>(434) 979-8888</td>
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<td></td>
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<td>Charlottesville, VA 22903</td>
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<tr>
<td>Manassas</td>
<td>Care Net Pregnancy Resource Centers</td>
<td>8691 Stonewall Road, Suite B</td>
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<td></td>
<td>Manassas, Virginia 20110</td>
<td>(703) 330-1300</td>
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<td>Culpepper</td>
<td>The Pregnancy Centers of Central VA.</td>
<td>420 Sunset Lane</td>
<td>(540) 727-0800</td>
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<tr>
<td>Norfolk</td>
<td>The Keim Center of Norfolk</td>
<td>2121 Colonial Ave</td>
<td>(757) 626-3702</td>
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<td>Danville</td>
<td>Little Life Pregnancy Center</td>
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<td>A Best Choice</td>
<td>19300 Democacy Dr.</td>
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<td>Fairfax, Virginia</td>
<td>(703) 946-3077</td>
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<td>Fairfax</td>
<td>Pregnancy Resource Center of Metro Richmond</td>
<td>1510 Willow Lawn Dr., Suite 200</td>
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<td>Richmond, VA 23230</td>
<td>(804) 673-2020</td>
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<td>Roanoke</td>
<td>Blue Ridge Women's Center</td>
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<td>Roanoke VA 24012</td>
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<td>Lansdowne</td>
<td>1st Choice Women's Health Center</td>
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<td>Staunton</td>
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<td>AbbaCare&lt;br&gt;200 Weems Lane&lt;br&gt;Winchester, VA 22601&lt;br&gt;(540) 665-9660</td>
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<tr>
<td><strong>Waynesboro</strong></td>
<td><strong>West Virginia</strong></td>
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<tr>
<td>Comfort Care Women's Health&lt;br&gt;1305 N. Magnolia Ave.&lt;br&gt;Waynesboro, VA 22980&lt;br&gt;(540) 943-1700</td>
<td>Abel Center (also known as Abel Crisis Pregnancy Center)&lt;br&gt;201 Sylvia Lane,&lt;br&gt;PO Box 1164&lt;br&gt;Bluefield, WV 24701&lt;br&gt;(304) 325-2000</td>
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