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# **Real Waste: Public Records Elucidate Real Alternatives' Role In Indiana's Alternatives to Abortion Program**



Jack Dobkin, Former Research Associate | Public Records



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## Introduction

As Equity Forward has reported, [a number of states](#) in the United States operate Alternatives to Abortion (A2A) programs, which funnel state and federal funds to [anti-abortion centers \(AACs\)](#), whose purpose is to shame and deceive pregnant

people and parents and convince them not to seek abortion care. Indiana is one of more than a dozen states with an A2A program. The Indiana Parenting and Pregnancy Support Services Program was [first established in near secrecy](#) in 2015 and has been renewed every fiscal year since. Since the beginning, it has been administered by [Real Alternatives](#), a Pennsylvania-based national anti-abortion organization that Equity Forward has been following for years. Equity Forward opposes state interference with the decision-making process of pregnant people and does not believe funding should be awarded to carry out this work. Equity Forward also opposes the misuse of or opaqueness in how public dollars are spent — transparency, accountability, and good governance are pillars of a healthy democracy, as is bodily autonomy. Real Alternatives not only restricts the agency of pregnant people, it also has a history of corruption and shady financing — the organization has previously prompted [investigations](#) from Pennsylvania's Auditor General and even had its [contract in Michigan terminated](#) after a kickback scheme was uncovered.

We at Equity Forward don't believe that the state should be in the business of complicating the decision-making processes of pregnant people, nor do we believe that contractors who

receive money from taxpayers should be misusing, profiting from, or otherwise misleading taxpayers about how their dollars are spent. In partnership with [All-Options Pregnancy Resource Center](#) – which provides support, resources, and referrals for comprehensive pregnancy care, including abortion care in Indiana – we filed public records requests for budgets, annual reports, and other financial information for Real Alternatives’ A2A program in Indiana for Fiscal Year 2017-2018 through Fiscal Year 2020-2021. What we found were some concerning trends and lots of unanswered questions. The analysis provided here is based on the productions we received, which consist of the “Year in Review” annual reports, and monthly invoices for reimbursement, both submitted by Real Alternatives to the Indiana State Department of Health (ISDH) for the years in question. Per Real Alternatives’ [contract with ISDH](#), these self-reported documents are the only level of “accountability” or “transparency” required for the state’s A2A program. Based on Real Alternatives’ [regular lack of transparency and fiscal irresponsibility](#), we have no reason to trust that these numbers are accurate or comprehensive. However, owing to Indiana’s [flawed contract](#) with the organization, these self-reported data are all that the public has access to learn more about the inner workings of the

state's program that publicly funds anti-abortion centers. This type of transparency and accountability is important always, but especially in a post-*Roe* world, as the anti-abortion movement attempts to position AACs as legitimate sources of care for pregnant people while advocating for increased funds to state A2A programs — which as the records below suggest serve as money-making machines for the anti-abortion movement.

After receiving and reviewing 471 pages of public records from Indiana's State Department of Health, Equity Forward has identified the following trends.

## **Analysis**

### **Many Gaps, Questions, And Missing Dollars Exist In Spending By Real Alternatives On Indiana's A2A Program**

Each year, the documented money spent per the invoices submitted by Real Alternatives to the state does not equal the documented money awarded to these subcontractors per the

year in review. This lack of spending down the total grant money raises some questions:

- Why does Real Alternatives maintain the ability to be reimbursed for so much money, if there is a documented history of not spending it all? This artificially inflates their profile and relative power/importance in the landscape of Indiana “healthcare.”
- Does the state not require Real Alternatives to account for every dollar it receives?
- Where has the money that Real Alternatives has not spent been redirected to, if so? How could it be better spent?

Based on the records received by Equity Forward, there appear to be missing invoices for the first three months of FY2017-2018. This may explain why the documented money spent via invoices submitted to the state does not match the documented money awarded to these subcontractors per the year in review. However, this discrepancy remains for the following fiscal years, in which all invoices appear to be accounted for.

Real Alternatives' spending on administrative costs tends to run between 4-10% of total monthly costs. The 3-month period of services rendered from April 1, 2020, to June 1, 2020, witnessed a massive spike in the proportion of monthly administrative spending — to 15%-25% monthly.

- This timeframe roughly corresponds to the initial onset of the COVID-19 pandemic, during which it was common for expenses to increase as the world adjusted to life in a pandemic — potentially providing an explanation here.
- However, dollar spending on administrative costs noticeably increased, while spending on services dropped significantly. If Real Alternatives is a service-based provider, why should the administrative costs go up so much while need dropped so greatly?
- This further illustrates a picture of money going into Real Alternatives' pockets rather than toward any real, material assistance for pregnant people in need — which is the true goal of the federal Temporary Assistance for Needy Families (TANF) program that Real Alternatives pretends to comply with.

Total costs tend to spike (sometimes marginally, sometimes significantly) toward the end of each contract period. Although this regularly happens with grant spending, it raises serious questions for a grant meant to cover needs-based services:

- If Real Alternatives is a service-based provider, it is reasonable to assume that there could be times when need increases. However, why would this period so regularly coincide with the end of a contract period?
- As far as Equity Forward is able to determine, Real Alternatives is not required to offer reasoning for the spikes. Are they attempting to spend down the budget to create the impression of more need than actually exists? It certainly appears that Real Alternatives is attempting to prove the “effectiveness” or “worth” of the large funding they receive and the existence of this harmful program.

## **The Breakdown of Programmatic “Services” Reported By Real Alternatives**



## Is Vague At Best; Regressive And Harmful At Worst

Most AACs are not licensed medical providers, despite many manufacturing the appearance as such, in order to deceive and manipulate pregnant people. Although most AACs are not licensed medical providers, and are almost never staffed by licensed medical personnel, regularly over half of visits to AACs in Indiana's A2A program are self-reported as offering "counseling" on fetal development, medical/health issues, and pregnancy information. Other trends in "services" provided by Real Alternatives subcontractors raise serious concerns about how pregnant people are being advised and cared for in Indiana.

- Although Real Alternatives is contracted explicitly to carry out A2A work, "Abortion Risks & Info" services constitute on average only 15% of counseling visits per year.
- Despite admittedly not offering medical services and almost never being run by any medical professionals, Indiana's A2A program "counsels" on "fetal development"

in over 50% of visits per year; on “medical/health” in about 60% of visits per year; and on “pregnancy counseling & info” in about half of all visits annually.

- Staying true to its extremist, one-size-fits-all ideology, “abstinence & chastity counseling” accounts for 7% of visits per year by a state-funded organization.
- Many other categories of “services” are incredibly vague: “Decision Making” makes up about 25% of counseling visits per year.

## **Ninety Percent Of Program Funds Are Funneled To Women’s Care Center**

Nearly 90% of subcontractor grants are awarded to Women’s Care Center and its affiliates annually. Women’s Care Center is run by Ann Manion, a politically connected anti-abortion activist in the state.

- On average, from FY2017-2018 through FY2020-2021, Women’s Care Center and its affiliates annually received

about 90% of funding awarded through Real Alternatives' A2A program in Indiana.

- Other regular recipients include Heartline Pregnancy Center; Matrix Life Care Center; Evansville Christian Life Center; Catholic Charities of Fort Wayne/South Bend; A Mother's Hope.

This reality raises the question — if one entity regularly gets ~90% of state funds, what meaningful role does Real Alternatives play?

## **Real Alternatives' Reporting For TANF Compliance Is Vague And Raises Questions.**

Real Alternatives receives federal funds from the TANF program — a common source of funding for A2A programs across the country. The TANF program exists to provide material assistance to parents and families in need of monetary support. A2A programs have latched onto the

program's vague details about how to provide such support, and egregiously use the funding to prop up their harm.

Reporting for TANF compliance only exists in vague, self-reported terms about Real Alternatives' self-determined nature of each visit. Real Alternatives only states the purported TANF purpose, and the self-reported number of clients that they deem to fall in that category, by county.

## Annotated Records

Explore our full annotated public records analysis below through DocumentCloud. (Technical notes: All hyperlinks below will open in the same tab; please right-click on your browser and select Open link in new tab. If you want to view only the annotations, click Notes from the drop-down menu in the bottom-left corner of the interactive report.)

## Merged RA IN FOIA Productions (Monthly Invoices)

Contributed by Equity Forward



Sold To:  
Indiana State Department of Health  
ATTN: Finance /Purchasing, 2C  
2 N. Meridan Street  
Indianapolis, IN 46204

Invoice No.: IND-1017-00004

Invoice Date: 2/20/2018  
Order Number: 0018532218  
Fund: 61910/571513 / 305000

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### Description of Services Personal Services

Federal ID:	23-2868660
Contract Period:	10/1/2017 - 9/30/2018
Contract Amount:	\$2,250,000.00
Contract Number:	24301
Date of Services:	1/1/2018 -1/31/2018
Payment requested for:	Real Alternatives, Inc.
Description of Services and Total Paid:	\$234,677.32
See attached detailed charges required by ISDH program	
Project Code:	N/A
Activity Code:	N/A

Document



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**Real Alternatives**<sup>SM</sup>

*Empowering Women for Life*<sup>SM</sup>

FREE PREGNANCY SUPPORT SERVICES

## **Indiana Pregnancy and Parenting Support Services Program**

**Conclusion**

As long as Real Alternatives continues to run the A2A program in Indiana and maintains its presence in other states, Equity Forward will continue to monitor, investigate, and hold the organization and those elected officials who back it accountable for the harm they inflict on pregnant people and parents. Especially in a post-*Roe* world, all people should be able to get accurate information about all their options so they can decide what is best for their health and well-being. No one should be deceived or manipulated when they are seeking support for pregnancy options, parenting, or health care. AACs should not be allowed to engage in unscrupulous tactics and should be required to be transparent about who they are and what services they do and don't provide. States need to provide greater scrutiny, investigation, and regulation of A2A programs, especially those that rely on taxpayer dollars.

## Acknowledgments

*Equity Forward thanks All-Options Pregnancy Resource Center for their collaboration on this report.*

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