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Planned Parenthood: Setting the Record Straight

In 2015, a series of undercover videos showed officials of the Planned Parenthood Federation of America (PPFA) discussing how they perform abortions and traffic in the tissues and organs of abortion victims. The officials' matter-of-fact comments on destroying unborn human life, and on altering abortion methods to obtain more "intact" organs, led to a public debate on Planned Parenthood's role as a "women's health" organization receiving large government subsidies. That debate intensified in 2019 with release of the film *Unplanned*, based on a memoir of the same name by former Planned Parenthood clinic director Abby Johnson. Here are key facts.

1. PPFA is by far the largest abortion provider in the U.S.

In the year ending September 30, 2019, the last year reported, Planned Parenthood affiliates performed 354,871 abortions, both surgical and "medical" (using the abortion drug RU-486).¹ PPFA's share of the abortion "market" has expanded steadily over the years: It performed about one in five of all abortions in the United States in 2005, but now performs over 40% of them.²

2. Every Planned Parenthood affiliate must perform abortions.

In 2010, PPFA announced that by 2013 every affiliate must have one or more clinics that perform abortions on-site. Some affiliates left PPFA rather than comply with the new abortion mandate.³ In 2017, PPFA's CEO Cecile Richards said it is "obscene and insulting" to suggest that the organization discontinue its abortion business in order to continue receiving taxpayer funds for its other activities.⁴ In 2019, new CEO Leana Wen reaffirmed that "providing, protecting and expanding access to abortion" is part of Planned Parenthood's "core mission."⁵ But largely because Dr. Wen also sought to present abortion as one part of "comprehensive" women's health care, she was forced to resign later that year.⁶ Her replacement is Alexis McGill Johnson, former chair of Planned Parenthood's political action committee, hailed by the organization as a "lifelong political and cultural organizer."⁷ In August 2019, Planned Parenthood abandoned the Title X family planning program rather than comply with new rules against providing elective abortions and abortion referrals in this federal program, and filed suit against the rules.⁸

3. Planned Parenthood provides 30 times more abortions than birth-oriented services or referrals.

While PPFA says abortions make up 3% of its services, this is misleading. PPFA says it served 2.4 million patients (women and men) and performed 354,871 abortions in the last reported year. This means that 15% of everyone entering a Planned Parenthood clinic receives an abortion.⁹ And PPFA provided only 8,626 "prenatal services" (down from 17,610 in 2004) and 2,667 referrals for adoptions at other agencies. So 97% of its services for *pregnant patients* are abortions, outnumbering other options over 30 to 1.¹⁰

4. Planned Parenthood promotes risky RU-486 abortions that have killed young women.

PPFA strongly supports the dangerous abortion drug RU-486, promoted its expedited approval by the FDA, and volunteered to conduct early U.S. trials. In early trials, young Californians Holly Patterson and Vivian Tran died from infections after RU-486 abortions at Planned Parenthood clinics.¹¹ In April 2011, the FDA reported 2,207 adverse events associated with RU-486 up to that time, including 14 deaths, 339 cases of blood loss requiring transfusions, and (in addition to deaths) 612 hospitalizations.¹² Actual figures are likely higher, as the FDA does not mandate reporting by providers. PPFA clinics flouted FDA protocols by, among other things, using RU-486 "off-label" for abortions up to 63 days after a woman's last menstrual period (two weeks later than the FDA found safe). When Ohio passed a law requiring clinics to follow FDA guidelines, Planned Parenthood sued to tie up the law in court; public data later

showed 42 botched RU-486 abortions in Ohio, including 35 women who had to return for a surgical abortion.¹³ Despite these deaths and other adverse events, in 2016 the Obama administration changed the FDA protocol to match what PPFA was already doing without authorization.¹⁴ By the end of 2018 the FDA had counted 4,195 adverse events, including 24 deaths, 97 ectopic pregnancies, 599 cases of blood loss requiring transfusions, and (in addition to deaths) 1,042 hospitalizations after RU-486 abortions.¹⁵ PPFA is pressing to increase “self-managed” RU-486 abortions, so it can mail the pills to a woman and have her induce her own abortion at home after a brief online (“telehealth”) conversation; all 49 Planned Parenthood affiliates now offer telehealth services.¹⁶

5. Planned Parenthood is a leader in offering problematic “gender transition” services to minors.

The organization says it has “more than 200 health centers in 31 states providing hormone therapy for transgender patients.” Like chemical abortion, some of this “gender-affirming” service is provided remotely by telehealth.¹⁷ A former “reproductive health assistant” at one of these centers in upstate New York is reported as saying that, in her relatively small town, the center would see one or two teenage girls a day seeking a male gender identity; they never saw a physician, and counseling by non-medical staff was aimed at affirming their decision, ignoring indications that past abuse, anxiety, depression, and other emotional problems could be involved. She never saw a girl turned down for testosterone doses.¹⁸ According to some affiliates’ web sites: “Nationally, Planned Parenthood is the second largest provider of gender affirming hormone care.”¹⁹ This is all in spite of the fact that the use of drugs to arrest normal puberty is off-label, i.e. not the purpose approved by the FDA, and long-term effects of puberty blockers on bone density and some bodily tissues remain unclear.²⁰ Further, in addition to sterility after long-term usage, risks elevated by cross-sex hormones include cardiac disease, high blood pressure, blood clots and stroke, diabetes, gallbladder disease, breast cancer in men, and sleep apnea in women.²¹

6. Planned Parenthood is being called to task for its past and present connection with racism.

In 2020, hundreds of present and former employees and supporters of Planned Parenthood charged the organization with being “founded by a racist, white woman” and of [continuing](#) her legacy, especially at its flagship affiliate in Greater New York. “We know that Planned Parenthood has a history and a present steeped in white supremacy,” they said.²² Founder Margaret Sanger and past president Alan Guttmacher (after whom the organization’s former research affiliate, the Guttmacher Institute, is named) were heavily involved in the eugenics movement with its racist overtones.²³ Planned Parenthood says it will address its “structural racism,” and is advancing “racial justice” by supporting the call to “Defund the Police.”²⁴

7. Planned Parenthood fights even modest laws to reduce or regulate abortions.

PPFA has opposed, and filed suit against, reasonable and widely supported measures on abortion, even those protecting women’s health and informed decision making. These include:

- laws to ensure a woman’s informed consent, allow her to view an ultrasound before the abortion, or provide a waiting period for her to consider her decision
- parental notification or consent before a minor daughter’s abortion
- conscience protections for physicians and nurses with moral objections to abortion
- bans on the gruesome partial-birth abortion procedure or on other late-term abortions
- health and safety regulations for abortion facilities
- requiring abortion practitioners to have admitting privileges at a hospital in case of complications
- safety standards for the abortion drug RU-486.²⁵

8. Planned Parenthood doesn’t believe in a “right to choose” against abortion.

“Freedom of choice” does not apply to those who disagree with PPFA. The organization opposes laws recognizing conscience rights for doctors, nurses and health facilities with moral or religious objections to abortion, dismissively referring to conscience clauses as “refusal laws” that “enable

discrimination.”²⁶ Planned Parenthood strongly supports U.S. funding of the U.N. Population Fund (UNFPA); in 2013 it announced “a new level of partnership” with that agency internationally, despite UNFPA’s involvement in the Chinese population program using coerced abortion and involuntary sterilization.²⁷ PPFA now endorses greatly increased funding for UNFPA, even insisting that U.S. funds should be allowed to fund the Chinese program directly.²⁸ Such coercion is recognized internationally as a crime against women.²⁹ PPFA also opposes conscience rights for pharmacists who object to providing “emergency contraception” drugs due to their abortifacient potential, and it has urged the government to force even religious orders like the Little Sisters of the Poor to include these in their health plans.³⁰ In its 2017-2018 annual report, PPFA celebrated its role in passing a Washington state law forcing women in the state who want maternity coverage to purchase elective abortion coverage; it now supports legislation to enforce this policy nationwide.³¹

9. Planned Parenthood is not “pro-choice” for women.

In light of the failure of contraceptive programs to reduce unintended pregnancies or abortions, Planned Parenthood has increasingly promoted “LARCs” (long-acting reversible contraceptives)—implantables, injectables, and intrauterine devices—that can sterilize women for months or years at a time. These now make up 36% of its contraceptive services.³² Most women have rejected these methods in the past due to their inflexibility and side effects.³³ But supporters favor them for “eliminating adherence and user dependence from the effectiveness equation,” because their effectiveness is “independent from... user motivation”³⁴—that is, LARCs disregard a woman’s own changing reproductive goals, and IUDs and implants cannot be discontinued by women without medical assistance. PPFA has even abandoned “pro-choice” as a slogan, insisting instead that abortion is “essential health care” that all women need access to -- whether women ask for that or not.³⁵

10. Planned Parenthood’s role in serving women’s health is compromised at best, and is better taken over by others.

Planned Parenthood’s supporters cite its “cervical and breast cancer screenings,” which make up only 6% of its services³⁶—but its heavily promoted contraceptive services, 25% of PPFA’s activities, are associated with an increased risk of cervical and breast cancer.³⁷ Planned Parenthood’s “screening” for breast cancer is a preliminary screen that a woman can do for herself—it offers no mammograms.³⁸ PPFA emphasizes its testing and treatment of sexually transmitted diseases,³⁹ but it heavily promotes contraceptive methods that may increase women’s risk of contracting STDs, including AIDS.⁴⁰ Women’s comprehensive health needs are much better served by community health centers and other federally qualified health centers, which serve over 28 million patients in both urban and rural areas and outnumber Planned Parenthood clinics about 20 to 1 (11,744 to “more than 600”).⁴¹

11. “Nonprofit” Planned Parenthood reaps enormous revenues, including tax revenues.

PPFA is legally a nonprofit organization but takes in enormous revenues: \$1.64 billion in the year ending June 30, 2020, netting \$69.7 million over expenses.⁴² \$618.1 million, or 38% of total revenue, is from taxpayers’ dollars, up from 34% in 2018.⁴³ This is more than double the \$305.3 million in government funds received in the year ending June 30, 2006.⁴⁴ This funding *increase* occurred while Planned Parenthood’s U.S. clientele *decreased* from a reported 3 million to 2.4 million people of both genders.⁴⁵ Its affiliated “advocacy and political organizations” such as Planned Parenthood Action Fund had another \$22.7 million in net assets.⁴⁶

12. Even as Planned Parenthood’s government funding has increased, the number of medical services it provides has decreased—but not abortions.

From 2004 to 2019, Planned Parenthood reported a dramatic decrease in the following: Pap tests (down by 77%), breast exams (71%), cancer screening and prevention (72%), and even contraception/sterilization by any method (25%). By contrast, abortions have increased by 39% since

2004.⁴⁷ There has been a clear shift in the kinds of services Planned Parenthood provides, away from the other services it boasts of and toward abortion.

13. Planned Parenthood promotes risky “emergency contraception” to minors.

PPFA distributed 584,003 kits of high-dose “emergency contraceptive” (EC) pills in 2019.⁴⁸ It has urged approval for “over-the-counter” sale of these drugs, even to minors, although lower-dose birth control pills require a prescription due to health risks.⁴⁹ Planned Parenthood’s claim that boosting access to ECs would reduce unintended pregnancies and abortions has been rebutted by numerous studies.⁵⁰

14. Planned Parenthood has promoted abortions worldwide, even where it is illegal.

PPFA exports its ideology to developing nations, promoting abortion as family planning, and declares it is “a founding member of the International Planned Parenthood Federation (IPPF).”⁵¹ As long ago as 1983, the then-current president of PPFA co-authored and signed a notorious IPPF declaration urging affiliates to violate their own countries’ laws and perform illegal abortions: “Family Planning Associations and other non-governmental organizations should not use the absence of a law or the existence of an unfavourable law as an excuse for inaction; action outside the law, and even in violation of it, is part of the process of stimulating change.”⁵²

April 2021

¹ Planned Parenthood, *2019-2020 Annual Report* (henceforth *2019-2020 Report*), p. 35, at [210219-annual-report-2019-2020-web-final.pdf](https://www.plannedparenthood.org/210219-annual-report-2019-2020-web-final.pdf) ([plannedparenthood.org](https://www.plannedparenthood.org)). Unless otherwise noted, all online sources were accessed in March 2021.

² Planned Parenthood Federation of America, *2005-2006 Annual Report* (henceforth *2005-2006 Report*), p. 4, at <http://liveaction.org/research/wp-content/uploads/2011/06/2005-2006-Planned-Parenthood-Annual-Report.pdf>; R. Jones et al., “Abortion in the United States: Incidence and Access to Services, 2005,” 40(1) *Perspectives on Sexual and Reproductive Health* (March 2008), p. 6, at <https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/4000608.pdf>; R. Jones and J. Jerman, “Abortion Incidence and Service Availability in the United States, 2017” (Guttmacher Institute, September 2019), p. 1, at <https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017> (“In 2017, an estimated 862,320 abortions were provided in clinical settings in the United States, representing a 7% decline since 2014 and the continuation of a long-term trend”). 2017 is the latest year for which Guttmacher has reported annual abortions in the U.S.

³ S. Ertelt, “Planned Parenthood Affiliate Quits, Mandated to Perform Abortions,” *LifeNews.com*, Nov. 30, 2012, at [Planned Parenthood Affiliate Quits, Mandated to Perform Abortions | LifeNews.com](https://www.lifenews.com/planned-parenthood-affiliate-quits-mandated-to-perform-abortions/).

⁴ S. Ertelt, “Cecile Richards: It’s ‘Obscene and Insulting’ to Suggest We Stop Killing Babies in Abortions,” *LifeNews.com*, March 13, 2017, at www.lifenews.com/2017/03/13/cecile-richards-its-obscene-and-insulting-to-suggest-we-stop-killing-babies-in-abortions/.

⁵ H. Berrien, “Planned Parenthood President Acknowledges The Truth: Abortion Is Indeed Their Core Mission,” *The Daily Wire*, January 8, 2019, at [Planned Parenthood President Acknowledges The Truth: Abortion Is Indeed Their Core Mission | The Daily Wire](https://www.dailywire.com/news/planned-parenthood-president-acknowledges-the-truth-abortion-is-indeed-their-core-mission/).

⁶ “Planned Parenthood ex-CEO writes letter to board amid severance dispute,” *Fox News*, September 16, 2019, at <https://www.foxnews.com/us/planned-parenthood-former-ceo-letter-board-severance-dispute>.

⁷ *2019-2020 Report*, p. 7.

⁸ V. Richardson, “Planned Parenthood pulls out of Title X over Trump administration abortion restrictions,” *The Washington Times*, August 19, 2019, at <https://www.washingtontimes.com/news/2019/aug/19/planned-parenthood-pulls-out-title-x-over-trump-ad/>; *California v. Azar*, 950 F.3d 1067 (9th Cir. 2020), cert. granted, *Oregon v. Cochran*, No. 20-539 (U.S. Feb. 22, 2021). Under the Biden Administration, HHS has determined to issue a Notice of Proposed Rulemaking (NPRM) by April 15, 2021, that will propose rescinding the 2019 rule and replacing it with a different rule substantively similar to the version that was in place from 2000 to 2019. HHS expects to have any final rule in place by early fall 2021.

⁹ The discrepancy arises from the way PPFA counts each “discrete clinical interaction” during a visit as a separate “service.” Thus for 2019 it reports “more than 10.4 million services” for 2.4 million patients. *2019-2020 Report*, p. 35 note 12. A critic observes: “By Planned Parenthood’s math, a woman who gets an abortion but also a pregnancy test, an STD test and some

contraceptives has received four services, and only 25 percent of them are abortion.” R. Lowry, “Planned Parenthood’s pathetic ‘3 percent’ lie,” *New York Post*, August 3, 2015, at <https://nypost.com/2015/08/03/planned-parenthoods-pathetic-3-percent-lie/>.

¹⁰ *2019-2020 Report*, p. 33 (claim of 3%) and p. 35 (number of abortions and other services for pregnant women). Cf. *2005-2006 Report*, p. 4.

¹¹ S. Russell, “Taker of abortion pill died due to infection,” *San Francisco Chronicle*, Nov. 1, 2003, <http://www.sfgate.com/health/article/Taker-of-abortion-pill-died-due-to-infection-2551286.php>; J. Muir, “Suit links death to ‘abortion pill,’” *The Orange County Register*, Oct. 7, 2005, at <http://www.ocregister.com/2005/10/07/suit-links-death-to-abortion-pill/>.

¹² See Food and Drug Administration, “Mifepristone U.S. Postmarketing Adverse Events Summary through 04/30/2011” (accessed May 2019 but no longer available online; see updated figures at note 15 below).

¹³ Supreme Court of Ohio Case Summaries, “State Law Restricts Administration of Abortion Drug to FDA-Approved Gestational Limit, Delivery Protocol,” July 1, 2009, at <http://www.sconet.state.oh.us/PIO/summaries/2009/0701/081234.asp>; Ohio Right to Life press release, “Botched RU 486 Abortions Injure 42 Women in Ohio as Planned Parenthood Defies FDA,” August 22, 2013, at www.lifenews.com/2013/08/22/botched-ru-486-abortions-injure-42-women-in-ohio-as-planned-parenthood-defies-fda.

¹⁴ C. Gacek and A. Grossu, *Issue Brief: The FDA Adopts the Abortion Industry Standards for the Mifeprex® (RU-486) Abortion Regimen*, Family Research Council, April 2016, at <http://downloads.frc.org/EF/EF16D38.pdf>.

¹⁵ See Food and Drug Administration, “Mifepristone U.S. Postmarketing Adverse Events Summary through 12/31/2018,” at <https://www.fda.gov/media/112118/download>.

¹⁶ Planned Parenthood Federation of America et al., *Blueprint for Sexual and Reproductive Health, Rights, and Justice* (July 2019)(henceforth *Blueprint*), pp. 38-9, 83, 86, at [BlueprintPolicyAgenda-v14-PR-All-1.pdf](http://www.reproblueprint.org/blueprint-policy-agenda-v14-pr-all-1.pdf) ([reproblueprint.org](http://www.reproblueprint.org)); *2019-2020 Report*, p. 13.

¹⁷ *2019-2020 Report*, pp. 11, 13.

¹⁸ A. Shrier, “Inside Planned Parenthood’s Gender Factory,” *The Truth Fairy*, Feb. 8, 2021, at [Inside Planned Parenthood’s Gender Factory - The Truth Fairy \(substack.com\)](https://www.insideplannedparenthood.com/gender-factory-the-truth-fairy).

¹⁹ See Planned Parenthood of the Great Northwest and the Hawaiian Islands, “Planned Parenthood Continually Improves Services for LGBTQ patients,” Sept. 1, 2020, at [Planned Parenthood Continually Improves Services for LGBTQ patients | Planned Parenthood of the Great Northwest and the Hawaiian Islands](https://www.plannedparenthood.org/press-releases/planned-parenthood-continually-improves-services-for-lgbtq-patients)

²⁰ P.W. Hruz, L.S. Mayer, and P.R. McHugh, “Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria,” *The New Atlantis*, 52, Jan. 20, 2017, at <https://www.thenewatlantis.com/publications/growing-pains>.

²¹ D. Macut, I. B. Antić, and J. Bjekić-Macut, “Cardiovascular Risk Factors and Events in Women with Androgen Excess,” *Journal of Endocrinological Investigation* 38, no. 3 (2015); M.S. Irwig, “Cardiovascular Health in Transgender People,” *Rev Endocr Metab Disord* 19, no. 3 (2018); S. Maraka et al., “Sex Steroids and Cardiovascular Outcomes in Transgender Individuals: A Systematic Review and Meta- Analysis,” *J Clin Endocrinol Metab* 102, no. 11 (2017); D. Getahun et al., “Cross-Sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study,” *Ann Intern Med* 169, no. 4 (2018); J. Feldman, G.R. Brown, M.B. Deutsch, et al., “Priorities for Transgender Medical and Healthcare Research,” *Curr Opin Endocrinol Diabetes Obes* 23 (2016):180-87; E. Moore, A. Wisniewski, A. Dobs, “Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects,” *J Clin Endocrinol Metab* 88 (2003): 3467-73.

²² See: *Save PPGNY* (June 18, 2020) at [Save PPGNY \(wordpress.com\)](https://www.saveppgny.com); V. Richardson, “Planned Parenthood ‘steeped in white supremacy,’ employees, supporters charge,” *The Washington Times*, July 5, 2020, at [Planned Parenthood accused of racism by employees, supporters - Washington Times](https://www.washingtontimes.com/story/news/health/2020/7/5/planned-parenthood-accused-of-racism-by-employees-supporters-washington-times/).

²³ See: *Box v. Planned Parenthood of Indiana and Kentucky*, 139 S.Ct. 1780 at 1782-93 (Thomas, J., concurring), at [BOX v. PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC. | Supreme Court | US Law | LII / Legal Information Institute \(cornell.edu\)](https://www.supremecourt.gov/opinions/19-12/box-v-planned-parenthood-of-indiana-and-kentucky-inc.pdf); G. Christie and M. Ferguson, “Exposing the Racist Crusade of Margaret Sanger and Planned Parenthood,” *National Catholic Register*, July 30, 2020, at [Exposing the Racist Crusade of Margaret Sanger and Planned Parenthood| National Catholic Register \(ncregister.com\)](https://www.ncregister.com/news/national-catholic-register/article/exposing-the-racist-crusade-of-margaret-sanger-and-planned-parenthood/).

²⁴ 2019-2020 Report, pp. 7, 30.

²⁵ On opposition to laws against abortion in the 6th to 9th month see 2018-2019 Report, p. 19. A Westlaw search on March 18, 2021 shows Planned Parenthood as a party in over 450 abortion cases in the federal courts alone. Examples: *Bristol Regional Women’s Center v. Slatery*, 988 F.3d 329 (6th Cir. 2021) (48-hour waiting period); *EMW Women’s Surgical Center v. Friedlander*, 978 F.3d 418 (6th Cir. 2020) (on requiring agreements with a local hospital and ambulance service); *Box v. Planned Parenthood of Indiana and Kentucky*, 139 S. Ct. 1780 (2019) (respectful disposal of fetal remains, and prohibiting abortions based on sex, race, or disability); *Planned Parenthood Federation of America v. Azar*, No. 19-05433 (S.D. N.Y.) (complaint filed June 11, 2019) (federal regulations protecting rights of conscience); *Reproductive Health Services of Planned Parenthood v. Parson*, 389 F.Supp.3d 631 (W.D. Mo. 2019) (20-week ban); *EMW Women’s Surgical Center v. Beshear*, 920 F.3d 421 (6th Cir. 2019) (ultrasound); *Planned Parenthood of Ind. & Ky., Inc. v. Commissioner*, 896 F.3d 809 (7th Cir. 2018) (ultrasound); *Comprehensive Health of Planned Parenthood Great Plains v. Hawley*, 903 F.3d 750 (8th Cir. 2018) (admitting privileges, safety requirements); *Whole Woman’s Health v. Hellerstedt*, 136 S. Ct. 2292 (2016) (admitting privileges, safety regulations); *Planned Parenthood v. Abbott*, 748 F.3d 583 (5th Cir. 2014) (admitting privileges, RU-486); *Stuart & Planned Parenthood v. Camnitz*, 774 F.3d 238 (4th Cir. 2014) (ultrasound); *Planned Parenthood v. DeWine*, 64 F.Supp.3d 1060 (S.D. Ohio 2014) (RU-486); *Planned Parenthood v. Humble*, 753 F.3d 905 (9th Cir. 2014) (RU-486); *Comprehensive Health of Planned Parenthood v. Templeton*, 954 F.Supp.2d 1205 (D. Kan. 2013) (informed consent); *Planned Parenthood v. Van Hollen*, 738 F.3d 786 (7th Cir. 2013) (admitting privileges); *Planned Parenthood v. Daugaard*, 799 F.Supp.2d 1048 (D. S.D. 2011) (informed consent and waiting period); *Planned Parenthood v. Rounds*, 686 F.3d 889 (8th Cir. 2012) (informed consent); *Gonzales v. Planned Parenthood*, 550 U.S. 124 (2007) (partial-birth abortion); *Ayotte v. Planned Parenthood*, 546 U.S. 320 (2006) (parental involvement); *Planned Parenthood v. Casey*, 505 U.S. 833 (1992) (informed consent, waiting period, parental and spousal involvement).

²⁶ See PPFA press release, “HHS Introduces Broad Rule to Enable Discrimination and Block Access to Care,” January 19, 2018, at <https://www.plannedparenthood.org/about-us/newsroom/press-releases/hhs-introduces-broad-rule-to-enable-discrimination-and-block-access-to-care>. On Planned Parenthood’s continued efforts to invalidate provider conscience clauses (“refusal rules”) see: 2019-2020 Report, p. 23; *Blueprint*, pp. 58-9, 62, 64-5.

²⁷ PPFA press release, “Planned Parenthood Condemns Vote to Eliminate Funding for UNFPA in House Foreign Affairs Committee,” Jan. 30, 2014, at www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-condemns-vote-eliminate-funding-unfpa-house-foreign-affairs-committee; International Planned Parenthood Federation, “New IPPF/UNFPA Initiative on Family Planning announced,” May 29, 2013, at www.ippf.org/news/New-IPPFUNFPA-Initiative-Family-Planning-announced.

²⁸ *Blueprint*, pp. 4, 11, 30-31.

²⁹ Chris Smith, “China’s One-Child Policy: Massive Crimes against Women, Supported by the Obama Administration,” *The Public Discourse*, Oct. 20, 2014, at <http://www.thepublicdiscourse.com/2014/10/13942/>.

³⁰ Planned Parenthood Federation of America, “Emergency Contraception: History and Access,” August 2013, at www.plannedparenthood.org/files/5713/9611/6188/Emergency_Contraception_History_and_Access.pdf, p. 5; K. Scanlon, “Rep. Diane Black Fires Back at Planned Parenthood for Characterizing the Little Sisters of the Poor as ‘Out-of-Touch Bosses,’” *The Blaze*, March 24, 2016, at <http://www.theblaze.com/news/2016/03/24/rep-diane-black-fires-back-at-planned-parenthood-for-characterizing-the-little-sisters-of-the-poor-as-out-of-touch-bosses/>; USCCB Secretariat of Pro-Life Activities, “Does the HHS Mandate Include Abortifacients?,” April 3, 2014, at <http://www.usccb.org/issues-and-action/human-life-and-dignity/contraception/upload/Does-the-HHS-Mandate-Include-Abortifacients.pdf>.

³¹ Planned Parenthood Federation of America, *2017-2018 Annual Report* (henceforth *2017-2018 Report*), p. 15, at https://www.plannedparenthood.org/uploads/filer_public/4a/0f/4a0f3969-cf71-4ec3-8a90-733c01ee8148/190124-annualreport18-p03.pdf; *Blueprint*, pp. 4, 33-4, 112 (endorsing the proposed federal “EACH Woman Act”).

³² 2019- 2020 Report, p. 33.

³³ M. Fox, “Women Still Spurn Most Effective Types of Birth Control, CDC Finds,” *NBC News*, Nov. 10, 2015, at [Women Still Spurn Most Effective Types of Birth Control, CDC Finds \(nbcnews.com\)](http://www.nbcnews.com/health/women-still-spurn-most-effective-types-of-birth-control-cdc-finds-nbcnews.com).

³⁴ American College of Obstetricians and Gynecologists, “Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy,” Committee Opinion Number 642 (October 2015), pp. 1, 3, at [Committee Opinion, Number 642, October 2015, Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy, Reaffirmed 2018 \(acog.org\)](http://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/10/increasing-access-to-contraceptive-implants-and-intrauterine-devices-to-reduce-unintended-pregnancy).

³⁵ J. Calmes, “Advocates Shun ‘Pro-Choice’ to Expand Message,” *The New York Times*, July 28, 2014, at https://www.nytimes.com/2014/07/29/us/politics/advocates-shun-pro-choice-to-expand-message.html?partner=rss&emc=rss&_r=2; 2019-2020 Report, p. 6.

³⁶ See, for example, Senator Bob Casey, “Casey Statement on Planned Parenthood,” August 4, 2015, at <https://www.casey.senate.gov/newsroom/releases/casey-statement-on-planned-parenthood>. Cf. *2019-2020 Report*, p. 33.

³⁷ See National Cancer Institute, *Oral Contraceptives and Cancer Risk* (2018), at <https://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/oral-contraceptives-fact-sheet#q6>.

³⁸ J. McCormack, “After Lying About Providing Mammograms, Planned Parenthood Outraged That Breast Cancer Charity Cuts Off Grants,” *The Weekly Standard*, Feb. 2, 2012, at <https://www.washingtonexaminer.com/weekly-standard/after-lying-about-providing-mammograms-planned-parenthood-outraged-that-breast-cancer-charity-cuts-off-grants>.

³⁹ *2019-2020 Report*, p. 33.

⁴⁰ For example, J. Baetan et al., “The Influence of Hormonal Contraceptive Use on HIV-1 Transmission and Disease Progression,” 45(3) *Clinical Infectious Diseases* (August 2007), pp. 360-9, at cid.oxfordjournals.org/content/45/3/360.long. On Depo-Provera see P. Belluck, “Contraceptive Used in Africa May Double Risk of H.I.V.,” *The New York Times*, Oct. 3, 2011, at www.nytimes.com/2011/10/04/health/04hiv.html?_r=0.

⁴¹ National Association of Community Health Centers, *Community Health Center Chartbook* (January 2020), Figures 2-2 and 2-3, at [PowerPoint Presentation \(nachc.org\)](#); Planned Parenthood Federation of America, “Contact Us,” at [Contact Us | State and Local Planned Parenthood Office Locations](#). On the high quality of care at community health centers see C.I.A. Oronce and R.J. Fortuna, “Differences in Rates of High-Value and Low-Value Care Between Community Health Centers and Private Practices,” 35 *Journal of General Internal Medicine* (2020), pp. 994-1000, at <https://link.springer.com/article/10.1007%2Fs11606-019-05544-z>.

⁴² *2019-2020 Report*, pp. 38-9.

⁴³ *2019-2020 Report*, pp. 37, 38; *2017-2018 Report*, p. 28.

⁴⁴ *2005-2006 Report*, p. 14.

⁴⁵ *Id.*, p. 4; *2019-2020 Report*, p. 35 note 12.

⁴⁶ *2019-2020 Report*, p. 40.

⁴⁷ *2005-2006 Report*, p. 4; *2019-2020 Report*, p. 35.

⁴⁸ *2019-2020 Report*, p. 35.

⁴⁹ Planned Parenthood Federation of America, Press release, “Planned Parenthood Hails Expansion of Plan B Access, but Cites Concerns About Teen Pregnancy,” January 30, 2014, at <https://www.plannedparenthood.org/about-us/newsroom/press-releases/emergency-contraception-otc>.

⁵⁰ When experts who support increased access to ECs reviewed 23 major studies on such programs, they admitted that “no study found an effect on pregnancy or abortion rates.” E. Raymond et al., “Population effect of increased access to emergency contraceptive pills: a systematic review,” 109 *Obstetrics & Gynecology* (2007), pp. 181-8, at www.ncbi.nlm.nih.gov/pubmed/17197603. Also see USCCB Secretariat of Pro-Life Activities, “Emergency Contraception Fails to Reduce Unintended Pregnancy and Abortion,” April 1, 2020, at [contrafactsheet.pdf \(usccb.org\)](#).

⁵¹ *2019-2020 Report*, p. 45.

⁵² IPPF, *Report of the Working Group on the Promotion of Family Planning as a Basic Human Right*, Nov. 1983, pp. 28-9.