

Jacob Nels: Hey guys, welcome to the Equip for Life podcast. We've got Missy Stone here. You're used to seeing Josh and I'm not Josh; I'm Jacob Nels. I am the sidewalk-counseling, speaker, trainer. Today, I got a special honor to bring our friend, ERI's friend and my friend, Missy Stone here.

Missy Stone: Hey.

Jacob: Missy was on our Equip for Life course, and a little heads up, she's going to be on our sidewalk counseling masterclass course here. And we're just, I'm really happy you're here today.

Missy: I'm happy to be here.

Jacob: We were actually talking out in the parking lot cause I was like "I've got so many questions I wanna ask about how things are going with your work, but I'm not going to ask them out in the parking lot I'm going to wait till we get in here." But for you guys that don't know, Missy used to, well I'm gonna let you fill in some of this, you used to work for...

Missy: ...Students For Life of America, yeah. I was there six or seven years, honestly it all gets, it all just kind of runs together at this point, but I joined the team back in 2013 which is when I met Josh. You-- ERI wasn't even started at that point I believe, and so we were really around the beginnings of this entire project. And so, yeah, I was at Students for Life, and ran their high school program, started and ran their high school program, and then moved into the actual like field director position, so I was overseeing all the regional coordinators at that point, and was there when we crossed the threshold into a thousand groups. I oversaw that and so that was, that was really exciting. So that's that was kind of where I got connected with a lot of with you guys and a lot of other pro-life leaders. Stepped away from that role, took a little bit of a sabbatical, and then a new opportunity came to me and I took it and that's how, where we are now.

Jacob: Yeah and I was, in full honesty here, when you left Students for life of America I was like "dang it, Missy's awesome and now we've lost like a friend and ally that was that was there." Then we ran into each other again at the SFLA conference.

Missy: Yeah, January of 2020.

Jacob: Yes.

Missy: Yes. And s*o, and I started talking to you guys about our new project. We had just officially incorporated that month; January 2nd of 2020 ReProtection was officially incorporated, and we were launching at that point, and so that's what I'm doing now and it's been a wild year and a half and we're doing really well.

Jacob: So what was happening for myself at the time is I was doing some of the kinds of things trying to do what you guys were--what you were doing, and then when we reconnected it was really cool because I was like "I'm working on this kind of project" and Josh actually said Jacob "you need to talk to Missy she's working on something that..."

Missy: That's right because I was telling him about it and he was like "you really need to talk to Jacob because he's trying to do this but he's not as good at it."

Jacob: So yeah that's I was just about to say. I'm glad you're so blunt here. That is so true because I was gonna say, yeah, I was working on it but I was not doing it nearly as well as you and I had been praying...

Missy: That's why we exist.

Jacob: ...to find someone to kind of that I could hand some of this stuff over to. And when I found out you were doing it I was just thrilled beyond words.

Missy: You and the rest of the pro-life movement. That's how it feels right now.

Jacob: So get a little bit for people who don't know what you're doing and how you're doing it. I mean we've kind of touched on that you're working on closing down abortion clinics. First of all have you had any luck with that in Kentucky?

Missy: Yes, not in Kentucky, we shut one down in Florida.

Jacob: In Florida.

Missy: Yeah so that was our first official one, but we've only been around like I said for about a year and a half. And this is a long process so the fact that we got one done in a year is pretty unbelievable. We're really excited about that.

Jacob: Talk some of the details about how you're shutting down. What are you doing to pressure?

Missy: Yeah, it's actually a new strategy that came about back in Indiana a couple years ago. So, our founder Cathie Humbarger, her office was next to an abortion facility, and so she could look out the window and see girls stumbling out of the facility after surgical abortions. And it kind of, just this little light bulb went off in her head and she said, "don't medical places need a wheelchair ramp?" You know like businesses have to be ADA certified, and so she started doing some research and said, "oh wow, this abortion facility is not up to ADA code." And so she filed a complaint and it just, it started this conversation of, what else is the abortion facility doing that is a possible violation of different codes? So she used any kind of open record she could get, you know talking to former clients, you know the pregnancy centers have clients that come through that have had abortion experiences, or you know have been in there and she started hearing like, okay there's some things going on here that are illegal. And so she got some records and found out that this specific abortionist over at Klopfer was not reporting abortions on minors as young as 12, 13, 14 years old. She had the documents. This is a really interesting thing that I think most people don't know is that you can ask government agencies for almost anything. They're called "sunshine laws" or FOIA. Depending on the state, different records are available, and it's a way of having some government transparency. And so in Indiana specifically, with abortion reports, so states have reports that they have to turn into the Health Department on every abortion that they do. It's mostly for statistical purposes, it's demographic information that the Health Department collects. But on this report they have to check a box saying if the patient was under 16 did you report it to CPS, and over at Klopfer on three of these papers, just didn't check that box, and nobody was paying attention.

Jacob: He checked the box that she is under 16?

Missy: That it wasn't like, you have to check it saying "I reported."

Jacob: Oh he didn't check that. Okay so her, this young person's name, age...

Missy: No name.

Jacob: No name?

Missy: No identifying information.

Jacob: Okay, that's good.

Missy: Yeah.

Jacob: Okay but the age is there.

Missy: Yeah the age is there, and then it says you know...

Jacob: "Have you reported this?" and he didn't check the box.

Missy: He didn't check the box.

Jacob: But clearly they're underage because of the birthdays.

Missy: Correct.

Jacob: Okay keep going.

Missy: And so you would want to think "oh this is a clerical error," you know, but nobody followed up. Nobody thought "hey we might want to ask some questions here," and so she took it to the medical board and said "I believe"... there's actually two thousand complaints raging all kind of...

Jacob: From an abortionist?

Missy: Yes. But the most egregious ones I got him taken in front of the medical board were he was not reporting abortions on minors. And she got this just by asking the Health Department "hey can I have the records, the abortion reporting records?" And they were open records.

Jacob: So she had a lawyer file a FOIA?

Missy: No you don't even need a lawyer.

Jacob: Yeah I actually know the answers to these questions but I'm gonna ask them anyway because I want everybody to understand this.

Missy: Yeah you don't need a lawyer.

Jacob: She just went to the county office and said "I want to see this information" and basically...

Missy: They hand it over.

Jacob: They hand it over. And she was not a patient of this place.

Missy: Nope.

Jacob: She was not a patron of this place.

Missy: No she was just a concerned citizen. Yes. So she finds this information, takes it to medical board and says "I believe he's not reporting abortions on minors." And they investigated him they took him in front of the board and questioned him on it and he said "it's not my business."

Jacob: "It's not my business to report, and what the law is I don't have to follow that."

Missy: They gave him every opportunity they said "but next time you'll do it right?" He said "no it's not my business." And he sent these girls, turns out they were obviously abusive situations, and he had sent them right back into the cases. And so ultimately the medical board said "well your license is suspended because you are not a safe medical provider if you're not... if you're breaking the mandatory reporting laws."

Jacob: How much more work would it have been for him to report this to Child Protective Services?

Missy: Not any. It's one phone call.

Jacob: 20 minutes?

Missy: Yeah, maybe. But in his mind he didn't think it was his business, but also we've seen this trend at abortion facilities, because they profit off of victims, you know.

Jacob: So it's not financially beneficial for him to do it.

Missy: It's not financially beneficial.

Jacob: Because she may not get pregnant again and so he doesn't get the money from the abortion.

Missy: Yeah or the abusers will bring their victims multiple times, so we've seen that in a couple cases.

Jacob: For customer service and relations, it's better to not be reporting them.

Missy: Exactly. Yes. So he had his medical license suspended, I think for about a year, but he decided at that point I'm not, he didn't want to take the steps to get it back and so he closed three facilities. He had three facilities in Indiana.

Jacob: He had three different clinics.

Missy: Yeah. And so that led to a bigger conversation.

Jacob: And so Cathie, she's a lawyer?

Missy: No.

Jacob: Ok, she's some kind of...

Missy: She was the executive director of Northeast Indiana Right To Life I think at that point.

Jacob: And so in order to do what she did by collecting these FOIAs, I'm just trying to make this really clear for the audience on how hard this is to do.

Missy: It's so easy.

Jacob: Because it sounds magical what Cathie did, and I really love what she did, and I think it's awesome, and I bet you wouldn't have a problem with me saying like...

Missy: Yeah it's easy but it's time-consuming.

Jacob: It's time consuming, okay.

Missy: It's very time consuming.

Jacob: So this is a lot of time but you wouldn't classify it as difficult work.

Missy: No. If you know who to ask and what to ask for. But it is time consuming because she had to go through thousands of reports to find those three, you know. But yeah this is information that a lot of people just don't know is even available. So this led to a bigger conversation of, okay we realized that states had passed laws to protect women. Like so Indiana had passed this law that said a medical professional is a mandatory reporter. Abortionists have to report abortions on victims of statutory rape, but it wasn't being enforced properly. No one was checking. So he didn't report it, and nobody paid attention enough to see.

Jacob: What is the law if it's not enforced?

Missy: What is the law if it's not enforced? And so the past 10 years I would say we've seen pro-life laws, you know restrictions specifically on abortions to raise the standard of medical care in abortion facilities because they do not want to be regulated in any way. So they don't meet the same standards as regular surgical facilities, and so states have passed laws to say abortion facilities have to practice in safe ways, and states are not--the enforcing agencies just aren't paying attention. And so you have all these laws on the books and facilities that are not following them and that nothing's happening.

Jacob: Yeah so just briefly I'm where I've worked with at one particular abortion clinic, and we started doing some looking into and trying to understand, and filing FOIAs, Freedom of Information Acts, and getting information. Just the amount of things that they're doing wrong, and it's so obvious in here. They're basically just copying and pasting the year before's report and refiling it, maybe adding some new things, and then just refiling it. And they've done this for five years where it's the same things. It's like, wait, this is, this must be the wrong report because I just read this one.

Missy: Yeah you're talking about inspections, like they're being inspected...

Jacob: Yes.

Missy: ...by the Health Department, and they've had the same violations for five years in a row. And all the abortion facility has to say is "well we have a plan to correct it."

Jacob: Exactly! And then and then the next year the plan was never executed and they go "well we do have a plan." And they, just they just refile the same. It's so frustrating.

Missy: It is very frustrating.

Jacob: And this is something that to me, and I think most reasonable-minded people would say, "yeah this is a good thing." When I say reasonable-minded I mean even pro-choice people. I've had I've had pro-life people say to me "well okay, let's say you do this and this is really successful in pressuring these clinics and going after them for the laws that they're breaking and making them clean up their clinics; aren't you going to make abortion safer?" I want to know your answer to that.

Missy: Well what we find is that most of these businesses A) would not financially survive being in compliance to the law, or B) would not be able to find the proper staffing to be in compliance. Like it would be if they all started operating to the standard that we hold other surgical facilities, it would be really hard for them to stay open. So it might be safer, but it would cut down on the amount of facilities because of needing to find qualified personnel in up-to-code buildings, and, you know the resources to do that. So it might be safer but it's gonna be the amount of providers would decrease significantly.

Jacob: Yeah so I'm going to make some general statements here, and some of them are really controversial. Josh might cut some of them out; that's okay. Typically, at least in my experience, abortion clinics are not spas. They're not clean, safe, properly-maintained places.

Missy: Correct.

Jacob: They are often not maintained, not clean, run on as shoestring of a budget as possible so they have the highest profit as possible. And what I've seen they're not typically looking for making this a good experience. They don't seem to care.

Missy: They don't care, yeah.

Jacob: They're just running through. And what I've often seen is the doctors are not the highest caliber doctors.

Missy: Correct.

Jacob: They're not the doctors that graduated at the top 50% of their class.

Missy: Yes.

Jacob: That's not always true, but in my experience it has been.

Missy: Yes. So this is my suspicion, and this is just purely from my experience, what I have come to believe is that because nobody wants to regulate the abortion facilities they've somehow gotten this free pass because it's abortion. Physicians can hide there that wouldn't be able to practice anywhere else, because nobody wants to be the one that shuts down the facility. Because imagine the backlash, like we saw this in St. Louis, when the health... and Mississippi... when the Health Department tried to shut down a facility that should not be operating...

Jacob: That's hurting people.

Missy: ...that's hurting people, that is not up to code, they were just doing their jobs, what happened? They were completely just overrun with protesters, with, you know, they were taken to court, it's ugly. And so nobody wants to be that person that says "your facility is not up to standard. You have to shut down." Because the backlash is so severe and so you have physicians that can practice there that probably wouldn't be able to practice other places.

Jacob: Yeah I've made the comment that if dental offices were run like abortion clinics there would be a lot of dentists out of business. Most of them would be out of business, because you would not go in there.

Missy: Right. Oh exactly.

Jacob: And you can tell from the outside. I'm baffled at how many abortion clinics, it's like "where's the clinic?" Oh it must be that one, the one with all the trash in the parking lot and the lawn that hasn't been maintained. Like if this is the best you can do on the outside what's the inside look like?

Missy: Yeah. So we haven't actually talked about what ReProtection does.

Jacob: Yes I want to get there. We're going to get there. So, yeah tell me about exactly what you do at ReProtection. I want to hear the different kinds of inspections things that you try to access, and I know that you actually request for inspections. I want to hear about all that and then we're gonna, I even want to get into, specifically what are you looking for from sidewalk counselors? We're going to get into that on you know, what is the perfect sidewalk counselor out there doing, watching for you or for us we could say? And what kind of reports do you want? How do you want that done? And we're going to really give our people some great stuff here.

Missy: Yeah there's a lot to get through.

Jacob: I want to mostly in this podcast we're going to get into the specifics of what you're looking for in the new module that we're going to make later today. But I want to, yeah I do want to hear like how you've been successful, what exactly you're doing so people understand behind the scenes kind of how you're making this work.

Missy: So when we started out essentially it was, okay if the agencies aren't watching then we will. And we will look for the violations from public records, from client testimonies, you know, gather the information however we can. It's called "collect, analyze, and act." That's kind of our strategy. So we collect the information using open records, using the local pregnancy centers that hear the stories, the sidewalk counselors that see things, and then we look at the violation and we say okay, what is the most strategic way to impact this abortion business? So ultimately we want to close them down, but every facility is different, every violation is different, every agency that we're going to is different. But instead of just going straight to the media or doing like public outcry, what ReProtection does is we take the information and we say, "what will impact the business the most?" And so that is going to the Health Department and saying, "this is the way the facility is violating this code, this code, this code, this code." Or going to the medical board and saying, "hey your physician over here is practicing in a way that's very dangerous," and then holding them accountable and saying, "YOU need to do something about this because you have the power to hold these facilities accountable." And then we act, which is working with the agencies, and if the agencies don't give us what we want we go above their heads, you know. Whatever, these processes are really long and so we stay on it until the violation is either corrected or the facility is disciplined in some way, and sometimes it looks like a closure. Sometimes that looks like having to completely change their operating procedures, which costs them money, you know. That's happened a couple times. Whatever we can do to impact their business so that they can either stop doing abortions or offer less of them. And so we've kind of become this like, the official reporting place for pro-lifers, because like you said like sidewalk counselors or pregnancy center directors or anybody that's involved in these ministries, they hear these stories of women that come out of the facilities, or they witness something outside the facility and they don't know what to do with it. And that's fine; their main focus is counseling families, you know. Serving the abortion-minded patients. But they see these things and they go, "ah, this doesn't seem right I don't know what to do this information." But we do, you know. So now they come to us and they say, "this is what I saw." And then we take on the burden of doing all the investigating, doing all the research on the codes that were violated, who's responsible

for enforcing it, writing and, drafting and writing the complaints and then work with the sidewalk counselors to say, "okay this is what you saw. This is who needs to go to," you know. "I've written the complaint, sign it, and we'll send it over.: And then you know work to hold the facility accountable.

Jacob: So I don't think most people understand the different agencies that are involved, government agencies, that are involved with inspecting an abortion clinic. I think most people and maybe myself included thought one or two?

Missy: Oh gosh, no there's probably more than that.

Jacob: So let's just go over like, and we'll probably both have to work on this because there's so many, but what are the different inspections that are going to happen at that abortion facility and around it that need to happen in order for them to be operating as an abortion clinic?

Missy: Yeah okay, so the main facility inspector will be the state's Health Department, and every state has a different name for it but, the Health Department. And then you have, the medical persons have their own set of licensing and standards. So you have the medical board that's over the physicians; the board of nursing that's over all the nurse practitioners and all the nursing staff; and then if you have anybody else that has a license of some sort they usually have their own board with the state. So if they have a social worker on staff and you have a board of social work, you know. Every license has its own agency that governs that license. So to be able to hold this license you have to pass whatever test. Then you have fire code. So the fire department has to come and inspect and say like "if there was a fire in this building people would be able to get out safely. And there's nothing that's gonna cause a fire" you know. There's OSHA, so that's employee safety, you're not doing anything that's endangering.

Jacob: So to clarify with people, and because I've had some when I work construction I work around OSHA and stuff. OSHA is there to protect the individual employee.

Missy: Employee, yes.

Jacob: Not the clients necessarily. They're there just so people know, they're there to protect the employees. So that would be the doctor, the nurses, the medical staff, the MAs, the office staff, all of those people would be under OSHA.

Missy: Yeah, so OSHA would be something like in the medical facility it would be like if they're not disposing of, like sharps properly and employee could be, like pricked by a needle like that's an OSHA problem.

Jacob: And they have to be trained, at least in Georgia they have to be trained in blood-borne pathogens.

Missy: Yes, infectious disease control. They have to have protocols just to make sure they're not putting their employees in a position where they can be harmed. And then there's EPA regulations on medical waste.

Jacob: Environmental Protection. What's happening with that?

Missy: So like how they dispose of the medical equipment, the, this is always hard to talk about but like, the children themselves. There's all protocol that has to do with that. Then you have HIPAA, so that's a whole other department. So we've had doctors who violate patient confidentiality, so that goes to...

Jacob: Wait are we at five or six?

Missy: I don't even know, there's a lot, there's a lot. And then we just had a big case in Missouri about a year ago which was like Title 10 regulations. So if you're getting federal funding that has its own agency that you have to be in compliance with. So there's a lot of...

Jacob: So I think we're at about seven right now and I bet if we worked on it would come up with another three we could be at ten.

Missy: Easily. FDA. There's FDA stuff. So the abortion pill is regulated by the FDA and they have specific standards that they say to give the abortion pills, this is the proper guidelines.

Jacob: The drug and alcohol enforcement because they do have narcotics there, legally, but they've got narcotics and they have to be stored, cared for, paperwork kept up on.

Missy: Yeah the DEA.

Jacob: It's not just "hey we're ordering ten thousand Percocets and we're going to give ten out."

Missy: The have to keep logs.

Jacob: We gotta know who's got access, how much has gone out, what's left over, are they within their expiration? This is all supposed to be tracked. And these are the kinds of things you're looking into.

Missy: Yeah, and everything that I'm saying, if you go into any other surgical facility that's completely normal right for them to be up to code on all of these things.

Jacob: Yeah, great point this is not just abortion clinics. This is your dentist office; you could go pull all this information from your dentist office.

Missy: Yes exactly.

Jacob: I will make you a promise, I bet your dentist office is a lot cleaner than the abortion clinics. Like you're not going to find hardly any violations. And these abortion clinics you're going to find a lot. And so that's what you're doing; you're finding these by just asking for the information. People are reporting and telling you some things that they're seeing, maybe some sidewalk counselors we'll get into that more later. But, and then you're taking that information to the boards who are in charge of that.

Missy: Right.

Jacob: Because I had an interesting experience a little while ago where we found some things that were wrong, and we were trying to bring them to the right people, and we had found out that somebody had come in, like the Health Department had come in, found a violation for the drug and alcohol enforcement, and they put it in their file--in their report--then they took that, and they put it in the file, and they put that file in the filing cabinet, and that's where it sat.

Missy: That's where it sat.

Jacob: Until somebody asked for it and then went, "Hey! DEA. Did you know there's this thing here that's not...?" They didn't even know about it.

Missy: Exactly.

Jacob: And it can be that common.

Missy: I don't want to assume that every government agent has malicious intent.

Jacob: Sure.

Missy: I'm sure some of them are just overworked, and they just have too much on their plate. However, it is very convenient that the abortion facilities just happen to be the ones that they're overlooking the most. And so, given the like political environment, and the social pressure, it would make sense to me that some of them are intentionally turning a blind eye. Now I don't know if that's the case in every situation, but in some it is.

Jacob: I can certainly see if I take myself out of pro-life work, and I'm working at the government in some kind of department, and I'm trying to advance my career, and I'm going through some papers looking over some facilities and boom--here's an abortion clinic and here are some things that are... I think I'm gonna fold that up and put it back in the file, and be like...

Missy: "Nobody wants to hear that."

Jacob: "You know what? I missed a few things." Because I would rather that be missed and get chastised for that than them go "why are you going after women's rights?" "Oh wait, hold on, I'm sorry I didn't mean to do that."

Missy: Nobody wants to be that person, that's what that goes back to. Nobody wants to be the one that holds the abortionist accountable because the backlash is so severe, and so it's easier to just fold the paper, put it in the filing cabinet, and leave it.

Jacob: And so, you're scared to death of the backlash so you don't go after anybody or anything... I'm totally sarcastic here.

Missy: Oh I'm so afraid?

Jacob: No but that's where it's so important that you're doing this work because you're not; this is your job. And I would think, I'm trying to be really gracious to a lot of these officials, these government officials and stuff, where they're like, maybe they are pro-life and they're just like, "I don't want to get involved with this." But now you're stepping in and going "hey, I'm pushing this now." And even though, like I guess kind of officially, you're still basically a citizen.

Missy: Yes.

Jacob: I mean you do represent the organization so tell me about that a little bit.

Missy: Sometimes, a lot of times when we're when we are dealing with violations, we work with the people that either directly witnessed it or were the patient themselves. And so, yes, we are citizens, like we work more in like an advocacy role in that way, where I'm advocating for the patient, but a lot of times the patients themselves will sign these complaints, or the eyewitness will sign them and so, yes, it can come from a concerned citizen but it's going to have a lot more weight when it's attached to somebody who had that direct experience. So sometimes when we've had negative responses from these agencies it's been to the patients, which is just really unfortunate because they exist to protect patients' care, you know, from bad physicians, and sometimes they don't do it.

Jacob: And sometimes they're still getting a blind eye so. I'm giving the very gracious view of government officials. I think there's a wide range who are like "we're just going to push this away because we want to keep this."

Missy: Yes. Let me give you two examples. So one is, it was handled correctly, they did their job. So, I live in Kentucky and at the time we had one operating abortion facility. And on their website they said they had a licensed social worker on staff that was meeting with patients to... before their abortion. And I read an article at some point, and I was just kind of doing some general research on the facility, and it was their office manager being interviewed, because she had worked at the facility for a number of years. And so she was saying like all these efforts to close this EMW, is the name of the facility--EMW Women's Center, Women's Surgical Facility I think is what it's called--and she's like, "I've been here for so many years and I meet with patients ahead of time and I talk to them." And it kind of just clicked something in my brain, I was like "why is she meeting with patients ahead of time? She's an office manager." And so I talked to the local pregnancy center that has a facility right next door, and she said, "yes, the office manager meets with the patients to do their informed consent conversations before their abortions." Because they had had a number of patients do the informed consent and then change their mind and then come over to this, to the pregnancy center. And so I had somebody actually schedule an appointment, and go through this process. So before you have an abortion, before you have ANY surgery, before a doctor touches you...

Jacob: This is not just abortions.

Missy: It's not just abortions. Before a doctor touches you in ANY way, they have to tell you what they're doing, the risks involved, like you have to be able to consent after you've been informed, hence the name "informed consent." You're not just consenting, you have to be given the information, and then you can say yes or no. And so states have had to pass laws specifically for abortion facilities because they were not informing women before the surgeries of, like, what they were actually signing up for.

Jacob: But then we don't enforce those rules so what does it matter?

Missy: Right. So this is a perfect case of this. Kentucky had passed this really robust informed consent law, and it even said, in general, not just abortion, to do informed consent you have to have a medical license, be a physician's assistant, a registered nurse, or a licensed social worker. That's fair; those are all medical fields. You have to have a medical license. And on their website, they have a licensed social worker, right.

Jacob: So, no problem.

Missy: No problem. So I said, "okay, so this woman is meeting with these patients. She's doing the informed consent, on the website saying she's a licensed social worker. So I reached out to the board of social work, and I said "hey, does she have a license to practice social work in Kentucky?"

Jacob: Fair question; she says she does.

Missy: She did not, nor had she ever...

Jacob: Shocker.

Missy: ...had a license to practice social work. And I said, "well that's really interesting because here's the website. She is saying that she is a licensed social worker, and she is practicing clinical social work."

Jacob: Hmm, interesting.

Missy: Yeah, she was practicing.

Jacob: So is that the same kind of trouble, you're gonna tell us, but is that the same kind of trouble like if I say "by the way I'm a police officer?"

Missy: Uh, it would be like saying "by the way, I'm a licensed architect. I'm a chiropractor. I'm anything that has a license." Do you see what I'm saying? Like to practice in certain fields--licensed massage therapist--you can't just say you're a licensed massage therapist and like, give people massages.

Jacob: So okay I'm dying to know what happened next.

Missy: So the board of social work was like "huh, that's interesting." And they sent a letter and said, "Hi, you've been accused of practicing social work, saying you have a license. What is your defense?" They have an opportunity to defend themselves. They had their attorneys write this whole letter. I wish I had it with me; it was hysterical. It was just like around and round and round. They tried to discredit me; they were "like who is this person? She has a Virginia phone number. Like we don't... she's a pro-life, or anti-abortion."

Jacob: Because our credentials don't matter if the person that brought up the offense is not credible.

Missy: Exactly. And then they were like "well she's not doing it, she's not doing what she says she's doing. But even if she was, it's allowed under Kentucky law," or something, or whatever. Which I was like, what?

Jacob: I think we have different understandings of the law.

Missy: Right. But the board of social work said "no." They were like--they wrote her back and said send a cease and desist. They said "you need to stop calling yourself a licensed social worker. You do not have a license, and you need to stop practicing clinical social work."

Jacob: Wow, okay.

Missy: And she did. And they had to restructure, and now a registered nurse is doing them. So, and it's more expensive for the registered nurse to do them than an office manager. So that was probably one of our earliest wins where the board of social work--that was a good example of like, it really matters who is responsible for this,

because like no one would have thought like “oh we need to go to the board of social work for an abortion facility.” You know what I mean.

Jacob: It wasn't the Health Department you needed to go or OSHA. That didn't matter.

Missy: No it's the people who are over that specific violation.

Jacob: And that's where you guys--that's one of the things you guys are so valuable in is, because sidewalk counselors don't know which board, I mean until they watch this they probably don't know there's like ten.

Missy: Oh more than that there's probably like 50.

Jacob: And there's more, and you're familiar with each one, what needs to happen, the rules the laws and if you don't know you know how to look it up.

Missy: Exactly.

Jacob: You're just such a valuable resource to sidewalk counselors to be like “I'm having this problem.” Well you can figure it out. I believe in our sidewalk counselors; they can figure it out. It'll probably take them 50 hours.

Missy: It'll take a long time.

Jacob: And it'll probably take you five minutes.

Missy: Probably. Maybe like but 15.

Jacob: Maybe 15, okay, on a bad day it'll take her 15.

Missy: But the thing is, and I tell counselors just all the time when I talk to him, I'm like I would not be a good sidewalk counselor. I have way too much nervous energy; I would just stumble over my words, but I can do this, I can be behind the scenes; I can research; I can read hundreds of pages of legal code. I want them to be back on the sidewalk doing their thing. Go where your gifting takes you, you know. Like I don't want them wasting time looking up legal code and trying to find these agencies when they should be out there ministering to families. And so that's where I'm like “give me that burden; I'll do it happily and you can kind of get back to, you know, you're the mission of reaching abortion-minded patients.” So that was an example of an agency stepping in and doing

the right thing--handling the situation and correcting it. Then we have this other situation, okay. So Florida is, at this point we've been working in Florida for over a year.

Jacob: Missy don't talk bad about Florida.

Missy: I'm sorry it's about to get ugly.

Jacob: Go ahead.

Missy: They have been notorious for not enforcing abortion laws. Not only that, but openly turning a blind eye when we have brought...

Jacob: Would you say hostile towards you or just...?

Missy: Oh, absolutely, absolutely.

Jacob: More than just ghosting you. They've gotten hostile.

Missy: They've been hostile.

Jacob: Okay, keep going. This is interesting.

Missy: So we had this one situation where the sidewalk counselor was outside of the facility, they've been faithfully serving there for years, and the girl came running out of the facility literally screaming "call 9-1-1." Scared.

Jacob: Wow, okay. Hold on. She runs out of the clinic?

Missy: Out of the clinic, yeah.

Jacob: Screaming.

Missy: Screaming "call 9-1-1. I can't breathe. I can't breathe."

Jacob: Like this is awful, this is not a joke. Sounds like something out of a horror movie or something. Somebody's running out of an abortion clinic screaming "call 9-1-1."

Missy: She was like, they hadn't quite started the procedure but they had begun, so...

Jacob: On her?

Missy: On her. So it's a graphic scene. And so the sidewalk counselor thankfully was there.

Jacob: Wow thank goodness she's there. Just pause for a second, like sidewalk counselors you gotta know, you might be like, "I don't want to talk to somebody. I'm scared to have, you know, I don't know what to say." Can you be there, like as a sidewalk counselor, just to be there in case something like this happens?

Missy: Exactly.

Jacob: Where somebody runs out?

Missy: Because if they hadn't been there I truly don't know what would have happened. Because they were the ones, the sidewalk counselor was the one that actually called 9-1-1, calmed the girl down, wrapped her up, had her sit down, you know, and had the EMTs come. So the story was, they had given her the anesthesia for the abortion; she had some kind of reaction to it, we don't know what it was. It was either a panic attack or it was an allergic reaction. But you know one of the, one of the effects of anesthesia can be that you have difficulty breathing, and that's something that they know to watch out for. And so if a patient is ever telling you "I'm having trouble breathing," you need to address that.

Jacob: Yeah, I can see that, you know, even in a dental office, and I compare abortion clinics to dental offices, would this be reasonable at a dental office?

Missy: Any time someone's saying "I can't breathe. I'm having trouble breathing," you need to stop whatever you're doing and you need to address it.

Jacob: That's just standard.

Missy: Standard.

Jacob: Would make sense. And if they get up and run out your building...

Missy: ...something's wrong.

Jacob: ...something's really bad wrong, but there's only one response to that, that's to kind of chase them, like in a caring way, like that's YOUR client. They don't just run out to the street. I'm kind of angry right now because this is wrong. Like you don't just let them run out to the street to a stranger. I mean we know they're good people out there, but they don't know. So she runs out there, the clinic...

Missy: So she has this reaction, and she starts saying "I can't breathe, I can't... stop please, I can't breathe, I'm having trouble breathing," and they're just like she's saying "call an ambulance," she's asking them to call an ambulance. They say "no."

Jacob: They told her "no"?

Missy: They said "no." It's just, oh at this point it's just...

Jacob: No no no no no, ladies and gentlemen, if someone says "call an ambulance," call the ambulance!

Missy: You call the ambulance; I know.

Jacob: It's not complicated. It's a phone call, the ambulance shows up, you can then say "oh sorry I didn't need you." But somebody's life's on the line. When somebody says "call an ambulance" just call the ambulance. Especially if you're--this is not magic.

Missy: Even the nurse says...

Jacob: I'm gonna calm down, hold on.

Missy: Even the nurse said "what did you do to her?" Like the nurse was like visibly upset.

Jacob: What nurse?

Missy: The nurse that was with the physician helping with the abortion. She said "what did you do to her?"

Jacob: She said to the to the abortionist, "what did you do to her?"

Missy: Yeah.

Jacob: And he's like ...?

Missy: Nothing. Nothing... just wouldn't address it.

Jacob: This is so weird.

Missy: It's crazy. It's crazy. So she picks herself up off the bed, runs out, says "call 9-1-1."

Jacob: Does she have IV, does she have like her gown on?

Missy: Yes, sort of.

Jacob: Oh, wow. Okay. Okay.

Missy: So they call 9-1-1, they come, the EMTs take her.

Jacob: Is this like winter time? Is this...?

Missy: This is August, no, October of last year. It's Florida.

Jacob: Ok, and it's Florida so it's not cold. Okay, so this sidewalk counselor has a blanket or something she wraps around. And is she there by herself, or is there a driver?

Missy: You know, I don't know. I'm not sure. Typically there is somebody with them, but I don't know where that person was.

Jacob: Usually if you've got an anesthesia...

Missy: Somebody just has to come back and pick you up. I'm not sure where the person was in this whole situation. But while they're waiting for the ambulance, the clinic staff came out, and was like "calm down, come on." So they brought her back in the waiting room, sat her down, you know, calmed her down. And the physician, who is 87 by the way, I don't know if I mentioned that. He's 87 years old, he can barely communicate. People's--former patients have said like his hands are really shaky and like, he had trouble like inserting needles because his hands are shaking so much. Like this guy is obviously impact... he has some kind of physical impairment. He pulls...

Jacob: And abortion is not removing a hangnail and I'm not making a joke here. Like it's...

Missy: You need steady hands. So he pulls the sidewalk counselor aside and was like trying to justify his actions.

Jacob: Oh wow so the sidewalk counselor is talking to the abortionist.

Missy: Yes.

Jacob: Wow, things just got really intense.

Missy: Really intense. So he pulls her aside and he starts saying, basically, his English is pretty broken because he is from a different country, and so he was kind of hard to understand, but from what she could gather was he was trying to tell her, "she's had an abortion before," so like he knows that she shouldn't react or whatever, like she's had an abortion before. But he opens her medical records and is like showing them to this sidewalk counselor.

Jacob: Yeah, that's a violation of HIPAA.

Missy: That is a violation of HIPAA!

Jacob: I'm not a lawyer and I know that.

Missy: As soon as the sidewalk counselor realized what he was doing she was like "oh no no no no no no" and like turned her back like...

Jacob: Good for her.

Missy: ..."I'm not supposed to see this." Like "do not show this to me." But it was him trying to say like "oh no no, she's had one before, she's fine."

Jacob: "Yeah see here, on the chart..." You can't tell her that!

Missy: No, no you can't. So the EMTs come, pick her up, take her, and the sidewalk counselor calls me, and she's like "I have NO idea what to do, because we just had this horrific situation, and he needs to be reported."

Jacob: I wouldn't know what to do other than to call you. I've seen some crazy stuff but, keep going. Okay, so she calls you, tells you this story.

Missy: Right. So we start researching and turns out this guy has had his license revoked before for a number of medical negligence situations, you know. He put a long-lasting birth control device in somebody before making sure they weren't pregnant; turns out they were pregnant. So he had to take the device out, do an abortion, and then put the device back in. You know, he had botched hysterectomies; he didn't detect an ectopic pregnancy. Like just all kinds of things where women were seriously harmed. So he had his license suspended before.

Jacob: Any deaths that you know of?

Missy: Not that I know of. Before this incident happened...

Jacob: Which is a good thing I'm glad he hasn't killed anyone.

Missy: Not that we know of. But a woman had gone to the hospital about a month before, hemorrhaging, we got the 9-1-1 reports, and he had lacerated her uterus, she was bleeding uncontrollably, had to go to the hospital.

Jacob: Serious internal bleeding... you can bleed to death.

Missy: Yes.

Jacob: Women will bleed to death.

Missy: Yes. And on the 9-1-1 reports you can tell that the nurse is scared because she's like "this is a lot... this is serious."

Jacob: The nurse at the abortion clinic?

Missy: Yeah. So they they'd called in that case because it was so severe. And there had been multiple complaints filed before that were never investigated of him handling patients really roughly, the hands shaking, the inability to insert needles, just overall just things that should have been red flags. And so we put this whole report together, and we say "this is what happened," we outlined this eyewitness account. She signed it herself; she said "this is what I saw. He showed me these records that I was not supposed to see. I had to call 9-1-1..."

Jacob: This is your sidewalk counselor...

Missy: This is my sidewalk counselor.

Jacob: ...saying this is what I saw.

Missy: Yeah. "...And these are complaints that have been filed before. We have the 9-1-1 report he sent a woman to the hospital a month ago. You guys really need to look into this guy." We got it all together; we signed it. We did a complaint with the Department of Health and Human Services for the HIPAA violation. We sent one to the medical board; we sent one to the Health Department. Oh, on top of all this his facility isn't actually licensed as an abortion facility. So he doesn't even have an abortion facility license. He's doing abortions.

Jacob: I wish I could say I was shocked but I'm not.

Missy: I know. We submit all of this information, and the medical board almost immediately responds and says something to "we don't have regulatory authority over that."

Jacob: Right. "Not our problem."

Missy: "Not our problem."

Jacob: Which it is, but they're going to deny it.

Missy: You have a physician who is showing obvious physical impairment, who has put multiple patients in danger, and you're telling me you don't have regulatory authority over that? That's literally the purpose of your board. So I wrote her back and I cited all of the code that gave them regulatory authority.

Jacob: "Oh as a matter of fact here's the code. Here's where you can find it in your book."

Missy: Yes.

Jacob: "The one that you're supposed to enforce--that book."

Missy: Yes. And I literally highlighted; I was like "here's this. Here's this. Here's this." You gotta do the work.

Jacob: "Do you want the page number?"

Missy: I copied and pasted in an email and I said "here it is," and she said "those are for impairment violations, not for unethical or dangerous behavior."

Jacob: Now you're just making stuff up.

Missy: And I... well so here's this response. "So those are for impairment violations not for unethical or dangerous behavior." Okay. So number one: part of our complaint was impairment, so impairment violations do apply. Second of all: are you saying that what I told you was neither unethical or dangerous? Like, it's one or the other here? Like you're saying "oh those are impairment not unethical or dangerous," so is our complaint not unethical or dangerous because what I told you, both things. Like she just could not... she was trying to find every way not to...

Jacob: To avoid this.

Missy: To avoid this. And would not investigate it. So we had to go over their heads.

Jacob: Okay. What did that look like?

Missy: We went to state senators. We went to the senator who happened to be a super pro-life awesome guy. I said "this physician is practicing in your district," and he was like "oh no. No no no." And then we contacted the governor's office specifically because he's over, a lot of times in the states the governors' offices are the ones that are over...

Jacob: They appoint usually the different...

Missy: ...the cabinet secretaries of the Health Department. And then the medical boards kind of go, sometimes they're under the Attorney General, sometimes they're under... in Florida they're all kind of enmeshed in this one agency. It's weird. The Florida system is the most complicated one I've experienced so far. But a year later after we went up the chain, I'm not sure who exactly got ahold of her, but somebody did, somebody talked to her. Because all of a sudden get an email out of nowhere that says, "Thank you for submitting your complaint."

Jacob: A year later.

Missy: A year later.

Jacob: A year later, after you've been getting the run around. It's like "you're an angel thank you so much."

Missy: "Thank you for sending your complaint. Can you give me the names of the patient and their home addresses?"

Jacob: The patients?

Missy: "...of the patient so we could do a further investigation." And I respond, I was so mad. I was so mad because I was like "it's been a year, and also this was a really traumatic situation for these patients. And you expect me to be able to hand over their home addresses? Like, can you understand why they would not want to be specifically named?" Like we haven't... we'd given their names. And I was like "that is not information that we are privy to, because like, I'm sorry when we're calling 9-1-1 we're not going 'hey I'm sorry, what's also what's your home address ?'" You know. Like "you don't need this information."

Jacob: Unlike the abortionists we actually try to protect their privacy too.

Missy: Yes. Yeah, and you can understand like given the nature of the procedure that they are there for, and the trauma around it can you understand why we don't have that information?

Jacob: Right, right. I know this might be difficult like for some pro-choice people out there to understand, but we genuinely do care about these people. And we're not out there blasting their information out, and we don't collect it.

Missy: No. And we're not gonna put them in a position where we feel like we're gonna further traumatize them or, you know, inhibit their healing in any way. If they don't want to talk to us anymore, we leave. You know, we're not gonna beat their door down to get this, whatever, get that information.

Jacob: We don't operate, and you don't operate, and neither do we, in the mentality of "we're going to shame, embarrass, humiliate, and go after these women."

Missy: Or even use them for our agenda.

Jacob: Or use them for... exactly.

Missy: That's the thing, it's like, I'm not gonna, they are not a token in my game here, you know.

Jacob: Like they're not a tool for us to wield.

Missy: No, no. And so I said "we don't have that information. I've given you their names, that should be enough, but you don't need it to open an investigation on this guy." And so I followed up and I said that, and kind of waited, so I was like "alright, let's see what they say." And they responded again and they just said "we really do need this information."

Jacob: This maddening. Hold on. Missy you're awesome, you're really smart, but they're the government.

Missy: I know.

Jacob: This is their job.

Missy: I know. I know.

Jacob: It's a job you've stepped into and are doing an awesome job. They shouldn't have to ask you for this stuff.

Missy: Well the burden of investigating should be on them.

Jacob: Right, they want you to do their job.

Missy: Exactly. And so, but so the story does end well, but not thanks, not really thanks to them. So we get this notice that's like "hey, thank you for your complaint, but we need this information." But anytime they open an official investigation the physician is notified. They just say "hey, someone's complained and we're looking at it." I got the email on September 2nd saying "hey, thanks for your... whatever. We're going to look in to see if there's a violation if you can provide this information, that's, you know, that would be great." And the letter was dated September 3rd. I got on September 2nd; it was dated September 3rd. On September 2nd the abortionist announces that he's retiring... effective September 3rd.

Jacob: They warned him!

Missy: They warned him. That, well you have to. They have to say "hey man, there's a, there's a complaint." But September 2nd out of nowhere he says "I'm retiring effective September 3rd" which is the date that we were, was on our complaint.

Jacob: Wow.

Missy: So he just retired.

Jacob: No charges.

Missy: Mm-m. Still has medical license.

Jacob: Still has his medical license. So he could open up another practice.

Missy: He could, but I don't think he will. I think we scared him enough. So we ultimately got what we wanted; he closed, he retired. But suspiciously literally the day we get a notification saying "thank you for your complaint," you know. What are the chances that he's gonna retire that day with a one-day notice.

Jacob: Well if that's true you need to start playing the lottery.

Missy: Exactly. So but ultimately the agency never did their jobs.

Jacob: They didn't do an investigation because...

Missy: Well then I went back, this is even crazier, I went back, and turns out one of the patients we named, they already had her information. She had submitted a complaint before that already had her medical release, her name, her address, and so I resent it to her and I said "oh! Turns out you already had this information. Here you go—again." She never responded to that.

Jacob: I think they were stalling.

Missy: Oh absolutely. Absolutely. They were trying to find every way not to investigate this guy.

Jacob: So there could have been criminal charges filed against him.

Missy: I don't know about criminal.

Jacob: Really?

Missy: But definitely...

Jacob: Some kind of negligence?

Missy: You know, some kind of negligence or even just a disciplinary action on his license. They could have said "we're going to suspend your license again or revoke it." You know, a letter of reprimand, you know. They have their own list of things that they do. They can they fine physicians all the time for different things. But typically in situations like this, there's some kind of suspension or they're put on like probation. But he, this guy if he was in any other medical field he wouldn't have been practicing. There's just no way. There's no way. And he shouldn't have been. He wasn't he wasn't physically capable. He, you know, there were multiple things brought up to them and they just ignored it. So when we actually broke the story that he closed we were contacted by a local newspaper, an investigative journalist, and she, this is not a pro-life reporter at all, and so I'm telling her story and she was like "this is unbelievable. This is unbelievable." So she did all the digging, found all the same information I did.

Jacob: I hope she told her like "yeah, this is a bigger one but we run into this all the time."

Missy: Oh I did, I did.

Jacob: Yeah, good.

Missy: And she just said "I cannot believe this guy was practicing," and I said "I know, I know."

Jacob: I've got some more stories for it too, and I know you do.

Missy: Whatever we can do, you know he retired, that's great. We ultimately got we wanted--he closed down his business. The sidewalk counselors actually stayed out in front of his facility for like another week or two to make sure.

Jacob: To make sure, yeah.

Missy: And it really is closed, but we're still going to pursue things and say "he needs to have his license completely revoked like he should never be able to practice again."

Jacob: For the safety of women. Like I know some pro-lifers are gonna get mad that I said this, but let's set the babies aside for a second. Everyone should agree that he's hurting women. Not, and I don't mean like emotionally, I mean physically hurting women. And he's certainly not the only one out there. And I want our sidewalk counselors to know, you're out there, and to keep an eye out for these kinds of things. Missy, I could talk to you about this stuff all day long. We could make this an eight-hour podcast. But I wanna thank you for coming in. I wanna, I want you to give people some idea of how they can help you guys. What you need, best way to contact you, and what kind of basic information... we're gonna get in-depth into the things that you're really looking for from sidewalk counselors in the master class module we're about to make here, but I do want to hear like, how do people contact you? What are you looking for? What do you need? And I'll just come out and say, I know, because you're pro-life organization you guys need financial support. So I want to encourage everybody. I'm like one of these people that I don't hold tightly to anything and I really love what you guys are doing, so I just want to encourage people to support you, and what you're doing. It is so crucial and so helpful, because I want people to know like I was trying to build something like this up, but I'm not Missy Stone and it would have sucked. So when I found out you were...

Missy: We all have our gifts.

Jacob: ...it was such a relief, and if you weren't doing this I would be doing it horribly, and I'd be asking people to support us doing it horribly, but you're doing it. And this, is this is so important. We can, you can shut down so many clinics...

Missy: That's the hope, yeah.

Jacob: ...with the right resources by just plugging some pieces together.

Missy: Exactly.

Jacob: And you're brilliant and smart, and some of this is just also not that... it's time. That's what it comes down to, right? It's time on digging through this information, plugging it in, and turning it over the right people. And then I think you're really good at pushing them the way it needs to happen in a firm but loving way. So I just really want to help people understand how important what you're doing is. On the sidewalk this is

one of the most important things that we do is watching what's happening and keeping the clinics accountable, because this is crucial to shutting down clinics. Especially for our people in the course who are not able to get into conversations.

Missy: Exactly. There's still something they can do.

Jacob: Yeah there can be a lot of reasons for not getting conversations... maybe the clinic you just don't have access to people, because of how they're coming in and out, but you might be able to see some things that are happening. You can see ambulances that are coming in and out, and you can be a witness, like with this young lady who came running out. So there's just so much that can be done on the sidewalk. This is a big piece of it, so please tell them how to contact you, basic things of what you're looking for, and I just want you guys to go.

Missy: Yeah, so really it comes down to, if you see something or you hear something and it just gives you that feeling in your gut like "hmm, that doesn't sound right." You know, like it does, you don't have to know the laws, because every state is different, every state has different regulations, and you know, it's a pretty big ask for someone to know every single regulation on the books and to fully understand it and know how it is applied. But a lot of these cases are just faithful pro-life advocates who just had that feeling, like they heard a patient say something or they saw something they went doesn't "hmm. Doesn't sound right." You know that doesn't, it doesn't feel right, because it's pretty easy to know when a patient's being mishandled or when you know something's going on. And so really it comes down to like if you see something or you hear something that doesn't sound right, just go ahead and tell us, because we can do the work of verifying whether or not they broke the laws. Because sometimes we get cases where, yeah, it's not like the best situation, but it's not.

Jacob: It's probably not a good business practice.

Missy: It's not a great business practice but it's not illegal, and it's not unethical, you know. So there are cases like that, where we've gotten some and we've said like, 100 percent, like that is kind of weird, but it's not it's not a violation. You know, and so like let us do that work for you. But anytime you hear anything about, you know a patient not being, not knowing what's going on, you know one of them were like "I didn't know the risks. I didn't know, I didn't even know what procedure I was signed up for." How can you consent to something you don't even know the procedure you're having? So like anything that the patient feels was like they weren't informed properly, or they were handled in a way that made them feel uncomfortable, you know that stuff. It's pretty easy to identify,

you know. And so, anytime you hear things like that, or like when you're looking at the facility and something seems off, waste, medical waste, anything like that. But it really just comes down to if you see something then just go ahead and tell us and we have an email it's info@reprotection.org. That all comes straight to me; I read every single one of them, and we have a team of researchers that I assign them to and say "okay, this is what we heard." The more information that you have it's helpful. So, the name of the facility, if you know who the physicians are go ahead and tell us that, as much information as you can about whatever you saw or whatever you heard, that'll help us know kind of where to steer our team. But it's better just to go ahead and report it if you think it's something than to not and it end up being something, you know, bigger later. So we will do that work for you to find out if it's something that is worth pursuing or not. So, I think that's the biggest thing, is just having those ears and eyes outside the facilities and hearing you know what's going on. A lot of pregnancy center directors too, or the staff there when they're working with patients who've either been there already or had the initial appointment that changed their mind, they'll say things in the consultations that kind of go "hmm that's... that doesn't sound right." You know I've had a lot of them contact me and say "hey a patient said this and, you know, can you look into it?" Anything like that. Obviously we want to protect the clients and you never want to put them in a position where they're feeling like forced or unsafe or... but for some of them, I will say, for me I'm this way like, I had a bad medical experience and part of my healing was having justice, you know, of holding the doctors accountable. So some of the some of the clients might want to do that as part of their journey. And so even knowing that that's an option for them, you can say like "hey we have these people." We're safe, we're confidential, we're gonna handle them with care, and we're going to give, we're going to advocate for them, you know with the medical boards and give them a place to... will help them write the complaint and submit it to the right people. Because some patients just need that.

Jacob: Absolutely.

Missy: Need that justice.

Jacob: I want to say like, if this hasn't been made clear to our audience, I know we've talked about this, and I want to make it really clear to them, because both ERI and you guys at Reprotection, we're on the same page on this, and that is, we are not going to use anyone as a tool or to better our cause or something like that. We're going to first and foremost protect them.

Missy: Yes.

Jacob: And their privacy. We don't use people like that; you guys don't, we don't. It's not acceptable. I want to encourage all our sidewalk counselors, you don't do it either. And we care for people first and help them. That doesn't mean help them have an abortion. What that does mean is help protect them, and help them get to a place where they're safe and where they can experience some healing. And like you said the big part of that healing can be justice, and we want to be there for them with that. And I'll also tell you that I think when we go through it the right way, by taking care of them the victim or the survivor here in this case, they're going to be, because they feel safe, because they know, we're going to have more buy-in from them for the long haul.

Missy: Exactly.

Jacob: And I'm not saying "do this so that we have buy-in for the long haul," I'm just telling you some of the great results we get because we care for people is they trust us, they know they can trust us, they know they're in the driver's seat, and if they want to pull back at any point they can.

Missy: Yes absolutely.

Jacob: And because they have that freedom they're more comfortable to move forward...

Missy: Exactly.

Jacob: ...is what I've seen and I know you have too. So I want to make that really clear with our people and I want to just one more time encourage them, get in touch with you guys. We're going to put your link in this podcast. And Missy, thanks so much for coming today.

Missy: I do want to say one more thing. I want to touch on the point of where you're saying like, this is this is so easy, this is so simple. It's just, you know, the reason that we exist is when we tested, because we tested out the strategy before we incorporated, because we wanted to make sure, you know like this is, do we need this? Do we need another pro-life organization? You know, and what we found was it was never successful when it was just volunteers.

Jacob: Really?

Missy: We tried it. We tried it with in places with really robust pro-life communities, with great pro-life leaders, but they were all focused on their mission. They were all running the pregnancy centers, running the sidewalk counseling, doing the legislation. And those are all great things, but this in and of itself is a full-time job, and you need somebody that is only dedicated to reading these reports, analyzing the data, and getting it into the right hands, and then following it through. Because when you rely on volunteers to do it, it just gets lost.

Jacob: It does.

Missy: And like I said, the Florida situation took us a year, and it was me constantly staying on people for a year. And it took reading pages and pages and pages of documentation, and reading through so much legal code, and people just don't have time to do that, you know. And so having a dedicated team that is only doing that thing, that's the only way that we've been able to move this forward, and that's why us as an organization is so important, because we want people to stay on the sidewalks, to run the pregnancy centers, to write the legislation. Like do those things and let us get completely bogged down in the legal code, you know, and staying on top of the agencies. But it's only going to be successful if we have the team and the resources and the time to keep doing it. And right now we have cases from all over the country flooding in. We're not actively looking for cases at all; they are coming to us constantly, and we need to grow our team to keep up with the demand, because...

Jacob: Not doing any advertising and you've got more coming in than...

Missy: Oh the only thing we've done is said "hey we're here if you need us," To organizations like Sidewalk Advocates for Life, Silent No More, Students for Life of America. We just said, "hey we're here if you need us." And it was like, everyone just came rushing in, because they were all looking for this place to report.

Jacob: Well I know that's true because I was trying to build the place because I couldn't find one, and then I found out you're doing it.

Missy: But this is bit this was an obvious missing piece.

Jacob: Yes absolutely.

Missy: You know, and we've filled that that gap and now we're in a place where we need support, we need to grow our team, and we need to answer that call, you know, we have

this responsibility now. So we are always looking for, yes stories, yes, testimonies, but also we're building our team of researchers. If you're the introvert pro-lifer I say like "calling all introverted pro-lifers" because that was me.

Jacob: I love it!

Missy: You know I'm just not the person that's gonna go out and like, I did the activism thing and, you know, through gritted teeth I did it, but I realized like that's not my gift. Like I am so much more useful behind the scenes, reading the pages of government documents that no one else wants to read. You know, like, we're looking for those people that haven't really found where they fit yet, because they don't want to talk to people, you know. They don't feel comfortable doing sidewalk counseling, or they don't feel comfortable doing activism, like "hey there's a place for you too" and if you like to research, if you have any medical knowledge, hey we're here. You can reach out and we would love to have you join our research team, and then we're always looking for supporters. We're an official 501C3 nonprofit, and we can only continue doing this work if we have people who are faithfully supporting us monthly to keep doing this.

Jacob: Well I'll tell all my people, I'm going to personally support you guys.

Missy: Aw, thank you. I really appreciate it.

Jacob: And I want to encourage our listeners to do the same, and of course we at ERI needs financial support too but I want to see both of us be successful. This is, you guys are doing awesome work, so...

Missy: Thank you.

Jacob: Thank you so much for making the time to come down here. I know you flew from Kentucky and this was no small thing, and you're a good friend to ERI and us.

Missy: You guys too.

Jacob: And thank you Missy.

Missy: Yeah, it's great to be here you.