



FREEDOM IS FOR
EVERYBODY

To: Interested Parties

From: NARAL Pro-Choice America Research Team

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Memo: The Anti-Choice Agenda to Ban Abortion Puts Pregnant People and Providers at Heightened Risk of Surveillance and Criminalization

Executive Summary

The anti-choice supermajority on the U.S. Supreme Court recently made the radical decision to overturn nearly 50 years of precedent and end the legal right to abortion, opening the door for states to pursue cruel and dangerous bans on abortion. Anticipating widespread public backlash, leading anti-choice activists and Republican groups have attempted to [falsely frame](#) the decision as allowing for “reasonable restrictions” and “consensus-building” on the issue of abortion and [downplay](#) how anti-choice policies will harm millions of people across the country.

These efforts are a thinly-veiled attempt to deflect attention from the anti-choice movement’s ultimate goal of [enacting a federal ban on abortion care](#) and creating a world where pregnant people, abortion providers, and anyone who “aids and abets” someone seeking abortion care are at risk of criminalization. As we enter a post-Roe world in which multiple states have banned abortion and [more than half of states](#) in our country are at risk of doing so, **it is critical to ensure audiences understand that the anti-choice movement’s dangerous and regressive laws cannot be enforced without surveillance and criminalization.** Every body should have the freedom to access the abortion care they need without fear of arrest, interrogation, or criminalization.

Proposed Legislation Would Criminalize Pregnant People, Doctors, and Those Who “Aid and Abet” Access to Abortion Care

Prior to the decision’s release, the National Right to Life Committee (NRLC)—an influential anti-choice group that has successfully propagated model laws to restrict abortion access in [dozens of states](#)—published a proposed model law for states to adopt in the event that the Supreme Court overturned Roe. NRLC’s [“robust enforcement regime”](#) would allow for criminal, civil, and licensing penalties to block people from accessing abortion care. The [model legislation](#) targets abortion providers—erroneously equating them with organized crime groups—and proposes criminal penalties for anyone who “aids and abets an illegal abortion,” including people and websites that share information about self-managing an abortion.

Although the NRLC model legislation states criminal penalties would not apply to pregnant people to support the [false impression](#) that anti-choice groups are “pro-woman,” the claim that the anti-choice movement does not support criminalization falls apart under basic scrutiny. There are numerous instances of anti-choice politicians and activists endorsing the criminalization of pregnant people, including:

- Recent bills proposed in [Louisiana](#) and [Texas](#) that would charge pregnant people with homicide for accessing abortion care. Live Action also [falsely equated](#) abortion care with “homicide” when calling for federal action to ban abortion post-Roe.

- Students for Life President [Kristan Hawkins](#) and [other prominent anti-choice representatives](#) praising Guatemala—a country that [mandates prison time](#) for people who receive abortion care—as a leader on anti-choice policy in Latin America.
- Lila Rose, president of Live Action, [lamenting](#) the recent decriminalization of abortion care in Colombia, calling the decision “a grave tragedy.”
- Other anti-choice activists calling for people who access abortion care to be put in [mandatory psychiatric custody](#).

Anti-Choice Surveillance Infrastructure Already in Place

Much reporting, both pre- and post-decision, has focused on [the need for robust data privacy protections](#), including safeguards on tech platforms selling user data or turning it over to law enforcement. While these issues are important, there are much [more immediate risks](#) to providers and people seeking abortion care posed by the existing anti-choice surveillance infrastructure, including the vast network of fake health centers (FHCs) across the United States. FHCs, sometimes referred to as “crisis pregnancy centers,” often masquerade as abortion providers to [lure people in and manipulate them](#) out of seeking abortion care using medical disinformation and fearmongering.

Because the vast majority of FHCs are not run by licensed medical professionals and provide their “services” for free, many are not subject to privacy laws that could protect the [extensive patient data they collect](#) from being shared among anti-choice activists as well as law enforcement. In addition to the risk posed by FHCs, anti-choice extremists have long harassed patients and providers outside of abortion clinics, using protests as an [opportunity to film individuals](#) and note information such as their license plate numbers. Such information could also aid the investigation and criminalization of doctors and patients.

Anti-Choice Ideology Paves the Way for Criminalization

The mainstream anti-choice movement no longer bothers to hide [its embrace of so-called “fetal personhood,”](#) which would ban virtually all abortion care by locking into law ideological language about when “life begins.” “Personhood” ideology has [already laid the groundwork](#) for the punishment and interrogation of people for pregnancy outcomes—including experiencing pregnancy loss; struggling with substance use; self-managing abortion care, or even suspicion of it. Black, Indigenous, and other people of color; LGBTQ people; immigrants; and those with low incomes are disproportionately the targets of criminalization today.

Further criminalization of abortion care in a post-Roe world will only compound existing inequities in our justice system and contribute to the surveillance of pregnant people. [False claims](#) by anti-choice activists that their policies will not impact access to treatment for ectopic pregnancies, miscarriage, and other life-threatening conditions ignore how anti-choice policies [work in practice](#) and the chilling effect they create for those seeking or providing care.