



A Post-Roe PA: Deceptive Practices of Anti-Abortion Centers

PA Joint Democratic Policy Committee Roundtable Discussion, co-hosted by Chair Katie Muth, Sen. Judy Schwank, Rep. Bridget Kosierowski, and Rep. Melissa Shusterman
North Office Building Hearing Room 1
September 6, 2022, 1:00 PM

Opening Remarks (1:00-1:15)

Senator Katie Muth, Senate Policy Committee Chair
Senator Judy Schwank
Representative Bridget Kosierowski
Representative Melissa Shusterman

Panelists

- Ashley Underwood - Director, Equity Forward
- Tara Murtha - Director of Strategic Communications - Women's Law Project
- Abigail McElroy - Student Activist
- Cortney Bouse, MPH - Planned Parenthood PA Advocates, State Field Director
- Melissa Weiler Gerber - President/CEO, AccessMatters
- Kelly Davis - Executive Director, New Voices for Reproductive Justice

Deceptive Practices (1:15-1:45)

A discussion on how Anti-Abortion Centers deceive Pennsylvanians through false medical information and deceptive advertising.

Oversight & Funding (1:45-2:15)

A discussion on the current funding structure of Anti-Abortion Centers in Pennsylvania, their lack of oversight, and misuse of public funds.

Supporting Evidence-Based Care & Information (2:15-2:45)

A discussion on what specific legislation and community action can address the maternal and reproductive health care gaps exploited by Anti-Abortion Centers.

Closing Remarks (2:45-3:00)

Senator Judy Schwank
Representative Bridget Kosierowski
Representative Melissa Shusterman
Senator Katie Muth, Senate Policy Committee Chair



TESTIMONY ON THE DECEPTIVE SPENDING OF PUBLIC DOLLARS BY ANTI-ABORTION CENTERS IN PENNSYLVANIA

Presented to the Joint Policy Roundtable convened by the Pennsylvania Senate Democratic Policy Committee

By
Ashley Underwood
Director, Equity Forward

September 6, 2022

I am Ashley Underwood, Director of Equity Forward – we are an accountability organization that produces opposition & investigative research on human rights, gender equity and reproductive rights. A primary focus of our work is to better understand the proliferation of anti-abortion centers (AACs); including the legislative landscape in which they exist, the networks and organizations that form and manage AACs, and their use of public dollars.

Real Alternatives (RA) is a predominantly taxpayer-funded organization based in Pennsylvania that distributes funds to anti-abortion centers. Five years ago, Pennsylvania Auditor General Eugene DePasquale found that RA used public dollars to expand its anti-abortion business nationally. Its scheme involved skimming from state grant funds and using them on out of state operations, a blatant violation of its grant contract. When this practice was uncovered, Real Alternatives assured the legislature and public that it had ended. However, after reviewing 990s, we suspected RA was still misusing public dollars to enrich itself at the taxpayers' expense. We sought records on two basic things: details on how Real Alternatives actually spends state dollars and copies of Program Development and Advancement Agreements (PDAA) that RA makes with grantees to funnel taxpayer money back to the organization. Today, I'd like to highlight three points for the committee:

First, the fervor with which RA has fought transparency. What began in 2017 as a simple RTK records request is now the longest running Right-To-Know lawsuit in state history. RA is funded nearly 99% with public dollars yet continues to try to block the order that said the public has a right to know more about how it is spending millions in taxpayer funds. The fight for

greater transparency shouldn't be this difficult. Yet Real Alternatives has spent the last five years, and tens of thousands of taxpayer dollars, on lawyers to conceal its deceitful machinations from the public.

Second, RA's egregious use of taxpayer dollars. What we do know is that RA pays its top executives more than [\\$700,000](#) a year, with its executive director making more than \$300,000 a year. By its own admission, RA has also used Pennsylvania's public dollars that it garnered through its kickback scheme to fund its growth in Michigan and Indiana. Why is RA using public dollars intended for low-income families to expand its business operations and secure a cushy salary for its leadership?

Third, the continuation of RA's kickback scheme. In court hearings in March 2022, RA lawyers confirmed that Real Alternatives is still engaging in the kickback scheme that it was previously ordered by the state to halt. Through private contracts, groups subcontracted with RA under the Alternatives to Abortion program provide a so-called donation to RA to fund work that is not permitted under RA's contract with the state. Further proof of this kickback scheme can be found in RA's 990 from 2018 (for the fiscal year ending on June 30 2019) which lists money from PDAAs in an amount of 2.9% – an amount so close to the 3% it was found to be taking in 2017 that it cannot be a coincidence.

RA disingenuously claims to help Pennsylvania families – but in reality, it is concealing egregious, deceitful tactics and practices misusing PA taxpayers' hard earned dollars. RA shows no regard for the legislature, which allocates the money to this organization with the expectation to act in good faith, no regard for the Health Department that oversees the contract and has ordered this practice to stop, and no regard for the auditor who gave them a pass on returning misused money before with assurances that this scheme would stop. Most importantly, by continuing to misuse public dollars, RA lays bare its true disregard for the Pennsylvania families and pregnant people it purports to want to help. Public dollars should go toward state programs that actually help Pennsylvanians and their families; not anti-abortion propoganda.



**A Post-Roe PA: Deceptive Practices of Anti-Abortion Centers
PA Joint Democratic Policy Committee Roundtable Discussion
Testimony by Melissa Weiler Gerber, President & CEO, AccessMatters
September 6, 2022**

My name is Melissa Weiler Gerber and I serve as the President & CEO of AccessMatters, a public health organization with a focus on sexual and reproductive health. I am honored to be here today to speak on the critical topic of anti-abortion centers (commonly referred to as crisis pregnancy centers) in the state of Pennsylvania. I want to first thank the PA House and Senate Democratic Policy Committees for hosting this hearing and roundtable discussion.

AccessMatters opposes the use of public funds for anti-abortion centers, as the Commonwealth should not be endorsing and supporting the work of entities known to mislead and deceive people about personal health care decisions at particularly vulnerable moments in their lives. Instead, the Commonwealth should direct its support to programs and providers that provide client-centered, evidence-based, affirming, and non-judgmental sexual and reproductive health services that advance health equity and access across Pennsylvania. Access to sexual health information and sex education is vital to every person's health and well-being. All people have the right to access unbiased, evidence-based information so they can make informed decisions about their health.

To ensure this right is a reality for all Pennsylvanians, AccessMatters urges the Commonwealth to aid nonprofits and advocates in diversifying and/or enhancing sources of support to communities that otherwise may feel forced to rely on anti-abortion center services for various resources and services; such as, childcare resources like diapers, formula, and other baby supplies. The Commonwealth already has many trusted organizations with which to partner. AccessMatters, among many other healthcare providers, advocates, and reproductive health organizations in Pennsylvania, already provide many of the services that anti-abortion centers claim to provide, but without predatory practices.

AccessMatters' work reaches more than 100,000 people each year – across the Greater Philadelphia region, the Commonwealth of Pennsylvania, and throughout the nation – positively impacting people's health and wellness. As a long-standing Title X grantee and a steward of several federal, state, and locally-funded programs related to sexual and reproductive health, perinatal and postpartum health, breast/chest and cervical cancer screening, and STIs/HIV, AccessMatters is a critical part of the region's healthcare safety net. We also provide training and capacity building services to health and human service professionals nationwide on topics related to sexual health and health equity, including the impact of racism on health outcomes.



A primary part of our work is ensuring adults and adolescents have access to affirming, evidence-based, and age-appropriate sexual and reproductive health information and care in their community from trusted, high-quality healthcare partners.

AccessMatters makes certain that sexual and reproductive health information is accessible by offering this information throughout our provider network and via our information hotline. These resources allow people to access medically-accurate and non-judgmental care, to allow people to make the best decisions for themselves. AccessMatters' Information Hotline is an information, referral, and counseling service that addresses a variety of reproductive and sexual health topics, including but not limited to pregnancy care, contraception methods, HIV/AIDS information, and STI testing. Since the recent *Dobbs* decision from the Supreme Court, AccessMatters has been experiencing increased calls related to tubal litigations and vasectomies and anticipates more calls related to sexual and reproductive health services, including abortion as the months progress.

Our Health Resource Center Program in Pennsylvania supports school and community-based sites offering a confidential, drop-in space where youth can go for non-judgmental, medically accurate sexual health education and counseling. This education and counseling model supports critical thinking around sexual activity, encourages healthy relationships, and promotes the benefits of both abstinence and safer sexual behavior. The Health Resource Center Program is built on the tenet that having a trusted adult available for youth to talk with about their sexual health, healthy relationships, and any other issues they may be facing is a critical component to youth development. All youth seen in this program are encouraged to talk to their families or another trusted adult about their sexual health.

Nationwide polling shows that the general public supports sex education in schools. Furthermore, research states that if people had access to sexual information and sex education that was evidence-based, medically accurate, and age appropriate in their youth, many of the poor health outcomes our programs seek to address among adults could be avoided.

There is clear support for people of all ages being able to access sexual health information, which underscores the importance of accurate, accessible information rather than the deceptive and misleading information anti-abortion centers are providing under the guise of medical services and counseling.

As we find ourselves navigating a post-Roe world, the need to ensure anti-abortion centers are not misleading people who are trying to obtain an abortion is even greater. Despite continued press coverage of the deceptive practices at anti-abortion centers throughout Pennsylvania, these centers continue to receive large state grants with what seems to be little to no accountability. It is vital that the Commonwealth take immediate action to redirect these resources to where they can have the most impact and ensure provision of service in Pennsylvania is not based on ideology but instead evidence-based, comprehensive care.



AccessMatters works to provide such care ourselves through our hotline and provider network, without the predatory practices that often exist at anti-abortion centers. AccessMatters recommends policy changes that would address the following:

- Identify existing gaps in all communities throughout the Commonwealth that are currently filled by anti-abortion centers and diversify or replace these services by supporting the expansion of existing resources to address those gaps
 - This includes but is not limited to:
 - sexual and reproductive health information and options, including but not limited to: contraception, pregnancy care and termination;
 - Tangible childcare resources like diapers, formula, and other baby supplies;
 - Other necessary resources for family planning and health, such as housing for people who are pregnant and their children.
- Support public health campaigns aimed at educating communities about the resources that are available to them, including:
 - Sexual and reproductive health services
 - WIC
 - Diaper banks
 - Perinatal and post-partum health services and resources
 - Insurance coverage or subsidized health services

We appreciate your time and consideration and look forward to further discussions about how we can collectively combat anti-abortion centers in Pennsylvania and ensure people are receiving affirming, evidence-based care.

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Post-Roe PA: Deceptive Practices of Anti-Abortion Centers

PA Joint Democratic Policy Committee Roundtable Discussion

Women's Law Project

Tara Murtha, Director of Strategic Communications

Co-author, *Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States*

September 6, 2022

On behalf of the Women's Law Project (WLP), we wish to thank Senator Muth, Senator Schwank, Rep. Kosierowski, Rep. Shusterman, and the rest of the Joint Democratic Policy Committee for convening this discussion on the deceptive practices of crisis pregnancy centers, or CPCs.

CPCs are anti-abortion organizations that seek to reach and interact with low-income people facing unintended pregnancies to prevent them from accessing abortion and contraception. Historically called CPCs, the anti-abortion movement started calling CPCs "pregnancy help centers" to rebrand in response to bad press about deceptive practices. They are also sometimes called "anti-abortion centers" or "fake clinics."¹

The Women's Law Project is a Pennsylvania-based legal advocacy organization dedicated to defending and advancing the rights of women, girls, and LGBTQ+ people through impact litigation, individual legal assistance, public policy advocacy, and community education. Advocacy to hold the CPC industry accountable for how they treat their targets - primarily women experiencing an unintended pregnancy, Black women, and low-income people disenfranchised from the medical establishment - is part of our reproductive rights and justice work.

In 2019, WLP partnered with the Alliance: State Advocates for Women's Rights and Gender Equality and California Women's Law Center to research crisis pregnancy centers in the nine states in which we collectively operate: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington. We investigated how CPCs target people and what services they offer, and we sought to track affiliations with the major anti-abortion organizations that steer the CPC industry and collect and store sensitive medical and personal data of the people who visit or interact with CPCs online. As abortion bans snap into place across the country, this unregulated data collection - initiated by the same movement lobbying to criminalize abortion and implement civil citizen vigilante abortion bans - is an acute concern. This information is often collected without clients' knowledge and stored by organizations not typically subject to medical privacy regulations.

I co-authored the resulting report, *Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States*.² This report, also referred to as the Alliance Study, was published in late 2021 and released in early 2022 along with an urgent new brief outlining how the CPC industry is poised to

¹ See p. 12 for methodology regarding how we defined crisis pregnancy centers:

https://www.womenslawproject.org/wp-content/uploads/2022/02/Alliance_CPC_Report_FINAL2-1-22.pdf

² The full report can be found here: https://www.womenslawproject.org/wp-content/uploads/2022/02/Alliance_CPC_Report_FINAL2-1-22.pdf

function as surveillance infrastructure for the anti-abortion movement, amassing data that could be used for post-*Roe* pregnancy- and abortion-related prosecutions.³

I will share relevant findings later in this testimony while noting here that Pennsylvania is arguably the most egregious state in terms of not only enabling, but directly funding, deceptive CPC practices by pouring millions of dollars into the state-funded CPC program Real Alternatives while failing to address multiple investigations that detail the organization's alleged misuse and waste of public funds.

As former chief counsel of Campaign for Accountability, a watchdog group that filed a 28-page public complaint⁴ in July 2020 said at the time, "Pennsylvania taxpayers have shelled out tens of millions of dollars to Real Alternatives without receiving much benefit in return. Low-income women and children who need support deserve a program that helps them, not one focused on lining the pockets of its top executives."⁵

Pennsylvania also has the dubious distinction of being the first state to divert public funding to crisis pregnancy centers, a model that anti-abortion activists have replicated in other states. We have an obligation to lead in correcting course to stop further harm and improve health outcomes in Pennsylvania.

The anti-abortion movement is seeking more state contracts and advancing legislation to force pregnant people to "consult" with anti-abortion activists before obtaining medical care.⁶ As the anti-abortion movement seeks to secure more CPC state contracts on the unconvincing premise of alleviating the very suffering they manufactured via abortion bans, we are facing the threat of anti-abortion tracking and surveillance system permanently embedded into government.

The U.S. is currently experiencing the biggest rollback in reproductive rights in modern history amid a maternal mortality crisis disproportionately harming Black women.⁷ Anti-abortion lawmakers are working to strip reproductive rights out of the Pennsylvania state constitution to pave the way to ban abortion.⁸ Pennsylvania is riddled with maternity care deserts: Almost 200,000 women live in Pennsylvania counties that have little to no access to maternal healthcare.⁹

Pennsylvania should be investing resources in ensuring equitable access to evidence-based comprehensive healthcare and working to assess the impact CPCs have on maternal, infant, and public health--not financing deceptive practices and barriers to healthcare.

CPC networks now have state contracts in at least 12 states; at least \$89 million in public funds were diverted to CPCs via state contracts last fiscal year alone.¹⁰

Pennsylvania has diverted more than \$144 million to Real Alternatives since the mid-1990s. In addition to state contracts, Pennsylvania double-funds CPCs in Pennsylvania by also giving away Temporary

³ *The CPC Industry as a Surveillance Tool of the Post-Roe State* can be found here:

https://www.womenslawproject.org/wp-content/uploads/2022/02/Alliance_CPC_Report_Feb2022_UrgentBrief2-10-22.pdf

⁴ <https://campaignforaccountability.org/wp-content/uploads/2020/07/Real-Alternatives-PA-7-14-20.pdf>

⁵ <https://campaignforaccountability.org/watchdog-calls-on-pennsylvania-officials-to-terminate-contract-with-anti-abortion-group-for-wasting-millions-of-taxpayer-dollars-violating-pennsylvania-law/>

⁶ <https://www.newyorker.com/magazine/2022/07/04/we-are-not-going-back-to-the-time-before-roe-we-are-going-somewhere-worse>

⁷ <https://www.health.pa.gov/topics/healthy/Pages/Maternal-Mortality.aspx>

⁸ <https://www.womenslawproject.org/wp-content/uploads/2022/07/SB106-Fact-Sheet-7-14-22-FinalA.pdf>

⁹ <https://www.marchofdimes.org/peristats/data?reg=99&top=23&stop=641&lev=1&slev=4&obj=9&sreg=42>

¹⁰ <https://apnews.com/article/abortion-business-health-nashville-personal-taxes-fffa6f6f86e6eaa448b8ea89087a1c46>

Assistance for Needy Families (TANF) funds, which is safety-net money intended for pregnant women and children living in poverty.¹¹

It is outrageous that this money is being siphoned from TANF even as Pennsylvania faces the lowest "TANF-to-poverty" ratio since the program's inception. Currently, only 25 out of every 100 families that qualify for TANF actually obtain assistance.¹² So where is Pennsylvania choosing to invest this money it is not giving to poor pregnant people, single mothers, and children? Some of it has been directly funneled into the salaries and benefits of executives and staff at Real Alternatives.¹³ The rest goes to anti-abortion activist programming without adequate oversight, regulation, or transparency.

It is worth noting here that the Alliance Study found that state-funded CPCs in Pennsylvania engage in some of the most egregious practices to a greater extent than privately funded ones.

We hope this testimony provides insight that galvanizes state lawmakers to stop funding fraudulent, harmful practices of the CPC industry; implement systems to establish oversight, accountability, and transparency; support living wages and other policies that inoculate people from falling prey to coercive organizations like CPCs that seek to exploit people struggling in poverty.

Crisis Pregnancy Centers: Old Strategy, Newly Sophisticated Tactics

The CPC industry has never posed a greater threat than it does now that we've been stripped of our federal right to abortion. It's been just over two months since the U.S. Supreme Court issued its unjust ruling in *Dobbs v. Jackson Women's Health Organization*, and one in three women¹⁴ in the United States has already lost access to legal abortion care.¹⁵

The newly empowered, digitally sophisticated, increasingly publicly funded CPC industry operating with little to no oversight or transparency is poised to function as the eyes and ears of the government in a country that is increasingly criminalizing or banning abortion.

Since the 1960s, the primary CPC strategy for reaching low-income pregnant people has been to strategically interfere as they search for legitimate medical care. Historically, that meant opening a facility next to or near a legitimate medical provider to confuse pregnant people into walking through the doors.¹⁶ "Co-locating," as this tactic is called, also enables anti-abortion activists to verbally and physically intercept people on their way to a legitimate medical provider. (Relatedly, CPCs function as gathering grounds for anti-abortion activist street protesters. One study found that clinics located near a CPC were 7x more likely to experience "high" rates of targeted harassment than clinics not located near a CPC.¹⁷)

"Medicalization," a marketing effort to make CPCs appear to be medical facilities by installing ultrasound equipment, was initiated in the mid-1990s to fix what the CPC industry saw as a dual problem: Pregnant people weren't interested in CPCs, and CPCs did not want to support the low-income parents who were coming to CPCs in searching for material support with free goods.

¹¹ <https://www.inquirer.com/news/abortion-roe-v-wade-real-alternatives-pennsylvania-legislature-planned-parenthood-20220803.html>

¹² https://www.cbpp.org/sites/default/files/atoms/files/tanf_trends_pa.pdf

¹³ See PA DHS contract with Real Alternatives FY 2017-2018.

¹⁴ We fully acknowledge that transgender men and gender-expansive people rely on, and lost, access to abortion care also. However, the data studied women.

¹⁵ <https://www.washingtonpost.com/nation/2022/08/22/more-trigger-bans-loom-1-3-women-lose-most-abortion-access-post-roe/>

¹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9189146/>

¹⁷ <https://feminist.org/anti-abortion-violence/images/2018-national-clinic-violence-survey.pdf>

As one CPC administrator complained in an academic history of CPCs, less than one percent of people visiting her CPC were pregnant and considering abortion and she didn't sign up to be a "diaper distribution service."¹⁸

Another solution to fixing the problem of poor people seeking material aid is a program called "Earn While You Learn" (EWYL). EWYL programs coerce engagement with anti-abortion ideology by conditioning the distribution of limited material goods on participation in programming and layperson "counseling." Ads promoting the EWYL program cynically play on racist "welfare queen" ideology, asserting that "giving things away free only enables our clients and fosters the entitlement mentality."¹⁹

Early experiments showed "medicalization" worked: pregnant people seeking abortion care were more likely to go to a CPC if it appeared to be a medical facility. Now, medicalization is a mainstream tactic of the CPC industry. "If we get people that are thinking we're Planned Parenthood, we get them to come in," a CPC advocate recently explained to the *New York Times*. "It has worked marvelously."²⁰

The modern, digitally upgraded CPC industry has successfully adapted and extended "medicalization" online by creating websites echoing the imagery and language of legitimate medical facilities; gaming Search Engine Optimization (SEO) so CPCs appear in online searches for abortion; and using sophisticated digital tactics like "geo-fencing" to intercept people in the waiting rooms of physician's offices and vulnerable populations like high school students.²¹

The Alliance Study found that despite the effort to rebrand CPCs as medical facilities, the vast majority do not provide medical services.

Designed to Deceive: A Brief Overview of Findings

Measuring the proliferating CPC industry's impact on public health must begin with a thorough assessment of the services CPCs offer pregnant people – and the services they do not. In the absence of government oversight, the Alliance conducted a study to document and evaluate CPC services and practices in nine states in which we operate and partner with allies: Alaska, California, Idaho, Minnesota, Montana, New Mexico, Oregon, Pennsylvania, and Washington.

Pennsylvania stands out as one of the most egregious states in the study in terms of failing to hold CPCs accountable for how they treat people, their impact on public health, and how they spend public funds.

Overall, many CPC websites used language and imagery signifying they were providers of medical services but the services most commonly offered were not medical. The most common CPC service (96%) was a pregnancy test— usually a self-administered urine-stick test.

Almost two-thirds (63%) of CPCs promoted patently false and/or biased medical claims mostly centered on pregnancy, contraception, and abortion, especially medication abortion. Most CPCs (88%) offered limited material goods conditioned on engagement with programming or "counseling."

While the CPC industry uses the provision of limited, "non-diagnostic" ultrasound to signal a CPC is "medicalized" to the public, it is understood within the movement the purpose of using ultrasound technology is to try to forge an emotional bond between the pregnant person and the fetus. National Institute of Family and Life Advocates (NIFLA), an evangelical Christian law firm for the anti-abortion movement, has promoted the provision of ultrasound technology at CPCs for many years. NIFLA claims, that "more than 80% of abortion-minded mothers choose life after they see their unborn baby via ultrasound" which gives clients "the opportunity to see the wonderful handiwork of the Creator."²²

¹⁸ *The Pro-Life Pregnant Help Movement* by Laura S. Hussey, page 104

¹⁹ <https://www.ewyl.com/>

²⁰ <https://www.nytimes.com/2022/06/25/nyregion/crisis-pregnancy-centers-abortion-nyc.html>

²¹ <https://www.chooselifemarketing.com/back-to-school-how-your-center-can-reach-more-students/>

²² <https://nifla.org/medical-clinic-conversion/>

Legitimate research shows that viewing an ultrasound does not change a person’s mind about abortion.²³

The American Institute of Ultrasound in Medicine condemns the use of ultrasounds for any non-medical purpose. “The use of ultrasound without a medical indication to view the fetus, obtain images of the fetus, or identify the fetal external genitalia is inappropriate and contrary to responsible medical practice.”

CPCs in Pennsylvania

Before the loss of *Roe* and the subsequent closing of facilities providing abortion care across the country, CPCs outnumbered freestanding abortion providers across the country by an average of three to one in the United States. In Pennsylvania, the ratio is nine to one.

The Alliance Study found 156 CPCs in Pennsylvania.²⁴ Twenty-seven (17.3%) of the state’s 156 crisis pregnancy centers are publicly funded through Real Alternatives, an organization plagued by allegations of misuse of public funds, waste, and lack of transparency.

The services provided by Pennsylvania CPCs align with data from other states. The most common services are free/earned goods (92.3%), pregnancy testing (88.5%), and “counseling” (82.1%). Most CPCs in Pennsylvania (64.7%) make false and biased claims, a rate that aligns with CPCs in other states examined in the Alliance Study.

In Pennsylvania, 32% of CPCs provide, refer for, or promote “abortion pill reversal” (APR). APR is the rogue practice of injecting or prescribing high-dose progesterone to pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.”²⁵

APR has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinical trials.²⁶

One of the most disturbing Alliance Study findings about CPCs in Pennsylvania is that state-funded CPCs promote APR at higher rates than privately funded ones. Among CPCs supported with public funding via Real Alternatives, 40.7% refer for APR.

The deceptive practices of CPCs must be viewed through a lens of racial justice. The CPC industry is primarily staffed by white people and runs programs to target Black women.

Pennsylvania should not be diverting public money away from serving constituents to help anti-abortion activists target Black women with medical disinformation and a snake-oil “treatment” considered an unethical experiment, not based on science, and not proven to be safe or effective.

Our primary concern is the safety, health, and dignity of Pennsylvania families. However, we are also deeply troubled by the serious allegations that Real Alternatives misuses and wastes public funds. The length of this testimony is inadequate space to review the years of investigations, complaints, and litigation centered on these allegations. I suggest reviewing the Campaign for Accountability complaint filed in July 2020; the 2017 investigative report issued by former Pennsylvania Auditor General Eugene DePasquale, who found the organization’s “skimming” of public funds,²⁷ and litigation documents related

²³ <https://www.ansirh.org/research/ongoing/ultrasound-viewing>

²⁴ https://www.womenslawproject.org/wp-content/uploads/2022/02/Alliance_CPC_Report_Pennsylvania.pdf

²⁵ <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>

²⁶ <https://www.nejm.org/doi/full/10.1056/NEJMp1805927>

²⁷ <https://www.paauditor.gov/press-releases/auditor-general-depasquale-files-response-to-lawsuit-by-real-alternatives-outraged-at-%E2%80%98skimming%E2%80%99-of-tax-dollars>

to Real Alternatives' efforts to resist right-to-know records requests,²⁸ including a dissenting opinion issued by President Judge Emerita Bonnie Brigrance Leadbetter, who described a contract at issue in the case as a “scheme to get DHS to unknowingly pay Real Alternatives for non-government activities” and to “shield it from public scrutiny.”²⁹

CPC Industry as Surveillance Tool of the State

The CPC industry is now functioning as surveillance infrastructure for the anti-abortion movement, amassing data that could be used in post-Roe pregnancy- and abortion-related prosecutions and citizen vigilante litigation.

The global anti-abortion group Heartbeat International, for example, stores “digital dossiers” on CPC clients, stating “Big data is revolutionizing all sorts of industries. Why shouldn't it do the same for a critical ministry like ours?”³⁰

HBI's intake collects marital status, education, income, relationship status, recent medication, pregnancy symptoms, history of alcohol, tobacco, and drugs, pregnancy history, pregnancy intention, birth control, and history of abuse.

It's important to understand that architects of the anti-abortion movement assert that post-*Roe*, an “effective enforcement regime” requires citizen vigilante abortion bans in addition to criminalizing abortion.³¹ Civil citizen vigilante laws like SB8 in Texas financially incentivize anti-abortion activists to surveil and track the period cycles, sexual activity, and physical whereabouts of friends, family, and neighbors to find evidence of an alleged abortion.

Evidence of an alleged abortion includes evidence of a pregnancy and intention regarding that pregnancy—which is exactly the information collected and stored by CPCs.

The United States is amid a catastrophic maternal and public health crisis that has in large part been manufactured by the anti-abortion movement. Historically, Pennsylvania has contributed to this crisis by capitulating to the political demands of anti-abortion activists. Double-funding the CPC industry without adequate oversight is one of the many concessions that led us to this moment.

Among the immense challenges we now face are opportunities to rebuild the movement for equitable access to safe legal abortion and related evidence-based reproductive healthcare with clarity and integrity.

We urge you to meet the moment and prioritize the health and safety of Pennsylvania families. We ask that you defund state-funded CPCs, re-allocate funds to protect and improve maternal and infant health in Pennsylvania, and implement measures to hold CPCs accountable for how they treat pregnant Pennsylvanians.

Thank you.

²⁸ https://www.pennlive.com/opinion/2018/03/real_alternatives_column_-_wor.html

²⁹ <https://www.scribd.com/document/583217645/Commonwealth-Court-Dissenting-Opinion-on-Real-Alternatives-v-Equity-Forward>

³⁰ <https://www.nextlevelcms.com/better-together>

³¹ <https://www.nrlc.org/communications/national-right-to-life-committee-proposes-legislation-to-protect-the-unborn-post-roe/>

