# Abortion, Inc.

## Cecile Richards' Planned Parenthood

Planned Parenthood's airbrushed narrative cannot overcome what the numbers in its recently released 2013-2014 Annual Report[i] make very clear: it is a profit-driven, abortion-centric organization. Compelling in its own right, a current snapshot of Planned Parenthood is only one chapter of the Big Abortion, Big Profits Planned Parenthood story.

Looking back through the years, the trends demonstrate that Planned Parenthood is less and less about prevention and (counter to the U.S. decreasing demand for abortion) more and more about abortion, all the while taking billions from the taxpayer and padding its bank account with profits. The Big Abortion, Big Profits trends are particularly noticeable under Cecile Richards' tenure as President of Planned Parenthood Federation of America (PPFA).[ii]

**Cecile Richards' Planned Parenthood is Abortion, Inc.**

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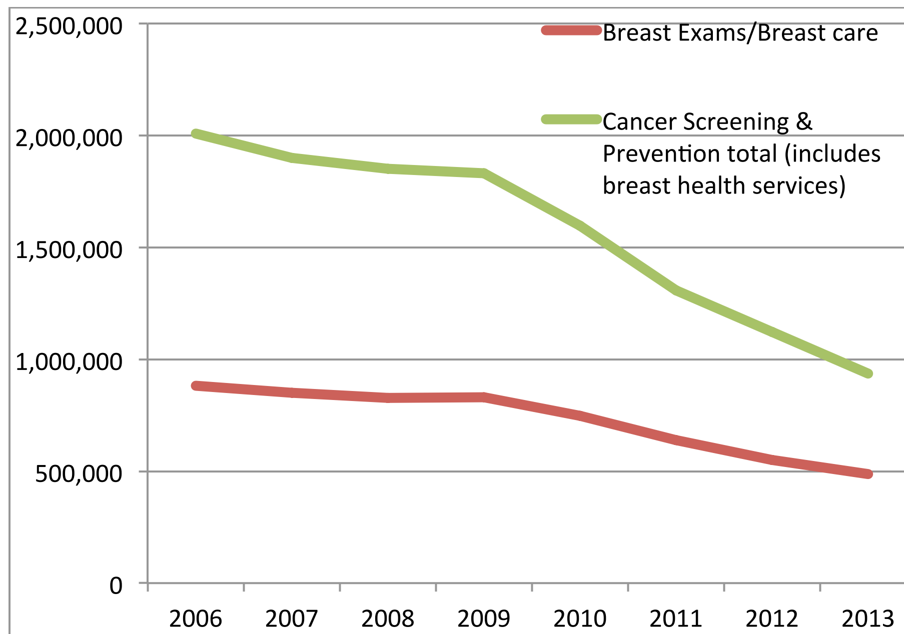
## Planned Parenthood Slashes Cancer Screening and Prevention Services

Under Cecile Richards' leadership, **Planned Parenthood's cancer screening and prevention services have been cut by more than half.**




| Year | Breast Exams/Breast care | Cancer Screening & Prevention total (includes breast health services) |
|---|---|---|
| 2013 | 487,024 | 935,573 |
| 2012 | 549,804 | 1,121,580 |
| 2011 | 639,384 | 1,307,570 |
| 2010 | 747,607 | 1,596,741 |
| 2009 | 830,312 | 1,830,811 |
| 2008 | 826,197 | 1,849,691 |
| 2007 | 851,232 | 1,900,850 |
| 2006 | 882,961 | 2,007,371 |

**That decline includes "Breast exams/breast care" services, which have been experiencing steep cuts even after Planned Parenthood publicly bullied the Susan G. Komen Foundation in 2012.**

Planned Parenthood's bullying campaign[iii] not only resulted in lowered grant standards so that Planned Parenthood clinics would continue to receive money from Komen, Planned Parenthood also reportedly raised over $3 million in 3 days on the "controversy."[iv]

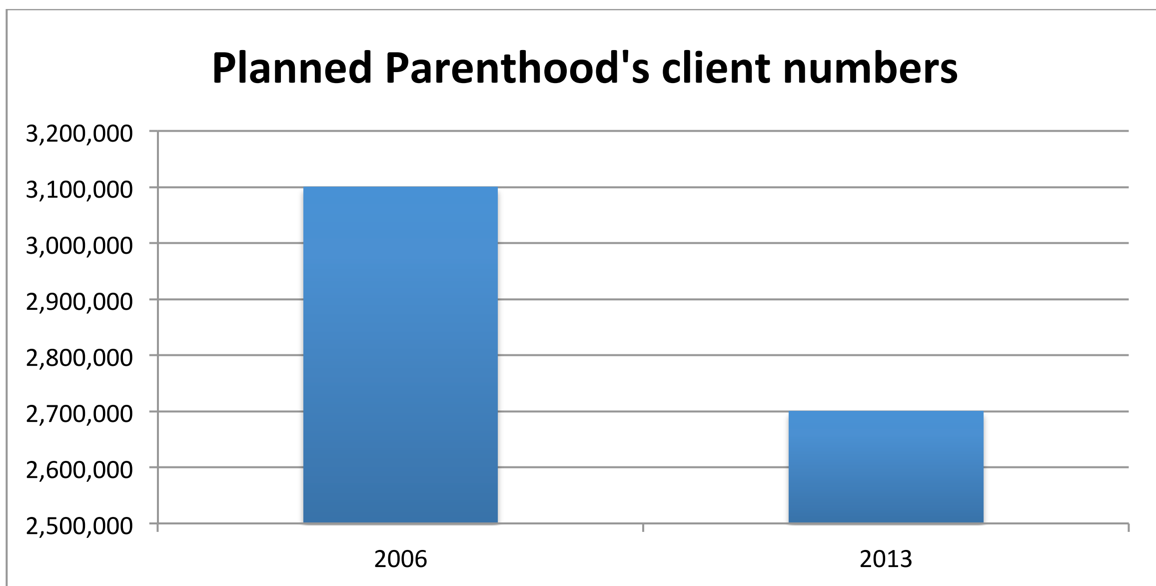
Yet, despite the continued grants and fundraising boom, Planned Parenthood's "breast health services" have plummeted. Ironically, despite drastic cuts year after year, Planned Parenthood continues to spotlight "breast health services" as one of its top achievements.

## Big Abortion Business Grows as Planned Parenthood Cuts Other Services

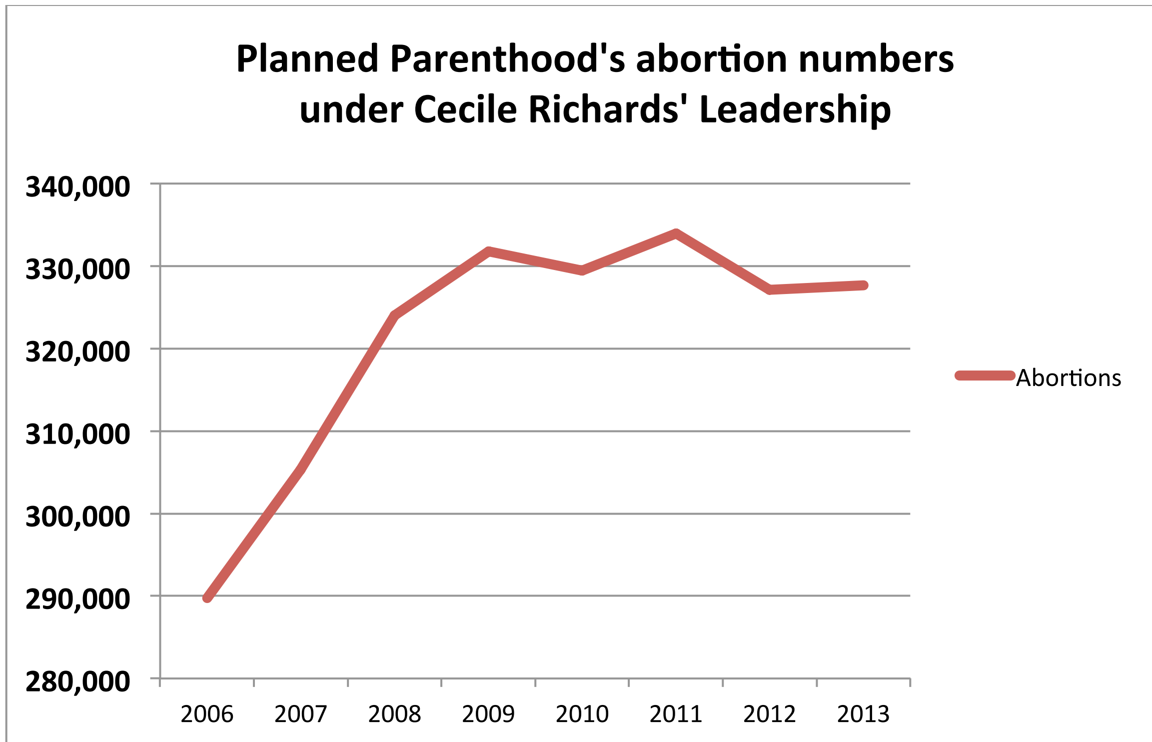
Under Cecile Richards' leadership, Planned Parenthood has killed an estimated 3 million babies.[v]

Planned Parenthood's most recent annual report documents that it performed **327,653 abortions in 2013.**[vi] That means abortion was the "service" Planned Parenthood provided for **12% of its patients**. Planned Parenthood performs **nearly 900 abortions every single day**.

**Planned Parenthood's abortion numbers remain consistently high despite the fact that its reported overall patients substantially decreased.** In 2006, Cecile Richards' first year as PPFA President, Planned Parenthood reported that its clinics saw over 3.1 million clients.[vii] After several years of vaguely reporting "nearly 3 million" clients, Planned Parenthood's most recent report estimates its clinics saw only 2.7 million patients in 2013.




Meanwhile, Planned Parenthood's abortion business grew from 289,750 abortions in 2006, to over 327,000 abortions for each of the last five years.



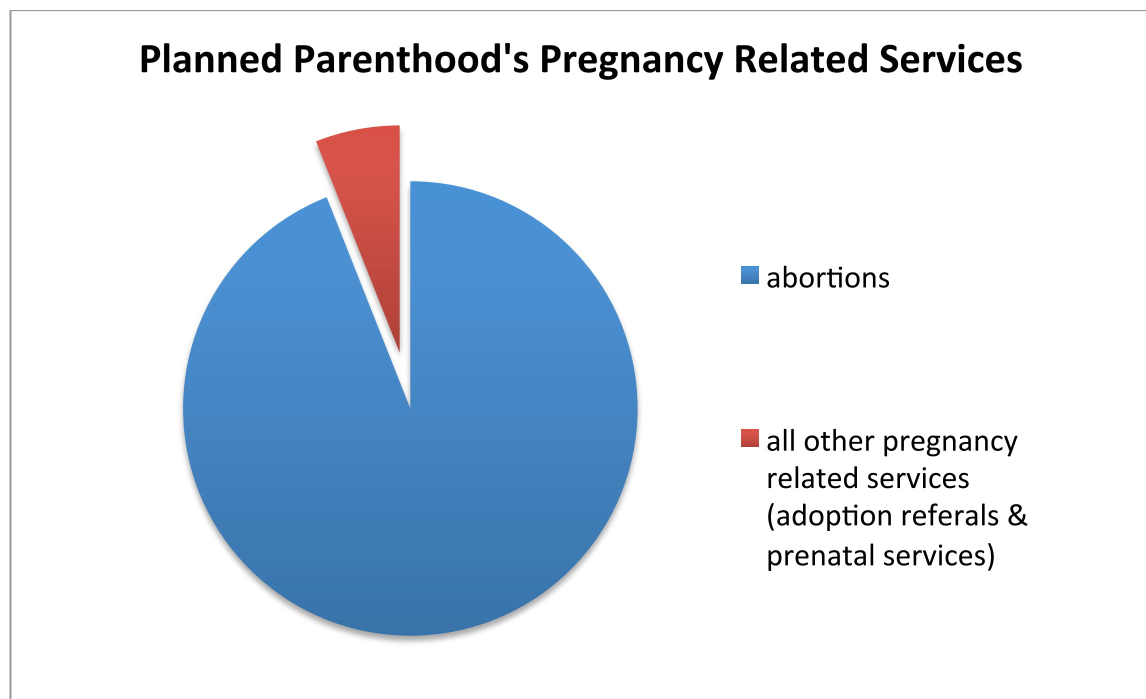

Planned Parenthood's reported adoption referrals have fluctuated from year to year, but are always far below the abortions it performs. **For its last 5 reported "service" years, Planned Parenthood's abortion to adoption ratio is 201 to 1.**

The contrast between Planned Parenthood's life-taking and life-preserving pregnancy-related services grows even starker considering that Planned Parenthood's prenatal services have sharply decreased. **Prenatal services have been cut by more than half since 2009.**

Perhaps in an effort to mask the growing disparity, Planned Parenthood switched from reporting in terms of "prenatal clients" to "prenatal services" in 2009. According to a PPFA "Fact Sheet," Planned Parenthood clinics saw only 7,021 prenatal clients in 2009 – down from 9,433 the previous year. Meanwhile, Planned Parenthood's abortion business had grown from 324,008 to 331,796. However, in its 2009-2010 Annual Report, instead of reporting that lowered prenatal clients figure, Planned Parenthood reported 40,489 prenatal services for 2009. By using a substantially higher "services" number, they hid the truth that abortion is a growing percentage of its business. Planned Parenthood needs to report more "services" in order to be able to continue claiming that its growing abortion business is only 3% of its "services."

Whether it reports in terms of clients or services, the cuts to Planned Parenthood's prenatal program have been dramatic. Using 2009's ratio of services per clients, **Planned Parenthood's prenatal services/clients have decreased by an estimated 70% under Cecile Richards' leadership.**[viii]

According to its most recent annual report, **abortions were 94% of its pregnancy-related services** (abortion, adoption referral, and prenatal services). Estimating its "prenatal clients" based on its 2009 ratio, **for 98.5% of the pregnant women who received a pregnancy-related service at Planned Parenthood, that service was abortion.**

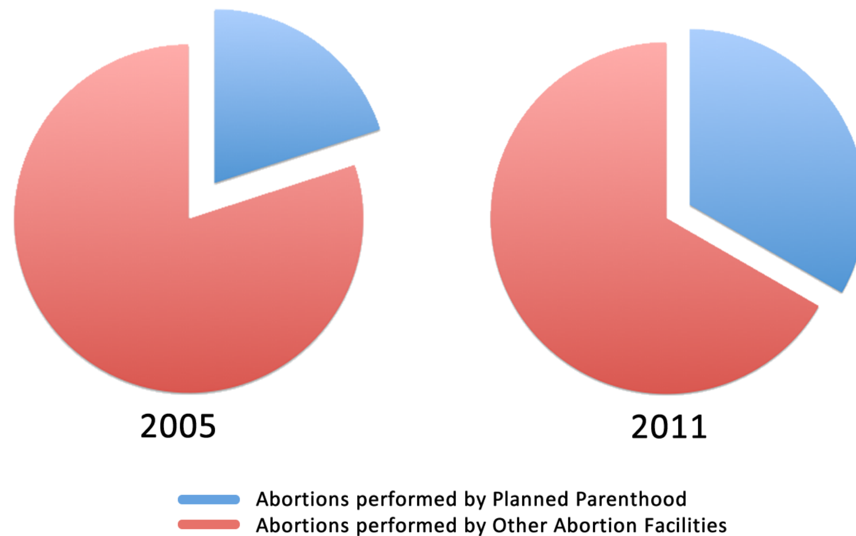



## Planned Parenthood Building Towards an Abortion Monopoly

Planned Parenthood's share of the abortion market has substantially increased under Cecile Richards' leadership. The continued Big Abortion business at Planned Parenthood runs counter to the decades-long national trend of decreased abortion incidence.

In 2011, the most recent year for which national data is available, abortions in the United States were at an all-time low since shortly after *Roe v. Wade*.[ix] That same year, Planned Parenthood performed its own record high number of abortions.[x]

Prior to Cecile Richards' PPFA Presidency, in 2005, Planned Parenthood performed 264,943[xi] of the 1,206,200 abortions in the United States,[xii] or **one out of every five abortions** that year. In 2011, Planned Parenthood's abortion business reported a record-high 333,964 abortions.[xiii] Out of the estimated 1,058,500 abortions in the United States that year,[xiv] **nearly one out of every three abortions occurred at Planned Parenthood**.

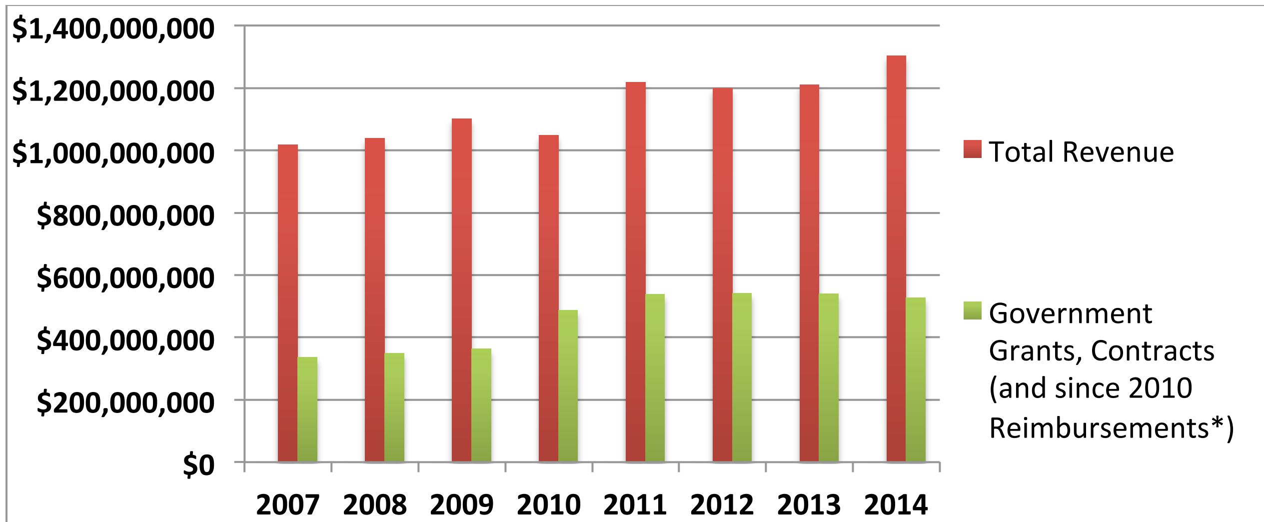



Already the nation's largest abortion chain, Planned Parenthood recently issued an official command to increase its abortion business. **Under Cecile Richards' leadership, PPFA mandated that all Planned Parenthood affiliates must perform abortions by January 2013**.[xv] Having purged itself of any affiliates unwilling to perform abortions, Planned Parenthood's abortion-centric nature can be expected to grow.

## Planned Parenthood Profits at the Taxpayers' Expense

During Cecile Richards' PPFA Presidency, an era of a struggling economy in the United States, Planned Parenthood has taken in **over 3.6 billion taxpayer dollars.**

That breaks down to **1.26 million taxpayer dollars a day** being directed to the nation's largest abortion chain. Taxpayer dollars accounted for **at least 40%** of Planned Parenthood's total revenue.[xvi]




| Fiscal Year (ending in June) | Total Revenue | Government Grants, Contracts (and since 2010 Reimbursements*) | Excess Revenue over Expenses |
|---|---|---|---|
| **2014** | $1,303,400,000 | $528,000,000 | $127,100,000 |
| **2013** | $1,210,400,000 | $540,600,000 | $58,200,000 |
| **2012** | $1,199,100,000 | $542,400,000 | $87,400,000 |
| **2011** | $1,219,000,000 | $538,500,000 | $155,500,000 |
| **2010** | $1,048,200,000 | $487,400,000 | $18,500,000 |
| **2009** | $1,100,800,000 | $363,200,000 | $63,400,000 |
| **2008** | $1,038,100,000 | $349,600,000 | $85,000,000 |
| **2007** | $1,017,900,000 | $336,700,000 | $114,800,000 |

During that same time, Planned Parenthood has reported almost **710 million dollars in profit**.

According to Planned Parenthood's annual reports, that figure is **profit after paying all expenses**, including not only its employees' salaries and benefits (such as the **half a million dollars** compensation Cecile Richards takes home in a year[xvii]) but also **over half a billion dollars** for categories it describes in its reports as "public policy," "building advocacy capacity," "increase access," "renew leadership," "refresh our brand," and "engage communities."[xviii]

That means **nearly a quarter of a million dollars pure profit**, after paying all its own high salaries and wish-list funds, is deposited in Planned Parenthood's bank **every single day**.

## Planned Parenthood Sues to Protect Abortion Inc.'s Bottom Line

Planned Parenthood heavily invests in litigation to protect its abortion business' financial success. Planned Parenthood's annual reports consistently brag about the lawsuits it files to insulate the abortion industry from any oversight.

The abortion chain's most recent annual report lists as one of its top 12 achievements for the year Planned Parenthood's court battles against laws that would not outlaw abortion but merely ensure appropriate medical care for women - chemical abortion regulations and admitting privileges requirements.

**Planned Parenthood's enormous profits undermine claims that health and safety standards, laws that are designed to protect women, unduly raise the abortion provider's costs and force them to close their doors.**

**The same myths that Planned Parenthood promotes in its litigation against health and safety standards are found in its annual reports narrative.** For example, in her introduction to the most recent report Cecile Richards makes the bald claim that: "Until 1973, young healthy women were dying because of illegal and unsafe abortions. Today, abortion is one of the safest medical procedures in this country."

Cecile Richards' statement obviously ignores the millions of babies that have been killed by so-called "safe" abortion. She also wrongly implies that no women die from legal abortion today.

Tonya Reaves is one example of a woman recently killed by a legal abortion. Cecile Richards must be well aware of Tonya's death, since the legal abortion which cost Tonya's life was performed in one of her own flagship Planned Parenthood clinics in Chicago.

Many more women are injured by legal abortion. The procedure—whether performed by an invasive surgery or potent drugs—carries inherent risks to women that are often exacerbated by the industry that puts profit over safety.[xix]

Unfortunately, U.S. abortion data is known to be insufficient and unreliable.[xx] It is time to enact Abortion Reporting laws instead of allowing the abortion industry to manufacture its own biased statistics.

Planned Parenthood's Big Abortion, Big Profits trajectory began before Cecile Richards' took the helm. Under her leadership, however, Planned Parenthood's course has been clearly more abortion focused.

**Cecile Richards' Planned Parenthood is Abortion, Inc.**

## Footnotes

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[i] PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORT (2013-2014) *available at* http://issuu.com/actionfund/docs/annual_report_final_proof_12.16.14_/0.

[ii] Cecile Richards became Planned Parenthood Federation of America President in February 2006.

[iii] *See* Karen Handel, Planned Bullyhood (2012); *See also* Americans United for Life's Planned Parenthood Exhibit 4*, Planned Parenthood Bullied the Komen Foundation to Preserve its "Trusted Healthcare Provider" Façade, available at* http://www.aul.org/planned-parenthood-exhibits-exhibit-4/

[iv] *See* Meghan McCarthy, *Planned Parenthood Raises $3 Million in Wake of Komen Funding Controversy*, NATIONAL JOURNAL, Feb. 3, 2012, http://www.nationaljournal.com/planned-parenthood-raises-3-million-in-wake-of-komen-funding-controversy-20120203

[v] Planned Parenthood has yet to report abortion numbers for the last quarter of 2013 and for 2014. Using an estimate for that gap, based on the last 5 years of Planned Parenthood's abortion business, the number of abortions performed since Cecile Richards began at Planned Parenthood would be around 3 million.

[vi] Planned Parenthood does not report its services for the calendar year but instead uses October 1-Sept 30 as its service year. That means its reported "2013" figure is technically the last quarter of 2012 and the first three quarters of 2013.

[vii] PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORT (2006-2007).

[viii] Planned Parenthood reported both 7,021 prenatal clients and 40,489 prenatal services in 2009. That would average to 5.77 services for each pregnant woman. Applying that to its 2013 numbers, its 18,684 prenatal services would be for approximately 3,240 prenatal clients—a substantial decline from the 11,580 prenatal clients its clinics saw in 2006.

[ix] According to the estimates of the pro-abortion Alan Guttmacher Institute in 1976 there were more than 1.179 million abortions performed in the United States. The U.S. abortion incidence peaked in 1990 at 1.6 million and has steadily declined since. *See* Jones & Kooistra, *Abortion incidence and services in the United States* 2008, 43(1) PERSP. ON SEXUAL & REPROD. HEALTH 47 (2011)*; see also* Jones & Jerman, *Abortion Incidence and Service Availability in the United States 2011,* 46(1) PERSP. ON SEXUAL & REPROD. HEALTH (2014).

[x] PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORT (2012-2013).

[xi] PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORT (2005-2006).

[xii] Jones & Jerman, *Abortion Incidence and Service Availability in the United States 2011,* 46(1) PERSP. ON SEXUAL & REPROD. HEALTH (2014).

[xiii] PLANNED PARENTHOOD FED'N OF AM., INC., ANNUAL REPORT (2012-2013).

[xiv] Jones & Jerman, *Abortion Incidence and Service Availability in the United States 2011,* 46(1) PERSP. ON SEXUAL & REPROD. HEALTH (2014).

[xv] Planned Parenthood has acknowledged its abortion mandate in official court documents: "PPFA does not provide abortion care itself, but its member affiliates offer that service throughout the United States and as of January 2013, all member-affiliates will be required to do so. " (emphasis added) Complaint at ¶ 30 (d), Planned Parenthood Ass'n Tex. v. Suehs, 2012 U.S. Dist. LEXIS 62289 (W.D. Tex., Apr. 30, 2012) (No. 1:12-CV-00322).

[xvi] Until 2010, taxpayer funding was likely underreported in PPFA's annual reports. Starting in 2010, PPFA began explicitly including "reimbursements" under its government revenue. That year there was a substantially higher than usual increase in the reported government revenue and a coinciding substantial decrease in its reported other clinic revenue. Thus it appears that at least some Medicaid reimbursements—taxpayer dollars—were previously included under "health center income" rather than "government grants and contracts," giving a misleading impression of how much of Planned Parenthood's revenue came from the taxpayer.
[xvii] According to Planned Parenthood Federation of America's 990 Form for the tax year ending June 30, 2013,Cecile Richards' base income was $396,138. Combined with other reportable income, retirement and deferred compensation, and nontaxable benefits, her total compensation from PPFA for the year was $492,200. Cecile Richards received an additional $31,416 in compensation from PPFA's related organizations. *See* http://www.plannedparenthood.org/files/2413/9620/1318/PPFA_FY13_Final_990_public_disclosure.pdf.
[xviii] Since 2006, Planned Parenthood's annual reports have also included under its expenses nearly half a billion dollars for fundraising and giving an additional 12.3 million dollars to other organizations.
[xix] *See* Defending Life 2015 (http://www.aul.org/defending-life-2015/) for more information
[xx] *Id*.

**LEGAL RESPONSE TO PLANNED PARENTHOOD ABORTION PROFITEERING**

**Planned Parenthood Employees and Contractors Raise Probable Cause of the Systemic Violations of Federal Criminal Laws and Unethical Behavior**

The conversations with employees of Planned Parenthood and tissue procurement companies that were recorded by the Center for Medical Progress (CMP) raise probable cause that federal laws may have been violated in the practices and procedures of Planned Parenthood Federation of America and its affiliates and outside contractors ("PPFA") in procuring, selling and/or donating the human remains of aborted unborn infants.

This memorandum documents specific statements made by current and former employees of PPFA and tissue procurement companies **based on all the full unedited video transcripts released by CMP**, which raise probable cause that PPFA violated one or all of the following federal laws regarding:

I. Receiving valuable consideration for providing fetal tissue, 42 U.S.C. § 289g-2(a);
II. Altering abortion procedures to obtain fetal tissue, 42 U.S.C. § 289g-1;
III. Obtaining informed consent for fetal tissue donation, 42 U.S.C. § - 1 - 289g-1;
IV. Performing partial-birth abortions, 18 U.S.C. § 1531;
V. Killing infants born alive after an attempted induced abortion, who are persons entitled to legal protection under 1 U.S.C. § 8.

The facts also raise the probable cause that PPFA has created an enterprise engaged in the coordinated violation of these laws. For example, Section VI. includes statements illustrating that Planned Parenthood Federation of America coordinates its affiliates' potentially unethical and illegal practice of harvesting baby body parts in concert with others and that these practices are already pervasive in California and expanding throughout the United States. Taken together, there is probable cause to investigate whether in their fetal organ harvesting scheme PPFA, its affiliates, and the tissue procurement companies they contract with have violated other federal laws, including conspiracy in violation of 18 U.S.C. § 371, and engaging in racketeering in violation of the "Racketeer Influenced and Corrupt Organizations Act" ("RICO"), 18 U.S.C. § 1961-1968.

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## I. Receiving Compensation for Fetal Tissue

a. Federal law prohibits any person to “knowingly acquire, receive, or otherwise transfer any fetal tissue for valuable consideration if the transfer affects interstate commerce.” **42 U.S.C. § 289g-2(a).**

b. Comments made by Planned Parenthood employees raise probable cause that Planned Parenthood’s current practice of harvesting baby body parts in exchange for compensation violates federal law and/or Planned Parenthood is willing to violate federal law in expanding its practice of harvesting baby body parts in exchange for compensation.[1]

- Planned Parenthood Federation of America, Senior Medical Director of Medical Services, **Dr. Deborah Nucatola**:

    - Nucatola: You know, I would throw a number out, I would say it’s probably anywhere from $30 to $100 [per specimen], depending on the facility and what’s involved. It just has to do with space issues, are you sending someone there who’s going to be doing everything, is there shipping involved, is somebody gonna have to take it out. You know, I think everybody just wants, **it’s really just about if anyone were ever to ask them,“What do you do for this $60? How can you justify that? Or are you basically just doing something completely egregious, that you should be doing for free.” So it just needs to be justifiable.**

    - Nucatola: I think for affiliates, at the end of the day, they’re a non-profit, they just don’t want to—they want to break even. **And if they can do a little better than break even, and do so in a way that seems reasonable, they’re happy to do that.**

    - Nucatola: **In all cases, it’s really gonna be about staff time, because that’s the only cost to the affiliate. And then, if you want space**. For example, it is, it’s Novogenix is at PPLA, they have a corner of the lab. And they set up, come in with their coolers and everything, and handle all the tissue, **but they’re taking up space, so I’m sure the affiliate considers that when they come up with what’s reasonable**. But **I don’t think**

[1] Full footage and transcripts for each interview with Planned Parenthood’s employees are available at http://www.centerformedicalprogress.org/cmp/investigative-footage/.

**anybody's gonna come up with a crazy number, because they're all very sensitive to this too**.

- Nucatola: I think if you can be creative or come up with another way or a better way, times are hard in TX right now, **anything that you can do to make things a little bit easier for them, or a little bit better for everybody**, I think gets your foot in the door.

- Nucatola: No one's going to **see this as** a money-making thing. The other reason affiliates think this is a good thing is, it's less tissue that they need to worry about, it's taken care of. They have to do something with that tissue, it's hard to find somebody that wants to do something with that tissue, so the fact that there's somebody that's looking for that tissue is-

- Nucatola: That is **such a huge service to them**, and I just have to say- this came up on a national level, is there are issues with disposal of fetal tissue. … Even if you could find a way to do that, can I just tell you? Even if there were people who weren't donating, **you'd have huge business just for taking the tissue**. People would pay you. They would just say, "Take my tissue!" Then, you could only send off what you wanted to send off, but you would still have to consent the patients though. It's just something to keep in the back of your mind.

- Nucatola: **If anything, you can make it even better to their bottom line by giving them services in kind instead of money**. I think a lot of them will take you up on that. That would definitely get people. **Say, "I'll give it to you for the same price, AND I'll do that."**

- Nucatola: I mean really, **the guidance is, this is not something you should be making an exorbitant amount of money on**.

- Nucatola: The messaging is this **should not be seen as a new revenue stream**, because that's not what it is.

- Nucatola: but at the end of the day, **you still need to have the paperwork to back it up** because, we are under a microscope.

- Nucatola: no affiliate should be doing anything that's not like, reasonable and customary. This is not- **nobody should be "selling" tissue**. That's just not the goal here.

- Planned Parenthood Federation of America Medical Directors' Council President, **Dr. Mary Gatter**:

    - Gatter: logistically it was very easy for us, **we didn't have to do anything. There was compensation for this**, and there was discussion if that was legal, they have been paying by the case, and there was some discussion about do we, in a different way, or I don't know what you're used to doing, how you're used to compensation. Patients don't care what we do, of course…"

    - Buyer: What would you expect for intact tissue? What sort of compensation? Gatter: **Well why don't you start by telling me what you're used to paying.**

    - Gatter: Well, **you know in negotiations the person who throws out the figure first is at a loss, right**?

    - Gatter (After originally saying $75 a specimen): I was going to say $50, because I know places that did $50, too. But see we don't, we're not in it for the money, and **we don't want to be in a position of being accused of selling tissue,** and stuff like that. On the other hand, there are costs associated with the use of our space, and that kind of stuff, so what were you thinking about?

    - Gatter: Okay. **Now this is for tissue that you actually take, not just tissue that the person volunteers** but you can't find anything, right?

    - Dr. Gatter: Well **let me agree to find out what other affiliates in California are getting, and if they're getting substantially more, then we can discuss it then.**

    - Dr. Gatter: I mean, the money is not the important thing, but **it has to be big enough that it is worthwhile.**

    - Dr. Gatter: It's been years since I talked about compensation, so **let me just figure out what others are getting, if this is in the ballpark, it's fine, if it's still low then we can bump it up**. I want a Lamborghini. [laughs]

- Planned Parenthood Gulf Coast, Director of Research **Melissa Farrell**:

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- Farrell: (discussing compensation for specimen types): "Right, and we would definitely have to work that out in terms of budgeting."

- Farrell: I'm very particular about working with **the language of the budgeted contract to where the language is specific to covering the administrative costs** and not necessarily the per-specimen, because that borders on some language in the federal regs that's a little touchy.

- Farrell "And of course, we don't offer the patient any compensation at all"

- Farrell: "Yeah, **we can work it out in the context of—obviously, the procedure is more complicated**. So that **anything that we integrate into that procedure**, without having you cover the procedural cost, **is going to be higher.** So anything of a higher gestational age, there's more opportunity for complication, there's more administrative time involved, Sometimes the procedures are longer. So then, **anything that we piggy-back onto that for collection purposes, obviously, would have to, that additional time, cost, administrative burden**.

- Farrell: "Right. And that's the thing that it's, a lot of folks I get this mainly from academic institutions, they see Planned Parenthood and think, "Oh, you're nonprofit. That means you're non-budget." **And they will come to us with budgets that are, quite frankly, insulting. I mean, really?** Where in the United States can you, an 8-page consent form for this amount of money? It takes 30 minutes to administer that to a patient. So, you know, again, **with the understanding that just because we're non-profit, doesn't mean that we're fiscally unstable**. If anything, we serve the community and we have to provide services to the community at a very very low cost, and we can't underwrite anyone's research project."

- Farrell: "A lot of academic studies, unfortunately the physician or you know, researcher writes the grant and then as an afterthought, "hmm where am I going to get this." **They know they want to come to Planned Parenthood to get it but they don't bring us enough money**. Then **there's mentality where "you're no profit, you should just give us the stuff." I wasn't joking when I said insulting budgets**, I mean they're wanting us to do all of these things consent the patient, collect the specimens, and do this, and do that and for nothing, literally, literally, zero."

- Farrell (not sure she is saying fetal tissue here): "We have**- I make it a point to have very healthy budgets on all of our industry sponsored studies**, **so there is room in my day for me to underwrite some projects for local academic studies**, especially because we don't have it come around that often, because we're in Texas.

- Buyer: I want to underscore it again, double back if you need to financially, **I want it to be profitable for you.** Farrell: **Oh sure, right.**

- Planned Parenthood of the Rocky Mountains:

    - Vice President and Medical Director, Dr. Savita Ginde: No, and the, **I think a per-item thing works a little better**, just because we can see how much we can get out of it.

    - J.R.: I guess another question that comes to mind, is if the tech can't identify a liver or what not, pack it, send it and it get received by the researcher and they find it not suitable, what in that case- I guess, I'm wondering, would PPRM still be compensated for that? Would they be compensated at a full one hundred percent rate or?

    - J.R.: I think what would be best is to have a specific item, is to have an itemized breakdown for what compensation would be, and just send that to Savita. That can be a starting point

    - J.R.: Yea. We've never done this before, so we would be literally creating a list and be guessing but because **you have a better idea of what's market value of** what researchers are asking for and your existing relationships- **just a general price list.**

c. Comments made by Planned Parenthood employees demonstrate that PPFA and its affiliates are aware that their actions may violate the law but that their primary concern is creating the perception that they are following the law, not the reality of whether they do, in fact, receive valuable consideration in exchange for the body parts of the babies it abortions.

- Planned Parenthood Federation of America Medical Directors' Council President, Dr. Mary Gatter:

    - Gatter: "logistically it was very easy for us, we didn't have to do anything. **There was compensation for this, and *there was discussion if that was legal, they have been paying by the case,* and there was some discussion about do we, in a different way**,

or I don't know what you're used to doing, how you're used to compensation. Patients don't care what we do, of course…"

- Ginde: "Just making sure that all the language, and that's the lawyers, what they'll do. And just making sure it's all spelled out. I know that our legal is obviously very in tuned to just the overall politics of the state and what you, you know, the antis would do, I don't know if you guys ran into them."

- Dr. Deborah Nucatola, Senior Medical Director of Medical Services, Planned Parenthood Federation of America:

  - Nucatola: Yeah, you know, **I don't think it's a reservations issue so much as a perception issue**, because I think every provider has had patients who want to donate their tissue, and they absolutely want to accommodate them. **They just want to do it in a way that is not perceived as, 'This clinic is selling tissue, this clinic is making money off of this.'** I know in the Planned Parenthood world **they're very very sensitive to that**. And before an affiliate is gonna do that, they need to, obviously, they're not—some might do it for free—but they want to come to a number **that doesn't look like they're making money**. They want to come to a number that **looks like** it is a reasonable number for the effort that is allotted on their part.

  - Nucatola (responding to a scenario of offering $10 more than a competitor): **That makes it look fishy**. Exactly.

  - Nucatola: And **because we're the target**, we're not looking to make money from this.

  - Nucatola: You know, I would love to find a way to frame this, too. And maybe you guys can think about this. **You know it's all about framing**.

  - Nucatola: But there are a lot of people who think that what we're all doing is bad and they don't want it to happen at all. You know, **is there a way to continue to frame this**, are there things that we can spotlight, benefits. Because if we can **reframe the conversation**, it's just a win-win for everybody.

  - Nucatola: **Look we've got to come up with the statistics**, four in ten women have had an abortion in their lifetime, you know, by the

time they're forty-fiveeverybody knows somebody who's done this. Wanna know something else? Even more than that I will say, everybody knows somebody who can benefit from stem cells research. **We just need to collectively figure out, what the talking points are,** but I know that we all want to be strong partners in this for sure.

  - Nucatola: Unless the composition of the Supreme Court changes anytime soon, **we don't want to be raising eyebrows.**

- Planned Parenthood of the Gulf Coast, Director of Research, Melissa Farrell:

  - Farrell: "**Just because we get audited** all the time because we're Planned Parenthood for everything else, so **we're very risk averse, but strategic**. So, we'll take on grants where we have a lot of mission type support. Something we're really behind. But otherwise, we really focus on our industry sponsored studies."

- Planned Parenthood of the Rocky Mountains, Vice President and Medical Director, Dr. Savita Ginde:

  - Ginde: But the welcoming committee, how they would respond, **you can imagine how they would run with this. "Oh, they're selling body parts!"** You know. And so I think he's sort of making sure that all of our ducks are in a row, that that would never be an issue.

  - Ginde: **And that's why we do it under research**. It makes it a lot different, to do it as a research program, you know, this is research just like any other program where we also collect specimen for a bunch of other studies that we do. We have cervical tissue or anything else.

  - Ginde: No, I mean I think that **the other sort of PR piece, the spin on it**, right, is that this is stem cell research, this is going to stem cell research, it's not for, we're selling a liver to someone else for transplantation, it's not organ, uh, sales or anything like that that would otherwise be, that someone could take out of context.

  - Ginde: Yeah, and I think it makes it easier too to know that these samples will be going directly to a research program or a

researcher and not to some warehouse. **I mean, it makes it a lot more legit**.

- Ginde: Oh. Well I think communication with the affiliates is something that would be really important. Because this could be, and again, I've been here long enough and I do a lot of stuff nationally with Deb and others that I think, and Deb is I'm assuming probably talked to you, **this is potentially like we were talking before, a hot-button issue that if the antis got a hold of it, could really run with it and make it really negative**, and so I feel like if you're talking to other Planned Parenthoods we really have to be on the same page, almost to the point where we really have to disclose to each other that we're doing this so that if anyone gets called out, or runs with it, that we're all like, "Oh I didn't know you were

- Ginde: Yeah. **Well, and to make sure that we're all saying the same thing**. And make sure that the CEOs are all saying the same thing. I feel like, you know, there's donors, and there's the CEOs, and all those people who do a lot of public interface who would need to be able to speak to any questions that came up appropriately.

- Ginde: That's the thing. I think there's- you have to look at the public understanding of everything so, **it's different when the public hears specimen procurement versus stem cell research**.

- Ginde: **It's all lingo right? making sure we're all saying the same thing**, that- that is in fact, what we are doing, we're doing stem cell- we're making stem cells happen and that our patients are proud and satisfied with being able to participate in that. Because of the circumstance and the decisions that they made. So, that's where I think, sort of the bond of the Planned Parenthood itself. And working through Den, if that's where it is to say lets get all these people together because they're all interested. And getting the logistics worked out.

- Ginde: Well I know **but putting it under the research gives us a little bit of a, an overhang** over the whole thing.

- Ginde: We have to know who else is doing this. Because if you have someone in a really anti state who's going to be doing this for you, they're **probably gonna get caught**.

- Buyer: How confident are you with your attorneys' work that you've seen, they are building many layers and making it difficult—Ginde: We've got it figured out, that he knows that—because we talked to him in the beginning, we were like, **we don't want to get called on, you know, selling fetal parts across states.**

- Ginde: I'm confident that our lawyers, **legal will make sure that we're not put in that situation**. But I think that my CEO, if she knows that there's conversations with other affiliates, that she would want to know who they are so that we make sure that they're all coming from the same space.

- Ginde: once all of this is happening, we definitely want to circle back and I'll have a conversation with research and say okay, where do we want to fit this in? Because maybe from a logistics side, it's too much for research, but I feel like maybe from a veiled side and getting a little coverage, it's a little bit easier to do it under research **and I think that's an easier sell. To the public. Of doing tissue procurement for stem cell research, than to be doing it outside of that.**

d. Comments made by Cate Dyer, the CEO of StemExpress, LLC,[2] about the financial benefits of fetal organ harvesting corroborate the concerns that the practice is done for valuable consideration in violation of federal law:

- Buyer: "Going into it knowing it has to be financially beneficial for you." Dyer: "Right, and both of us."

- Dyer: "You feel like there's clinics out there that have been burned? They're doing all this work for research **and it hasn't been profitable for them?... I haven't seen that**."

- Dyer: "So, I mean, it is providers getting creative with procedure, **attorneys being careful with layers, how contracts are worded…**"

- Dyer: "We're like the total pro-choice advocate, [National Abortion Federation (NAF)] supporters. **We sponsor events. We**

[2] Full footage and transcript for the interview with Cate Dyer is available at http://www.centerformedicalprogress.org/cmp/investigative-footage/.

**sponsor NAF. We give money to those organizations**. We're totally committed to everything, with supporting the clinics. I mean a clinic manager recently donated money for support. We're just totally, all in."

- Dyer: "Some of their – some staff, not that I know so much on the Planned Parenthood side, I wouldn't be surprised. **There have been some [Planned Parenthood] staff in the past that have been on the payroll at ABR**… Like a nursing director or somebody who is like a paid employee." Buyer: "Are they doing procurement or are they just sitting there, holding the fort down?" Dyer: "An 'advisory role.' They didn't have to- yeah, it was an advisory role. But for a long time there was some clinics that were sitting on boards for these clinics, they are also advisors for ABR."

e. The testimony of Holly O'Donnell, a former procurement technician of StemExpress, LLC, who was partnered with Planned Parenthood clinics, confirms the necessity of an investigation into unethical and/or illegal sale of fetal tissue.[3]

- O'Donnell: "They [StemExpress] partner with Planned Parenthood and they get part of the money, because we pay them to use their facilities and they get paid from it. They do get some kind of benefit."

- O'Donnell: "For whatever we could procure they [Planned Parenthood] would get a certain percentage."

- O'Donnell: "The main nurse [at Planned Parenthood] was always trying to make sure we got our specimens. No one else really cared, but the main nurse did because she knew Planned Parenthood was getting compensated. So she wanted to make sure that everything was going great for us, and going great for them."

- O'Donnell: "The harder and more valuable the tissue, the more money you get. If you can somehow procure a brain or a heart, you're going to get more money … I guess that's an 'incentive' to try and get the hard stuff, to get more money."

## II. Altering Abortion Procedure to Obtain Fetal Tissue

[3] Holly O'Donnell's testimony is featured in the documentary web series, "Human Captial," which is available at: http://www.centerformedicalprogress.org/human-capital/documentary-web-series/.

a. Federal law prohibits “alteration of the timing, method, or procedures used to terminate the pregnancy…solely for the purposes of obtaining the tissue.” **42 U.S.C. § 289g-1.**

b. Comments made by Planned Parenthood employees suggest that Planned Parenthood violates federal law by altering its abortion procedures to harvest baby body parts and/or is willing to [knowingly] violate federal law as it expands its practice of harvesting baby body parts.

- Planned Parenthood Federation of America, Senior Medical Director of Medical Services, Dr. Deborah Nucatola:

  - Nucatola: “So, that’s a whole ‘nother issue, **and that’s kind of an ethical issue** too, **ideally you shouldn’t do the procedure in any other way**. You should always do the procedure the same, and that’s what the providers try to do. They’re not gonna treat these patients any differently than they would treat any other patients, just the disposition of the tissue at the end of the case is different.”

  - Nucatola: “Yea, **so that’s where we kind of get into an ethical situation**, because what I think most providers don’t want to have do, they don’t want- In terms of the steps and the preparation, and getting them to the actual procedure, you know, if you really want an intact specimen, the more dilation, the better. Is the clinic gonna you know, put in another set of laminaria to do something different**? I think they’d prefer not to**. For example, what I’m dealing with now, **if I know what they’re looking for, I’ll just keep it in the back of my mind, and try to at least keep that part intact**. But, I generally don’t do extra dilation. I won’t put in an extra set of laminaria, or add an extra day, that’s going to add significant cost of expense to everybody. Basically, if you need to add another set of laminaria, and have the patient come back another day, if you provide procedures enough days in a row that you can do that, then you know, that’s a whole ‘nother consideration. In general, I’d say most people, unless there’s a specific research protocol that’s been I.R.B. approved, try to avoid that.

  - Nucatola after being asked if knowing what the needs are makes a difference: **It makes a huge difference**. I’d say a lot of people want liver. **And for that reason, most providers will do this case under ultrasound guidance, so they’ll know where they’re putting their forceps**. The kind of rate-limiting step of the

procedure is the calvarium, the head is basically the biggest part. Most of the other stuff can come out intact. It's very rare to have a patient that doesn't have enough dilation to evacuate all the other parts intact.

- Nucatola: So then you're just kind of cognizant of where you put your graspers, **you try to intentionally go above and below the thorax, so that, you know, we've been very good at getting heart, lung, liver, because we know that, so I'm not gonna crush that part, I'm going to basically crush below, I'm gonna crush above, and I'm gonna see if I can get it all intact**.

- Nucatola: **And with the calvarium, in general, some people will actually try to change the presentation** so that it's not vertex, because when it's vertex presentation, you never have enough dilation at the beginning of the case, unless you have real, huge amount of dilation to deliver an intact calvarium. So if you do it starting from the breech presentation, there's dilation that happens as the case goes on, and often, the last, you can evacuate an intact calvarium at the end. **So I mean there are certainly steps that can be taken to try to ensure—**

- Nucatola: So the preparation would be exactly the same, **it's just the order of the removal of the products is different**. And most people see that as not very-

- Nucatola: And, we've been pretty successful with that. I'd say.

- Nucatola: You know I asked her at the beginning of the day what she wanted, yesterday she wanted, she's been asking, a lot of people want intact hearts these days, they're looking for specific nodes. AV nodes, yesterday I was like wow, I didn't even know, good for them. Yesterday was the first time she said people wanted lungs. And then, like I said, always as many intact livers as possible. …Some people want lower extremities too, which, that's simple. That's easy. I don't know what they're doing with it, I guess if they want muscle.

- Nucatola: **No, it's just what you grab versus what comes out. It doesn't make anything any different.**

- Nucatola: One who's training, who's basically doing the procedure, it comes out in a thousand- you're not going to get

anything intact, so. What we did for a while, and I think it worked pretty well if there's a trainee, I'd say, any research case, I'll do. And as you get better, I'll let you do more, but we really need to do this, intact.

- Nucatola: With that said, If you maintain enough of a dialogue with the person who's actually doing the procedure, so they understand what the end-game is, **there are little things, changes they can make in their technique to increase your success**.

- Nucatola: for example, so I had 8 cases yesterday. And I knew exactly what we needed, and I kinda looked at the list and said okay, this 17-weeker has 8 lams, and this one—**so I knew which were the cases that were probably more likely to yield what we needed, and I made my decisions according to that too, so it's worth having a huddle at the beginning of the day, and that's what I do**.

- Nucatola: "it helps to have a relationship with the provider, because if you do, you can have this conversation with them, and you can say, this is what we're looking for today, and they're more apt to—"

- Planned Parenthood Federation of America Medical Directors' Council President, Dr. Mary Gatter:

  - Gatter: "But at Los Angeles we used digoxin- a feticidal agent- once you apply a feticidal agent [cells aren't usable]….**once the patients have signed the consent form, the patients did not receive digoxin**…"

  - Gatter: So that's an interesting concept. **Let me explain to you a little bit of a problem, which may not be a big problem**, if our usual technique is suction, at 10 to 12 weeks, and **we switch to using an IPAS or something with less suction, and increase the odds that it will come out as an intact specimen, then we're kind of violating the protocol that says to the patient, 'We're not doing anything different in our care of you.' Now to me, that's kind of a specious little argument and I wouldn't object to asking Ian**, who's our surgeon who does the cases, to use an IPAS at that gestational age in order to increase the odds that he's going to get an intact specimen, but I do need to throw it out there as a concern. Because the patient is signing something and we're

signing something saying that we're not changing anything with the way we're managing you, just because we agree to give tissue. You've heard that before.

- Gatter: I think they're both totally appropriate techniques, there's no difference in pain involved, I don't think the patients would care one iota. **So yeah, I'm not making a fuss about that**.

- Gatter: Here is my suggestion. Write me a three of four paragraph proposal, which I will then take to Laurel and the organization to see if we want to proceed with this. And then, if we want to pursue this, mutually**, I talk to Ian and see how he feels about using a "less crunchy" technique to get more whole specimens.**

- Planned Parenthood of the Gulf Coast, Director of Research, Melissa Farrell:

    - PPGC Farrell: Right, **the neural tissue is what we've done specifically** in the past. Buyer: **Could you adjust the procedure**, if you knew— PP: **Mhm**.

    - PPGC Farrell: But it's something that **we can look at and explore how we can make that happen, so we can have a higher chance**. It will probably require a little bit of input from the doctors. Because the doctors are the ones asking to, really be doing that, you know, when it matters, **and the cases where it's mattered and the physicians have needed an intact specimen**—

    - PPGC Farrell: Right. And it will depend, obviously the change in the procedure will have to be where it's not gonna put the patient at more risk, prolong the procedure and put her at more risk. And alter the procedure so we leave things in the patient—

    - PPGC Farrell: Right. And that's something we'll have to discuss with our doctors and see how they could do it. **Because some of our doctors have projects and they're collecting the specimens, so they do it in a way they can get the best specimens. So I know it can happen**—

- PPGC Farrell: Mhm, mhm. Yeah. **And so if we alter our process— And we are able to obtain intact fetal cadavers, then we can make it part of the budget that any dissections are this, and splitting the specimens into different shipments is this, that's, it's all just a matter of line items**.

- Planned Parenthood of the Rocky Mountains, Vice President and Medical Director, Dr. Savita Ginde:

  - Ginde: So **that's where we have to do a little bit of training with the providers on making sure that they don't crush or are able to**— Buyer: So it's a matter of just training, it sounds like, to a provider. Ginde I think so. I mean, it's hard to know how their specimen come out right now because it's not like we've been looking. Buyer: Right. It's not your- Ginde: We have to kind of see the baseline of how things are getting extracted now **and see if we can do any work with them to maybe be more gentle**.
  - Ginde: **Yea, if it wasn't a major deal, like just some tweaks, I don't think it would be a major deal.**

c. Comments made by Cate Dyer, CEO of StemExpress, LLC, corroborate the concern that abortions are unethically and illegally altered to harvest organs:

  - Dyer: "So, I mean, **it is providers getting creative with procedure, attorneys being careful with layers, how contracts are worded, altering gestational age**."

  - Dyer: "The model that clinics are moving to, the one day prep-not just one day prep, just one day everything. In which case, you're not going to get the cervical dilation you need [for tissue procurement]… And the suction destroys everything and it gets to the point where you could look at 60 cases and get nothing."

d. The testimony of Holly O'Donnell, a former procurement technician with StemExpress, LLC, who was partnered with Planned Parenthood clinics confirms the necessity of an investigation into unethical and illegal altering of abortion procedures to obtain fetal tissue. According to O'Donnell: "If we didn't watch [Planned Parenthood abortionist Dr. Ron Berman] we would lose our specimens."

## III. Coercion and Failure to Obtain Informed Consent

a. Federal law prohibits research on human fetal tissue unless "the woman providing the tissue" makes a signed written statement declaring that she donates the fetal

tissue for research. In addition, federal law requires that the attending physician makes a signed written statement that "the consent of the woman for the abortion was obtained prior to requesting or obtaining consent for a donation of the tissue for use in such research." **42 U.S.C. § 289g-1.**

b. The testimony of Holly O'Donnell, an ex-procurement technician of StemExpress, LLC, raises credible concern that Planned Parenthood and StemExpress have both failed to obtain informed consent in accordance with federal law and coerced/pressured women to obtain their babies' body parts for research.

- O'Donnell: "[StemExpress is] making a lot of money, based off the poor girls who, half the time, they don't even want to get the abortions."
- O'Donnell: "Some women come in and they do a test, and then you find out they are pregnant. And then you can consent them. So pregnancy tests are potential pregnancies, therefore potential specimens. So it's just taking advantage of the opportunities."
- O'Donnell: "Some of these women don't even know if they're going to get an abortion, some are not even 100% they are going to get [the abortion] done."
- O'Donnell: "The co-workers I had, **they would not consent the donors.**"
- O'Donnell: "If there was a higher gestation, and the technicians needed it, **they would just take what they needed. And these mothers don't know**. And there's no way they would know."
- O'Donnell describes a situation **where a woman expressly denied consent for fetal tissue donation** but her fetus was taken for research anyway: "And the next day Jessica [a coworker] came and she's like 'oh that high gestated girl, you have to get her, make sure you get her" and I told her 'oh, I already consented her yesterday and she's not comfortable.' And she looked at me like, 'ok,' and walked out. **[Jessica] took her into the room, and she came back out and she was holding all these tubes. And all I said to her was, 'what did you say to her to get that blood?' She's like 'nothing.' I'm like, 'so basically you just went in there and took her blood and you're going to be taking her fetus without her knowing.**'"

- O'Donnell: "The women I worked for were cold. They didn't care. They just wanted their money. They didn't care that girls throwing up in the trash can, crying. And even there were times patients would ask me, they would come in and be crying and be like 'should I be doing this?' And, look, from my personal view, I'm very pro-life and I would tell them 'run. Go. You'll figure something out. You don't want to do this. If you don't want to do this, go home.' **And I would get in trouble for that. I'd get in trouble. Jessica would say 'why didn't you consent her?' 'Because she was crying and throwing up and she didn't even know if she wants to get [the abortion] done.' 'What'd you say to her?' 'I told her if she wasn't comfortable with it, then I'm not going to do anything.' 'Well, that was an opportunity you just missed**.'"

- O'Donnell: "I'm not going to tell a girl to kill her baby to get money. And that's what this company does."

c. Statements made by Dr. Deborah Nucatola also raise concern that women may be coerced/pressured into allowing their babies' body parts to be harvested:

- Nucatola: "Well, we like- **there's always concerns too about kind of coercion.** So you always have to make sure they've made their decision, to actually have the procedure, and then before you start adding on other things, any time we do any research.

- Nucatola: "It is, it's a PPLA consent form for tissue donation. But the interesting thing, I'll tell you is, some people consent, some people don't. The funny thing is, the second day, when that patients actually comes back for their procedure, when they're waiting, what often happens is, **Novogenix will talk to people who haven't consented, and they usually do, once someone has the time and energy to sit and have the conversation with them. So, she ends up picking up several more specimens, just from being there and speaking**. The seeds have been planted, they thought about it for twenty four hours, now here's somebody else- they're sitting there, waiting, they've got nothing else to do, it's not like one on top of the next, on top of the next. So, I think it's always beneficial, if you have somebody who that's just what they do, they're going to do it much better than incorporating it in, but it can be, it works both ways.

- Nucatola: “Most patients are very motivated. I haven’t really seen very many patients that say no.”

## IV. Partial-Birth Abortion

a. Federal law prohibits knowingly performing a partial-birth abortion. **18 U.S.C. § 1531**.

b. Comments made by Dr. Deborah Nucatola, Senior Medical Director of Planned Parenthood Federation of America, raise credible questions about whether Planned Parenthood violates [the spirit and/or letter of] the federal Partial Birth Abortion Ban (and similar state laws).

- Nucatola: **And with the calvarium, in general, some people will actually try to change the presentation so that it’s not vertex,** because when it’s vertex presentation, you never have enough dilation at the beginning of the case, unless you have real, huge amount of dilation to deliver an intact calvarium. **So if you do it starting from the breech presentation, there’s dilation that happens as the case goes on, and often, the last, you can evacuate an intact calvarium at the end**. **So I mean there are certainly steps that can be taken to try to ensure—**

- Nucatola: Exactly, exactly. **Under ultrasound guidance, they can just change the presentation.**

- Nucatola: So the preparation would be exactly the same, it’s just the order of the removal of the products is different. And most people see that as not very-

- Nucatola: And, we’ve been pretty successful with that. I’d say**.**

- Nucatola: So let me tell you an interesting story. So there’s not a lot of clear data on digoxin. Providers who use digoxin use if for one of two reasons. There’s a group of people who use it so they have no risk of violating the Federal Abortion Ban. Because if you induce a demise before the procedure, nobody’s going to say you did a “live”—whatever the federal government calls it. Partial-birth abortion. It’s not a medical term, it doesn’t exist in reality. **So some people use it to avoid providing a “partial-birth abortion.”** Others use it because they actually think it makes the tissue softer and it makes it safer and easier to do the procedure. Is there data for either of these? No. **Because number 1, the Federal Abortion Ban is a law, and laws are up to interpretation. So there are some people who interpret it as intent. So if I say on Day 1 I do not**

**intend to do this, what ultimately happens doesn't matter. Because I didn't intend to do this on Day 1 so I'm complying with the law.** There are other people that say well if you induce demise it doesn't matter, you're never gonna do it so you don't have to worry about intent. So that's one side of it. The other side is there are providers who actually feel it makes the procedure easier. I am one of those providers.

## V. Born Alive Infants

a. The federal Born-Alive Infant Protection Act ("BAIPA") extends legal protection to an infant born alive after an attempted induced abortion. **1 U.S.C. §8**

b. Comments made by employees of Planned Parenthood and tissue procurement companies raise credible concerns that infants are born alive after an attempted induced abortion at Planned Parenthood.

- Dr. Ben Van Handel Executive Director, Novogenix Laboratories LLC [in response to question "is there still circulation in the heart once you isolate it?"] "**So you know there are times when after the [abortion] procedure is done that the heart actually is still beating**."[4]

- Planned Parenthood of the Rocky Mountains, Vice President and Medical Director, Dr. Savita Ginde:

    - Ginde: Intact. So we do basically D&Es. **Intact is less than ten percent**.

    - Ginde: **Sometimes, we get- if someone delivers before we get to see them for a procedure, then they are intact**, but that's not what we go for.

- Planned Parenthood of the Gulf Coast, Ambulatory Surgical Center Director, Tram Nguyen:

    - Nguyen: It varies by gestation, **sometimes they come out really intact**.

    - Nguyen: So it all depends, **sometimes like I said, they come out really intact**.

[4] Dr. Van Handel's comments are featured in the Human Captial documentary web series, Episode 3: Planned Parenthood's Custom Abortions for Superior Product *available* at http://www.centerformedicalprogress.org/human-capital/documentary-web-series/.

- Nguyen: Yeah. Uhuh. **Because I'm like, we can't really intend to bring it out intact.**

- Nguyen: If you can get that- they, yea. **Like Dr. Beasley said, we can never intend to complete the procedure intact- you can't intend to, but it happens.**

- Planned Parenthood Federation of America Senior Medical Director, Dr. Deborah Nucatola (noting that PPNYC performs a substantial amount of later abortions and does not use a feticide): "New York City is- what PPLA is on the west coast, New York City is on the east coast. They don't use dig [a feticide], so you would have up to 24 weeks, the other thing is, that they're volume is probably as big, if not bigger, they do procedures Tuesday through Saturday."

- Perrin Larton, Procurement Manager for Advanced BioScience Resources (ABR): "I literally have had women come in and go in the OR and they're back out in 3 minutes and I'm going 'what's going on?' '**Oh yeah. The fetus was already in the vaginal canal whenever we put her in the stirrups it just fell out**.'"[5]

- Cate Dyer, CEO, StemExpress, LLC: "If you had **intact cases, which we've done a lot**, we sometimes ship those back to our lab in its entirety."

c. The testimony of Holly O'Donnell, a former procurement technician for StemExpress, LLC, who partnered with Planned Parenthood clinics confirms the necessity of an investigation into whether infants are born alive after an attempted abortion at Planned Parenthood.

- O'Donnell: ""I saw a message [on the company instant messenger system] saying that the doctor had aborted a fully intact fetus. Fully intact. And StemExpress was sending it straight to the lab."

- O'Donnell: "This is the most gestated fetus and the closest thing to a baby I've ever seen… and she taps the heart and it starts beating… I knew why that was happening, the nodes were still firing and I don't know if that means it's technically dead or it's alive. It had a face, it wasn't completely torn up. Its nose was

[5] Perrin Larton's comments are featured in the Human Captial documentary web series, Episode 3: Planned Parenthood's Custom Abortions for Superior Product *available* at http://www.centerformedicalprogress.org/human-capital/documentary-web-series/.

pronounced. It had eyelids. … Since the fetus was so intact she said 'ok, well, this is a really good fetus and it looks like we can procure a lot from it. We're going to procure brain."

## VI. Planned Parenthood Federation of America's Coordination of its Affiliates' Expanding Practice of Harvesting Baby Body Parts

a. Comments made by Planned Parenthood employees indicate that PPFA encourages and coordinates its affiliates' harvesting of baby body parts but intentionally does not now commit its "guidance" to writing.

- Planned Parenthood Federation of America, Senior Medical Director, Dr. Deborah Nucatola:

  - Nucatola: "Well you can have messaging, and what happens is, folks will ask the national office questions. We certainly have answers to the questions, **but we don't have a policy per se, and that is by choice**."

  - Nucatola: So, we tried to do this, and at the national office we have a Litigation and Law Department that just really doesn't want us to be the middle people for this issue, right now. Because we were actually approached by StemExpress to do the same thing. One of the California affiliates said, "We're working with these people, we love it, we think every affiliate should work with them." And so we had a conversation, and we said, you know, what if we go out and find everyone who is doing this and present everybody with a menu, and at the end of the day they just decided that **right now, it's just too touchy and issue for us to be an official middleman.**

  - Nucatola: **But I will tell you that behind closed doors, these conversations are happening with affiliates**.

  - Nucatola: This is something we need to continue the conversation because **this is something we are always re-evaluating**.

  - Nucatola: **There are no guidelines**. Buyer: Not written. Nucatola: They're guidelines on research, but there are no guidelines on tissue procurement. Buyer: Okay. Nuctoala: **And there will never be guidelines.** Buyer: Oh. Just to keep it—to keep everything—Nucatola: There's no guidelines, if something qualifies as research,

and an affiliate wants to participate in a particular research study, there are guidelines of how that happens. If they're gonna participate in something like this, you know there are mechanisms by which contracts can be reviewed and things like that, but there are no guidelines. This is something that the national office is not involved in. For the first few years that it happened, it was treated as research, and then we realized that this was kind of overkill because we didn't have a particular IRB approved study, it just didn't fit into our framework. So we just kind of backed off of it.

- Nucatola: You know, it's- **if people want to ask for guidance, there is. But do we have a written policy? No. I can't imagine we're going to have one anytime soon.**

- Planned Parenthood Federation of America Medical Directors' Council President, Dr. Mary Gatter:
    - Gatter: "**PPFA, our parent body, is on board with tissue donation, but we have to ask for a waiver to do it, and we have to lay out for them what our program's gonna be like**."
    - Gatter: "well **PPLA and northern California, we were kind of the vanguard to have PP doing this kind of stuff**. I know that PP national had a hard time trying to figure out where to draw the lines and whether to have us sign—in fact, now it's all coming back to me. If you guys were doing a specific, one research project, we would have to sign it up as a research project. But if you're collecting tissue for multiple research projects, not just one, then it falls into the tissue donation area. It's complicated. The paperwork is a nightmare."
    - Gatter: **Yeah, they're always changing their mind, they're always doing things different**. I'm sorry."

- Planned Parenthood Gulf Coast, Director of Research, Melissa Farrell:
    - Farrell: "because of the nature of fetal tissue we also have some of our policies regarding it." "That are specific, well specific to any Planned Parenthood in the United States, in terms of fetal tissue donations. So, Planned Parenthood that you would work with for fetal tissue, **we all follow the same procedure**. So, additional documentation…"

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- Farrell: "I'm very surprised **by that part of being related to Planned Parenthood is being like a franchise** and there is annual information that we have to submit about our populations, there are policies that are called out standards and guidelines you know, of how we conduct our business. Every affiliate is a separate and distinct corporate entity. **We still function under all the same guidelines and principles**. When it comes whether or not they have the data, I know they have the data. I know they have the data, I know they do. How they're able to get that for you is another question."

- Farrell: "So in terms of reporting, **any study has to be registered with the national office, and the legal department reviews the contracts** mainly for indemnification language, to make sure there's mutual indemnification language."

- Farrell: "So, now as far as record-keeping, how they retain that information up there, every single study that we submit gets assigned an ID number, I don't know if it's in any kind of data base where they can search and see that there are this many studies going on in Planned Parenthood world for fetal tissue. I don't know how it's maintained up there."

- Farrell: "Yea, if it's for fetal tissue I need to- unless it's new this year. It's been the same, **there's a form that we have to use with the national office** that the physician that is performing the collection is not involved in the dating. That's going to change because that's a state requirement now. Whoever is doing the dating has to be the one doing the procedure. So-

- Farrell: "Gestational age. Yea. Then there's another form where we have to attest that the patient is not being paid for the sample, just a lot of little check boxes--**this comes directly from the national office.**

- Farrell: "**There actually used to be an entire section on abortion services section and tissue donation**. I just remember when I first started here, there was this project going on- ok I need to, (inaudible) brush up on this. Buyer: It was under the abortion section but now its not there? PP: I'm not seeing it, but it doesn't'

mean it wasn't combined with something else or renamed. The renaming of things is something that happens.

- Farrell: "But **this is from 2005 so it might not exist in our standards and guidelines anymore. So yea, ok. It existed,** I'm not hallucinating. Ok, alright. Bye.

- Planned Parenthood of the Gulf Coast, Ambulatory Surgical Center Director, Tram Nguyen:

  - Nguyen: Yes, I attended the patient service day and Kristen Flood did talk about fetal collection and stuff like that.

  - Nguyen: **They [PPFA] are encouraging more participation [in fetal tissue procurement] but they don't want to get too into the mix of it.**

- Planned Parenthood of the Rocky Mountains:

  - Dr. Savita Ginde: Just a registration that says we're doing it for study, and the study is on going specimen procurement, which we've done with other entities before. They've had different specimen (inaudible) where we've collected pap smear samples and stuff like that. This would be a specimen procurement and we just register it and PPFA would just close it out when it's done.

  - J.R.: Just a formality, really. We have good relations with PPFA. **It's just so they know that we're not running on our own**.

b. Statements made by Planned Parenthood employees demonstrate that the practice of harvesting baby body parts is already pervasive and expanding:

  - Nucatola: **There are affiliates who have been doing this for so long, they have staff that are so good at it**, they may just say, that it's something that staff can do. Especially because you know, they know how to identify some stuff. They probably wouldn't know how to identify the stuff you need. They're looking for basically, all of the limbs a thorax a head, to present them, "We've got it all." That's the only concern.

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- Nucatola: I don't think that misperception exists in Planned Parenthood anymore, because **this is a conversation we've been having for years now**, where people know it's research and yes, it's an alternative way to help you manage your tissues,

- Nucatola: people have been talking about this for so long now- **California's pretty saturated**

- Gatter: "**You've got one small pocket of people who are not partnered, that's Pasadena because the volume is not big**."

- Gatter: "**every California affiliate is paired up in a tissue donation program, except for Pasadena**."

- Laurel (Gatter video): "**I was with the San Diego affiliate, and they were utilizing the same process."**

- Dr. Katharine Sheehan, Medical Director of Planned Parenthood Pacific Southwest: "We have already a relationship with [Advanced BioScience Resources (ABR).]" "We've been using [ABR] for over 10 years, really a long time." "We just kind of renegotiated the contracts. They're doing the big, I can't remember what they call it, the big collection for the government level collections." [6]

- Farrell: "**We get requests a lot for fetal tissue**."

- Farrell: "And under the scope of **where we probably have an edge over other organizations, is our organization has been doing research for many many years**. And we've had studies in which the company or the investigator has a specific need, for certain portion of the products of conception. … And we bake that into our contract, and our protocol, that we follow this. And we deviate from our standard in order to do that. So, you know, we can do it in a way that we're still verifying that everything is there for the safety of the patient, but then we maintain the integrity of that sample. So yeah, that's definitely something we can do. So as far as, this is our standard process, telling you then we can get

[6] Dr. Sheehan's comments are featured in the Human Captial documentary web series, Episode 1: Planned Parenthood's Black Market in Baby Parts *available* at http://www.centerformedicalprogress.org/human-capital/documentary-web-series/.

creative about when and where and under what conditions can we interject something that is specific to the tissue needs.

- Farrell: "**We already have done this, so we have some expertise here**…"

- Gatter: "back when I was in Los **Angeles maybe sixty to seventy percent of people said yes to tissue donation.**"

- Gatter: "Novogenix was our partner in PPLA and they would send us—you know, **big volume**."

- Nucatola: "I was in the O.R. yesterday and we had, I'd say, 18 patients, probably half of them were either got digoxin or were under eighteen **and the rest of them all donated their tissue**."

- Farrell: "**we had a collection that was going on when I got here that had been multi-year.** It had been collecting specimens of a certain gestational age in a certain way, those actually worked really really well, because our staff, they really like to get on auto-pilot. They want to do their job, they want to do it well, and if we have a long-term project, where we're getting lots and lots and lots of specimens, **they can get on auto-pilot** after the initial training pretty quickly. So everyone likes monotony, to an extent you know."

- Nucatola: "**That's why you want to go with someone like PPFA, who does 40 percent of the cases and has a whole schedule for the day.**"

c. Comments made by Cate Dyer, CEO of StemExpress, LLC, confirm that PPFA coordinates the organ harvesting operation of its affiliates:

- Dyer: "**Most everything nowadays has to be vetted through PPFA**. The affiliate puts their own logo at the top, had their own name in the consent, but the language is exactly the same, usually, clinic to clinic in Planned Parenthood."

- Dyer: "Form wise, you shouldn't see any issue. I mean because **Planned Parenthood keeps a pretty tight rein on their organization**. And when they don't, like Golden Gate is a good example on how they did away with an entire affiliate in San Francisco because they wouldn't toe the line. So, when you're one

of those affiliates that go outside the ropes, usually PPFA is like 'you're done,' and shuts them down."

d. Comments made by Cate Dyer, CEO of StemExpress, LLC, raise additional concerns about the coordination between abortion providers and tissue procurement companies:

- Dyer: "We're like the total pro-choice advocate, [National Abortion Federation (NAF)] supporters. **We sponsor events. We sponsor NAF. We give money to those organizations**. We're totally committed to everything, with supporting the clinics. I mean a clinic manager recently donated money for support, we're just totally, all in."

- Dyer: "Some of their – some staff, not that I know so much on the Planned Parenthood side, I wouldn't be surprised. **There have been some [Planned Parenthood] staff in the past that have been on the payroll at ABR**… Like a nursing director or somebody who is like a paid employee." Buyer: "Are they doing procurement or are they just sitting there, holding the fort down?" Dyer: "An 'advisory role.' They didn't have to- yeah, it was an advisory role. But for a long time there was some clinics that were sitting on boards for these clinics, they are also advisors for ABR."

# The Planned Parenthood Exhibits

## The Continuing Case for Investigating the Nation's Largest Abortion Provider

# Introduction

*By Dr. Charmaine Yoest, President & CEO, Americans United for Life*

October 1, 2012

On October 16, the nation's largest abortion provider, Planned Parenthood, will celebrate its 96th anniversary. The organization is lauded as an advocate for women from the Oval Office to Hollywood and in countless neighborhoods in between. That praise, however, is based on a carefully constructed false front, aided by the best marketing Madison Avenue can provide, and deeply subsidized by the American taxpayer.

Americans United for Life (AUL), the legal arm of the pro-life movement, is determined to end Planned Parenthood's masquerade. AUL will be helping Planned Parenthood commemorate their anniversary month by launching a new project, "The Planned Parenthood Exhibits: The Continuing Case for Investigating the Nation's Largest Abortion Provider." Each day in the month of October, AUL will release a new backgrounder that highlights grounds for investigating and, ultimately, de-funding Planned Parenthood. These short backgrounders will serve as "Exhibits" in the Case Against Planned Parenthood.

On July 7, 2011, AUL released the landmark report, "The Case for Investigating Planned Parenthood" (The AUL Report) which documented the case against Planned Parenthood with primary source material, including many from the organization itself. The weight of the evidence shows Planned Parenthood to be a scandal-ridden, heavily-subsidized, and abortion-centric organization despite its efforts to claim otherwise. This report contributed to the launch of a first-ever Congressional investigation of the abortion giant.

The AUL Report is a product of our legal team review of over 20 years of Planned Parenthood's reports and promotional material, financial audit reports and financial statements, as well as primary source material from investigations into and charges made against Planned Parenthood and its affiliates across the nation. The Report substantiated, synthesized, and gave clear direction for the growing case against Planned Parenthood.

Among the known and alleged abuses documented, the AUL Report:

- Demonstrates that as the taxpayer funding received by Planned Parenthood has increased, Planned Parenthood has simultaneously become more


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abortion-saturated.

- Reveals how Planned Parenthood has failed to be a good steward of taxpayer dollars; affiliates in multiple states have been exposed for improperly and fraudulently billing government healthcare programs.

- Exposes how Planned Parenthood is far outside the mainstream, opposing and ignoring common-sense laws designed to protect women and girls. For example, in 2009, the Alabama Department of Public Health issued a report stating that Planned Parenthood staff at a Birmingham, Alabama abortion clinic "failed to obtain parental consent for 9 of 9 minor patients in a manner that complies with state legal requirements."

The AUL Report quickly garnered attention and Planned Parenthood responded with what it labeled a "Fact Check" document, which appears on Planned Parenthood Federation of America's (PPFA) website as one of its 30 highlighted "Fact Sheets and Reports."

But Planned Parenthood's "Fact Check" does not fit the self-description: it contains several inaccuracies and fails to address serious claims laid out in the AUL Report, including Planned Parenthood's misuse of government funding and its failure to comply with state laws. On July 12, 2011, AUL's Legal team authored a memo containing a point-by-point rebuttal of Planned Parenthood's purported "facts" and highlighting the utter failure of Planned Parenthood to address the vast majority of the allegations made in the AUL Report.

Planned Parenthood's subsequent response? Deafening silence.

While Planned Parenthood apparently hoped the issue would be swept under the rug, Congress took notice.

On July 14, 2011, led by Representatives Renee Ellmers (R-NC) and Randy Hultgren (R-IL), several Members of Congress, along with AUL President Dr. Charmaine Yoest, held a press conference calling for an official Congressional investigation into the abortion giant. Representative Chris Smith (R-NJ), co-chair of the Pro-Life Caucus and a longtime pro-life leader, described the AUL Report as "a blueprint for action," noting that Planned Parenthood is "ripe for investigation."

And, on September 15, 2011, the House Energy and Commerce Committee (E&C Committee), responsible for oversight of several funding streams that benefit Planned Parenthood, launched an official investigation into the abortion giant's institutional practices and policies. On behalf of the E&C Committee, Representative Cliff Stearns, chairman of the E&C Subcommittee on Oversight and Investigations, sent Planned Parenthood President Cecile Richards a letter requesting documentation from PPFA and its affiliates.


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While the Committee continues to investigate, Planned Parenthood has continued to provide example after example of why it does not deserve the over $1.34 million paycheck it receives from American taxpayers every day. From overbilling the government to bullying a respected breast cancer foundation, from becoming increasingly abortion-centric to opposing common-sense health and safety regulations, the evidence against Planned Parenthood continues to grow.

Daily highlighting additional grounds to investigate and defund the nation's largest abortion chain, AUL's "The Planned Parenthood Exhibits" is working toward making this the last "birthday" that Planned Parenthood celebrates at the taxpayer's expense.


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# Exhibit 1

## Symbiotic Devotion: The Obama Administration's Loyalty to Planned Parenthood, the Nation's Largest Abortion Provider

Planned Parenthood, the nation's largest abortion provider, has called President Barack Obama its "champion." The political alliance between the President and Planned Parenthood has been particularly evident over the past 18 months through the Obama Administration's determination to channel taxpayer dollars to the abortion giant despite the known misuse of taxpayer funds by some Planned Parenthood affiliates[i] and in the face of a $16 trillion national debt.

In 2011, faced with an impending government shutdown over funding disagreements, President Obama reportedly told Speaker of the House John Boehner that his openness to discussion on one particular point, de-funding Planned Parenthood (something the House of Representatives had already voted in favor of), amounted to "Nope. Zero." [ii] The President would rather have the government shut down than negotiate any re-direction or cuts to Planned Parenthood's taxpayer funding. President Obama and his Administration have subsequently developed a pattern of overriding states' decisions to direct funding away from abortion providers and ensuring that taxpayer dollars continue to flow to Planned Parenthood.

In at least six states that have ended funding of Planned Parenthood and other abortion providers, the Obama administration has reacted by either withholding or threatening to withhold federal funds from the state (Indiana and Texas), or by undermining state law through direct federal contracts with Planned Parenthood and other entities within the state (New Hampshire, New Jersey, North Carolina, and Tennessee).

In the summer of 2011, the Obama Administration definitively proved that it prioritizes Planned Parenthood's abortion business over healthcare. At the expense of all women's (and men's and children's) healthcare, the Obama Administration threatened to pull $4.3 billion in Medicaid funding from the state of Indiana after the state's legislature voted to

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prohibit all healthcare contracts with and grants to any "entity," including Planned Parenthood, which performs abortions or operates a facility where abortions are performed.

Several months later, the Obama Administration circumvented New Hampshire's elected Executive Council's vote to cancel a $1.8 million contract with Planned Parenthood in favor of contracting with healthcare facilities that offer women full-service healthcare. Overriding the reasoned decision of New Hampshire's elected officials, the Obama Administration directly awarded a $1 million contract to Planned Parenthood of Northern New England.

In March 2012, the Texas Health and Human Services Commission issued a rule excluding abortion providers from participation in the Texas Women's Health Program (Texas WHP). Demonstrating its paramount loyalty to Planned Parenthood once again and attempting to bully the state of Texas, the Obama Administration pulled all federal funding for the Texas WHP. Committed to its position that if abortion providers like Planned Parenthood are not receiving taxpayer dollars then nobody will, the Obama Administration decided to deny funding for basic healthcare to poor women and their families in the state of Texas.

July 2012 proved to be a particularly lucrative month for Planned Parenthood. In New Jersey, the Obama Administration awarded $3.1 million in taxpayer dollars to Planned Parenthood affiliates and other family planning groups. The Obama Administration's decision to overrule New Jersey's fiscal choice is incredible when considering that, as recently as 2008, the U.S. Inspector General for the Department of Health and Human Services uncovered the misuse of federal family planning funds in New Jersey, "especially" by "Planned Parenthood providers."[iii]

Later that month, the Obama Administration's commitment to ensuring that abortion providers receive unfettered access to taxpayer dollars was further exposed when the Obama Administration overrode both North Carolina and Tennessee's decisions to redirect funds away from Planned Parenthood and contracted directly with Planned Parenthood in both states.

Time and again, the Obama Administration has intervened to protect Planned Parenthood's hold on taxpayer dollars, disregarding the reasoned judgment of the states, and despite Planned Parenthood's known abuse of government funds.


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What is truly remarkable about this alliance between the Obama Administration and Planned Parenthood is the willingness to use women and their families—and comprehensive, quality healthcare—as hostages in a political battle to guarantee continued funding of the abortion mega-provider.

In fact, Planned Parenthood's false narrative has often vilified the women and men who have tried to cut the taxpayers' financial ties with the abortion industry.

Planned Parenthood presents itself as *the* trusted provider of healthcare for women, often asserting that "in many communities it is the only source of affordable quality health care for women."[iv]Planned Parenthood President Cecile Richards went so far as to claim that Indiana's law denying funding to abortion providers would prohibit "nearly 10,000 women from accessing preventative health care."[v]

Like many claims made by Planned Parenthood, however, these assertions fall apart upon closer examination.

First, it should be noted that ending public funding of the abortion industry does not deny access to healthcare. Medicaid benefits have remained the same for Hoosiers.

Secondly, according to its own statistics, Planned Parenthood clinics in Indiana serve *less than 1 percent* of the state's Medicaid patients, while providing more than 50% of the state's abortions.[vi] Clearly, the overwhelming majority of Indiana women on Medicaid are receiving their basic healthcare elsewhere.

Many are likely receiving care at community health centers which, according to the National Association of Community Health Centers, provide healthcare to the nation's underserved populations, including the uninsured, those on Medicaid and Medicare, migrant workers, and people living in rural areas. Nearly 40 percent of the income for these centers comes from Medicaid.[vii]

While Cecile Richards may hope to deceive the public with her politically motivated talking points, Planned Parenthood is well aware of these inconvenient facts.

In June 2011, the investigatory group Live Action contacted 16 Indiana Planned Parenthood clinics. Every one of them acknowledged that women did not need Planned Parenthood to receive basic medical care. All 16 Planned Parenthood clinics indicated that women could receive well-woman exams and other care at community health centers and from primary care doctors.

What is true in Indiana is likely true across the country. According to the National Association of Community Health Centers, community health centers provide more than 9,000 doctors, 10,000 nurses, and 8,000 health care delivery sites across the nation.[viii] In contrast to the roughly 800 Planned Parenthood clinics, these thousands of community health centers, and others like them, serve the real healthcare needs of American women – real healthcare needs which several states have sought to serve by reprioritizing their healthcare funding.


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When states have tried to cut ties with the scandal-ridden abortion provider and direct taxpayer funding to comprehensive healthcare providers, Planned Parenthood has continued to profit from the Obama Administration's unparalleled devotion. Indeed, it is the Obama Administration's loyalty to Planned Parenthood that constitutes a key obstacle to achieving states' goals to be fiscally responsible and provide comprehensive healthcare for its most vulnerable citizens.

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[i] Audits of Planned Parenthood affiliates in California, New Jersey, New York, and Washington State demonstrate a pattern of abuse involving Medicaid funds. *See* The Case for Investigating Planned Parenthood, (Americans United for Life 2011), *available at* http://www.aul.org/aul-special-report-the-case-for-investigating-planned-parenthood (last visited Sept. 4, 2012).

[ii] *See* http://abcnews.go.com/blogs/politics/2011/04/how-government-shutdown-was-averted-behind-the-planned-parenthood-deal/ (last visited Sept. 28, 2012).

[iii] Office of Inspector Gen., U.S. Dep't of Health & Human Servs.,Review of Outpatient Medicaid Claims Billed as Family Planning by New Jersey 5 (2008).

[iv] *See* http://www.plannedparenthood.org/files/PPFA/fact_Fact_Check_AUL_report.pdf ( last visited Sept. 4, 2012).

[v] *Statement by Cecile Richards, President of Planned Parenthood Federation of America, on Department of Health and Human Services Decision to Deny Indiana's Effort to Bar Federal Funding for Planned Parenthood,available at* http://www.plannedparenthood.org/about-us/newsroom/press-releases/statement-cecile-richards-president-planned-parenthood-federation-america-department-health-hum-37022.htm (last visited Sept. 4, 2012).

[vi] *See Expose: Planned Parenthood Staffers Admit Tax-Funding Not Needed, available at*http://www.lifenews.com/2011/06/29/expose-planned-parenthood-staffers-admit-tax-funding-not-needed/ (last visited Sept. 4, 2012).

[vii] *Id.*

[viii] *See* http://www.nachc.com/client/US10.pdf (last visited Sept. 4, 2012).


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# Exhibit 2

## Planned Parenthood's "White Lies"

Planned Parenthood describes itself as "many things to many people."[i] That is true, in large part, because Planned Parenthood is in reality not what the organization presents itself to be.

For example, in the words of Planned Parenthood, abortion is "a very small part" of its operations, but simple math demonstrates that Planned Parenthood's abortion business brings in, at bare minimum, a non-trivial 99 million dollars a year. Planned Parenthood has promoted the idea that re-directing funding away from Planned Parenthood to other providers would cause women to "lose access" to "mammograms," while no Planned Parenthood clinic is even authorized to perform mammograms. And although Planned Parenthood routinely seeks to undermine its critics as "political," it is Planned Parenthood that is, as Cecile Richards has said, a "kick-butt political organization."[ii]

Countless "white lies" are the building blocks of Planned Parenthood's façade. The following three claims in particular need to be deconstructed as an illustration of the depths of Planned Parenthood's duplicity.

**"Abortion is only 3% of Planned Parenthood's services."**

Planned Parenthood's public insistence that abortion plays a *de minimis* role in its operation suggests it understands an important point: most Americans do not embrace its radical pro-abortion agenda. Polling shows that the overwhelming majority of Americans oppose abortion-on-demand.[iii] Subsidizing "big abortion" is certainly a minority view. So Planned Parenthood does not want to be branded as an abortion business.

But Planned Parenthood has a competing interest: wanting to be known, in some circles, for being an abortion provider. Though not appealing to the taxpayer, abortion is certainly an attraction for some of Planned Parenthood's high-level donors.[iv] And Planned Parenthood has to do at least some advertising to reach its abortion patients. Abortion, as will be discussed below, generates a significant portion of its annual clinic revenue.

So Planned Parenthood tries to walk a "fine line," not relegating its abortion business to secrecy, but diminishing the role it plays. Therein lies the genius of the "3 percent of services" claim—a sham statistic, but one that Planned Parenthood has been incredibly successful in selling to the American public.

To arrive at that 3 percent figure, Planned Parenthood does some fudging and misdirection. Planned Parenthood depreciates the role abortion plays by defining its


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"services" in such a way that it avoids accounting for their time and expense. A single pregnancy test is designated by Planned Parenthood as a "service" and thus given equal weight to a far more time-consuming and expensive surgical abortion procedure, another Planned Parenthood "service." Likewise, each pack of birth control pills is considered a service and carries the same weight in the calculation as an abortion. Using this rubric, Planned Parenthood justifies the claim the President of Planned Parenthood, Cecile Richards, has made that abortion is, "a very small part of what we do." [v]

In terms of time, patients, and revenue, abortion is far more to Planned Parenthood than 3 percent. (And several recently unsealed "whistleblower" lawsuits call into question whether the 3 percent claim is true even under Planned Parenthood's formula, as the lawsuits allege over-reporting of other "services."[vi])

Though you won't hear Planned Parenthood President Cecile Richards offer this statistic in an interview, her organization's own materials acknowledge that 11 to 12 percent of its patients receive abortion services.[vii]Although a more honest depiction than a breakdown by "services," this figure still does not capture what abortion means to Planned Parenthood's bottom-line.

When it comes to telling America how much money it makes from abortions, Planned Parenthood is dead silent.

It only takes simple math, however, to come up with a conservative estimate. According to Planned Parenthood's latest available annual report, it performed 329,445 abortions in 2010.[viii] Its website states that a surgical abortion generally costs between $300 and $950 in the first trimester[ix] and a chemical abortion costs between $300 and $800.[x] Thus, using its lowest advertised price of $300, Planned Parenthood made—at minimum—$98,833,500 from abortions in 2010.

Nearly 99 million dollars from abortion is already a substantial figure. Considering even first trimester abortions can cost two to three times that amount, Planned Parenthood is assuredly generating much more revenue from its abortion business. That is anything but trivial.

**"You know, mammograms…"**

To successfully understate its abortion business and garner support from those who are otherwise uncomfortable with abortion, Planned Parenthood knows it needs to overstate the non-controversial services it provides. When it comes to breast health services, Planned Parenthood has been doing more than "talking-up" what it does, Planned Parenthood has perpetuated a myth about something it does not provide: mammograms.

As recently as June 2012, the U.S. Department of Health and Human Services

(HHS) has confirmed that no Planned Parenthood clinic is authorized to perform mammograms.[xi]

However, on February 21, 2011, when Planned Parenthood President Cecile Richards appeared on Joy Behar's talk show to discuss pending legislation that would cut federal funding to Planned Parenthood, Ms. Richards stated, "If this bill ever becomes law, millions of women in this country are going to lose their health care access, not to abortion services, to basic family planning – you know, mammograms, cancer screenings, cervical cancer…"[xii]

On top of her misleading suggestion that disqualifying Planned Parenthood from receiving taxpayer dollars is synonymous with cutting funding for healthcare services, no Planned Parenthood clinic provides mammograms, as Ms. Richards (at minimum) implied. As Planned Parenthood's president, Ms. Richards must be well-aware that none of her nearly 800 clinics nationwide are even authorized to provide mammograms. Yet she deceptively chose mammograms as the first example of services that would be "lost" if Planned Parenthood lost federal funding.

Although pro-life groups immediately and repeatedly have exposed Ms. Richards's words as untrue,[xiii] her myth continues to be repeated by Planned Parenthood defenders. Even President Obama has echoed her false claim, stating that cutting Planned Parenthood off from taxpayer funds would deny "preventive care, like mammograms, that millions of women rely on."[xiv]

In 2012, Planned Parenthood had an additional reason to let this particular fib run rampant. In order to more effectively fight breast cancer, the Susan G. Komen Foundation changed its grant standards, giving money on an "outcomes based granting strategy" instead of to "pass through" organizations like Planned Parenthood, which do not provide mammograms. An inflated and fictitious image of what services Planned Parenthood provides was helpful in suppressing the truth—that Komen determined women are better served by directing its grants elsewhere—to make way for Planned Parenthood's alternate narrative, that Komen was "succumbing to political pressure."[xv]

However, facts are facts. No matter how many times, or by whom, a lie is repeated, it does not become true.

**"Untainted by a political agenda."**

Planned Parenthood's response to video evidence of its employees' apparent willingness to aid sex-traffickers included denouncing those groups investigating as a "political operation."[xvi] Efforts to enact laws ensuring the health and safety of women seeking abortions are routinely "condemned" by Planned Parenthood as being "based on [a] political agenda."[xvii] According to Planned Parenthood, the Komen Foundation's decision to raise its grant standards to more directly benefit vulnerable women was "politics interfering with women's health."[xviii] And Planned Parenthood claims that, unlike those that warn of increased risks following abortion, Planned Parenthood's own medical information and patient counseling are "untainted by a political agenda."[xix]

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Ironically, while "political" motivation seems to be Planned Parenthood's favorite charge in attempts to discredit anyone who would regulate, investigate, or cut ties with the abortion industry, Planned Parenthood itself is a highly political machine.

As AUL has detailed in *The Case for Investigating Planned Parenthood*, Planned Parenthood has a long history of routinely opposing legislation that protects women and girls and engaging in efforts to overturn common-sense laws.[xx]

The organization's political nature has become more apparent under the direction of its current president Cecile Richards.

Ms. Richards, the former deputy chief of staff to Representative Nancy Pelosi (D-CA), herself fondly describes her journey from being a young girl working on political campaigns to being at the helm of Planned Parenthood as having her life "come full circle."[xxi]

In 2008 Ms. Richards declared, "We aim to be the largest kick-butt political organization."[xxii]

Planned Parenthood is not only political, it is increasingly partisan. Senator Susan Collins (R-ME), a pro-choice Republican who was endorsed and supported by Planned Parenthood Action Fund until she voted in favor of now-Justice Samuel Alito's confirmation to the U.S, Supreme Court, has observed, "Why should I try to make their case in the Republican caucus? I can't answer my colleagues when they say to me that Planned Parenthood is just a political party, because it is true."[xxiii]

Planned Parenthood of New York City's "pointers" for addressing "tricky subjects" includes "Deflect – Treat tough questions as general issues and don't respond to specifics."[xxiv] Planned Parenthood does much more than "deflect," it misleads the public. Planned Parenthood's deceptive public relations campaign has enabled the organization to be perceived as "many things to many people," but no amount of spin can change the facts about the nation's largest abortion provider.

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[i] *See Who We Are*, Planned Parenthood, *available at* http://www.plannedparenthood.org/about-us/who-we-are-4648.htm (last visited Sept. 17, 2012).

[ii] Leslie Wayne, *Liberals Aim to Win*, The Caucus: The Politics and Government Blog of the Times, The New York Times, Mar. 19, 2008, *available at* http://thecaucus.blogs.nytimes.com/2008/03/19/liberals-aim-to-win/ (last visited Sept. 17, 2012).

[iii] *See e.g. Abortion,* Gallup, *available at* http://www.gallup.com/poll/1576/abortion.aspx (last visited Sept. 17, 2012).

[iv] For example, outspoken abortion proponent George Soros has donated over $2.5 million to Planned Parenthood through his Open Society Institute. *See* Anna Maria Hoffman, *Tides*

*Foundation, Soros Send Millions to Planned Parenthood*, Lifenews.com, Jun. 26, 2012, *available at*http://www.lifenews.com/2012/06/26/tides-foundation-soros-send-millions-to-planned-parenthood/ (last visited Sept. 17, 2012).

[v]*The Joy Behar Show: Planned Parenthood Changing Plans?* (HLN Feb. 21, 2011). Video available at *Cecile Richards of Planned Parenthood & Rep. Gwen Moore on Joy Behar,* YouTube (Feb. 22, 2011) http://www.youtube.com/watch?v=I82QY65sVSA&feature=player_embedded (at 3:36) (last visited Sept. 17, 2012).

[vi] *See e.g.* Third Amended Complaint at 30, *United States and Texas ex rel Reynolds v. Planned Parenthood Gulf Coast*, No. 9-09-cv-125)(E.D. Tex. Oct. 28, 2011). Karen Reynolds, a former Planned Parenthood employee, alleges, among other claims, that the Planned Parenthood Gulf Coast clinics regularly billed government programs for services never performed. *See also* Second Amended Complaint at 45, United States and Iowa *ex rel* Thayer v. Planned Parenthood of the Heartland, No. CV00129 (S.D. Iowa July 26, 2012). Sue Thayer, a former Planned Parenthood employee in Iowa, alleges that Planned Parenthood of the Heartland clinics "knowingly and intentionally separated out charges for services and products rendered in connection with such abortions, including, without limitation, office visits, ultrasounds, Rh factor tests, lab work, general counseling, and abortion aftercare…"

[vii] *See e.g.* Planned Parenthood Fed'n of Am., Inc., Planned Parenthood by the Numbers (2012), *available at*http://www.plannedparenthood.org/files/PPFA/PP_by_the_Numbers.pdf. (last visited Sept. 17, 2012). In 2011, "Planned Parenthood by the Numbers" reported that 12 percent of its patients received abortion services.

[viii] Planned Parenthood Fed'n of Am., Inc., Annual Report 2009-2010 5 (2011), *available at*http://issuu.com/actionfund/docs/ppfa_financials_2010_122711_web_vf?mode=window&viewMode=doublePage (last visited Sept. 14, 2012).

[ix]*See In-Clinic Abortion Procedures*, Planned Parenthood, *available at*http://www.plannedparenthood.org/health-topics/abortion/in-clinic-abortion-procedures-4359.asp (last visited Sept. 17, 2012).

[x]*See The Abortion Pill (Medication Abortion),* Planned Parenthood, *available at*http://www.plannedparenthood.org/health-topics/abortion/abortion-pill-medication-abortion-4354.asp (last visited Sept. 17, 2012).

[xi] *See* http://www.adfmedia.org/files/DOC702.pdf (last visited Sept. 14, 2012). Responding to a Freedom of Information Act (FOIA) request by Alliance Defending Freedom attorney Casey Mattox, HHS stated that a "thorough and diligent investigation" uncovered no instances of Planned Parenthood clinics authorized to perform mammography. *See also* Casey Mattox, *Obama Administration: Planned Parenthood Does Not Perform Mammograms*, Townhall, Sept. 7, 2012, *available at*http://townhall.com/columnists/caseymattox/2012/09/07/obama_administration_planned_parenthood_does_not_perform_mammograms/page/full/ (last visited Sept. 14, 2012).

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[xii]*The Joy Behar Show: Planned Parenthood Changing Plans?* (HLN Feb. 21, 2011). Video available at*Cecile Richards of Planned Parenthood & Rep. Gwen Moore on Joy Behar,* YouTube (Feb. 22, 2011) http://www.youtube.com/watch?v=I82QY65sVSA&feature=player_embedded (at 3:59) (last visited Sept. 17, 2012).

[xiii] *See e.g. Mammosham,* Live Action, *available at* http://liveaction.org/blog/planned-parenthood-ceos-false-mammogram-claim/ (last visited Sept. 14, 2012). "In the tapes, a Live Action actor calls 30 Planned Parenthood clinics in 27 different states, inquiring about mammograms at Planned Parenthood. Every Planned Parenthood, without exception, tells her she will have to go elsewhere for a mammogram, and many clinics admit that no Planned Parenthood clinics provide this breast cancer screening procedure."

[xiv]*See* Steven Ertelt, *Obama Falsely Claims Planned Parenthood Does Mammograms*, Lifenews.com, Apr. 6, 2012, *available at* http://www.lifenews.com/2012/04/06/obama-misleads-falsely-claims-planned-parenthood-does-mammograms/ (last visited Sept. 14, 2012).

[xv] *"Alarmed and Saddened" by Komen Foundation Succumbing to Political Pressure, Planned Parenthood Launches Fund for Breast Cancer Services,* Planned Parenthood (Jan. 31, 2012), *available at*http://www.plannedparenthood.org/about-us/newsroom/press-releases/alarmed-saddened-komen-foundation-succumbing-political-pressure-planned-parenthood-launches-fun-38629.htm (last visited Sept. 17, 2012).

[xvi] *See e.g. Statement from Stuart Schear, Vice President for Communications, Planned Parenthood Federation of America, on Live Action's Latest Dishonest Videos*, Planned Parenthood (Feb. 8, 2011),*available at* http://www.plannedparenthood.org/about-us/newsroom/press-releases/statement-stuart-schear-vice-president-communications-planned-parenthood-federation-america-liv-36136.htm (last visited Sept. 17, 2012).

[xvii] *See e.g. Planned Parenthood Federation of America Condemns Virginia Governor Bob McDonnell*, Planned Parenthood (Dec. 29, 2011), *available at* http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-federation-america-condemns-virginia-governor-bob-mcdonnell-38429.htm (last visited Sept 17, 2012).

[xviii] *Planned Parenthood says Komen decision causes donation spike*, Washington Post, February 1, 2012*, available at* http://www.washingtonpost.com/national/health-science/planned-parenthood-says-komen-decision-causes-donation-spike/2012/02/01/gIQAGLsxiQ_story.html (last accessed July 17, 2012).

[xix] *See* http://www.plannedparenthood.org/files/PPFA/Anti_Choice_Claims_About_Breast_Cancer.pdf (last visited Sept. 17, 2012). Planned Parenthood makes this claim in its attempt to refute evidence of an increased risk of breast cancer following abortion. For more information on the increased risk, *see e.g.*Thorp, Hartmann & Shadigian, *Long-Term Physical and Psychological Health Consequence of Induced Abortion: Review of the Evidence*, 58 Obst. & Gyn. Survey 67 (2003); Russo, J., Russo, I.H, *Toward a Physiological Approach to Breast Cancer Prevention*, Cancer Epidemiol Biomarkers Prev. 1994 Jun; 3:353-64. *See*

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*also* Janet Daling, et al., *Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion*, 86 J. Nat'l Cancer Inst. 1584 (Nov. 1994). The study also concluded that if an 18-year-old, pregnant for the first time, decides to abort, her risk of breast cancer is almost doubled. A 1989 study by Holly Howe in the International Journal of Epidemiology found a 50 percent increased risk of breast cancer after abortion. *See* Howe et al, *Early Abortion and Breast Cancer Risk Among Women Under Age 40*, 18 Inter'l J. Epid. 300 (1989). In a 1994 study in the *Journal of the National Cancer Institute*, NCI researcher Janet Daling, who is personally "pro-choice," found that "among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50 percent higher than among other women." *See* Janet Daling, et al., *Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion*, 86 J. Nat'l Cancer Inst. 1584 (Nov. 1994).

[xx] *See* The Case for Investigating Planned Parenthood (Americans United for Life 2011), *available at*http://www.aul.org/aul-special-report-the-case-for-investigating-planned-parenthood (last visited Jun. 7, 2012).

[xxi] *See e.g. Cecile Richards (6/14/11),* YouTube, http://www.youtube.com/watch?v=aPWKVKbR1mc (2:26-3:19) (last visited Sept. 17, 2012).

[xxii] Leslie Wayne, *Liberals Aim to Win*, The Caucus: The Politics and Government Blog of the Times, The New York Times, Mar. 19, 2008, *available at* http://thecaucus.blogs.nytimes.com/2008/03/19/liberals-aim-to-win/ (last visited Sept. 17, 2012). "Ms. Richards said that liberals will have to put aside any notions of political purity and "work for folks who are not perfect." To back that up, Ms. Richards said that Planned Parenthood plans to draft "patient escorts" who accompany women to their health care clinics for door-to-door campaigning. Planned Parenthood board members also plan to help with fund raising."

[xxiii]Campbell Brown, *Planned Parenthood's Self-Destructive Behavior,* The New York Times, Jun. 23, 2012,*available at* http://www.nytimes.com/2012/06/24/opinion/sunday/planned-parenthoods-self-destructive-behavior.html?pagewanted=all (last visited Sept. 17, 2012).

[xxiv] Planned Parenthood of New York City, *Tricky Subjects: How to Talk about Abortion, Birth Control, Sex Education and Reproductive Rights without Feeling Nervous* (2006). Document obtained by Students for Life of America and available at http://studentsforlife.org/files/2012/07/Scanned-from-a-Xerox-multifunction-device0011.pdf (last visited Sept. 17, 2012).


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# Exhibit 3

## Planned Parenthood Works to Maintain U.S. Position as One of Four Nations in the World with the Most Radical Pro-Abortion Policies

Although abortion is undoubtedly a controversial issue, there are significant areas of abortion policy on which Americans broadly agree. For instance, a 2011 Gallup poll found that an "especially large percentage" of both "self-described 'pro-choice' and 'pro-life' Americans" supports making abortion illegal in the third trimester.[i]However, against this area of clear common ground, Planned Parenthood has worked vigorously to oppose late-term abortion bans.

In so doing, Planned Parenthood is more than just outside mainstream American values. Its effort to preserve an abortion-on-demand policy through all nine months of pregnancy is out of step with the global community.

In 1973, the U.S. Supreme Court in *Roe v. Wade* (and its companion case *Doe v. Bolton*) "constitutionalized" abortion, nullifying the abortion laws of all 50 states. As a result, the United States is currently one of only nine nations that allow abortion after 14 weeks of gestation.[ii] Even among this group, however, the United States is one of the most permissive in its treatment of abortion, placing it in the company of China, North Korea, and Canada, the only countries in the world that permit abortion for any reason after fetal viability.[iii]

Planned Parenthood is committed to ensuring that the United States stays in this "select" group of countries whose laws allow abortion at any time, for any reason.

### Abortion-on-Demand in the United States

Four decades after it was decided, *Roe v. Wade* remains controversial. However, while a majority of Americans say that they are familiar with *Roe*, polling demonstrates that most do not understand the extent of what the Court's decision permits.[iv]


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In *Roe*,[v] by a 7-2 vote, the Court struck down a Texas law that prohibited abortion except where necessary to preserve maternal life. The opinion, written by Justice Harry Blackmun, held that the "right to privacy" (supposedly found in the "penumbras" of the Fourteenth Amendment's liberty interest) includes a right of a woman to decide "whether or not to terminate her pregnancy."

In *Doe v. Bolton*,[vi] decided the same day as *Roe*, and also written by Justice Blackmun, the Court invalidated a Georgia abortion law by a vote of 7-2. Significantly, the *Doe* opinion created an unlimited definition of maternal "health." The Court wrote, "[T]he medical judgment may be exercised in the light of all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the well being of the patient. All these factors may relate to health." The Court held that the abortionist alone was allowed to make this judgment.

Because *Roe* authorized abortion even after fetal viability for the "life or health" of the mother, *Doe*'s expansive definition of "health" makes abortion-on-demand available through all nine months of pregnancy.

Harvard Law School professor and AUL Advisory Board Member Mary Ann Glendon, who conducted a landmark study in 1987 on *Abortion and Divorce in Western Law*, has written about *Doe's* significance in creating a more radical abortion policy in the United States than in "most other liberal democracies,"

Though *Roe* got all the attention, I think it is fair to say that *Doe*, decided on the same day, was the more ominous of the two decisions. It was *Doe* that signaled the doom of legislative efforts to provide even modest protection of unborn life—statutes of the type that are in force in most other liberal democracies (where the regulation of abortion has largely been left to be worked out in the ordinary democratic processes of bargaining, education, persuasion, and voting).[vii]

The legal community readily understands the reality that *Roe* and *Doe* invalidated the abortion laws of all 50 states. Harvard Law School professor Laurence Tribe, recognized as a leading liberal constitutional law scholar, wrote in 1973 that *Roe* and *Doe* "impos[ed] limits on permissible abortion legislation so severe that no abortion law in the United States remained valid."[viii] In 1975, Elizabeth Moore observed that "in practical effect" the decisions "legalized abortion on demand in this country."[ix]

Villanova Law professor Joseph Dellapenna, who in 2006 published perhaps the most substantive history of abortion, notes, "The Supreme Court's haste to decide these cases… imposed a more extreme approach to abortion on the United States than is found in almost any other nation."[x]

Subsequent Supreme Court decisions touching on abortion have modified aspects of *Roe*, but have not explicitly changed its abortion-on-demand policy.

Although the 1992 plurality decision of three Justices (Anthony Kennedy, Sandra Day O'Connor, and David Souter) in *Planned Parenthood v. Casey*[xi] permitted states to enact


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some life-affirming laws, such as parental involvement and informed consent (notably, against a challenge by Planned Parenthood), *Casey*reaffirmed the "essential" holding of *Roe*.

The Court's 2007 decision in *Gonzales v. Carhart****[xii]***, upholding the federal ban on the partial-birth abortion procedure, is also significant. However, the law at issue in *Gonzales* only prohibits a particular kind of abortion procedure. The law does not create a gestational limit or rationale-based restriction on abortion.[xiii]Thus, *Gonzales* does not expressly alter the abortion-on-demand rubric of *Roe* and *Doe*.

**Planned Parenthood Actively Opposes Commonsense Efforts to Moderate U.S. Abortion Policy**

Over the past few years, a number of states have debated and considered a variety of abortion limitations (or bans).[xiv] Planned Parenthood's standard line in opposition to these commonsense, "common ground" laws is to invoke an "interference" with the doctor-patient relationship argument. For example, Planned Parenthood President Cecile Richards, arguing against a gestational limit in Arizona, stated,

Politicians should not be involved in a woman's personal medical decisions about her pregnancy. Ultimately, decisions about whether to choose adoption, end a pregnancy, or raise a child must be left to a woman, her family, and her faith, with the counsel of her doctor.[xv]

Planned Parenthood's argument fails for several reasons.

First, Planned Parenthood's rote opposition to every law and attempted regulation as "interference" in the doctor-patient relationship ignores the beneficial impact on women's health. Arizona, for instance, enacted its late-term limit on abortions after 20 weeks of pregnancy, citing medical evidence that late-term abortions pose significant risks to women's health and safety.[xvi]

Second, as former Planned Parenthood abortion clinic director, Abby Johnson, testified before the Texas Senate in 2011, "there is no doctor-patient relationship" at Planned Parenthood clinics.[xvii] Ms. Johnson recounts that at Planned Parenthood clinics, the physician performing a surgical abortion generally never speaks to a woman before her abortion procedure, nor during her recovery process after the procedure.[xviii]Additionally, Ms. Johnson recalls that for most chemical abortions, there was no physician on site. Neither was there an examination of the patient before the chemical abortion, or a follow-up visitation after the procedure.[xix]

Planned Parenthood's longstanding practice of routinely opposing abortion regulations suggests it is more concerned about safeguarding the abortion industry than about protecting and advancing the interests of abortion patients. As detailed in AUL's July 2011 report, *The Case for Investigating Planned Parenthood*, Planned Parenthood affiliates across the nation regularly oppose federal and state legislation designed to protect women and young girls, and file legal challenges to duly-enacted health and safety laws that regulate abortion.

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The United States is one among only four nations in the world that allow abortions for any reason after fetal viability. As noted by one Canadian organization, to share this attribute with two of the most authoritarian regimes in the world is a "dubious distinction."[xx] While the overwhelming majority of Americans—pro-choice and pro-life alike—support moving away from the company of China and North Korea by enacting meaningful gestational limits, Planned Parenthood reveals its true radical agenda as it opposes all efforts to do so.

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[i] Lydia Saad, *Plenty of Common Ground Found in Abortion Debate,* GALLUP, Sept. 6, 2012,*available at*http://www.gallup.com/poll/148880/Plenty-Common-Ground-Found-Abortion-Debate.aspx. (last visited Sept. 11, 2012).

[ii] That subset consists of Canada, China, Great Britain, North Korea, the Netherlands, Singapore, Sweden, Vietnam, and the United States.

[iii] For an analysis of the abortion laws of these other nations *see* AUL Memo *available at*http://www.aul.org/united-states-abortion-policy-in-the-international-context/ (last visited Oct. 2, 2012).

[iv] *See e.g.* http://www.humanevents.com/2006/04/25/poll-americans-dont-understand-roe/ (last visited July 28, 2012). A poll conducted in 2006 by REAL Women's Voices found 65% of respondents said they were familiar with *Roe*, but when asked which of four descriptions were accurate only 29% of respondents chose correctly, "[m]ade abortion legal in essentially all circumstances throughout pregnancy."  (18% believed *Roe* "[m]ade abortion legal but only in the first trimester," 17%  believed it "[m]ade abortion legal but only in limited circumstances," and 15% believed it "[m]ade abortion legal but only in the first and second trimesters.")

[v] 410 U.S. 113(1973).

[vi] 410 U.S. 179 (1973).

[vii] http://www.orthodoxytoday.org/articles2/GlendonAbortion.php (last visited Sept. 11, 2012).

[viii] Laurence Tribe, The Supreme Court, 1972 Term—Foreword: Toward a Model of Roles in the Due Process of Life and Law, 87 Harv. L. Rev. 1, 2 (1973).

[ix] Elizabeth N. Moore, Moral Sentiments in Judicial Opinions on Abortion, 15 Santa Clara Law. 591, 633 (1975).

[x] Joseph Dellapenna, Dispelling the Myths of Abortion History 746-47 (Carolina Academic Press 2006).

[xi] 505 U.S. 833 (1992).

[xii] 550 U.S. 124 (2007).


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[xiii] **Four states have enacted bans on sex-selection abortions (Arizona, Illinois, Oklahoma and Pennsylvania). The constitutionality of these prohibitions has not been challenged in court.**

[xiv] Alabama, Arizona, Georgia, Idaho, Indiana, Kansas, Louisiana, Oklahoma, and Nebraska have enacted 20 week abortion bans. Additionally, in 2011 and 2012, state legislatures in Alaska, Florida, Michigan, Mississippi, New Hampshire, Rhode Island, Virginia, and West Virginia considered measures banning abortions after 20 weeks.

[xv] *Arizona Governor Jan Brewer Signs Most Extreme Abortion Ban in U.S.*, Planned Parenthood, (April 13, 2012), http://www.plannedparenthood.org/about-us/newsroom/press-releases/arizona-governor-jan-brewer-signs-most-extreme-abortion-ban-us-39157.htm (last visited Sept. 11, 2012). Similarly, in April 2012, when Georgia enacted House Bill 954, in an effort to deter Georgia Governor Nathan Deal from signing the bill, Planned Parenthood Action distributed an online letter which repeated the dubious claim that the bill would allow the government to interfere with the patient-doctor relationship: "Georgia women deserve access to the best medical care available, not a law that puts the government between a woman and her doctor making extremely personal, medical decisions." *Governor Deal: Veto House Bill 954*, Planned Parenthood Southeast, https://secure.ppaction.org/site/Advocacy?pagename=homepage&page=UserAction&id=14578&JServSessionIdr004=2rjlt8a9w2.app202b (last visited July 24, 2012). Likewise, in March 2011, when Alabama enacted House Bill 18, which banned abortions after 20 weeks gestation, Planned Parenthood stated "Women facing these very personal difficult decisions need the best care they can get, not interference in the doctor-patient relationship," said Kay Scott, President and CEO of Planned Parenthood Southeast. *See* Barbara Buchanan, *Doctor-Patient Interference Bill Heading to Governor*, Planned Parenthood Southeast, (June 10, 2011), http://www.plannedparenthood.org/about-us/newsroom/local-press-releases/doctor-patient-interference-bill-heading-governor-37080.htm (last visited July 24, 2012).

[xvi] **The law has been challenged by the Center for Reproductive Rights and the American Civil Liberties Union in *Isaacson v. Horne*, arguing that although how abortions are performed may be regulated, abortions may not be prohibited based on gestational age.**

[xvii] *See Abby Johnson's Testimony before Texas Senate on SB 1790*, Americans United for Life, (April 27, 2011), http://www.aul.org/2011/04/abby-johnsons-testimony-before-texas-senate-on-sb-1790/ (last accessed July 24, 2012).

[xviii] *See Abby Johnson's Testimony before Texas Senate on SB 1790*, Americans United for Life, (April 27, 2011), http://www.aul.org/2011/04/abby-johnsons-testimony-before-texas-senate-on-sb-1790/ (last accessed July 24, 2012).

[xix] *See* Alexa Garcia-Ditta, *Pro-Life Convert Takes the Floor in Sonogram Debate*, Texas Observer, (Feb. 9, 2011), https://www.texasobserver.org/tags/senate/itemlist/category/46-observations?start=14 (last visited July 24, 2012).


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[xx] *Available at:* http://weneedalaw.ca/index.php/resources/international-law (last visited July 27, 2012).

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# Exhibit 4

## Planned Parenthood Bullied the Komen Foundation to Preserve its "Trusted Healthcare Provider" Facade

*"It was an all-out assault against Komen. We were being hit from every direction. I did not see coincidence; I saw coordination. It had to have been in the works for weeks—despite Hilary [Rosen], who was hired specifically to 'manage the left' and who told us that all was well. The 'war on women' was on."*

In her newly released book, *Planned Bullyhood*[i], Karen Handel, former senior vice president of public policy at the Susan G. Komen for the Cure Foundation, gives an insider's account of the events surrounding the controversial split and subsequent reuniting of the Komen Foundation and Planned Parenthood. Seeking to set the record straight, Ms. Handel exposes the media spin and dirty tactics of Planned Parenthood that enabled the organization to bully the Komen Foundation into lowering its standards to preserve Planned Parenthood's public image—or perhaps more accurately, its public mirage.

When the news of Komen's decision broke, it was portrayed as though Komen was "cutting off" Planned Parenthood—that Komen was making them go cold turkey and, in the process, leaving women stranded without breast health services. Cecile Richards, Planned Parenthood's CEO, even said she was "surprised." None of this was true; yet that's how it was reported. Komen was *never* "cutting off" the Planned Parenthood grants. That was nothing more than Planned Parenthood propaganda, and the media played along. Komen ensured that funding for *all* existing grants through the contract period would be provided, and Komen would even continue certain other grants, despite the new guidelines. Planned Parenthood knew all of this.

The nature of the split and Planned Parenthood's faux "surprise" were far from the only misrepresentations.

Media coverage of the Komen Foundation's decision to no longer partner with Planned Parenthood largely failed to mention an important fact in the "controversy" over the initial grant denials: Planned Parenthood failed to meet the respected breast cancer research foundation's newly established grant standards—standards designed to better serve women and achieve the Komen Foundation's goal of beating breast cancer, a goal the month of October, as "Breast Cancer Awareness Month," honors and seeks to advance.

That rationale was clear long before Ms. Handel went to print. At the time the grant denial was made public, after measuring the impact of its grants, the Komen Foundation "made the decision to implement stronger performance criteria… to minimize duplication and free


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up dollars for direct services to help vulnerable women… Consequently, some organizations are no longer eligible to receive Komen grants."[ii]

In her book, Ms. Handel explicates Komen's choice to invest in organizations that can better and directly help vulnerable women battle breast cancer.

Komen could not afford to continue granting in the same old way. Dollars were harder to come by. Donors expected that their contributions actually made a difference—that there be a real, tangible impact—in the fight against breast cancer.

Changing Komen's grant standards—to give money on an "outcomes based granting strategy" instead of to "pass through" organizations like Planned Parenthood—"made perfect sense: get the biggest bang for each dollar invested."

Ms. Handel does not hide the fact that "Komen was also looking for an exit strategy for the Planned Parenthood grants." Donors were increasingly concerned with Komen's relationship with the nation's largest abortion provider, and many in the Komen Foundation wanted to get to "neutral ground" in the abortion debate.

Lost, however, amidst the vitriol and knee-jerk reaction of the usual Planned Parenthood supporters was this important fact: the Komen Foundation had carefully considered the best way to serve women and it is not at Planned Parenthood. The severing of ties was not because Planned Parenthood is the nation's largest abortion chain, but because Planned Parenthood fails to offer the level of care that the well-respected Komen Foundation knows vulnerable women need.

In her book, Ms. Handel laments the vicious firestorm unleashed by Planned Parenthood. "I thought Planned Parenthood was making a much bigger issue out of this than $680,000 in annual grants seemed to warrant. Why? Losing this funding would have virtually no impact on its sizable budget."

The answer is obvious. Planned Parenthood's loss was not to its bottom-line, but to its public image. Of course, Planned Parenthood will not publicly state that its ire stemmed from the fact that it failed to meet Komen's standards for quality healthcare for women. Acknowledgment of this fact would expose the truth Planned Parenthood needs to suppress in order keep its operation in business: women and their medical needs are better served elsewhere.

Thus, unsurprisingly, Planned Parenthood worked a different narrative with the media.

Ironically, its narrative focused attention on another reason which should give Americans pause about Planned Parenthood: Komen chose not to issue grants to organizations under government investigation. (And as Ms. Handel's book explains, this was not the drastic change the media painted it to be. "Planned Parenthood was already out of compliance with Komen's existing policies and precedents.") Nevertheless, media coverage still largely failed to report Planned Parenthood's known malfeasance which triggered the ongoing investigations, including overbilling healthcare programs, failure to comply with parental involvement laws, and failure to report the abuse of young girls.

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In July 2011, Americans United for Life released a groundbreaking report, *The Case for Investigating Planned Parenthood*,[iii] highlighting the scandals and abuses of the abortion provider, which receives over a million dollars a day in taxpayer funding, and detailing the need for further investigation. Since the release of the AUL Report, even more cases have come to light and, in December 2011, several former Planned Parenthood employees wrote a letter to Congress stating that they "are prepared to testify" about the transgressions they witnessed at Planned Parenthood clinics across the nation.[iv] These transgressions include not only financial misdeeds but also failure to "detect and act upon instances where a girl or woman was brought to the clinic under some degree of coercion, up to and including instances where the girl or woman was subjected to human trafficking and was a victim of crime."[v]

When the Komen Foundation raised its standards to better serve women, there should have been nation-wide applause. Unfortunately, because Planned Parenthood is so desperate to keep the secret that women are better served elsewhere, the Komen Foundation was mercilessly persecuted. As Ms. Handel details,

Planned Parenthood talked a good game about how we shared a mission—that both organizations worked to save women's lives. Yet Cecile [Richards] was willing to cripple Komen over $680,000 in grants—less than one percent of Planned Parenthood's annual revenues. The reality is that Cecile was willing to sacrifice Komen's real work on behalf of women for raw political purposes that had nothing to do with serving women.

Rather quickly, Planned Parenthood's "bullying" paid off for the abortion giant, to the detriment of women, girls, and a more effective fight against breast cancer.

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[i] Karen Handel, Planned Bullyhood (2012).

[ii] http://ww5.komen.org/KomenNewsArticle.aspx?id=19327354133 (last visited Sept. 11, 2012)

[iii] The Case for Investigating Planned Parenthood, (Americans United for Life 2011), *available at*http://www.aul.org/aul-special-report-the-case-for-investigating-planned-parenthood (last visited Sept. 5, 2012).

[iv] http://www.sba-list.org/sites/default/files/content/shared/12.7.11_former_employees_of_planned_parenthood_letter_to_congress_2.pdf(last visited Sept. 11, 2012)

[v] http://www.sba-list.org/sites/default/files/content/shared/12.7.11_former_employees_of_planned_parenthood_letter_to_congress_2.pdf(last visited Sept. 11, 2012)


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# Exhibit 5

## Women's Tragic Deaths Refute Planned Parenthood's Claims of Consistent, Quality Patient Care

Over the last two years, at least 15 states have initiated investigations into abortion clinics and individual abortion providers for providing substandard patient care – poor care that, in some cases, has resulted in women's deaths.[i] However, recent revelations that many of the nation's abortion clinics are the true "back alleys" that abortion advocates warned us about are just the tip of the proverbial iceberg. Substandard patient care is a long-standing and all-too-common problem in the abortion industry.

Planned Parenthood, the nation's largest abortion provider, likes to pretend that it is "above the fray," repeatedly assuring Americans that it provides consistent, quality patient care. As with many of the abortion giant's public assurances, this promise has proven empty for Tonya Reaves, Diana Lopez, Holly Patterson, and an unknown number of other American women.

**Tonya Reaves: Victim of Botched Abortion at Planned Parenthood's "Flagship" Chicago Clinic**

On July 20, 2012, Tonya Reaves, a 24-year-old mother of a one-year old son, entered a Planned Parenthood clinic on Michigan Avenue in Chicago. She was 16-weeks pregnant and was scheduled for a second-trimester abortion. At 11 am, she underwent a dilation and evacuation ("D&E") abortion, a procedure where the physician dismembers and removes the unborn child in pieces. D&E abortions are often performed in the second trimester and involve significantly more risk to the woman than earlier abortions.

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While in recovery, Ms. Reaves suffered significant bleeding and, more than 5 hours after the abortion, she was finally rushed by ambulance to Northwestern Memorial Hospital. At Northwestern, doctors performed an ultrasound and discovered an incomplete abortion. They performed a second D&E procedure. Ms. Reaves continued to suffer pain and other complications. A second ultrasound was then performed and doctors learned that Ms. Reaves had suffered a "perforation." She was taken into surgery where "an uncontrollable bleed" was discovered. An emergency hysterectomy was performed, but it was too late. Tonya Reaves died at 11:20 pm.[ii]

An autopsy report released in early September 2012 confirmed that Ms. Reaves:

- Suffered from an incomplete abortion. Pieces of placenta were still attached to the inside of her uterus even after the second D&E procedure performed at Northwestern;
- Had a 3/16 inch perforation in her uterus near impression marks that appeared to have been made by forceps, instruments typically used during a D&E abortion;
- Suffered an "extensive" perforation of her broad uterine ligament with the possible severing of her left uterine artery; and
- Had one to one-and-a-half liters of blood and blood clots inside her abdominal cavity. Ms. Reaves had bled about 30 percent of her total volume of blood into her abdomen following a botched abortion at the Michigan Avenue Planned Parenthood clinic.[iii]

**Diana Lopez: Victim of Planned Parenthood Clinic's Disregard for Patient Safety and Its Own Treatment Protocols**

In a stunningly similar incident, on February 28, 2002, 25-year-old Diana Lopez was 19 weeks pregnant when she went to a Planned Parenthood clinic in Los Angeles for an abortion. Before the day was over, Ms. Lopez – just like Ms. Reaves – had bled to death from a botched abortion.

Ms. Lopez's cervix was punctured during a D&E abortion and she began bleeding profusely. She was later taken to Women's and Children's Hospital at County-USC Medical Center, where an emergency hysterectomy was performed. Sadly, Ms. Lopez died at 2:45 pm.[iv]

Following an investigation into Ms. Lopez's death, the California Department of Health Services cited Planned Parenthood for multiple violations including:


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- Inadequately advising against a potentially dangerous second-trimester, D&E abortion. Ms. Lopez's hemoglobin levels were below what the clinic's standards required before a D&E abortion could be safely performed. Notably, low hemoglobin levels often lead to increased bleeding;
- Failing to institute a necessary change to its treatment protocol concerning the use of laminaria (used to expand the cervix during a D&E procedure);
- Failing to demonstrate that the clinic had undertaken a complete assessment of the competency and credentials of the physician who performed Ms. Lopez's abortion;
- Administering Cytotec (*i.e.* misoprostol, a component of the abortion drug RU-486 regimen) to Ms. Lopez on the first day (February 27, 2002) of a two-day abortion procedure, when the clinic's treatment protocols required that it be administered 90 minutes before the surgical portion of the procedure;
- Failing to inform the clinic's governing body of Ms. Lopez's death;
- Failing to notify the California Health Department of Ms. Lopez's death within 24 hours as required by state law; and
- Keeping incomplete records describing the care provided to Ms. Lopez.[v]

Clearly, Ms. Lopez's death was the avoidable result of the Planned Parenthood clinic's refusal to comply with its own treatment protocols and the apparent inability – or perhaps unwillingness –of the Planned Parenthood Federation of America (PPFA) to adequately monitor affiliates and to ensure compliance with medically appropriate standards of patient care.

### Holly Patterson: Victim of Planned Parenthood's Refusal to Follow FDA Protocols

On September 10, 2003, 18-year-old Holly Patterson entered a Hayward, California Planned Parenthood clinic seeking a chemical abortion. She died seven days later, on September 17, from a severe bacterial infection caused by an incomplete abortion.[vi]

The RU-486 regimen that Ms. Patterson used involves the ingestion of two drugs: mifepristone (or "RU-486" as it is more commonly known) which blocks the ability of the developing unborn child to receive progesterone, essentially starving the child to death; and misoprostol, a prostaglandin that causes a woman to expel the dead unborn child. Misoprostol is needed because, when taken alone, mifepristone/RU-486 fails in one-third of cases.

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When the FDA approved the RU-486 regimen in September 2000, it prescribed a specific protocol for its use. In pertinent part, the approved protocol provides that, on the first day, a woman is to orally ingest three, 200-milligram tablets of mifepristone/RU-486 at the medical facility. Two days later, on the third day of the regimen, the woman is to return to orally ingest two, 200-microgram tablets of misoprostol.

However, this approved treatment protocol was blatantly ignored by Planned Parenthood. Instead, on the first day, Ms. Patterson was given 200 milligrams of mifepristone, instead of the 600 milligrams prescribed by the FDA. She was also instructed to insert 800 micrograms of misoprostol vaginally at home the next day, rather than to return on the third day of the regimen to orally ingest 400 micrograms of misoprostol.[vii]

Ms. Patterson followed Planned Parenthood's instructions. On September 14, 2003, she was treated at an emergency room for bleeding and pain and sent home. Three days later, in the early morning hours of September 17, she was admitted to the hospital. She died that afternoon, the same day she was scheduled to return to Planned Parenthood to make sure the abortion had been completed.[viii] As Holly's father, who was with her as the septic shock overtook her body and ultimately claimed her life, described, "It was a really horrible death for her."[ix]

Sadly, Ms. Patterson is not alone in her suffering. In July 2011, the FDA reported 2,207 adverse events in the U.S. after women used the RU-486 regimen. Among those were 14 deaths, 612 hospitalizations, 339 blood transfusions, and 256 infections (including 48 "severe infections").[x] Of the reported deaths, eight were from severe bacterial infections. All eight women administered misoprostol either vaginally or buccally (allowed to dissolve in the mouth) – *i.e.*, in an off-label, unapproved manner. No women have died from bacterial infection following administration of the FDA-approved protocol.[xi]

In spite of mounting evidence of the RU-486 regimen's dangers, especially the unacceptably high risk of infection and death associated with off-label use of the regimen, Planned Parenthood has not stopped using unapproved RU-486 treatment protocols. Instead, the abortion mega-provider continues to use protocols that deviate substantially from the FDA's and to actively resist attempts by state lawmakers to force them to abide by the approved protocol. They have even gone so far as to eliminate the in-person involvement of a physician in the RU-486 regimen, championing a "telemed" abortion scheme (where consultation with a physician is only available over a telecommunications system such as Skype) for its clinics nationwide.

We know that Tonya Reaves, Diana Lopez, and Holly Patterson suffered and died at the hands of Planned Parenthood. What we don't know is just how many women and their loved ones have suffered in silence following abortions at Planned Parenthood clinics. As AUL argued in its July 2011 report, *The Case for Investigating Planned Parenthood*, it is time to find out.

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[i] Those states are Alabama, California, Delaware, Florida, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Michigan, New Jersey, New Mexico, North Dakota, Pennsylvania,


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and Texas.  For more information about substandard conditions at the nation's abortion clinics, *see* D.M. Burke, "Exposing Substandard Abortion Facilities:  The Pervasiveness of True 'Back Alley' Abortions," *Defending Life 2012*, pp. 47-53 (Americans United for Life, 2012).

[ii] *See, e.g.,* "Documents Shed Light on Women's Death After Abortion," *available at*http://chicago.cbslocal.com/2012/07/24/documents-shed-light-on-womans-death-after-abortion/ (last visited Sept. 11, 2012).

[iii] *See* "Autopsy Proves Planned Parenthood Killed Woman in Botched Abortion," *available at*http://www.lifenews.com/2012/09/11/autopsy-proves-planned-parenthood-killed-woman-in-botched-abortion/(last visited Sept. 11, 2012).

[iv] *See* "Clinic, Doctor Faulted in Abortion Death," *available at*http://articles.latimes.com/2003/jun/25/local/me-abortion25 (last visited Sept. 11, 2012).

[v]*Id.; see also*, "Abortionist Involved in Woman's Death Awaits Word on Medical License," *available at*http://cnsnews.com/news/article/abortionist-involved-womans-death-awaits-word-medical-license (last visited Sept. 11, 2012).

[vi] *See* "Monty Patterson learns about RU-486 the hard way," *available at*http://www.sfgate.com/entertainment/article/Monty-Patterson-learns-about-RU-486-the-hard-way-2345757.php (last visited Sept. 12, 2012).

[vii] *Id*.

[viii] *See* "Teen Death Steers RU-486 Bill To Congress, *available at*http://womensenews.org/story/reproductive-health/041115/teen-death-steers-ru-486-bill-congress (last visited Sept. 12, 2012).

[ix] *Id.*

[x] FDA, *Mifepristone U.S. Postmarketing Adverse Events Summary Through 04/30/11* (July 2011), available athttp://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM263353.pdf(last visited July 11, 2012).

[xi] *Id*.


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# Exhibit 6

## Planned Parenthood's Dangerous Misuse of Chemical Abortions

When Planned Parenthood's dangerous misuse of chemical abortions was highlighted by AUL's *The Case for Investigating Planned Parenthood*, the organization responded, in part, that off-label use was "common practice."[i] Essentially, it seems, Planned Parenthood is arguing that if other providers do something, the safety should not be questioned. "Safe" and "common," however, do not mean the same thing. Women certainly deserve better than to have concerns for their health and safety dismissed because it is "common" to abuse them.

Unfortunately, Planned Parenthood continues to increase its use—and its misuse—of dangerous chemical abortions, with an apparent eye towards increasing its profits.

**Chemical abortions are known to be dangerous.**

"Since its approval in September 2000, the Food and Drug Administration has received reports of serious adverse events, including several deaths, in the United States following medical abortion with mifepristone and misoprostol," notes the FDA website.[ii] A 2011 FDA report[iii] accounts for at least 2,207 severe adverse events associated with the use of the abortion drug regimen (also commonly referred to as "RU-486"), including hemorrhaging, blood loss requiring transfusions, serious infection, and death.

Thousands of reported instances of serious adverse events, including death, already raises alarm. The concern for women's health and safety is heightened when considering the known inadequacies of what is being reported to the FDA about chemical abortions.

A 2006 review of Adverse Event Reports (AERs) related to the use of the RU-486 drug regimen, conducted by Dr. Margaret M. Gary, M.D. and Dr. Donna J. Harrison, M.D. found, "AERs relied upon by the FDA to monitor mifepristone's postmarketing safety are grossly deficient due to extremely poor quality."[iv] Drs. Gary and Harrison noted that the deficiency in the AER reports was widespread and consequential,

[A] majority of the AERs analyzed do not provide enough information to accurately code the severity of the adverse event in question. The deficiencies were so egregious in some instances as to preclude analysis.[v]

What is perhaps even more disturbing than the lack of essential facts in what is reported to the FDA about chemical abortions—precluding accurate, or even any, analysis—is what is *not being reported to the FDA*about the dangerous drug regimen.

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The limitation of the AER system was detailed by Michael F. Mangano, Principal Deputy Inspector General of the Department of Health and Human Services, in his testimony before the U.S. Senate committee,

Adverse Event Reporting systems typically detect only a small proportion of events that actually occur. They are passive systems that depend on someone linking an adverse event with the use of a product, then reporting the event … Adverse Event Reports in and of themselves typically cannot generate conclusive evidence about the safety of a product or ingredient. Rather the system generates signals that FDA must assess to confirm if, in fact, a public health problem exists… With limited information to draw upon to generate signals, it is not surprising that FDA rarely reaches the point of knowing whether a safety action is warranted to protect consumers.[vi]

Adding to the uncomfortable fact that the FDA reports capture "only a small proportion of events that actually occur," is that abortion providers are openly flouting the FDA protocol and state laws designed to protect women against these dangers.

**Planned Parenthood violates the FDA protocol in multiple ways, while Planned Parenthood's own studies acknowledge that its off-label use of chemical abortions has come at the cost of women's lives and "higher-than-expected" consequences to their health.**

According to a 2009 Planned Parenthood study, only after women suffered serious infections and died did Planned Parenthood stop the vaginal use of misoprostol, an off-label practice never approved by the FDA.

Prompted by the deaths that occurred after medical abortion and internal data that show a higher-than-expected rate of serious infection, [Planned Parenthood Federation of America] changed its medical abortion protocol at the end of March 2006.[vii]

Flying in the face of supposed-concern for women's health, the same Planned Parenthood study documents another dangerous off-label use that it has *not* discontinued.

Because of the high failure rate and the risks involved with RU-486 in later pregnancies,[viii] the FDA limited approval for use only in the first 49 days from the start of a woman's last menstrual period.[ix]Planned Parenthood, by its own admission, ignores this limitation.

Using RU-486 later in pregnancy than approved by the FDA plays an enormous role in Planned Parenthood's abortion business.

The Planned Parenthood study notes that between 2007 and 2008, "The only change in the regimen was an increase in the maximum gestational age at the time of medical abortion, from 56 to 63 days."[x] What happened when the abortion-giant offered chemical abortions for an additional week (now 2 weeks past the FDA approved use)? Planned Parenthood performed almost 11,000 more chemical abortions in the first half of 2008, than it did in the six months prior.[xi] Thus it appears that by extending its use one week, Planned Parenthood increased its chemical abortion business by over 30%.


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Providing thousands of later chemical abortions, with a higher failure rate, also enables Planned Parenthood to engage in a profit-making scheme—getting women on the hook for a second, surgical abortion when a chemical abortion fails.

According to the clinical trial submitted to the FDA for approval, the RU-486 regimen fails in 1 out of 12 women with pregnancies less than or equal to 49 days. Those failures, however, increase to *1 out of every 6 women* with pregnancies just one week advanced (50-56 days), and further still to nearly *1 out of every 4pregnancies* at 57-63 days gestational age. When using RU-486, 1 out of 100 women with pregnancies less than or equal to 49 days will require emergency surgery; however, this number increases dramatically to *1 out of every 11 women* with pregnancies of 57-63 days gestational age.[xii]

Though Planned Parenthood asserts that its use of the "buccal administration" (where a woman holds the second drug in the abortion regimen, misoprostol, in her mouth until it absorbs through her cheeks) makes chemical abortions more effective, this method also has a known decreased efficacy as gestational age increases.[xiii] No matter how the pills are ingested, Planned Parenthood cannot overcome the fact that RU-486 has a higher failure rate when administered beyond the FDA's approved timeframe for usage.

Planned Parenthood does more than "offer" a second, surgical abortion for women when a chemical abortion fails. Planned Parenthood of the Bronx's website is explicit that women for whom the drug fails*must* have a second, surgical abortion. "[Y]ou must agree—before you start—that you will have an in-clinic abortion if the abortion pill does not work."[xiv]

Even using, for the sake of argument, Planned Parenthood's low estimate that the failure rate between 57 and 63 days is only 5.2%,[xv] the numbers of second, surgical abortions would be significant; at least 1,138 chemical abortion failures would have turned into second surgical abortions for Planned Parenthood in 2008—just by extending its chemical abortion use one week.

Considering that from 50 to 56 days the chemical abortion regimen also fails at a higher rate, even using Planned Parenthood's preferred statistics, it is likely performing *thousands* of "double-abortions" each year by violating the FDA's protocol.

Moreover, the risks to women's health and safety increase the further along a chemical abortion is performed.

Medical complications, such as hemorrhaging—which require hospitalization for emergency treatment—increase with pregnancies of 57-63 days gestational age.[xvi] And Planned Parenthood's researchers acknowledged that they "do not have data available on the rates of follow-up of women after medical abortion, and it is possible that the reporting of serious infection is incomplete."[xvii]

And now Planned Parenthood is expanding its chemical abortion business in other dangerous ways.

*See upcoming Exhibit 7*

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[i] AUL's analysis and point-by-point rebuttal to Planned Parenthood's response is *available at*http://www.aul.org/wp-content/uploads/2011/07/AUL-Rebuttal-to-PP-7-11-11.pdf (last visited Sept. 11, 2012).

[ii] *Mifeprex (mifepristone) Information,* U.S. Food & Drug Admin, U.S. Dep't. of Health & Hum Servs. (Jul. 19, 2011),http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm111323.htm(last visited Sept. 25, 2012).

[iii] The FDA report, "Mifepristone U.S. Postmarketing Adverse Events Summary through 04/30/2011," is *available at*http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM263353.pdf(last visited Sept. 11, 2012).

[iv] Margaret M. Gary, M.D. and Donna J. Harrison, M.D., *Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient*, 40(2) Annals of Pharmacology 191 (2006).

[v] *Id*.

[vi] *Hearing on consumer safety and weight-loss supplements. Before the Subcomm. on Oversight of Gov't Mgmt, Restructuring, and the District of Columbia, S. Comm on Gov't Affairs.* 107th Cong. (2002) (statement of Michael F Mangano, Principal Deputy Inspector General, Office of Inspector Gen., U.S. Dep't of Health & Human Servs.), *available at* http://www.hsgac.senate.gov/subcommittees/oversight-of-government-management/hearings/when-diets-turn-deadly-consumer-safety-and-weight-loss-supplements (last visited Sept. 11, 2012).

[vii]Mary Fjerstad, N.P., M.H.S., et al, *Rates of Serious Infection after Changes in Regimens for Medical Abortion,* 361 New. Eng. J. Med. 145 (2009). Mrs. Fjerstad and Dr. Cullins report having been employed by Planned Parenthood Federation of America (PPFA) at the time of the study. Drs. Lichtensberg and Trussell report serving on the PPFA National Committee. "No other conflict of interest relevant to this article was reported."

[viii] *See* Spitz et al., *Early pregnancy termination with mifepristone and misoprostol in the United States,* 338 New Eng. J. Med. 1241 (1998).

[ix]*See* U.S. Food & Drug Admin., *Mifeprex (mifepristone) Information* (Feb. 24, 2010), *available at*http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm (last visited Sept. 11, 2012). In addition, the "Prescriber's Agreement" for Mifeprex (mifepristone) states unequivocally, "you must provide Mifeprex in a manner consistent with the following guidelines"including,

Under Federal law, you must fully explain the procedure to each patient, provide her with a copy of the Medication Guide. You must fully explain the procedure to each patient,


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provide her with a copy of the Medication Guide and PATIENT AGREEMENT, give her an opportunity to read and discuss them, obtain her signature on the PATIENT AGREEMENT, and sign it yourself.

*Available at*http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111364.pdf(last visited Sept. 11, 2012).

The PATIENT AGREEMENT, requiring signature of patient and provider, states, "I believe I am no more than 49 days (7 weeks) pregnant." *Available at*http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM111332.pdf (last visited Sept. 11, 2012).

[x] *See* Fjerstad et al. *supra* at 149.

[xi] *Id.* at Table 1. From July 1, 2007 through December 31, 2007, Planned Parenthood reported performing 35,837 chemical abortions. From January 1, 2008 to June 30, 2008, Planned Parenthood reported performing 46,777 chemical abortions.

[xii] *See* Spitz et al., *Early pregnancy termination with mifepristone and misoprostol in the United States,* 338 New Eng. J. Med. 1241 (1998).

[xiii] In response to the AUL Report, Planned Parenthood claimed chemical abortions are 96.2% effective up to 63 days using the buccal administration. However, the study Planned Parenthood cited for its proposition notes that even the buccal administration has an increased failure rate as gestational age increases. The study claims only a 94.8% success rate for a chemical abortion at 57-63 days gestation using the buccal administration. *See* Beverly Winikoff et al., *Two Distinct Oral Routes of Misopristol in Mifepristone Medical Abortion*, 112:6 Obstet. & Gyn. 1303, 1307 (2008). In addition, the relatively small sample size of women in the later gestational age groups for the study of the buccal administration's efficacy lowers the confidence in its findings than for its examination of RU-486 use prior to 49 days. Women were also more likely to experience unacceptable effects with the "buccal administration" of the drug. The study found women who had undergone the "buccal administration" of the abortion drug had a "statistically significant" lower "acceptability of adverse effects" than those who had the drug administered orally. Notably, the study fails to document these reported adverse side-effects by gestational age.

[xiv]*See* Planned Parenthood, *The Bronx Center – Bronx, NY, available at*http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2524. (last visited Sept. 11, 2012). In contrast, the FDA approved "Patient Agreement" form notes that a woman has options, one of which is surgical abortion, "If my pregnancy continues after treatment with Mifeprex and misoprostol, I will talk with my provider about my choices, which may include a surgical procedure to end my pregnancy," *available at*http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM111332.pdf (last visited Sept. 11, 2012). Planned Parenthood's forcing, or coercing, women to choose a surgical abortion at one of their

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clinics when a chemical abortion fails, violates the spirit, if not the letter, of the agreement form.

[xv] *See* Winikoff et al., *supra*.

[xvi] *See* Spitz et al., *supra*.

[xvii] *See* Fjerstad et al. *supra* at 150. Further the study noted, “a potential concern is that serious infections may have been more likely to be underreported [after Planned Parenthood discontinued its vaginal administration of the drug] since the intense scrutiny during Period 1 (after the reports of deaths from clostridial infections) had waned.”

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# Exhibit 7

## Planned Parenthood Improperly Uses "Telemedicine" to Increase the Reach of its Abortion Business

In a 2010 Iowa Public Radio interview, Barbara Chadwick, Director of Patient Services of Planned Parenthood of East Central Iowa, acknowledged that increasing chemical abortions is a "key element" to Planned Parenthood's strategic plan.

NARRATOR: It's the goal of Planned Parenthood to expand abortion services at its clinics nationwide over the next 5 years.

CHADWICK: We have been looking at initiating an abortion service as a *core* service of all Planned Parenthoods, part of the federation's strategic plan for 2015.
NARRATOR: Medical abortions, Chadwick says, will be a key element in that strategy and signing up for the long-distance option will get her organization toward the goal faster.[i]

The "long-distance option," that will get Planned Parenthood "toward the goal faster," employs telemedicine to increase the reach of Planned Parenthood's abortion business without having to increase its physicians or increase its investment in patient care.

As documented in AUL's Report, *The Case for Investigating Planned Parenthood*, the use of telemedicine, or "telemed," to distribute RU-486 violates FDA requirements for dispensing mifepristone. Dispensing the abortion drug regimen after videoconferencing in place of a face-to-face visit between doctor and patient,[ii]places women in greater jeopardy. At a minimum, a "virtual visit" cannot accurately assess the gestational age or rule out ectopic pregnancy.

Thus, it is concerning that part of Planned Parenthood's strategic plan may be to expand its telemed abortion usage, which it began in its Iowa clinics in 2008.

State legislatures have begun to respond to this practice by introducing and enacting legislation that would, in accord with the FDA guidelines, require a physician to be physically present when the woman ingests the abortion pills. These efforts to ensure patient safety have been vigorously opposed by Planned Parenthood.

Testifying against a Nebraska bill requiring the physical presence of a physician during a chemical abortion,[iii]Tracy Durbin, Director of Quality and Risk Management for Planned Parenthood of the Heartland, argued that "there's no medical evidence that the practice [of telemed abortions] is dangerous."[iv] However, the practice of telemed abortions is fairly new. While there are no studies examining its use in a significant sample size,[v]there is ample evidence that chemical abortions are dangerous and that the FDA protocol is warranted.

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Demonstrating that convenience—not safety—was Planned Parenthood's key concern, Durbin stated, "It's unfair that a woman in a rural part of our state does not have the same access to abortion care as a woman who lives in or near a city." Fairness, as Planned Parenthood sees it, requires rejecting standards that safeguard a woman's health if they would result in any disparity in the ease of obtaining an abortion. However, Planned Parenthood's approach of experimenting with unapproved uses of chemical abortions, which has had a documented and tragic impact on women's health and lives, is what is truly unfair to women.

In April 2012, Planned Parenthood of Wisconsin announced it was suspending its use of chemical abortions after the state enacted a law requiring that no abortion-inducing drug be administered to a woman unless the physician who prescribed the abortion pill is physically present in the room at the time of the abortion.[vi] The Planned Parenthood announcement declared that the Wisconsin law "interferes with the patient-doctor relationship and places an unprecedented burden on Wisconsin women and doctors."[vii]

However, physicians are often required to adhere to certain standards in order to protect the well-being of their patients. Planned Parenthood's routine opposition to every commonsense, abortion-related law and regulation as an "interference" with the doctor-patient relationship ignores the beneficial impact on women's health.

In addition, former Planned Parenthood abortion clinic director, Abby Johnson, testified before the Texas Senate in 2011 that "there is no doctor-patient relationship" at Planned Parenthood clinics.[viii]Ms. Johnson recounts that for most chemical abortions, there was no physician on site, and neither was there an examination of the patient before the chemical abortion, or a follow-up visitation after the procedure.[ix] Her testimony buttresses the need for regulations ensuring the dangerous abortion-drug regimen will be administered with patient safety, not lower overhead costs, in mind.

Allegations made by another former Planned Parenthood employee familiar with telemed abortions support the claim that Planned Parenthood's opposition to telemed restrictions is driven by the harm it will do to the organization's profitability.

Sue Thayer, a former Planned Parenthood of the Heartland employee, was fired in 2008 after she began to voice safety concerns surrounding telemed abortions.[x] As she recalls, her supervisors rationalized telemed abortions by pointing to their lower overhead costs. Indeed, by removing doctors and medical equipment from the picture, Planned Parenthood was able to expand its abortion practice and boost its profit margins at the same time.[xi]

A money-saver for the abortion provider, Planned Parenthood's use of telemed abortions dangerously discounts the health and safety of women.

In her "whistleblower" lawsuit filed against Planned Parenthood of the Heartland, Ms. Thayer alleges that, lacking the ability to care for these women at their own facilities, Planned Parenthood's telemed abortion patients who later experienced significant bleeding were told "to go to an emergency room and report that they were experiencing a spontaneous miscarriage."[xii]

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On top of being unethical, encouraging a woman to be dishonest jeopardizes her health. Lying to a healthcare provider about the cause of the patient's condition leads to a host of obvious problems including inappropriate care and inaccurate reporting of abortion complications. The allegations in Ms. Thayer's lawsuit highlight the problems associated with telemed abortions and the need for state regulations of the RU-486 regimen.

Chemical abortions are "easier" to provide than surgical abortions (particularly when ignoring important health and safety laws and regulations), but they are not safer.[xiii] Planned Parenthood claims to be advancing the cause of women when it bypasses FDA protocol and opposes legislation that could impact ease of "access" to chemical abortions. However, just the opposite is the case; prioritizing expansion over safety victimizes women.

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[i] *Iowa Planned Parenthood in Tailspin Over Telemed Abortions*, Operation Rescue, (June 8, 2010), http://operationrescue.org/audio/nr100521AbortionProtestPiece.mp3 (last visited Sept. 11, 2012).

[ii] Dickinson, *Faraway doctors give abortion pills by video*, Des Moines Register (May 16, 2010),*available at*http://www.9news.com/news/local/article.aspx?storyid=140688&catid=188 (last visited Mar. 26, 2011).

[iii] *See* Require the Physical Presence of a Physician Who Performs, Induces, or Attempts an Abortion, LB 521, 2011 Sess. (Neb. 2011), *available at*http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=12513 (last visited Sept. 11, 2012).

[iv] *Transcript Prepared by the Clerk of the Legislature: Hearing on LB461, LB521, and LB690 Before the Judicary Committee*, 2011 Leg., 102nd Sess. 45 (Neb. 2011) (statement of Tracy Durbin), *available at*http://www.legislature.ne.gov/FloorDocs/Current/PDF/Transcripts/Judiciary/2011-03-09.pdf (last visited Sept. 11, 2012). Durbin stated that while Planned Parenthood did not have immediate plans to provide abortions via telemed in Nebraska, it opposed the bill, "due to the potential that some medical groups may seek to provide these services in the future."

[v] In July 2011, Dr. Daniel Grossman of the University of California, San Francisco, conducted a study of 578 women who sought abortions at Planned Parenthood clinics in Iowa, only 223 of which were telemed abortions. Daniel Grossman, *Effectiveness and Acceptability of Medical Abortion Provided Through Telemedicine*, Obstetrics & Gynecology, August 2011, 296-303. While the Grossman study reported 91 percent of patients in its small sample size being "very satisfied," 25 percent of these telemedicine patients reported that they would have preferred being in the same room as the doctor.

[vi] *See* Senate Bill 306, 2012 Sess. (Wis. 2012), *available at*http://docs.legis.wisconsin.gov/2011/proposals/sb306 (last visited Sept. 11, 2012).

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[vii] *See* Teri Huyck, *Special Notice for Patients Seeking Medication Abortion Health Care*, Planned Parenthood of Wisconsin, (April 20, 2012), *available at*http://www.plannedparenthood.org/Wisconsin/files/Wisconsin/Statement_on_Act_217_website.pdf (last visited Sept. 11, 2012).

[viii] *Id*.

[ix] *See* Alexa Garcia-Ditta, *Pro-Life Convert Takes the Floor in Sonogram Debate*, Texas Observer, (Feb. 9, 2011), *available at* https://www.texasobserver.org/tags/senate/itemlist/category/46-observations?start=14 (last visited Sept. 11, 2012).

[x] *See* Sue Thayer, *Planned Parenthood's Big Lie*, Washington Times, (Jan. 31, 2012), *available at*http://www.washingtontimes.com/news/2012/jan/31/planned-parenthoods-big-lie/ (last visited Sept. 11, 2012).

[xi] *Id*.

[xii] Second Amended Complaint at 45, United States and Iowa *ex rel* Thayer v. Planned Parenthood of the Heartland, No. CV00129 (S.D. Iowa July 26, 2012).

[xiii] Jamie Walker, *Abortion pill 'less safe than surgery',* The Australian, May 7, 2011, *available at*http://www.theaustralian.com.au/national-affairs/abortion-pill-less-safe-than-surgery/story-fn59niix-1226051434394 (last visited Sept. 11, 2012).

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# Exhibit 8

## Planned Parenthood Disregards Women's Health and Safety by Providing Misinformation on the Risks Inherent in Late-Term Abortions

Planned Parenthood depicts itself as "concerned above all with women's health and the risk factors for reproductive health problems."[i] However, as documented in Americans United for Life's July 2011 report,*The Case for Investigating Planned Parenthood*[ii], Planned Parenthood jeopardizes women's health and safety by providing misleading and inaccurate information regarding the risks inherent in abortion. The investigatory group Live Action's undercover videos at Planned Parenthood clinics across the country, released in May and


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June 2012, further expose Planned Parenthood's callous disregard for women's health and safety, particularly its failure to provide women with complete, medically accurate information about the risks of late-term abortions.[iii]

**Numerous, well-documented studies in peer-reviewed medical journals demonstrate that abortion poses significant medical risks for women, and that these serious medical risks increase exponentially later in pregnancy.**[iv]

The undisputed risks of immediate complications from abortion include blood clots, hemorrhage, incomplete abortions, infection, and injury to the cervix and other organs.[v] Abortion can also cause missed ectopic pregnancy, cardiac arrest, respiratory arrest, renal failure, metabolic disorder, or shock. Immediate complications affect approximately 10 percent of women undergoing abortions, and approximately one-fifth of these complications are life threatening.[vi]

Studies reveal that the long-term physical and psychological consequences of abortion include an increased risk of:

- subsequent preterm birth;
- placenta previa (a complication during pregnancy where the placenta partially or totally covers the mother's cervix and which can cause severe bleeding before or during delivery);
- subsequent suicide or suicidal ideation;
- major depression;
- substance abuse;
- anxiety;
- sleeping disorders;
- breast cancer as a result of the loss of the protective effect of a first full-term pregnancy[vii];
- miscarriage;
- ectopic pregnancy;
- and death.[viii]

These medical risks, consistently documented by peer-reviewed medical journals, gravely endanger women's physical and psychological health.

**Notably, medical studies reveal that these serious medical risks increase markedly later in pregnancy.**[ix]

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After eight weeks gestation[x], the already high risk to a woman's health from abortion increases exponentially.[xi] At 12-13 weeks gestation, the physical complications rate is 3-6 percent.[xii] The rate increases to 50 percent or higher as abortions are performed later into the second trimester.[xiii] Notably, the incidence of major complications is highest after 20 weeks of gestation.[xiv]

After the first trimester, the risk of hemorrhage from an abortion, in particular, is greater. The resulting complications may require a hysterectomy, other reparative surgery, or a blood transfusion.[xv]

As detailed by Americans United for Life's *amicus curiae* brief filed in *Planned Parenthood v. Rounds*, numerous peer-reviewed studies demonstrate a link between abortion and depression, as well as an increased risk of suicide ideation and suicide following induced abortion.[xvi] Research also indicates that late-term abortions carry an elevated mental health risk. A 2010 study comparing the mental health of women undergoing early versus late-term abortions found that women who underwent later abortions (13 weeks or beyond) reported "more disturbing dreams, more frequent reliving of the abortion, and more trouble falling asleep."[xvii] The same study ultimately concluded that women who wait until the second or third trimester before undergoing an abortion have an increased risk of "unwelcome re-experience of the abortion procedure," reminiscent of post-traumatic stress disorder, that may require professional counseling.[xviii]

Abortion complications have resulted in maternal death and the risk of death from abortion increases exponentially later in pregnancy. A study of national data in the U.S. on abortion-related mortality from 1988-1997 found that at 13-15 weeks of gestation, the rate of abortion-related mortality was 14.7 per 100,000; at 16-20 weeks, the rate rose to 29.5 per 100,000; and, at or after 21 weeks, the rate reached 76.6 deaths per 100,000.[xix]

**Despite the well-documented risks of abortion—particularly late-term abortion—Live Action's 2012 exposé reveals the callous disregard demonstrated by some Planned Parenthood employees for the serious health risks late-term abortions pose for women.**

In May and June 2012, Live Action's "Gendercide" series exposed Planned Parenthood's affirmation and facilitation of sex-selection abortions. But this was far from the only troubling evidence uncovered. The video footage also shows Planned Parenthood employees misinforming women about the serious health risks of late-term abortions.

At a Planned Parenthood abortion clinic in Austin, Texas, for example, a Planned Parenthood employee dangerously understated the significant increase in health risks to a woman undergoing a late-term abortion. When the pregnant woman inquired about whether it was "more dangerous" to wait to have an abortion until she could detect her baby's gender—which the Planned Parenthood employee told her is "usually at 5 months [18-21 weeks gestation]"—the Planned Parenthood employee stated that it is "not more dangerous. I mean, there are risks," but quickly changed the subject, "Let me see. Your last menstrual period was February…"[xx]


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Planned Parenthood's failure to mention the significant health risks of late-term abortions imperils women's health. Furthermore, Planned Parenthood's negligence deprives women of their right to make an informed decision based on complete information.

Similarly, Live Action's undercover investigation in New York City revealed Planned Parenthood's Margaret Sanger clinic failing to provide a woman with accurate information about the increased risks of late-term abortions. The Planned Parenthood employee, Randi Coun, responded to a question about late-term abortion complications: "The biggest difference is that after 16 weeks, the procedure becomes a 2-day procedure, rather than a procedure that's done just on one day."[xxi] She concludes, "So it's not that it's unsafe, or that there's a lot more risk involved, it's just there's more steps involved."

However, additional "steps" fails to come even close to accurately communicating the actual increased "risk" of late-term abortions. The Planned Parenthood employee's implication to the contrary is indefensible.

However, rather than being fired, Ms. Coun was *commended* by Planned Parenthood's Vice President of Education, in PPFA's official statement. Commendation for her interaction with a "patient" in the Live Action video reveals that Planned Parenthood's "high standards" for being a "women's health advocate" do not require any discussion about the major complications that exponentially increase with later abortions.

Planned Parenthood's apparently sanctioned behavior of providing women with incomplete, false, or misleading information regarding the high risks of late-term abortion places women's very lives in the balance and deprives women the opportunity to exercise the true choice that comes from making an informed decision.

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[i] *See* http://www.plannedparenthood.org/files/PPFA/Anti_Choice_Claims_About_Breast_Cancer.pdf (last visited Sept. 6, 2012). Planned Parenthood makes this claim in its attempt to refute evidence of an increased risk of breast cancer following abortion. For more information on the increased risk *see infra* note vi.

[ii] *See* The Case for Investigating Planned Parenthood, (Americans United for Life 2011), *available at*http://www.aul.org/aul-special-report-the-case-for-investigating-planned-parenthood (last visited Sept. 4, 2012).

[iii] Full video and transcripts available at Protect Our Girls, A Project of Live Action,http://protectourgirls.com/videos/ (last visited Sept. 25, 2012).

[iv] For more detailed information, *see* AUL Talking Points on Health Risks to Women from Late-Term Abortion *available at* http://www.aul.org/womens-health-defense-actlate-term-abortion-ban/ (last visited Oct. 9, 2012).

[v] Although Planned Parenthood acknowledges certain risks of abortion, its website material fails to disclose many of the significant side effects that abortion can have on women. *See*, *e.g*., Planned Parenthood, *In-Clinic Abortion Procedures* (2010), available at


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http://www.plannedparenthood.org/health-topics/abortion/abortion-procedures-4359.htm (last visited Jun. 24, 2012).

[vi] Shadigian, Elizabeth. "Reviewing the Medical Evidence: Short and Long-Term Physical Consequences of Induced Abortion", testimony before the South Dakota Task Force to Study Abortion, Pierre, South Dakota September 21, 2005.

[vii] Although Planned Parenthood often asserts that "there is no evidence of an association between abortion and breast cancer," medical studies document an association between induced abortion and subsequent breast cancer. A study by Thorp et al. in the January 2003 issue of Obstetrical & Gynecological Survey (OGS) shows that a woman who aborts her first pregnancy loses the protective effect against subsequent breast cancer that a first full-term pregnancy provides. *See* Thorp, Hartmann & Shadigian, *Long-Term Physical and Psychological Health Consequence of Induced Abortion: Review of the Evidence*, 58 Obst. & Gyn. Survey 67 (2003); Russo, J., Russo, I.H, *Toward a Physiological Approach to Breast Cancer Prevention*, Cancer Epidemiol Biomarkers Prev. 1994 Jun; 3:353-64. See also Janet Daling, et al., *Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion*, 86 J. Nat'l Cancer Inst. 1584 (Nov. 1994). The study also concluded that if an 18-year-old, pregnant for the first time, decides to abort, her risk of breast cancer is almost doubled. A 1989 study by Holly Howe in the International Journal of Epidemiology found a 50 percent increased risk of breast cancer after abortion. *See* Howe et al, *Early Abortion and Breast Cancer Risk Among Women Under Age 40*, 18 Inter'l J. Epid. 300 (1989). In a 1994 study in the *Journal of the National Cancer Institute*, NCI researcher Janet Daling, who is personally "pro-choice," found that "among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50 percent higher than among other women." *See* Janet Daling, et al., *Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion*, 86 J. Nat'l Cancer Inst. 1584 (Nov. 1994).

[viii] *See* AUL Talking Points on Health Risks to Women from Late-Term Abortion *available at*http://www.aul.org/womens-health-defense-actlate-term-abortion-ban/ (last visited Oct. 9, 2012).

[ix] Several large scale studies have revealed that abortions after the first trimester (144,000 performed annually) pose more serious risks to women's physical health than first trimester abortions. S. V. Gaufberg, "Abortion complications," 2008, http://emedicine. medscape.com/article/795001-overview, http://www. web-citation.org/5iLo2bOzc. [2] L. A. Bartlett, C. J. Berg, H. B. Shulman et al., "Risk factors for legal induced abortion-related mortality in the United States," *Obstetrics and Gynecology*, vol. 103, no. 4, pp. 729–737, 2004. For a study that shows an increased risk of posttraumatic stress symptoms with late-term abortions as compared to early term abortions, see, P. K. Coleman, C. T. Coyle, V. M. Rue, "Late-Term Elective Abortion and Susceptibility to Posttraumatic Stress Symptoms," *Journal of Pregnancy*, v. 2010. At least two studies have concluded that "2nd trimester (13-14 weeks) and 3rd trimester (25-26 weeks) abortions pose more serious risks to women's physical health compared to 1st trimester abortions."


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[x] Gestation means the time that has elapsed since the first day of the woman's last menstrual period.

[xi] *See* L. Bartlett et al., *Risk factors for legal induced abortion-related mortality in the Unied States*, OBSTETRICS & GYNECOLOGY 103(4):729 (2004).

[xii] *See* Slava V. Gaufberg, *Abortion, Complications*, eMedicine, Feb. 5, 2010, *available at*http://emedicine.medscape.com/article/795001-overview#a0199 (last visited July 19, 2012).

[xiii] *Id*.

[xiv] *See* J. Preger & A. DeCherney, WOMEN'S HEALTH: PRINCIPLES AND CLINICAL PRACTICE 232 (2002).

[xv] *See* http://www.aul.org/wp-content/uploads/2012/04/model-womens-health-protection.pdf (last visited Jun. 25, 2012).

[xvi] In July 2012, the Eighth Circuit upheld South Dakota's "suicide advisory," that portion of the informed consent law that requires women be informed that there is an increased risk of suicide and suicide ideation following abortion. (Other provisions of the informed consent law, also challenged by Planned Parenthood, were previously upheld by the court.) The brief filed by Americans United for Life is available at http://www.aul.org/wp-content/uploads/2012/07/PP-v-Rounds-AUL-amicus-final.pdf (last visited Sept. 6, 2012).

[xvii] Coleman, Coyle & Rue, Late-Term Elective Abortion and Susceptibility to Posttraumatic Stress Symptoms, 2010 Journal of Pregnancy 1, 7.

[xviii] *Id* at 8.

[xix] *See* L. Bartlett et al., *Risk factors for legal induced abortion-related mortality in the United States*, OBSTETRICS & GYNECOLOGY 103(4):729 (2004). Even the Alan Guttmacher Institute –Planned Parenthood's former research arm—acknowledges that the risk of death associated with abortion increases for later-term abortions. *See* L. Bartlett et al., *Risk factors for legal induced abortion-related mortality in the United States*, OBSTETRICS & GYNECOLOGY 103(4):729-737 (2004).

[xx] *See* http://protectourgirls.com/transcript-of-video/ (last visited Jun. 24, 2012).

[xxi]*See* http://protectourgirls.com/gendercide-in-america-undercover-in-nyc/ (last visited Jun. 24, 2012).

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# Exhibit 9

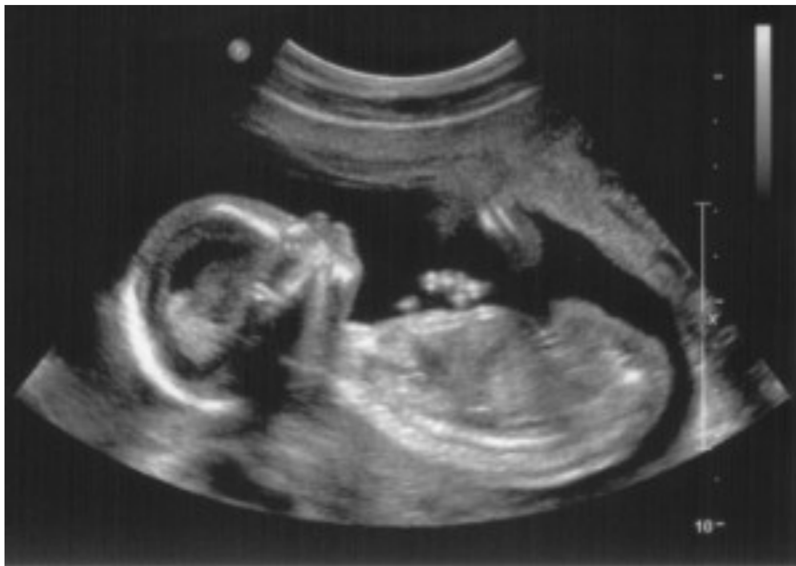
## Planned Parenthood's Ultrasound Schizophrenia

*"Without performing diagnostic tests to ascertain the gestational age of the fetus, instead relying only on a bimanual pelvic examination, that he believed showed a twelve (12) week fetus, Dr. Abofreka began a termination procedure on Patient A. After applying suction several times, Dr. Abofreka realized that the pregnancy was greater than the twelve (12) weeks gestation he estimated on examination. He then stopped the procedure and performed a sonogram which showed the gestational age was approximately twenty-four (24) weeks…"*[i]

On April 27, 2012, Planned Parenthood President Cecile Richards sent an email to supporters outlining what she described as "dangerous legislation" being pushed by "anti-women's health lawmakers." Specifically, she lamented that, "In Virginia and Texas, women seeking abortions are now forced by law to undergo ultrasounds." **However, a look at the facts shows that when it comes to requiring ultrasounds before abortions, Planned Parenthood suffers from some sort of schizophrenia.**

Planned Parenthood routinely attacks ultrasound legislation and its criticisms have taken many forms, including claims that ultrasound requirements are "medically unnecessary,"[ii] focus on "limiting access to health care,"[iii] and "intimidate women."[iv]

Each of these claims is false. But Planned Parenthood's attempt to even argue them seems surreal and ridiculous considering that Planned Parenthood's own internal policies require ultrasounds before abortions.



Adrienne Schreiber, an official at Planned Parenthood, told *Commentary* Magazine in February 2012, "That's just the medical standard" to perform an ultrasound before an abortion.[v] "To confirm the gestational age of the pregnancy, before any procedure is done, you do an ultrasound."[vi]

Ultrasounds serve the essential medical purpose of confirming the presence, location, and gestational age of a pregnancy. "The age and condition of the embryo or fetus is necessary

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to properly guide the physician in selection of the appropriate procedure to terminate the pregnancy."[vii] Ultrasounds also help to diagnose ectopic pregnancies which, if left undiagnosed, can result in infertility or even fatal blood loss. The National Abortion Federation (NAF) lists "undiagnosed ectopic pregnancy" as one of "[t]he main complications" of chemical abortions.[viii]

In *Texas Medical Providers Performing Abortion Services v. Lakey*, the Fifth Circuit Court of Appeals upheld the 2011 Texas ultrasound law, finding that performing an ultrasound and checking for fetal heartbeat are both "routine measures in pregnancy medicine today" and viewed as "medically necessary" for the mother and unborn child.[ix]

Unfortunately, as the above example of Dr. Abofreka demonstrates, not all abortion providers have followed the medical standard. Pregnant women have experienced complications from abortion procedures due to the abortion provider's failure to perform a timely ultrasound.[x]

Allowing women the opportunity to view their ultrasounds also serves an important role in providing informed consent, enabling women to exercise true choice. Upholding the Texas ultrasound law, the Fifth Circuit noted,

The point of informed consent laws is to allow the patient to evaluate her condition and render her best decision under difficult circumstances. Denying her up to date medical information is more of an abuse to her ability to decide than providing the information.[xi]

The disclosure of the ultrasound, the fetal heartbeat, and their medical descriptions are, as the Fifth Circuit ruled, "the epitome of truthful, non-misleading information."[xii]

Planned Parenthood's contrary suggestion, that ultrasound laws "intimidate" women, is wholly unsubstantiated, and even disproved by the research available. When asked if they would prefer having an ultrasound examination before an abortion, at least one study found that the majority of women would choose to have an ultrasound and simultaneously view the image.[xiii] Another study found that most women (86.3%) who chose to view the ultrasound found it a positive experience.[xiv]

When ultrasound legislation was being considered in Texas and Virginia, the bills' opponents waged another line of attack to raise a media firestorm. They claimed these bills required "invasive" trans-vaginal ultrasounds.

Planned Parenthood Trust of South Texas, an affiliate operating thirteen clinics in San Antonio, Kingsville, Harlingen and Brownsville, stated "This outrageous piece of legislation requires that women seeking an abortion must receive an invasive trans-vaginal ultrasound…"[xv]

First, this claim is patently false. The legislation did not dictate what type of ultrasound must be performed.[xvi]The Virginia bill was even amended to make this explicitly clear.

But in all the "outrage," nobody questioned—or even seemed to notice—Planned Parenthood's own documented use of trans-vaginal ultrasounds before early abortions.

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A study on early abortions[xvii], published in 2003, surveyed 113 abortion providers including 74 Planned Parenthood affiliates that performed abortions, and found these clinics routinely use vaginal ultrasounds before an early abortion.[xviii]

- "Vaginal ultrasound was always performed before the early surgical abortion at 59 (89%) sites, under certain conditions at 11 (16%) sites, and never at one (1%) site."[xix]
- "Vaginal ultrasound was very common before the medical abortion, with 37 (92%) sites reporting that they always performed it. However an additional 2 (5%) sites did vaginal ultrasound before the procedure only under certain conditions and 1 (3%) site never did."[xx]

The researchers found the fact that "[a]lmost all sites offering early medical abortion always performed a vaginal ultrasound before and after the abortion" was "consistent with common practice in the U.S."[xxi]

The study even credits "vaginal ultrasonography" as one reason that "early abortion" has become what it considers a "safe and practical option."[xxii] Notably, the National Abortion Federation (NAF), which describes an early abortion as a "critical time for diagnosis of ectopic gestation," and states that "providers must remain vigilant to detect this complication," explains that "experienced sonographers using a transvaginal probe" are an important means to rule out an ectopic pregnancy.[xxiii]

Highlighting another oddity in attacking the legislation for being "invasive," Planned Parenthood's Adrienne Shrieber noted to *Commentary* Magazine, "But if she's uncomfortable with a transvaginal ultrasound, then she's not going to be comfortable with an equally invasive abortion procedure."[xxiv]

In her April 2012 email, Cecile Richards wrote that "Do you know what the main difference is between Planned Parenthood and our opponents? **We trust women."**

But Planned Parenthood's ultrasound schizophrenia proves just the opposite.

Planned Parenthood's requirement that its own abortion patients undergo ultrasounds is evidence that it understands the clear, essential medical purpose ultrasounds serve. So why does Planned Parenthood oppose efforts to make an important medical standard the legal one? Perhaps Planned Parenthood fears that a woman's fully-informed choice may lead her out of the abortion clinic. That would explain why Planned Parenthood does not want to be legally obligated to offer women certain information, including the opportunity to view her ultrasound.

Planned Parenthood does not trust women.

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[i] *Abofreka v.Virginia Bd. of Med.*, 2007 WL 2301727 (Va. Ct. App).

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[ii] *Knox College Students Learn about GYT Campaign, Attacks on Women's Health Care*, Planned Parenthood Illinois Action (April 17, 2012), http://plannedparenthoodillinoisaction.blogspot.com/2012/04/empowering-young-people-knox-college.html (last visited Sept. 14, 2012).

[iii] *Id*.

[iv] *Maryland Legislation*, Planned Parenthood of Maryland,http://www.plannedparenthood.org/maryland/maryland-legislation-28761.htm (last accessed Sept 14, 2012).

[v] Alana Goodman, *Planned Parenthood Says it Won't Do Abortions Without Ultrasounds*, Commentary Magazine, Feb. 22, 2012, *available at*http://www.commentarymagazine.com/2012/02/22/planned-parenthood-abortions-ultrasounds/ (last visited Sept. 14, 2012).

[vi] *Id*.

[vii] *See* Declaration of John M. Thorp, Jr., M.D. at 10, *Stuart v. Huff*, 834 F. Supp. 2d 424 (M.D.N.C. 2011)(No. 1:11-cv-00804).

[viii] *See Early Options: A Provider's Guide to Medical Abortion,* National Abortion Federation, (2010), http://www.prochoice.org/education/cme/online_cme/m2complications.asp (last visited Oct. 7, 2012).

[ix] *Texas Med. Providers Performing Abortion Serv. v. Lakey*, 667 F.3d 570, 579 (5th Cir. 2012).

[x] *See, e.g.*, *Abofreka v.Virginia Bd. of Med.*, 2007 WL 2301727 (Va. Ct. App). The substandard care Dr. Abofreka provided included, "Without performing diagnostic tests to ascertain the gestational age of the fetus, instead relying only on a bimanual pelvic examination, that he believed showed a twelve (12) week fetus, Dr. Abofreka began a termination procedure on Patient A. After applying suction several times, Dr. Abofreka realized that the pregnancy was greater than the twelve (12) weeks gestation he estimated on examination. He then stopped the procedure and performed a sonogram which showed the gestational age was approximately twenty-four (24) weeks…" *See also* Consent Order, Before the Virginia Bd. of Med., 2007, *available at*http://www.dhp.virginia.gov/Notices/Medicine/0101023297/0101023297Order05182007.pdf (last visited Sept. 11, 2012)."The patient stated to Dr. Kim that her last menstrual period had been [six to eight weeks prior]. Dr. Kim stated that she performed a pelvic examination and believed the patient to be eight weeks pregnant." After beginning the abortion, Dr. Kim realized the patient was much further along, estimating her pregnancy to be at 24-26 weeks. The following day, via sonogram, the gestational age was recorded at 26 4/7 weeks."

[xi] *Texas Med. Providers Performing Abortion Serv.* at 573.

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[xii] *Id.* at 578.

[xiii] *See* Bamigboye et al., *Should women view the ultrasound image before first-trimester termination of pregnancy?* 92 So Afr Med J. 6, 430 (2002).

[xiv] *See* Wiebe et al., *Women's perceptions about seeing the ultrasound picture before an abortion*, 14 The Eur J. Contracept & Repro Health Care 2, 97 (2009).

[xv] *See Texas 82nd Legislative Session Update*, Planned Parenthood Trust of South Texas, *available at*http://www.plannedparenthood.org/south-texas/legislative-update-37028.htm (last visited Sept. 14, 2012).

[xvi] *See* Tex. Health & Safety Code § 171.012 *amended by* H.B. 15, 82nd Leg., Reg. Sess. (Tex. 2011)*available at* http://www.legis.state.tx.us/tlodocs/82R/billtext/pdf/HB00015F.pdf#navpanes=0 (last visited Sept. 14, 2012); *See also* Va. Code Ann. §18.2-76 *amended by* H.B. 462, 2012 Reg. Sess. (Va. 2012) *available at* http://lis.virginia.gov/cgi-bin/legp604.exe?ses=121&typ=bil&val=HB462 (last visited Sept. 14, 2012).

[xvii] Abortion prior to 6-7 weeks since the last menstrual period.

[xviii] Janie Benson et al., *Early abortion services in the United States: a provider survey,* 67 Contraception 287 (2003), *available at* http://www.lifenews.com/wp-content/uploads/2012/02/ultrasoundstudy.pdf (last visited Sept. 14, 2012).

[xix] *Id*. at 289.

[xx] *Id*. at 290-291.

[xxi] *Id*. at 293.

[xxii] *Id*. at 287.

[xxiii] *See Early Options: A Provider's Guide to Medical Abortion,* National Abortion Federation, (2010), http://www.prochoice.org/education/cme/online_cme/m2complications.asp (last visited Oct. 7, 2012).

[xxiv]Alana Goodman, *Planned Parenthood Says it Won't Do Abortions Without Ultrasounds*, Commentary Magazine, Feb. 22, 2012, *available at*http://www.commentarymagazine.com/2012/02/22/planned-parenthood-abortions-ultrasounds/ (last visited Sept. 14, 2012).


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# Exhibit 10

## Planned Parenthood Continues its Misinformation Campaign about So-called "Emergency Contraception."

Planned Parenthood's misinformation and troubling distribution of so-called "emergency contraception" was highlighted in Americans United for Life's July 2011 report, *The Case for Investigating Planned Parenthood*. Although Planned Parenthood subsequently revised some of its literature on "emergency contraception," its re-write is still rife with misleading and inaccurate information. A grave disservice to women, Planned Parenthood's materials routinely mischaracterize and misuse studies in an attempt to deny the capacity of these drugs and devices to end the life of a unique, developing human being.

The misinformation campaign is particularly apparent in Planned Parenthood's materials about the drug *ella*.

Although the Food and Drug Administration (FDA) approved Ulipristal Acetate (*ella*) for use as "emergency contraception," the drug can induce an abortion.[i] This is because, similar to the abortion drug mifepristone,*ella* "works" by blocking progesterone, a hormone that is necessary for pregnancy. By blocking progesterone,*ella* can kill a human embryo even after implantation.

Planned Parenthood, the nation's largest abortion provider, is well-aware that blocking progesterone causes abortions. Planned Parenthood Federation of America's (PPFA) January 2012 "Fact Sheet" titled "The Difference Between the Morning-After Pill and the Abortion Pill" answers the question "how does the abortion pill work?" with "[m]ifepristone ends pregnancy by blocking the hormones necessary for maintaining a pregnancy."[ii]

Conversely, the PPFA document states that *ella*, which similarly blocks progesterone, "works only by preventing ovulation." But this claim, that *ella*'s mode of action is limited to preventing ovulation, is dishonest. In fact, the FDA labeling of *ella* acknowledges that it can "affect" implantation and studies confirm that *ella* is harmful to a human embryo.[iii]

Moreover, the conclusion that *ella* "only" prevents ovulation is not even supported by the study PPFA cites in its so-called "Fact Sheet."

Rather, the cited study explains that progesterone-receptor modulators (drugs that block the hormone progesterone) "including [*ella*]" can "impair implantation."[iv] While the study—which was funded by *ella*'s manufacturer, HRA Pharma—theorizes that the dosage used in its trial "might be too low to inhibit implantation,"[v] it also states affirmatively that

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"an additional postovulatory mechanism of action," *e.g.*impairing implantation, "cannot be excluded." Thus, the study PPFA uses to claim conclusively that *ella* "works only by preventing ovulation" in actuality uses clear language that *ella's* life-ending mechanisms of action*cannot be excluded*.

In fact, *ella*'s deadliness is confirmed by its high "effectiveness."

Planned Parenthood's materials highlight that, unlike other so-called "emergency contraceptives," *ella*'s effectiveness "does not diminish over the course of five days following unprotected intercourse." Notably, at the FDA advisory panel meeting for *ella*, panelist Dr. Scott Emerson, a professor of Biostatistics at the University of Washington, raised the point that the low pregnancy rate for women taking *ella* four or five days after intercourse suggests that the drug *must* have an "abortifacient" quality.[vi]

While Planned Parenthood has made some effort to distinguish *ella* from other so-called "contraceptives," it still inappropriately conflates the drugs to mask *ella*'s consequential differences.

Several Planned Parenthood documents state that "emergency contraception," a definition they insist includes*ella*, "will not induce an abortion in a woman who is already pregnant" and "nor will it affect the developing pre-embryo or embryo." However, Planned Parenthood uses a study that looked at a category of drugs that are distinct from *ella*.[vii] The 1998 study that Planned Parenthood cites as evidence for these statements examined progestin-based drugs to make this point.[viii] *ella* is *not* a progestin-based drug. Rather, *ella* is a progesterone-blocker. In fact, the 1998 study also acknowledges that mifepristone, and similar progesterone-blocking drugs, *could* be used as "emergency contraception." There is no debate that mifepristone also causes abortions.

When Planned Parenthood denies or downplays the life-ending effects of "emergency contraception," it is not advancing women's right to informed consent.

To many women, it matters how a particular method of "birth control" can work. For women concerned about post-fertilization effects of a birth control method, at least one study has found that whether that was the primary mechanism of action was less important than the fact that it *can* have such a life-ending effect: "For those women who would not use or would stop using a [birth control] method acting after fertilization, it did not matter whether such effects were common or rare."[ix]

In his most recent study on "emergency contraception," Dr. James Trussell, whose associations include serving as a member of the National Medical Committee of PPFA, states, "To make an informed choice, women must know that [emergency contraception pills]… may at times inhibit implantation…"[x] Planned Parenthood's misuse and mischaracterization of studies to claim the opposite, deprives women of the information necessary to exercise true choice and demonstrates Planned Parenthood does not deserve the "trusted provider" moniker it claims.

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[i] “The mechanism of action of ulipristal in human ovarian and endometrial tissue is identical to that of its parent compound mifepristone.” D. Harrison & J.Mitroka, *Defining Reality: The Potential Role of Pharmacists in Assessing the Impact of Progesterone Receptor Modulators and Misoprostol in Reproductive Health*, 45 Annals Pharmacotherapy 115 (Jan. 2011).

[ii] *See* http://www.plannedparenthood.org/files/PPFA/Difference_Between_Morning_After_Pill.pdf (last visited Sept. 6, 2012).

[iii] *See* European Medicines Agency, Evaluation of Medicines for Human Use: CHMP Assessment Report for Ellaone 16 (2009), *available at* http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/001027/WC500023673.pdf (last visited Sept. 4, 2012); *see also ella*Labeling Information (Aug. 13, 2010), *available at*http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000lbl.pdf (last visited Sept. 4, 2012).

[iv] Glasier *et. al*, *Ulipristal acetate versus levongestrel for emergency contraception: a randomized non-inferiority trial and meta-analysis*, 375 The Lancet 555 (Jan. 2010).

[v]In the Glasier study, “follow-up was done 5-7 days after expected menses. If menses had occurred and a pregnancy test was negative, participation [in the study] ended. If menses had not occurred, participants returned a week later.” Considering that implantation must occur *before* menses, the study could not, and did not attempt to, measure an impact on an embryo pre-implantation or even shortly after implantation. *ella* was not given to anyone who was known to already be pregnant (upon enrollment participants were given a pregnancy test, pregnant women were excluded from the study). The only criterion for *ella* “working” was that a woman was not pregnant in the end. Whether that was achieved through blocking implantation, or even ending implantation, would be indeterminable.

[vi] *See* Transcript, Food and Drug Administration Center for Drug Evaluation and Research (CDER), Advisory Committee for Reproductive Health Drugs, June 17, 2010, *available at*http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/ReproductiveHealthDrugsAdvisoryCommittee/UCM218560.pdf (last visited Sept. 4, 2012).

Dr. Emerson specifically stated, “What’s very, very bothersome here, again, to me, is that we shouldn’t be seeing this much of an effect according to your presumed mechanisms of action; that if there is no abortifacient aspect of this treatment, no effect on implantation, I just can’t make these numbers jive, unless there is a substantial difference in the demographics according to the women who are presenting with this sort of data. …” He also noted, “So this still comes back to this mechanism of action then. Why would we expect that if — and I’ll even concede that the primary mechanism of action might be delayed ovulation, but not in this group that’s five days out from unprotected intercourse.”

The response to Dr. Emerson’s questions given by Dr. Erin Gainer, representing HRA Pharma, *ella*’s sponsor, acknowledged that HRA Pharma lacked sufficient data to make an

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assurance that *ella* did not have an abortifacient aspect, "Again, given the variability that we know when ovulation actually occurs in a given cycle, it's very hard to comment on how many of the women treated days 4 and 5 may have been post-ovulation.  We don't have biochemical data on the individual women included. So it is very hard to comment on where those women actually were."

[vii] Without diminishing the legitimate and serious concerns about the implantation-blocking capacity of progestin-based drugs, it must be acknowledged that *ella*, by blocking progesterone, is able to end even an "established" pregnancy, and thus "works" in a consequentially different way.

[viii] Van Look & Stewart, *Emergency Contraception*, Contraceptive Technology 277 (17th ed. 1998).

[ix] *See* Dye et al., *Women and postfertilization effects of birth control: consistency of beliefs, intentions and reported use*, 5(11) BMC Women's Health (2005). *See also* de Irala J, Lopez del Burgo C, Lopez de Fez CM, Arredondo J, Mikolajczyk RT, Stanford JB**,** *Women's attitudes towards mechanisms of action of family planning methods: survey in primary health centers in Pamplona, Spain,* BMC Women's Health 7 (2007).

[x] J. Trussell et al., *Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy*, Office of Population Research at Princeton University (June 2010).


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# Exhibit 11

## Actions Speak Louder Than Words: Planned Parenthood's Failure to Protect Those it Claims to Serve

In Planned Parenthood of the Heartland's Fiscal Year 2011 report, it boasts as one of its achievements for the year "actively work[ing] against…[a bill] requiring parental consent for a minor to receive abortion care."[i] This Planned Parenthood affiliate's opposition to a proposed parental involvement law is far from unique.

Planned Parenthood routinely opposes parental involvement legislation,[ii] and initiates legal challenges to newly enacted laws.[iii]

This contempt for laws supported by the vast majority of Americans, along with the fact that some Planned Parenthood affiliates have exhibited a pattern of violating and circumventing these laws once they are enacted,[iv] call into question whether Planned Parenthood truly is the "defender" of women and families that it so-publicly holds itself out to be.

Planned Parenthood's actions are stunning, given that parental consent laws—laws that protect the health and well-being of minors, respect parental rights, and save the lives of unborn babies—have a 71 percent nationwide approval rating.[v] In fact, 39 states currently have enforceable parental involvement laws.

Efforts to bolster parental involvement requirements saw a rebirth in 2011. At least 24 states considered one or more measures to enact new, or to strengthen existing, parental consent or notification requirements. Six of these states were successful,[vi] and at least one additional state will have a parental notice law on the ballot in November 2012.[vii]

Why do the majority of Americans support parental involvement laws?

- Parents usually possess information essential to a physician's exercise of his or her best medical judgment concerning the minor child.
- The medical, emotional, and psychological consequences of abortion are often serious and can be lasting, particularly when the patient is immature.[viii]
- Parents who are aware that their daughter has had an abortion may better ensure the best post-abortion medical care.
- Girls who obtain "secret" abortions often do so at the behest of the older men who impregnated them, and then return to abusive situations. News stories frequently


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reveal yet another teen who has been sexually abused by a person in authority—a coach, teacher, or someone else.[ix]Daily, teens are taken to abortion clinics without the consent or even the knowledge of their parents.

Quite simply, minor girls are at risk in every state in which parental involvement laws have not been enacted or are easily circumvented.

**Fighting Tooth and Nail Against Legislation that Safeguards Minor Girls**

As highlighted above, in 2011, Planned Parenthood of the Heartland opposed LB 690, parental consent legislation designed to protect the health and welfare of minor girls in Nebraska.[x] Planned Parenthood of the Heartland testified against LB 690, stating that it "creates potential harm for young women" and that it would be better to stop "putting so much time and energy into the issue of abortion."[xi] On the contrary, studies demonstrate that parental involvement laws actually decrease the incidence of risky sexual behavior among teenagers [xii] and reduce the teenage demand for abortion.[xiii]

Recently, Planned Parenthood Southeast called efforts to pass laws that protect women and young girls in Mississippi "overwhelmingly anti-woman and anti-family."[xiv] It lobbied against HB 656, which sought to protect minor girls from being transported across state lines for an abortion without a parent's consent.[xv]

Additionally, Planned Parenthood's demonstrated contempt for parental involvement measures violates the letter and spirit of federal regulations.

The U.S. Department of Health and Human Services mandates that no applicant may receive Title X funding unless it "certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services."[xvi]

Planned Parenthood is the nation's largest recipient of Title X family planning funds, yet it continues to actively oppose the enactment of parental involvement laws, violating an important legislative requirement of Title X.

**Litigation – Another Page from Planned Parenthood's Playbook**

Since 1973, Planned Parenthood has challenged parental involvement laws in 21 states.[xvii] These lawsuits are costly for states to defend, and delay or frustrate the enforcement of the protections that minors need and families deserve.

For example, in 2003, the New Hampshire legislature passed the "Parental Notification Prior to Abortion Act" (the 2003 Act), which was promptly challenged by Planned Parenthood in federal court and prevented from going into effect.[xviii] The First Circuit affirmed the lower court's decision;[xix] however, in*Ayotte v. Planned Parenthood*, the U.S. Supreme Court vacated and remanded the First Circuit's decision.[xx]

Rather than addressing the constitutional concerns raised by the federal courts legislatively or permitting the lower courts to modify their holdings consistent with the Supreme Court's direction, however, the New Hampshire legislature and governor John Lynch repealed the 2003 Act.

In 2011, state legislators again introduced a parental notification bill and, after the legislature overrode Governor John Lynch's veto, the bill became law. Minors are now better protected in New Hampshire in spite of the opposition of their local Planned Parenthood affiliate;[xxi] however, because of Planned Parenthood's challenge to their 2003 law, that protection was delayed nearly a decade.

To the detriment of minor girls, other states have not been able to achieve New Hampshire's deferred success. Because of the tactics utilized by Planned Parenthood and others, parental involvement laws are presently in litigation, enjoined, or unenforced in six states.

**Law? What Law?**

Tragically, because some Planned Parenthood affiliates have violated parental involvement laws, even in states with enforceable laws, minors lack full protection.

*Thirteen-year-old "Jane Doe" was a normal, everyday teenage girl, but her life turned into a nightmare when her soccer coach initiated a sexual relationship with her, impregnated her, and took her to a local Ohio Planned Parenthood clinic for an abortion. Ohio had a parental notification law, yet the Planned Parenthood clinic never questioned the soccer coach, who posed over the phone as Jane's father and then personally paid for her abortion with a credit card. Jane's parents were neither contacted nor informed.*[xxii]

*In 2004, the soccer coach was convicted of sexual battery and spent three years in prison despite Planned Parenthood's apparent efforts to keep the pregnancy and abortion a secret.*[xxiii] *In December 2010, a state trial court ruled that the Ohio Planned Parenthood clinic violated state law by not abiding by the state's mandatory 24-hour reflection period before a woman may obtain an abortion.*[xxiv][xxv]

*"Jane's" story is not unique.* Inexplicably, some Planned Parenthood clinics have shown themselves to be perfect partners to those who wish to sexually abuse and exploit young girls. Planned Parenthood clinics in Alabama, Arizona, Indiana, Minnesota, and Virginia, in addition to Ohio, have demonstrated a willingness to violate parental involvement laws.[xxvi] For example, in 2009, the Alabama Department of Public Health issued a report stating that Planned Parenthood staff at a Birmingham, Alabama abortion clinic "failed to obtain parental consent for 9 of 9 minor patients in a manner that complies with state legal requirements."[xxvii]

In some cases, state officials have initiated investigations into Planned Parenthood clinics and subsequently fined or placed them on probation for failure to comply with applicable state parental involvement laws. For example, in October 2005, Planned Parenthood Minnesota/North Dakota/South Dakota was fined $50,000 for ignoring Minnesota's parental notice law.[xxviii]

**Planned Parenthood – Not a Friend to Minors**

Planned Parenthood and its affiliates do not have the best interests of young women and their unborn children at heart when they fight against, challenge, and break laws designed

to: protect minors from the lasting medical, emotional, and psychological consequences of abortion; ensure that parents have information necessary to meet their daughters' medical needs; and verify that young girls are not having abortions at the behest of older, abusive men.

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[i]*See* http://www.plannedparenthood.org/heartland/files/heartland/FY11AnnualReport_Web.pdf (last visited Sept. 22, 2012).

[ii] Parental involvement for abortion includes both parental notice and parental consent requirements.

[iii] *See* The Case for Investigating Planned Parenthood, Appendix XII (Americans United for Life 2011),*available at* http://www.aul.org/aul-special-report-the-case-for-investigating-planned-parenthood (last visited Sept. 20, 2012). A few examples include: *Planned Parenthood of Alaska v. Campbell*, 232 P.3d 725 (Alaska 2010) (challenging Alaska's parental notice law); *Planned Parenthood of Kan. & Mid-Mo., Inc. v. Nixon,* 220 S.W.3d 732 (Mo. 2007) (challenging Missouri's parental consent law); *Planned Parenthood Fed'n, Inc. v. Schweiker*, 559 F. Supp. 658 (D. D.C. 1983) (challenging HHS regulations on parental notice).

[iv] *See* The Case for Investigating Planned Parenthood, *supra* at p. 18*.*

[v] Lydia Saad, *Common State Abortion Restrictions Spark Mixed Reviews*, Gallup, July 25, 2011, http://www.gallup.com/poll/148631/Common-State-Abortion-Restrictions-Spark-Mixed-Reviews.aspx (last visited Sept. 20, 2012).

[vi] *See generally,* Defending Life 2012: Building a Culture of Life, Deconstructing the Abortion Industry,*available at http://www.aul.org/defending-life/* (last visited Oct. 11, 2012).

[vii] *See* Montana Secretary of State, *2012 Ballot Issues*, *available at*http://sos.mt.gov/Elections/2012/BallotIssues/ (last visited Oct. 11, 2012).

[viii] H.L. v. Matheson, 450 U.S. 398, 411 (1981).

[ix] Unfortunately, sexual abuse is "vastly underreported." In fact, nearly 88 percent of sexual abuse is never reported—let alone prosecuted. Many experts refer to sexual violence and date/acquaintance rape as a "hidden" or "silent" epidemic because of the high rates of occurrence and its infrequent disclosure. Yet studies reveal that *at least* one in five girls is sexually abused before the age of 18. Some researchers estimate even higher numbers. *See* National Association of Children's Hospitals and Related Institutions ["NACHRI"], *Child Sexual Abuse Fact Sheet* (2004); E.M. Saewyc et al.,*Teenage Pregnancy and Associated Risk Behaviors Among Sexually Abused Adolescents*, Persp. on Sexual & Reprod. Health 936(3):8, 99 (May/June 2004); Stop It Now, *Commonly Asked Questions: Answers to Commonly Asked Questions About Child Sexual Abuse*(2005) (citing R.F. Hanson et al.,*Factors Related to the Reporting of Childhood Sexual Assault*, Child Abuse & Neglect


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23:559, 559-69 (1999)); C.E. Irwin & V.I. Rickert, Editorial: Coercive Sexual Experiences During Adolescence and Young Adulthood: A Public Health Problem, 36 J. Adoles. Health 359 (2005); V.I. Rickert et al.,*Disclosure of Date/Acquaintance Rape: Who Reports and When*, 18 J. Ped. Adoles. Gyn. 17 (2005).

[x] LB 690 (2011), *available at* http://nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB690.pdf (last visited Sept. 20, 2012).

[xi] *See* Transcript Prepared By the Clerk of the Legislature, Judiciary Committee (March 09, 2011).

[xii] Jonathan Klick & Thomas Stratmann, *Abortion Access and Risky Sex Among Teens: Parental Involvement Laws and Sexually Transmitted Diseases,* 24 (1) J.L. Econ. & Org 2-21(2008).

[xiii] Haas-Wilson, *The Impact of State Abortion Restrictions on Minors' Demand for Abortions,* 31(1) J. HUMAN RES. 140, 155 (1996); Haas-Wilson, *The economic impact of state restrictions on abortion: Parental consent and notification laws and Medicaid funding restrictions,* 12(3) J. POL'Y ANALYSIS & MGMT. 498, 509 (1993); Donovan, *Judging teenagers: How minors fare when they seek court authorized abortions,* 15(6) FAMILY PLANNING PERSP. 259 (1983); Blank et al., *State Abortion Rates: The Impact of Policies, Providers, Politics, Demographics, and Economic Environment,* 15 J. HEALTH ECON. 513 (1996); Ohsfeldt & Gohmann, *Do Parental Involvement Laws Reduce Adolescent Abortion Rates?,* 12(2) CONTEMP. ECON. POL'Y 65 (1994).

[xiv] *See* Planned Parenthood Southeast, MS Legislative Update (Apr. 21, 2011), *available at*http://www.plannedparenthood.org/ppse/ms-legislative-update-32329.htm (last visited Sept. 20, 2012).

[xv] *Id.*

[xvi] *See* U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Legislative Mandates, available at*http://www.hhs.gov/opa/familyplanning/policyplanningeval/legislative/index.html (last visited Sept. 20, 2012).

[xvii] *See* The Case for Investigating Planned Parenthood, Appendix XII, *supra*.

[xviii] *See Planned Parenthood v. Heed* (*Heed I*), 296 F. Supp. 2d 59 (D. NH. 2003).

[xix] *See Planned Parenthood v. Heed* (*Heed II*), 390 F.3d 53 (1st Cir. 2004).

[xx] 546 U.S. 320 (2006).

[xxi] See Planned Parenthood of Northern New England, *News Source* (2011/Fall, Winter) ("The 2011 legislative session offered setbacks for reproductive and sexual health care. . . . Republican leadership in the House and Senate advanced parental notification"). *available at*http://www.plannedparenthood.org/ppnne/files/Northern-New-England/PPNNE_NewsSource_Fall-Winter_2011.pdf (last visited Sept. 20, 2012).

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*[xxii] Facts related to this story can be found in court documents as well as in AUL's amicus curiae brief in the case. See Brief of Amici Curiae Members of the U.S. Congress, Roe v. Planned Parenthood Southwest Ohio, No. 07-1832 (Ohio 2008).*

*[xxiii] Id.*

*[xxiv] Id.*

*[xxv] The issue of whether Planned Parenthood violated state law by not informing the parents of the planned abortion or obtaining their consent was recently confidentially resolved and therefore the case was dismissed.See* Ohio Lawsuit Over Teen Abortion Resolved, ASSOCIATED PRESS, Apr. 28, 2011, available at http://www2.nbc4i.com/news/2011/apr/28/2/ohio-lawsuit-over-teen-abortion-resolved-ar-469385/. In addition, the minor's pregnancy and soccer coach's involvement in her abortion should have incited Planned Parenthood's employees— mandatory reporters under Ohio law—to report her sexual abuse/statutory rape to the proper authorities, but Planned Parenthood allegedly failed to do so.

[xxvi] *See* The Case for Investigating Planned Parenthood, Appendix XIII, *supra*.

[xxvii] *See* Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), *available at* http://www.liveaction.org/files/PPViolations.pdf (last visited Sept. 20, 2012).

[xxviii] Prather, *Judge Faults St. Paul Clinic in Abortion Lawsuit,* ST. PAUL PIONEER PRESS A1 (Oct. 2005). Planned Parenthood of Minnesota/North Dakota/South Dakota receives money from the United States Department of Health and Human Services and from Title X. *See* PLANNED PARENTHOOD OF MINNESOTA/NORTH DAKOTA/SOUTH DAKOTA, 2009 ANNUAL REPORT (2009), *available at*http://www.plannedparenthood.org/mn-nd-sd/images/Minnesota-NDakota-SDakota/PP09_C3AR.pdf (last visited Sept. 20, 2012).

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# Exhibit 12

## Planned Parenthood's Abortion-on-Demand Policies Include Tacit Support for Sex-Discrimination

Ending the life of a baby girl or baby boy because of her or his sex is a violent act of discrimination. Indeed, recognition of sex-selection abortion as an acute form of discrimination spans both political parties and the spectrum of those who self-identify as pro-life or pro-choice. As Secretary of State Hillary Clinton stated in August 2009: "[U]nfortunately with technology, parents are able to use sonograms to determine the sex of a baby, and to abort girl children simply because they'd rather have a boy."[i]

Sex-selection abortion is a *real* war on women, literally ending the lives of millions of baby girls simply because they are female. Research documents that baby girls are the predominant targets of sex-selection abortions.[ii] Nicholas Eberstadt, of the American Enterprise Institute, notes that the numbers of these sex-selection abortions worldwide are staggering, "resulting in millions upon millions of new 'missing baby girls' each year."[iii]

Contrary to what many believe, this discriminatory act takes place not just in China or India, but evidence suggests it does also happen in abortion clinics in America.[iv]

In May and June 2012, the investigatory group Live Action released an undercover video series called "Gendercide: Sex-Selection in America."[v] The footage reveals Planned Parenthood and National Abortion Federation (NAF) clinics in five different states willing to facilitate and perform sex-selection abortions. In each video, a pregnant woman tells the clinic staff that she wants an abortion if her baby is a girl because she already has a daughter and now wants a son. The scenario tracks the pattern that researchers have documented for sex-selection abortions in America.[vi]

In the first "Gendercide" video, the advice given to the pregnant woman by a Planned Parenthood employee in Austin, Texas includes: "Just, you know, if it is a girl, then I would have just made it seem like it was a miscarriage or something like that" because "some things you probably can't be too open because there are people out there that'll place judgment, you know?"[vii]

The Planned Parenthood employee tells the pregnant woman that if the ultrasound determines her child is an unwanted girl, she can return to the clinic for an abortion. The Planned Parenthood employee then laughingly tells the woman, "So just continue and try again!"


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Planned Parenthood's official response was to call the video a "hoax." Yet, Planned Parenthood in the same statement also assured the public that "the staff member's employment was ended and all staff members at this affiliate were immediately scheduled for retraining…"[viii]

Firing and re-training employees discredits the "nothing wrong happened here" message Planned Parenthood seeks to impart with its statement that the video reveals – not malfeasance by Planned Parenthood – but a "hoax" perpetrated by Live Action.

Planned Parenthood's response also lacked any explanation of *why* Planned Parenthood fired its employee, or what Planned Parenthood's "protocol" is, in which its employees are being "retrained." Planned Parenthood only stated its policy in the most general of terms: "high standards." Divulging these standards – and how they were violated – is a reasonable expectation of an organization collecting over a million dollars a day from America's taxpayers.

Two days later, however, when Live Action released footage recorded at the Margaret Sanger clinic in New York City, Planned Parenthood recycled its "hoax" mantra, using the word four times in its official response.[ix]It again claimed that it imposes "extensive guidelines and training requirements," and that the organization takes "swift action" when protocol is violated.

Planned Parenthood's response, although again failing to share what its "protocol" entails, in effect admitted that affirming sex-selection abortions is in accord with its "extensive guidelines."

Instead of firing the Margaret Sanger Clinic employee, who repeatedly assured a pregnant patient that a sex-selection abortion is "really your decision" (if that's what "you feel is best" and "what you would prefer"), Planned Parenthood commended its employee's "nonjudgmental, informative services."[x]

At the time of publication, Planned Parenthood has failed to give any response to the videos Live Action recorded at its clinics in Honolulu and Maui, Hawaii and Chapel Hill, North Carolina. These videos again demonstrate Planned Parenthood's willingness to participate in sex-selection abortions.

Footage taken at the Maui Planned Parenthood shows the Planned Parenthood employee affirming the decision to abort a baby girl because she is a girl, "It's really up to the patient whether…I mean, everyone has their different reasons why they choose to have a termination… If that's what you want to base your decision on, that's really up to you." The Planned Parenthood employee advises, "You may have to wait a little while, to get an ultrasound" to make sure it is a girl to abort.[xi]

The Planned Parenthood employee then admonishes anyone who would judge a sex-selection abortion, "This is your reason and this is your situation and they should be accommodating." She confirms that Planned Parenthood, on the other hand, is accepting of any reason, including sex discrimination, for an abortion. "You can tell us anything and we

would not blink an eye, because it's up to you if you want it. This is your life and this is your situation."[xii]

How is this direct quote a "hoax?"

Without fail, Planned Parenthood and its defenders argue that "heavy editing" is the source of the abortion giant looking bad on camera and agreeing to facilitate or perform sex-selection abortions. However, until Planned Parenthood discloses what its "extensive guidelines" encompass, it appears that nothing in these videos violates Planned Parenthood's "protocol."

Moreover, there is no need to watch a Live Action video for proof that Planned Parenthood not only condones, but participates in, sex-selection abortions. Planned Parenthood admits as much itself.

Attempting to get ahead of the damaging exposé, Leslie Kantor, Planned Parenthood Federation of America's (PPFA) Vice President of Education, and Dr. Carolyn Westhoff, PPFA's Senior Medical Advisor, opined before the release of the Live Action videos, "We expect that the materials eventually released will focus on Planned Parenthood's non-judgmental discussions with the various women who posed as possible patients [seeking sex-selection abortions]."[xiii]

Employing the term "non-judgmental," Ms. Kantor implies that Planned Parenthood's conversations are innocuous or even praiseworthy. However, consider that "non-judgmental" is being applied to "discussions" about *killing a baby girl because she is female* and the true character of Planned Parenthood is revealed.

Planned Parenthood's actions speak volumes more than the words of its press releases. By engaging in "non-judgmental discussions" about sex-selection abortions, as well as facilitating and performing sex-selection abortions, Planned Parenthood's actions undermine its assertions that it "finds the concept of sex selection deeply unsettling" and that "gender bias is contrary to everything our organization works for daily in communities across the country."[xiv]

Planned Parenthood's participation in sex-selection abortions does not end with its "non-judgmental discussions."

In opposition to a Missouri bill that would ban sex-selection abortions, Michelle Trupiano, Lobbyist and Public Policy Manager of Planned Parenthood of Missouri, testified that the organization "condemns" sex-selection abortions.[xv] However, when Representative Marsha Haefner (R) from St. Louis County asked Ms. Trupiano to answer whether Planned Parenthood would refuse to perform such abortions if asked by a patient, she dodged the question with political rhetoric. Three times she refused to answer the question, even when asked directly to give a "yes or no" response.

Conversely, the *Huffington Post* has answered the question, reporting multiple times that Planned Parenthood will perform abortions for any reason, including sex-selection, unless it is prohibited by law. Speaking with an unnamed PPFA spokeswoman after the release of


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the Live Action videos, the *Huffington Post* reported that Planned Parenthood's policy to provide "high quality, nonjudgmental care" to anyone who comes to its clinics "means that no Planned Parenthood clinic will deny a woman an abortion based on her reasons for wanting one, except in those states that explicitly exclude sex-selection abortions."[xvi]

Planned Parenthood's position, however, is incongruent with the vast majority of Americans who support making the practice of sex-selection abortions illegal. For example, a 2006 Zogby poll found that 86 percent of Americans supported laws banning sex-selection abortion,[xvii] receiving the highest percentage of agreement among any question asked in the poll.[xviii] Notably, prohibiting sex-selection abortions garnered significant support even among those who believe there is a constitutionally protected "right" to abortion.[xix]

Coming to Planned Parenthood's defense, Laura Bassett of the *Huffington Pos*t renounced "spotlighting" the issue of sex-selection abortions as a "common tactic that the anti-abortion community has been using lately to turn the 'war on women' around on Planned Parenthood…"[xx] In reality, it demonstrates an ugly truth that Planned Parenthood wants to hide: Planned Parenthood chooses profit over the lives of baby girls. That is a*real* "war on women."

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[i] Mark Landler, *Saving the World's Women, A New Gender Agenda*, The New York Times Magazine, Aug. 18, 2009, *available at* http://www.nytimes.com/2009/08/23/magazine/23clinton-t.html?pagewanted=2&_r=1&hp# (*last visited* Jun. 25, 2012).

[ii] Nicholas Eberstadt, *The Global War Against Baby Girls*, The New Atlantis, 3 (2011). "All around the world, the victims of [sex-selection abortion] are overwhelmingly female—in fact, almost universally female."

[iii] Nicholas Eberstadt, *The Global War Against Baby Girls*, The New Atlantis, 3 (2011).

[iv] D. Almond and L. Edlund, *Son-biased sex rations in the 2000 United States Census*, 115 Proc. Nat'l Acad. Sci. 12, 5681 (Apr. 15, 2008.) (Documenting male-biased sex ratio among U.S. born children of Chinese, Korean and Asian Indian parents in the 2000 U.S. Census: "We interpret the found deviation in favor of sons to be evidence of sex selection, most likely at the prenatal stage.")

[v] Full video and transcripts available at Protect Our Girls, A Project of Live Action,http://protectourgirls.com/videos/ (*last visited* Jun. 25, 2012).

[vi] D. Almond and L. Edlund, *Son-biased sex rations in the 2000 United States Census*, 115 Proc. Nat'l Acad. Sci. 12, 5681 (Apr. 15, 2008.) "Using the 2000 U.S. Census, we find that the sex ratio of the oldest child to be normal, but that of subsequent children to be heavily male if there was no previous son."

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[vii] Full video and transcript are available at *Sex-Selection in America Part 1,* Protect Our Girls, A Project of Live Action, http://protectourgirls.com/transcript-of-video/ (*last visited* Jun. 25, 2012).

[viii] *Planned Parenthood Statement on Hoax Campaign (May 29, 2012)*, Planned Parenthood Fed'n Am., http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-statement-hoax-campaign-39383.htm (*last visited* Jun. 25, 2012).

[ix]*Planned Parenthood Statement on Hoax Campaign (May 31, 2012)*, Planned Parenthood Fed'n Am., http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-statement-hoax-campaign-39408.htm (*last visited* Jun. 25, 2012).

[x] Full video and transcript are available at *Sex-Selection in America Part 2,* Protect Our Girls, A Project of Live Action, http://protectourgirls.com/gendercide-in-america-undercover-in-nyc/ (*last visited* Jun. 25, 2012).

[xi] *Id.* While the Planned Parenthood employee initially appears shocked when the pregnant woman discloses that she is choosing to terminate her pregnancy because of the results of an "Intelligender" test (which she describes as a test she purchased at the drugstore that determines the sex of the baby in early pregnancy), it becomes quickly apparent that the Planned Parenthood employee's "shock" is only because she questions the accuracy of such an over-the-counter test, not the fact that the abortion is being solicited solely based on the baby's sex.

[xii] Full video available at *Sex-Selection in America Part 4,* Protect Our Girls, A Project of Live Action, http://protectourgirls.com/sex-selection-in-america-part-4-undercover-in-hawaii/ (*last visited* Jun. 25, 2012).

[xiii] Leslie Kantor and Dr. Carolyn Westhoff, *Secret Hoax Campaign is Another Abortion Wars Tactic*, RH Reality Check, Apr. 23, 2012, *available at* http://www.rhrealitycheck.org/article/2012/04/23/secret-hoax-campaign-is-another-abortion-wars-tactic (*last visited* Jun. 25, 2012).

[xiv] *Planned Parenthood Statement on Hoax Campaign (May 29, 2012)*, Planned Parenthood Fed'n Am., http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-statement-hoax-campaign-39383.htm (*last visited* Jun. 25, 2012).

[xv] Planned Parenthood routinely opposes efforts to ban sex-selection. *See e.g.* Planned Parenthood of Southwest & Central Florida, Inc., Choice Notes, Winter 2012, *available at*http://www.plannedparenthood.org/ppswcf/files/Southwest%20and%20Central%20Florida/Choice_Notes_Winter_2012.pdf(*last visited* Jun. 25, 2012). Planned Parenthood of Southwest and Central Florida, summarizing its opposition to a bill banning sex and race selection abortions, announced, "While Planned Parenthood condemns racism and sexism in all forms, legislation that overrides the doctor-patient relationship is not in the interest of Florida women."

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[xvi] Laura Bassett, *Planned Parenthood Sting Caught on Video, Released by Anti-Abortion Activists*, Huffington Post, May 29, 2012, *available at* http://www.huffingtonpost.com/2012/05/29/planned-parenthood-video_n_1552672.html (*last visited* Jun. 25, 2012).

[xvii] *Zogby/Associated Television News Poll Reveals: Abortion Tough Issue for Hillary Clinton & '06 Congressional Democrats,* Associated Television News, Mar. 22, 2006 *available at*http://www2.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/03-22-2006/0004325089&EDATE (*last visited* Jun. 25, 2012).

[xviii] The Zogby poll also aptly demonstrates that support for making sex-selection illegal exists across the political spectrum — among Democrats, Republicans, and Independents.

[xix] *Zogby/Associated Television News Poll Reveals: Abortion Tough Issue for Hillary Clinton & '06 Congressional Democrats,* Associated Television News, Mar. 22, 2006 *available at*http://www2.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/03-22-2006/0004325089&EDATE (*last visited* Jun. 25, 2012). Although 46 percent of those polled answered that they "agreed" to "that a woman's right to choose to have an abortion is guaranteed by the US Constitution," strong support for restrictions on abortion demonstrate that the perceived "right" does not include abortion for any and all circumstances.

[xx] Laura Bassett, *Planned Parenthood Worried It's The Target Of New Undercover Sting,* Huffington Post, May 23, 2012, *available at* http://www.huffingtonpost.com/2012/04/23/planned-parenthood-live-action_n_1446527.html (*last visited* Jun. 25, 2012).

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# Exhibit 13

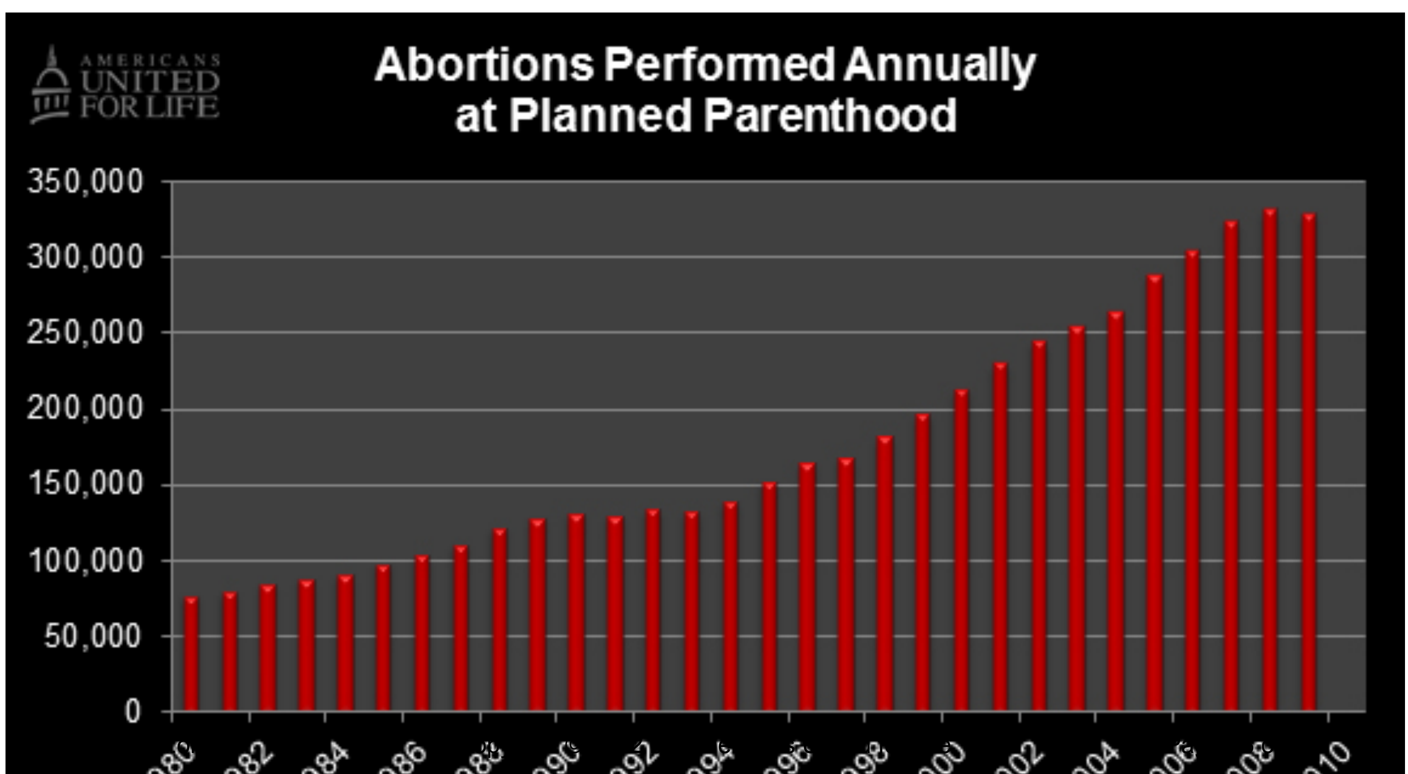
## Planned Parenthood’s Exponential and Intentional Increase in its Abortion Business

Under the leadership of Dr. Alan Guttmacher, Planned Parenthood’s president from 1962 to 1974, the organization experienced an abortion-defining moment. Planned Parenthood went from warning women about the dangers of abortion[i] to being among the first to eagerly profit from its legalization. Planned Parenthood of Syracuse, New York began performing abortions on the first day permitted by a change in New York State law.

Since it entered the abortion business in 1970, Planned Parenthood has intentionally and exponentially expanded this highly profitable segment of its operations.

Planned Parenthood has performed—and profited from—over five million abortions in the last four decades. But at its current pace, Planned Parenthood performs one million abortions in just three years. In 2010, Planned Parenthood clinics performed over 900 abortions each and every day.[ii]

Abortion has outpaced other areas of “growth” at Planned Parenthood. Its provision of abortions is expanding not because Planned Parenthood is opening more clinics or otherwise expanding its overall operations; rather, the organization is becoming increasingly abortion-centric.



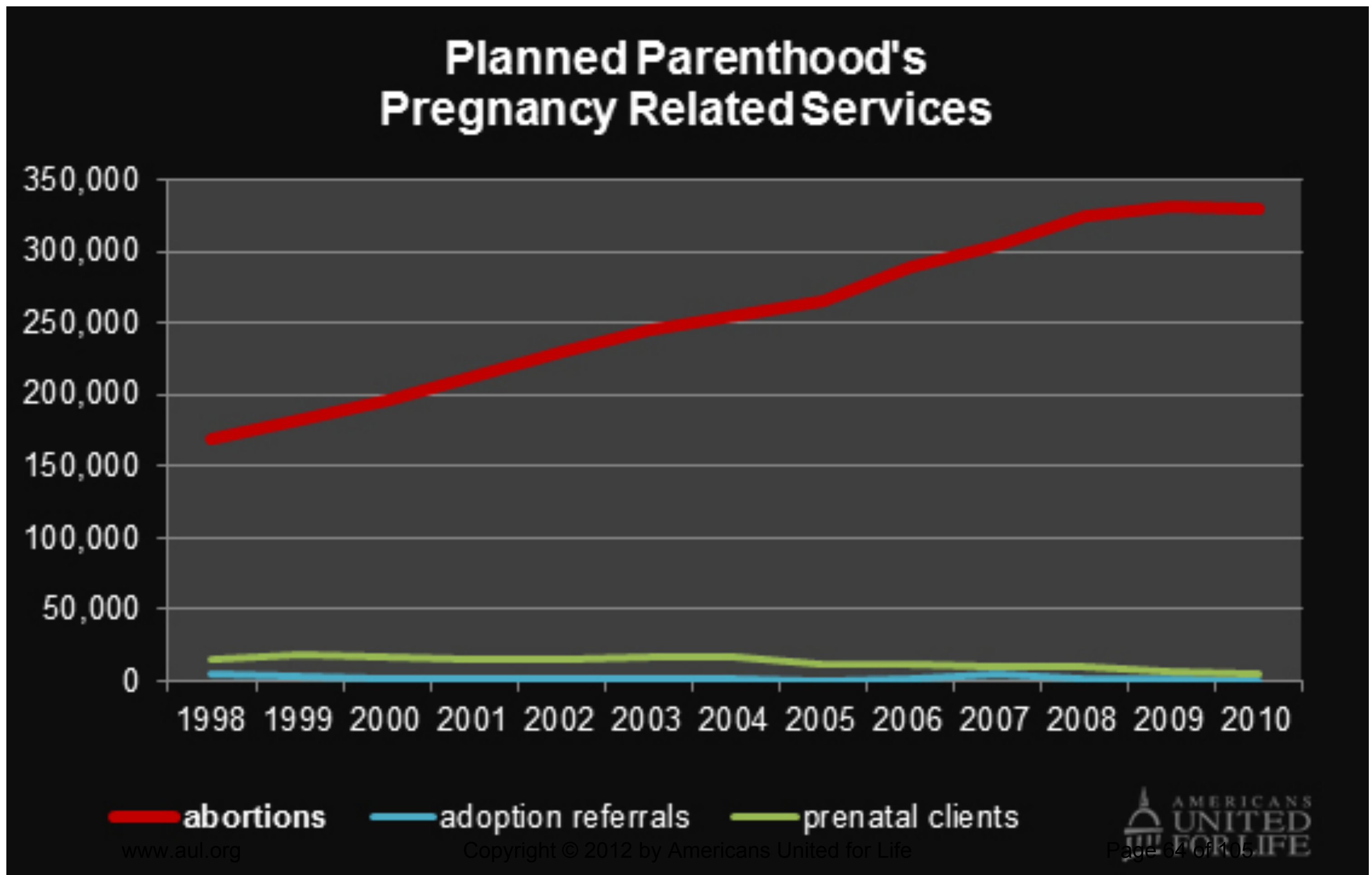
According to Planned Parenthood's own reports, in 1991, "more than 3.2 million individuals" were seen in its clinics nationwide.[iii] That year Planned Parenthood performed 132,314 abortions,[iv] meaning roughly 4.2 percent of the patients at its clinics received abortions in 1991.

Planned Parenthood's latest annual report notes that over the course of two decades the number of patients seen at its clinics has not increased. In 2010 "Planned Parenthood health centers saw approximately three million patients."[v] Although Planned Parenthood fails to publicly report the exact number of its unduplicated patients, and only provides an approximation, it is clear that with a steady, or potentially decreased, number of patients overall, Planned Parenthood's abortion business has more than doubled. Planned Parenthood clinics performed 329,445 abortions in 2010.[vi]

In its February 2011 "Fact Sheet" titled "Planned Parenthood by the Numbers," Planned Parenthood reported that 12 percent of the patients at its clinics were abortion patients.[vii]

While rapidly growing its abortion business, Planned Parenthood has drastically cut its other pregnancy-related services. Abortion is the "service" Planned Parenthood provides for the overwhelming majority of its pregnant patients.

Notably, Planned Parenthood's own directives make clear the organization is intentionally becoming more abortion-centric. In December 2010, Planned Parenthood issued a new mandate: by 2013, every Planned Parenthood affiliate must have at least one clinic performing abortions.[viii]





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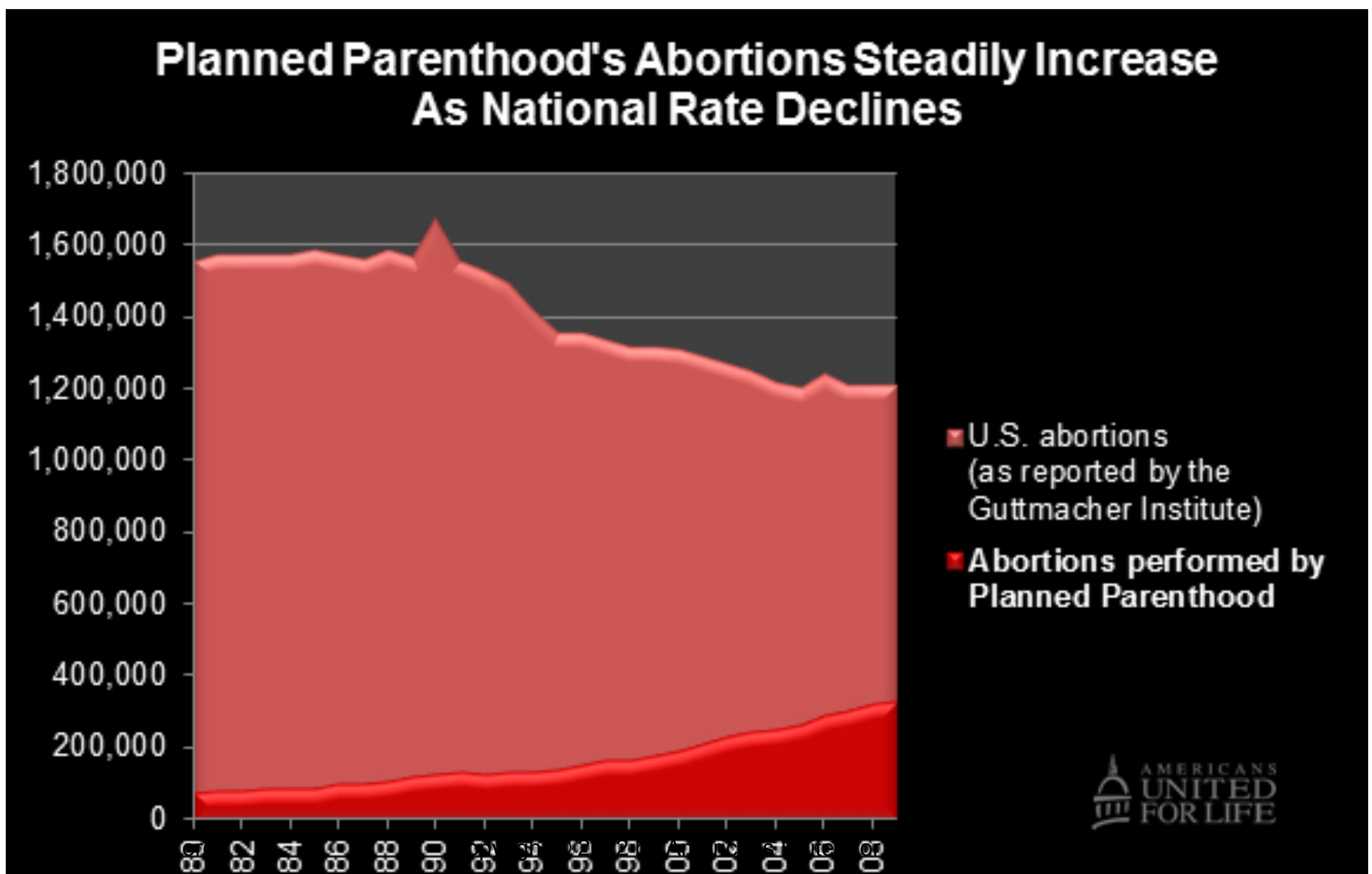
In a legal complaint filed against the State of Texas, Planned Parenthood confirmed that the "marching orders" for its affiliates are that they *must* be abortion providers to be part of Planned Parenthood.

Plaintiffs all are affiliates of, or ancillary organizations of affiliates of, Planned Parenthood Federation of America ("PPFA"), which also advocates for women's access to comprehensive reproductive healthcare, including abortion, and requires that its affiliates do the same. PPFA does not provide abortion care itself, but its member affiliates offer that service throughout the United States **and as of January 2013, all member-affiliates will be required to do so.** [ix] (Emphasis added.)

Planned Parenthood's intentional increase in its abortion business is not limited to expanding the number of its clinics where abortions are performed.

Abby Johnson, the former director of Planned Parenthood's clinic in Bryan, Texas, reports that, in 2009, her clinic was given an increased abortion quota in order to raise revenue.[x] (According to Ms. Johnson, "the assigned budget always included a line for client goals under abortion services."[xi]) Ms. Johnson has said that her superiors gave her "the clear and distinct understanding that I was to get my priorities straight, that abortion was where my priorities needed to be because that's where the revenue was."[xii]

The expanding abortion business at Planned Parenthood runs counter to a two-decade national trend of decreasing abortion numbers. Even without further expansion, Planned Parenthood has firmly cemented its place in the abortion industry as the nation's largest abortion chain.



[i] Planned Parenthood did not always advocate for abortion. In a 1952 Planned Parenthood brochure, it stated that abortion "kills the life of a baby after it has begun. It is dangerous to your life and health. It may make you sterile so that when you want to have a child you cannot have it." *See* David Schmidt,*Planned Parenthood in 1952: Abortion 'kills the life of a baby,'"* Live Action blog (Mar. 8, 2010),*available at*http://liveaction.org/blog/planned-parenthood-1952-abortion-kills-baby/ (last visited Sept. 23, 2012).

[ii] Planned Parenthood reports that it performed 329,445 abortions in 2010. *See* Planned Parenthood Fed'n of Am., Inc., Annual Report 2009-2010 5 (2011), *available at*http://issuu.com/actionfund/docs/ppfa_financials_2010_122711_web_vf?mode=window&viewMode=doublePage (last visited Sept. 23, 2012).

[iii] Planned Parenthood Fed'n of Am., Inc., Service Report 2 (1992).

[iv] *Id. at* 16.

[v] Planned Parenthood Fed'n of Am., Inc., Annual Report 2009-2010 *supra* at 4.

[vi] *Id.* at 5.

[vii] Planned Parenthood Fed'n of Am., Inc., Planned Parenthood by the Numbers (Feb. 2011).

[viii] *See* Carey, *Planned Parenthood plans to expand abortion services nationwide*, The Daily Caller (Dec. 23, 2010), *available at* www.dailycaller.com/2010/12/23/planned-parenthood-plans-to-expand-abortion-services-nationwide/ (last visited Sept. 23, 2012). *See also* Foley, *Local PP chapter drops affiliation*, Corpus Christi Caller Times (Dec. 20, 2010), *available at* www.caller.com/news/2010/dec/20/local-planned-parenthood-chapter-drops/ (last visited Sept. 23, 2012) (reporting that a Corpus Christi, Texas clinic planned to drop PPFA affiliation because of mandate); Livio, *Planned Parenthood may double the number of N.J. abortion clinics while expanding nationwide*, NJ.Com (Jan. 16, 2011), *available at*www.nj.com/news/index.ssf/2011/01/planned_parenthood_to_double_t.html (last visited Sept. 23, 2012).

[ix] Complaint at ¶ 30 (d), *Planned Parenthood Ass'n Tex. v. Suehs*, 2012 U.S. Dist. LEXIS 62289 (W.D. Tex., Apr. 30, 2012) (No. 1:12-CV-00322).

[x] Abby Johnson & Cindy Lambert, Unplanned: The Dramatic True Story of a Former Planned Parenthood Leader's Eye-Opening Journey across the Life Line 114 (Ignatius Press, 2010).

[xi] *Id.*

[xii] *Id* at 115.

# Exhibit 14

## Planned Parenthood's Effort to Deprive Women of Information on Psychological Risks of Abortion

Decades of medical evidence has revealed that abortion carries significant psychological risks, including increased risks of depression, anxiety, and suicide. But informing women of these risks threatens the profit margins of abortion providers: when women are aware of the risks of abortion, they are more likely to choose life. As a result, Planned Parenthood often goes to great lengths to ensure that women are *not* informed of the psychological risks of abortion.

A prime example of Planned Parenthood's determination to hide this information from women occurred in a recent case from South Dakota, *Planned Parenthood v. Rounds*.

In 2005, South Dakota enacted a comprehensive informed consent law requiring, among other things, that a physician seeking to perform an abortion give the woman a written statement providing (in pertinent part):

(e) A description of all known medical risks of the procedure and statistically significant risk factors to which the pregnant woman would be subjected, including:

(i) Depression and related psychological distress;

(ii) Increased risk of suicide ideation and suicide…[i]

Following the law's enactment, Planned Parenthood sued to prevent the new law from going into effect, including the "suicide advisory".[ii]

The abortion giant attempted at multiple times to introduce flawed and inaccurate information into the record.

Planned Parenthood attempted to introduce as evidence an incomplete version of a 2008 report authored by the American Psychological Association (APA), a flawed report which claimed that there is no link between abortion and suicide.[iii] Attorneys for the State of South Dakota immediately objected, noting that the report, as introduced, was incomplete and missing critical information. The incomplete report omitted multiple tables which were needed to completely document and analyze the data upon which the report's conclusions were purportedly based.[iv]

In a July 2009 hearing, Planned Parenthood again attempted to rely upon the incomplete APA report, and once again the State objected.[v] Attorneys for the State also offered a

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comprehensive critique of the APA report through the declaration of an expert witness, Dr. Priscilla Coleman, M.D.[vi] Dr. Coleman thoroughly exposed the flaws in the APA report—including the fact that even a revered pro-abortion researcher signed a protest letter to the APA because the APA's analysis of the psychological data was so inherently flawed.[vii]

In August 2009, however, without addressing the incompleteness of the APA report, the federal district court sided with Planned Parenthood and ruled that a physician did not have to inform women of the increased risk of suicide following an abortion.[viii] The State, as well as pregnancy care centers that had intervened in the lawsuit in defense of the law, appealed the case to the Eighth Circuit.

On appeal, Americans United for Life (AUL) filed an *amicus curiae* ("friend of the court") brief on behalf of the Christian Medical & Dental Associations, the American Association of Pro-Life Obstetricians & Gynecologists, the Catholic Medical Association, Physicians for Life, and the National Association of Pro-Life Nurses.

AUL's brief highlighted numerous peer-reviewed studies and testimony highlighting the increased risk of suicide following an abortion and supporting the State's decision to ensure that women are informed of this increased risk. Specifically, AUL discussed Dr. Coleman's detailed critique of the APA report as well as numerous credible studies supporting a link between abortion and suicide.[ix] Studies have found that the risk of suicide was three to six times greater among women who aborted compared to women who gave birth, one study noting that the rate of deliberate self-harm was 70 percent higher after abortion than childbirth.

AUL's brief clearly hit a nerve, because on April 9, 2010, the APA attempted to file an *amicus curiae*brief before the Eighth Circuit attacking the expert testimony of Dr. Coleman.

The court refused to strike AUL's brief, instead stating it would take Planned Parenthood's motion to strike under consideration. The Eighth Circuit never ruled on the motion, and AUL's brief remains a part of the legal record.

Importantly, when the Eighth Circuit initially struck down the suicide advisory, Judge Raymond Gruender used arguments and evidence from AUL's brief in his dissenting opinion defending the importance of complete and accurate information on abortion's risk to women's health. In July 2012, Judge Gruender utilized the peer-reviewed medical evidence from AUL's brief once again, writing the majority opinion for the entire Eighth Circuit when the court reversed course and upheld the suicide advisory.

*Planned Parenthood v. Rounds* represents just one of the hundreds of cases Planned Parenthood has filed over the years. Thankfully, in this instance, Planned Parenthood lost and the women of South Dakota won.

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[i] S.D. Codified Laws § 34-23A-10.1.

[ii] Planned Parenthood also challenged other portions of the South Dakota informed consent bill—and lost—but those portions of the bill did not pertain to psychological effects of abortion and, therefore, lie outside the scope of this exhibit.

[iii] *Opposition of State Defendants to Motion of Applicant for Amicus Curiae Status for leave to file Revised Version of an Incomplete Report Submitted to District Court and an Amicus Brief*, filed on Apr. 16, 2009 (8th Cir. 09-3231), at 1 [hereinafter "Opposition of State Defendants to APA motion I"].

[iv] *Id*. at 3.

[v] *Id*.

[vi] *Id*.

[vii] *Brief of Amici Curiae Christian Medical &Dental Associations, American Association of Pro-Life Obstetricians & Gynecologists, Catholic Medical Association, Physicians for Life, and National Association of Pro-Life Nurses in Support of Defendants-Appellants and Reversal of the District of South Dakota*, filed on Dec. 21, 2009 and docketed on Jan, 29, 2010 (8th Cir. 09-3231), at 21.

[viii] *Id*. at 4.

[ix] *Id*. at 23.


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# Exhibit 15

## Whistleblower Cases Allege Planned Parenthood Intentionally Engaged in Improper Billing Practices

Planned Parenthood insists it is a necessary and trusted healthcare provider that must be supported by taxpayer dollars. Recently unsealed "whistleblower" lawsuits[i] tell a starkly different story. Former Planned Parenthood employees allege improper and illegal corporate policies were implemented by Planned Parenthood to increase profits, to the detriment of both the taxpayers and the women and families government programs seek to serve.

In the most recently unsealed suit, *Thayer v. Planned Parenthood of the Heartland*,[ii] Sue Thayer, former manager for Planned Parenthood of the Heartland (PPH), alleges that PPH filed nearly one-half million false claims with Medicaid. According to Ms. Thayer's complaint, PPH fraudulently received and retained nearly $28 million in taxpayer funding through abusive billing practices.

Ms. Thayer alleges that to enhance revenues, PPH implemented a "C-Mail" program that effectively mailed thousands of unrequested birth control pills to women, and then billed the government for these pills. According to her complaint, PPH also solicited funds from patients for services fully covered by government programs while continuing to bill the government program for full reimbursement.

PPH's C-Mail program eliminated the standard three month follow-up examination and instead mailed a one-year supply of birth control pills to clients who had only been seen once at a Planned Parenthood clinic.

According to Ms. Thayer, the C-Mail program was particularly designed for Medicaid-eligible patients "due to its revenue potential to Planned Parenthood"[iii] In mid-2006, PPH sought to maximize its profit-enhancing scheme. The affiliate:

[C]onverted the original 'opt-in' C-Mail program to a mandatory C-Mail program whereby, usually without the advance knowledge and/or written consent of the patient and/or without informing the patient that the patient could affirmatively decline to participate in Planned Parenthood's C-Mail program, each patient was, at the time of the initial examination, prescribed [birth control] for one full year or 13 menstrual cycles.[iv]

In some cases, patients had moved so the Postal Service returned the birth control pills to PPH. Instead of crediting the government or making an adjustment to its billing or reimbursements, Ms. Thayer states in her complaint that PPH "instructed its staff" to re-use


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these pills and send them to future patients, effectively billing government healthcare programs at least twice for the same birth control pills.[v]

Even when patients contacted PPH and requested that they cease sending the birth control pills, Ms. Thayer states that PPH persisted in its fraudulent billing habits.[vi]

This scheme had great financial benefit to PPH. Ms. Thayer states that PPH's cost for a 28-day supply of birth control pills (one menstrual cycle) was $2.98, yet PPH was reimbursed $26.32 from Medicaid for each one menstrual cycle supply provided to a patient.[vii]

In addition, Ms. Thayer alleges that PPH's C-Mail program "created a medically unnecessary surplus of at least 120.96 doses (approximately a four-month supply)…for each client each year."[viii]

Ms. Thayer's complaint estimates that the program resulted in over $14 million in taxpayer funds that were misappropriated by PPH. [ix]

PPH is not the only Planned Parenthood affiliate facing serious charges of misconduct.

Two additional "whistleblower" lawsuits have been filed against Planned Parenthood Gulf Coast (PPGC), Planned Parenthood's fourth largest affiliate that operates 10 clinics in Texas and 2 clinics in Louisiana.

Karen Reynolds, a "Health Center Assistant" for nearly 10 years at a Planned Parenthood clinic in Lufkin, Texas, alleges in her complaint that, in several government-funded programs, PPGC employees were trained to and did bill the government for medical services *never actually provided*, as well as for services that were not medically necessary.[x]

For example, Ms. Reynolds alleges that she and other PPGC employees:

[W]ere instructed, through policies handed down by PPGC corporate officers… and reiterated and enforced by local clinic directors… that if they had a patient using a single method of birth control…they should simply hand her a brown paper bag containing condoms and vaginal film as she walked out the door.[xi]

After handing the patient this bag, PPGC would then charge the government for "counseling" the patient and claim reimbursement for products never requested by the patient.

As Ms. Reynolds describes, "[T]he decision about what services to provide patients was driven by what services the various government programs would pay for, as opposed to the medical necessity of the various procedures and tests."[xii]

A second "whistleblower" lawsuit against PPGC, *Johnson v. Planned Parenthood Gulf Coast*, [xiii] corroborates Ms. Reynolds' claims.

Abby Johnson worked at PPGC's clinic in Bryan, Texas from September 2001 until she resigned in October 2009. Ms. Johnson alleges that, from the beginning of the Texas WHP program in January 2007, members of Planned Parenthood's Key Management

Team[xiv] instructed the managers of each of PPGC's 10 Texas clinics to bill for products and services ineligible for reimbursement under the Texas Women's Health Program.[xv]

According to Ms. Johnson's allegations, through its billing scheme PPGC improperly received over $5 million in taxpayer funding.

Earlier this year, the Texas Health and Human Services Commission issued a rule that precludes abortion providers from participation in the Texas Women's Health Program.[xvi] Planned Parenthood, an abortion provider impacted by the rule, immediately challenged the Texas law,[xvii] exemplifying a brazen attitude pervasive throughout the organization: Planned Parenthood believes that it is entitled to receive taxpayer dollars.

Planned Parenthood's demand for continued taxpayer largesse in Texas is perhaps ironic considering the "whistleblower" lawsuits it faces. The allegations brought by Ms. Reynolds and Ms. Johnson, if proved true, mean PPGC has been depriving Texan women of millions of dollars in services and care they could have otherwise received.

Importantly, neither lawsuit against PPGC claims that the misconduct was by "rogue" employees or that the alleged instances of improper billing were isolated incidents or the result of mere oversight. In both cases, Ms. Reynolds and Ms. Johnson state that the improper billing practices stemmed from Planned Parenthood's corporate policies and were part of an affiliate-wide management scheme to raise PPGC's revenue.

The taxpayers are not the only targets of Planned Parenthood's profit-enhancing schemes. According to Ms. Thayer's complaint, PPH's increased its profits by exploiting the poor women it "served."

Ms. Thayer states in her complaint that PPH trained its employees to (and did) solicit money from Medicaid clients at the time services were rendered. Employees recommended to patients that they give "50 percent of the amount of the bill" to PPH. [xviii] In soliciting these "suggested donations," as PPH called them, PPH failed to inform patients that *the entire amount of the bill* would be reimbursed by the government.[xix]

After receiving "hundreds of thousands of dollars" from these patients, PPH would then bill Medicaid for the same services in full, which violates its legal duty to submit accurate claims to the government for payment.[xx]Ms. Thayer alleges that PPH used the money it collected from the pockets of its Medicaid patients "for purposes unrelated to the provisions of Title XIX-Medicaid services to such patients."[xxi]

In effect, PPH both falsely billed government programs and took money from low-income women by convincing them to pay for services already covered in full.

The allegations in the *Reynolds, Johnson*, and *Thayer* "whistleblower" lawsuits that Planned Parenthood trains its employees to disregard the law and to engage in fraudulent billing practice suggests that Planned Parenthood places its financial bottom line above all else.

These cases buttress the growing body of evidence that Planned Parenthood is a bad investment for the American taxpayer. As Americans United for Life's 2011 report *The Case*

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*for Investigating Planned Parenthood* documented, state audit reports and admissions by former Planned Parenthood employees detail a pattern of misuse of federal healthcare and family planning funds by some Planned Parenthood affiliates.[xxii] Planned Parenthood affiliates in California, New Jersey, New York, and Washington State, for example, have been exposed for abusing taxpayer dollars.[xxiii]

If the allegations in these "whistleblower" cases prove true in a court of law, the American public should be gravely concerned. Billing government programs for services never provided, that are medically unnecessary, or that patients already pay for in part depletes limited government healthcare dollars and deprives women of funding for actual healthcare services.

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[i] In a "whistleblower" lawsuit, an individual with knowledge of an organization's activities provides information about fraud, corruption, or other illegal activity to his or her attorney. "Whistleblowers" are often employees or former employees who have access to company documents and/or internal information, or have been participants in and/or witnesses of illegal behavior. Generally, all communications between these employees and their attorneys will remain sealed for a period of time because, under most "whistleblowers" statutes, such lawsuits are filed under seal and cannot be made public until potential federal and state plaintiffs have determined whether or not to join the suit.

[ii] Second Amended Complaint at 45, United States and Iowa *ex rel* Thayer v. Planned Parenthood of the Heartland, No. CV00129 (S.D. Iowa July 26, 2012). Ms. Thayer is represented by the Alliance Defending Freedom. This case has been brought under the federal False Claims Act, 31 U.S.C. §3729 *et seq*., and the Iowa False Claims Act, Iowa Code Ann. § 685 *et seq*. The lawsuit is pending in the U.S. District Court for the Southern District of Iowa.

[iii] Thayer Complaint at 15.

[iv] *Id.* at 17-18.

[v] *Id.* at 20.

[vi] *Id.* at 20.

[vii] *Id.* at 17.

[viii] *Id.* at 22.

[ix] *Id.* at 25.

[x] Third Amended Complaint, *United States and Texas ex rel Reynolds v. Planned Parenthood Gulf Coast*, No. 9-09-cv-125 (E.D. Tex. Oct. 28, 2011). For example, according to Ms. Reynolds' complaint, "the express policy" of PPGC was to bill the government for a predetermined list of services for every eligible patient who visited the clinic. Reynolds Complaint at 12. Ms. Reynolds alleges that "PPGC employees were trained to fill out the


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patient's bill *before* services were rendered," and that employees were also trained to "bill automatically the pre-determined list of procedures and services based on whether the patient was self-pay, Medicaid, or Title XX" rather than using the patient chart and actual services provided to determine what to bill. *Id.* at 18-20.

[xi] *Id.* at 14.

[xii] *Id.* at 16. Ms. Reynolds states that these wrongful billing practices were part of PPGC's corporate policy, "issued company-wide to all clinics," to increase the amount of money it received from government programs.*Id.* at 9. According to Ms. Reynolds' complaint, Planned Parenthood required its clinics to post monthly "revenue goals" for each funding source, including individual government healthcare programs (such as the Texas Women's Health Program (WHP), Medicaid, and Title XX), with the aim of "constantly remind[ing] employees of the need to maximize government billing so the clinic could 'make its revenue goals.'" *Id.* at 9.

[xiii]Second Amended Complaint, *United States and Texas ex rel Johnson v. Planned Parenthood Gulf Coast,*No. CV-H-cv-3496 (S.D. Tex. Dec. 20, 2011). Ms. Johnson is represented by the Alliance Defending Freedom (ADF). This case has been brought under the federal False Claims Act, 31 U.S.C. §§3729 *et seq*., and the Texas Human Resources Code §§32.039, *et seq.*, and 36.002, *et seq*. The lawsuit is pending in the U.S. District Court for the Southern District of Texas, Houston Division. Planned Parenthood filed a motion to dismiss Ms. Johnson's complaint on May 17, 2012. All briefing on the motion has been completed and the court will likely set a hearing date soon.

[xiv] Planned Parenthood'd Key Management Team refers to PPGC's authorized officers, managers, and agents including Melaney Linton, PPGC's Chief Operating Officer; Laurie McGill, PPGC's Vice President; Bonnie Smith, PPGC's Vice President of Medical Services; Sandra Smolensky, PPGC's Regional Director of Medical Services; and Dyann Santos, PPGC's Regional Director of Medical Services.

[xv] Johnson Complaint at 26. According to Ms. Johnson, PPGC authorities not only *approved* these practices, they *instructed* their managers "to bill every product and service provided by PPGC to a client to the Texas WHP program ..." *Id.* at 27. Specifically, when Ms. Johnson became Health Center Director for PPGC's Bryan Clinic in September 2007, she "directly received written and oral instructions, including billing instructions, from members of Planned Parenthood's Key Management Team…" to this effect. *Id.* at 25-26.

[xvi] The Texas Women's Health Program provides low-income women with healthcare, family planning exams, related health screenings, and birth control. *See* http://www.texaswomenshealth.org/page/about-us (last visited Sept. 17, 2012).

[xvii] *Planned Parenthood Ass'n Tex. v. Suehs*, 2012 U.S. Dist. LEXIS 62289 (W.D. Tex., Apr. 30, 2012). On April 30, 2012, U.S. District Judge Lee Yeakel granted Planned Parenthood's request for a preliminary injunction, allowing Planned Parenthood to continue to participate in the Texas WHP Program as the case is litigated. However, the State of Texas


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appealed Judge Yeakel's decision to grant a preliminary injunction to the Fifth Circuit. *See Planned Parenthood Ass'n of Hidalgo County Tex., Inc. v. Suehs*, 2012 U.S. App. LEXIS 9644 (5th Cir. Tex. May 4, 2012). The Fifth Circuit heard the Commission's appeal on June 7, 2012, and, on August 21, 2012 a unanimous panel (Judges E. Grady Jolly, Harold DeMoss, and Carl Stewart) lifted Judge Leakel's temporary injunction and ruled that the State of Texas may cease funding to Planned Parenthood at least until the time of trial on the merits of the case scheduled to begin October 19, 2012.

[xviii] Thayer Complaint at 33.

[xix] *Id.* at 35.

[xx] *Id.* at 33. *See also* 31 U.S.C. § 3729 (a)(1)(A)-(B).

[xxi] Thayer Complaint at 34.

[xxii] *See* The Case for Investigating Planned Parenthood, Appendix VIII. Failure to Comply With Parental Involvement Laws (Americans United for Life 2011), *available at* http://www.aul.org/aul-special-report-the-case-for-investigating-planned-parenthood (last visited Jul. 18, 2012).

[xxiii] *Id.*

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# Exhibit 16

## Former Employees Allege Planned Parenthood "Fixes" Patients' Charts to Hide Illegal and Improper Practices

"We believe in open and honest communication," claims Planned Parenthood Gulf Coast (PPGC), the nation's fourth largest Planned Parenthood affiliate, which operates ten clinics in the state of Texas and two in Louisiana.[i] Whether that belief in "honest communication" extends to information PPGC is required to share with the government is seriously challenged by two recently unsealed lawsuits. In addition to the claims of fraudulent billing that were outlined in yesterday's exhibit, the "whistleblower" suits filed by former PPGC employees allege that the affiliate had a corporate-wide policy of "doctoring" charts to increase revenue—to the detriment of its patients and at the expense of taxpayers.

Among her claims, Ms. Karen Reynolds (a "Health Center Assistant" at PPGC for nearly a decade) alleges that PPGC's "employees routinely altered the chart to match the bill" where "a patient's chart did not contain documentation to support services marked on the bill."

Falsifying information on patients' charts was the corporate policy of Planned Parenthood, according to Ms. Reynolds. It was not mere oversight or the work of rogue employees. In an effort to evade detection of improper and fraudulent billing practices and failure to comply with the law, PPGC employees were allegedly trained to "fix" its charts—specifically, to remove or alter information relevant to claims submitted to the government for reimbursement.

Ms. Reynolds, who worked at PPGC for almost ten years, states that PPGC routinely "fixed" charts. In her experience, Ms. Reynolds estimates that

[A]pproximately 1/3 of the patient files would contain charges on the super bill[ii] with no underlying documentation in the patient's chart to indicate the corresponding service was ever performed.[iii]

According to Ms. Reynolds, when a bill did not reflect the services documented in a patient's chart, employees were instructed to "fix" the chart to match the bill.[iv] This was, according to Ms. Reynolds, "standard practice at PPGC clinics" during the entire time of her employment.

That "standard practice" of doctoring charges, as Ms. Reynolds contends, was an intentional corporate policy. "PPGC trained its employees to create false and misleading patient chart entries" in order to support reimbursements for services which were not permitted under

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the Texas Women's Health Program (WHP) or Medicaid, including "obtaining payment for abortion-related services."[v]

In August 2012, a federal district court found that the facts as alleged by Ms. Reynolds "create a plausible claim for relief" under both the federal False Claims Act and the Texas Medicaid Fraud Protection Act.[vi] The court rejected Planned Parenthood's attempt to have this case summarily dismissed. It will now proceed to trial.

Shortly after Ms. Reynolds filed her lawsuit against PPGC, Ms. Abby Johnson brought another "whistleblower" suit against PPGC with allegations of chart "fixing" that buttress Ms. Reynolds' claims.

Ms. Johnson, who worked at PPGC's Bryan Clinic in Bryan, Texas from September 2001 until she resigned in October 2009, similarly details that Planned Parenthood employees were expected to and did alter information on patient charts to conceal its failure to comply with the law.[vii]

Ms. Johnson recounts the existence of a systemic chart-fixing scheme at PPGC clinics. Her complaint states that PPGC would "pre-select" and "purge" its client files to make them appear to be in compliance with state and federal law and regulations.[viii] Ms. Johnson alleges that where disparities existed between billing documents and patient charts, PPGC employees "were instructed by members of [PPGC's] Key Management Team[ix]…to 'make it right' by fixing charts before auditors arrived."[x]

Notably, Ms. Johnson relates that even after clinic managers were made aware that PPGC was improperly billing the Texas WHP program for products and services not covered under that program, she and other managers were "instructed…to *continue* to seek Texas WHP-eligible reimbursements by *falsely notating* the patient charts of women with infections to indicate that Texas WHP-eligible services had been provided, when, in fact, Texas WHP-eligible services had not been provided to such women."[xi]

In addition to altering patient charts to hide improper and fraudulent billing practices, Ms. Johnson alleges that because PPGC knew about its "audits in advance," it altered its charts to cover up their failure to comply with state laws and policies designed to protect minors and vulnerable women, such as Texas' parental consent law.

Ms. Johnson alleges that members of Planned Parenthood's Key Management team instructed PPGC staff to provide auditors with charts that had been "fixed" to ensure that "required documentation, especially with regard to parental consent and non-coercion, was included in each client file."[xii] Such a disregard for parental involvement and non-coercion laws endangers the health and safety of America's women and young girls.

If these allegations are true, for Planned Parenthood, "right" appears to be synonymous with what is best for its bottom-line, not what is legal, fiscally responsible, or in the best interest of America's women and girls.

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[i] *See Who We Are,* Planned Parenthood Gulf Coast, http://www.plannedparenthood.org/gulf-coast/who-we-are-33227.htm (last visited Oct. 17, 2012).

[ii] A "super bill" is an itemized form used by healthcare providers for reflecting rendered services to be submitted to payers (insurances, funds, programs) for reimbursement.

[iii] Third Amended Complaint at 21, *United States and Texas ex rel Reynolds v. Planned Parenthood Gulf Coast*, No. 9-09-cv-125 (E.D. Tex. Oct. 28, 2011).

[iv] Reynolds Complaint at 21.

[v] *Id.* at 15.

[vi] *See Reynolds v. Planned Parenthood*, (E.D. Tex. Aug. 10, 2012) *available at*http://c0391070.cdn2.cloudfiles.rackspacecloud.com/pdf/reynolds-motion-to-dismiss-order.pdf (last visited Oct. 17, 2012).

[vii] Alleged violation of the False Claims Act, 31 U.S.C. § 3729(a)(1)(A), (B), and (G) and the Texas Medicaid Fraud Prevention Act, Tex. Hum. Res. Code Ann. § 36.002(1), (2), (4)(B), (and (12).

[viii] Second Amended Complaint at 35, *United States and Texas ex rel Johnson v. Planned Parenthood Gulf Coast,* No. CV-H-cv-3496 (S.D. Tex. Dec. 20, 2011).

[ix] Ms. Johnson's complaint identifies "Planned Parenthood's Key Management Team" as PPGC's authorized officers, managers, and agents including Melaney Linton, PPGC's Chief Operating Officer; Laurie McGill, PPGC's Vice President; Bonnie Smith, PPGC's Vice President of Medical Services; Sandra Smolensky, PPGC's Regional Director of Medical Services; and Dyann Santos, PPGC's Regional Director of Medical Services.

[x] Johnson Complaint at 37.

[xi] *Id.* at 36.

[xii] *Id.* at 37.


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# Exhibit 17

## Taxpayer Funding of Planned Parenthood's Abortion Business

"No federal funds pay for abortion," is Planned Parenthood's favored response whenever taxpayer funding for the nation's largest abortion provider is questioned. But even in spite of funding restrictions such as the Hyde Amendment, which prohibits Medicaid funds from being used directly for abortion (a restriction which Planned Parenthood unequivocally states it "strongly opposes"[i]), Planned Parenthood's taxpayer funding subsidizes its abortion practice.

Federal law, even before *Roe v. Wade*, has been concerned about abortion providers like Planned Parenthood misusing "family planning" funds to support their abortion businesses. In the case of Title X "family planning" funding, for example, the law does not merely say that these funds are barred from being used for abortion *directly*, but also that these funds are not supposed to be used in "programs where abortion is a method of family planning."[ii] The U.S. Department of Health and Human Services (HHS) notes that this restriction is one of the "five major provisions of [Title X],"[iii] and reiterates in its program policy guide that the "broad range of services" required by Title X "does not include abortion as a method of family planning."[iv]

Problematically, Title X's largest recipient, Planned Parenthood, encourages abortion as a means of "planning" a family. Planned Parenthood tells women that "Am I ready to become a parent?" is first among the questions to ask when considering an abortion.[v] Other questions Planned Parenthood proposes that indicate that it considers abortion as a legitimate means of family planning include: "Would I prefer to have a child at another time?" and "What would it mean for … my family's future if I had a child now?"[vi]

Regardless of whether Planned Parenthood violates the spirit or the letter of the law by its promotion of abortion as a means of planning a family, the taxpayer dollars it receives are subsidizing its abortion business.

Abby Johnson, former director of a Planned Parenthood clinic in Bryan, Texas, has said, "As clinic director, I saw how money received by Planned Parenthood affiliate clinics all went into one pot at the end of the day – it isn't divvied up and directed to specific services."[vii]

Ms. Johnson's account, that Planned Parenthood provides no meaningful separation of funds to ensure tax dollars do not subsidize its abortion business, is supported by the Commissioner of the Indiana State Department of Health's analysis of Planned Parenthood's commingling of funds with regards to Medicaid. In the ongoing case challenging Indiana's abortion-funding restriction, the Commissioner notes that "[Planned

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Parenthood of Indiana]'s audited financial statements for 2009 and 2010 give rise to a reasonable inferencethat it commingles Medicaid reimbursements with other revenues it receives."[viii]

The problem may run deeper than commingling of funds and using taxpayer dollars for shared overhead. Two recently unsealed "whistleblower" lawsuits allege that Planned Parenthood is illegally – and intentionally – funding its abortion services with taxpayer dollars.

Planned Parenthood Gulf Coast (PPGC) (an affiliate operating 10 clinics in Texas and 2 in Louisiana) has been accused of corporate-wide fraudulent billing practices by Ms. Karen Reynolds, a "Health Center Assistant" for nearly a decade at Planned Parenthood's Lufkin, Texas clinic.[ix]

Among her claims, Ms. Reynolds alleges that PPGC "trained its employees to create false and misleading patient chart entries" in order to support reimbursements for services which were not permitted under the Texas Women's Health Program (WHP) and Medicaid, including "obtaining payment for abortion-related services."[x] Thus, PPGC would improperly charge the government – and, ultimately, American taxpayers – for abortion-related services.

Ms. Reynold's account is similar to the scenario outlined in a second "whistleblower" suit, filed by Sue Thayer against the Planned Parenthood of the Heartland affiliate, where she was employed for 17 years at its Storm Lake, Iowa clinic.[xi]

Ms. Thayer's complaint explains how Planned Parenthood's "fragmentation" billing practice extended beyond the post-abortion visit.

[I]n a practice commonly referred to as "fragmentation," Defendant Planned Parenthood of the Heartland knowingly and intentionally separated out charges for services and products rendered in connection with such abortions, including, without limitation, office visits, ultrasounds, Rh factor tests, lab work, general counseling, and abortion aftercare, and submitted such separate "fragmented" charges as claims for Title XIX-Medicaid reimbursement to Iowa Medicaid Enterprise and/or Iowa Family Planning Network.[xii]

Charging the taxpayer for these services and products effectively subsidizes abortion. Ms. Thayer alleges that "in anticipation of the receipt of reimbursements for such separate 'fragmented' charges…Planned Parenthood of the Heartland then reduced the usual and customary charges to clients to whom abortions had been provided."[xiii] Ms. Thayer states that "[t]he unbundling or fragmentation scheme was applied systematically to virtually every client who received an abortion."[xiv]

It seems that Planned Parenthood's claim that it is abiding by federal and state laws prohibiting abortion funding may depend on what the definition of "is" is. Through commingling, unbundling, and fragmenting, the American taxpayer appears to be playing a consequential role in Planned Parenthood's abortion business.

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[i] *See Planned Parenthood Federation of America Statement Regarding Cut to Title X National Family Planning Program*, Planned Parenthood, Dec. 16, 2011, *available at* http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-federation-america-statement-regarding-cut-title-x-national-family-planning-38384.htm (last visited Sept. 14, 2012).

[ii] 42 U.S.C §300a-6 (Title X, §1009, as added Dec. 24, 1970, Pub. L. No. 91-572, §6(c), 84 Stat. 1508). Since its inception, Title X has reflected popular opinion that abortion is not "family planning" and should not be funded at taxpayers' expense.

[iii] *See* U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Policy and Planning: Title X Statute and Regulations*, *available at* http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/ (last visited Sept. 14, 2012).

[iv] *See* U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Program Priorities*, *available at*http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-priorities/ (last visited Sept. 14, 2012).

[v] *See* Planned Parenthood Fed'n of Am., *Thinking About Abortion*, *available at*http://www.plannedparenthood.org/health-topics/pregnancy/thinking-about-abortion-21519.htm (last visited Sept. 14, 2012).

[vi] *Id.*

[vii] *See, e.g.*, Abby Johnson, *Opinion: Defund Planned Parenthood*, AOL News (Mar. 8, 2011), *available at*http://www.aolnews.com/2011/03/08/opinion-defund-planned-parenthood/ (last visited Sept. 12, 2012).

[viii] Def's Mem. In Opp'n to the Mot. for Prelim. Inj. at 1. *see* Exhibit A-B at 21 (FY 2009 Audit); *see also*Exhibit A-C at 22 (FY 2010 Audit).

[ix] In August, a federal district court ruled that Ms. Reynolds's allegations, if proved true, constitute fraud and her case can proceed. Order granting in part Defendant's motion to dismiss, *Reynolds v. Planned Parenthood*, (E.D. Tex. Aug. 10, 2012) *available at* http://c0391070.cdn2.cloudfiles.rackspacecloud.com/pdf/reynolds-motion-to-dismiss-order.pdf (last visited Sept. 14, 2012).

[x] Third Amended Complaint at 30, *United States and Texas ex rel Reynolds v. Planned Parenthood Gulf Coast*, No. 9-09-cv-125)(E.D. Tex. Oct. 28, 2011) For example, abortion follow-up visits are not reimbursable under Medicaid or the Texas WHP. In her complaint, Ms. Reynolds recounts that in order to receive government reimbursement for the abortion follow-up, the visit was coded as a Well Woman Exam or a birth control visit and the clinic employees were instructed to simply make a note in the "chief complaints" or "subjective section" that the "client had a surgical or medical abortion 'x' weeks ago." Ms. Reynolds states that PPGC clinic employees were given "express instruction to document in a patient chart that the reason for a patient's visit was to have the Well Woman Exam" even where that patient "had clearly indicated the purpose of the visit was a post-abortion follow-up."

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[xi] Second Amended Complaint at 45, United States and Iowa *ex rel* Thayer v. Planned Parenthood of the Heartland, No. CV00129 (S.D. Iowa July 26, 2012).

[xii] *Id.* at 96.

[xiii] *Id.* at 97.

[xiv] *Id.* at 99.

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# Exhibit 18

## Planned Parenthood Federation of America's Directive to Eliminate Prenatal Care

By Abby Johnson, Former Planned Parenthood Director

I attended my last Planned Parenthood Federation of America (PPFA) Annual Conference in 2009. I sat in a room with many other clinic directors, all from different states. We were listening to our Medical Services Team list off changes we should expect in the upcoming year. I was surprised to hear that one of the changes involved the elimination of prenatal care. My affiliate didn't provide prenatal care, but I knew that several affiliates did. I had heard the [Planned Parenthood] Federation boast about its prenatal services when pro-life groups criticized us for the amount of abortions we provided. It turned out that PPFA decided to eliminate all Planned Parenthood Affiliates' prenatal programs because "the prenatal patients were too cumbersome," as a PPFA representative stated at our meeting. PPFA representatives went on to explain that women receiving pre-natal care required too many visits, had too many questions, and simply called the clinic too many times.

When this announcement was made, Planned Parenthood had been providing prenatal care with funding from the Title V program. Enacted in 1935 as a part of the Social Security Act, the Title V Maternal and Child Health Program is the nation's oldest federal-state partnership. For over 75 years, the Title V Maternal and Child Health program has provided a foundation for ensuring the health of the mothers, women, children, and youth, including children and youth with special healthcare needs and their families. Title V converted to a block grant program in 1981. While the Title V program can be used to provide many different healthcare services, Planned Parenthood had always used the program's funding for prenatal care.

When we compare the amount of funding that Planned Parenthood receives from the various federal programs, Title V provides the least funding. I'm sure when the Planned Parenthood administrative team was looking at eliminating the prenatal program they weighed how much money they would lose, and in turn, looked at the amount of staff time these "cumbersome" patients were costing the clinics. Apparently, the pesky patients lost.

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You may wonder just how many patients they are losing due to their loss of prenatal care. On December 27, 2011, the Planned Parenthood Federation of America (PPFA) released its latest Annual Report for 2009-2010.[i] The report showed that Planned Parenthood affiliates provided prenatal care to only 31,098 women. This is a decline of about 25% from the previous year's report which showed 40,489 received such care in 2009.[ii]

Based on Planned Parenthood's report, one would assume that 31,098 unduplicated[iii] female clients received prenatal care from Planned Parenthood facilities. That assumption would be incorrect.

Planned Parenthood has developed a strategic way to skew their family planning numbers. Planned Parenthood constantly repeats the claim that "only" 3 percent of Planned Parenthood's services involve abortion, while 97 percent of patients receive family planning and other services.[iv] The way they arrive at that number is a gimmick. We can estimate the actual number of unduplicated clients – the actual number of patients seen by Planned Parenthood in a given year but we would never have an accurate number for sure. This is because Planned Parenthood is "unbundling" family planning services so that each patient shows anywhere from 5 to 30 "visits" per one appointment (*i.e.*, when Planned Parenthood gives a woman 12 packs of birth control during her appointment, it charts this as 12 "visits"). Each patient "visit" (in reality, service provided) then accounts for a separate "patient," padding that "97 percent family planning" number. Of course, Planned Parenthood does the opposite with abortion visits, "bundling" them together so that each appointment (no matter how many services were provided) equals one "visit." The resulting – and wholly manufactured – difference between family planning and abortion "visits" is intentionally striking.

We now see the same thing with their prenatal clients. Over a nine month period, a prenatal client could incur a significant number of "visits" because Planned Parenthood counts every service provided during any given appointment at Planned Parenthood as one "visit." Every ultrasound, every lab test, every office appointment – the services pile up, creating a new patient and a new "visit" for each service provided. If we look at Planned Parenthood's 2009-2010 report, those supposed 31,098 prenatal visits could have realistically been provided for less than 100 patients.

A possible 100 patients provided with prenatal care compared to 329,445 abortions. Nevertheless, whatever Planned Parenthood's number of prenatal clients served in the past, soon those approximately 100 patients will drop to zero. Planned Parenthood has made its priorities clear. When it comes to babies, Planned Parenthood is only interested in aborting them.

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[i] *See* http://issuu.com/actionfund/docs/ppfa_financials_2010_122711_web_vf?mode=window&viewMode=doublePage (last visited Oct. 12, 2012).

[ii] *See* http://www.plannedparenthood.org/files/PPFA/PPFA_Annual_Report_08-09-FINAL-12-10-10.pdf (last visited Oct. 12, 2012).


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[iii] An unduplicated client in this context is a patient who is only counted once, regardless of how many services she receives, or office visits she makes.

[iv] *See* http://www.plannedparenthood.org/about-us/who-we-are/planned-parenthood-glance-5552.htm (last visited Oct. 11, 2012). *See also* The Joy Behar Show: Planned Parenthood Changing Plans? (HLN Feb. 21, 2011). Video available at Cecile Richards of Planned Parenthood & Rep. Gwen Moore on Joy Behar, YouTube (Feb. 22, 2011) http://www.youtube.com/watch?v=I82QY65sVSA&feature=player_embedded (at 3:36) (last visited Oct. 11, 2012).


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# Exhibit 19

## Planned Parenthood Advances False Mantra that Abortion is Safer than Childbirth

Planned Parenthood, the nation's largest abortion provider, advises that abortion is safer than childbirth. Planned Parenthood's claim not only lacks support from the medical community,[i] it also makes an "apples-to-oranges" comparison. The deceptive statement adds to Planned Parenthood's failure to adequately inform women about the serious risks abortion poses to their health and safety, further denying women the right to make fully-informed healthcare decisions.

On its website, under "How Safe is the Abortion Pill?" Planned Parenthood states: "The risk of death from medication abortion is much less than from a full-term pregnancy or childbirth."[ii]

Under "How Safe Are In-Clinic Abortion Procedures?" Planned Parenthood's website states: "Even though in-clinic abortion procedures are generally very safe, in extremely rare cases, very serious complications may be fatal,"[iii] and that "the risks increase" with abortions performed later in pregnancy.[iv]

Rather than explaining which serious complications increase from the abortion procedure, and how they increase, Planned Parenthood instead advises that "it may help" to "compare [the risk of abortion] to the risk of childbirth."[v] Planned Parenthood then asserts—and with no citations to medical journals—that "[t]he risk of death from childbirth is 11 times greater than the risk of death from an abortion procedure during the first 20 weeks of pregnancy."[vi]

Planned Parenthood's counsel "may help" its abortion business, but the advice is inaccurate.

As AUL Senior Counsel Clarke Forsythe documents in his recent law review article, "A Road Map Through the Supreme Court's Back Alley," the mantra that "abortion is safer than childbirth" is "based on a mechanical comparison of the published abortion mortality rate and the maternal (childbirth) mortality rate," i.e., the number of women who die from abortions compared to the number of women who die from childbirth.[vii]Despite Planned Parenthood's attempts to compare these two rates, the "two published rates are not comparable, and do not give an accurate picture about the risks of abortion."[viii]

One cannot accurately compare these two rates because they measure two different statistics. The *abortion mortality rate* reflects the number of women who have died from


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legally induced abortions divided by 100,000 legal abortions. The *childbirth mortality rate* reflects the number of women who have died divided by 100,000*live* births.

*Abortion Mortality Rate = Known Induced Abortion-Related Deaths/100,000 Legal Abortions*

*Childbirth Mortality Rate = Maternal Deaths /100,000 Live Births*

Planned Parenthood's promotion of this comparison to women considering an abortion implies that an abortion is safer than continuing a pregnancy. However, "using live births instead of pregnancies shrinks the denominator (since pregnancies are a larger group, and some end in miscarriage or stillbirth) and thereby inflates the maternal mortality rate."[ix]

Planned Parenthood's assertion that abortion is safer than childbirth—which carries the implication that abortion is safer than continuing a pregnancy—is intellectually dishonest because it relies on ratios with two fundamentally different denominators.

Incomparable denominators are not the only serious problem with Planned Parenthood's calculus.

The accuracy of each rate is wholly dependent on a correct number of deaths—the numerator.[x] The precise number of "abortion-related deaths"—the numerator in the "Abortion Mortality Rate"—is unknown because "there is no uniform, mandatory tracking and reporting system of abortion deaths (mortality) or injuries (morbidity) at the state or federal level."[xi] Thus, the lack of reporting requirements prevents an accurate count of the number of women who die from abortion.

In addition, there exists a societal bias against self-reporting and only direct deaths (where the direct cause of the woman's death is abortion as opposed to the abortion being the indirect cause of the woman's death) are included in the abortion mortality rate's numerator, which further distorts this number.

Likewise, the accuracy of the denominator in the abortion mortality ratio—100,000 legal abortions—is questionable. It is not a formally certified number. The annual count by the U.S. Centers for Disease Control and Prevention (CDC) and AGI differ by 15%.[xii]

Conversely, the "*childbirth mortality rate* is defined by the (CDC) as all maternal deaths per 100,000 live births, rather than pregnancies."[xiii] Maternal death from childbirth numbers are more complete than abortion-related deaths because most states link to birth and death certificates, as well as include both direct and indirect deaths, like homicides and suicides. In addition, the 100,000 live births denominator excludes all pregnancies that end by miscarriages, ectopic pregnancies, and still births, and the time period covers pregnancy and one year after birth.

Notably, in 2004, Dr. Julie Gerberding, then-director of the CDC, discouraged a comparison of the mortality rates for abortion and childbirth, warning that they cannot be compared because they are different measures. She emphasized that the two rates "are conceptually different and are used by CDC for different public health purposes."[xiv]


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Planned Parenthood's presentation of abortion as safer than childbirth is an incongruous and misleading comparison. And women are the ones harmed by Planned Parenthood's deception.

Researchers have found that 83 percent of women who seek abortion counseling have no prior knowledge about the abortion procedure.[xv] Thousands of women have stated that they did not receive adequate counseling from abortion providers.[xvi] Further, 85 percent of women surveyed in one major study believed they were misinformed or denied relevant information during their pre-abortion counseling.[xvii]

In its Code of Ethics, the American Medical Association (AMA) indicates that "the physician's obligation is to present the medical facts accurately to the patient."[xviii] But, as documented by earlier exhibits, Planned Parenthood denies women the ability to exercise true "choice" by failing to inform women of the full range of risks inherent in abortion. Deceiving women to believe that abortion is safer than childbirth further exposes the falsehood of Planned Parenthood's "trusted provider" mantra.

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[i] Numerous medical studies now demonstrate the health risks—both physical and psychological—of elective abortion, undermining earlier claims that abortion is safer than childbirth. *See*, *e.g.*, J.M. Thorp et al., *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, Obstet. & Gyn. Survey 58[1]:67 (2003); D.C. Reardon et al., *Deaths Associated with Abortion Compared to Childbirth: A Review of New and Old Data and the Medical and Legal Implications*, available at http://www.afterabortion.org/research/DeathsAssocWithAbortionJCHLP.pdf (last visited Aug. 29, 2011) and originally published at 20[2] J. Contemp. Health Law & Pol'y 279 (2004); D.C. Reardon et al., *Deaths Associated with Pregnancy Outcome: A Record Linkage Study of Low Income Women*, S. Med. J. 95[8]:834 (2002). Moreover, when research on the abortion-breast cancer risk is factored in, the risk of dying from an abortion is found to exceed the risk of dying from childbirth by orders of magnitude. *See* J. Brind et al.,*Induced Abortion as an Independent Risk Factor for Breast Cancer: A Comprehensive Review and Meta-Analysis*, J. Epidemiol. Cmty. Health 50:481-96 (1996). Furthermore, national studies from Finland, Australia, and the United States reveal a two-to-seven fold increased incidence of death from suicide, homicide, and violent death in women who have undergone abortions as opposed to women who have carried their pregnancies to term or women who have never been pregnant. *See* Gissler, et al., *Injury, Deaths, Suicides and Homicides Associated with Pregnancy, Finland, 1987-2000*, 15 Eur. J. Pub. Health 459 (2005); Cougle et al., *Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth*, 19 J. Anxiety Disorders 137 (2005); Gissler et al.,*Methods for Identifying Pregnancy-Associated Deaths: Population-Based Data from Finland 1987-2000*, 18 Pediatric Perinat. Epidemiol. 448 (2004); Cougle et al., *Depression Associated with Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort*, 9 Med. Sci. Monitor 147 (2003); Gissler et al., *Suicides after Pregnancy in Finland, 1987-1994: Register Linkage Study*, 313 Brit. Med. J. 1431 (1996). Notably, a major study by a pro-abortion researcher found that the risk of suicide was three times greater for women who aborted than for women who delivered. *See* D.M.

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Fergusson et al., *Abortion in Young Women and Subsequent Mental Health*, J. Child Psychol & Psychiatry 41(1):16 (2006).

[ii] *See* http://www.plannedparenthood.org/health-topics/abortion/abortion-pill-medication-abortion-4354.asp(last visited Sept. 7, 2012).

[iii] *See* http://www.plannedparenthood.org/health-topics/abortion/in-clinic-abortion-procedures-4359.asp (last visited Sept. 7, 2012).

[iv] *Id.*

[v] *See* http://www.plannedparenthood.org/health-topics/abortion/in-clinic-abortion-procedures-4359.asp (last visited Jun. 25, 2012). Notably, this deceptive mantra appears frequently in Planned Parenthood materials. For example, in its Fact Sheet on Late-Term Abortions, Planned Parenthood alleges that "abortion after the first trimester is as safe as/or safer than carrying a pregnancy to term," and then proceeds to attempt to compare the risk of a woman dying from an abortion to the risk of a woman dying from childbirth. *See*http://www.plannedparenthood.org/files/PPFA/fact_abafterfirsttrimester_2011-04.pdf (last visited Jun. 24, 2012).

[vi] *See* http://www.plannedparenthood.org/health-topics/abortion/in-clinic-abortion-procedures-4359.asp (last visited Sept. 7, 2012).

[vii] Clarke D. Forsythe & Bradley N. Kehr, *A Road Map Through the Supreme Court's Back Alley*, 57 Villanova L. Rev. 45 (2012).

[viii] *Id*. *See also* David C. Reardon et al., Deaths Associated with Abortion Compared to Childbirth—A Review of New and Old Data and the Medical and Legal Implications, 20 J. CONTEMP. HEALTH L. & POL'Y 279, 318 (2004).

[ix] *Id.* The use of live births as the denominator is dictated by the World Health Organization (WHO) for purposes of enhancing international comparability. *See also* Letter from Julie Louis Gerberding, Dir., Ctrs. for Disease Control and Prevention, to Walter M. Weber, Senior Litig. Counsel, Am. Ctr. for Law & Justice (Jul. 20, 2004), reprinted in Amicus Brief of the Am. Ctr. For Law & Justice in Support of Petitioner add. At *24, Gonzales v. Carhart, 550 U.S. 124 (2007) (No. 05-1382), 2006 U.S. S. Ct. Briefs LEXIS 613.

[x] Clarke D. Forsythe & Bradley N. Kehr, *A Road Map Through the Supreme Court's Back Alley*, 57 Villanova L. Rev. 45 (2012).

[xi] *Id.* Only estimates are available. *See generally* David Grimes, *Estimation of Pregnancy-Related Mortality Risk by Pregnancy Outcome, United States, 1991 to 1999*, 194 AM. J. OBSTETRICS & GYNECOLOGY 92 (2006). Researchers from the Alan Guttmacher Institute (AGI) hinted at the problems with the CDC incidence data, though with understatement: "The estimates presented in this report are subject to some limitations and should be considered provisional. First, not all states are included; the estimates assume that changes in abortion incidence in the excluded states are similar to the overall trend seen in the reporting states. Second, the completeness of abortion reporting to state health


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departments can vary from year to year. We attempted to exclude all states that had inconsistent reporting, but if (for example) reporting improved in some states we included, it would mean that earlier state reports were too low and that the percentage decline we calculated was too small. In such cases, our new estimates of the number of abortions would be too high." LAWRENCE B. FINER & STANLEY K. HENSHAW, GUTTMACHER INST., ESTIMATES OF U.S. ABORTION INCIDENCE, 2001-2003, at 3 (2006), *available at* http://www.guttmacher.org/pubs/2006/08/03/ab_incidence.pdf (last visited Sept. 11, 2012).

[xii] Clarke D. Forsythe & Bradley N. Kehr, *A Road Map Through the Supreme Court's Back Alley*, 57 Villanova L. Rev. 45 (2012).

[xiii] *Id.*

[xiv] *Id. See also* Letter from Julie Louis Gerberding, Dir., Ctrs. for Disease Control and Prevention, to Walter M. Weber, Senior Litig. Counsel, Am. Ctr. for Law & Justice (Jul. 20, 2004), reprinted in Amicus Brief of the Am. Ctr. For Law & Justice in Support of Petitioner add. At *24, Gonzales v. Carhart, 550 U.S. 124 (2007) (No. 05-1382), 2006 U.S. S. Ct. Briefs LEXIS 613.

[xv] David C. Reardon, Aborted Women-Silent No More (Chicago, IL: Loyola University Press, 1987) 101 (1987).

[xvi] *See*, *e.g*., *id*. at 16-17, 335.

[xvii] *Id.*

[xviii] Am. Med. Ass'n, *AMA Code of Ethics, Opinion 8.08 Informed Consent*, *available at* http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion808.shtml (last visited March 27, 2011).

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# Exhibit 20

## "Shaping" Healthcare Reform to Advance a Pro-Abortion Agenda

In its most recent annual report, the Planned Parenthood Federation of America boasts of the architectural role it played in the Affordable Care Act (ACA), also known as Obamacare: "Planned Parenthood worked…to help shape and pass the Affordable Care Act."[i]

The "shape" the ACA took under Planned Parenthood's guidance is one that benefits its bottom-line and advances its pro-abortion agenda.

Planned Parenthood ensured that the rules governing federal subsidies for insurance purchased through state-based insurance exchanges,[ii] and potentially other funds authorized by and appropriated through the ACA, would break from longstanding federal law and policy related to abortion funding.

"Planned Parenthood helped successfully defeat"[iii] efforts to bring the Stupak-Pitts amendment to a vote, an amendment that had passed with strong bipartisan support in the House of Representatives during the debate over an earlier healthcare reform bill.[iv] The Stupak-Pitts amendment would have made the abortion-funding restrictions of the ACA consistent with the Hyde Amendment, an annual appropriations rider since 1976 that prohibits federal funding appropriated through the Labor, Health and Human Services (LHHS) appropriations bill from being used for abortion or insurance plans that cover abortion.[v]

Instead, as a result of the efforts of Planned Parenthood, the ACA will allow federal dollars—paid directly from the Treasury to the insurance plan—to be applied to insurance plans that cover abortion.[vi] Further, without the Stupak-Pitts amendment the ACA lacks a comprehensive prohibition on the use of taxpayer dollars for abortions or insurance plans that cover abortions—an enormous loophole that could permit future public funding for abortions.

Currently, the ACA requires abortion-covering plans to employ an accounting separation for the federal subsidies it receives (an accounting separation that is not a permanent guarantee of the law[vii] and is one that Planned Parenthood vociferously objects to[viii]). But in doing so, the ACA creates a mandate on *private*dollars paying directly for abortion.

The ACA *mandates* that every person participating in the health insurance Exchanges (required by 2014 under the ACA) whose plan covers abortion must directly pay, at minimum, a $12-per-year premium that exclusively pays for abortions.

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Many Americans will find it difficult to avoid this abortion premium mandate. On top of the fact that plans outside the Exchanges may be cost-prohibitive or provide substantially less benefits, the ACA has an abortion secrecy clause for plans within the Exchanges. The law, which Planned Parenthood proudly shaped, permits insurance plans within the Exchanges that cover abortions to inform enrollees of this coverage *only* at the time of enrollment and, even then, *only* in the summary of benefits. The abortion premium mandate is covert: you cannot know whether a particular plan covers abortion until the time you sign up.

Planned Parenthood had a clear hand in molding another anti-life, anti-conscience provision of the ACA that is already impacting private health insurance plans and eliminating life-affirming choices from the market.

Often referred to as "the HHS mandate," the Obama Administration's implementation of the ACA's "preventive services" provision requires that nearly all private health insurance plans fully cover, without co-pay, all drugs and devices labeled by the Food and Drug Administration (FDA) as "contraception." The FDA's definition of "contraception" is broad and includes drugs and devices with known life-ending mechanisms of action, including the abortion-inducing drug *ella*.[ix]

The Obama Administration's decision to mandate coverage for *ella* and other life-ending drugs was demonstrably influenced by Planned Parenthood.

To determine what drugs, devices, and services would be included in the ACA's preventive services mandate, the U.S. Department of Health and Human Services (HHS) relied on an ostensibly "evidence based" recommendation from the "independent" Institute of Medicine (IOM). Although "independent" from HHS, several members of the Institute of Medicine (IOM) panel have direct ties to Planned Parenthood[x] as well as other openly pro-abortion organizations.[xi] The list of organizations invited to present at the IOM's three public meetings on the mandate underscores its abortion advocacy bias.[xii]

Notably, at the first meeting, groups invited to speak on "women's issues" included Planned Parenthood.[xiii]As a distributor of "contraceptives," Planned Parenthood stands to gain tremendously from a requirement that insurance plan cover contraceptives without co-pay, a financial stake which was never disclosed as a conflict of interest.

The second meeting included a presentation by a former official affiliate of Planned Parenthood,[xiv] the Guttmacher Institute.[xv] Planned Parenthood's former official research arm likewise suggested that the IOM recommend the "full range" of FDA-approved "contraceptives," including the abortion-inducing drug *ella*, be part of the insurance coverage that nearly all Americans must purchase.

In July 2011, Dr. Linda Rosenstock (the IOM panel's committee chair) explained, unequivocally, that the drug*ella* was included in her committee's recommendation. Though Dr. Rosenstock stated her committee considered "every" comment that was made before them, the IOM report utterly failed to address the serious concerns repeatedly presented during the public comments period of its meetings by pro-life groups, including AUL.[xvi] **Nowhere in its 250-page report did the committee even mention *ella*'s life-ending mechanisms of action**.

Also absent from the 250-page report was any mention that other FDA-labeled "contraceptives," including Plan B and Intrauterine Devices (IUDs), can work by preventing the implantation of an already developing human embryo – another fact presented at every meeting, a fact that the FDA notes in its labeling of the drugs, and a fact that HHS has included in its information on "birth control" methods.

The IOM Report acknowledged that the panel may have even considered abortion as a "preventive service" had it not felt otherwise constrained by the ACA: "Finally, despite the potential health and well-being benefits to some women, abortion services were considered to be outside of the project's scope, given the restrictions contained in the [ACA]."[xvii] Thus, the Planned Parenthood-influenced panel noted that, in its view, ending human life could be considered disease prevention.

Dissenting from the IOM recommendation, committee member Dr. Anthony Lo Sasso criticized the committee's lack of transparency and creation of an advocacy-based recommendation:

The committee process for evaluation of the evidence lacked transparency and was largely subject to the preferences of the committee's composition. Troublingly, the process tended to result in a mix of objective and subjective determinations filtered through a lens of advocacy.[xviii]

Naturally, Planned Parenthood "hailed the Institute of Medicine (IOM)'s recommendation"[xix] The recommendation was, after all, filtered through Planned Parenthood's "lens of advocacy"—a lens so distorted, it would equate destruction of human life with disease prevention.

Rejoicing over the mandate—which will eliminate plans that do not cover the abortion-inducing drug *ella* from the health insurance market—Dr. Vanessa Cullins, Vice President for Medical Affairs at Planned Parenthood Federation of America, applauded "covering birth control without co-pays" as "one of the most important steps" towards "keep[ing] women and children healthy."[xx] Dr. Cullins' health advice also includes telling women to simply accept contracting sexually transmitted diseases (STDs) as an unavoidable part of life: "In terms of sexually transmitted diseases, expect to have HPV once you become sexually intimate, all of us get it."[xxi] It seems that Planned Parenthood's benchmark for "healthy" women is "not pregnant" women.

With Planned Parenthood's help, President Obama's 2008 campaign promise to put abortion at "the heart" of his healthcare plan[xxii] has come to fruition. Planned Parenthood continues to work to ensure the Obama Administration keeps its promise.

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[i] *See* Planned Parenthood Fed'n of Am. Inc., Annual Report 2009-2010 (2011), *available at*http://issuu.com/actionfund/docs/ppfa_financials_2010_122711_web_vf?mode=window&viewMode=doublePage (last visited Sept. 21, 2012).

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[ii] The ACA requires that by 2014 state-based Exchanges be established for the purchase of private health insurance. The federal government will provide premium subsidies for those who do not qualify for Medicaid but whose household income is up to 400% of the federal poverty level.

[iii] *See Planned Parenthood: House Push to Repeal Health Care Law Would Hurt Women's Health,* Planned Parenthood, Jan. 14, 2011, *available at* http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-house-push-repeal-health-care-law-would-hurt-womens-health-35797.htm (last visited Sept. 21, 2012).

[iv] Final vote results for Roll Call 884 *available at* http://clerk.house.gov/evs/2009/roll884.xml (last visited Sept. 21, 2012).

[v] The text of the Hyde Amendment states that "None of the funds…shall be expended for any abortion,"§507(b), *and* that "None of the funds … shall be expended for health benefits coverage that includes coverage of abortion." §507(c).

[vi] The ACA does permit states to "opt-out" of allowing insurance plans in their state Exchange from covering abortion. To do so, a state must enact a separate piece of legislation. To date, 18 states have passed "opt-out" laws, protecting their citizens against the covert abortion premium mandate.

[vii] The restriction lapses if Congress does not renew the Hyde Amendment, a vulnerable rider to an appropriations bill. Pub. L. 111-148 (2010) §1303(b)(1)(B). The abortion lobby is actively campaigning for the removal of the Hyde Amendment. For example, the National Organization of Women (NOW) has vowed, "[T]he Board of NOW is hereby instructed to develop a long-term strategy with other allied organizations for the defeat of the Hyde Amendment and that the grassroots level of NOW be urged to take action in an aggressive campaign to repeal the Hyde Amendment…" *2010 NOW Conference Resolutions, Hyde and Seek-Repeal of the Hyde Amendment,* National Organization for Women, http://www.now.org/organization/conference/resolutions/2010.html#Hyde (last visited Oct. 17, 2012).

[viii]*See Planned Parenthood: House Push to Repeal Health Care Law Would Hurt Women's Health,* Planned Parenthood, Jan. 14, 2011, *available at* http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-house-push-repeal-health-care-law-would-hurt-womens-health-35797.htm (last visited Sept. 21, 2012). ( "Planned Parenthood continues to oppose the unacceptable abortion provisions in the new health care law, which sets up a complicated system requiring two separate insurance payments from individuals, one for abortion coverage and one for all other health care coverage.")

[ix] *See The Con: Life-Ending Drugs & Devices,* Americans United for Life, http://www.aul.org/the-con-life-ending-drugs-devices/ (last visited Sept. 21, 2012).

[x] According to her biography, Dr. Paula Johnson "served for many years on the board of Planned Parenthood League of Massachusetts and chaired the board from 1997-


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1998," *see*http://www.bphc.org/boardofhealth/boardmembers/Pages/Home.aspx (last visited Sept. 21, 2012); Dr. Magda Peck served as chair and vice-chair of the Board of Directors Planned Parenthood of Nebraska Council Bluffs (now Planned Parenthood of the Heartland) from 2006-2009, *see*http://www4.uwm.edu/secu/news_events/sph-dean/Peck-cv.pdf (last visited Sept. 21, 2012); Dr. Carol Weisman served as a member of the Affiliate Medical Committee of Planned Parenthood of Maryland from 1993-1997 and was a member of the Board of Directors of Planned Parenthood of Maryland from 1978-1984,*see* http://www.pennstatehershey.org/c/document_library/get_file?folderId=229089&name=DLFE-25907.pdf (last visited Sept. 21, 2012).

[xi] Dr. Francisco Garcia has worked with the International Planned Parenthood Federation, *see*http://orwh.od.nih.gov/about/Garcia%20(updated%202-18-10)–edited%20clean%20copy.pdf (last visited Sept. 21, 2012). Dr. Paula Johnson serves on the board of the Center for Reproductive Rights, an organization which seeks to expand abortion access, *see*http://www.bphc.org/boardofhealth/boardmembers/Pages/Home.aspx (last visited Sept. 21, 2012). Dr. Claire Brindis is a co-founder of the Bixby Center for Global and Reproductive Health. The Bixby Center provides abortion training and runs initiatives designed to increase and expand abortion services,*see*http://bixbycenter.ucsf.edu/research/abortion.html (last visited Sept. 21, 2012). Dr. Brindis also chaired the Population, Family Planning and Reproductive Health Section (PRSH) of the American Public Health Association. The PRSH has a "task force" dedicated to abortion, *see*http://www.apha.org/membergroups/sections/aphasections/population/benefits/taskforces.htm (last visitedSept. 21, 2012). Dr. Angela Diaz has served as a Board Member for the Physicians for Reproductive Choice and Health, *see* http://www.prch.org/about-board-directors (last visited Sept. 21, 2012). Dr. Alina Salganicoff has worked as a trainer and counselor for CHOICE, "a Philadelphia-based reproductive health care advocacy organization," *see* http://www.kff.org/womenshealth/upload/Speaker-Biographies-Women-and-Health-Care-A-National-Profile.pdf (last visited Sept. 21, 2012).

[xii]The IOM meeting information and agendas are *available at*http://iom.edu/Activities/Women/PreventiveServicesWomen.aspx (last visited Sept. 21, 2012).

[xiii] Other invited presenters included the National Women's Law Center which states on its website, "We're working to ensure that women have access to abortion care by protecting and advancing this fundamental right." National Women's Law Center, *Our Issues, Abortion, available at* http://www.nwlc.org/our-issues/health-care-%2526-reproductive-rights/abortion (last visited Sept. 21, 2012).

[xiv] President Sharon Camp has described the relationship between Planned Parenthood and Guttmacher as "the divorce that didn't work." *See* Too Many Aborted, *You've Been Guttmacher'd!*, YouTube (Sept. 6, 2011),*available at* http://www.youtube.com/watch?v=FYXwurVh0Bs&feature=player_embedded (last visited Sept. 21, 2012).

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[xv] The Guttmacher Institute's "Guiding Principles" include working to "protect, expand and equalize access to information, services and rights that will enable women and men to … exercise the right to choose abortion."Guttmacher Institute, "Mission," *available at* http://www.guttmacher.org/about/mission.html (last visited Sept. 21, 2012).

[xvi] Never formally invited by the IOM to present, pro-life organizations including AUL attended and, during the public comments portion of every open IOM committee meeting, urged the panel against including life-ending drugs and devices in a mandate that would apply to nearly all health insurance plans. The IOM panel was reminded by AUL and others that the "preventive services" provision was, as its author Senator Barbara Mikulski (D-MD) stated, "strictly concerned" with "preventing *diseases*." *See* Cong. Rec. S12274 (daily ed. Dec. 3, 2009) (colloquy between Sen. Mikulski and Sen. Casey), *available at* http://thomas.loc.gov. The IOM panel was also reminded that Senator Mikulski made assurances that abortion would not be covered "in any way." *Id.* Further, at every meeting, it was explained to the IOM panel that *ella*, newly approved by the FDA as a so-called "emergency contraceptive," can end even an "established" pregnancy. *See* D. Harrison & J.Mitroka, *Defining Reality: The Potential Role of Pharmacists in Assessing the Impact of Progesterone Receptor Modulators and Misoprostol in Reproductive Health*, 45 Annals Pharmacotherapy 115 (Jan. 2011).

[xvii] *Clinical Preventive Services for Women: Closing the Gaps*, Institute of Medicine (July 19, 2011) at 21.

[xviii] Committee on Preventive Services for Women; Institute of Medicine, Clinical Preventive Services for Women: Closing the Gaps 207 (2011) *available at* http://www.nap.edu/catalog.php?record_id=13181 (last visited Sept. 21, 2012).

[xix] *Planned Parenthood Hails Institute of Medicine Recommendation on Coverage of Prescription Birth Control Without Co-Pays,* Planned Parenthood, July 19, 2011, *available at*http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-hails-institute-medicine-recommendation-coverage-prescription-birth-control-37374.htm (last visited Sept. 21, 2012).

[xx] *Id.*

[xxi] *See* Planned Parenthood, *Let's Talk About Sex – Sexual health advice from Dr. Vanessa Cullins,*YouTube (Oct. 20, 2009), *available at* http://www.youtube.com/watch?v=wvlCx3w_tss (last visited Sept. 12, 2012).

[xxii] At a Planned Parenthood Action Fund event in July 2007, then-candidate Obama stated, "In my mind, reproductive care is essential care, basic care, so it is at the center, the heart of the [health care] plan that I [will] propose." Laura Escheverria, *Barack Obama Before Planned Parenthood Action Fund (transcription),available at* https://sites.google.com/site/lauraetch/barackobamabeforeplannedparenthoodaction (last visited Sept. 21, 2010).

The next day, the Chicago Tribune reported that an Obama spokesman confirmed that "reproductive health services" included abortion. Mike Dorning, *Democrats Pledge Support*

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*for Wide Access to Abortion*, Chicago Tribune, Jul. 18, 2007, *available at* http://articles.chicagotribune.com/2007-07-18/news/0707180134_1_abortion-rights-opponents-call-partial-birth-abortion-planned-parenthood-action-fund (last visited Sept. 21, 2012).


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# Exhibit 21

## Planned Parenthood's Use of Political Intimidation to Eviscerate Americans' First Amendment Conscience Rights

Planned Parenthood appears to use every tool at its disposal–including political intimidation—to advance its radical pro-abortion agenda. *Stormans v. Selecky*,[i] a challenge to anti-conscience Washington State Board of Pharmacy rules, reveals just one example of Planned Parenthood's intimidation tactics and political bullying.

Prior to 2007, pharmacies in Washington were permitted to refer patients to other providers if they could not fill a specific prescription for reasons of conscience. Washington's "Basic Health Care Law," enacted in 1995, provided that no healthcare entity—including pharmacies or pharmacists—"may be required by law or contract in any circumstances to participate in the provision of or payment for a specific service if they object to so doing for reason of conscience or religion."[ii]

Planned Parenthood's intimate role—over the course of the next two years—in changing Washington law and shaping anti-conscience regulations is detailed in the findings of fact and conclusions of law of the *Stormans*case. The Planned Parenthood-driven coercive regulations go so far as to prohibit pharmacies from providing "facilitated referrals"[iii] if a pharmacy or pharmacist had a conscience objection to delivering or dispensing so-called "emergency contraception" such as "Plan B."

Importantly, as the court noted, as a result of Planned Parenthood's involvement, "unlike most of the Board's regulations, these [r]egulations were not the product of a neutral, bureaucratic process based solely on pharmaceutical expertise."[iv] Instead, they were designed to facilitate Planned Parenthood and its allies' political ends.

Planned Parenthood aggressively advocated against the recommendations of the professional boards and associations which supported conscience rights.[v] And, as the record in the case exposes, Planned Parenthood and Governor Christine Gregoire (a Democrat) went to great lengths to coerce and intimidate the Washington Board of Pharmacy until it capitulated to their anti-freedom agenda.

In the words of the court, it was a "highly political affair, driven largely by the Governor and Planned Parenthood—both outspoken opponents of conscientious objection to Plan B."[vi]

Beginning in 2005, Planned Parenthood and Governor Gregoire worked doggedly to change the Washington Board of Pharmacy's support for conscience rights. Each time the Board rejected Planned Parenthood's position, pressure on the Board was increased.

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Notably, Governor Gregoire did not seek out Planned Parenthood for its guidance in eliminating referral as an option to protect the freedom of conscience of Washington's pharmacists and pharmacies. Rather, "Planned Parenthood sought to enlist the Governor's help to prohibit conscientious referrals…."[vii] Changing Washington's law to eliminate conscience protections was Planned Parenthood's idea.

Despite initial pressure from Planned Parenthood and Governor Gregoire to eliminate conscience protections, at their August 2005 meeting, "The Board voted to continue to recommend referral…" and "publicly endorsed this message again in its October 2005 newsletter."[viii]

In response to Planned Parenthood's warning that the Washington State Pharmacy Association (WSPA) would support conscience rights at the Board's January 2006 meeting, Governor Gregoire sent a letter to the Board again opposing conscientious referrals and appointed a new member to the Board, "who was a former Planned Parenthood board member whom Planned Parenthood had recommended."[ix]

However, even these tactics were not enough to persuade the Board to abandon its pro-freedom principles. When the WSPA "recommended that pharmacists retain the right to refer," the court notes, "no Board members expressed opposition to referrals for reason of conscience."[x]

Planned Parenthood and Governor Gregoire were not deterred. They intensified their pressure to the point of engaging in aggressive bullying and threats.

Upon the "urging" of the Governor's Office, Planned Parenthood began to work with the Human Rights Commission (HRC)—a state agency responsible for "administering and enforcing the Washington Law Against Discrimination"—as a means to "increase pressure on the Board" to drop support for conscience rights.[xi] As the factual findings describe, "within days" the HRC warned the Board director, Steven Saxe, that allowing pharmacists and pharmacies with conscientious objections to so-called "emergency contraception" to make a referral to another pharmacy was "illegally discriminating against women."[xii]

In a letter from HRC's Executive Director, Board Members were even "**threaten[ed]… with personal liability**if they passed a regulation permitting referral."[xiii] (Emphasis added.)

Planned Parenthood's fingerprints were all over the threat. "Planned Parenthood reviewed drafts and helped shape the message of this inter-governmental warning," a warning that the court noted "was obviously intended to intimidate the Board."[xiv]

At two public hearings, purported "refusal stories" were also presented to the Board – stories that had "originally surfaced in a March 2006 letter from Planned Parenthood."[xv] As the court in the *Stormans* case notes, "None of [pharmacies'] customers has ever been denied timely access to emergency contraception."[xvi] In fact, the court acknowledged that many of the "refusal stories" were not the result of natural encounters with access problems, but were "manufactured" by Planned Parenthood and other abortion advocates.[xvii]

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Despite the latest round of intimidation and political gamesmanship, the Board still voted unanimously in favor of a rule permitting refusal for, among other reasons, reasons of conscience.[xviii]

"Governor Gregoire reacted swiftly and forcefully."[xix] Within "hours," she sent another letter to the Board.[xx]Her office also met with Planned Parenthood "to discuss rewriting the rule" that the Board had just approved unanimously.[xxi] (Four days later, Governor Gregoire also "publicly explained that she could remove the Board members when the Legislature returned if need be, but she did not 'want this to be done like we're in a dictatorship.'"[xxii])

Within a week, Planned Parenthood "presented a new draft rule to the Governor."[xxiii] As Mr. Saxe later testified, "the primary difference" between the Board's approved rule and Planned Parenthood's rule was "conscientious objection."[xxiv] As a matter of practicality, the rule could not prohibit all referrals for any reason. Pharmacies regularly refer patients for reasons other than conscientious objection, including business and economic realities. Only conscience-based referrals were targeted by Planned Parenthood.

"To forge a consensus in support" of the Planned Parenthood rule, Governor Gregoire created a task force.[xxv] The group included representatives from Planned Parenthood, but lacked "any conscientious objectors, faith-based health care providers, or any other outside organizations besides [the Governor's] 'advocates,' which were women's reproductive rights groups."[xxvi]

Still, the task force experienced a similar divide: Planned Parenthood advocated against permitting referral, while the medical community advocated for conscience protection. Specifically, the findings note:

All three pharmacists on the taskforce (not including the Board's Executive Director Saxe) urged the taskforce to revise the Governor's rule to permit referral for both business and conscience reasons.[xxvii]

However, Planned Parenthood "continued to insist that referrals for reason of conscience were off the table."

In the end, the taskforce "reached a compromise."[xxviii] The WSPA gave up protecting conscience rights and in return, "the Governor, Planned Parenthood, and advocates agreed to permit referrals for business, economic, and convenience reasons."[xxix] Thus, referral would not be *per se* impermissible, but only where it stemmed from a religious, ethical, or moral reason was it barred. (This exclusion only applied to the provision of so-called "emergency contraception." Taskforce members had agreed to allow conscientious referrals for lethal drugs that could be prescribed under Washington's Death With Dignity Act (which permits physician-assisted suicide).[xxx])

With the anti-conscience rule set for a vote, and despite Governor Gregoire having been "previously instructed not to contact Board members" under the advisement that such contact could be illegal, the bullying continued:

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Just days before the vote, the Governor personally called Board Chair Assad Awan. She told Awan that he was "to do [his] job" and to "do the right thing" and that she was going to "roll up her sleeves and put on her boxing gloves.[xxxi]

Then, "to guarantee final approval" of the regulation, the court notes that "the Governor took another unprecedented step,"

She involved her "advocates"—Planned Parenthood, NWWLC [the Northwest Women's Law Center] and NARAL—in the process of interviewing candidates for the Board. Board Chair Awan, who applied for a second term, testified that his interview focused almost exclusively on the pharmacy refusal issue. His reappointment was opposed by the "advocates," and the Governor declined to reappoint him.[xxxii]

Planned Parenthood was now directly involved in determining the composition of the Board that had initially rejected its proposal to deny freedom of conscience to pharmacists and pharmacies.

"The Governor then selected two new candidates recommended by Planned Parenthood" and a Board member confirmation hearing was scheduled for the day immediately following the Board's final vote on the regulations.[xxxiii] "[O]n April 12, 2007, the Board voted to approve the final Regulations. Three Board members were confirmed the next day."[xxxiv]

Planned Parenthood's orchestrated campaign is perhaps even more unsettling when considering that the denial of conscience rights is demonstrably unnecessary and unconstitutional.

Following a 12-day trial, the court issued a resounding decision supporting the conscience rights of pharmacists and pharmacies, holding that the Planned Parenthood-driven regulations violate the First (free exercise) and Fourteenth (equal protection) Amendments of the U.S. Constitution.

In sum, the political intimidation and bullying tactics of Planned Parenthood, exposed in the *Stormans* case, were employed solely to advance its radical ideology, not a constitutional end or a demonstrated need.

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[i] *Stormans Inc. v. Selecky*, 844 F. Supp. 2d 1172 (W.D. Wash. 2012)
[hereafter *Stormans* opinion]; Findings of fact and conclusions of law at *Stormans, Inc. v. Selecky,* 2012 U.S. Dist. LEXIS 22375 (W.D. Wash. Feb. 22, 2012).
[hereafter *Stormans* findings]

[ii] "Before the 2007 Washington Board of Pharmacy regulations, pharmacies in Washington were permitted to refer patients for reasons of conscience. In 1995, when the Washington legislature enacted the "Basic Health Care Law," it also enacted statutory protections for freedom of conscience. RCW 48.43.065(1)-(2)(a); *see also*RCW 70.47.160(1)-(2)(a). The law recognizes that 'every individual possesses a fundamental

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right to exercise their religious beliefs and conscience,' and provides that no healthcare entity, including pharmacies or pharmacists, 'may be required by law or contract in any circumstances to participate in the provision of or payment for a specific service if they object to so doing for reason of conscience or religion.'" *Stormans*findings at ¶ 12.

[iii] A "facilitated referral" means a referral of the customer to another provider, including, upon the patient's request, calling the provider to make sure the product is in stock.

[iv] *Stormans* findings at ¶ 274.

[v] *Id.* at ¶ 30. "[T]he position of many professional health care organizations…endorse referral as an appropriate alternative for pharmacists who assert conscientious objections. This includes the American Medical Association, American Society of Health-System Pharmacists, National Community Pharmacists Association, the American Pharmacists Association, and the Washington State Pharmacists Association."

[vi] *Id*. at ¶ 274.

[vii] *Id*. at ¶ 31.

[viii] *Id*. at ¶ 34.

[ix] *Id*. at ¶ 35.

[x] *Id*. at ¶ 36. Additionally, the American Pharmacists Association (APhA) has also adopted a policy expressly recognizing "the individual pharmacist's right to exercise conscientious refusal," and supporting increased access to medication "without compromising the pharmacist's right of conscientious refusal." The APhA position, adopted in 1998, endorses referral when a pharmacist has a conscientious objection. *See id.*at ¶ 25.

[xi] *Id*. at ¶ 38.

[xii] *Id*.

[xiii] *Id*.

[xiv] *Id*.

[xv] *Id.* at ¶ 39-40.

[xvi] *Id*. at ¶ 12.

[xvii] *Id.* at ¶ 99.

[xviii] *Id*. at ¶ 42. "At the June 1 meeting, the Board rejected the Governor's favored rule. Instead, it voted unanimously in favor of the draft that permitted referrals for business, economic, convenience and conscientious reasons."

[xix] *Id*. at ¶ 43.

[xx] *Id.*


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[xxi] *Id*.

[xxii] *Id*. at ¶ 44.

[xxiii] *Id*. at ¶ 46.

[xxiv] *Id*.at ¶ 48.

[xxv] *Id.* at ¶ 49.

[xxvi] *Id*.

[xxvii] *Id*. at ¶ 50.

[xxviii] *Id*. at ¶ 52.

[xxix] *Id*.

[xxx] *Id*. at ¶ 53.

[xxxi] *Id*. at ¶ 57.

[xxxii] *Id*. at ¶ 60.

[xxxiii] *Id*. at ¶ 61.

[xxxiv] *Id*. at ¶ 62.

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# Exhibit 22

## *Roe v. Wade*: the Radical Pro-abortion "Vision" of Planned Parenthood

In 1997, Gloria Feldt and Sharon Allison, then President and Chairperson of Planned Parenthood Federation of America (PPFA) respectively, boasted about Planned Parenthood's role in constitutionalizing abortion-on-demand through *Roe v. Wade*. They wrote in PPFA's annual report,

As we look toward the 25th anniversary of *Roe* in January 1998, it is clear that Planned Parenthood's vision was pivotal in that case. It did not spring full-blown from the Supreme Court; in fact, it was a natural evolution from the decades of work by Planned Parenthood's founder, Margaret Sanger…

Fifteen years later, Americans increasingly self-identify as pro-life and eschew the extreme abortion policy the Supreme Court inflicted on the nation in *Roe*. In spite of the national trend, and under the guise of "women's health," Planned Parenthood has continued to advance its radical pro-abortion vision, and dramatically increased its abortion business—all while receiving increasing subsidies from the American taxpayer.

Dovetailing with our commitment to overturning *Roe*, Americans United for Life is determined to expose the truth about Planned Parenthood and to remove the abortion chain from the taxpayer dole.

AUL's "The Planned Parenthood Exhibits" adds to the mounting and incontrovertible evidence that the track record of the nation's largest abortion provider **demands** a thorough investigation by both federal and state authorities – and that Big Abortion is not worthy of the more than $1 million dollars a day it receives from taxpayers.

In "The Planned Parenthood Exhibits," AUL:

- Detailed the Obama Administration's all-consuming loyalty to Planned Parenthood, demonstrating that the current administration is willing to withhold federal funding for programs such as Medicaid and thereby deny healthcare to millions of low-income Americans in a brazen attempt to force states to continue to fund the abortion giant.
- Discredited the sham statistic that "abortion is only 3% of Planned Parenthood's services."
- Debunked the myth that Planned Parenthood performs mammograms.

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- Exposed the radical and pervasive political nature of Planned Parenthood.
- Revealed Planned Parenthood's efforts to maintain America's radical pro-abortion policies, securing our position as one of four nations in the world with the most extreme and permissive policies.
- Highlighted Planned Parenthood's shameful bullying of the Susan G. Komen Foundation to deceptively reinforce its "trusted healthcare provider" façade.
- Documented the often dangerous and substandard care that women receive from Planned Parenthood, including tragic and preventable deaths at its clinics, consistent misuse of abortion-inducing drugs, and the improper use of "telemedicine" to increase the reach and profitability of its abortion business.
- Exposed Planned Parenthood's callous disregard for women's health and safety by its insistence on providing misinformation on the risks inherent in late-term abortions, propagating a misinformation campaign about so-called "emergency contraception," depriving women of information on the psychological risks of abortion, advancing a false mantra that abortion is safer than childbirth, and failing to protect the minor girls it claims to serve.
- Described Planned Parenthood's "schizophrenia" on the use of ultrasounds, exposing how Planned Parenthood's opposition to common-sense legislation has its business interests, not the health and safety of women, in mind.
- Revealed Planned Parenthood's tacit support for sex-discrimination and its apparent willingness to profit from sex-selection abortions.
- Documented Planned Parenthood's exponential and intentional increase in its abortion business and Planned Parenthood Federation of America's directive to eliminate prenatal care.
- Detailed "whistleblower" cases alleging that Planned Parenthood has intentionally engaged in improper billing practices.
- Highlighted Planned Parenthood's use of political intimidation to eviscerate Americans' First Amendment conscience rights.
- Exposed Planned Parenthood's "shaping" of healthcare reform to advance a pro-abortion agenda.

As we approach the $40^{th}$ anniversary of *Roe*, an anniversary that Planned Parenthood unabashedly "celebrates," AUL remains resolute that the abortion industry must not be allowed to continue to exploit the women of America and fleece American taxpayers. Women deserve better than the radical pro-abortion "vision" of Planned Parenthood, the "natural evolution" of Margaret Sanger's work imposed on the nation by *Roe*.

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# THE CASE FOR INVESTIGATING PLANNED PARENTHOOD

AUL looks behind the closed doors of the nation's largest abortion provider

THE CASE FOR

# INVESTIGATING PLANNED PARENTHOOD

AUL looks behind the closed doors
of the nation's largest abortion provider

JULY 7, 2011

A Report of

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www.AUL.org

The Case for

# INVESTIGATING PLANNED PARENTHOOD

AUL Looks Behind the Closed Doors of the Nation's Largest Abortion Provider

**This report was prepared as a unique project of AUL's legal team.**

**Americans United for Life**, the nation's premier pro-life legal team, works through the law and legislative process to one end: Achieving comprehensive legal protection for human life from conception to natural death. The nonprofit, public-interest law and policy organization holds the unique distinction of being the first national pro-life organization in America when we incorporated in 1971, before the infamous *Roe v. Wade* decision.

AUL's legal team has been **involved in every abortion-related case before the U.S. Supreme Court** since Roe v. Wade, including AUL's successful defense of the Hyde Amendment before the high court. AUL's legal expertise and acumen set the bar in the pro-life community for the creation of effective and defensible pro-life positions. At the state, federal and international levels, AUL works to advance life issues through the law and does so through measures that can withstand judicial obstacles so that pro-life laws will actually be enforced. AUL knows that reversing Roe v. Wade can be accomplished through deliberate, legal strategies that accumulate victories, build momentum, and restore a culture of life.

# EXECUTIVE SUMMARY

Although the Planned Parenthood Federation of America (PPFA or Planned Parenthood) advertises itself as an organization promoting health for women and families, it is the nation's largest abortion provider and has been plagued by scandal and abuse. Furthermore, PPFA and its affiliates receive hundreds of millions of dollars in taxpayers' funds every year – a significant portion of which comes from the federal government.

PPFA often tries to underplay the significance of abortion to its business model. However, as this report details, abortion has a tremendous impact on Planned Parenthood's bottom-line. This is true to a greater degree each year, and Planned Parenthood has plans to expand its abortion business.

In this report, Americans United for Life documents the known and alleged abuses by Planned Parenthood, including:

**Misuse of federal health care and family planning funds.** State audit reports and admissions by former employees detail a pattern of misuse by some Planned Parenthood affiliates.

**Failure to report criminal child sexual abuse.** Substantial and still-developing evidence indicates that many Planned Parenthood clinics fail to report all instances of suspected abuse, and instead advise minors and their abusers on how to circumvent the mandatory reporting laws.

**Failure to comply with parental involvement laws.** Some Planned Parenthood affiliates exhibit a pattern and practice of violating and circumventing parental involvement laws.

**Assisting those engaged in prostitution and/or sex trafficking.** Some Planned Parenthood clinics have demonstrated a willingness to partner with pimps or sex traffickers to exploit young women instead of safeguarding their health and safety.

**Dangerous misuse of the abortion drug RU-486.** Planned Parenthood's admitted disregard for the FDA's approved protocol puts profits above women's lives and safety.

**Misinformation about so-called "emergency contraception,"** including *ella*. Planned Parenthood boasts of its role in the approval of a new drug *ella*, yet provides considerable misinformation about the drug.

**Willingness to provide women with inaccurate and misleading information.** Some Planned Parenthood affiliates continually demonstrate a disregard for women's health and safety through their willingness to provide inaccurate and misleading information regarding fetal development and about abortion's inherent health risks.

**Willingness to refer to substandard clinics.** Some Planned Parenthood affiliates put the lives and safety of women and girls at risk by associating with substandard abortion providers.

In addition, this report documents the efforts of Planned Parenthood and its affiliates to defeat legislation intended to protect women and families, and to overturn common-sense federal and state laws, further enriching their "bottom-line" with attorney fee awards.

In order to assess the extent of the scandal and abuse at PPFA and its affiliates, a full-scale, thorough Congressional investigation is necessary. In this report, Americans United for Life poses potential questions aimed at uncovering the depth of the problems within Planned Parenthood.

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# I. INTRODUCTION

The Planned Parenthood Federation of America (PPFA or Planned Parenthood) advertises itself as "the nation's most trusted provider of sexual and reproductive health care," believing that "everyone has the right to choose when or whether to have a child, that every child should be wanted and loved."[1] But what does this huge conglomerate, funded in substantial part by federal and state tax dollars, really believe and do? How are America's women and young girls impacted by Planned Parenthood's beliefs, practices, and policies? Should Planned Parenthood be entrusted every year with over $363 million of Americans' tax dollars?

*The burden of proof rests with Planned Parenthood. It must demonstrate that it consistently complies with federal and state laws.*

In January 2011, pro-life activist Lila Rose and her organization Live Action released several videos covering three different states and the District of Columbia that appear to reveal Planned Parenthood's willingness to assist those who victimize young girls through prostitution and sex trafficking.[2]

Planned Parenthood's transgressions, however, extend far beyond Live Action's latest discoveries. Other notable scandals include misuse of federal and state funding, failure to comply with state laws regarding the reporting of suspected child sexual abuse, and the willful failure to comply with state parental involvement laws.

The burden of proof rests with Planned Parenthood. It must demonstrate that it consistently complies with federal and state laws and that substantial evidence to the contrary – persuasive evidence that appears to show a systemic and organization-wide pattern of violating federal and state laws, disregard for women's health and safety, and endangerment of the welfare of minors –

**AMERICANS UNITED FOR LIFE (AUL) ENCOURAGES CONGRESS TO INVESTIGATE:**

1) The institutional practices and policies of Planned Parenthood;
2) Planned Parenthood's handling and documented misuse of federal government funding;
3) Planned Parenthood's willingness to assist those engaged in violations of state and federal laws relating to prostitution and sex-trafficking;
4) Planned Parenthood's substantiated violations of state laws including, but not limited to, parental involvement laws for abortion; and
5) Whether the Planned Parenthood Federation of America can substantiate that every one of Planned Parenthood's more than 800 clinics across the country complies with medically and legally appropriate standards of patient care.

is inaccurate. It is insufficient for Planned Parenthood to now claim that these reports and incidents are "flukes" and involve only a few "rogue" clinics or employees. American taxpayers have a right to know the extent of the potential malfeasance and corruption at Planned Parenthood.

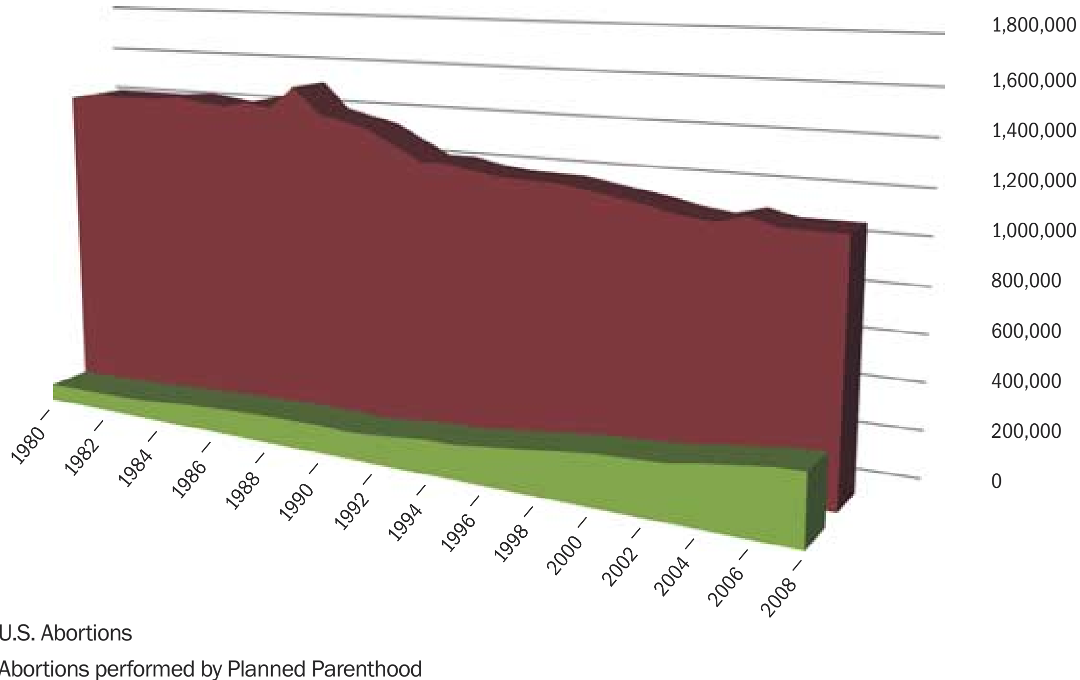
A tax-exempt "non-profit" organization, PPFA is a billion dollar industry and the nation's largest abortion provider; one of every four abortions in the United States is performed by Planned Parenthood.[3] While the incidence of abortions in the United States has steadily decreased since 1990, Planned Parenthood continues to increase its abortion numbers (its "market share") every year.

## II. CENTRALITY OF ABORTION TO PLANNED PARENTHOOD'S OPERATIONS

In December 2010, Planned Parenthood made clear the centrality of abortion to its mission, issuing a new mandate: by 2013, every Planned Parenthood affiliate must have at least one clinic performing abortions.[4]

Planned Parenthood's "services" for its pregnant clients are overwhelmingly abortions. While PPFA reported performing 332,278 abortions in 2009[5] (8,270 more than it reported in 2008[6]), it only reported 977 adoption referrals to outside agencies.[7] Thus, for every adoption referral PPFA makes, it performs 340 abortions.[8] During the same period, PPFA only had 7,021 clients receiving prenatal care.[9] In sum, abortion represented over 97 percent of PPFA's pregnancy-related services in 2009. Moreover,

**Planned Parenthood's Share of Abortion Increasing**



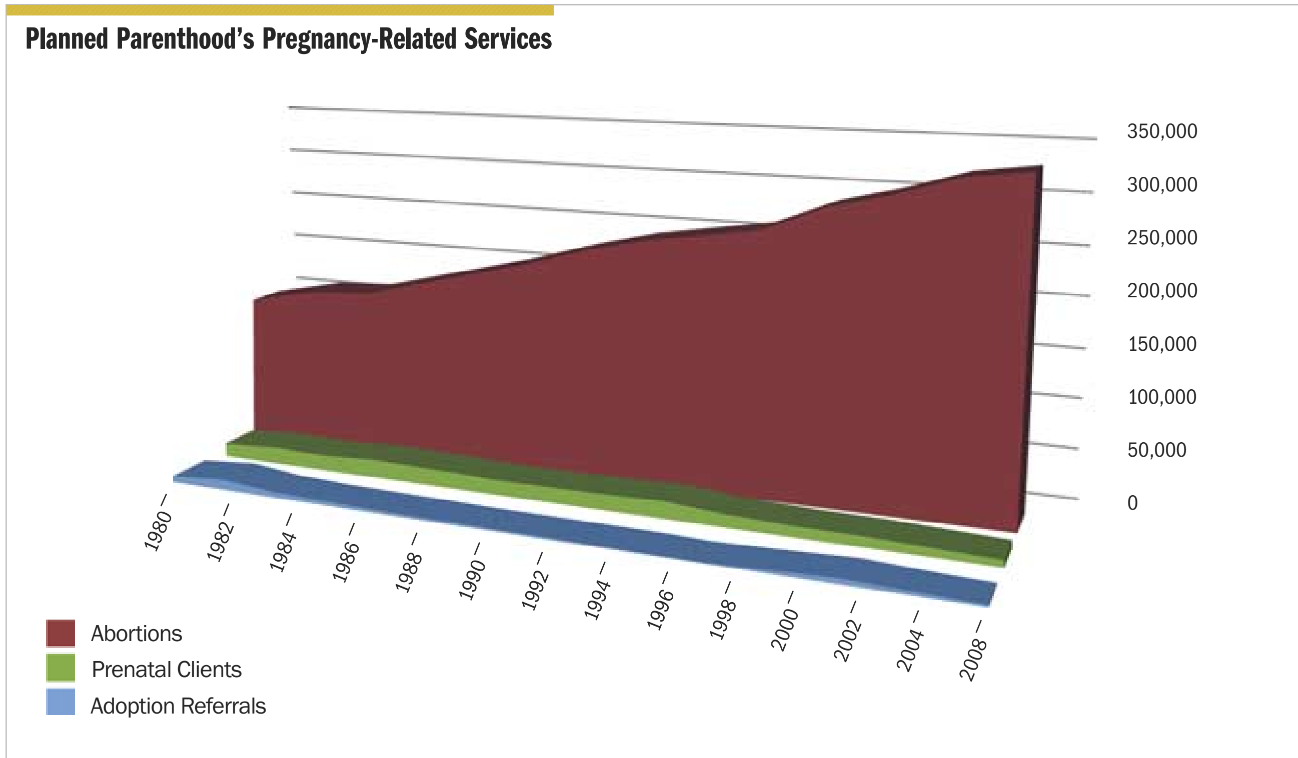

the disparity between PPFA's provision of abortions and its provision of other pregnancy services has increased annually since 1996.[10]

Planned Parenthood, while often discounting abortion as representing only 3 percent of its "services,"[11] acknowledges that 12 percent of its health care patients receive abortions.[12] However, even this number fails to capture the significance of abortion to Planned Parenthood's bottom line.

PPFA states that an abortion "[c]osts about $350–$950 in the first trimester."[13] It reported performing 324,008 and 332,278 abortions in 2008 and 2009, respectively (an average of 328,143 abortions each year).[14] At minimum, abortion represented $114.9 million of the $404.9 million Planned Parenthood reported as "clinic income" in the fiscal year ending June 30, 2009.[15]

***At minimum, abortion represented $114.9 million of the $404.9 million Planned Parenthood reported as "clinic income" in the fiscal year ending June 30, 2009.***

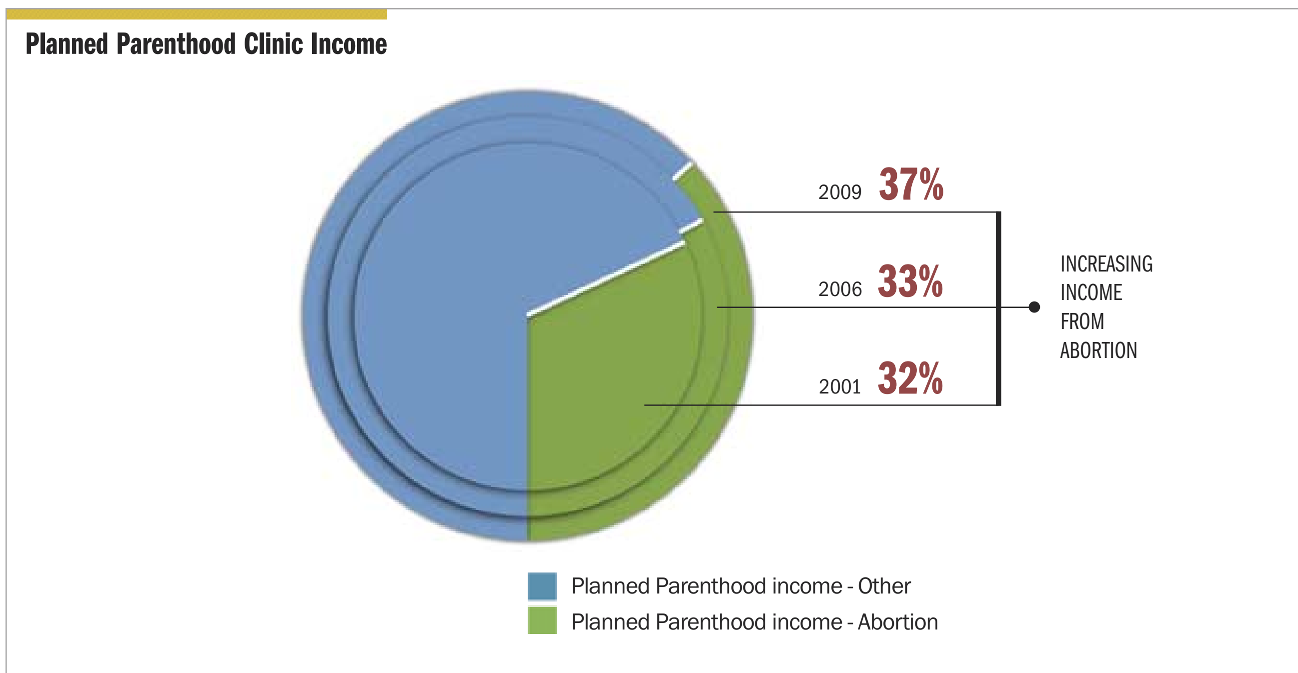
Using figures provided by Planned Parenthood's "special affiliate," the Guttmacher Institute,[16] for the average cost of an abortion in 2001, 2006, and 2009, and combining it with Planned Parenthood's reporting information, it is clear that abortion




is a steadily increasing and significant percentage of Planned Parenthood's "clinic income."

For example, for the fiscal year ending in June 2001, abortion generated approximately 32 percent of Planned Parenthood's clinic income.[17] For the fiscal year ending in June 2006, abortion constituted approximately 33 percent of Planned Parenthood's clinic income.[18] And for the fiscal year ending in June 2009, abortion represented 37 percent of Planned Parenthood's clinic income.[19]

These estimates are conservative, as not every abortion at a Planned Parenthood clinic is a standard first-trimester surgical abortion. Planned Parenthood clinics also advertise and perform more expensive late-term abortions.[20]



## III. FEDERAL FUNDING RECEIVED BY PLANNED PARENTHOOD

Planned Parenthood, the nation's largest abortion provider, annually receives hundreds of millions of dollars in taxpayer funds. PPFA's 2008-2009 annual report states it received $363 million dollars in (federal and state) government grants and contracts.[21] That amount has more than doubled since 1998.[22] A significant portion of these funds comes from the federal government.[23] According to PPFA President Cecile Richards, "We see 3 million patients a year, and 2 million qualify for some type of federal assistance"[24] – "federal assistance" which results in taxpayer dollars being paid to Planned Parenthood.

*PPFA's 2008-2009 annual report states it received $363 million dollars in (federal and state) government grants and contracts. That amount has more than doubled since 1998.*

The use of federal funds is conditioned. Every contractor doing business with the federal government is required by the Federal Acquisition Regulations to

> (i) Exercise due diligence to prevent and detect criminal conduct; and
> (ii) Otherwise promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.[25]

In addition, for decades, federal laws have expressly forbidden the use of government funds for elective abortions.[26] Several states also restrict the use of their funding, prohibiting or strictly limiting its use for abortion, abortion counseling, and/or abortion referrals.[27]

In 1980, the Supreme Court upheld the constitutionality of one such restriction, the Hyde Amendment, in the case of *Harris v. McRae*.[28] The Court held that the funding restriction of the Hyde Amendment

> [P]laces no governmental obstacle in the path of a woman who chooses to terminate her pregnancy, but rather, by means of unequal subsidization of abortion and other medical services, encourages alternative activity deemed in the public interest.[29]

Studies confirm the relationship between public funding and the incidence of abortion. The Guttmacher Institute, an organization whose mission includes working to "protect, expand and equalize access to information, services and rights that will enable women and men to … exercise the right to choose abortion," conducted a Literature Review in 2009 that shows a strong consensus that abortion rates are reduced when public funding is restricted.[30] Specifically, Guttmacher reported:

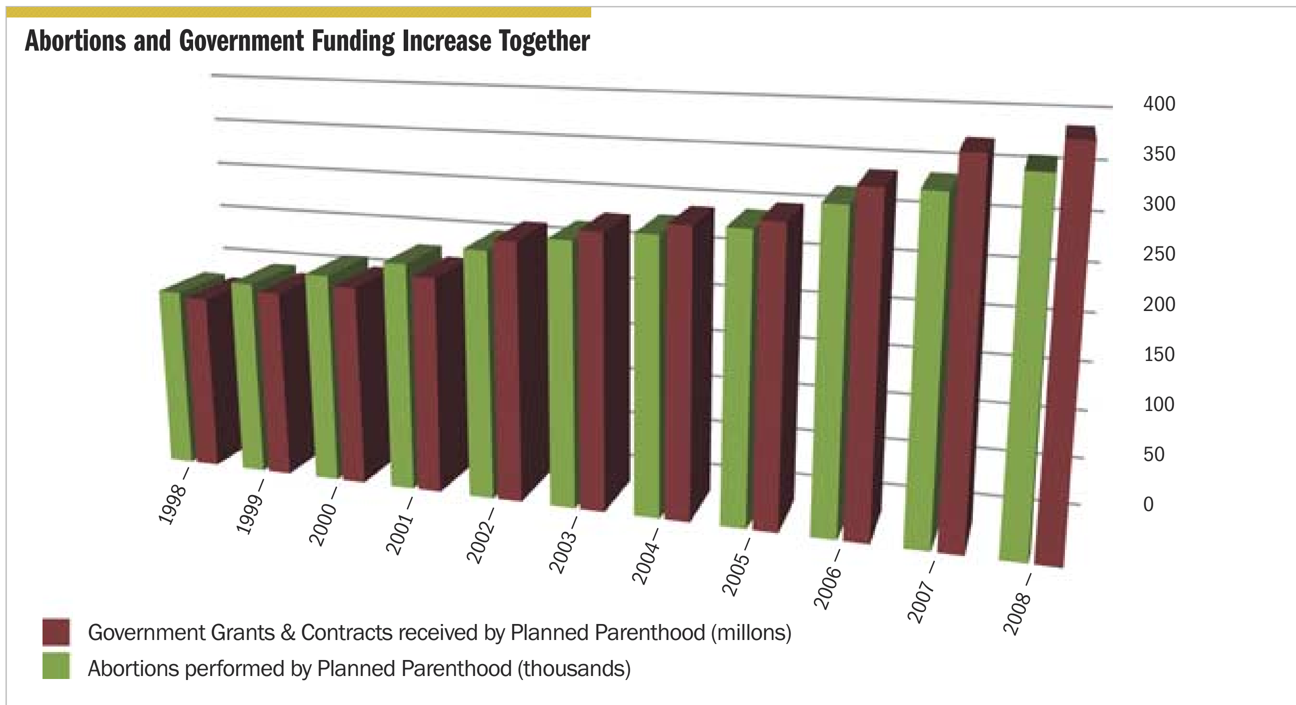
> The best studies are the five that used detailed data from individual states and compared the ratio of abortions to births before and after Medicaid restrictions took effect. These found that 18–37% of pregnancies that would have ended in Medicaid-funded abortions were instead carried to term when funding was no longer available.[31]

Thus, prohibiting government health care programs from funding abortion coincides with the position of the majority of Americans who do not want their tax-dollars paying for elective abortions,[32] and helps achieve the shared goal of reducing the incidence of abortion.

As this report examines below, there is clear Congressional intent that the two largest sources of federal funding for Planned Parenthood – Medicaid and Title X – are not to be used in direct or indirect support of Planned Parenthood's abortion business.[33]

However, as the rates of government funding received by Planned Parenthood and the number of abortions it performs increase at nearly parallel rates, Congress needs to determine whether the nation's largest abortion provider is complying with federal restrictions on the funding of abortions and whether further legislative action is necessary to ensure that Planned Parenthood's abortion business is not subsidized and incentivized at the taxpayer's expense.

**Abortions and Government Funding Increase Together**




## A. MEDICAID

A substantial source of federal funding for Planned Parenthood is Medicaid, Title XIX of the Social Security Act, a health care program for low income Americans established in 1965.[34] The federal government and the state governments jointly fund and administer the Medicaid program.[35] Although a state has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable federal requirements.

The Hyde Amendment,[36] named after its original author, Representative Henry Hyde,[37] has restricted abortion funding in Medicaid since 1976 – three years after *Roe v. Wade.*[38] A rider to the Labor Health and Human Services (LHHS) Appropriations bill (through which Medicaid funds are appropriated), the Hyde Amendment currently forbids states from using these federal funds for abortions except in cases of rape, incest, or when the mother's life is endangered.[39] Congress has approved this funding restriction, either by an amendment to the annual LHHS Appropriations bill or by a joint resolution, every year since September 1976.[40]

The Hyde Amendment enacts a broad prohibition on the use of federal funds appropriated through the LHHS legislation. The text states that "[n]one of the funds ... shall be expended for any abortion,"[41] ***and*** that "[n]one of the funds ... shall be expended for health benefits coverage that includes coverage of abortion."[42] Thus, the Hyde Amendment prohibits "direct" and "indirect" Medicaid funding for elective abortions.

Planned Parenthood receives Medicaid funding primarily (and ostensibly) for its "family planning" services. And, according to the Guttmacher Institute, "In 2001, [Medicaid] provided six in 10 of all public dollars spent, far surpassing the Title X national family planning program (15%), and other programs."[43]

Medicaid is a tremendous source of federal (and, to a lesser extent, state) government funding for Planned Parenthood. Though the federal share for most Medicaid services ranges from 50-76 percent,[44] for "family planning" services provided using Medicaid funds, the federal government reimburses the cost of all services and supplies at 90 percent[45] and the disproportionate subsidization of these services provides less incentive for the states to crack down on Medicaid fraud and abuse involving "family planning" funds. For example, in 2007, New Jersey was found to have improperly coded certain prescription drugs as "family planning" services and, as a result, improperly billed the federal government for $2,219,746 between February 1, 2001 and January 31, 2005.[46]

Importantly, the Patient Protection and Affordable Care Act (PPACA), enacted in 2010, expands the pool of people able to participate in the Medicaid program, thus increasing funding that states – and Planned Parenthood – can claim at the 90 percent federal reimbursement rate.[47] This enhanced reimbursement rate is a clear incentive for the states to extend "family planning" services to eligible beneficiaries under Medicaid.[48] Specifically, § 2303 of the PPACA, "State Eligibility Option for Family Planning Services," establishes a new eligibility group under § 1902(a)(10)(A)(ii)(XXI).[49] The expansion of the program to individuals not otherwise eligible for Medicaid and the resultant increase in federal funds that will be spent on "family planning" give greater urgency to efforts to ensure that this program is not being exploited.[50]

## B. TITLE X FAMILY PLANNING FUNDING

Title X of the Public Health Service Act, enacted in 1970, provides federal funding for "family planning" services.[51] Since its inception, the government program has reflected popular opinion that abortion is not "family planning"[52] and should not be funded at taxpayers' expense. Specifically, § 1008 states "[n]one of the funds appropriated under this title shall be used in programs where abortion is a method of family planning." The restriction was intended to ensure that Title X funds would "be used only to support preventive family planning services, population research, infertility services, and other related medical, informational, and educational activities."[53]

*"[n]one of the funds appropriated under this title shall be used in* **programs** *where abortion is a method of family planning."*

Federal agencies have the authority to clarify the limits of the Title X program. In 1988, the Secretary of the U.S. Department of Health and Human Services (HHS) issued new regulations that, *inter alia,* prohibited Title X projects from engaging in counseling and required such projects to maintain an objective integrity and independence from prohibited abortion activities by the use of separate facilities, personnel, and accounting records.[54]

In 1991, the United States Supreme Court upheld the constitutionality of these regulations in *Rust v. Sullivan*, holding that "[w]hen the State appropriates public funds to establish a program it is entitled to define the limits of that program."[55] In addition, the Court found that "requiring abortion-related activity to be completely separate from other activity that receives state funding in no way denies any right to engage in abortion-related activities."[56]

Moreover, the regulations were, as the Court noted, "amply justified":

> The Secretary explained that the regulations are a result of his determination in the wake of the critical reports of the General Accounting Office (GAO) and the Office of the Inspector General (OIG), that prior policy failed to implement properly the statute and that it was necessary to provide "'clear and operational guidance' to grantees about how to preserve the distinction between Title X programs and abortion as a method of family planning." 53 Fed. Reg. 2923-2924 (1988). He also determined that the new regulations are more in keeping with the original intent of the statute, are justified by client experience under the prior policy, and are supported by a shift in attitude against the "elimination of unborn children by abortion."[57]

Although the regulations were reversed under the Clinton Administration in 1993,[58] the 112th Congress is considering measures to ensure compliance with the meaning of Title X's restriction against "abortion as a method of family planning."

### AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How is Planned Parenthood complying with the requirement of the Federal Acquisition Regulations to "exercise due diligence to prevent and detect criminal conduct"?
- How is Planned Parenthood's compliance measured and tracked?
- How many breaches of this requirement have been documented by Planned Parenthood? What was the organizational response to these breaches? What remedial action was taken?
- How does PPFA promote an "organizational culture that encourages ethical conduct and a commitment to compliance with the law"?
- What measures of compliance are used to ensure an ethical organizational culture?
- How are ethical and legal breaches addressed?
- For each year since 1996, how much total revenue has Planned Parenthood derived from its abortion services?
- Under Planned Parenthood's record-keeping and accounting practices, what constitutes "abortion services"?
- Has the organization's definition of "abortion services" changed over the years? How did it change? Why did it change?
- Why has the percentage of its clinic income for "abortion services" continued to increase while the nationwide incidence of abortion has decreased?
- What activities has PPFA engaged in to increase its market share for "abortion services" and decrease the share maintained by its competitors?
- How were these activities funded? Were federal or state government funds used directly or indirectly in this effort?
- How is Planned Parenthood complying with mandates that the federal funding that it receives not be directly used for or subsidize its abortion business?
- On how many occasions have these mandates been violated?
- Where and when have these mandates been violated?
- Where violations of these mandates have occurred, why did they occur? What operational lapses allowed such breaches to occur? What corrective action, if any, was taken?
- How are states (which help administer federal health care funds) ensuring that Planned Parenthood and other abortion providers are abiding by federal and state mandates for Medicaid and Title X funding?

(Continued on next page)

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:** (Continued from previous page)

- Do existing federal regulations, as currently enforced by federal agencies, adequately effectuate the meaning of federal laws prohibiting the subsidization of abortion?
- How can both the regulations and the enforcement be improved?

## C. PLANNED PARENTHOOD FEDERAL EXPENDITURES REPORTED BY THE GAO

How much money does Planned Parenthood receive from federal taxpayers? A 2010 report by the U.S. Government Accountability Office (GAO)[59] demonstrates that even the federal government does not know the answer. What was ascertainable about Planned Parenthood's federal funding between 2002 and 2008 was considerably less than what the GAO was able to account for in prior reports.

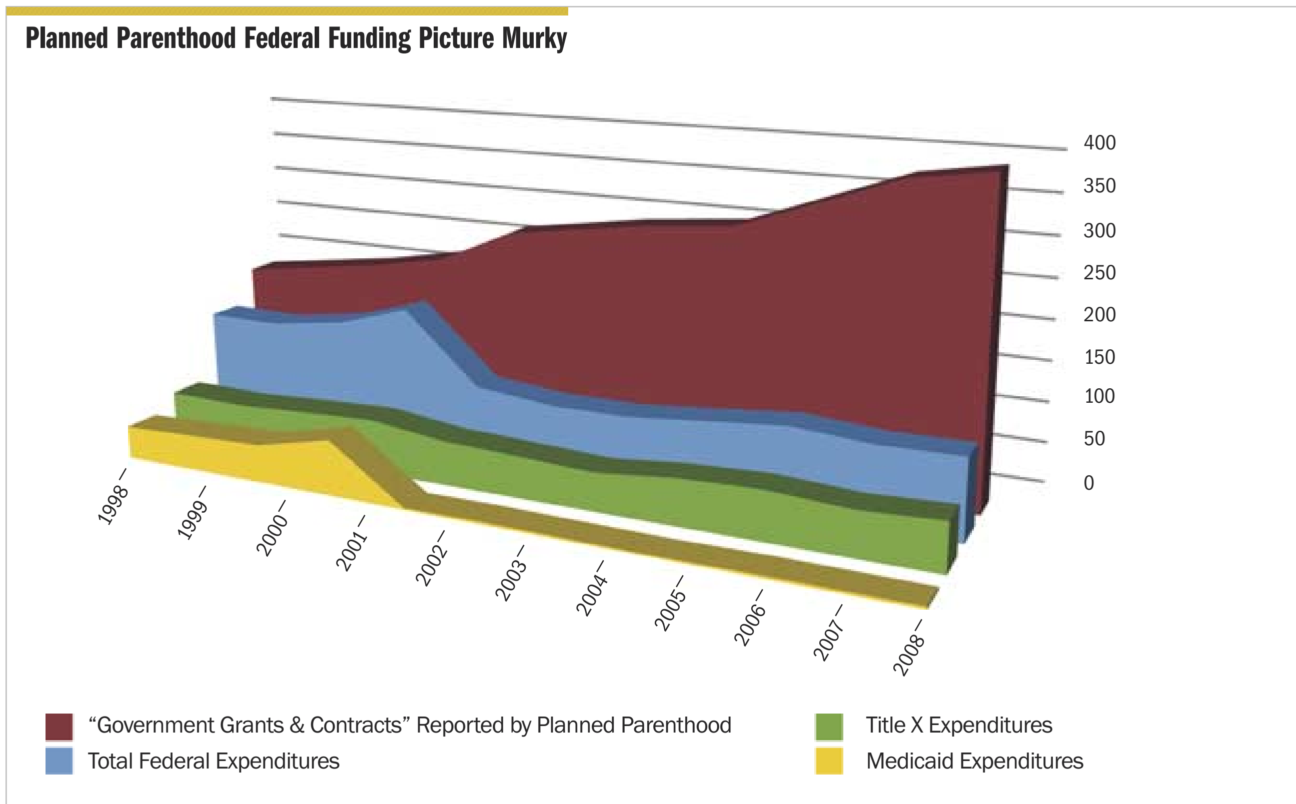
According to the GAO, PPFA single audit reports[60] show that, between 2002 and 2008, a time period during which Planned Parenthood performed nearly 2 million abortions,[61] the organization spent at least $657.1 million federal dollars.[62] As a result of limitations in its data collection, the GAO acknowledged "expenditures in this report may understate the actual amount of federal funds the selected organizations and their affiliates spent."[63]

PPFA's own annual reports document that from 2002 to 2008 it took in over $2 billion from "government grants and contracts," without demarcating among federal, state, and other government funding.[64] If the 2010 GAO report captured the extent of Planned Parenthood's federal expenditures, only 30 percent of Planned Parenthood's total government revenue would have come

**How much money does Planned Parenthood receive from federal taxpayers?**
**A 2010 report by the U.S. GAO demonstrates that even the federal government does not know the answer.**

| YEAR | PPFA ANNUAL REPORTS: GOVERNMENT GRANTS & CONTRACTS (in millions) | GAO REPORTS | | |
|---|---|---|---|---|
| | | TOTAL FEDERAL EXPENDITURES (in millions) | TITLE X FAMILY PLANNING FUNDS (in millions) | MEDICAID (in millions) |
| 1998 | 165.0 | 126.8 | 52.7 | 36.2 |
| 1999 | 176.5 | 125.5 | 51.1 | 39.0 |
| 2000 | 187.3 | 137.3 | 54.6 | 42.1 |
| 2001 | 202.7 | 162.0 | 58.7 | 60.9 |
| 2002 | 240.9 | 85.2 | 48.7 | 1.7 |
| 2003 | 254.4 | 77.0 | 45.5 | 2.6 |
| 2004 | 265.2 | 77.4 | 42.0 | 2.0 |
| 2005 | 272.7 | 85.6 | 50.4 | 1.4 |
| 2006 | 305.3 | 93.0 | 53.5 | 2.3 |
| 2007 | 336.7 | 87.1 | 49.0 | 2.5 |
| 2008 | 349.6 | 88.7 | 53.0 | 2.5 |

**Planned Parenthood Federal Funding Picture Murky**




from the federal government between 2002 and 2008. This would be in stark contrast with prior GAO reports which show that from 1998 through 2001, PPFA expenditures of federal funds accounted for over 70 percent of its reported government revenue.[65]

However, Planned Parenthood affiliates certainly received more federal dollars through Medicaid between 2002 and 2008 than were reflected in the GAO report. For example, while the GAO reported that for 2008 PPFA and its affiliates expended $2.5 million in Medicaid funds, the 2008 annual report for Planned Parenthood of San Antonio and South Central Texas reported that this one affiliate received over $1 million in Medicaid funds during the same period.[66] Consider also that the California audit of Planned Parenthood of San Diego and Riverside Counties found that this one affiliate overbilled the government in excess of $5 million in the fiscal year ending in 2003,[67] whereas the GAO report found all Planned Parenthood affiliates expended only $2.6 million in Medicaid funds that same fiscal year.

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:**

- PPFA and its affiliates should be required to turn over to Congress internal audit reports (from, at least, 1998 to 2008).
- For every year since and including 1998, how much did PPFA and its affiliates expend in Medicaid funding? In Title X funding? In other federal government funding?
- How much did it expend in state family planning and other state and local government funding?

(Continued on next page)

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:** (Continued from previous page)

- For each year including and since 1998, what has been the difference between federal funding received and actual expenditures for Medicaid, Title X, and other federally-related services?
- What happens to the "leftover" money? How is it used? What assurances are there that it is not being used to directly or indirectly subsidize Planned Parenthood's abortion business?
- For each year including and since 1998, what has been the difference between state and local government family planning funding received and actual expenditures for family planning services? If money was "left over," what happened to it? Was it used to directly or indirectly subsidize Planned Parenthood's abortion business?

## IV. MOUNTING EVIDENCE AGAINST PLANNED PARENTHOOD

Growing evidence from Planned Parenthood affiliates across the nation suggests systemic and possibly organization-wide problems with the misuse of federal funding, practices that endanger minors, protocols that do not adequately protect women's health and safety, and other troubling issues.

### A. ALLEGED MISUSE OF FEDERAL FUNDING

There is an enormous problem of fraud, waste, and abuse in government health care programs. Testifying before the House Ways and Means Subcommittee on Oversight on March 2, 2011, Lewis Morris, Chief Counsel to the Inspector General of HHS, noted, "Health care fraud is not limited to blatant fraud by career criminals and sham providers."[68] Rather, health care institutions "have also committed fraud, sometimes on a grand scale."[69] Planned Parenthood affiliates in multiple states have been exposed, as discussed below, for such overbilling of government health care programs.

#### i. MEDICAID

HHS estimates that the federal share of improper payments[70] in the Medicaid program in fiscal year 2010 alone was $22.5 billion.[71] Audits of Planned Parenthood affiliates in California, New Jersey, New York, and Washington State demonstrate a pattern of abuse involving these funds.

##### 1. CALIFORNIA

In 2004, the California Department of Health Services (CDHS) audited Planned Parenthood of San Diego and Riverside Counties. Instead of billing family planning services at "cost" as required by the California Family Planning Access, Care and Treatment (FPACT) program (funded at 90 percent by the federal government),[72] the Planned Parenthood affiliate improperly marked-up the price of drugs. The Audit Report found that the Planned Parenthood affiliate's improper billing practice resulted in overpayment from the government of at least $5,213,545.92 in just one fiscal year.[73] The Planned Parenthood affiliate,

Audit reports document Planned Parenthood's misue of taxpayer dollars.

however, was never held accountable by the State of California for the extensive overbilling (which came largely at the expense of the federal government).[74]

In 2008, an action against Planned Parenthood affiliates in California was brought by Victor Gonzalez under the False Claims Act (FCA), 31 U.S.C. § 3729, on behalf of the United States of America, under the *qui tam* provisions of the FCA.[75] Mr. Gonzalez's complaint alleges that the over-billing practice was not limited to the San Diego affiliate. Rather, it was a state-wide problem. Mr. Gonzalez alleges that during his employment as the Vice President of Finance and Administration with Planned Parenthood of Los Angeles (PPLA), he was asked by Mary-Jane Wagle, then-Chief Executive Officer (CEO) of PPLA, to perform an assessment of the impact of these over-billing practices.[76] The result of this assessment revealed approximately $2,144,313.17 in additional income from improper billing.[77] This was the purported financial impact for only one of the then-ten Planned Parenthood affiliates in California and only for one fiscal year. Mr. Gonzalez estimates that, over a six-year period beginning in 1999, overbilling by Planned Parenthood's California affiliates exceeded $180,000,000. As his complaint notes, "This conservative figure only takes into account the illegal and unscrupulous billing practices of [Planned Parenthood affiliates] within the state of California." [78]

## 2. NEW JERSEY

In 2008, the U.S. Inspector General for HHS uncovered the misuse of federal funds by approved providers including New Jersey Planned Parenthood affiliates. The State improperly received an estimated $597,496 in federal Medicaid funds[79] and Planned Parenthood clinics were found to be a significant part of the problem, as revealed by the HHS investigation:

**IMPROPER CLAIMS FROM FAMILY PLANNING CLINICS**

> During our visits to family planning clinics throughout the State, many providers (especially Planned Parenthood providers) stated that they billed all claims to Medicaid as "family planning." Officials at these clinics stated that they believed that all of the services they provided were related to family planning. Therefore, officials at these clinics often populated the family planning indicator field on Medicaid claims even though the service provided did not meet the criteria for 90-percent Federal funding. By populating this field, the [Medicaid Management Information System (MMIS)][80] designated the claim as eligible for 90-percent Federal funding.[81]

### 3. NEW YORK

In 2009, the Office of the Medicaid Inspector General for the State of New York issued reports demonstrating a pattern of overbilling at the Margaret Sanger Center in New York City. A letter, dated January 20, 2009, confirmed Planned Parenthood's request to settle one audit for $207,809.00.[82] A second audit report issued on June 9, 2009 found the "lower confidence limit of the amount overpaid" to the Sanger Center for the period it examined was $1,245,603.00.[83] These letters referenced other communications and audit reports that are not readily available to the public. Thus, it is important that Congress use its authority to thoroughly investigate Planned Parenthood's use of federal health care funds and subpoena and review all related documentation.

### 4. WASHINGTON

A final audit report for Planned Parenthood of the Inland Northwest (PPINW) conducted by the State of Washington's Department of Social and Health Services found "that an excess payment of $629,142.88" was made to PPINW during the years 2004 through 2007.[84] The audit was launched after staff with the Washington Department of Social and Health Services grew suspicious of the frequency of purported clinic visits to PPINW by Medicaid patients. "Most birth control clinics will see a woman and usually determine what method of birth control is best and then they will prescribe six months to a year right then and there," said Doug Porter, Washington's Medicaid director, whereas Medicaid patients at PPINW were allegedly coming into PPINW every month.[85]

Among the improper billing practices, the audit found a medication incorrectly billed under the family planning program that was an antibiotic routinely prescribed as part of a surgical abortion.[86] In addition to overbilling, the audit found that PPINW violated Department of Health Telehealth/Telenursing guidelines for Registered Nurses.[87]

PPINW was ordered to reimburse the government $629,143 (with interest). However, in a press release, dated October 29, 2010, the Washington State Department of Social and Health Services announced a settlement with PPINW for $345,000, "a compromise without any admission of incorrect billing, documentation or payment."[88] While a settlement is not an admission of guilt, it is also not an exoneration of PPINW. In his testimony before the Ways and Means Subcommittee on Oversight, Chief Counsel Lewis Morris declared:

> Once we determine that an individual or entity is engaged in fraud, waste, abuse, or the provision of substandard care, OIG can use one of the most powerful tools in our arsenal: exclusion from participating in Federal health care programs. Program exclusions bolster our fraud-fighting efforts by removing from the Federal health care programs those who pose the greatest risk to programs and beneficiaries.[89]

However, while the greatest tool against abuse is exclusion, Morris also described part of the problem in health care funding abuse to be that some providers believe they are "'too big to fire' and thus OIG would never exclude them and thereby risk compromising the welfare of our beneficiaries."[90] Morris testified that his office is "concerned that providers that engage in health care fraud may consider civil penalties and criminal fines a cost of doing business. As long as the profit from fraud outweighs those costs, abusive corporate behavior is likely to continue."[91]

The sentiment that it is "too big to fire" is the heart of Planned Parenthood's messaging after the House of Representatives voted to prohibit the organization and its affiliates from receiving federal funds through H.R. 1 on February 18, 2011.[92]

In light of the testimony by Morris and others,[93] and a commitment from President Barack Obama to "eliminat[e] waste, fraud, and abuse in Federal programs, including reducing and recapturing erroneous payments…,"[94] it is appropriate that Congress investigate Planned Parenthood and its affiliates' management and use of federal health care dollars. Planned Parenthood cannot be excused as "too big" to be under scrutiny. An investigation is necessary to determine if what has been documented by audits in several states is in any way indicative of a national pattern. Planned Parenthood cannot be permitted to consider defrauding the American taxpayer just as part of its calculus for doing business.

### AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How many states have audited Planned Parenthood affiliates' use of Medicaid family planning funding?
- How many actual audits have been performed since 1991?
- What were the results of those audits?
- How many Planned Parenthood affiliates have been involved in improper Medicaid billing since 1991?
- Planned Parenthood should be asked to produce the written reports for all the audits.
- How many instances of improper billing or other Medicaid fraud have been substantiated against Planned Parenthood affiliates?
- How many cases of billing fraud have been settled since 1991?
- How many cases of billing fraud have been substantiated against Planned Parenthood affiliates but resulted in no government reimbursement?
- How much overbilling was involved in these non-reimbursement cases?
- What internal procedures or policies does Planned Parenthood have to prevent and to deal with improper billing or overbilling?
- How many internal audits has Planned Parenthood undertaken to uncover cases of improper billing under Medicaid and other programs?
- What were the results of those internal audits?
- What corrective action has Planned Parenthood taken to correct the problem of improper Medicaid billing on the part of some of its affiliates?
- How are states ensuring that Planned Parenthood affiliates comply with federal laws regarding the use of health care funds?
- How much money have Planned Parenthood affiliates been forced to reimburse the government in cases involving Medicaid fraud?

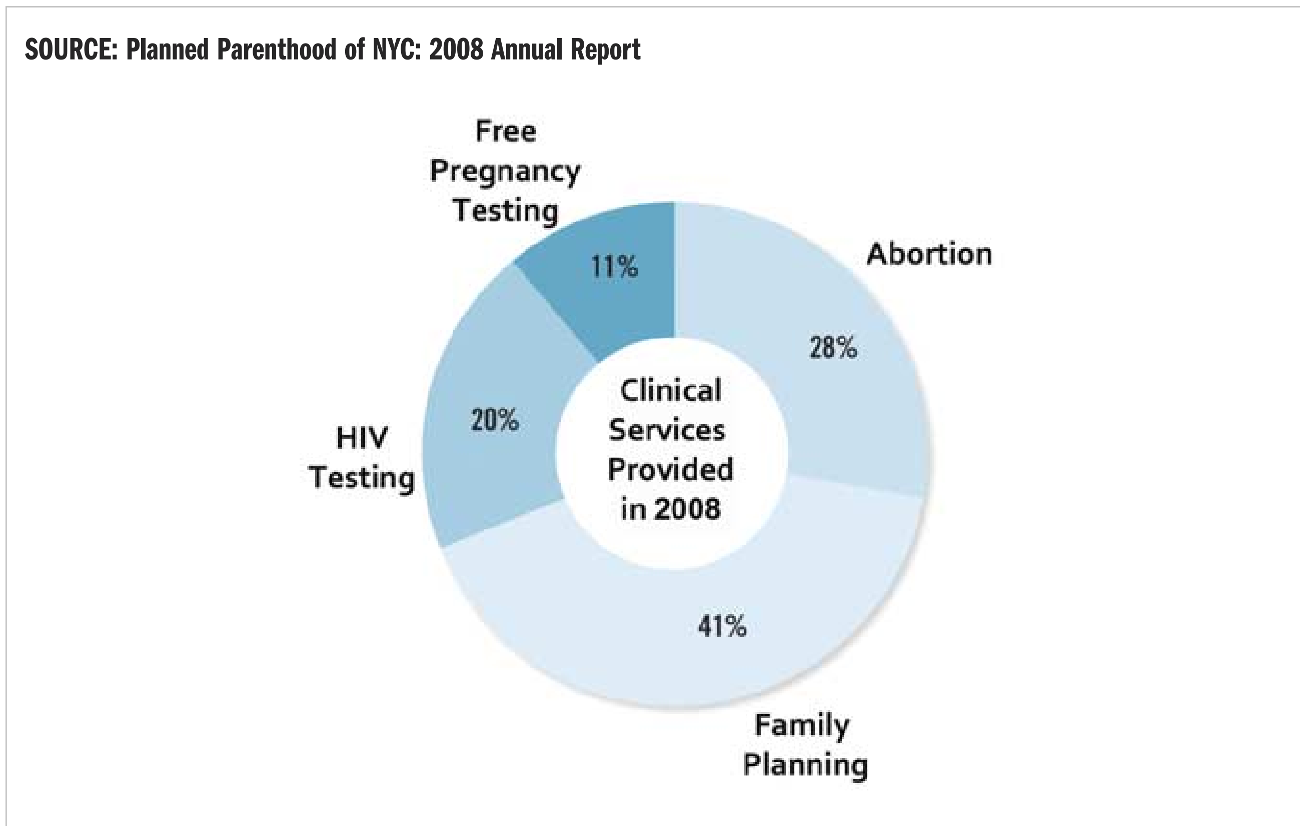
### ii. TITLE X

Title X is not written as an entitlement for any organization; rather its funds are explicitly conditioned such that they may not be used "in programs where abortion is a method of family planning."[95] HHS notes that this restriction is one of the "five major provisions of the law,"[96] and reiterates in its program policy guide that the "broad range of services" required by Title X "does not include abortion as a method of family planning."[97]

However, Title X's largest recipient, Planned Parenthood, appears to encourage abortion as a means of "planning" a family. Planned Parenthood tells women that "Am I ready to become a parent?" is first among the questions to ask when considering an abortion.[98] Other questions Planned Parenthood proposes that indicate that it considers abortion as a means of family planning include: "Would I prefer to have a child at another time?" and "What would it mean for … my family's future if I had a child now?"[99]

Importantly, Planned Parenthood appears to be using abortion to "plan" families at increasing rates. In 2009, Planned Parenthood reported that the 332,278 abortions it performed represented 12 percent of its patients for the year.[100] In 1999, Planned Parenthood performed 182,792 abortions, representing only 7.3 percent of its 2,509,663 patients.[101] Meanwhile, adoption referrals and prenatal clients at Planned Parenthood both decreased during the same ten-year timeframe. Specifically, Planned Parenthood reported 2,999 adoption referrals and 18,878 prenatal clients in 1999. However, Planned Parenthood reported only 977 adoption referrals and 7,021 prenatal clients in 2009.[102]

Planned Parenthood continues to consolidate and close clinics, and yet performs more abortions with each passing year.[103] The organization has made the centrality of abortion to its operations clear by mandating that all affiliates perform abortions by 2013.[104] And as will be discussed *infra*, through the use of telemedicine, Planned Parenthood is increasing the "reach" of its abortion business.




Clinical services provided at Planned Parenthood of NYC in 2008.

The need for a Congressional investigation into Planned Parenthood's use of federal funding is underscored by an admission of Abby Johnson, the former director of a Planned Parenthood clinic in Bryan, Texas. Mrs. Johnson has acknowledged, "As clinic director, I saw how money received by Planned Parenthood affiliate clinics all went into one pot at the end of the day – it isn't divvied up and directed to specific services."[105]

This is of particular concern when considering the high volume of abortion patients at some Title X (specifically, Planned Parenthood-affiliated) clinics. According to the annual report for Planned Parenthood of New York City (PPNYC), a Title X recipient,[106] abortion constituted 28 percent of its clinical services in 2008.[107] Its Bronx Center PPNYC clinic, specifically listed as a recipient of Title X funds,[108] performs both chemical and surgical abortions.[109]

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:**

- How many Planned Parenthood clinics receive Title X "family planning" funding and also perform abortions?
- How many Planned Parenthood clinics receiving Title X funding refer abortion patients to other Planned Parenthood clinics or to other non-affiliated abortion providers?
- How are Planned Parenthood affiliates ensuring compliance with federal mandates that the Title X funding it receives is not used in or subsidizing its abortion business?
- How is the required segregation between "family planning" and abortion services accomplished?
- How is the segregation monitored for continuing compliance?
- What internal audits or other formal reviews are performed to ensure this mandated segregation?
- How many Planned Parenthood affiliates have been found in violation of this segregation-mandate?
- What corrective action was taken?

## B. FAILURE TO REPORT CRIMINAL CHILD SEXUAL ABUSE

In 1998, a 13-year-old girl was raped by her 23-year-old foster brother. He later took the young girl to Planned Parenthood of Central and Northern Arizona (PPCNA) for an abortion, and the clinic subsequently failed to notify authorities about the sexual abuse.[110] The sexual abuse continued, and the young girl came into PPCNA for a second abortion six months later. Later, the abused girl filed a lawsuit, arguing that but for PPCNA's negligence in failing to notify authorities of the sexual abuse, she would not have had her second abortion.[111] In 2003, PPCNA was found negligent and civilly liable for failing to report the sexual abuse.[112]

Substantial and developing evidence, discussed *infra* and in the Appendices to this report,[113] indicates that many Planned Parenthood clinics fail to report instances of suspected sexual abuse and instead advise minors and their abusers on how to

circumvent the law. As a result, sexual predators are free to continue to abuse their victims, scarring them for life.

A report prepared for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services noted that half of children born to minors are fathered by adult men, and sexual partners of these adolescents are often 3 to 6 years older.[114] The report also found that 75 percent of girls under 14 years of age who have engaged in sexual activity report having a forced sexual experience.[115]

Planned Parenthood acknowledges in its Fact Sheet on "Reducing Teenage Pregnancy" that "teenagers who have been raped or abused experience higher rates of pregnancy – 4.5 out of 10 pregnant adolescents likely have a history of abuse."[116] Planned Parenthood also notes that "teenage girls with a history of abuse are more than twice as likely to become pregnant as peers who do not experience abuse."[117] Among women younger than 18, the pregnancy rate among those with a partner who is six or more years older is 3.7 times as high as the rate among those whose partner is no more than two years older.[118]

However, rather than intervening in the cycle of abuse and protecting these young girls, Planned Parenthood affiliates frequently partner with their abusers to hide their crimes. The Planned Parenthood Fact Sheet states that mandatory reporting laws "do not reduce rates of teenage pregnancy," and "discourage teens from obtaining reproductive health care out of fear that disclosing information about their partner will lead to a criminal charge."[119] Instead of increased legal protection for these "high-risk teens," Planned Parenthood promotes increased funding for contraception and "confidential access" to its contraceptive services.[120]

Law enforcement officials and victims' advocates recognize statutory rape as a major problem. Currently, all 50 states have passed some form of mandatory reporting laws for suspected sexual abuse.[121] Furthermore, the federal government requires that all Title X health care facilities comply with state criminal reporting laws.[122] In the states discussed *infra*, laws specifically require health care professionals – including certain Planned Parenthood employees – to report the suspected sexual abuse of minors, including statutory rape.[123]

> ***...rather than intervening in the cycle of abuse and protecting these young girls, Planned Parenthood affiliates frequently partner with their abusers to hide their crimes.***

In addition to Arizona, legal action has been taken against Planned Parenthood affiliates for their failure to report the sexual

**SOURCE: LiveAction video footage**

Planned Parenthood employee shows 13-year old girl where her 31-year-old "boyfriend" can take her to obtain a secret abortion.

abuse of young girls in Ohio[124] and Alabama.[125] In 2001, Planned Parenthood of Northern New England's (PPNNE) President and CEO testified before the Judiciary Committee of the Vermont House of Representatives that PPNNE has a "legal obligation to report instances of sexual assault," and yet the testimony further revealed a failure to notify proper authorities.[126]

In addition, Live Action's undercover video footage indicates that Planned Parenthood clinics across the United States – including in Arizona,[127] Indiana[128], Tennessee,[129] Alabama,[130] Wisconsin,[131] and California[132] – circumvent state law and conceal the sexual abuse of young girls.[133]

### AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How does Planned Parenthood ensure that its clinics report all cases of suspected sexual abuse to state authorities?
- What type of training is provided to mandatory reporters by Planned Parenthood?
- Are Planned Parenthood employees told that they are, in certain cases, not required to report the abuse? In what types of cases?
- Does Planned Parenthood impose strict penalties upon any employee who is found to be circumventing these laws or is Planned Parenthood actively encouraging non-reporting of sexual abuse? If so, what penalties are considered?
- How many Planned Parenthood employees have been disciplined for failure to report suspected child sexual abuse?
- Does Planned Parenthood keep statistics on the number of statutory rape/sexual abuse cases it reports and the number of suspected cases that it declines to report?
- How many cases has Planned Parenthood reported each year since 1991?
- Why is Planned Parenthood not reporting more cases of statutory rape and suspected child abuse when adult men father at least half of all teen pregnancies?[134]
- Is there an unwritten policy encouraging Planned Parenthood employees to avoid asking questions the answers to which might trigger mandatory reporting?
- Why does Planned Parenthood respond to the clear abuse of girls and women by providing them with condoms and contraception, and effectively sending them back into the arms of their abusers?
- Stories and litigation concerning the exploitation of young women by adult males is increasingly common. What does Planned Parenthood do to assist in combating the threat of sexual predators abusing young girls?

## C. FAILURE TO COMPLY WITH PARENTAL INVOLVEMENT LAWS

Thirteen-year-old "Jane Doe" was a normal, everyday teenage girl: she attended high school and played on the soccer team. But her normal life turned into a nightmare when her soccer coach initiated a sexual relationship with her, impregnated her, and took her to a local Ohio Planned Parenthood clinic for an abortion. The Planned Parenthood clinic never questioned the soccer coach, who posed over the phone as Jane's father and then personally paid for the girl's abortion with a credit card. Jane's parents were neither contacted nor informed.[135]

In 2004, the soccer coach was convicted of sexual battery and spent three years in prison – despite Planned Parenthood's apparent efforts to keep the pregnancy and abortion a secret.[136] In December 2010, a state trial court ruled that the Ohio Planned Parenthood clinic violated state law by not abiding by the state's mandatory 24-hour reflection period before a woman may obtain an abortion.[137] The issue of whether Planned Parenthood violated state law by not informing the parents of the planned abortion or obtaining their consent was recently resolved and dismissed.[138]

"Jane's" story is not unique. Frequently, new stories reveal yet another young girl who has been sexually abused by a person in authority – a coach, teacher, or other authority figure. Often, these teenage girls are taken to abortion clinics without the consent or even the knowledge of their parents.[139] Inexplicably, some Planned Parenthood clinics have shown themselves to be perfect partners to those who wish to sexually abuse and exploit young girls.

Thirty-seven states currently have parental involvement laws.[140] Twenty-five states require parental consent for minors seeking abortion[141] and twelve states require parental notice for minors seeking abortion.[142]

Furthermore, HHS mandates that no applicant may receive Title X funding unless it "certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services."[143] Planned Parenthood is the nation's largest recipient of Title X funds, yet it continues to actively oppose the enactment of parental involvement laws (as discussed *infra*[144] ), violating an important legislative requirement of Title X.

Importantly, some Planned Parenthood affiliates have exhibited a pattern and practice of willfully violating and circumventing duly-enacted parental involvement laws. Planned Parenthood clinics in Alabama, Indiana, and Virginia, in addition to Ohio, have demonstrated a willingness to violate parental involvement laws.[145] For example, in 2009, the Alabama Department of Public Health issued a report stating that Planned Parenthood staff at a Birmingham, Alabama abortion clinic "failed to obtain parental consent for 9 of 9 minor patients in a manner that complies with state legal requirements."[146] In some cases, state officials have initiated investigations into Planned Parenthood clinics and subsequently fined or placed them on probation for failure to comply with applicable state parental involvement laws. For example, in October 2005, Planned Parenthood Minnesota/North Dakota/South Dakota was fined $50,000 for ignoring Minnesota's parental notice law.[147]

> *HHS mandates that no applicant may receive Title X funding unless it "certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services."*

### AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- How does Planned Parenthood ensure that affiliated clinics comply with state parental involvement laws?
- What specific training is provided to Planned Parenthood employees?
- What evidence and statistics are kept by Planned Parenthood clinics to demonstrate consistent compliance with state parental involvement laws?
- Based on these statistics, what percentage of young girls who visit a Planned Parenthood clinic seeking an abortion actually involve their parents?
- What percentage seek judicial bypass of the state's parental involvement law? Do Planned Parenthood clinics encourage minors to apply for judicial bypass instead of involving their parents in their abortion decisions?
- What qualifies Planned Parenthood employees to make individual determinations as to whether each individual girl possesses the maturity, intelligence, and experience necessary to understand the nature and consequences of her abortion decision so as to encourage her to avoid involving her parent in that decision?
- Does Planned Parenthood assist girls in the judicial bypass process? How?
- What percentage of Planned Parenthood-counseled girls travel out-of-state for abortions?
- Does Planned Parenthood assist minor girls in obtaining abortions out of state when the neighboring state's parental notice law is less restrictive, and how does Planned Parenthood facilitate the minor's travel in these instances?
- What disciplinary action is taken against clinics or individual employees who fail to comply with parental involvement laws?
- Why does Planned Parenthood receive Title X funds when it opposes parental involvement laws, thereby contradicting one of the legislative requirements of Title X, namely, to encourage family participation in a minor's decision to seek family planning services?[148]
- Why does Planned Parenthood oppose parental involvement laws when evidence strongly demonstrates that these laws protect the health and welfare of minors?
- Parental involvement laws are supported by the majority of Americans, regardless of their position on abortion and parental involvement is required before virtually all non-emergency medical procedures. Why does Planned Parenthood take an opposing stance?

## D. ASSISTING IN PROSTITUTION AND/OR SEX TRAFFICKING?

*"Because I was so young, I was always in demand with the customers. It was awful. Eventually, I became pregnant and I was forced to have an abortion. They sent me back to the brothel almost immediately."*

- Testimony before the U.S. Senate Foreign Relations Committee of a young woman who became a victim of sex trafficking in the United States at the age of 14.[149]

*"All nations that are resolute in the fight to end human trafficking have a partner in the United States. Together we will continue to affirm that no human life can be devalued or discounted. Together we will stop at nothing to end the debasement of our fellow men and women."*

- Then-Secretary of State Condoleezza Rice, 2006[150]

Prostitution and sex-trafficking are crimes with countless victims, many of whom are particularly vulnerable because of their age. State and federal laws attempt to protect those victimized by the sex-industry. However, the practices at Planned Parenthood appear to assist the perpetrators of these crimes in evading the law and continuing the exploitation of their victims.

Federal statutes prohibit sex tourism and the interstate and international sex trafficking of adults and children, as well as sex trafficking within a state.[151] Any person who aids, abets, or counsels a federal crime to be committed may be punished as if they had committed the crime themselves.[152]

The Trafficking Victims Protection Act of 2000 (TVPA) prohibits sex trafficking which is defined as "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act."[153] (The law also prohibits human trafficking for labor.) The law defines a "commercial sex act" to be "any sex act on account of which anything of value is given to or received by any person."[154] And sex trafficking "in which the person induced to perform such act has not attained 18 years of age" is designated as a "severe form of trafficking in persons."[155]

What the Department of Health and Human Services calls "a modern-day form of slavery"[156] is a problem of massive proportions. A report released by the U.S. State Department in 2007 found the majority of the estimated 800,000 human beings bought, sold, or forced across international borders each year to be "females trafficked into commercial sexual exploitation."[157] The State Department also noted its estimates do not include the "millions" of victims "trafficked within their own national borders."[158]

Within the United States, it appears that prostitution and sex trafficking of minors – a "severe form of trafficking"– happen on a large scale. A 2001 report released by the University of Pennsylvania estimated that approximately 293,000 American youth were then at risk of becoming victims of commercial sexual exploitation.[159] The report found the average age at which girls first become victims of prostitution is 12 to14 years of age.[160]

Sadly, recent video footage taken by Live Action inside Planned Parenthood clinics in seven different cities across America suggests that the perfect partner for a pimp or sex trafficker is a Planned Parenthood clinic – a Planned Parenthood clinic funded, in large part, by the American taxpayer.[161]

The video footage recorded by Live Action at Planned Parenthood affiliates in January 2011 revealed Planned Parenthood employees in seven different clinics willing to:

- **Assist and advise a man who claimed he was involved in the sex trafficking of girls as young as 14 years of age;**
- **Advise an alleged pimp on how to obtain secret abortions, STD testing, and contraceptive services for underage girls;**
- **Offer taxpayer-funded discounts for services; and**
- **Advise an alleged pimp on how to circumvent state parental involvement laws for abortion.**[162]

## HUMAN TRAFFICKING *Defined*

The TVPA defines "severe forms of trafficking," as:

> a. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or
>
> b. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

A victim need not be physically transported from one location to another in order for the crime to fall within these definitions.

*– Trafficking In Persons Report, June 2007*

For example, on January 13, 2011 at the Planned Parenthood of Central New Jersey's (PPCNJ) Perth Amboy center – one of the six clinics PPCNJ operates – the clinic manager, Amy Woodruff, LPN, advised the man and woman who presented themselves as a pimp and a prostitute on how to obtain abortions for the girls as young as 14 that they "manage." She directed them to take the girls to the Metropolitan Medical Association, where "their protocols aren't as strict as ours and they don't get audited the same way that we do."[163] Woodruff also coached the "sex traffickers," who told her some of the girls they manage "don't speak any English…cause they're not even from here…," on how to make their operation "look as legit as possible."[164] She told the pimp and prostitute to have their underage girls lie about their ages to avoid mandatory reporting laws: "[J]ust say, 'Oh he's the same age as me, 15,'… it's just that mainly 14 and under we have to, doesn't matter if their partner's the same age, younger, whatever, 14 and under we have to report."[165]

(This same Planned Parenthood affiliate was awarded the Planned Parenthood Federation of America's 2009 Affiliate Excellence Award for Professional Education and Training.[166])

Some Planned Parenthood clinics, when presented with information that underage girls – some from foreign countries – are being exploited for commercial sex, willingly partner with pimps and those who prey on young girls. Former Planned Parenthood director Abby Johnson confirmed that these were not isolated incidents: "It happens all the time, it happened at my clinic … I let it happen."[167]

### AREAS TO INVESTIGATE AND QUESTIONS TO ASK:

- In light of the Live Action expose, what concrete steps has Planned Parenthood taken to ensure that suspected sex trafficking is reported to the proper authorities?
- What training and compliance programs does Planned Parenthood currently have in place for its employees with regard to dealing with sex trafficking? Are those programs effective? How can those programs be improved?
- Do local Planned Parenthood clinics liaise with local law enforcement? How?

(Continued on next page)

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:** (Continued from previous page)

- Does Planned Parenthood have any relationship with the law enforcement community, especially elements of the law enforcement community that combat sex trafficking?
- Has Planned Parenthood ever reported possible illegal sex trafficking operations to law enforcement? How many times?

## E. MISUSE OF RU-486

Planned Parenthood and other abortion providers misuse the abortion drug RU-486, and they do not hide this misuse.[168] Planned Parenthood is also increasing its distribution of RU-486 through the use of telemedicine (also known as "telemed"), that is, videoconferencing in place of a face-to-face visit between doctor and patient.[169] By dispensing RU-486 without even one in-person, patient-doctor visit, this practice violates not only the U.S. Food and Drug Administration (FDA) protocol, but also the spirit, if not the letter, of state laws designed to protect women.[170] Furthermore, federal funding may be inappropriately supporting Planned Parenthood's use of this dangerous abortion drug.

Mifeprex/Mifepristone is the first drug to be approved in the U.S. for use in causing an abortion. Specifically, it was approved only for use in combination with Misoprostol ("Cytotec"), hereinafter referred to as the "RU-486 regimen."

Notably, the RU-486 regimen often fails to cause a complete abortion. When that happens, the woman must undergo a surgical procedure for excessive bleeding, retained tissue, and/or a continuing pregnancy. The further along the pregnancy, the greater the number of failures and the greater the risk of hospitalization and emergency surgery for the woman.[171]

Because of the high failure rate of RU-486 in later pregnancies,[172] the FDA approved RU-486 under conditions that allowed for post-marketing restrictions and limited approval to use only in the first 49 days following a woman's last menstrual period.[173]

However, off-label use by Planned Parenthood clinics up to 63 days or beyond is common, despite the increased risk of failure and the increased risks to women's lives and health. Planned Parenthood openly acknowledges on its website that it provides RU-486 to women up to 63 days gestation[174] – i.e., Planned Parenthood admits to providing RU-486 in a way that fails 23 percent of the time.

Of course, if a woman is provided RU-486 at 63 days gestation and it fails, Planned Parenthood can then provide her with the second (surgical) abortion – an abortion that is now more expensive since she is further along in her pregnancy. This results in greater profits for Planned Parenthood – at the risk of women's health and lives.

The FDA also specifically requires three office visits by a woman taking RU-486 because of significant safety concerns for the woman. The first visit is intended to make sure that the woman has no medical contraindications and to ascertain the gestational age of the pregnancy (since the risks associated with RU-486 increase with gestational age[175]). The first visit is also needed to confirm that the woman does not have an ectopic pregnancy (where the fetus is located in the fallopian tube, which occurs in 1 in every 50 pregnancies[176]). Ectopic pregnancies "treated" with the RU-486 regimen can rupture and kill the woman.[177]

The use of telemedicine, or "telemed," distribution of RU-486 is a direct violation of FDA requirements for dispensing Mifepristone, and puts a woman at grave risk. At a minimum, a "virtual visit" cannot accurately assess the gestational age or rule out ectopic pregnancy.

In addition, the protocols approved by the FDA and the manufacturer of RU-486, Danco Laboratories, affirm the necessity of having a physician in attendance at the RU-486 abortion, not only to administer the drug, but also to provide surgical intervention and other care as needed.[178]

Further, "telemed" distribution is disturbingly close to over-the-counter distribution. The FDA has judged that medications with a black-boxed warning, such as Mifeprex, are not eligible for over-the-counter distribution, as they are too dangerous to use without close physician supervision.

In February 2011, 71 Members of Congress wrote to the Secretary of Health and Human Services (HHS), Kathleen Sebelius, regarding the potential inappropriate use of federal funds by Planned Parenthood for telemedicine equipment that would be used to dispense abortion drugs.[179] To date, the concerned Members of Congress have received no reply to their query. In its investigation of Planned Parenthood, Congress must obtain answers to these questions to ensure that federal funds are not being inappropriately used for abortions through telemedicine practices.

Planned Parenthood dangerously increases the reach of its abortion business.

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:**

Planned Parenthood is a federally-funded entity and could be receiving funding for RU-486 in Hyde-exception situations (in cases involving rape, incest, or where the woman's life is endangered).

- What is the incidence of Planned Parenthood clinics dispensing RU-486 after 49 days gestation?
- How many attempted RU-486 abortions at Planned Parenthood clinics have required surgical intervention or follow-up?
- What percentage of Planned Parenthood RU-486 clients are lost to follow-up and do not return to Planned Parenthood after administration of the drug?
- What portion of Planned Parenthood's annual revenue comes from RU-486?
- How much does Planned Parenthood charge for an RU-486 abortion? On average, what are the actual costs associated with such an abortion?
- What are Planned Parenthood's future plans for telemedicine or "telemed" abortions?
- Why did Planned Parenthood begin using telemedicine?
- What internal reviews or studies did Planned Parenthood conduct, if any, into the potential risks to women when foregoing in-person examinations and consultations before dispensing RU-486?

(Continued on next page)

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:** (Continued from previous page)

- What medical experts did Planned Parenthood consult during such a review?
- In total, how much federal funding has been appropriated for telemedicine and what portion of those funds has been used to purchase telemedicine equipment? And have any funds that were not specifically designated for telemedicine been used to support telemedicine?
- Has PPFA, its affiliates, or clinics received any specifically-designated telemedicine funding? From whom?

## F. MISINFORMATION ABOUT ELLA AND DISTRIBUTION OF "EMERGENCY CONTRACEPTION"

Planned Parenthood boasts of its role in the approval of a new drug, *ella*,[180] yet provides considerable misinformation about the drug. Planned Parenthood's proud off-label use of other drugs, such as RU-486 and Plan B, provides reason to believe it will do the same with *ella*.[181] Furthermore, the sexual exploitation of minors is perpetrated by Planned Parenthood's explicit promotion of "emergency contraception" sales to men.

In August 2010, the Food and Drug Administration (FDA) approved the use of Ulipristal Acetate (*ella*) as "emergency contraception." The FDA contraindicated *ella* "during an existing or suspected pregnancy."[182] However, a document produced by PPFA and available on its website, "Background on Ulipristal Acetate (ELLA)," disregards the FDA requirement. In answer to the question, "Who can use [*ella*]?," the document states, "There are no contraindications (Glasier, 2010)."[183]

The confusion of *ella* with Plan B, another FDA-approved "emergency contraceptive," is prevalent throughout Planned Parenthood materials. For example, after defining "emergency contraception" to include *ella*,[184] Planned Parenthood's website further states that:

> Emergency contraception is made of one of the hormones found in birth control pills – progestin. Hormones are chemicals made in our bodies. They control how different parts of the body work.[185]

*ella*, however, is not a progestin-based drug. Rather, the chemical make-up of *ella* is similar to the abortion drug RU-486.[186] Both work by blocking progesterone (a hormone necessary to build and maintain the uterine wall during pregnancy), and can either prevent a developing human embryo from implanting in the uterus, or kill an implanted embryo by starving it to death.[187]

The distinction between *ella* and Plan B is consequential. While the FDA asserted the progestin-based drug Plan B "is not effective in terminating an existing pregnancy,"[188] it made no such assurances about the progesterone-blocker *ella*. Instead, the FDA merely stated that *ella* was not "indicated" for abortions.[189]

In addition to misrepresenting how "emergency contraceptives" work, Planned Parenthood promotes them in such a way that leads to the exploitation of women, in particular minors. For example, the website of Planned Parenthood Health Services excitedly announces that men can obtain Plan B from Planned Parenthood: "PPHS provides an over-the-counter form of Plan B to women (and men!) age 17 or older with a valid, government-issued identification that shows proof of age."[190]

Video footage recorded by the organization Live Action reveals Planned Parenthood employees advising a man -- who they are told is running a sex-trafficking operation of underage girls -- that he can obtain "emergency contraception" for the girls he exploits. While girls under the age of 17 can only receive Plan B through a prescription, the employee at the Planned Parenthood clinic in Falls Church, Virginia advises the man *he* can obtain the drug *over-the-counter*.[191] At the Roanoke, Virginia Planned

Parenthood, the Live Action investigators are given similar advice: that a man, purportedly sexually exploiting young girls, could obtain Plan B over-the-counter.[192]

Classification as "contraception" makes *ella* and Plan B eligible for government funding under "family planning" programs such as Title X and Medicaid.[193] The drugs may also soon be included under the "preventive care for women" mandate in the PPACA. Thus, Planned Parenthood stands to gain financially from the sale of abortion-inducing drugs, at the taxpayer's expense.

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:**

- How much revenue does Planned Parenthood make from "emergency contraception"?
- What percentage of its sales of "emergency contraception" does Planned Parenthood make to males?
- What is the supporting rationale for sales to men?
- Is Planned Parenthood concerned that making "emergency contraception" available to men might lead to more sexual exploitation of young girls?
- If so, how does Planned Parenthood ensure that women and girls are not being exploited by males purchasing "emergency contraception"?
- How does Planned Parenthood ensure that "emergency contraception" is only used as directed by the FDA?
- How often does Planned Parenthood prescribe off-label use of "emergency contraception"?
- Why does Planned Parenthood encourage this off-label use?

## G. OTHER POSSIBLE MALFEASANCE

Additionally, evidence has been collected that Planned Parenthood affiliates have violated state informed consent laws, may make referrals to and maintain affiliations with substandard abortion clinics, and may misreport their abortion statistics.

### i. PLANNED PARENTHOOD'S WILLINGNESS TO USE INACCURATE AND MISLEADING INFORMATION

Informed consent is the linchpin of "choice" and the standard for American medical practice. Without accurate information, a patient is unable to make an informed decision. It is essential to the psychological and physical well-being of a woman considering an abortion that she receive complete and medically-accurate information regarding the risks and side effects of abortion. Lacking accurate information, she is unable to exercise true "choice."

In 1992, the U.S. Supreme Court ruled that informed consent laws (for abortion) are constitutional.[194] The Court stated that such laws reduce "the risk that a woman may elect an abortion, only to discover later, with devastating psychological consequences, that her decision was not fully informed."[195] In 2007, the Court reaffirmed its approval of informed consent laws, holding that "[t]he state has an interest in ensuring so grave a choice is well informed."[196] Thirty-one states have enforceable informed consent laws.[197] Furthermore, the American Medical Association (AMA) indicates in its Code of Ethics that "the physician's obligation

is to present the medical facts accurately to the patient."[198]

However, some Planned Parenthood clinics appear willing to provide inaccurate and misleading information regarding fetal development and the risks of abortion to women's health.[199]

For example, in Appleton, Wisconsin, when a Live Action undercover investigator posing as a young pregnant woman asked about the safety of the abortion procedure, the Planned Parenthood doctor stated: "This is very safe. The stage you're at right now is very, very safe. Safer than having a baby, actually."[200] However, such a statement is inadequate. Planned Parenthood failed to provide the young woman who sought its advice essential information,[201] including the fact that induced abortion increases the risk of miscarriage by 55 percent in subsequent pregnancies,[202] and that there exists a heightened risk of suicide and psychiatric admissions to women who have had an induced abortion.[203]

In Milwaukee, Wisconsin, a Planned Parenthood employee told a young woman, purportedly six to eight weeks pregnant, "The fetus is the developing embryo inside of you. But, at this point, there's nothing developed at all. There's no legs, no arms, no head, no brain, no heart. At this point, it's just the embryo itself."[204] Planned Parenthood failed to give accurate information to the young woman, namely, that at six to eight weeks gestation, an unborn child's legs, arms, head, brain, and heart are in fact present.[205] To protect the health and lives of women, complete and reliable data on abortion must be available to women, the medical community, and the general public.[206]

MISINFORMATION:

***"But, at this point, there's nothing developed at all. There's no legs, no arms, no head, no brain, no heart."***

*Image source: Live Action video*

Baby at 7-weeks gestation.

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:**

- What is Planned Parenthood's position on informed consent laws for abortion?
- What standards does PPFA impose on its affiliates with regard to informed consent?
- How does Planned Parenthood ensure compliance with these standards?
- How does Planned Parenthood ensure that state informed consent laws are consistently and thoroughly complied with?
- What training does Planned Parenthood provide its affiliates and employees regarding state informed consent laws?
- Has a Planned Parenthood employee ever been disciplined for failing to ensure a patient fully consented to an abortion? How many times?
- What material has Planned Parenthood produced for its clients on the risks and dangers of abortion?

### ii. WILLINGNESS OF SOME PLANNED PARENTHOOD CLINICS TO REFER TO SUBSTANDARD CLINICS

In January 2011, Kermit Gosnell was indicted on eight counts of murder in the deaths of seven infants and one woman who died after a late-term abortion.[207] According to the Office of the District Attorney in Philadelphia, Gosnell:

> [S]taffed his decrepit and unsanitary clinic entirely with unlicensed personnel, let them practice medicine on unsuspecting patients, unsupervised, and directed them to heavily drug patients in his absence. In addition, he regularly performed abortions beyond the 24-week limit prescribed by law. As a result, viable babies were born. Gosnell killed them by plunging scissors into their spinal cords. He taught his staff to do the same.[208]

In addition to exposing the deplorable and inhumane conditions at Gosnell's West Philadelphia abortion clinic, a Pennsylvania grand jury report investigating Gosnell and the Women's Medical Society clinic reveals Gosnell's utter disregard for the law and documents a pattern of deadly behavior toward women, unborn children, and newborns.[209] Moreover, the grand jury report demonstrates a systemic failure to enforce laws designed to protect women's health and safety, noting there "were several oversight agencies that stumbled upon and should have shut down Kermit Gosnell long ago."[210] Additionally, the grand jury report reveals that the Women's Medical Society clinic received government funding.[211]

Sadly, this unfit practitioner and his "House of Horrors" are not aberrations. In just the past 12 months, there have been investigations of numerous abortion providers including the Beacon Women's Center in Alabama; Feliciano Rios and Andrew Rutland in California; Albert Dworkin in Delaware; Randall Whitney and James Pendergraft in Florida; Ann Kristin Neuhaus in Kansas; Romeo Ferrer in Maryland; Nicola Riley in Maryland and Wyoming; Steven Brigham in Maryland, New Jersey, Pennsylvania, and Virginia; Rapin Osathanondh in Massachusetts; Alberto Hodari in Michigan; Salomon Epstein in New York; Tami Lynn Holst Thorndike in North Dakota; Soleiman Soli in Pennsylvania; and Jasbir Ahlwualia, Arthur John Brock, Robert Hanson, Margaret Kini, Pedro Kowalyszyn, Sherwood C. Lynn, Jr., Lester Minto, Alan Molson, Robert L. Prince, Lamar Robinson, Franz Theard, and William West in Texas.

**States where abortion clinics are under investigation**

Active abortion clinic investigations

In sum, at least 15 states have recently or are currently investigating abortion clinics and abortion providers for offenses including failure to meet medical standards and licensing requirements, violations of health and safety codes, improper disposal of medical waste and patient records, Medicaid fraud, violations of late-term abortion restrictions, criminal battery, and criminal and civil liability in the deaths of patients.

Video footage recorded at Planned Parenthood affiliates by Live Action shows Planned Parenthood employees recommending that minors patronize abortion facilities that may be willing to violate state laws.

For example, at the Perth Amboy Clinic in New Jersey, a Planned Parenthood employee advised a man she believed to be exploiting underage girls in a sex-trafficking operation to frequent a clinic whose "protocols" would not be as strict as Planned Parenthood's:[212]

> **PIMP:** What if they need an abortion though?
> **PP MANAGER AMY WOODRUFF:** Oh, that's a com – that's a completely different story now. No, no, now this is more – [crosstalk]. If they come in for pregnancy testing – um, shit, at that point it still needs to be, you never got this from me, just to make all of our lives easier.
> **PIMP:** Ok.
> **PP MANAGER AMY WOODRUFF:** If they're 14 and under [circles clinic address on paper] just send them right there if they need an abortion, ok? [laughter]
> **PIMP:** This is the spot? Ok!
> **PROSTITUTE:** Ok, will they ask questions or anything … will they need ID or something?
> **PP MANAGER AMY WOODRUFF:** They won't need ID, them, they're gonna be a little bit more different, but their protocols aren't as strict as ours, and they don't get audited the same way that we do, like with the [inaudible].

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:**

- What standard does Planned Parenthood use in making referrals?
- Does Planned Parenthood refer to other abortion clinics when they believe there may be underlying illegality?

### iii. APPARENT WILLINGNESS OF SOME PLANNED PARENTHOOD CLINICS TO UNDER-REPORT THE NUMBER OF SURGICAL ABORTIONS IT PERFORMS EACH YEAR

Planned Parenthood of Indiana appears to have failed to accurately report how many abortions it performs each year. In 2007, Planned Parenthood of Indiana reported a combined 3,923 surgical abortions from its three clinics that provide such abortions.[213] However, a staffer at the Indianapolis Planned Parenthood clinic stated during one of Live Action's undercover investigations that its clinic did abortions 3 times a week and performed 30 abortions a day.[214] This amounts to 90 abortions a week and 4,680 abortions per year at just one out of the three Planned Parenthood surgical abortion clinics in Indiana. Considering that this figure alone – which does not include Planned Parenthood of Indiana's surgical abortion-performing clinics in Bloomington and Merrillville – exceeds the number of abortions Planned Parenthood of Indiana reported in 2007, it seems improbable that the three combined could have only performed 3,923 abortions.

At a minimum, this discrepancy raises serious questions that necessitate investigation as to whether every Planned Parenthood affiliate accurately reports its abortion numbers, particularly considering Planned Parenthood of Indiana's apparent failure to report sexual abuse of minors to state officials.[215]

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:**

- What abortion statistics or information does Planned Parenthood clinic report each year? To whom?
- How is the information collected to support these statistics?
- How is accuracy ensured?
- Why would a Planned Parenthood clinic not report or incompletely report information related to, for example, the number of abortions it performs in any given year?

## V. PLANNED PARENTHOOD'S OPPOSITION TO LEGISLATION THAT PROTECTS WOMEN

Planned Parenthood affiliates across the nation routinely oppose federal and state legislation designed to protect women and young girls, calling into question whether they truly are the defenders of women they so-publicly hold themselves out to be. For example, in 2001, Texas Governor Rick Perry signed legislation that strengthened mandatory reporting laws to require health care and reproductive care employees to report all cases of suspected sexual contact involving clients under 17 years of age and to report all sexual contact that involves a client under 14 years of age regardless of the age of the partner.[216] During the legislative debate over this law, Planned Parenthood affiliates in Texas contended that it would result in a flood of frivolous claims of sexual assault and statutory rape. They argued that real cases would be lost in the shuffle of the bureaucracy, and children would suffer the consequences. Nearly 10 years later, however, that has not proven to be the case.[217]

Similarly, in March 2011, Planned Parenthood of Illinois lobbied against HB 2093, legislation to broaden a sexual abuse reporting law to require almost all employees and volunteers of organizations that provide or refer for reproductive health care or sex education to report child abuse or suspected sexual abuse to the Illinois Department of Children and Family Services. This more expansive definition of mandatory reporters is consistent with definitions and requirements in other states and ensures greater protection for young children. Planned Parenthood of Illinois' stated reason for opposing the measure was because it feared reporting too many cases of suspected sexual abuse of minors might overload the responsible government agency.[218]

> ***...studies demonstrate that parental involvement laws actually decrease the incidence of risky sexual behavior among teenagers and reduce the teenage demand for abortion.***

In 2011, Planned Parenthood of the Heartland opposed LB 690, a parental consent bill which would protect the health and welfare of minor girls in Nebraska.[219] In contrast with the position of the majority of Americans who support parental involvement laws,[220] Planned Parenthood of the Heartland testified against the parental consent bill, stating that the bill "creates potential harm for young women" and that it would be better to stop "putting so much time and energy into the issue of abortion."[221] Contrary to Planned Parenthood of the Heartland's testimony, studies demonstrate that parental involvement laws actually decrease the incidence of risky sexual behavior among teenagers[222] and reduce the teenage demand for abortion.[223] As former Governor of Nebraska Kay Orr noted when LB 690 was introduced: "All young women deserve their parents' involvement and protection before making such a monumental decision."[224]

In 2011, Planned Parenthood of Illinois also lobbied against HB 786, which would require a woman seeking an abortion, after six weeks gestation, to be offered the opportunity to view an ultrasound of her unborn child. The Planned Parenthood affiliate inexplicably claimed this opportunity may "violate a patient's privacy."[225]

Recently, Planned Parenthood Southeast called efforts to pass laws that protect women and young girls in Mississippi " overwhelmingly anti-woman and anti-family."[226] It lobbied against HB 656, which sought to protect minor girls from being

transported across state lines for an abortion without a parent's consent.[227] Planned Parenthood also lobbied against SB 2617, a common-sense law that would have required an abortion provider to be a board-certified obstetrician-gynecologist with hospital admitting privileges (which facilitates the provision of emergency care).[228]

## VI. PLANNED PARENTHOOD'S EFFORTS TO OVERTURN COMMON-SENSE LAWS

Furthermore, throughout its history, Planned Parenthood has consistently filed legal challenges to duly-enacted laws designed to protect the health and safety of women and young girls, including parental involvement laws, informed consent laws, restrictions on dangerous late-term abortions, reporting laws designed to compile statistical information on abortion incidence and risks, and other measures. Arguing that these laws would adversely impact a woman's right to abortion, Planned Parenthood has, in actuality, opposed these protective laws, in part, because they would adversely impact its "bottom line" by increasing its costs. The example of just one state – Missouri – is sufficiently indicative of Planned Parenthood's pattern and practice of legal challenges to state laws across the nation.

Just a few years ago, in *Planned Parenthood of Kansas & Mid-Missouri Inc. v. Drummond,* Planned Parenthood challenged a Missouri law that required abortion clinics to meet the same standards as the ambulatory surgery centers in the state, ensuring the health and safety of women seeking abortions.[229] Planned Parenthood argued that bringing its clinics into compliance with these medically-accepted standards would be "so cost-prohibitive as to require either passing on the additional expense to patients or to cease their abortion practices."[230]

Similarly, in an earlier case, *Planned Parenthood Association v. Ashcroft,* Planned Parenthood challenged a Missouri law requiring that every abortion performed subsequent to the first 12 weeks of pregnancy take place in a hospital because, they argued, the requirement "increased the cost."[231] Planned Parenthood further argued that a portion of the law requiring a physician who performs the abortion to first secure the woman's informed consent would result in "increasing the cost of each procedure."[232] Similarly, Planned Parenthood also challenged another portion of Missouri law requiring that a sample of the tissue removed at the time of the abortion be submitted to a pathologist because it constituted an "additional cost."[233]

In addition to Planned Parenthood's stated reason for challenging certain protective state laws (i.e., because they believed that these laws would increase their costs), the Civil Rights Attorney's Fees Awards Act of 1976,[234] also referred to as § 1988, provides an added financial incentive for Planned Parenthood to challenge abortion-related laws: If even remotely successful in their challenge, Planned Parenthood can force the state – in reality, state taxpayers – to pay an attorneys' fee award. In fact, some cases have resulted in six-figure awards to Planned Parenthood. For example, for challenging a parental notice law in New Hampshire, Planned Parenthood was awarded $300,000 in attorneys' fees.[235] Recently, Planned Parenthood was awarded $124,238 in attorneys' fees after challenging Nebraska's 2010 abortion prescreening law,[236] and a challenge to a South Dakota clinic standards law resulted in an attorneys' fees award totaling $275,336 for Planned Parenthood.[237]

Since 1973, Planned Parenthood has challenged parental involvement laws in 21 states, laws to ensure taxpayers are not forced to fund abortion in 20 states, laws to ensure women are given adequate and accurate information when considering abortion in 10 states, as well as other protective laws.[238]

**AREAS TO INVESTIGATE AND QUESTIONS TO ASK:**

- How many times has Planned Parenthood been involved in legal challenges to state abortion-related laws?
- And of those cases, in how many did Planned Parenthood receive an attorneys' fee award?
- What were the total awards in all of those cases?

## VII. CONGRESS' POWER TO INVESTIGATE

The United States Supreme Court has described the congressional power of inquiry as "an essential and appropriate auxiliary to the legislative function."[239] The issuance of a subpoena pursuant to an authorized investigation is "an indispensable ingredient of lawmaking."[240] Congress could not legislate "wisely or effectively in the absence of information."[241]

Legislative inquiries must be authorized by Congress, pursue a valid legislative purpose, raise questions relevant to the issue being investigated, and inform witnesses why questions put to them are pertinent.[242] The understanding of what constitutes a legislative purpose is broad. It is enough that the subject of investigation is "one on which legislation could be had and would be materially aided by the information which the investigation was calculated to elicit."[243] A Congressional investigation could have legislation as a possible, but not a necessary, outcome. Investigation as pure oversight of the operations of the executive branch is adequate justification. Moreover, "[t]o be a valid legislative inquiry there need be no predictable end result."[244]

To accomplish the purpose of legislation or oversight, each House is entitled to compel witnesses to provide testimony pertinent to the legislative inquiry.[245] Committees and subcommittees are authorized to request, by subpoena, "the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents as it considers necessary."[246] And committee subpoenas "have the same authority as if they were issued by the entire House of Congress from which the committee is drawn."[247]

While requests from citizens and organizations for documentation regarding the extent of the Planned Parenthood scandals have been made and denied under the Freedom of Information Act (FOIA),[248] FOIA "is not authority to withhold information from Congress."[249]

HHS grants and programs are a major source of the federal funds received by Planned Parenthood.[250] Two committees in the Senate – Finance and Health; Education, Labor and Pensions – and two committees in the House of Representatives – Energy and Commerce (through its Subcommittees on Health and Ways and Means) – have jurisdiction over legislation authorizing the programs through which most of the federal funds were provided and could launch an investigation into the operations, practices, and policies of Planned Parenthood. In addition, the Senate and House Committees on Appropriations each have subcommittees that have jurisdiction over legislation appropriating funds for these federal programs.

## VIII. CONCLUSION

Planned Parenthood and its radical pro-abortion agenda are inconsistent with American values. As documented throughout this report, Planned Parenthood's legacy is a deeply-troubling one of ruined lives, deception, and abuse. For more than 90 years, it has garnered significant public influence while relentlessly pursuing an agenda of unapologetic abortion-on-demand, putting profits and ideology above women's health and safety. Again and again, Planned Parenthood has proven that it is not the defender of women's rights and health that it holds itself out to be. Rather, substantial evidence suggests Planned Parenthood defends and partners with those who abuse and exploit women. For these reasons, Americans United for Life calls on Congress to hold hearings into Planned Parenthood's operations, its use of taxpayer funding, and its potential violations of state and federal law.

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APPENDIX

# THE CASE FOR INVESTIGATING PLANNED PARENTHOOD

AUL looks behind the closed doors
of the nation's largest abortion provider

# APPENDIX

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# APPENDIX I.
# PLANNED PARENTHOOD'S ANNUAL FINANCIAL REPORTS

This Appendix contains the relevant pages from Planned Parenthood Federation of America's (PPFA) annual reports from 1988-2009,[1] in which are documented the income and expenses for PPFA and its affiliates.[2] The following chart summarizes the data used within the report as it appears within PPFA's annual reports between 1995 and 2009.

All amounts are in millions of dollars.

| Fiscal Year Ending In: | Government Grants and Contracts | Health Center Income | Total Revenue | Excess Revenue Over Expenses |
|---|---|---|---|---|
| 1995 | 163.1 | 171.3 | 478.3 | 6.3 |
| 1996 | 171.9 | 180.5 | 504 | 26.2 |
| 1997 | 177.5 | 184.3 | 530.9 | 35.9 |
| 1998 | 165 | 206.5 | 554.2 | 42.3 |
| 1999 | 176.5 | 211 | 660.7 | 125.8 |
| 2000 | 187.3 | 222.2 | 627.2 | 59.5 |
| 2001 | 202.7 | 241 | 672.6 | 38.9 |
| 2002 | 240.9 | 254.8 | 692.5 | 12.2 |
| 2003 | 254.4 | 288.2 | 766.6 | 36.6 |
| 2004 | 265.2 | 306.2 | 810 | 35.2 |
| 2005 | 272.7 | 346.8 | 882 | 63 |
| 2006 | 305.3 | 345.1 | 902.8 | 55.8 |
| 2007 | 336.7 | 356.9 | 1,017.90 | 114.8 |
| 2008 | 349.6 | 374.7 | 1,038 | 85 |

[1] Information from 1990 is not reported in this Appendix. Planned Parenthood Federation of America changed from a December 31 fiscal year end to a June fiscal year end after 1992. Therefore, fiscal year 1994 covered an 18 month period and there is no figure for fiscal year 1993.

[2] Full reports are on file with the author.

# APPENDIX I. (Continued)

All Amounts in Millions

PPFA makes contributions to other organizations. A list of all organizations that received contributions from PPFA during calendar year 1988 may be obtained by writing to Planned Parenthood Federation of America, Inc. 810 Seventh Avenue, New York, NY 10019.

Audited statement available upon request from New York Department of State, Office of Charities Registration, Albany, NY 12231, or from PPFA.

Planned Parenthood is a not-for-profit charitable organization and contributions are tax deductible.

**COMBINED OPERATING STATEMENT: ALL FUNDS**

| Revenue | Total 1988 (a) | Affiliates | National Office |
|---|---|---|---|
| 1. Clinic Income | $104.2 | $104.2 | $ 0.0 |
| 2. Government Grants and Contracts: | | | |
| a. In-kind Contributions of Contraceptives, Supplies, and Equipment | 10.2 | 0.0 | 10.2 |
| b. Other Reimbursements and Grants | 96.3 | 86.1 | 10.2 |
| 3. Private Contributions and Bequests | 72.5(c) | 56.3 | 16.2 |
| 4. Indirect Support from Affiliates | 3.2 | 0.0 | 3.2 |
| 5. Other Operating Revenue | 12.6 | 11.0 | 1.6 |
| 6. Alan Guttmacher Institute Funding | 4.1(d) | 4.1 | 0.0 |
| Total Revenue | 303.1(b) | 261.7 | 41.4 |
| **Expenses** | | | |
| 1. Domestic Programs: | | | |
| a. Patient Services | 160.3 | 160.3 | 0.0 |
| b. Community Services | 8.7 | 8.7 | 0.0 |
| c. Community Education | 15.7 | 15.7 | 0.0 |
| d. Research and Professional Training | 12.3 | 12.3 | 0.0 |
| e. Assistance to U.S. Family Planning | 4.5 | 0.0 | 4.5 |
| f. Services to Affiliates | 5.2 | 0.0 | 5.2 |
| Total Domestic Programs | 206.7 | 197.0 | 9.7 |
| 2. International Family Planning Programs | 29.3(g) | 1.5 | 27.8 |
| Total Program Services | 236.0 | 198.5 | 37.5 |
| 3. Supporting Services: | | | |
| a. Management and General | 42.2 | 36.6 | 5.6 |
| b. Fund Raising | 12.4 | 8.8 | 3.6 |
| Total Supporting Services | 54.6 | 45.4 | 9.2 |
| 4. Other Expenses | | | |
| a. Payments to Affiliated Organizations | 5.7 | 4.4 | 1.3 |
| b. Alan Guttmacher Institute Expenses | 3.9(d) | 3.9 | 0.0 |
| Total Expenses | 300.2(b) | 252.2 | 48.0 |
| **Excess (Deficiency) of Revenue over Expenses** | 2.9 | 9.5 | (6.6) (e |
| **Fund Balances: Beginning of Year** | 154.5 | 134.2 | 20.3 |
| **Fund Balances: End of Year** | $157.4 | $143.7 | $13.7(f) |

NOTES

*(a) National Office figures are derived from December 31, 1988 audited financial statements. Affiliate amounts are projected based on audited financial statements of all Planned Parenthood affiliates.*

*(b) Includes $5.9 for transactions between national office and U.S. affiliates. Elimination of this amount in consolidation would reduce Federation revenue and expenses to $297.2 and $294.3 respectively. Does not include capitalized expenditures for property, plant, and equipment of $.5 for national and $6.9 for affiliates.*

*(c) Includes contributions from corporations, foundations, and more than 250,000 individual donors, including participants in International Service Agency and Federal Service Campaigns (on-the-job solicitation of employees of federal and state governments and participating corporations).*

*(d) The Alan Guttmacher Institute is an independent corporation for research, policy analysis, and public education on reproductive health issues, and a special affiliate of PPFA.*

*(e) Includes net decreases in commodities inventories of $6.7.*

*(f) Includes operating fund balances of $11.0 and non-operating fund balances of $2.7.*

*(g) Includes distribution of contraceptive supplies valued at $17.4 in 1988 and $14.2 in 1987.*

# APPENDIX I. (Continued)

## *Summary of 1989 Financial Activities*

All Amounts in Millions

PPFA makes contributions to other organizations. A list of all organizations that received contributions from PPFA during calendar year 1989 may be obtained by writing to Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, NY 10019.

Audited statement available upon request from New York Department of State, Office of Charities Registration, Albany, NY 12231, or from PPFA.

As a not-for-profit charitable organization, contributions to Planned Parenthood Federation of America are tax deductible. Contributions to Planned Parenthood Action Fund, an independent advocacy organization established by PPFA in 1989, are not tax deductible.

### Notes

*In response to threats to reproductive and privacy rights, in 1989 PPFA increased its efforts to support those rights. During the second half of the year in particular, the American public responded with increased contributions. Donors to Planned Parenthood's national office rose nearly 50 percent during the year, and total contributions were approximately 60 percent higher than in 1988. Substantial increases in 1990 expenditures for educational, advocacy, and service support programs have been made possible by these donations.*

*(a) National office figures are derived from December 31, 1989, audited financial statements. Affiliate amounts reflect the operations of 172 Planned Parenthood affiliates and are projected based on amounts reported in affiliate audited financial statements.*

*(b) Includes corporate contributions, foundation grants, and support from more than 365,000 active individual contributors, including individual contributions received through International Service Agency and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations).*

*(c) The Alan Guttmacher Institute (AGI) is an independent corporation for research, policy analysis, and public education on reproductive health issues, and a special affiliate of PPFA.*

*(d) Includes $6.9 for transactions between the national office and U.S. affiliates. Elimination of this amount in consolidation would reduce federation revenue and expenses to $324.6 and $314.3 respectively. Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans of $.7 for the national office and $9.7 for affiliates.*

*(e) Includes distribution of contraceptive supplies valued at $9.1 in 1989 and $17.4 in 1988.*

*(f) Includes net decreases in commodities inventory of $6.7.*

*(g) Includes operating fund balances of $12.3 and non-operating fund balances of $3.5.*

### *Combined Operating Statement: All Funds*

| Revenue | Total 1989 (a) | Affiliates | National Office |
|---|---|---|---|
| 1. Clinic Income | $116.6 | $116.6 | $ 0.0 |
| 2. Government Grants and Contracts: | | | |
| a. In-kind Contributions of Contraceptives, Supplies, and Equipment | 6.9 | 0.0 | 6.9 |
| b. Other Reimbursements and Grants | 111.7 | 99.5 | 12.2 |
| 3. Private Contributions and Bequests | 77.2 | 51.3 | 25.9(b) |
| 4. Indirect Support from Affiliates | 3.5 | 0.0 | 3.5 |
| 5. Other Operating Revenue | 11.1 | 8.7 | 2.4 |
| 6. Alan Guttmacher Institute | 3.9(c) | 3.9 | 0.0 |
| 7. Planned Parenthood Action Fund | 0.6 | 0.6 | 0.0 |
| *Total Revenue* | 331.5(d) | 280.6 | 50.9 |
| **Expenses** | | | |
| 1. Domestic Programs: | | | |
| a. Patient Services | 177.7 | 177.7 | 0.0 |
| b. Community Services | 10.5 | 10.5 | 0.0 |
| c. Community Education | 13.3 | 13.3 | 0.0 |
| d. Research and Professional Training | 11.6 | 11.6 | 0.0 |
| e. Assistance to U.S. Family Planning | 6.2 | 0.0 | 6.2 |
| f. Services to Affiliates | 6.6 | 0.0 | 6.6 |
| *Total Domestic Programs* | 225.9 | 213.1 | 12.8 |
| 2. International Family Planning Programs | 23.0(e) | 1.5 | 21.5 |
| *Total Program Services* | 248.9 | 214.6 | 34.3 |
| 3. Supporting Services: | | | |
| a. Management and General | 46.6 | 39.6 | 7.0 |
| b. Fund Raising | 14.8 | 9.2 | 5.6 |
| *Total Supporting Services* | 61.4 | 48.8 | 12.6 |
| 4. Other Expenses | | | |
| a. Payments to Affiliated Organizations | 6.8 | 4.9 | 1.9 |
| b. Alan Guttmacher Institute Expenses | 3.8(c) | 3.8 | 0.0 |
| c. Planned Parenthood Action Fund | 0.3 | 0.3 | 0.0 |
| *Total Expenses* | 321.2(d) | 272.4 | 48.8 |
| **Excess (Deficiency) of Revenue over Expenses** | 10.3 | 8.2 | 2.1(f) |
| Fund Balances: Beginning of Year | 157.4 | 143.7 | 13.7 |
| Fund Balances: End of Year | $167.7 | $151.9 | $15.8(g) |

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# APPENDIX I. (Continued)

## Summary of 1991 Financial Activities

*All Amounts in Millions*

Planned Parenthood Federation of America makes contributions to other organizations. A list of all organizations that received contributions from PPFA during calendar year 1991 may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019.

Audited statement available upon request from New York Department of State, Office of Charities Registration, Albany, NY 12231, or from PPFA.

As a not-for-profit charitable organization, contributions to Planned Parenthood Federation of America are tax deductible. Contributions to Planned Parenthood Action Fund, an independent advocacy organization established by PPFA in 1989, are not tax deductible.

### Notes

a. National office figures are derived directly from December 31, 1991 audited financial statements. Affiliate amounts reflect the operations of 170 Planned Parenthood affiliates and are projected based on amounts reported in affiliate audited financial statements.

b. Includes corporate contributions, foundation grants, and support from more than 550,000 active individual contributors, including individual contributions received through the International Service Agency and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations).

c. The Alan Guttmacher Institute, to which PPFA supplies some support, is an independent, non-profit corporation for research, policy analysis, and public education on reproductive health issues. As a special affiliate of PPFA, its budget appears here in full.

d. The Planned Parenthood Action Fund is a separate corporation established in 1989. Its purpose is to advocate public policies that guarantee individual choice and full access to reproductive health care.

e. Includes 7.1 for transactions between national office and U.S. affiliates. Elimination of this amount in consolidation would reduce Federation revenue and expenses to 399.2 and 377.6 respectively. Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans of .2 for national and 10.6 for affiliates.

f. Includes distribution of contraceptive supplies valued at 4.2 in 1991 and 3.9 in 1990.

g. Includes the excess of shipments over receipts of commodities of 1.3.

h. Includes operating fund balances of 11.3 and non-operating fund balances of 2.9.

### Operating and Other Funds

*Combined Statement of Revenue, Expenses, and Changes in Fund Balances for the Year ended December 31, 1991*

| | 1991 | | |
|---|---|---|---|
| **Revenue** | **Total 1991 (a)** | **Affiliates** | **National Office** |
| 1. Clinic Income | 140.9 | 140.9 | 0.0 |
| 2. Gov't. Grants and Contracts: | | | |
| a. In-kind Contributions of Contraceptives, Supplies, and Equipment | 5.5 | 0.0 | 5.5 |
| b. Other Reimbursements and Grants | 118.5 | 116.8 | 1.7 |
| 3. Private Contributions and Bequests | 113.7 | 84.4 | 29.3 (b) |
| 4. Indirect Support from Affiliates | 4.2 | 0.0 | 4.2 |
| 5. Other Operating Revenue | 16.4 | 13.4 | 3.0 |
| 6. Alan Guttmacher Institute | 4.2 (c) | 4.2 | 0.0 |
| 7. Planned Parenthood Action Fund | 2.9 (d) | 2.9 | 0.0 |
| Total Revenue | 406.3 (e) | 362.6 | 43.7 |
| **Expenses** | | | |
| 1. Domestic Programs: | | | |
| a. Patient Services | 222.5 | 222.5 | 0.0 |
| b. Community Services | 9.3 | 9.3 | 0.0 |
| c. Community Education | 18.1 | 18.1 | 0.0 |
| d. Research and Professional Training | 16.1 | 16.1 | 0.0 |
| e. Assistance to U.S. Family Planning | 7.9 | 0.0 | 7.9 |
| f. Services to Affiliates | 10.3 | 0.0 | 10.3 |
| Total Domestic Programs | 284.2 | 266.0 | 18.2 |
| 2. Int'l Family Planning Programs | 13.6 (f) | 2.9 | 10.7 |
| Total Program Services | 297.8 | 268.9 | 28.9 |
| 3. Supporting Services: | | | |
| a. Management and General | 51.3 | 46.0 | 5.3 |
| b. Fund Raising | 20.7 | 13.0 | 7.7 |
| Total Supporting Services | 72.0 | 59.0 | 13.0 |
| 4. Other Expenses | | | |
| a. Payments to Affiliated Organizations | 7.2 | 5.7 | 1.5 |
| b. Alan Guttmacher Institute | 4.0 (c) | 4.0 | 0.0 |
| c. Planned Parenthood Action Fund | 3.7 (d) | 3.7 | 0.0 |
| Total Expenses | 384.7 (e) | 341.3 | 43.4 |
| Excess (Deficiency) of Revenue over Expenses | 21.6 | 21.3 | 0.3 (g) |
| 5. Other Changes in Fund Balance | 2.9 | 2.9 | 0 |
| Fund Balances: Beginning of Year | 183.2 | 169.3 | 13.9 |
| Fund Balances: End of Year | 207.7 | 193.5 | 14.2 (h) |

# APPENDIX I. (Continued)

**OPERATING AND OTHER FUNDS** *All Amounts in Millions*

COMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN FUND BALANCES
FOR THE YEAR ENDED DECEMBER 31, 1992

| | Total 1992 | (a) | 1992 Affiliates | 1992 National Office | |
|---|---|---|---|---|---|
| **REVENUE** | | | | | |
| 1. Clinic Income | $150.9 | | $150.9 | $0.0 | |
| 2. Government Grants and Contracts: | | | | | |
| a. In-Kind Contributions of Contraceptives, Supplies, and Equipment | 2.7 | | 0.0 | 2.7 | |
| b. Other Reimbursements and Grants | 142.3 | | 141.2 | 1.1 | |
| 3. Private Contributions and Bequests | 121.2 | | 91.4 | 29.8 | (b) |
| 4. Indirect Support from Affiliates | 4.2 | | 0.0 | 4.2 | |
| 5. Other Operating Revenue | 17.0 | | 13.1 | 3.9 | |
| 6. Alan Guttmacher Institute | 4.5 | (c) | 4.5 | 0.0 | |
| 7. Planned Parenthood Action Fund | 3.2 | (d) | 3.2 | 0.0 | |
| **TOTAL REVENUE** | **$446.0** | (e) | **$404.3** | **$41.7** | |
| **EXPENSES** | | | | | |
| 1. Domestic and International Programs | | | | | |
| Domestic Programs | | | | | |
| a. Patient Services | 253.2 | | 253.2 | 0.0 | |
| b. Community Services | 11.2 | | 11.2 | 0.0 | |
| c. Community Education | 20.0 | | 20.0 | 0.0 | |
| d. Research and Professional Training | 13.6 | | 13.6 | 0.0 | |
| e. Assistance to U.S. Family Planning | 7.6 | | 0.0 | 7.6 | |
| f. Grants and Services to Affiliates | 11.1 | | 0.0 | 11.1 | |
| Total Domestic Programs | 316.7 | | 298.0 | 18.7 | |
| Total International Family Planning Programs | 12.8 | (f) | 3.9 | 8.9 | |
| Total Program Services | 329.5 | | 301.9 | 27.6 | |
| 2. Supporting Services | | | | | |
| a. Management and General | 53.9 | | 48.6 | 5.3 | |
| b. Fundraising | 23.5 | | 15.4 | 8.1 | |
| Total Supporting Services | 77.4 | | 64.0 | 13.4 | |
| 3. Other Expenses | | | | | |
| a. Payments to Affiliated Organizations | 8.0 | | 6.6 | 1.4 | |
| b. Alan Guttmacher Institute Expenses | 4.6 | (c) | 4.6 | 0.0 | |
| c. Planned Parenthood Action Fund | 3.0 | (d) | 3.0 | 0.0 | |
| Total Other Expenses | 15.6 | | 14.2 | 1.4 | |
| **TOTAL EXPENSES** | **$422.5** | (e) | **$380.1** | **$42.4** | |
| EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES | 23.5 | | 24.2 | (0.7) | |
| 4. Other Changes in Fund Balance | (0.7) | | (0.7) | 0.0 | |
| FUND BALANCES: BEGINNING OF YEAR | $207.7 | | $193.5 | $14.2 | |
| FUND BALANCES: END OF YEAR | $230.5 | | $217.0 | $13.5 | (g) |

**Fiscal Year Change**
PPFA expects to change its fiscal reporting from the calendar year to the 12-month period ending June 30. Pending a final decision by the PPFA Board of Directors, the next audited statement will cover an 18-month transitional period from January 1, 1993, to June 30, 1994. The next PPFA annual report will reflect this change.

**COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES** *All Amounts in Millions*

DECEMBER 31, 1992 (WITH COMPARATIVE TOTALS FOR 1991)

| | Total 1991 | 1992 Total 1992 | 1992 Operating Funds: Unrestricted Funds | 1992 Operating Funds: Restricted Funds | 1992 Nonoperating Funds: Property & Equipment | 1992 Nonoperating Funds: Other Funds |
|---|---|---|---|---|---|---|
| ASSETS | | | | | | |
| Current Assets | $184.6 | $192.9 | $131.8 | $25.5 | $ 6.3 | $29.3 |
| Property, Equipment, and Other | 89.2 | 108.2 | 1.8 | 0.3 | 90.3 | 15.8 |
| TOTAL ASSETS | 273.8 | 301.1 | 133.6 | 25.8 | 96.6 | 45.1 |
| LIABILITIES AND FUND BALANCES | | | | | | |
| Current Liabilities | 52.3 | 54.7 | 30.1 | 15.8 | 5.9 | 2.9 |
| Mortgages and Notes Payable | 13.8 | 15.9 | 0.7 | 0.0 | 14.5 | 0.7 |
| TOTAL LIABILITIES | 66.1 | 70.6 | 30.8 | 15.8 | 20.4 | 3.6 |
| UND BALANCES | 207.7 | 230.5 | 102.8 | 10.0 | 76.2 | 41.5 |
| TOTAL LIABILITIES & FUND BALANCES | $273.8 | $301.1 | $133.6 | $25.8 | $96.6 | $45.1 |

# APPENDIX I. (Continued)

**OPERATING AND OTHER FUNDS** *All Amounts in Millions*

COMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN FUND BALANCES
FOR THE 18 MONTHS ENDED JUNE 30, 1994

| REVENUE | Total[a] | Affiliates | National Office |
|---|---|---|---|
| 1. Clinic Income | $235.6 | $235.6 | $ 0.0 |
| 2. Government Grants and Contracts: | | | |
| a. In-Kind Contributions of Contraceptives, Supplies, and Equipment | 0.5 | 0.0 | 0.5 |
| b. Other Reimbursements and Grants | 237.7 | 236.1 | 1.6 |
| 3. Private Contributions and Bequests | 174.0 | 137.4 | 36.6[b] |
| 4. Indirect Support from Affiliates | 6.5 | 0.0 | 6.5 |
| 5. Other Operating Revenue | 31.7 | 20.2 | 11.5 |
| 6. Alan Guttmacher Institute | 6.5[c] | 6.5 | 0.0 |
| 7. Planned Parenthood Action Fund | 1.2[d] | 1.2 | 0.0 |
| TOTAL REVENUE | $693.7[e] | $637.0 | $56.7 |
| **EXPENSES** | | | |
| 1. Domestic Programs: | | | |
| a. Patient Services | $415.6 | $415.6 | $ 0.0 |
| b. Community Services | 14.1 | 14.1 | 0.0 |
| c. Community Education | 32.7 | 32.7 | 0.0 |
| d. Research and Professional Training | 23.4 | 23.4 | 0.0 |
| e. Assistance to U.S. Family Planning | 7.7 | 0.0 | 7.7 |
| f. Services to Affiliates | 23.1 | 0.0 | 23.1 |
| Total Domestic Programs | 516.6 | 485.8 | 30.8 |
| 2. International Family Planning Programs | 15.9 | 6.8 | 9.1 |
| Total Program Services | 532.5 | 492.6 | 39.9 |
| 3. Supporting Services: | | | |
| a. Management and General | 80.4 | 75.3 | 5.1 |
| b. Fund Raising | 32.3 | 25.0 | 7.3 |
| Total Supporting Services | 112.7 | 100.3 | 12.4 |
| 4. Other Expenses | | | |
| a. Payments to Affiliated Organizations | 12.4 | 10.3 | 2.1 |
| b. Alan Guttmacher Institute Expenses | 7.3[c] | 7.3 | 0.0 |
| c. Planned Parenthood Fund Action Fund | 0.8[d] | 0.8 | 0.0 |
| Total Other Expenses | 20.5 | 18.4 | 2.1 |
| TOTAL EXPENSES | $665.7[e] | $611.3 | $54.4 |
| EXCESS OF REVENUE OVER EXPENSES | 28.0 | 25.7 | 2.3 |
| 5. Other Changes in Fund Balance | 4.8 | 2.5 | 2.3 |
| FUND BALANCES: BEGINNING OF YEAR | $230.5 | $217.0 | $13.5 |
| FUND BALANCES: END OF YEAR | $263.3 | $245.2 | $18.1[f] |

**Fiscal Year Change**

PPFA has changed its fiscal reporting from the calendar year to the 12-month period ending June 30. PPFA's current audited financial statements cover the 18-month transitional period from January 1, 1993, to June 30, 1994. Subsequent PPFA annual reports will cover the 12-month period from July 1 to June 30.

**COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES** *All Amounts in Millions*
JUNE 30, 1994

| | | Operating Funds | | Non Operating Funds | |
|---|---|---|---|---|---|
| | Total | Unrestricted Funds | Restricted Funds | Property & Equipment | Endowment & Other Funds |
| ASSETS: | | | | | |
| Current Assets | $206.0 | $141.0 | $23.0 | $ 3.5 | $38.5 |
| Property, Equipment, & Other | 131.6 | 2.4 | 0.2 | 118.0 | 11.0 |
| TOTAL ASSETS | 337.6 | 143.4 | 23.2 | 121.5 | 49.5 |
| LIABILITIES AND FUND BALANCES: | | | | | |
| Current Liabilities | 54.1 | 33.2 | 14.4 | 4.7 | 1.8 |
| Mortgages and Notes Payable | 20.2 | 1.0 | 0.0 | 19.1 | 0.1 |
| TOTAL LIABILITIES | 74.3 | 34.2 | 14.4 | 23.8 | 1.9 |
| FUND BALANCES | 263.3 | 109.2 | 8.8 | 97.7 | 47.6 |
| TOTAL LIABILITIES AND FUND BALANCES | $337.6 | $143.4 | $23.2 | $121.5 | $49.5 |

## APPENDIX I. (Continued)

### Operating and Other Funds (All Amounts in Millions)

Combined Statement of Revenue, Expenses, and Changes in Fund Balances
for the Year Ended June 30, 1995

| | Total (a) | Affiliates | National Office |
|---|---|---|---|
| **Revenue** | | | |
| 1. Clinic Income | $171.3 | $171.3 | $0.0 |
| 2. Government Grants and Contracts | 163.1 | 162.2 | 0.9 |
| 3. Private Contributions and Bequests | 117.8 | 91.7 | 26.1 (b) |
| 4. Indirect Support from Affiliates | 4.8 | 0.0 | 4.8 |
| 5. Other Operating Revenue | 15.8 | 7.9 | 7.9 |
| 6. Alan Guttmacher Institute | 5.0 (c) | 5.0 | 0.0 |
| 7. Planned Parenthood Action Fund | 0.5 (d) | 0.5 | 0.0 |
| **TOTAL REVENUE** | $478.3 (e) | $438.6 | $39.7 |
| **Expenses** | | | |
| 1. Domestic Programs: | | | |
| a. Patient Services | $299.2 | $299.2 | $0.0 |
| b. Community Services | 10.1 | 10.1 | 0.0 |
| c. Public and Professional Education & Training | 27.6 | 27.6 | 0.0 |
| d. Public Affairs | 10.6 | 10.6 | 0.0 |
| e. Assistance to U.S. Family Planning | 4.8 | 0.0 | 4.8 |
| f. Services to Affiliates | 20.7 | 0.0 | 20.7 |
| Total Domestic Programs | 373.0 | 347.5 | 25.5 |
| 2. International Family Planning Programs | 5.4 | 1.4 | 4.0 |
| Total Program Services | 378.4 | 348.9 | 29.5 |
| 3. Supporting Services: | | | |
| a. Management and General | 56.6 | 52.6 | 4.0 |
| b. Fundraising | 23.3 | 17.5 | 5.8 |
| Total Supporting Services | 79.9 | 70.1 | 9.8 |
| 4. Other Expenses | | | |
| a. Payments to Affiliated Organizations | 8.3 | 6.8 | 1.5 |
| b. Alan Guttmacher Institute | 4.8 | 4.8 | 0.0 |
| c. Planned Parenthood Action Fund | 0.6 | 0.6 | 0.0 |
| Total Other Expenses | 13.7 | 12.2 | 1.5 |
| **TOTAL EXPENSES** | $472.0 (e) | $431.2 | $40.8 |
| EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES | 6.3 | 7.4 | (1.1)(f) |
| 5. Other Changes in Fund Balance | 0.2 | 0.2 | 0.0 |
| **FUND BALANCES: BEGINNING OF YEAR** | $264.9 | $245.2 | $19.7 (g) |
| **FUND BALANCES: END OF YEAR** | $271.4 | $252.8 | $18.6 (h) |

### Combined Balance Sheet: National and Affiliates (All Amounts in Millions)

June 30, 1995

| | Total | — Operating Funds — Unrestricted Funds | Restricted Funds | — Nonoperating Funds — Property & Equipment | Endowment & Other Funds |
|---|---|---|---|---|---|
| ASSETS: | | | | | |
| Current Assets | $214.2 | $146.3 | $28.2 | $4.3 | $35.4 |
| Property, Equipment, & Other | 139.2 | 2.4 | 0.0 | 127.0 | 9.8 |
| TOTAL ASSETS | 353.4 | 148.7 | 28.2 | 131.3 | 45.2 |
| LIABILITIES AND FUND BALANCES: | | | | | |
| Current Liabilities | 59.2 | 39.8 | 14.0 | 4.2 | 1.2 |
| Mortgages and Notes Payable | 22.8 | 1.2 | 0.0 | 21.3 | 0.3 |
| TOTAL LIABILITIES | 82.0 | 41.0 | 14.0 | 25.5 | 1.5 |
| FUND BALANCES | 271.4 | 107.7 | 14.2 | 105.8 | 43.7 |
| TOTAL LIABILITIES & FUND BALANCES | $353.4 | $148.7 | $28.2 | $131.3 | $45.2 |

# APPENDIX I. (Continued)

Planned Parenthood Federation 1995-96 Annual Report Page 2

| | Total (a) | Affiliates | Nat'l Office | Eliminations (b) |
|---|---|---|---|---|
| **REVENUE** | | | | |
| 1. Clinic Income | 180.5 | 180.5 | | 0.0 |
| 2. Government Grants & Contracts | 171.9 | 170.3 | | 1.6 |
| 3. Private Contributions & Bequests | 122.7 (c) | 98.6 | 26.0 | -1.9 |
| 4. Indirect Support from Affiliates | 0.0 | 0.0 | 4.8 | -4.8 |
| 5. Other Operating Revenue | 21.8 | 18.4 | 8.9 | -5.5 |
| 6. Alan Guttmacher Institute | 6.2 (d) | 6.4 | 0.0 | -0.2 |
| 7. Planned Parenthood Action Fund | 0.9 (e) | 0.9 | 0.0 | |
| **TOTAL REVENUE** | **504.0** | **475.1** | **41.3** | **-12.4** |
| **EXPENSES** | | | | |
| 1. Domestic Programs: | | | | |
| a. Patient Services | 316.7 | 317.5 | | -0.8 |
| b. Community Services | 8.9 | 8.9 | | |
| c. Public & Prof. Educ. & Trng. | 26.3 | 26.3 | | |
| d. Public Affairs | 10.1 | 10.1 | | |
| e. Assistance to U.S. Family Planning | 5.9 | 0.0 | 5.9 | |
| f. Services to Affiliates | 12.3 | 0.0 | 17.5 | -5.2 |
| **Total Domestic Programs** | **380.2** | **362.8** | **23.4** | **-6.0** |
| 2. International Family Planning Programs | 5.3 | 1.4 | 3.9 | |
| **Total Program Services** | **385.5** | **364.2** | **27.3** | **-6.0** |
| 3. Supporting Services: | | | | |
| a. Management and General | 59.7 | 55.4 | 4.3 | |
| b. Fundraising | 24.2 | 18.4 | 5.8 | |
| **Total Supporting Services** | **83.9** | **73.8** | **10.1** | **0.0** |
| 4. Other Expenses: | | | | |
| a. Payments to Related Organizations | 2.7 | 7.3 | 1.8 | -6.4 |
| b. Alan Guttmacher Institute | 4.8 | 4.8 | 0.0 | |
| c. Planned Parenthood Action Fund | 0.9 | 0.9 | 0.0 | |
| **Total Other Expenses** | **8.4** | **13.0** | **1.8** | **-6.4** |
| **TOTAL EXPENSES** | **477.8 (f)** | **451.0** | **39.2** | **-12.4** |

**Notes**

(a) National office figures reflect operations for the year ended June 30, 1996. Affiliate figures reflect the operations of 159 Planned Parenthood affiliates, Planned Parenthood Action Fund (PPAF), and The Alan Guttmacher Institute and are based upon amounts reported in audited financial statements for fiscal years ended during 1995 (year ended June 30, 1996, for PPAF).

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to The Alan Guttmacher Institute. Related adjustments have been made to balance sheet accounts.

(c) Includes corporate contributions, foundation grants, and support from more than 500,000 active individual contributors and

## APPENDIX I. (Continued)

OPERATING AND OTHER FUNDS (ALL AMOUNTS IN MILLIONS)
COMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 1997

| | Total(a) | Affiliates | National Office | Eliminations (b) |
|---|---|---|---|---|
| **Revenue** | | | | |
| 1. Clinic Income | 184.3 | 184.3 | | |
| 2. Government Grants and Contracts | 177.5 | 175.8 | 1.7 | |
| 3. Private Contributions and Bequests | 137.7 (c) | 110.4 | 29.2 | (1.9) |
| 4. Indirect Support from Affiliates | | | 4.9 | (4.9) |
| 5. Other Operating Revenue | 25.7 | 19.3 | 11.6 | (5.2) |
| 6. Alan Guttmacher Institute | 5.7 (d) | 6.0 | | (0.3) |
| **Total Revenue** | 530.9 | 495.8 | 47.4 | (12.3) |
| **Expenses** | | | | |
| 1. Domestic Programs: | | | | |
| a. Medical Services | 332.6 | 337.8 | | (5.2) |
| b. Sexuality Education | 27.2 | 27.2 | | |
| c. Public Policy | 10.5 | 10.5 | | |
| d. Service to the Field of Family Planning (e) | 8.4 | | 8.4 | |
| e. Service to Affiliates (e) | 17.4 | | 17.7 | (0.3) |
| **Total Domestic Programs** | 396.1 | 375.5 | 26.1 | (5.5) |
| 2. International Family Planning Programs | 4.9 | 1.4 | 3.5 | |
| **Total Program Services** | 401.0 | 376.9 | 29.6 | (5.5) |
| 3. Supporting Services: | | | | |
| a. Management and General | 61.2 | 56.9 | 4.3 | |
| Fundraising | 25.2 | 18.9 | 6.3 | |
| **otal Supporting Services** | 86.4 | 75.8 | 10.6 | 0.0 |
| 4. Other Expenses: | | | | |
| a. Payments to Related Organizations | 2.3 | 7.2 | 1.9 | (6.8) |
| b. Alan Guttmacher Institute | 5.3 | 5.3 | | |
| Total Other Expenses | 7.6 | 12.5 | 1.9 | (6.8) |
| **Total Expenses** | 495.0 (f) | 465.2 | 42.1 | (12.3) |
| **EXCESS OF REVENUE OVER EXPENSES** | 35.9 | 30.6 | 5.3 | 0.0 |
| 5. Other Changes in Net Assets (g) | 6.7 | 4.6 | 2.1 | |
| **NET ASSETS: Beginning of Year** | 317.6 | 297.6 | 20.0 | |
| **NET ASSETS: End of Year** | 360.2 | 332.8 | 27.4 | 0.0 |

COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES (All Amounts in Millions) 6/30/97

| | Total (a) | Affiliates | National Office | Eliminations (b) |
|---|---|---|---|---|
| **ASSETS** | | | | |
| Current Assets | 233.2 | 222.4 | 14.5 | (3.7) |
| Property, Equipment, Endowment, Other | 202.7 | 179.0 | 23.7 | |
| TOTAL ASSETS | 435.9 | 401.4 | 38.2 | (3.7) |
| **LIABILITIES AND NET ASSETS** | | | | |
| Current Liabilities | 50.6 | 46.6 | 7.7 | (3.7) |
| Mortgages, Notes Payable, Other | 25.1 | 22.0 | 3.1 | |
| TOTAL LIABILITIES | 75.7 | 68.6 | 10.8 | (3.7) |
| T ASSETS | | | | |
| Unrestricted | 147.5 | 139.1 | 8.4 | |
| Property & Equipment | 134.5 | 133.0 | 1.5 | |
| Temporarily Restricted | 35.7 | 29.3 | 6.4 | |
| Permanently Restricted | 42.5 | 31.4 | 11.1 | |
| TOTAL NET ASSETS | 360.2 | 332.8 | 27.4 | 0.0 |
| TOTAL LIABILITIES AND NET ASSETS | | | | |

## APPENDIX I. (Continued)

# Operating and Other Funds (ALL AMOUNTS IN MILLIONS)

COMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 1998

| | Total(a) | Affiliates | National Office | Eliminations (b) |
|---|---|---|---|---|
| **Revenue** | | | | |
| 1. Clinic Income | 206.5 | 206.5 | | |
| 2. Government Grants and Contracts | 165.0 | 164.4 | 0.6 | |
| 3. Private Contributions and Bequests | 139.3 (c) | 106.3 | 35.0 | (2.0) |
| 4. Indirect Support from Affiliates | | | 4.8 | (4.8) |
| 5. Other Operating Revenue | 38.7 | 31.2 | 13.5 | (6.0) |
| 6. Alan Guttmacher Institute | 4.7 (d) | 5.0 | | (0.3) |
| Total Revenue | 554.2 | 513.4 | 53.9 | (13.1) |
| **Expenses** | | | | |
| 1. Domestic Programs: | | | | |
| a. Medical Services | 340.1 | 346.1 | | (6.0) |
| b. Sexuality Education | 27.8 | 27.8 | | |
| c. Public Policy | 11.8 | 11.8 | | |
| d. Service to the Field of Family Planning (e) | 8.5 | | 8.5 | |
| e. Service to Affiliates (e) | 20.2 | | 22.5 | (2.3) |
| Total Domestic Programs | 408.4 | 385.7 | 31.1 | (8.3) |
| 2. International Family Planning Programs | 5.4 | 1.9 | 3.5 | |
| Total Program Services | 413.8 | 387.6 | 34.5 | (8.3) |
| 3. Supporting Services: | | | | |
| a. Management and General | 62.5 | 57.7 | 4.8 | |
| b. Fundraising | 27.8 | 21.0 | 6.8 | |
| tal Supporting Services | 90.3 | 78.7 | 11.6 | 0.0 |
| ther Expenses: | | | | |
| a. Payments to Related Organizations | 2.1 | 6.9 | | (4.8) |
| b. Alan Guttmacher Institute | 5.7 | 5.7 | | |
| Total Other Expenses | 7.8 | 12.6 | | (4.8) |
| **Total Expenses** | 511.9 (f) | 478.9 | 46.1 | (13.1) |
| Excess of Revenue over Expenses | 42.3 | 34.5 | 7.8 | 0.0 |
| 5. Other Changes in Net Assets | 2.3 | 2.4 | (0.1) | |
| NET ASSETS: Beginning of Year | 360.2 | 332.8 | 27.4 | |
| NET ASSETS: End of Year | 404.8 | 369.7 | 35.1 | 0.0 |

# Combined Balance Sheet: National and Affiliates (ALL AMOUNTS IN MILLIONS) 6/30/98

| | Total(a) | National Affiliates | Office | Eliminations (b) |
|---|---|---|---|---|
| **ASSETS** | | | | |
| Current Assets | 264.5 | 245.3 | 22.9 | (3.7) |
| Property, Equipment, Endowment, Other | 221.2 | 193.3 | 27.9 | |
| Total Assets | 485.7 | 438.6 | 50.8 | (3.7) |
| **LIABILITIES AND NET ASSETS** | | | | |
| Current Liabilities | 53.9 | 45.9 | 11.7 | (3.7) |
| Mortgages, Notes Payable, Other | 27.0 | 23.0 | 4.0 | |
| Total Liabilities | 80.9 | 68.9 | 15.7 | (3.7) |
| **NET ASSETS** | | | | |
| Unrestricted | 170.8 | 160.7 | 10.1 | |
| Property & Equipment | 147.2 | 145.8 | 1.4 | |
| Temporarily Restricted | 40.9 | 29.3 | 11.6 | |
| Permanently Restricted | 45.9 | 33.9 | 12.0 | |
| Total Net Assets | 404.8 | 369.7 | 35.1 | 0.0 |
| Total Liabilities and Net Assets | 485.7 | 438.6 | 50.8 | (3.7) |

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# APPENDIX I. (Continued)

## OF FINANCIAL ACTIVITIES

FOR THE YEAR ENDED JUNE 30, 1999

(a) National office figures reflect operations of Planned Parenthood Federation of America, Inc., Planned Parenthood Action Fund, Inc. (including its Political Action Committee), and The Planned Parenthood Foundation for the year ended June 30, 1999, as reported in audited financial statements. Affiliate figures reflect the operations of 132 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 1998.

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to the Alan Guttmacher Institute. Related adjustments have been made to the balance sheet.

(c) Includes corporate contributions, foundation grants, and support from more than 700,000 active individual contributors, including individual contributions received through International Service Agencies and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations). This also includes $76.2 million of bequests.

(d) The Alan Guttmacher Institute, a special affiliate to which PPFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

(e) Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans, but do include depreciation and amortization of such property, plant, and equipment and interest expense on such loans.

PPFA MAKES CONTRIBUTIONS TO OTHER ORGANIZATIONS. A LIST OF ALL ORGANIZATIONS THAT RECEIVED CONTRIBUTIONS FROM PPFA DURING THE YEAR ENDED JUNE 30, 1999, MAY BE OBTAINED BY WRITING TO PPFA, 810 SEVENTH AVENUE, NEW YORK, NY 10019.

AUDITED STATEMENT AVAILABLE ON REQUEST FROM NEW YORK DEPARTMENT OF STATE, OFFICE OF CHARITIES REGISTRATION, ALBANY, NY 12231, OR FROM PPFA.

REVENUE

PRIVATE CONTRIBUTIONS 35%

CLINIC INCOME [illegible]

GOVERNMENT GRANTS 27%

ALAN GUTTMACHER INSTITUTE & OTHER 6%

EXPENSES

MEDICAL SERVICES 66%

[illegible]

MANAGEMENT AND GENERAL SUPPORT 12%

FUNDRAISING 6%

ALAN GUTTMACHER INSTITUTE & OTHER 1%

INTERNATIONAL FAMILY PLANNING PROGRAMS 1%

COMBINED STATEMENT OF REVENUE, EXPENSES &

| | SEE PAGES |
|---|---|
| **REVENUE** | |
| CLINIC INCOME | |
| GOVERNMENT GRANTS AND CONTRACTS | |
| PRIVATE CONTRIBUTIONS AND BEQUESTS | |
| INDIRECT SUPPORT FROM AFFILIATES | |
| OTHER OPERATING REVENUE | |
| ALAN GUTTMACHER INSTITUTE | |
| **TOTAL REVENUE** | |
| **EXPENSES** | |
| DOMESTIC PROGRAMS: | |
| A. MEDICAL SERVICES | 5, 7, 9, 10, 11, 13 |
| B. SEXUALITY EDUCATION | 4-5 |
| C. PUBLIC POLICY | 2-3, 5, 7, 11-13 |
| D. SERVICE TO THE FIELD OF FAMILY PLANNING | 2-5, 7-8, 11-17 |
| E. SERVICE TO AFFILIATES | 3-4, 7-8, 11-17 |
| TOTAL DOMESTIC PROGRAMS | |
| INTERNATIONAL FAMILY PLANNING PROGRAMS | 6-7 |
| **TOTAL PROGRAM SERVICES** | |
| SUPPORTING SERVICES | |
| A. MANAGEMENT AND GENERAL | |
| B. FUNDRAISING | |
| TOTAL SUPPORTING SERVICES | |
| OTHER EXPENSES | |
| A. PAYMENTS TO RELATED ORGANIZATIONS | |
| B. ALAN GUTTMACHER INSTITUTE | |
| TOTAL OTHER EXPENSES | |
| **TOTAL EXPENSES** | |
| EXCESS OF REVENUE OVER EXPENSES | |
| OTHER CHANGES IN NET ASSETS | |
| NET ASSETS: BEGINNING YEAR | |
| NET ASSETS: END YEAR | |

# APPENDIX I. (Continued)

CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 1999

| TOTAL[A] | AFFILIATES | NATIONAL OFFICE | ELIMINATIONS [B] |
|---|---|---|---|
| 211.0 | 211.0 | | |
| 176.5 | 176.1 | 0.4 | |
| 232.7 [c] | 186.0 | 48.8 | (2.1) |
| | | 5.0 | (5.0) |
| 34.7 | 29.5 | 6.2 | (1.0) |
| 5.8 [d] | 6.1 | | (0.3) |
| 660.7 | 608.7 | 60.4 | (8.4) |
| 350.8 | 351.8 | | (1.0) |
| 27.2 | 27.2 | | |
| 20.3 | 20.3 | | |
| 11.5 | | 11.5 | |
| 13.8 | | 16.2 | (2.4) |
| 423.6 | 399.3 | 27.7 | (3.4) |
| 5.4 | 1.6 | 3.8 | |
| 429.0 | 400.9 | 31.5 | (3.4) |
| 66.0 | 60.6 | 5.4 | |
| 30.9 | 22.5 | 8.4 | |
| 96.9 | 83.1 | 13.8 | — |
| 2.4 | 7.4 | | (5.0) |
| 6.6 | 6.6 | | |
| 9.0 | 14.0 | — | (5.0) |
| 534.9 [c] | 498.0 | 45.3 | (8.4) |
| 125.8 | 110.7 | 15.1 | — |
| 5.7 | 5.8 | (0.1) | |
| 404.8 | 369.7 | [illegible] | |
| [illegible] | 486.2 | 50.1 | — |

## COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES

[ALL AMOUNTS IN MILLIONS] 6/30/99

| | TOTAL[A] | AFFILIATES | NATIONAL OFFICE | ELIMINATIONS [B] |
|---|---|---|---|---|
| **ASSETS** | | | | |
| CURRENT ASSETS | 312.4 | 280.0 | 34.8 | (2.4) |
| PROPERTY, EQUIPMENT, ENDOWMENT, OTHER | 320.8 | 285.9 | 34.9 | |
| TOTAL ASSETS | 633.2 | 565.9 | 69.7 | (2.4) |
| **LIABILITIES & NET ASSETS** | | | | |
| CURRENT LIABILITIES | 62.4 | 51.5 | 13.3 | (2.4) |
| MORTGAGES, NOTES PAYABLE, OTHER | 34.5 | 28.2 | 6.3 | |
| TOTAL LIABILITIES | 96.9 | 79.7 | 19.6 | (2.4) |
| **NET ASSETS** | | | | |
| UNRESTRICTED | 200.0 | 185.7 | 14.3 | |
| PROPERTY & EQUIPMENT | 154.6 | 152.4 | 2.2 | |
| TEMPORARILY RESTRICTED | 64.4 | 43.7 | 20.7 | |
| PERMANENTLY RESTRICTED | 117.3 | 104.4 | 12.9 | |
| TOTAL NET ASSETS | 536.3 | 486.2 | 50.1 | |
| TOTAL LIABILITIES & NET ASSETS | 633.2 | 565.9 | 69.7 | (2.4) |

## APPENDIX I. (Continued)

# OF FINANCIAL ACTIVITIES

Operating & Other Funds [All Amounts In Millions]

## Combined Statement of Revenue, Expenses & Changes in Net Assets for the Year Ended June 30, 2000

| REVENUE | See pages | Total[A] | Affiliates | National Office | Eliminations [B] |
|---|---|---|---|---|---|
| Clinic Income | | 222.2 | 222.2 | | |
| Government Grants And Contracts | | 187.3 | 186.7 | 0.6 | |
| Private Contributions And Bequests | | 174.9 [c] | 126.0 | 51.2 | (2.3) |
| Support From Affiliates | | 0.0 | | 5.0 | (5.0) |
| Other Operating Revenue | | 36.1 | 31.5 | 5.6 | (1.0) |
| Alan Guttmacher Institute | | 6.7 [d] | 7.2 | | (0.5) |
| TOTAL REVENUE | | 627.2 | 573.6 | 62.4 | (8.8) |
| **EXPENSES** | | | | | |
| Domestic Programs: | | | | | |
| A. Medical Services | 5, 7-9, 13 | 366.5 | 367.5 | | (1.0) |
| B. Sexuality Education | 4-5 | 31.8 | 31.8 | | |
| C. Public Policy | 2-3, 5, 7, 10, 12-13 | 20.9 | 20.9 | | |
| D. Services To The Field of Family Planning | 2-5, 7-8, 10-17, 20 | 15.8 | | 15.8 | |
| E. Service To Affiliates | 3-5, 7-8, 10-17, 20 | 14.5 | | 17.3 | (2.8) |
| Total Domestic Programs | | 449.5 | 420.2 | 33.1 | (3.8) |
| International Family Planning Programs | 6-7 | 5.6 | 1.5 | 4.1 | |
| Total Program Services | | 455.1 | 421.7 | 37.2 | (3.8) |
| Supporting Services | | | | | |
| A. Management And General | | 69.7 | 63.7 | 6.0 | |
| B. Fundraising | | 33.7 | 24.2 | 9.5 | |
| Total Supporting Services | | 103.4 | 87.9 | 15.5 | 0.0 |
| Other Expenses | | | | | |
| A. Payments To Related Organizations | | 2.2 | 7.2 | | (5.0) |
| B. Alan Guttmacher Institute | | 7.0 | 7.0 | | |
| Total Other Expenses | | 9.2 | 14.2 | 0.0 | (5.0) |
| TOTAL EXPENSES | | 567.7 [e] | 523.8 | 52.7 | (8.8) |
| Excess Of Revenue Over Expenses | | 59.5 | 49.8 | 9.7 | 0.0 |
| Other Changes In Net Assets | | (0.3) | | (0.3) | |
| NET ASSETS: Beginning Year | | 519.4 | 469.3 | 50.1 | |
| NET ASSETS: End Year | | 578.6 | 519.1 | 59.5 | 0.0 |

## Combined Balance Sheet: National And Affiliates

[All Amounts In Millions] 6/30/00

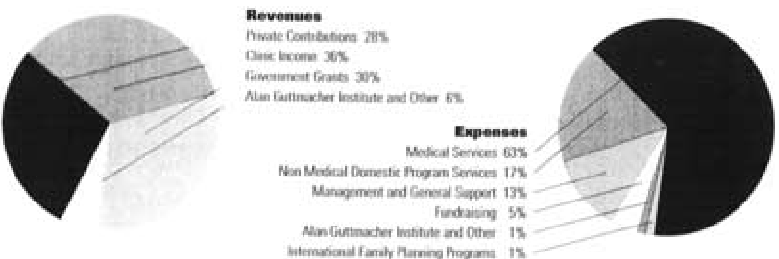
| | Total[A] | Affiliates | National Office | Eliminations [B] |
|---|---|---|---|---|
| **ASSETS** | | | | |
| Current Assets | 352.7 | 315.0 | 39.8 | (2.1) |
| Property, Equipment, Endowment, Other | 345.0 | 297.5 | 47.5 | |
| TOTAL ASSETS | 697.7 | 612.5 | 87.3 | (2.1) |
| **LIABILITIES & NET ASSETS** | | | | |
| Current Liabilities | 60.9 | 49.5 | 13.5 | (2.1) |
| Mortgages, Notes Payable, Other | 43.2 | 28.9 | 14.3 | |
| TOTAL LIABILITIES | 104.1 | 78.4 | 27.8 | (2.1) |
| **NET ASSETS** | | | | |
| Unrestricted | 228.5 | 212.6 | 15.9 | |
| Property & Equipment | 162.4 | 159.4 | 3.0 | |
| Temporarily Restricted | 80.0 | 53.8 | 26.2 | |
| Permanently Restricted | 122.7 | 108.3 | 14.4 | |
| TOTAL NET ASSETS | 593.6 | 534.1 | 59.5 | 0.0 |
| TOTAL LIABILITIES & NET ASSETS | 697.7 | 612.5 | 87.3 | (2.1) |

REVENUE: Private Contributions 28% · Clinic Income 35% · Government Grants 30% · Alan Guttmacher Institute and Other 7%

EXPENSES: Medical Services 65% · Non Medical Domestic Program Services 15% · Management and General Support 12% · Fundraising 6% · Alan Guttmacher Institute and Other 1% · International Family Planning Programs 1%

# APPENDIX I. (Continued)

## Summary of Financial Activities For the year ended June 30, 2001




COMBINED STATEMENT OF REVENUE, EXPENSES & CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2001 OPERATING AND OTHER FUNDS (ALL AMOUNTS IN MILLIONS)

| | See pages | Total (A) | Affiliates | National Office | Eliminations (B) |
|---|---|---|---|---|---|
| **Revenue** | | | | | |
| Clinic Income | | 241.0 | 241.0 | 0.0 | |
| Government Grants and Contracts | | 202.7 | 202.6 | 0.1 | |
| Private Contributions and Bequests | | 189.5 | 118.1 | 73.7 | (2.3) |
| Support From Affiliates | | 0.0 (c) | 0.0 | 5.5 | (5.5) |
| Other Operating Revenue | | 28.3 | 31.3 | (1.3) | (1.7) |
| Alan Guttmacher Institute (12/31/00) | | 6.4 (d) | 7.1 | | (0.7) |
| **TOTAL REVENUE** | | **672.6** | **600.1** | **78.0** | **(10.2)** |
| **Expenses** | | | | | |
| Domestic Programs: | | | | | |
| A. Medical Services | 5,7-9,13 | 397.2 | 398.9 | | (1.7) |
| B. Sexuality Education | 4-5 | 34.3 | 34.3 | | |
| C. Public Policy | 2-3,7,10,11-13 | 24.5 | 24.5 | | |
| D. Services to the Field of Family Planning | 2-5,7-8,10-17,20 | 27.6 | | 27.6 | |
| E. Service to Affiliates | 3-5,7-8,10-17,20 | 19.0 | | 19.0 | (3.0) |
| **Total Domestic Programs** | | **499.6** | **457.7** | **46.6** | **(4.7)** |
| International Family Planning Programs | 6-7,11 | 8.2 | 0.0 | 8.2 | |
| **Total Program Services** | | **507.8** | **457.7** | **54.8** | **(4.7)** |
| Supporting Services | | | | | |
| A. Management and General | | 78.7 | 71.2 | 7.5 | |
| B. Fundraising | | 33.9 | 23.8 | 10.1 | |
| **Total Supporting Services** | | **112.6** | **95.0** | **17.6** | |
| Other Expenses | | | | | |
| A. Payment to Related Organizations | | 2.0 | 7.5 | 0.0 | (5.5) |
| B. Alan Guttmacher Institute | | 6.6 | 6.6 | 0.0 | |
| **Total Other Expenses** | | **8.6** | **14.1** | **0.0** | **(5.5)** |
| **TOTAL EXPENSES** | | **629.0 (e)** | **566.8** | **72.4** | **(10.2)** |
| **Excess of Revenue Over Expenses** | | **38.9** | **33.3** | **5.6** | **0.0** |
| **Other Changes In Net Assets** | | **0.9** | **0.9** | **0.0** | **0.0** |
| **NET ASSETS: Beginning Year** | | **600.0** | **543.4** | **56.6** | **0.0** |
| **NET ASSETS: End Year** | | **639.8** | **577.6** | **62.2** | **0.0** |

COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES AS OF 06/30/2001 (ALL AMOUNTS IN MILLIONS)

| | Total (A) | Affiliates | National Office | Eliminations (B) |
|---|---|---|---|---|
| **Assets** | | | | |
| Current Assets | 400.0 | 357.1 | 44.6 | (1.7) |
| Property, Equipment, Endowment, Other | 350.3 | 303.2 | 47.1 | |
| **Total Assets:** | **750.3** | **660.3** | **91.7** | **(1.7)** |
| **Liabilities and Net Assets** | | | | |
| Current Liabilities | 61.8 | 49.5 | 14.0 | (1.7) |
| Mortgages, Notes Payable, Other | 48.7 | 33.2 | 15.5 | |
| **Total Liabilities:** | **110.5** | **82.7** | **29.5** | **(1.7)** |
| **Net Assets** | | | | |
| Unrestricted | 251.0 | 233.9 | 17.1 | |
| Property & Equipment | 176.8 | 173.9 | 2.9 | |
| Temporary Restricted | 84.8 | 58.4 | 26.4 | |
| Permanently Restricted | 127.2 | 111.4 | 15.8 | |
| **Total Net Assets** | **639.8** | **577.6** | **62.2** | |
| **Total Liabilities and Net Assets** | **750.3** | **660.3** | **91.7** | **(1.7)** |

A list of all organizations that received contributions from PPFA during the year that ended June 30, 2001, may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019.

Audited statement available on request from the Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York, NY 10271.

**(a)** National office figures reflect operations of Planned Parenthood Federation of America, Inc., Planned Parenthood Action Fund, Inc. (including its Political Action Committee), and The Planned Parenthood Foundation for the year ended June 30, 2001. Affiliate figures reflect the operations of 128 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 2000.

**(b)** Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to the Alan Guttmacher Institute. Related adjustments have been made to the balance sheet.

**(c)** Includes corporate contributions, foundation grants, and support from more than 700,000 active individual contributors, including individual contributions received through International Service Agencies and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations). This also includes $21.3 million of bequests.

**(d)** The Alan Guttmacher Institute, a special affiliate to which PPFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

**(e)** Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans, but do include depreciation and amortization of such property, plant, and equipment and interest expense on such loans.

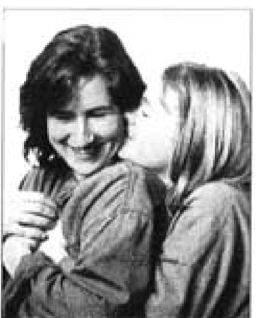
# APPENDIX I. (Continued)

Our broad base of committed donors provide nearly 90 percent of the national organization's revenue and more than 20 percent of affiliate revenue — evidence of our powerful grassroots support.

For the year ended June 30, 2002

Planned Parenthood Federation of America, Inc., is a tax-exempt corporation under Internal Revenue Service code section 501(c)(3) and is not a private foundation (Tax ID # 13-1644147) Contributions are tax deductible.

The IRS classifies the Planned Parenthood Action Fund as a 501(c)(4), not for profit organization. Contributions are not tax deductible.



## Combined Statement of Revenue, Expenses & Changes in Net Assets for the Year Ended June 30, 2002

**Operating and Other Funds** (All Amounts in Millions)

| | See Pages | Total [A] | Affiliates | National Organization | Eliminations [B] |
|---|---|---|---|---|---|
| Clinic Income | | 254.8 | 254.8 | | |
| Government Grants and Contracts | | 240.9 | 240.4 | 0.5 | |
| Private Contributions and Bequests | | 190.9 | 136.1 | 57.1 | (2.3) |
| Support From Affiliates | | 0.0 (c) | 0.0 | 6.2 | (6.2) |
| Other Operating Revenue | | (10.9) | (12.3) | 1.4 | |
| Alan Guttmacher Institute (12/31/01) | | 16.7(d) | 17.4 | | (0.7) |
| **TOTAL REVENUE** | | **692.5** | **636.4** | **65.3** | **(9.2)** |
| Domestic Programs: | | | | | |
| A. Medical Services | 6,8,13-14 | 426.9 | 426.9 | | |
| B. Sexuality Education | 4-5,7 | 40.7 | 40.7 | | |
| C. Public Policy | 2-3,5-7,9 | 36.8 | 36.8 | | |
| D. Services to the Field of Family Planning | 2-5,9-15,18-19 | 22.4 | | 22.4 | |
| E. Service To Affiliates | 3-5,9-15,18-19 | 19.5 | | 22.5 | (3.0) |
| **Total Domestic Programs** | | **546.3** | **504.4** | **44.9** | **(3.0)** |
| International Family Planning Programs | 8-9 | 6.3 | | 6.3 | |
| **Total Program Services** | | **552.6** | **504.4** | **51.2** | **(3.0)** |
| Supporting Services | | | | | |
| A. Management and General | | 81.1 | 75.1 | 6.2 | |
| B. Fundraising | | 35.0 | 26.0 | 10.7 | |
| **Total Supporting Services** | | **118.0** | **101.1** | **16.9** | |
| Other Expenses | | | | | |
| A. Payment to Related Organizations | | 2.4 | 8.6 | | (6.2) |
| B. Alan Guttmacher Institute | | 7.3 | 7.3 | | |
| **Total Other Expenses** | | **9.7** | **15.9** | | **(6.2)** |
| **TOTAL EXPENSES** | | **680.3 (e)** | **621.4** | **68.1** | **(9.2)** |
| **Excess of Revenue Over Expenses** | | **12.2** | **15.0** | **(2.8)** | |
| **Other Changes In Net Assists** | | **1.1** | **1.1** | | |
| **NET ASSETS: Beginning Year** | | **639.8** | **577.6** | **62.2** | |
| **NET ASSETS: End Year** | | **653.1** | **593.7** | **59.4** | |

## APPENDIX I. (Continued)

### Summary of Financial Activities

**Combined Statement of Revenue, Expenses & Changes In Net Assets Operating & Other Funds [All Amounts In Millions]**

For The Year Ended June 30,2003

| | See pages | Total [a] | Affiliates | National Office | Eliminations [b] |
|---|---|---|---|---|---|
| **Revenue** | | | | | |
| Clinic Income | | 288.2 | 288.2 | 0.0 | |
| Government Grants and Contracts | | 254.4 | 254.0 | 0.4 | |
| Private Contributions and Bequests | | 228.1 (c) | 157.4 | 72.9 | (2.2) |
| Support From Affiliates | | 0.0 | 0.0 | 7.0 | (7.0) |
| Other Operating Revenue | | (11.9) | (16.6) | 4.7 | |
| Alan Guttmacher Institute (12/31/02) | | 7.8 (d) | 8.5 | 0.0 | (0.7) |
| **Total Revenue** | | **766.6** | **691.5** | **85.0** | **(9.9)** |
| **Expenses** | | | | | |
| Domestic Programs: | | | | | |
| A. Medical Services | 5-6, 8-9, 13-14 | 463.7 | 463.7 | | |
| B. Sexuality Education | 3-4, 7 | 42.1 | 42.1 | | |
| C. Public Policy | 1, 6-7, 9 | 39.5 | 39.5 | | |
| D. Services to the Field of Family Planning | 1, 3-4, 9-15 | 23.5 | 0.0 | 23.5 | |
| E. Service to Affiliates | 1, 3-4, 6, 9-15 | 18.0 | 0.0 | 20.9 | (2.9) |
| **Total Domestic Programs** | | **586.8** | **545.3** | **44.4** | **(2.9)** |
| International Family Planning Programs | | 9.0 | 0.0 | 9.0 | |
| **Total Program Services** | | **595.8** | **545.3** | **53.4** | **(2.9)** |
| Supporting Services | | | | | |
| A. Management and General | | 86.3 | 80.2 | 6.1 | |
| B. Fundraising | | 38.5 | 28.4 | 10.1 | |
| **Total Supporting Services** | | **124.8** | **108.6** | **16.2** | |
| Other Expenses | | | | | |
| A. Payments to Related Organizations | | 1.3 | 8.3 | | (7.0) |
| B. Alan Guttmacher Institute | | 8.1 | 8.1 | | |
| **Total Other Expenses** | | **9.4** | **16.4** | **0.0** | **(7.0)** |
| **Total Expenses** | | **730.0** (e) | **670.3** | **69.6** | **(9.9)** |
| **Excess of Revenue Over Expenses** | | **36.6** | **21.2** | **15.4** | **0.0** |
| **Other Changes in Net Assets** | | **(1.7)** | **(1.7)** | **0.0** | **0.0** |
| **Net Assets: Beginning Year** | | **653.1** | **593.7** | **59.4** | **0.0** |
| **Net Assets: End Year** | | **688.0** | **613.2** | **74.8** | **0.0** |

Our broad base of committed donors provides nearly 90 percent of the national organization's revenue and more than 30 percent of affiliate revenue — evidence of our powerful grassroots support.

Planned Parenthood Federation of America, Inc., is a tax-exempt corporation under Internal Revenue Service code section 501(c)(3) and is not a private foundation. (Tax ID #13-1644147). Contributions are tax deductible.

The IRS classifies the Planned Parenthood Action Fund as a 501(c)(4), not-for-profit organization. Contributions are not tax deductible.

# APPENDIX I. (Continued)

## *Summary of Financial Activities*

For The Year Ended June 30, 2004

### *Combined Statement of Revenue, Expenses & Changes In Net Assets*

For The Year Ended June 30, 2004
Operating & Other Funds [All Amounts In Millions]

| | See Pages | Total [A] | Affiliates | National Office | Eliminations [B] |
|---|---|---|---|---|---|
| **Revenue** | | | | | |
| Clinic Income | | 306.2 | 306.2 | 0.0 | |
| Government Grants and Contracts | | 265.2 | 264.7 | 0.5 | |
| Private Contributions and Bequests | | 191.0 (c) | 141.8 | 51.6 | -2.4 |
| Support From Affiliates | | 0.0 | 0.0 | 7.2 | -7.2 |
| Other Operating Revenue | | 40.0 | 31.2 | 8.8 | |
| Alan Guttmacher Institute (12/31/03) | | 7.6 (d) | 8.3 | 0.0 | -0.7 |
| **Total Revenue** | | **810.0** | **752.2** | **68.1** | **-10.3** |
| **Expenses** | | | | | |
| Domestic Programs | | | | | |
| A. Medical Services | 7-9, 11-12, 16-17 | 487.6 | 487.6 | | |
| B. Sexuality Education | 4-5, 12 | 44.2 | 44.2 | | |
| C. Public Policy | 1, 6, 8, 10-11, 18 | 39.4 | 39.4 | | |
| D. Services To The Field of Family Planning | 1, 5, 8, 13-14 | 26.3 | | 26.3 | |
| E. Service To Affiliates | 1, 3, 5, 7, 8, 13-19 | 26.4 | | 29.5 | -3.1 |
| **Total Domestic Programs** | | **623.9** | **571.2** | **55.8** | **-3.1** |
| International Family Planning Programs | | 8.8 | 0.0 | 8.8 | |
| **Total Program Services** | | **632.7** | **571.2** | **64.6** | **-3.1** |
| Supporting Services | | | | | |
| A. Management And General | | 89.9 | 83.9 | 6.0 | |
| B. Fundraising | | 40.6 | 29.3 | 11.3 | |
| **Total Supporting Services** | | **130.5** | **113.2** | **17.3** | |
| Other Expenses | | | | | |
| A. Payments To Related Organizations | | 2.2 | 9.4 | | -7.2 |
| B. Alan Guttmacher Institute | | 9.4 | 9.4 | | |
| **Total Other Expenses** | | **11.6** | **18.8** | **0.0** | **-7.2** |
| **Total Expenses** | | **774.8** (c) | **703.2** | **81.9** | **-10.3** |
| **Excess of Revenue Over Expenses** | | **35.2** | **49.0** | **-13.8** | **0.0** |
| **Other Changes In Net Assets** | | **2.1** | **2.1** | **0.0** | **0.0** |
| **Net Assets: Beginning Year** | | **688.0** | **613.2** | **74.8** | **0.0** |
| **Net Assets: End Year** | | **725.3** | **664.3** | **61.0** | **0.0** |

Our broad base of committed donors provide nearly 75 percent of the national organization's revenue and more than 30 percent of affiliate revenue — evidence of our powerful grassroots support.

Planned Parenthood Federation of America, Inc., is a tax-exempt corporation under Internal Revenue Service code section 501(c)(3) and is not a private foundation (Tax ID #13-1644147). Contributions are tax deductible.

The IRS classifies the Planned Parenthood Action Fund as a 501(c)(4), not-for-profit organization. Contributions are not tax deductible.

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# APPENDIX I. (Continued)

SUMMARY OF FINANCIAL ACTIVITIES

## COMBINED STATEMENT OF REVENUE, EXPENSES & CHANGES IN NET ASSETS

**For the Year Ended June 30, 2005**
**Operating and Other Funds [All Amounts In Millions]**

| | see pages | TOTAL [a] | AFFILIATES | NATIONAL OFFICE | ELIMINATIONS [b] |
|---|---|---|---|---|---|
| **Revenue** | | | | | |
| Clinic Income | | 346.8 | 346.8 | | |
| Government Grants and Contracts | | 272.7 | 272.4 | 0.3 | |
| Private Contributions and Bequests | | 215.8 [c] | 157.9 | 60.5 | -2.6 |
| Support From Affiliates | | | | 7.8 | -7.8 |
| Other Operating Revenue | | 40.4 | 36.2 | 4.2 | |
| Guttmacher Institute (12/31/04) | | 6.3 [d] | 7.0 | | -0.7 |
| **Total Revenue** | | **882.0** | **820.3** | **72.8** | **-11.1** |
| **Expenses** | | | | | |
| Domestic Programs | | | | | |
| A. Medical Services | 3–6, 8, 16 | 520.8 | 520.8 | | |
| B. Sexuality Education | 3, 9, 11–12, 16 | 45.4 | 45.4 | | |
| C. Public Policy | 3, 8, 10–11, 14–15, 17–18 | 41.2 | 41.2 | | |
| D. Services To The Field of Family Planning | 3–4, 9, 11–12, 13 | 25.2 | | 25.2 | |
| E. Service To Affiliates | 3–4, 6–7, 10–11, 13, 18 | 26.3 | | 29.6 | -3.3 |
| **Total Domestic Programs** | | **658.9** | **607.4** | **54.8** | **-3.3** |
| International Family Planning Programs | | 8.2 | | 8.2 | |
| **Total Program Services** | | **667.1** | **607.4** | **63.0** | **-3.3** |
| Supporting Services | | | | | |
| A. Management And General | | 96.8 | 89.6 | 7.2 | |
| B. Fundraising | | 41.9 | 29.8 | 12.1 | |
| **Total Supporting Services** | | **138.7** | **119.4** | **19.3** | |
| Other Expenses | | | | | |
| A. Payments To Related Organizations | | 2.9 | 10.7 | | -7.8 |
| B. Guttmacher Institute | | 10.3 | 10.3 | | |
| **Total Other Expenses** | | **13.2** | **21.0** | | **-7.8** |
| **Total Expenses** | | **819.0 [e]** | **747.8** | **82.3** | **-11.1** |
| **Excess of Revenue Over Expenses** | | **63.0 [e]** | **72.5** | **-9.5** | |
| **Other Changes In Net Assests** | | **-4.2** | **1.6** | **-5.8** | |
| **Net Assets: Beginning Year** | | **725.3** | **664.3** | **61.0** | |
| **Net Assets: End Year** | | **784.1** | **738.4** | **45.7** | |

Our broad base of committed donors provides more than 80 percent of the national organization's revenue and nearly 20 percent of affiliate revenue —evidence of our powerful grassroots support— and it allows Planned Parenthood affiliates to provide services that are not paid for by other private or public funding.

Planned Parenthood Federation of America, Inc., is a tax-exempt corporation under Internal Revenue Service (IRS) code section 501(c)(3) and is not a private foundation (Tax ID #13-1644147). Contributions are tax deductible.

The IRS classifies the Planned Parenthood Action Fund as a 501(c)(4) not-for-profit organization. Contributions are not tax deductible.

# APPENDIX I. (Continued)

## SUMMARY OF **FINANCIAL ACTIVITIES**

### Combined Statement of Revenue, Expenses & Changes in Net Assets

| For The Year Ended June 30, 2006 Operating & Other Funds [All Amounts in Millions] | AFFILIATES | NATIONAL OFFICE | ELIMINATIONS [b] | TOTAL [a] |
|---|---|---|---|---|
| **REVENUE** | | | | |
| Health Center Income | 345.1 | | | 345.1 |
| Government Grants and Contracts | 305.1 | 0.2 | | 305.3 |
| Private Contributions and Bequests | 162.3 | 57.4 | -2.5 | 212.2 [c] |
| Support From Affiliates | | 8.2 | -8.2 | |
| Other Operating Revenue | 26.3 | 6.7 | | 33.0 |
| Guttmacher Institute (12/31/05) | 7.9 | | -0.7 | 7.2 [d] |
| **TOTAL REVENUE** | 846.7 | 67.5 | -11.4 | 902.8 |
| **EXPENSES** | | | | |
| Domestic Programs *see pages* | | | | |
| A. Medical Services 3-4 | 548.1 | | | 548.1 |
| B. Sexuality Education 5-6 | 46.1 | | | 46.1 |
| C. Public Policy 7-11 | 45.2 | | | 45.2 |
| D. Services To The Field of Family Planning 3, 5-6 | | 18.9 | | 18.9 |
| E. Service To Affiliates 3, 5-6, 10-11 | | 26.7 | -3.2 | 23.5 |
| **TOTAL DOMESTIC PROGRAMS** | 639.4 | 45.6 | -3.2 | 681.8 |
| International Family Planning Programs 12-13 | | 8.2 | | 8.2 |
| **TOTAL PROGRAM SERVICES** | 639.4 | 53.8 | -3.2 | 690.0 |
| Supporting Services | | | | |
| A. Management And General | 95.6 | 7.0 | | 102.6 |
| B. Fundraising | 33.3 | 9.6 | | 42.9 |
| **TOTAL SUPPORTING SERVICES** | 128.9 | 16.6 | | 145.5 |
| Other Expenses | | | | |
| A. Payments To Related Organizations | 10.5 | | -8.2 | 2.3 |
| B. Guttmacher Institute | 9.2 | | | 9.2 |
| **TOTAL OTHER EXPENSES** | 19.7 | | -8.2 | 11.5 |
| **TOTAL EXPENSES** | 788.0 | 70.4 | -11.4 | 847.0 [e] |
| **EXCESS OF REVENUE OVER EXPENSES** | 58.7 | -2.9 | | 55.8 |
| **OTHER CHANGES IN NET ASSETS** | -0.2 | 0.1 | | -0.1 |
| **NET ASSETS: BEGINNING OF YEAR** | 738.4 | 45.7 | | 784.1 |
| **NET ASSETS: END OF YEAR** | 796.9 | 42.9 | | 839.8 |

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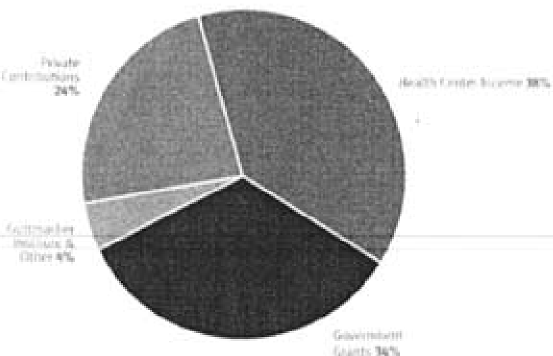
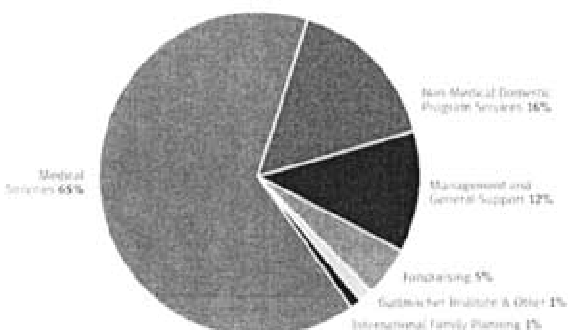
### Revenue = 902.8 million




### Expenses = 847.0 million



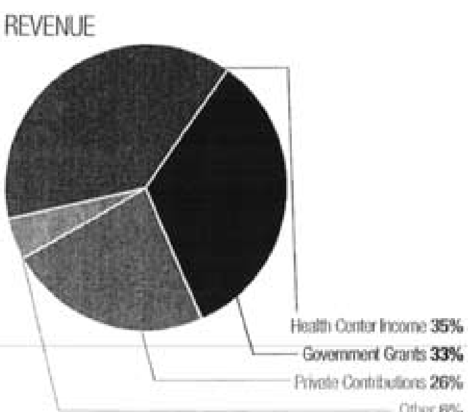
# APPENDIX I. (Continued)

## SUMMARY OF FINANCIAL ACTIVITIES

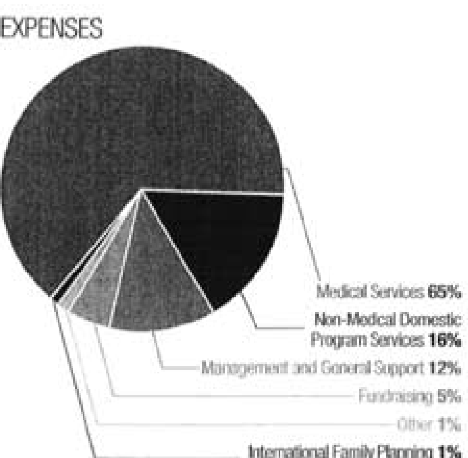
### COMBINED STATEMENT OF REVENUE , EXPENSES & CHANGES IN NET ASSETS

| FOR THE YEAR ENDED JUNE 30, 2007<br>OPERATING & OTHER FUNDS (ALL AMOUNTS IN MILLIONS) | AFFILIATES | NATIONAL OFFICE | ELIMINATIONS [b] | TOTAL [a] |
|---|---|---|---|---|
| **REVENUE** | | | | |
| Health Center Income | 356.9 | | | 356.9 |
| Government Grants and Contracts | 336.7 | | | 336.7 |
| Private Contributions and Bequests | 176.8 | 84.3 | -2.4 | 258.7 [c] |
| Support from Affiliates | | 9.8 | -9.8 | |
| Other Operating Revenue | 56.0 | 10.0 | -0.4 | 65.5 |
| **TOTAL REVENUE** | 926.4 | 104.1 | -12.6 | 1,017.9 |
| **EXPENSES** | | | | |
| **Domestic Programs see pages** | | | | |
| A. Medical Services *3-4* | 588.3 | | | 588.3 |
| B. Sexuality Education *5-6* | 48.0 | | | 48.0 |
| C. Public Policy *7-11* | 53.1 | | | 53.1 |
| D. Services to The Field of Family Planning *3, 5-6* | | 16.4 | | 16.4 |
| E. Service to Affiliates *3, 5-6, 10-11* | | 26.6 | -2.8 | 23.8 |
| **TOTAL DOMESTIC PROGRAMS** | 689.4 | 43.0 | -2.8 | 729.6 |
| International Family Planning Programs *12-13* | | 7.3 | | 7.3 |
| **TOTAL PROGRAM SERVICES** | 689.4 | 50.3 | -2.8 | 736.9 |
| **Supporting Services** | | | | |
| A. Management and General | 102.6 | 6.6 | | 109.2 |
| B. Fundraising | 35.9 | 9.5 | | 45.4 |
| **TOTAL SUPPORTING SERVICES** | 138.5 | 16.1 | | 154.6 |
| **Other Expenses** | | | | |
| A. Payments to Related Organizations | 11.0 | | -9.8 | 1.2 |
| B. Other Opertaing Expenses | 10.4 | | | 10.4 |
| **TOTAL OTHER EXPENSES** | 21.4 | | -9.8 | 11.6 |
| **TOTAL EXPENSES** | 849.3 | 66.4 | -12.6 | 903.1 [d] |
| **EXCESS OF REVENUE OVER EXPENSES** | 77.1 | 37.7 | | 114.8 |
| **OTHER CHANGES IN NET ASSETS** | -2.6 | -0.2 | | -2.8 |
| **NET ASSETS: BEGINNING OF YEAR** | 796.9 | 42.9 | | 839.8 |
| **NET ASSETS: END OF YEAR** | 871.4 | 80.4 | | 951.8 |

REVENUE




EXPENSES

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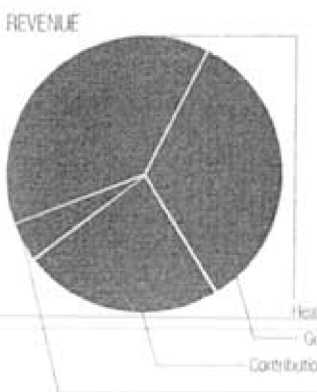
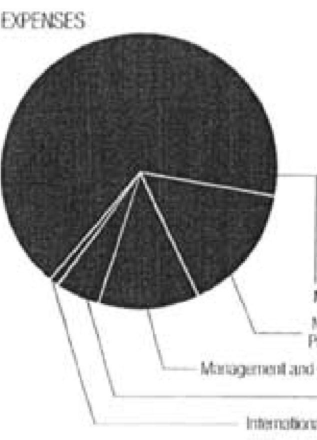
## APPENDIX I. (Continued)

# SUMMARY OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2008
# COMBINED STATEMENT OF REVENUE, EXPENSES & CHANGES IN NET ASSETS

REVENUE




EXPENSES




| FOR THE YEAR ENDED JUNE 30, 2008<br>OPERATING & OTHER FUNDS (ALL AMOUNTS IN MILLIONS) | AFFILIATES | NATIONAL OFFICE | ELIMINATIONS [b] | TOTAL [a] |
|---|---|---|---|---|
| **REVENUE** | | | | |
| Health Center Income | 374.7 | | | 374.7 |
| Government Grants and Contracts | 349.6 | | | 349.6 |
| Contributions and Bequests | 186.0 | 61.2 | -2.3 | 244.9 [c] |
| Support from Affiliates | | 11.0 | -11.0 | |
| Other Operating Revenue | 56.4 | 12.5 | | 68.9 |
| **TOTAL REVENUE** | **966.7** | **84.7** | **-13.3** | **1,038.1** |
| **EXPENSES** | | | | |
| **Domestic Programs see pages** | | | | |
| A. Medical Services *6-9* | 635.1 | | | 635.1 |
| B. Sexuality Education *10-11* | 50.5 | | | 50.5 |
| C. Public Policy and Other *12-15* | 50.1 | | | 50.1 |
| D. Services to The Field of Family Planning *6-7, 10-13, 16-17* | | 16.6 | | 16.6 |
| E. Service to Affiliates *6-7, 10-11, 14-15* | | 32.1 | -2.3 | 29.8 |
| **TOTAL DOMESTIC PROGRAMS** | **735.7** | **48.7** | **-2.3** | **782.1** |
| International Family Planning Programs *16-17* | | 6.9 | | 6.9 |
| **TOTAL PROGRAM SERVICES** | **735.7** | **55.6** | **-2.3** | **789.0** |
| **Supporting Services** | | | | |
| A. Management and General | 107.9 | 8.0 | | 115.9 |
| B. Fundraising | 36.3 | 10.0 | | 46.3 |
| **TOTAL SUPPORTING SERVICES** | **144.2** | **18.0** | | **162..2** |
| **Other Expenses** | | | | |
| A. Payments to Related Organizations | 12.9 | | -11.0 | 1.9 |
| **TOTAL OTHER EXPENSES** | **12.9** | | **-11.0** | **1.9** |
| **TOTAL EXPENSES** | **892.8** | **73.6** | **-13.3** | **953.1** [d] |
| **EXCESS OF REVENUE OVER EXPENSES** | **73.9** | **11.1** | | **85.0** |
| **OTHER CHANGES IN NET ASSETS** | **-3.1** | **-0.7** | | **-3.8** |
| **NET ASSETS: BEGINNING OF YEAR** | **852.8** | **80.4** | | **933.2** |
| **NET ASSETS: END OF YEAR** | **923.6** | **90.8** | | **1,014.4** |

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# APPENDIX I. (Continued)

COMBINED STATEMENT OF REVENUE, EXPENSES & CHANGES IN NET ASSETS
For the year ended June 30, 2009
OPERATING & OTHER FUNDS
[ALL AMOUNTS IN MILLIONS]

| | AFFILIATES | NATIONAL OFFICE | ELIMINATIONS [b] | TOTAL [a] |
|---|---|---|---|---|
| **REVENUE** | | | | |
| Health Center Income | 404.9 | | | 404.9 |
| Government Grants and Contracts | 363.2 | | | 363.2 |
| Private Contributions and Bequests | 209.2 | 101.1 | -2.1 | 308.2 [c] |
| Support From Affiliates | | 12.2 | -12.2 | |
| Other Operating Revenue | 20.0 | 4.5 | | 24.5 |
| **TOTAL REVENUE** | **997.3** | **117.8** | **-14.3** | **1,100.8** |
| | | | | |
| **EXPENSES** | | | | |
| Domestic Programs: *(see pages)* | | | | |
| A. Medical Services *2,4,6,15* | 683.7 | | | 683.7 |
| B. Sexuality Education *2,8,11,12,21* | 52.8 | | | 52.8 |
| C. Public Policy and Other *3,12,15-16,19,22* | 55.8 | | | 55.8 |
| D. Services To The Field of Family Planning *2,6,15,19-21* | | 19.4 | | 19.4 |
| E. Service To Affiliates *4,6-9,11-12,19,25-27* | | 48.1 | -2.1 | 46.0 |
| **TOTAL DOMESTIC PROGRAMS** | **792.3** | **67.5** | **-2.1** | **857.7** |
| | | | | |
| International Family Planning Programs | | 6.2 | | 6.2 |
| **TOTAL PROGRAM SERVICES** | **792.3** | **73.7** | **-2.1** | **863.9** |
| | | | | |
| Supporting Services | | | | |
| A. Management And General | 112.9 | 8.8 | | 121.7 |
| B. Fundraising | 38.2 | 10.5 | | 48.7 |
| **TOTAL SUPPORTING SERVICES** | **151.1** | **19.3** | | **170.4** |
| | | | | |
| Other Expenses | | | | |
| A. Payments To Related Organizations | 15.3 | | -12.2 | 3.1 |
| **TOTAL OTHER EXPENSES** | **15.3** | | **-12.2** | **3.1** |
| | | | | |
| **TOTAL EXPENSES** | **958.7** | **93.0** | **-14.3** | **1,037.4 [d]** |
| **EXCESS OF REVENUE OVER EXPENSES EXCLUDING INVESTMENT LOSSES** | **38.6** | **24.8** | | **63.4** |
| **INVESTMENT LOSSES (REALIZED & UNREALIZED)** | **-68.1** | **-10.0** | | **-78.1** |
| **OTHER CHANGES IN NET ASSETS** | **1.4** | **-6.3** | | **-4.9** |
| | | | | |
| **NET ASSETS: BEGINNING OF YEAR** | **923.6** | **90.7** | | **1,014.3** |
| **NET ASSETS: END OF YEAR** | **895.5** | **99.2** | | **994.7** |

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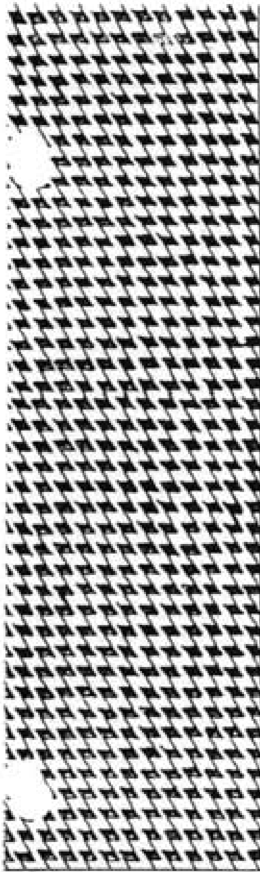
# APPENDIX II.
# PLANNED PARENTHOOD'S ANNUAL REPORTS OF SERVICES PROVIDED

This Appendix contains the relevant pages from Planned Parenthood Federation of America's (PPFA) annual and service reports 1987 to 2009, in which are documented its total client, abortion, adoption referral, and prenatal client figures.

The following chart summarizes the figures used most frequently within these reports. Where PPFA's annual reports conflicted with each other, reporting different figures for the same year, the number printed in the most recent publication was used. PPFA did not report a figure for adoption referrals in 2005.

| Year | Total Clients | Abortions | Adoption Referrals | Prenatal Clients |
|---|---|---|---|---|
| 1998 | 2,366,729 | 168,509 | 4,892 | 16,065 |
| 1999 | 2,509,663 | 182,792 | 2,999 | 18,878 |
| 2000 | 2,651,209 | 197,070 | 2,486 | 17,700 |
| 2001 | 2,647,423 | 213,026 | 1,951 | 15,618 |
| 2002 | 2,757,294 | 230,630 | 1,963 | 15,860 |
| 2003 | 2,811,893 | 245,092 | 1,774 | 16,427 |
| 2004 | 2,936,328 | 255,015 | 1,414 | 17,610 |
| 2005 | 3,061,364 | 264,943 | | 13,261 |
| 2006 | 3,140,540 | 289,750 | 2,410 | 11,058 |
| 2007 | 3,020,651 | 305,310 | 4,912 | 10,914 |
| 2008 | 3,000,000 | 324,008 | 2,405 | 9,433 |
| 2009 | 3,000,000 | 332,278 | 977 | 7,021 |

# APPENDIX II. (Continued)



The incidence of AIDS continues to rise among women between the ages of 15 and 44. According to the Centers for Disease Control (CDC), 2,825 new cases in women of reproductive age were reported in 1989. Between 1985 and 1988 AIDS became one of the 10 leading causes of death in this age group, with the death rate quadrupling. If current trends continue, it may become one of the five leading causes of death in this age group by 1991. Among African-American women of reproductive age the death rate from AIDS was nine times the rate of white women in the same age group. These rates vary across the country; AIDS is *now* the leading cause of death among African-American women of reproductive age in New York and New Jersey. Most women with AIDS are either intravenous drug users or the sexual partners of intravenous drug users. Eighty percent of the children diagnosed with HIV acquired it from their mothers. In March 1989 the CDC reported that 52 percent of women with AIDS were African-American, 28 percent white and 20 percent Hispanic.

All Planned Parenthood affiliates provide education and information about HIV, including how it is transmitted, and how to avoid or minimize the chance of infection, as well as information about other sexually transmitted diseases.

In 1989, 83 affiliates provided testing and counseling for HIV to 23,639 people (18,783 women and 4,856 men), more than double the number provided this service in 1988. Affiliates reported that in 1989 the virus was identified in 261 people (1.1 percent); in 1988 the positive rate was 1.2 percent. Since a number of affiliates conduct anonymous testing, the number of positive tests among Planned Parenthood patients is likely to be undercounted. Incidences of other sexually transmitted diseases detected at Planned Parenthood clinics rose in 1989 but, except for syphilis, less dramatically than the previous year. The number of tests for syphilis increased by 11 percent, to about 160,000, and the rate of positive results increased to .8 percent, compared to .6 percent in 1988. The increase of 58 percent in the total number of positive syphilis tests — to 1,327 in 1989 from 838 in 1988 —mirrors an increase in the incidence of syphilis nationally. According to the CDC, the U.S. rates reported in 1988 (the last year for which figures are available), were the highest in 40 years.

While the past three years saw a decline in the rate of positive test results for gonorrhea among Planned Parenthood patients, in 1989 the rate remained the same as in 1988, 1.1 percent.

The incidence of genital herpes among Planned Parenthood patients increased by 7 percent (compared to a 30 percent rise in 1988) to 7,875 cases, while condyloma fell by about 1 percent in 1989 to 38,000 cases (compared to a 56 percent rise in 1988.) Cases of chlamydia (which had risen by 34 percent in 1988) increased by about 6 percent, to 61,000.

**Service Summary 1988-1989**

| | Consumers | | Percent | Referrals | |
|---|---|---|---|---|---|
| **Service** | **1988** | **1989** | **Change** | **1988** | **1989** |
| Contraception - *female* | 1,688,309 | 1,723,224 | 2.1 | — | — |
| Contraception - *male* | 7,906 | 7,839 | -0.8 | — | — |
| Pregnancy Diagnosis | 225,875 | 173,649 | -23.1* | — | — |
| Abortion | 110,968 | 122,191 | 9.9 | 100,248 | 83,835 |
| Aids Testing - *female* | 7,056 | 18,783 | 166.2 | — | — |
| Aids Testing - *male* | 4,384 | 4,856 | 10.8 | — | — |
| Vasectomy | 3,471 | 3,294 | -5.1 | 2,670 | 2,490 |
| Female Sterilization | 695 | 654 | -5.9 | 6,477 | 5,388 |
| Prenatal | 3,415 | 4,732 | 38.6 | 80,221 | 83,781 |
| Infertility | 425 | 494 | 16.2 | 2,425 | 9,339 |
| Colposcopy | 7,147 | 8,307 | 16.2 | — | — |
| Cryotherapy | 3,492 | 3,884 | 11.2 | — | — |
| Other Treatment & Health Maintenance *female* | 262,025 | 601,679 | 129.6* | 157,276 | 141,211 |
| *male* | 12,144 | 21,829 | 79.8* | — | — |
| Total | 2,337,312 | 2,695,415 | 15.3 | 349,317 | 326,044 |

**Changes partly attributable to changes in reporting requirements.*

# APPENDIX II. (Continued)

## ABORTION

Planned Parenthood affiliates continue to demonstrate their determination to preserve access to safe, legal abortion in the face of harassment from anti-choice demonstrators, attacks on funding by extremist groups, invasion of affiliate premises, and adverse Supreme Court decisions. Clinic violence and harassment at Planned Parenthood affiliates increased sharply in 1989: the number of incidents of vandalism rose by 20 percent, and trespassing and picketing by 19 and 18 percent, respectively.

In December 1989, arson severely damaged a satellite clinic of the Kansas City affiliate in Independence, Mo. No abortions were performed at the clinic that was burned, although the affiliate does provide abortions at its Kansas City location.

At Planned Parenthood affiliates nationwide, the number of bomb threats increased by 107 percent and the volume of hate mail by 183 percent in 1989. The number of harassing telephone calls went up 40 percent. Staff met these terrorist tactics with determination, imagination, and a sense of humor. Although affiliate staff may have been forced to postpone appointments on occasion, they continued to provide services. Affiliates used the pickets and the harassment to develop public relations and fund-raising strategies. Some affiliates developed "Pledge-A-Picket" campaigns, in which donors were asked to pledge a certain amount for each picket who showed up at an affiliate on any given day. Thousands of dollars were raised around the country.

The number of abortions performed at Planned Parenthood affiliates increased 10 percent in 1989, from 111,000 in 1988 to more than 122,000. Although only two affiliates added the service in 1989, bringing the total number to 53, the boards of an additional *13* affiliates have approved plans to offer abortion services, and many of those plans will be implemented in 1990. The loss of other abortion providers in affiliate communities is one of the most compelling reasons for offering the service.

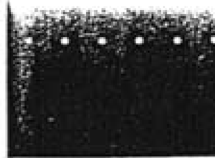
**Abortion Patients At or Below 150% of Poverty Level 1987-1989**
*Percent Distribution*

| 1989 | 1988 | 1987 |
|---|---|---|
| 45.2 | 47.7 | 49.9 |

**Abortion Services 1980-1989**

| Year | Procedures | Number of Affiliates |
|---|---|---|
| 1989 | 122,191 | 53 |
| 1988 | 111,189 | 51 |
| 1987 | 104,411 | 48 |
| 1986 | 98,638 | 48 |
| 1985 | 91,065 | 44 |
| 1984 | 88,824 | 42 |
| 1983 | 85,242 | 41 |
| 1982 | 82,916 | 40 |
| 1981 | 79,997 | 39 |
| 1980 | 77,880 | 36 |

# APPENDIX II. (Continued)



The number of affiliates that provided abortion in 1990 was 57, an increase of four over 1989.

More than 129,000 abortions were performed by Planned Parenthood affiliates in 1990, an increase of almost 6 percent over 1989. This number is approximately 8 percent of the 1.6 million abortions performed nationwide, a figure that has been stable for the last several years.

In addition to the 59 current abortion providers (two affiliates added the service early in 1991), the boards of directors of an additional 16 affiliates have approved plans to initiate abortion services. The goal of having 75 affiliates committed to provide this service to their communities by the end of Planned Parenthood's 75th anniversary year has been reached.

**ABORTION SERVICES 1980–1990**

| Year | Procedures | Number of Affiliates |
|---|---|---|
| 1990 | 129,155 | 57 |
| 989 | 122,191 | 53 |
| 1988 | 111,189 | 51 |
| 1987 | 104,411 | 48 |
| 1986 | 98,638 | 48 |
| 1985 | 91,065 | 44 |
| 1984 | 88,824 | 42 |
| 1983 | 85,242 | 41 |
| 1982 | 82,916 | 40 |
| 1981 | 79,997 | 39 |
| 1980 | 77,880 | 36 |

**ABORTION PATIENT[illegible] OF POVERTY LEVEL 1987–1990**

Percent Distribution

| | |
|---|---|
| 1990 | 50.3 |
| 1989 | 45.2 |
| 1988 | 47.7 |
| ,87 | 49.9 |

## CHARACTERISTICS OF ABORTION CLIENTS

### Age

The ages of Planned Parenthood patients receiving abortions in 1990 were comparable to those of all women in the United States who received abortions in 1987, the last year for which national figures are available. Among Planned Parenthood's 1990

abortion patients, the percentage [illegible] were 18-19 [illegible] slightly [illegible] 1989; the [illegible] were 17 or [illegible] change; [illegible] were [illegible] slightly. [illegible] percentage [illegible] in the age group 30-34, for whom [illegible] was an increase from 11 to 12 percent of the total.

### Race

White women obtain approximately 65 percent of the abortions performed in the United States, and non-white women obtain 35 percent. At Planned Parenthood affiliates, 58 percent of women obtaining abortions were white and 42 percent were non-white. The most notable change in this ethnic mix was the increase in Hispanic abortion patients, up by 16 percent (about 2,200 women) to more than 15,000.

### Income

Fifty percent of all Planned Parenthood abortion patients — five percent more than in 1989 — reported incomes at or below 150 percent of the federal poverty level. About 25 percent of abortion patients were registered for Medicaid, about one percent more than in 1989.

## APPENDIX II. (Continued)

**HIV** According to the CDC, 230,179 Americans had been diagnosed with AIDS, and 152,153 had died of AIDS by the end of June 1992. During the last year, reported AIDS cases increased at the rate of about 3,900 per month, and deaths from AIDS at about 3,000 per month. While women with AIDS comprise only 11 percent of the total number of cases, 78 percent of women with AIDS are between the ages of 20 and 44, members of the age group most likely to pass the disease to newborn children. Approximately 3,000 children under age 5 were diagnosed as having AIDS, and 725 children between the ages of 5 and 12 were diagnosed with AIDS.

A recent study indicates that the burden of the HIV/AIDS epidemic in the U. S. is shifting away from homosexual men and toward women and children, racial/ethnic minorities, and people living in non-urban areas. The CDC reports that, while most AIDS patients live in the Northeast, the largest number of new cases in 1991 was reported in the South. A high percentage increase in new cases was also reported in the Midwest. Clearly, small towns and rural areas increasingly will have to cope with problems similar to those that large urban areas have faced since the '80's.

Planned Parenthood affiliates have responded to the threat of HIV/AIDS since 1987, when the first of our affiliates began offering counseling and testing. In 1991, 110 affiliates, 66 percent of the total, provided these services to more than 76,000 women and 15,000 men, more than double the number receiving services the year before. Of the 91,500 tests, 418 were positive for the virus, a rate of four-tenths of 1 percent, down from the rate of six-tenths of 1 percent the year before.

All Planned Parenthood affiliates provide HIV/AIDS counseling, education, and information, including how the disease is transmitted, ways to minimize the risk of infection, and how people can assess their own risk factors.

### Service Summary 1990-1991

| Service | Consumers 1990 | Consumers 1991 | Percent Change | Referrals 1990 | Referrals 1991 |
|---|---|---|---|---|---|
| Contraception - female* | 1,804,045 | 1,844,759 | 2.3 | — | — |
| Contraception - male | — na — | 14,146 | 100.0 | — | — |
| Abortion | 129,155 | 132,314 | 2.4 | 80,937 | 77,768 |
| HIV Testing - female | 29,482 | 76,462 | 159.4 | — | — |
| HIV Testing - male | 12,488 | 14,999 | 20.1 | — | — |
| Vasectomy | 3,283 | 3,322 | 1.2 | 2,539 | 2,700 |
| Female Sterilization | 512 | 444 | -13.3 | 6,667 | 6,236 |
| Prenatal | 7,053 | 7,304 | 3.6 | 80,931 | 90,687 |
| Infertility | 424 | 429 | 1.2 | 4,192 | 3,389 |
| Colposcopy | 9,860 | 11,561 | 17.3 | — | — |
| Cryotherapy | 4,518 | 5,081 | 12.5 | — | — |
| Other Treatment & Health Maintenance** - female | 929,393 | 1,032,150 | 11.1 | 143,828 | 157,120 |
| - male | 25,780 | 26,170 | 1.5 | — | — |
| Total | 2,955,993 | 3,169,141 | 7.2 | 319,094 | 337,900 |

*Revised.
**Includes all other services not specified above, i.e. partial services, male contraception, well baby, etc.

## APPENDIX II. (Continued)

### Summary 1992-1993

| Service | Consumers 1992 | Consumers 1993 | Percent Change | Referrals 1992 | Referrals 1993 |
|---|---|---|---|---|---|
| Contraception—female | 1,871,891 | 1,904,599 | 1.75 | — | — |
| Contraception—male | 16,674 | 17,680 | 6.03 | — | — |
| Abortion | 130,844 | 134,277 | 2.62 | 83,713 | 80,743 |
| HIV Testing—female | 104,947 | 115,995 | 10.53 | — | — |
| HIV Testing—male | 25,531 | 33,702 | 32.00 | — | — |
| Vasectomy | 3,316 | 3,070 | -7.42 | 2,788 | 2,338 |
| Female Sterilization | 706 | 960 | 35.98 | 6,497 | 4,999 |
| Prenatal | 9,072 | 9,943 | 9.60 | 95,979 | 103,401 |
| Infertility | 701 | 789 | 12.55 | 2,191 | 2,604 |
| Colposcopy | 15,246 | 17,728 | 16.28 | — | — |
| Cryotherapy | 5,791 | 6,606 | 14.07 | — | — |
| Post-Coital Contra | 5,404 | 9,758 | 80.57 | — | — |
| Midlife | 7,997 | 8,573 | 7.20 | — | — |
| Other Treatment [illegible] | | | | | |
| Ma[illegible] | 909,14[illegible] | 975,[illegible] | 7.27 | 177,661 | [illegible]8,101 |
| [illegible] | 30,045 | [illegible] | 16.59 | — | — |
| Total | 3,137,[illegible] | 3,[illegible] | 4.36 | 368,829 | [illegible] |

## Other Services

Among the other services offered at Planned Parenthood affiliates are:

- Infertility services, provided to 789 consumers in 1993, an increase of 13 percent over the previous year;
- midlife services, which increased by 7.2 percent in 1993 over 1992, provided to a total of 8,573 women;
- well-child care, and school physical examinations.

- Planned Parenthood of Central and Northern Arizona (Phoenix) initiated a new menopausal program in 1993 called Changing Times. The program offers screening for osteoporosis, diabetes, and cervical and breast cancer; estrogen replacement therapy; lifestyle counseling, and informational groups. More than 100 women called the first week after notices were placed in local papers about the program, and there have been significant increases in the number of women over 35 seen by the affiliate since then. The affiliate produced a flier for its contraceptive clients titled "Is Your Mother a Planned Parenthood Patient?" which has been very effective as a marketing tool.

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# APPENDIX II. (Continued)

clinicians and counselors teach individuals about partner communication and sexual decision making, among more specific risk-reduction techniques. Many affiliates offer innovative education and health care programs to inner-city youths, immigrants, and low-income populations.

• Screening and treatment for a variety of other sexually transmitted infections. In 1994, highlights of these services included testing for chlamydia (more than 981,000 tests); gonorrhea (nearly 954,000 tests); syphilis (nearly 188,000 tests); and herpes (more than 21,000 tests).

PPFA also launched groundbreaking partnerships in 1995 to fight two sexually transmitted infections that are on the rise: genital herpes and the hepatitis-B virus. Collaborations with Burroughs-Wellcome and SmithKline Beecham will offer lasting benefits to PPFA's millions of clients.

— Genital herpes, a little-discussed disease, now infects one of every five U.S. adults — more than 30 million Americans. In March 1995, PPFA launched a "Partners in Herpes Care" program, supported by Burroughs-Wellcome. Affiliates received a package of program materials to educate patients, aid clinicians in diagnosis and patient support, and inform the public about herpes. Materials were designed not only to help clients who have herpes learn how to manage it but also to teach all Planned Parenthood clients how to avoid infection.

— PPFA and SmithKline Beecham introduced an education and outreach program to combat the spread of hepatitis-B virus — the only sexually transmitted infection that can be prevented through vaccination. Extremely contagious and sometimes fatal, hepatitis-B is spreading most rapidly among young Americans. The program provides affiliates with patient brochures as well as materials on pediatric vaccination and prevention and management of the virus. Discounted vaccines from SmithKline will enable affiliates to pass along these savings to their clients.

## Service Summary, 1993 and 1994

| Service | Consumers 1993* | Consumers 1994* | Percent Change 1993-94 | Referred Out 1993 | Referred Out 1994 |
|---|---|---|---|---|---|
| Contraception - female | 1,904,599 | 1,909,362 | 0.3 | — | — |
| Contraception - male | 17,680 | 18,619 | 5.3 | — | — |
| Abortion | 134,277 | 133,289 | -0.7 | 80,743 | 98,325 |
| HIV Testing** - female | 116,086 | 108,381 | -6.6 | — | — |
| HIV Testing** - male | 33,702 | 33,284 | -1.2 | — | — |
| Vasectomy | 3,066 | 2,525 | -17.6 | 2,338 | 3,239 |
| Female Sterilization | 960 | 882 | -8.1 | 4,999 | 6,236 |
| Prenatal | 9,943 | 11,027 | 10.9 | 103,401 | 108,466 |
| Infertility | 789 | 790 | 0.1 | 2,604 | 2,212 |
| Postcoital Contraception | 9,638 | 13,155 | 36.5 | — | — |
| Midlife | 8,573 | 9,145 | 6.7 | — | — |
| Pregnancy Testing | 682,234 | 717,001 | 5.1 | — | — |
| Pregnancy Testing with Pelvic Exam | 188,822 | 176,172 | -6.7 | — | — |
| Adoption | — | — | — | 9,039 | 11,866 |
| Other Treatment & Health Maintenance*** | | | | | |
| - female | 119,719 | 132,699 | 10.8 | 168,101 | 153,377 |
| - male | 26,729 | 45,482 | 70.2 | — | — |
| TOTAL | 3,256,817 | 3,311,813 | 1.7 | 371,225 | 383,721 |

* Consumers are clients who received multiple services and are counted in each service.

** HIV testing is anonymous or confidential. For those affiliates unable to provide breakdown by gender, the 1993 national ratios of males and females are assumed.

*** Includes all other services not specified above, including well-child services, colposcopy, cryotherapy, contracted procedures, and other miscellaneous services.

# APPENDIX II. (Continued)



Planned Parenthood®
Federation of America, Inc.

1995-96 Annual Report

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## Planned Parenthood Service Summary, 1994 & 1995

| Service | Consumers 1994* | Consumers 1995* | Percent Change 1994-95 | Referred Out 1994 | Referred Out 1995 |
|---|---|---|---|---|---|
| Contraception—female | 1,909,362 | 1,879,604 | -1.6 | — | — |
| Contraception—male | 18,619 | 30,258 | 62.5 | — | — |
| Abortion | 133,289 | 139,899 | 5.0 | 98,325 | 59,682 |
| HIV Testing—female | 108,381 | 109,834 | 1.3 | — | — |
| HIV Testing—male | 33,284 | 35,660 | 7.1 | — | — |
| Vasectomy | 2,525 | 2,407 | -4.7 | 3,239 | 2,175 |
| Female Sterilization | 882 | 726 | -17.7 | 6,236 | 4,152 |
| Prenatal | 11,027 | 12,172 | 10.4 | 108,466 | 83,116 |
| Infertility | 790 | 686 | -13.2 | 2,212 | 1,933 |
| Colposcopy | 18,099 | 19,256 | 6.4 | — | — |
| Cryotherapy | 5,867 | 5,796 | -1.2 | [illegible] | [illegible] |
| Postcoital Contraception | 13,155 | 17,082 | 29.9 | — | — |
| Midlife | 9,145 | 17,223 | 88.3 | — | — |
| Pregnancy Testing | 717,001 | 710,968 | -0.8 | — | — |
| Pregnancy Testing with Pelvic Exam | 176,172 | 151,976 | -13.7 | — | — |
| Adoption | — | — | — | 11,866 | 5,758 |
| Other Treatment & Health Maintenance** | | | | | |
| —female | 108,733 | 179,317 | 64.9 | 153,377 | 132,388 |
| —male | 45,482 | 21,339 | -53.1 | — | — |
| TOTAL | 3,311,813 | 3,334,203 | 0.7 | 383,721 | 289,204 |

* Consumers are clients who received multiple services and are counted in each service.
** Includes all other services not specified above.

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# APPENDIX II. (Continued)

## NURSE PRACTITIONER PROGRAM

In 1974, PPFA pioneered the role of the family planning nurse practitioner by establishing the nation's first advanced professional training that prepared registered nurses to provide contraceptive medical care. Today that program and similar programs based at PPFA affiliates are recognized as leaders in the field. In 1996-97:

◆ Four affiliates — Planned Parenthood of the Rocky Mountains (Denver, CO), Planned Parenthood of Minnesota/South Dakota (St. Paul), InterMountain Planned Parenthood (Billings, MT), and Planned Parenthood of Wisconsin (Milwaukee) — offered certificate programs with an emphasis on women's health care, graduating approximately 100 nurse practitioners.

◆ PPFA's national program trained 32 nurses in the basic program, 34 clinicians in a colposcopy education course, and 450 advanced practice clinicians.

◆ In anticipation of a future requirement for women's health nurse practitioners to have a master's degree in nursing, PPFA established academic partnerships with two graduate schools of nursing. Nurse practitioners in the basic program who already have a bachelor's degree will be able to receive academic credit toward a master's degree.

◆ PPFA began development of a curriculum using distance-learning modalities to help increase the number of nurse practitioners, certified nurse-midwives, and physician assistants.

studies in conjunction with academic institutions and product manufacturers, exploring such topics as the safety, efficacy, and acceptability of birth control methods; treatments for vaginal or sexually transmitted infections; and attitudes and behaviors that affect sexual health. (Affiliate research projects on methotrexate/misoprostol and Cyclo-Provera are described above.)

◆ Developed an organizing kit for affiliates' participation in National Condom Week during the week of Valentine's Day. Affiliate activities nationwide included workshops on safer sex and public promotional events geared toward young people.

◆ Published and distributed the bi-monthly *Marketing Exchange* newsletter, through which Planned Parenthood marketing staff nationwide exchange their most creative and successful strategies to improve service outreach and customer satisfaction.

### Service Summary, 1995 and 1996

| Service | Consumers 1995* | Consumers 1996* | Percent Change 1995-96 | Referred Out 1995 | Referred Out 1996 |
|---|---|---|---|---|---|
| Contraception | | | | | |
| female | 1,881,274 | 1,872,229 | -0.48 | – | – |
| male | 30,530 | 26,489 | -13.24 | – | – |
| Abortion | 139,899 | 153,367 | 9.63 | 59,365 | 54,207 |
| HIV Testing | | | | | |
| female | 109,965 | 117,523 | 6.87 | – | – |
| male | 35,668 | 43,271 | 21.32 | – | – |
| Vasectomy | 2,401 | 2,595 | 8.08 | 2,175 | 1,916 |
| Female Sterilization | 787 | 616 | -21.73 | 4,152 | 4,049 |
| Prenatal | 12,034 | 14,292 | 18.76 | 82,357 | 80,870 |
| Infertility | 686 | 635 | -7.43 | 1,933 | 1,732 |
| Colposcopy | 9,325 | 25,607 | 32.51 | – | – |
| Cryotherapy | 5,819 | 6,718 | 15.45 | – | – |
| Emergency Contraception | 17,270 | 28,297 | 63.85 | – | – |
| Midlife | 17,182 | 21,515 | 25.22 | – | – |
| Pregnancy Testing | 716,105 | 708,026 | -1.13 | – | – |
| Pregnancy Testing with Pelvic Exam | 151,976 | 170,557 | 12.23 | – | – |
| Adoption | – | – | – | 5,758 | 6,274 |
| Contracted Services | | | | | |
| Abortion | 544 | 261 | -52.02 | – | – |
| Female Sterilization | 996 | 842 | -15.46 | – | – |
| Vasectomy | 414 | 415 | 0.24 | – | – |
| Other Treatment & Health Maintenance** | | | | | |
| female | 175,695 | 194,065 | 10.46 | 136,085 | 116,258 |
| male | 20,501 | 29,282 | 42.83 | – | – |
| Totals | 3,339,071 | 3,416,602 | 2.32 | 291,825 | 265,306 |

* Consumers are clients who received multiple services and are counted in each service.
** Includes all other services not specified above, including well-child services, and other miscellaneous services.

## APPENDIX II. (Continued)

# Nurse Practitioner Program

In 1972, the national office established the nation's first advanced professional education program to prepare registered nurses to become highly skilled, family planning nurse practitioners. Today, our Nurse Practitioner Program and similar programs based at our affiliates are recognized as the industry standard.

In 1997-98:

Twenty-two nurse practitioners graduated from our program, and 30 clinicians were trained to perform colposcopic examinations. More than 400 clinicians participated in last year's continuing education conference.

Agreement was established with a fourth graduate school of nursing to confer credit towards master's degrees for graduates of our program.

To provide educational opportunities for nurses who cannot leave their homes for extended periods of time, we continued our Women's Health Care Distance-Learning Program. We offer the program in partnership with Planned Parenthood of Hudson Peconic (Smithtown, NY) and Planned Parenthood of Mahoning Valley (Youngstown, OH). It combines clinical supervision by local professionals with a "virtual classroom" featuring customized interactive software. Seventeen nurses are currently enrolled.

# ServiceSummary

| | 1996 | 1997 | % Change | Referred Out, 1996 | Referred Out, 1997 |
|---|---|---|---|---|---|
| Contraceptive Clients, Women | 1,872,229 | 1,873,327 | 0.1 | | |
| Contraceptive Clients, Men | 26,489 | 25,053 | -5.4 | | |
| Abortion Procedures | 153,367 | 165,174 | 7.7 | 54,207 | 47,550 |
| HIV Testing Clients, Women | 115,826 | 92,199 | -20.4 | | |
| HIV Testing Clients, Men | 43,015 | 32,266 | -25.0 | | |
| Vasectomy Clients | 2,595 | 2,474 | -4.7 | 1,916 | 5,715 |
| Sterilization Clients, Women | 616 | 721 | 17.0 | 4,049 | 8,994 |
| Prenatal Clients | 14,292 | 17,246 | 20.7 | 80,870 | 80,115 |
| Infertility Clients | 635 | 281 | -55.7 | 1,732 | 7,067 |
| Colposcopy Procedures | 25,607 | 21,340 | -16.7 | | |
| Cryotherapy Procedures | 6,718 | 5,167 | -23.1 | | |
| Emergency Contraception Clients | 28,297 | 39,245 | 38.7 | | |
| Midlife Clients | 21,515 | 23,060 | 7.2 | | |
| Pregnancy Tests | 708,026 | 674,399 | -4.7 | | |
| Pregnancy Tests with Pelvic Exams | 170,557 | 158,594 | -7.0 | | |
| Adoption | | | | 6,274 | 9,381 |
| Abortion (Contract) | 261 | 1,076 | 312.3 | | |
| Sterilization — Women (Contract) | 842 | 682 | -19.0 | | |
| Vasectomy (Contract) | 415 | 261 | -37.1 | | |
| Primary Care Clients | | 24,064 | | | |
| All Other Procedures | | | | 116,258 | 114,410 |
| All Other Procedures, Women | 194,065 | 102,180 | -47.3 | | |
| All Other Procedures, Men | 29,282 | 26,172 | -10.6 | | |
| Totals | 3,414,649 | 3,284,981 | -3.8 | 265,306 | 273,232 |

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## APPENDIX II. (Continued)

### SUMMARY

| | 1997 | 1998 | % CHANGE | REFERRED OUT, 1997 | REFERRED OUT, 1998 |
|---|---|---|---|---|---|
| CONTRACEPTIVE CLIENTS, WOMEN | 1,873,327 | 1,848,106 | (1.3) | | |
| CONTRACEPTIVE CLIENTS, MEN | 25,053 | 28,054 | 12.0 | | |
| ABORTION PROCEDURES | 165,174 | 167,928 | 1.6 | 47,550 | 36,870 |
| HIV TESTING CLIENTS, WOMEN | 92,199 | 108,569 | 17.7 | | |
| HIV TESTING CLIENTS, MEN | 32,266 | 27,801 | (13.8) | | |
| VASECTOMY CLIENTS | 2,474 | 2,385 | (3.6) | 5,715 | 1,379 |
| FEMALE STERILIZATION CLIENTS | 721 | 823 | 14.1 | 8,994 | 2,785 |
| PRENATAL CLIENTS | 17,246 | 16,065 | (6.8) | 80,115 | 67,052 |
| COLPOSCOPY PROCEDURES | 21,340 | 22,754 | 6.6 | | |
| CRYOTHERAPY PROCEDURES | 5,167 | 5,208 | 0.8 | | |
| EMERGENCY CONTRACEPTION CLIENTS | 39,245 | 72,024 | 83.5 | | |
| MIDLIFE CLIENTS | 23,060 | 21,488 | (6.8) | | |
| PREGNANCY TEST PROCEDURES | 674,399 | 678,988 | 0.7 | | |
| PREGNANCY TEST & PELVIC EXAM PROCEDURES | 158,594 | 161,542 | 1.9 | | |
| ADOPTION REFERRALS TO OTHER AGENCIES | | | | 9,381 | 4,892 |
| PRIMARY CARE CLIENTS | 24,064 | 27,320 | 13.5 | | |
| OTHER SERVICES | | | | 114,410 | 106,019 |
| OTHER SERVICES, WOMEN | 102,461 | 57,096 | (44.3) | | |
| OTHER SERVICES, MEN | 26,172 | 7,640 | (70.8) | | |
| TOTAL* | 3,284,981 | 3,253,791 | (0.9) | 273,232 | 220,358 |
| TOTAL UNDUPLICATED CLIENTS | 2,330,065 | 2,364,854 | 1.5 | | |

*IF CLIENTS RECEIVED MULTIPLE SERVICES, THEY ARE COUNTED IN EACH SERVICE.

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## APPENDIX II. (Continued)

OF REPRODUCTIVE HEALTH CARE

### Affiliate Service Summary

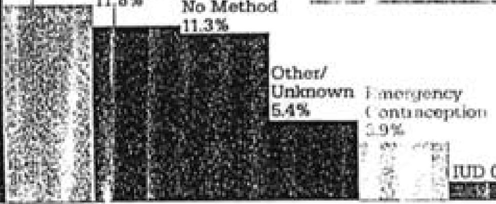
| | 1998 | 1999 | % change | referred out ('98) | referred out ('99) |
|---|---|---|---|---|---|
| Contraceptive Clients, Women | 1,848,106 | 1,883,374 | 1.9 % | | |
| Contraceptive Clients, Men | 28,054 | 38,632 | 37.7 % | | |
| Abortion Procedures | 168,509 | 182,854 | 8.5 % | | |
| HIV Testing Clients, Women | 108,569 | 152,596 | 40.6 % | | |
| HIV Testing Clients, Men | 27,801 | 30,928 | 11.2 % | | |
| Vasectomy Clients | 2,385 | 2,445 | 2.5 % | 1,379 | 790 |
| Sterilization Clients, Women | 823 | 902 | 9.6 % | 2,785 | 2,405 |
| Prenatal Clients | 16,065 | 19,281 | 20.0 % | | |
| Infertility Clients | 148 | 516 | 248.6 % | | |
| Colposcopy Procedures | 22,754 | 29,019 | 27.5 % | | |
| Cryotherapy Procedures | 5,208 | 5,869 | 12.7 % | | |
| Emergency Contraception Kits | 72,024 | 112,807 | 56.6 % | | |
| Midlife Clients | 21,488 | 21,086 | (1.9)% | | |
| Pregnancy Tests | 840,530 | 1,035,486 | 23.2 % | | |
| Breast Exams | 1,122,175 | 1,100,901 | (1.9)% | | |
| Breast Care/Mammography | | | | DATA NOT COLLECTED | 9,382 |
| Adoption Referrals to Other Agencies | | | | 4,892 | 2,999 |
| Off Site Contract Services, Abortion | 846 | 166 | (80.4)% | | |
| Off Site Contract Services, Tubal Sterilization | 596 | 427 | (28.4)% | | |
| Off Site Contract Services, Vasectomy | 280 | 75 | (73.2)% | | |
| Primary Care Clients | 27,320 | 20,136 | (26.3)% | | |
| Other Services, Women | 56,948 | 66,052 | 16.0 % | | |
| Other Services, Men | 7,640 | 9,229 | 20.8 % | | |
| Total * | 4,378,269 | 4,712,781 | 7.6 % | 9,056 | 15,576 |
| Total Unduplicated Clients | 2,366,729 | 2,600,956 | 9.9 % | | |

*If clients received multiple services, they are counted in each service.
NOTE: Some affiliates have made corrections to their 1998 reports and not all numbers will match last year's report.

### Contraceptive Methods

*chosen by Planned Parenthood clients, 1999*

ROUNDED TO NEAREST TENTH PERCENT

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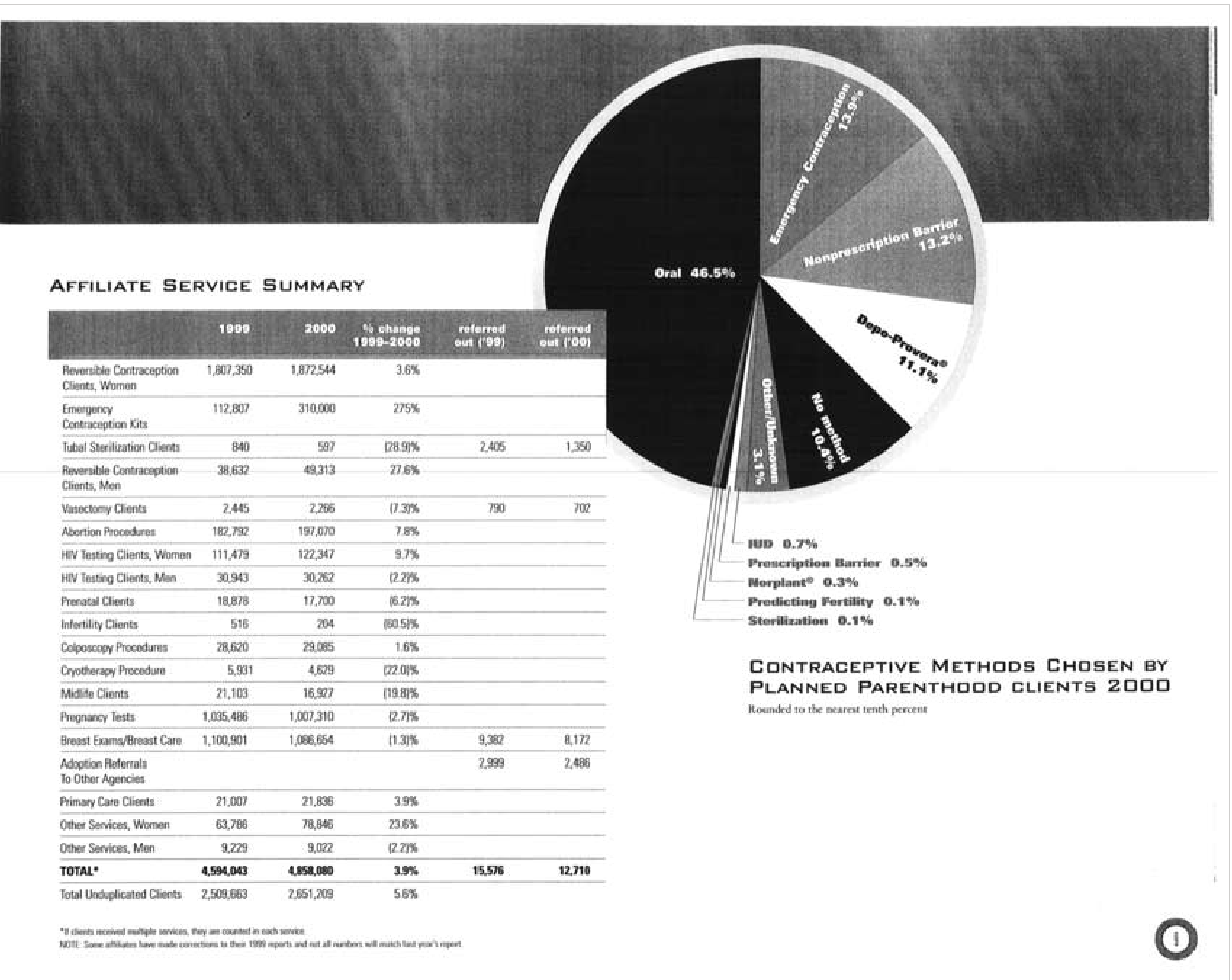
## APPENDIX II. (Continued)



### AFFILIATE SERVICE SUMMARY

| | 1999 | 2000 | % change 1999–2000 | referred out ('99) | referred out ('00) |
|---|---|---|---|---|---|
| Reversible Contraception Clients, Women | 1,807,350 | 1,872,544 | 3.6% | | |
| Emergency Contraception Kits | 112,807 | 310,000 | 275% | | |
| Tubal Sterilization Clients | 840 | 597 | (28.9)% | 2,405 | 1,350 |
| Reversible Contraception Clients, Men | 38,632 | 49,313 | 27.6% | | |
| Vasectomy Clients | 2,445 | 2,266 | (7.3)% | 790 | 702 |
| Abortion Procedures | 182,792 | 197,070 | 7.8% | | |
| HIV Testing Clients, Women | 111,479 | 122,347 | 9.7% | | |
| HIV Testing Clients, Men | 30,943 | 30,262 | (2.2)% | | |
| Prenatal Clients | 18,878 | 17,700 | (6.2)% | | |
| Infertility Clients | 516 | 204 | (60.5)% | | |
| Colposcopy Procedures | 28,620 | 29,085 | 1.6% | | |
| Cryotherapy Procedure | 5,931 | 4,629 | (22.0)% | | |
| Midlife Clients | 21,103 | 16,927 | (19.8)% | | |
| Pregnancy Tests | 1,035,486 | 1,007,310 | (2.7)% | | |
| Breast Exams/Breast Care | 1,100,901 | 1,086,654 | (1.3)% | 9,382 | 8,172 |
| Adoption Referrals To Other Agencies | | | | 2,999 | 2,486 |
| Primary Care Clients | 21,007 | 21,836 | 3.9% | | |
| Other Services, Women | 63,786 | 78,846 | 23.6% | | |
| Other Services, Men | 9,229 | 9,022 | (2.2)% | | |
| **TOTAL*** | **4,594,043** | **4,858,080** | **3.9%** | **15,576** | **12,710** |
| Total Unduplicated Clients | 2,509,663 | 2,651,209 | 5.6% | | |

*If clients received multiple services, they are counted in each service.
NOTE: Some affiliates have made corrections to their 1999 reports and not all numbers will match last year's report.



### CONTRACEPTIVE METHODS CHOSEN BY PLANNED PARENTHOOD CLIENTS 2000

Rounded to the nearest tenth percent

# APPENDIX II. (Continued)

To offer security and protect our clients, staff, and volunteers from anti-choice violence, last year we

- conducted evacuation drills for the national offices following the September 11 terrorist attacks
- provided assistance to affiliates and leadership to law enforcement and the U.S. Centers for Disease Control and Prevention in the face of two rounds of anthrax threat letters to more than 250 health centers
- conducted staff trainings and security surveys and provided telephone and on-site technical assistance for 30 affiliates
- held two security conferences for 100 affiliate security coordinators
- increased the number of background checks for new hires, volunteers, and interns throughout the federation

The national organization worked to strengthen collaboration with affiliates, provided them with superlative technical assistance, training, and consulting services, and helped them once again increase access to services for clients through

- a new accreditation process
- a faster and "first-on-the-block" implementation of medical services through changes in medical standards and guidelines
- approval of the affiliation of Planned Parenthood of Hawaii

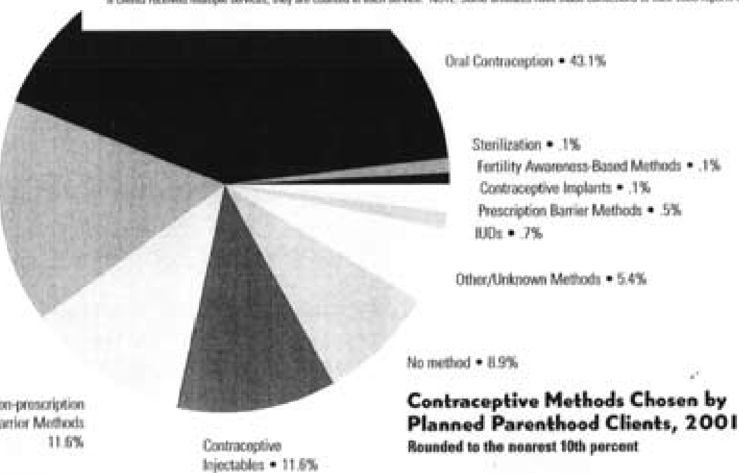
### Preserving Title X

PPFA helped achieve a funding increase of $12 million, for a total of $265 million, for Title X, America's family planning program, despite anti-family planning efforts to cripple the program. By subsidizing contraceptive services, basic ob/gyn care, screening for sexually transmitted infections, and pregnancy testing and referrals for millions of low-income women and teenagers, Title X prevents hundreds of thousands of unintended pregnancies and saves millions of tax dollars each year.

### Affiliate Service Summary

| | 2000 | 2001 | % change 2000–2001 | referred out ('00) | referred out ('01) |
|---|---|---|---|---|---|
| Reversible Contraception Clients, Women | 1,871,454 | 2,022,479 | 8.1% | | |
| Emergency Contraception Kits | 131,638 | 458,892 | 248.6% | | |
| Tubal Sterilization Clients | 597 | 1,546 | 159.0% | 1,350 | 1,154 |
| Reversible Contraception Clients, Men | 49,313 | 49,164 | (0.3)% | | |
| Vasectomy Clients | 2,266 | 2,296 | 1.3% | 702 | 489 |
| Abortion Procedures | 197,070 | 213,026 | 8.1% | | |
| HIV Testing Clients, Women | 122,347 | 113,806 | (7.0)% | | |
| HIV Testing Clients, Men | 30,262 | 40,096 | 32.5% | | |
| Prenatal Clients | 17,700 | 15,618 | (11.8)% | | |
| Infertility Clients | 204 | 282 | 38.2% | | |
| Colposcopy Procedures | 29,085 | 33,401 | 14.8% | | |
| Cryotherapy Procedures | 4,629 | 4,657 | 0.6% | | |
| Midlife Clients | 16,927 | 14,041 | (17.0)% | | |
| Pregnancy Tests | 1,007,310 | 1,105,563 | 9.8% | | |
| Breast Exams/Breast Care | 1,086,654 | 940,866 | (13.4)% | 8,172 | 9,211 |
| Adoption Referrals to Other Agencies | | | | 2,486 | 1,951 |
| Primary Care Clients | 21,836 | 33,089 | 51.5% | | |
| Other Services, Women | 1,342,453 | 1,309,403 | (2.5)% | | |
| Other Services, Men | 70,940 | 118,027 | 66.4% | | |
| **TOTAL*** | **6,002,685** | **6,476,252** | **7.9%** | **12,710** | **12,805** |
| Total Unduplicated Clients | 2,651,209 | 2,647,423 | (0.1)% | | |

*If clients received multiple services, they are counted in each service. NOTE: Some affiliates have made corrections to their 2000 reports and not all numbers will match last year's report.



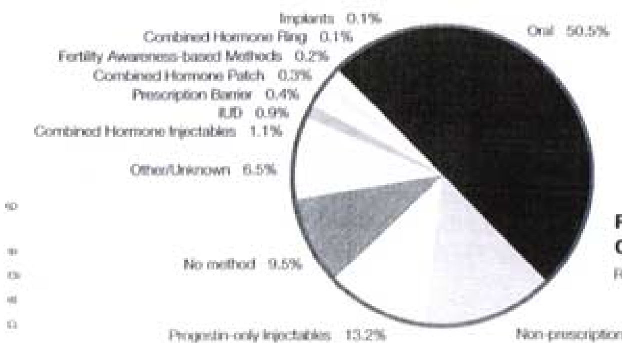

**Contraceptive Methods Chosen by Planned Parenthood Clients, 2001**
**Rounded to the nearest 10th percent**

## APPENDIX II. (Continued)

To offer **security** and protect our clients, staff, and volunteers from anti-choice violence, last year we
- provided technical assistance via telephone and e-mail to more than 90 affiliates
- published monthly clinic violence updates, *HotSpots*, as well as an annual summary, *The Chronicles of Clinic Violence*
- conducted two "Basic Security 101" conferences for nearly 100 affiliate security coordinators
- provided technical assistance to the National Abortion Federation, Feminist Majority Foundation, California Department of Justice, and seven local law enforcement agencies
- held a variety of security workshops, trainings, and update sessions at several national and local conferences for Planned Parenthood staff and volunteers
- provided on-site security coverage at national meetings
- established CPR and emergency management training programs for national staff
- provided protection and threat assessment for the president and other high-risk people in the federation

### Preserving Title X

PPFA helped achieve a funding increase of $10 million, for a total of $273 million, for Title X, America's family planning program, despite anti-family planning efforts to cripple the program. By subsidizing contraceptive services, basic ob/gyn care, screening for sexually transmitted infections, and pregnancy testing and referrals for millions of low-income women and teenagers, Title X prevents hundreds of thousands of unintended pregnancies and saves millions of tax dollars each year.




**Reversible Contraceptive Methods Chosen by Planned Parenthood Clients, 2002**

Rounded to the nearest 10th percent

**Affiliate Service Summary**

| | 2001 | 2002 | % change 2001-2002 | referred out (01) | referred out (02) |
|---|---|---|---|---|---|
| Reversible Contraception Clients, Women | 2,021,979 | 2,208,483 | 9.2% | | |
| Emergency Contraception Kits | 469,578 | 633,756 | 35.0% | | |
| Tubal Sterilization Clients | 645 | 680 | 5.4% | 1,154 | 1,815 |
| Reversible Contraception Clients, Men | 49,164 | 60,476 | 23.0% | | |
| Vasectomy Clients | 2,296 | 2,522 | 9.8% | 489 | 773 |
| Abortion Procedures | 213,026 | 227,375 | 6.7% | | |
| HIV Testing Clients, Women | 113,627 | 126,477 | 11.3% | | |
| HIV Testing Clients, Men | 40,096 | 48,991 | 22.2% | | |
| Prenatal Clients | 15,618 | 15,860 | 1.5% | | |
| Infertility Clients | 282 | 325 | 15.2% | | |
| Colposcopy Procedures | 33,401 | 31,248 | (6.4)% | | |
| LOOP/LEEP Procedures | 1,468 | 1,529 | 16.5% | | |
| Cryotherapy Procedures | 4,657 | 3,913 | (16.0)% | | |
| Midlife Clients | 14,041 | 10,575 | (24.7)% | | |
| Pregnancy Tests | 1,105,563 | 1,081,772 | (2.2)% | | |
| Breast Exams/Breast Care | 940,866 | 1,062,727 | 13.0% | 9,211 | 12,299 |
| Adoption Referrals To Other Agencies | | | | 1,951 | 1,963 |
| Primary Care Clients | 19,562 | 24,483 | 25.2% | | |
| STI Procedures, Women and Men | 1,346,710 | 1,255,036 | (6.8)% | | |
| Other Services, Women | 58,480 | 58,626 | 0.2% | | |
| Other Services, Men | 20,711 | 17,905 | (13.5)% | | |
| Total* | 6,471,831 | 6,873,011 | 6.2% | 12,805 | 16,850 |
| Total Unduplicated Clients | 2,647,423 | 2,744,554 | 3.7% | | |

* If clients received multiple services, they are counted in each service.
NOTE: Some affiliates have made corrections to their 2001 reports and not all numbers will match last year's report.

# APPENDIX II. (Continued)

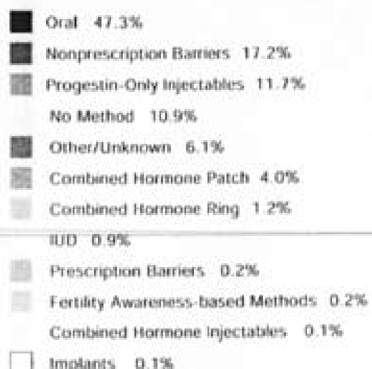
## *Affiliate Service Summary*

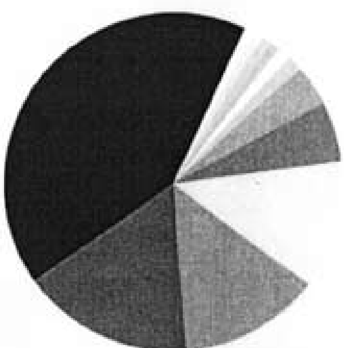
| | 2002 | 2003 | % change 2002–2003 | referred out (02) | referred out (03) |
|---|---|---|---|---|---|
| Reversible Contraception Clients, Women | 2,208,332 | 2,257,154 | 2.2% | | |
| Emergency Contraception Kits | 633,756 | 774,482 | 22.2% | | |
| Tubal Sterilization Clients | 680 | 744 | 9.4% | 1,815 | 2,023 |
| Reversible Contraception Clients, Men | 60,476 | 65,961 | 9.1% | | |
| Vasectomy Clients | 2,522 | 2,576 | 2.1% | 773 | 545 |
| Abortion Procedures | 230,630 | 244,628 | 6.1% | SEE ERRATUM | |
| HIV Testing Procedures, Women | 138,494 | 155,273 | 12.1% | | |
| HIV Testing Procedures, Men | 48,991 | 52,309 | 6.8% | | |
| Prenatal Clients | 15,860 | 16,427 | 3.6% | | |
| Infertility Clients | 325 | 465 | 43.1% | | |
| Colposcopy Procedures | 31,248 | 37,423 | 19.8% | | |
| LOOP/LEEP Procedures | 1,781 | 2,029 | 13.9% | | |
| Cryotherapy Procedures | 3,913 | 4,544 | 16.1% | | |
| Midlife Clients | 10,575 | 11,232 | 6.2% | | |
| Pregnancy Tests | 1,081,772 | 904,201 | (16.4)% | | |
| Breast Exams/Breast Care | 1,062,727 | 921,451 | (13.3)% | 12,299 | 14,241 |
| Adoption Referrals to Other Agencies | | | | 1,963 | 1,774 |
| Primary Care Clients | 24,483 | 32,216 | 31.6% | | |
| STI Procedures, Women and Men | 1,255,036 | 2,452,930 | 95.4% | | |
| Other Services, Women | 58,626 | 36,984 | (36.9)% | | |
| Other Services, Men | 17,905 | 69,012 | 285.4% | | |
| **Total** | **6,878,078** | **7,961,514** | **15.8%** | | |
| **Total Unduplicated Clients** | **2,757,294** | **2,811,885** | **2.0%** | | |

*Method of data collection revised in 2003.

## *Reversible Contraceptive Methods Chosen by Planned Parenthood Clients, 2003*

Rounded to the nearest 10th percent



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# APPENDIX II. (Continued)

## AFFILIATE SERVICE SUMMARY

| | 2003 | 2004 | % CHANGE 2003-2004 | REFERRED OUT, 2003 | REFERRED OUT, 2004 |
|---|---|---|---|---|---|
| Reversible Contraception Clients, Women | 2,257,154 | 2,347,352 | 4.0% | | |
| Emergency Contraception Kits | 774,645 | 983,537 | 27.0% | | |
| Tubal Sterilization Clients | 744 | 601 | -19.2% | 2,023 | 1,241 |
| Reversible Contraception Clients, Men | 69,403 | 89,705 | 29.3% | | |
| Vasectomy Clients | 2,576 | 2,480 | -3.7% | 545 | 647 |
| Abortion Procedures | 245,092 | 255,015 | 4.0% | | |
| HIV Tests, Women | 155,273 | 160,131 | 3.1% | | |
| HIV Tests, Men | 52,309 | 48,784 | -6.7% | | |
| HIV Tests, Gender Not Reported | n/a | 21,411 | n/a | | |
| Prenatal Clients | 16,427 | 17,610 | 7.2% | | |
| Infertility Clients | 353 | 386 | 9.3% | | |
| Colposcopy Procedures | 37,423 | 41,980 | 12.2% | | |
| LEEP Procedures | 2,029 | 2,681 | 32.1% | | |
| Cryotherapy Procedures | 4,544 | 3,733 | -17.8% | | |
| Midlife Clients | 11,232 | 14,532 | 29.4% | | |
| Pregnancy Tests | 905,758 | 1,073,728 | 18.5% | | |
| Breast Exams/ Breast Care | 951,761 | 925,763 | -2.7% | 14,241 | 12,251 |
| Adoption Referrals to Other Agencies | — | — | — | 1,774 | 1,414 |
| Primary Care Clients | 32,216 | 29,369 | -8.8% | | |
| STI Procedures, Women and Men | 2,452,930 | 2,527,609 | 3.0% | | |
| Other Services, Women | 36,984 | 20,084 | -45.7% | | |
| Other Services, Men | 69,012 | 79,100 | 14.6% | | |
| TOTAL | 8,077,865 | 8,645,591 | 7.0% | | |
| TOTAL UNDUPLICATED CLIENTS | 2,811,893 | 2,933,101 | 4.3% | | |

## REVERSIBLE CONTRACEPTIVE METHODS CHOSEN BY PLANNED PARENTHOOD CLIENTS, 2004

Oral 45.2%
Fertility-Awareness Methods 0.1%
Prescription Barriers 0.3%
IUD 1.0%
Combined Hormone Ring 2.3%
Combined Hormone Patch 6.0%
Other/ Unknown 6.1%
No Method 9.4%
Progestin-Only Injectables 11.2%
Nonprescription Barriers 18.4%

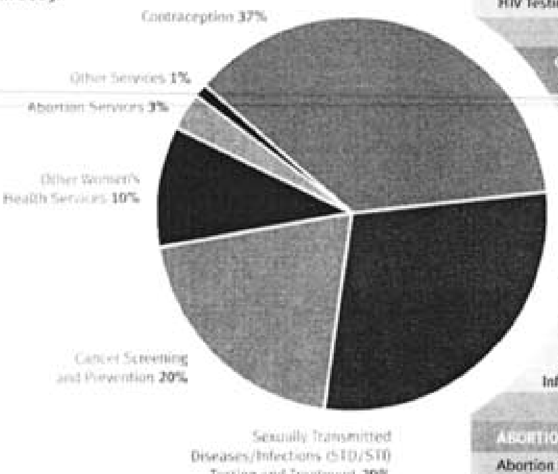
# APPENDIX II. (Continued)

## Health Services

The heart of Planned Parenthood affiliates' work is providing trusted health care services that prevent unintended pregnancies through contraception, reduce the spread of sexually transmitted infections through testing and treatment, and prevent cervical and other cancers through screening. In 2005, Planned Parenthood health centers delivered nine percent more contraception services than in 2004. Overall, our health centers provided sexual and reproductive health care to more than three million women and men, increasing by four percent the total number of clients served between 2004 and 2005.

## Total Services = 10,112,642

Prevention is the cornerstone of our services — 81 percent of our clients received contraception services in 2005.




| SUMMARY OF SERVICES DELIVERED BY PLANNED PARENTHOOD HEALTH CENTERS: CALENDAR YEARS 2004 AND 2005 | 2004* | 2005 |
|---|---|---|
| **CONTRACEPTION** — 37 PERCENT OF SERVICES IN 2005** | | |
| Reversible Contraception Clients, Women | 2,347,352 | 2,399,671 |
| Emergency Contraception Kits | 983,537 | 1,245,506 |
| Tubal Sterilization Clients | 601 | 554 |
| Reversible Contraception Clients, Men | 84,712 | 80,411 |
| Vasectomy Clients | 2,480 | 2,407 |
| | 3,418,682 | 3,728,549 |
| **STD/STI TESTING AND TREATMENT — 29 PERCENT OF SERVICES IN 2005** | | |
| STD/STI Procedures, Women and Men | 2,527,609 | 2,610,069 |
| HIV Testing Clients, Women | 160,131 | 188,424 |
| HIV Testing Clients, Men | 48,784 | 62,300 |
| HIV Testing Clients, Gender not Reported | 21,411 | 29,865 |
| | 2,757,935 | 2,890,658 |
| **CANCER SCREENING AND PREVENTION*** — 20 PERCENT OF SERVICES IN 2005** | | |
| Pap Tests | 1,183,692 | 1,116,681 |
| Breast Exams/ Breast Care | 925,763 | 844,201 |
| Colposcopy Procedures | 41,980 | 44,353 |
| LEEP Procedures | 2,681 | 2,836 |
| Cryotherapy Procedures | 3,733 | 3,566 |
| | 2,157,849 | 2,011,637 |
| **OTHER WOMEN'S HEALTH SERVICES — 10 PERCENT OF SERVICES IN 2005** | | |
| Pregnancy Tests | 1,076,005 | 1,040,803 |
| Prenatal Clients | 17,610 | 12,548 |
| Midlife Clients | 14,532 | 14,163 |
| Infertility Clients | 209 | 248 |
| | 1,108,356 | 1,067,762 |
| **ABORTION SERVICES — 3 PERCENT OF SERVICES IN 2005** | | |
| Abortion Procedures | 255,015 | 264,943 |
| **OTHER SERVICES — 1 PERCENT OF SERVICES IN 2005** | | |
| Primary Care Clients, Women and Men | 29,369 | 21,739 |
| Other Services, Women and Men**** | 99,361 | 127,354 |
| | 128,730 | 149,093 |
| **TOTAL SERVICES PROVIDED** | 9,926,567 | 10,112,642 |
| **TOTAL CLIENTS SERVED (UNDUPLICATED)** | 2,936,328 | 3,051,164 |

* Reflects updated data.

** Reversible contraceptive methods chosen by Planned Parenthood clients: oral, 44.7 percent; nonprescription barrier, 18.1 percent; no method, 10.3 percent; progestin-only injectables, 9.4 percent; combined hormone patch, 6.8 percent; other/unknown, 5.8 percent; combined hormone ring, 3.4 percent; IUD, 1.1 percent; prescription barrier, 0.2 percent; fertility awareness-based methods, 0.2 percent.

*** A colposcopy examination aids in the diagnosis and treatment of abnormal growth cells in the cervix. LEEP and cryotherapy are treatments for abnormal growths.

**** Some examples in this category include WIC services (a federally funded nutrition program for low-income women, infants, and children up to the age of five), pediatric care, and immunizations.

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## APPENDIX II. (Continued)

# HEALTH SERVICES

The heart of Planned Parenthood affiliates' work is providing trusted health care services that prevent unintended pregnancies through contraception, reduce the spread of sexually transmitted infections through testing and treatment, and prevent cervical and other cancers through screening. Planned Parenthood health centers also provide women facing unplanned pregnancy with unbiased information and discussion about their options — parenting, adoption, and abortion. Planned Parenthood health centers work closely with social service and adoption agencies in their communities to ensure the best possible referrals for women who choose to continue their pregnancies. In 2006, Planned Parenthood health centers delivered 1.4 percent more contraception services than in 2005. Overall, our health centers provided sexual and reproductive health care to more than 3.1 million women and men, increasing by 2.6 percent the total number of clients served between 2005 and 2006.

**TOTAL SERVICES = 10.5 MILLION**
**Prevention is the cornerstone of our services — 81 percent of our clients received contraception services in 2006.**

Contraception **38%**
Other Services **1%**
Abortion Services **3%**
Other Women's Health Services **10%**
Cancer Screening and Prevention **19%**
Sexually Transmitted Diseases/Infections (STD/STI) Testing and Treatment **29%**

| **SUMMARY OF SERVICES DELIVERED BY PLANNED PARENTHOOD AFFILIATE HEALTH CENTERS:** CALENDAR YEARS 2005 AND 2006 | **2005*** | **2006** |
|---|---|---|
| **CONTRACEPTION**** — 38 PERCENT OF SERVICES IN 2006 | | |
| Reversible Contraception Clients, Women | 2,420,610 | 2,441,768 |
| Emergency Contraception Kits | 1,240,516 | 1,438,846 |
| Tubal Sterilization Clients | 664 | 618 |
| Reversible Contraception Clients, Men | 80,411 | 95,188 |
| Vasectomy Clients | 2,407 | 2,913 |
| | 3,744,498 | 3,977,333 |
| **SEXUALLY TRANSMITTED DISEASES/INFECTIONS (STD/STI) TESTING AND TREATMENT** — 29 percent of services in 2006 | | |
| STI Testing and Treatment, Women and Men | 2,618,477 | 2,703,917 |
| HIV Testing Clients, Women | 188,424 | 203,478 |
| HIV Testing Clients, Men | 62,300 | 67,795 |
| HIV Testing Clients, Gender Not Reported | 29,865 | 42,887 |
| | 2,899,066 | 3,018,077 |
| **CANCER SCREENING AND PREVENTION***** — 19 percent of services in 2006 | | |
| Pap Tests | 1,116,681 | 1,070,449 |
| Breast Exams/ Breast Care | 842,302 | 882,961 |
| Colposcopy Procedures | 44,363 | 47,557 |
| LEEP Procedures | 2,836 | 3,036 |
| Cryotherapy Procedures | 3,566 | 3,368 |
| | 2,009,835 | 2,007,371 |
| **OTHER WOMEN'S HEALTH SERVICES** — 10 percent of services in 2006 | | |
| Pregnancy Tests | 1,045,802 | 1,097,397 |
| Prenatal Clients | 13,261 | 11,058 |
| Midlife Clients | 14,163 | 11,208 |
| Infertility Clients | 248 | 316 |
| | 1,073,564 | 1,119,977 |
| **ABORTION SERVICES** — 3 percent of services in 2006 | | |
| Abortion Procedures | 264,943 | 289,750 |
| **OTHER SERVICES** — 1 percent of services in 2006 | | |
| Primary Care Clients, Women and Men | 21,739 | 19,557 |
| Adoption Referrals to Other Agencies | 2,413 | 2,410 |
| Other Services, Women and Men**** | 126,352 | 140,968 |
| | 150,504 | 162,935 |
| **TOTAL SERVICES PROVIDED** | 10,112,642 | 10,675,443 |
| **TOTAL CLIENTS SERVED** (Unduplicated) | 3,061,364 | 3,140,540 |

*Reflects updated data.

**Reversible contraceptive methods chosen by Planned Parenthood clients: oral, 45.6 percent; non-prescription barrier, 18.4 percent; no method, 10 percent; progestin-only injectables, 9 percent; combined hormone patch, 4.7 percent; other/unknown, 5.5 percent; combined hormone ring, 5 percent; IUD, 1.5 percent; prescription barrier, 0.1 percent; fertility awareness-based methods, 0.2 percent.

*** A colposcopy examination aids in the diagnosis and treatment of abnormal growth cells in the cervix. LEEP and cryotherapy are treatments for abnormal growths.

**** Some examples in this category include WIC services (a federally funded nutrition program for low-income women, infants, and children up to the age of five), pediatric care, and immunizations.

# APPENDIX II. (Continued)



**SUMMARY OF SERVICES DELIVERED BY PLANNED PARENTHOOD AFFILIATE**

| HEALTH CENTERS: CALENDAR YEARS 2006 AND 2007 | 2006* | 2007 |
|---|---|---|
| **CONTRACEPTION**** — 36 PERCENT OF SERVICES IN 2007 | | |
| Reversible Contraception Clients, Women | 2,453,909 | 2,360,796 |
| Emergency Contraception Kits | 1,436,846 | 1,423,365 |
| Tubal Sterilization Clients | 618 | 532 |
| Reversible Contraception Clients, Men | 95,188 | 102,405 |
| Vasectomy Clients | 2,913 | 2,882 |
| | 3,989,474 | 3,889,980 |
| **SEXUALLY TRANSMITTED DISEASES/INFECTIONS (STD/STI) TESTING AND TREATMENT** — 31 percent of services in 2007 | | |
| STI Testing and Treatment, Women and Men | 2,704,693 | 2,994,749 |
| HIV Testing Clients, Women | 203,478 | 257,877 |
| HIV Testing Clients, Men | 67,795 | 80,077 |
| HIV Testing Clients, Gender Not Reported | 42,887 | 30,519 |
| | 3,018,853 | 3,363,222 |
| **CANCER SCREENING AND PREVENTION***** — 17 percent of services in 2007 | | |
| Pap Tests | 1,070,449 | 968,682 |
| HPV Vaccinations | — | 29,351 |
| Breast Exams/ Breast Care | 882,961 | 851,232 |
| Colposcopy Procedures | 47,557 | 46,522 |
| LEEP Procedures | 3,036 | 2,652 |
| Cryotherapy Procedures | 3,368 | 2,411 |
| | 2,007,371 | 1,900,850 |
| **OTHER WOMEN'S HEALTH SERVICES** — 11 percent of services in 2007 | | |
| Pregnancy Tests | 1,097,397 | 1,183,325 |
| Prenatal Clients | 11,058 | 10,914 |
| Midlife Clients | 11,206 | 12,783 |
| Infertility Clients | 316 | 318 |
| | 1,119,977 | 1,207,340 |
| **ABORTION SERVICES** — 3 percent of services in 2007 | | |
| Abortion Procedures | **289,750** | **305,310** |
| **OTHER SERVICES** — 2 percent of services in 2007 | | |
| Primary Care Clients, Women and Men | 19,557 | 21,247 |
| Adoption Referrals to Other Agencies | 2,410 | 4,912 |
| Other Services, Women and Men**** | 140,968 | 228,964 |
| | 162,935 | 255,123 |
| **TOTAL SERVICES PROVIDED** | 10,588,360 | 10,921,825 |
| **TOTAL CLIENTS SERVED (UNDUPLICATED)** | 3,140,540 | 3,020,651 |

*Reflects updated data.

** Reversible contraceptive methods chosen by Planned Parenthood clients [illegible]

*** A colposcopy [illegible]

**** [illegible]

# APPENDIX II. (Continued)

2

In 2008, PPFA-supported partners served 1,078,000 individuals in 11 developing countries with reproductive health care and education. In addition, we worked to raise awareness of international reproductive health and rights issues and mobilize support for responsible U.S. laws and policies. We created briefing sheets, talking points, and a wide variety of other advocacy materials, posted them online, and distributed them to Planned Parenthood affiliates and activists.

## Affiliate Medical Services Summary*

| Service | Number |
|---|---|
| **Contraception — 35 percent of services in 2008** | |
| Reversible Contraception Clients, Women** | 2,263,776 |
| Emergency Contraception Kits | 1,436,808 |
| Tubal Sterilization Clients | 489 |
| Reversible Contraception Clients, Men | 109,823 |
| Vasectomy Clients | 2,979 |
| | 3,813,875 |
| **STI/STD Testing and Treatment — 34 percent of services in 2008** | |
| STI Procedures, Women and Men | 3,272,264 |
| HIV Testing Procedures, Women | 324,671 |
| HIV Testing Procedures, Men | 95,562 |
| HIV Testing Procedures, Gender Not Reported | 28,839 |
| | 3,721,336 |
| **Cancer Screening and Prevention — 17 percent of services in 2008** | |
| Pap Tests | 915,716 |
| HPV Vaccinations | 60,064 |
| Breast Exams/ Breast Care | 826,197 |
| Colposcopy Procedures*** | 43,285 |
| LOOP/LEEP Procedures*** | 2,613 |
| Cryotherapy Procedures*** | 1,816 |
| | 1,849,691 |
| **Other Women's Health Services — 10 percent of services in 2008** | |
| Pregnancy Tests | 1,111,355 |
| Prenatal Clients | 9,433 |
| Midlife Clients | 12,016 |
| Infertility Clients | 168 |
| | 1,132,972 |
| **Abortion Services — 3 percent of services in 2008** | |
| Abortion Procedures | 324,008 |
| **Other Services — 1 percent of services in 2008** | |
| Primary Care Clients, Women and Men | 20,235 |
| Adoption Referrals to Other Agencies | 2 ,405 |
| Other Services, Women and Men**** | 81,492 |
| | 104,132 |
| **Total Services** | **10,943,609** |

***Patient Care Provided by Planned Parenthood Affiliate Health Centers in 2008**

# APPENDIX II. (Continued)

2

In 2009, PPFA-supported partners served 1,200,000 individuals in 10 developing countries with reproductive health care and education. In addition, we worked to raise awareness of international reproductive health and rights issues and mobilize support for responsible U.S. laws and policies. We created briefing sheets, talking points, and a wide variety of other advocacy materials, posted them online, and distributed them to Planned Parenthood affiliates and activists.

## Affiliate Medical Services Summary*

| | |
|---|---|
| **Contraception — 35 percent of services in 2009** | |
| Reversible Contraception Clients, Women** | 2,327,662 |
| Emergency Contraception Kits | 1,537,180 |
| Tubal Sterilization Clients | 756 |
| Reversible Contraception Clients, Men | 140,648 |
| Vasectomy Clients | 3,303 |
| | 4,009,549 |
| **STI/STD Testing and Treatment — 35 percent of services in 2009** | |
| STI Procedures, Women and Men | 3,419,965 |
| HIV Testing Procedures, Women | 391,299 |
| HIV Testing Procedures, Men | 123,283 |
| HIV Testing Procedures, Gender Not Reported | 21,369 |
| | 3,955,9163 |
| **Cancer Screening and Prevention — 16 percent of services in 2009** | |
| Pap Tests | 904,820 |
| HPV Vaccinations | 44,924 |
| Breast Exams/ Breast Care | 830,312 |
| Colposcopy Procedures*** | 46,062 |
| LOOP/LEEP Procedures*** | 2,692 |
| Cryotherapy Procedures*** | 2,001 |
| | 1,830,811 |
| **Other Women's Health Services — 10 percent of services in 2009** | |
| Pregnancy Tests | 1,158,924 |
| Prenatal Clients | 7,021 |
| Midlife Clients | 12,424 |
| | 1,178,369 |
| **Abortion Services — 3 percent of services in 2009** | |
| Abortion Procedures | 332,278 |
| **Other Services — 1 percent of services in 2009** | |
| Primary Care Clients, Women and Men | 19,796 |
| Adoption Referrals to Other Agencies | 977 |
| Other Services, Women and Men**** | 56,204 |
| | 76,977 |
| **Total Services** | **11,383,900** |

***Patient Care Provided by Planned Parenthood Affiliate Health Centers in 2009**

## APPENDIX II. (Continued)

# Fact Sheet

Published by the Katharine Dexter McCormick Library
Planned Parenthood Federation of America
434 West 33rd Street, New York, NY 10001
212-261-4716
www.plannedparenthood.org

Current as of February 2011

## Planned Parenthood® by the Numbers

These numbers show why Planned Parenthood Federation of America (PPFA®) is our nation's most trusted name in sexual and reproductive health care.

- Number of years Planned Parenthood has provided women, men, and adolescents with the education, information, and services needed to make responsible choices about sex and reproduction: **95**
- Number of women, men, and adolescents worldwide provided with sexual and reproductive health care and education by Planned Parenthood each year: **more than 5,000,000**
    - Number of these clients served by Planned Parenthood affiliate health centers in the U.S.: **3,000,000**
    - Number of these clients served by Planned Parenthood affiliate educational programs: nearly **1,200,000**
    - Number of these clients served by PPFA-supported partners in 10 developing countries: **1,200,000**
- Number of Planned Parenthood affiliates: **84** with a presence in all **50** states and the District of Columbia
- Number of Planned Parenthood affiliate health centers: **more than 800**
- Percentage of Planned Parenthood health care clients
    - age 20 and older: **79**
    - with incomes at or below 150 percent of the federal poverty level: **75**
    - who receive services to prevent unintended pregnancy: **83**
    - who receive abortion services: **12**
- Estimated number of unintended pregnancies averted by Planned Parenthood contraceptive services each year: **612,000**
- Estimated number of abortions averted by Planned Parenthood contraceptive services each year: **291,000**
- Percentage of all Planned Parenthood health services that are contraceptive services: **35**
- Percentage of all Planned Parenthood health services that are abortion services: **3**
- Percentage increase in Planned Parenthood men clients from 2000 to 2009: **103**
- Visits to www.plannedparenthood.org each year: **24 million**
- Number of Planned Parenthood activists, supporters, and donors: more than **4,000,000**
- Percentage of Planned Parenthood annual expenses ($1,037,400,000) spent on client services, education, and research: **83**

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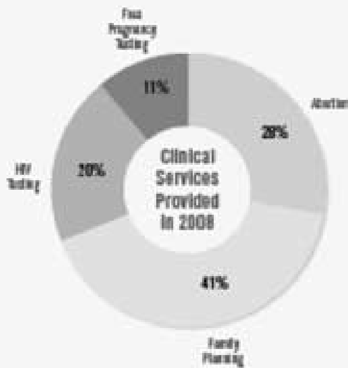
***Media Contacts —*** *Washington, DC: 202-973-4882*

# APPENDIX III.
# PLANNED PARENTHOOD OF NEW YORK CITY 2008 ANNUAL REPORT

In 2008 we celebrated the 20TH ANNIVERSARY OF PROJECT STREET BEAT, our HIV prevention and access-to-care program that has won citations from the New York City Council and Mayor's Office for its remarkable efforts among hard-to-reach, at-risk communities.




## Clinical Services 2008 Highlights

- After months of planning, PPNYC "went live" in 2008 with a new electronic health records system. PPNYC is one of a very small number of Planned Parenthood affiliates to take this step, which puts us in the forefront of making health care delivery more efficient. Being an early adopter of this technology enables us to enhance the quality of the care we provide and to ensure continuity of care for our clients.

- Our Entitlement Counselors enrolled more than 5,800 clients in public insurance programs, a 16% increase over enrollments in 2007.

- PPNYC's HIV Integration Project, funded by the Centers for Disease Control and Prevention, partnered with the New York/New Jersey Education and Training Center, Community Healthcare Network, Hunter College, Montefiore Adolescent AIDS program, and the Children's Aid Society to host the second regional conference on "Model Approaches to Integrating HIV Counseling and Testing in Primary and Reproductive Health Care."

- We received a prestigious grant from the Robert Wood Johnson Foundation's New Connections Initiative to conduct a one-year research study to evaluate the new screening tool we developed to screen for intimate partner violence.

PPNYC "went live" in 2008 with ELECTRONIC HEALTH RECORDS.

PLANNED PARENTHOOD OF NEW YORK CITY 4

# APPENDIX IV.
# FPACT MANUAL, AUGUST 2001

Case 2:05-cv-08818-AHM -FMO Document 31 Filed 05/01/08 Page 40 of 79 Page ID #:284

**(All CA Planned Parenthoods contract with the state and federal reimbursement programs under FPACT)**

## FPACT MANUAL August 2001

**Family Planning Planning Access Care and Treatment:**
**a State of California program that is also federally funded**
**The program is meant to serve poor people. and is under the auspices of the fiscal authority of the Medi-Cal Benefits Branch**

**MEDI-CAL / FAMILY PACT RULES FOR DRUG REIMBURSEMENT**
**Regulatory Definitions of "Cost"**
**Title 22 Section 51513**

familypact22
2

**Prior Authorization Requirements**

Family PACT clients may require drugs not included in this Drug and Supply List for complication services. All additional drugs for complication management require prior authorization.

**Note:** Drugs not located on this list and needed for management of complications require prior authorization using the Medi-Cal Treatment Authorization Request (TAR) process. Drugs and supplies available for core services are limited to those items on the Family PACT Pharmacy Formulary.

**Claim Form Completion**

*HCFA 1500 claim form:* Providers must document the name of the medication/supply and the provider's cost per unit for the following procedure codes: X7706, X1500 and all other individual medication or injection codes in the *Reserved For Local Use* field (Box 19).

*UB-92 Claim Form:* Providers must document the name of the medication/supply and the provider's cost per unit for the following procedure codes: Z7610, X7706, X1500 and all other individual medication or injection codes in the *Remarks* area (Box 84).

**Note:** Family PACT requires that drugs and supplies dispensed by the Family PACT provider must be billed "at cost."

Family PACT: Drug and Supply List

Family PACT
August 2001

EXHIBIT 1a.

# APPENDIX V.
# ASSESSMENT OF OVER-BILLING PRACTICES,
# GONZALEZ EX REL. U.S. V. PLANNED PARENTHOOD OF L.A.

Case 2:05-cv-08818-AHM -FMO Document 31 Filed 05/01/08 Page 60 of 79 Page ID #:304

**Gonzalez, Victor**

**From:** Gonzalez, Victor
**Sent:** Friday, February 20, 2004 9:34 AM
**To:** 'tschulte@rbz.com'
**Cc:** 'mcantrill@rbz.com'
**Subject:** FW: DHS Cost Audits from Victor Gonzalez PPLA

Tom a very serious matter has reared its ugly head. As you are probably aware, PPLA has been marking up the OCs and the pills dispensed by a hefty markup over cost. This is proscribed by DHS regulations where the prevailing rule is that medicines should be dispensed at cost with a recovery of the dispensing fee (which of course is minimal as compared to normal retail markup)

Please let me be clear about this issue we purchase the meds at $1 or $2 and sell them for $12 $18 $48. Here is a

Pharmaceuticals.xls

detailed spreasheet.

The impact is over $2million bottom line, and appx $4million revenues over the course of a typical 12 months. This is the impact on the financial statements at 6/30/03, and obviously we are now into the 8th month of a new fiscal year.

I am proposing to the CEO that adequate legal counsel be obtained in this matter, beyond the PAC counsel as per the emails below, which obviously has been flawed and ineffective. This matter arose 3 or 4 years ago and has not been satisfactorily resolved.

I dont need to remind you that we need to make decisions as a separate entity, PPAC is merely a lobby group that we use to research these matters, their advice has no weight legally. Given what has recently happened to Jeffrey Skillings, we cannot continue to use the "we have experts who told us this or that..."

I am also proposing the booking of a contingency at 50% of the $2m annual effect on the financial statements for the new fiscal year 6/30/04 at PPLA.

We are probably next in the DHS audit per the email below, given the new enforcement obviously started by the Republican governor.

EXHIBIT 4

## APPENDIX V. (Continued)

Case 2:05-cv-08818-AHM -FMO Document 31 Filed 05/01/08 Page 61 of 79 Page ID #:305

| nventory Item# | Description | Base Unit of Measure | Base Unit Cost | YTD Utilization | YTD Expense | Revenue | Net Income |
|---|---|---|---|---|---|---|---|
| | CONTRACEPTIVE | | | | | | |
| 10000 | Oral Contraceptive Veridate Com | Bx | $ - | 0 | $ - | | |
| 10128 | Oral Contraceptive Modicon | Ea | $ 1.31 | 4,087 | $ 5,353.97 | 49,044.00 | 43,690.03 |
| 10211 | Preven (Emer Contra Kit) | Pk | $ 1.85 | 2,482 | $ 4,591.70 | 47,009.08 | 42,417.38 |
| 10328 | Oral Cont Ortho Novum 135 | Ea | $ 0.61 | 6,481 | $ 3,953.41 | 77,772.00 | 73,818.59 |
| 10528C | Oral Cont Ortho Novum 150 | Ea | $ 3.66 | 217 | $ 794.22 | 2,604.00 | 1,809.78 |
| 10628 | Oral Cont Orhto-Cyclen 28 | Ea | $ 3.74 | 15,500 | $ 57,970.00 | 186,000.00 | 128,030.00 |
| 10728 | Oral Cont Ortho Novum 777 | Ea | $ 1.57 | 21,128 | $ 33,170.96 | 253,536.00 | 220,365.04 |
| 10828 | Oral Cont Micronor | Ea | $ 2.83 | 2,652 | $ 7,505.16 | 31,824.00 | 24,318.84 |
| 20000 | Depo-Provera 150MG | VL | $ 24.16 | 6,301 | $ 152,232.16 | 294,697.77 | 142,465.61 |
| 20001 | Depo-Provera 150MG W/SRNG | SY | $ 19.75 | 2,920 | $ 57,670.00 | 136,568.40 | 78,898.40 |
| 20002 | Plan B | Ea | $ 4.50 | 15,747 | $ 70,861.50 | 328,482.42 | 257,620.92 |
| 20003 | Lunelle | VL | $ 14.93 | 0 | $ - | - | - |
| 20004 | Ortho Evra | Ea | $ 3.27 | 5,745 | $ 18,768.92 | 63,941.85 | 45,172.94 |
| 20005 | Nuva-Ring | Ea | $ 3.00 | 1,296 | $ 3,888.00 | 47,964.96 | 44,076.96 |
| 20008 | Demulen 1/35 | Ea | $ 6.02 | 2,088 | $ 12,565.58 | 25,056.00 | 12,490.42 |
| 20018 | Alesse-28 | Ea | $ 3.61 | 25,563 | $ 92,384.68 | 306,756.00 | 214,371.32 |
| 20028 | Loestrin Fe 1/20 #913-45 | Ea | $ 10.16 | 9,060 | $ 92,049.60 | 108,720.00 | 16,670.40 |
| 20085 | Diaphragms-All-Flex 85 | Ea | $ 18.50 | 4 | $ 74.00 | 52.00 | (22.00) |
| 20128 | Tri-Levlen #43303 | Ea | $ 1.89 | 7,908 | $ 14,946.12 | 94,896.00 | 79,949.88 |
| 20160 | Diaphragms-All-Flex 160 | Ea | $ 15.25 | 2 | $ 30.50 | 26.00 | (4.50) |
| 20165 | Diaphragms-All-Flex 165 | Ea | $ 18.50 | 24 | $ 444.00 | 312.00 | (132.00) |
| 20170 | Diaphragms-All-Flex 170 | Ea | $ 18.50 | 29 | $ 536.50 | 377.00 | (159.50) |
| 20175 | Diaphragms-All-Flex 175 | Ea | $ 18.50 | 36 | $ 666.00 | 468.00 | (198.00) |
| 20180 | Diaphragms-All-Flex 180 | Ea | $ 18.50 | 8 | $ 148.00 | 104.00 | (44.00) |
| 20185 | Diaphragms-All-Flex 185 | Ea | $ 6.50 | 1 | $ 6.50 | 13.00 | 6.50 |
| 20190 | Diaphragms-All-Flex 190 | Ea | $ 18.50 | 1 | $ 18.50 | 13.00 | (5.50) |
| 20195 | Diaphragms-All-Flex 195 | Ea | $ 18.50 | 2 | $ 37.00 | 26.00 | (11.00) |
| 20228 | Levlen #41128 | Ea | $ 1.07 | 17,901 | $ 19,154.07 | 214,812.00 | 195,657.93 |
| 20255 | Diaphragms-Koromex 255 | Ea | $ 15.25 | 2 | $ 30.50 | 26.00 | (4.50) |
| 20260 | Diaphragms-Koromex 260 | Ea | $ 15.25 | 5 | $ 76.25 | 65.00 | (11.25) |
| 20265 | Diaphragms-Koromex 265 | Ea | $ 15.25 | 7 | $ 106.75 | 91.00 | (15.75) |
| 20270 | Diaphragms-Koromex 270 | Ea | $ 15.25 | 5 | $ 76.25 | 65.00 | (11.25) |
| 20275 | Diaphragms-Koromex 275 | Ea | $ 15.25 | 10 | $ 152.50 | 130.00 | (22.50) |
| 20280 | Diaphragms-Koromex 280 | Ea | $ 15.25 | 3 | $ 45.75 | 39.00 | (6.75) |
| 20285 | Diaphragms-Koromex 285 | Ea | $ 18.50 | 1 | $ 18.50 | 13.00 | (5.50) |
| 20290 | Diaphragms-Koromex 290 | Ea | $ 15.25 | 1 | $ 15.25 | 13.00 | (2.25) |
| 20295 | Diaphragms-Koromex 295 | Ea | $ 18.50 | 3 | $ 55.50 | 39.00 | (16.50) |
| 20428 | Ortho Tri-Cyclen Lo | Ea | $ 2.25 | 23,664 | $ 53,244.00 | 283,968.00 | 230,724.00 |
| 25000 | Cervical Cap-Fitting Set | Ea | $ 50.00 | 10 | $ 500.00 | 130.00 | (370.00) |
| 25022 | Cervical Cap 22MM | Ea | $ 46.00 | 1 | $ 46.00 | 13.00 | (33.00) |

## APPENDIX V. (Continued)



| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 25025 | Cervical Cap 26MM | Ea | $ | 26.00 | 3 | $ 78.00 | 39.00 | (39.00) |
| 25028 | Cervical Cap 28MM | Ea | $ | 46.00 | 2 | $ 92.00 | 26.00 | (66.00) |
| 25031 | Cervical Cap 31MM | Ea | $ | 26.00 | 16 | $ 416.00 | 208.00 | (208.00) |
| 30028 | Ortho Tri-Cyclen | Ea | $ | 2.95 | 76,507 | $ 225,695.65 | 918,084.00 | 692,388.35 |
| 30300 | IUD-Paragard | Ea | $ | 149.80 | 245 | $ 36,701.00 | 64,141.00 | 27,440.00 |
| 30400 | IUD-Mirena | Ea | $ | 301.82 | 40 | $ 12,072.80 | 15,008.00 | 2,935.20 |
| 40100 | Condoms (Lubricated) | Ea | $ | 0.06 | 611,000 | $ 34,827.00 | | |
| 40102 | Reality (Female Condom) | Ea | $ | 1.09 | 177 | $ 192.93 | 2,301.00 | 2,108.07 |
| 40103 | Condoms (Mint) | Ea | $ | 0.09 | 2,305 | $ 207.45 | | |
| 40104 | Condoms (Vanilla) | Ea | $ | 0.09 | 3,580 | $ 322.20 | | |
| 40105 | Condoms (Strawberry) | Ea | $ | 0.09 | 6,080 | $ 547.20 | | |
| 40106 | Condoms (Chocolate) | Ea | $ | 0.09 | 5,685 | $ 511.65 | | |
| 40107 | Condoms (Banana) | Ea | $ | 0.09 | 2,607 | $ 234.63 | | |
| 40108 | Condoms (Grape) | Ea | $ | 0.09 | 2,180 | $ 196.20 | | |
| 40109 | Condoms (Cola) | Ea | $ | 0.09 | 1,745 | $ 157.05 | | |
| 40110 | Latex Barriers (Vanilla) | Ea | $ | 0.48 | 45 | $ 21.60 | | |
| 40111 | Latex Barriers (Strawberry) | Ea | $ | 0.48 | 79 | $ 37.92 | | |
| 40114 | Slippery Stuff | Ea | $ | 0.20 | 2,408 | $ 481.60 | | |
| 40117 | Condoms, Non-Lubricated | Ea | $ | 0.05 | 5,000 | $ 265.00 | | |
| 40200 | Jelly Contra Kormx #115C | Ea | $ | 2.70 | 282 | $ 761.40 | 3,666.00 | 2,904.60 |
| 40300 | Applicator (Jelly #K52B) | Ea | $ | 0.60 | 148 | $ 88.80 | 1,924.00 | 1,835.20 |
| 40401 | Contra. Foam Koromex 635C | Ea | $ | 4.81 | 466 | $ 2,241.46 | 6,058.00 | 3,816.54 |
| 40500 | Vaginal Contraceptive Fil | Ea | $ | 0.60 | 2,969 | $ 1,781.40 | 38,597.00 | 36,815.60 |

# APPENDIX VI.
# LETTER FROM CONGRESSMAN STEVE KING, ET. AL, TO KATHLEEN SEBELIUS

Congress of the United States
Washington, DC 20515

February 3, 2011

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Sebelius,

It has come to our attention that Planned Parenthood clinics in Iowa are using telemedicine or telehealth videoconferencing methods to dispense mifepristone, the abortion drug commonly known as RU-486, to patients without having a doctor present. We are concerned that this practice of "telemed abortions" may have received taxpayer funding and we are concerned that similar programs may receive taxpayer funding in the future, despite federal laws that prohibit taxpayer funding for abortion. If federal dollars are used for telemed abortions, it would make American taxpayers complicit in underwriting the destruction of innocent unborn children and supporting organizations that endanger women's lives and health by intentionally circumventing FDA guidelines for dispensing RU-486.

The Food and Drug Administration (FDA) requires that RU-486 "be provided by or under the supervision of a physician who meets the following qualifications: ability to assess the duration of pregnancy; ability to diagnose ectopic pregnancies; ability to provide surgical intervention in cases of incomplete abortion or severe bleeding…" We believe dispensing RU-486 via telemedicine violates FDA protocols and puts women's safety and health at risk.

According to the Associated Press, the manufacturer of RU-486, Danco Laboratories, says "it [RU-486] is effective about 95 percent of the time, with surgical procedures needed in most of the other cases to end the pregnancy or stop heavy bleeding."[1] Planned Parenthood, quoting the American College of Obstetricians and Gynecologists acknowledges, "about 92 percent of women will complete their [RU-486 induced] abortion without the need for a vacuum aspiration,"[2] meaning nearly one in ten women who take RU-486 will require surgical intervention by a doctor to complete the abortion. A doctor dispensing RU-486 over the internet from a location hundreds or even thousands of miles away is clearly unable to provide surgical intervention in cases of severe bleeding.

RU-486 is a dangerous drug that has been associated with at least 11 deaths and thousands of cases of excessive bleeding and infection. Evading FDA guidelines by dispensing RU-486

---

[1] http://abcnews.go.com/US/wireStory?id=11730510&tqkw=&tqshow=

[2] http://www.plannedparenthood.org/files/PPFA/mife_10-07.pdf

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## APPENDIX VI. (Continued)

through telemedicine has the potential to increase complications and fatalities associated with its use. We cannot allow taxpayer dollars to be used to support telemed abortions.

Most recently, in Fiscal Year 2010, Congress provided the Department of Health and Human Services' Health Resources and Services Administration (HRSA) with $11.6 million for its telehealth program. While telemedicine may be a positive means of providing certain health services, abortion is not healthcare, and dispensing RU-486 without a doctor present is both risky to the mother and deadly to the unborn child. U.S. taxpayers should not be forced to underwrite abortions, nor should Americans' tax dollars be used to circumvent FDA guidelines regarding RU-486.

We are particularly concerned that affiliates of the Planned Parenthood Federation of America (PPFA), the largest abortion provider in the United States, may be receiving federal funding and using federally funded equipment to facilitate telemed abortions — meaning federal taxpayers are funding abortions. It has come to our attention that:

- Planned Parenthood of Utah is listed as a grant recipient in the HRSA 2007-2008 Office for the Advancement of Telehealth Grantee Directory;
- Planned Parenthood of the Heartland in Iowa is known to provide telemedicine RU-486 abortions;
- Planned Parenthood clinics at 10 locations in Wisconsin received a federal grant to pay for telemedicine video phones which cost $15,000 each[3];
- PPFA Vice President Dr. Vanessa Cullins said "There are many [PPFA] affiliates that are carefully considering [telemed abortion][4];" and
- A June 2009 report by Tides and the California Endowment wrote of the 'unprecedented opportunity' due to 'new funding for health-information technology at the federal level,' listing nine California Planned Parenthoods as 'community clinics' for which telemed grants might be available."[5]

In light of these concerns, we respectfully request a response to the following questions no later than March 2, 2011:

1. In total, how much federal funding has been appropriated for telemedicine and what portion of those funds have been used to purchase telemedicine equipment?
2. Have any additional funds other than those described in question (1) been used to fund telemedicine? (E.g. have funds that were not specifically designated for telemedicine been used to support telemedicine.)
3. Has the Planned Parenthood Federation of America (PPFA), its affiliates, or clinics received any telemedicine funding? If so, please provide a list of PPFA affiliates and clinics that received funds for telemedicine and indicate the amount of funding provided to each. (Include both primary grantees and subgrantees.)
4. Have any other facilities that perform abortions received telemedicine funding? If so, please provide a list of the facilities and indicate the amount of funding provided to each. (Include both primary grantees and subgrantees.)

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[3] http://www.bizjournals.com/milwaukee/stories/2009/07/13/story12.html?s=print
[4] http://abcnews.go.com/US/wireStory?id=11730510&tqkw=&tqshow=
[5] http://www.cpca.org/govaffairs/cuissues/documents/Non-FQHCsandHITECH.pdf

## APPENDIX VI. (Continued)

5. Has the Department of Health and Human Services taken any measures to ensure that federal funding for telemedicine and equipment is not used to facilitate telemed abortions? If so, please provide a copy of any memos or guidance issued to safeguard against taxpayer funding for telemed abortion.

We appreciate your attention to this matter and look forward to your response.

Sincerely,

## APPENDIX VI. (Continued)

## APPENDIX VI. (Continued)

## APPENDIX VI. (Continued)

## APPENDIX VI. (Continued)

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|---|---|
| Representative | Steve King |
| Representative | Kenny Marchant |
| Representative | Adam Kinzinger |
| Representative | Robert Latta |
| Representative | Billy Long |
| Representative | Bill Flores |
| Representative | Daniel Lipinski |
| Representative | Stephen Fincher |
| Representative | Todd Akin |
| Representative | Morgan Griffith |
| Representative | Bill Huizenga |
| Representative | Quico Canseco |
| Representative | Rick Crawford |
| Representative | Jeff Fortenberry |
| Representative | Ann Buerkle |
| Representative | Tom Reed |
| Representative | Mike Pence |
| Representative | Tim Huelskamp |
| Representative | Peter Roskam |
| Representative | Ron Paul |
| Representative | Brett Guthrie |
| Representative | Paul Broun |
| Representative | John Fleming |
| Representative | Phil Roe |
| Representative | James Lankford |
| Representative | Doug Lamborn |
| Representative | Tim Johnson |
| Representative | Alan Nunnelee |
| Representative | Chuck Fleischmann |
| Representative | Blake Farenthold |
| Representative | Marsha Blackburn |
| Representative | Gregg Harper |
| Representative | Rodney Alexander |
| Representative | Scott Rigell |
| Representative | Tim Walberg |
| Representative | Joseph Pitts |
| Representative | Steve Scalise |
| Representative | Mike Pompeo |
| Representative | Randy Neugebauer |
| Representative | Ted Poe |
| Representative | Bobby Schilling |
| Representative | Joe Wilson |
| Representative | Thaddeus McCotter |
| Representative | Spencer Bachus |
| Representative | Chris Smith |
| Representative | Gary Miller |

## APPENDIX VI. (Continued)

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|---|---|
| Representative | Renee Ellmers |
| Representative | Donald Manzullo |
| Representative | Lamar Smith |
| Representative | Randy Forbes |
| Representative | Jim Sensenbrenner |
| Representative | Tom Cole |
| Representative | Harold Rogers |
| Representative | Scott Garrett |
| Representative | Robert Aderholt |
| Representative | Jack Kingston |
| Representative | Dan Burton |
| Representative | Tom Latham |
| Representative | Ralph Hall |
| Representative | Steve Pearce |
| Representative | John Kline |
| Representative | John Shimkus |
| Representative | Jean Schmidt |
| Representative | Walter Jones |
| Representative | Steve Chabot |
| Representative | Michele Bachmann |
| Representative | Mike Conaway |
| Representative | Dennis Ross |
| Representative | Trent Franks |
| Representative | Louie Gohmert |
| Representative | Andrew Harris |

# APPENDIX VII.
# FAILURE TO REPORT CRIMINAL CHILD SEXUAL ABUSE

Below are just a few examples of the numerous allegations that have surfaced concerning Planned Parenthood's failure to report the sexual abuse of young girls:

In 1999, an 11-year-old girl went to Planned Parenthood Golden Gate in San Francisco, California after her 17-year-old boyfriend raped her. She told clinic staff about the rape, but asked that they not tell anyone. Although California law requires health care professionals to report suspected sexual abuse to law enforcement,[1] Planned Parenthood disregarded the law. Planned Parenthood went so far as to feature a letter on its website from the girl praising the organization for covering up the incident.[2]

In 2002, a 13-year-old girl was impregnated by her 39-year-old stepfather. He took her to a local Planned Parenthood clinic in Santa Clara, California for a pregnancy test that summer, and again in December for an abortion. After the abortion, the girl's stepfather resumed sexual activity with her until the following summer when her mother discovered the medial records from the abortion. Planned Parenthood failed to comply with California law[3] requiring the report of statutory rape and returned this young girl to her abuser.[4]

In 2006, 21-year-old Kevon Walker impregnated his 14-year-old girlfriend three times. Each time, she was taken to a Planned Parenthood clinic for an abortion.[5] Disregarding Connecticut law,[6] the Planned Parenthood clinic failed to report the statutory rape to authorities, and the abuse continued. Walker was later charged with sexual assault in the second degree.[7]

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[1] Cal. Penal Code § 11165.7 (2010).

[2] *See Shared Stories: It Keeps Us Safe, available at* http://web.archive.org/web/20041022181955/http:/www.ppgg.org/action/stories.asp?ID=15 (last visited Apr. 13, 2011).

[3] Cal. Penal Code § 11165.7 (2010).

[4] *See* Press Release, Yes on 4, *Forced to Have an Abortion at 13, Then Molested for Seven More Months* (Sept. 8, 2008), *available at* http://www.yeson4.net/pdf/Santa_Clara_Sex_Abuse_Case.pdf (last visited Apr. 13, 2011).

[5] See Rick Wesley, *Planned Parenthood May Face Charges* (May 30, 2007), *available at* http://www.ccn-usa.net/news.php?id=462 (last visited Apr. 13, 2011).

[6] Conn. Gen. Stat. § 17a-101 (2010).

[7] *See* Appendix XIV. Criminal Record for Kevon Walker, Connecticut Court Report (search performed on LEXIS Mar. 26, 2011)).

## APPENDIX VII. (Continued)

In 2007, Denise Fairbanks filed suit against Planned Parenthood alleging that it had violated Ohio law by failing to report her sexual abuse.[8] Fairbanks, whose father had sexually abused her for four years, became pregnant at age 16.[9] Her father brought her to visit a Planned Parenthood clinic for an abortion.[10] Although she informed Planned Parenthood employees that the she was being sexually abused by her father, they ignored state law[11] and failed to report the abuse, allowing it to continue for another year and a half.[12] (Planned Parenthood's motion to dismiss some of the claims in the lawsuit is pending.[13])

Another lawsuit was filed against Planned Parenthood in Ohio for, among other allegations, violating Ohio law mandating the reporting of sexual abuse.[14] Fourteen-year-old Jane Roe was impregnated by her 21-year-old soccer coach. After being pressured by the perpetrator to have an abortion, Jane contacted Planned Parenthood. The minor's pregnancy and her boyfriend's involvement in her abortion should have incited Planned Parenthood's employees to report the statutory rape to the proper authorities, as required by Ohio law.[15] They did not. Planned Parenthood performed the abortion, which was paid for by the perpetrator.

In 2007, police in West Hartford, Connecticut discovered Danielle Cramer, a 15-year-old runaway, in the home of 41-year-old Adam P. Gault, locked in a storage space under the stairs.[16] Police detectives on the case said that Cramer recently had an abortion at Planned Parenthood's West Hartford location, the Planned Parenthood clinic staff, mandatory reporters under Connecticut law, made no report of Gault's abuse of Cramer to state authorities.[17] (Connecticut law requires mandatory reporters to report all instances where they suspect any person under the age of 16 has been the victim of abuse, including sexual molestation.[18])

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[8] *See* Complaint, *Denise Fairbanks v. Planned Parenthood Southwest Ohio Region,* No. 07CU68441 (Ohio Ct. of C.P. Warren County 2007), available in Appendix XIV.

[9] *See* News Release, Life Legal Defense Foundation, *Planned Parenthood must defend second suit alleging violations of Ohio law to the detriment of young girls* (May 10, 2007), *available at* http://www.lldf.org/pdf/Press.PP.Fairbanks.pdf (last viewed Apr. 13, 2011).

[10] *Id.*

[11] Ohio Rev. Code Ann. § 2151.421 (2010).

[12] *See* News Release, Life Legal Defense Foundation, *Planned Parenthood must defend second suit alleging violations of Ohio law to the detriment of young girls* (May 10, 2007), *available at* http://www.lldf.org/pdf/Press.PP.Fairbanks.pdf (last viewed Apr. 13, 2011).

[13] *Id.*

[14] Facts related to this story can be found in court documents as well as in AUL's *amicus curiae* brief in the case, which is *available at* http://www.aul.org/xm_client/client_documents/briefs/Roe_v_PP_OH_05-2008.pdf (last visited Mar. 9, 2011). The case is *Roe v. Planned Parenthood,* No. 07-1832 (Ohio 2008).

[15] Ohio Rev. Code Ann. § 2151.421 (2010).

[16] *Man Charged with Harboring Missing Connecticut Teen Helped Her File Abuse Complaint* (June 7, 2007), *available at* http://www.foxnews.com/story/0,2933,279012,00.html (last visited Apr. 18, 2011).

[17] *Gault Pleads Guilty in Teen's Sex Assault,* Eyewitness News 3 (Mar. 5, 2008), *available at* http://www.wfsb.com/news/15501981/detail.html (last visited Apr. 13, 2011); see also Conn. Gen. Stat. § 17a-101 (2010).

[18] Conn. Gen. Stat. §46b-120

## APPENDIX VII. (Continued)

Nancy Mosher, President and CEO of Planned Parenthood of Northern New England, the largest abortion provider in Vermont, testified before the Vermont House of Representatives that Planned Parenthood has a "legal obligation to report instances of sexual assault," but does not do so.[19]

Live Action's undercover investigations in Planned Parenthood clinics across the nation corroborate the findings discussed above, further revealing Planned Parenthood's willingness to disregard state law and to turn a blind eye to the sexual abuse of young girls.[20]

Footage recorded on July 10, 2008 by Live Action undercover investigators at a Planned Parenthood clinic in Arizona implicated the clinic in a sexual abuse scandal.[21] In Arizona, sexual relations between an adult and a 15-year-old is a felony.[22] If an adult-child sexual relationship is revealed, law enforcement must be contacted immediately.[23]

A Live Action investigator entered the clinic and told the nurse that she was 15-years-old and pregnant by her 27-year-old boyfriend. The nurse disregarded the age difference and even cautioned the young girl to avoid bringing her "boyfriend" to the judicial hearing (which Arizona law requires to waive parental consent for an abortion):[24]

**PP NURSE:** They say that it's better to have him with you for support.

**15-YEAR-OLD GIRL:** 'Cause he's older.

**PP NURSE:** How old? Like is he, um, um, not a minor?

**15-YEAR-OLD GIRL:** No, he's not. He's 27.

**PP NURSE:** I wouldn't take him with me, no. Don't. I mean, don't take him with you.

**15-YEAR-OLD GIRL:** Ok.

**PP NURSE:** Just say…

**15-YEAR-OLD GIRL:** Are they going to ask me about him?

**PP NURSE:** Read this. All this is in here, but you don't have to say anything.

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[19] See *Parental Notification of Abortion: Hearings on H.218 Before the H. Judiciary Comm.,* 2001-2002 Legis. Sess. (Vt. 2001) (statement of Nancy Mosher, President & Chief Executive Officer, Planned Parenthood of N. New England); Teresa Stanton Collett, *Protecting Our Daughters: The Need for the Vermont Parental Notification Law,* 26 VT. L. REV. 101, 120 (2001); see also VT. STAT. ANN. tit. 33, §§ 4912, 4913 (2010).

[20] *See generally* Live Action, *The Mona Lisa Project: Exposing Planned Parenthood, available at* http://liveaction.org/monalisa (last visited Apr. 13, 2011).

[21] *Id.*

[22] ARIZ. REV. STAT. ANN. § 13-1405 (2010).

[23] *Id.* § 13-3620 (2010).

[24] *See* Live Action, *Tucson, AZ: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/tucson-az (last visited Apr. 13, 2011).

## APPENDIX VII. (Continued)

Rather than reporting the statutory rape—as Arizona law requires[25] —the Planned Parenthood nurse hid the identity of the statutory rapist and offered a secret abortion to the young girl.[26]

This is not the only example of Planned Parenthood of Arizona failing to report sexual abuse. Two clinics in Phoenix violated state law by failing to report suspected sexual abuse. A Live Action undercover investigator posed as a 15-year-old girl and told the Planned Parenthood staffer at one clinic that her boyfriend was "a lot older," and the staffer at the other clinic that her boyfriend was 27 years old.[27] Both clinics failed to report the abuse.[28]

Excerpts from exchange at clinic #1:[29]

**15-YEAR-OLD GIRL:** How old do I have to be, in order to get one?

**PP STAFFER:** You have to be 18 or older. If you're under 18, you can get a judicial bypass.

**15-YEAR-OLD GIRL:** I'm almost 16.

**PP STAFFER:** Um, what it is, is, um, you would have to call our counselor and arrange it with her and what she will do is she will go with you to court. From what I hear it's a very, um, easy process.

**15-YEAR-OLD GIRL:** And where is the other place that you were saying where we have to go talk.

**PP STAFFER:** That's where she would be located. That would be our 7th Street clinic.

**15-YEAR-OLD GIRL:** There's another problem. Um, he's a lot older than me.

**PP STAFFER:** Uh-huh.

**15-YEAR-OLD GIRL:** And I don't know if she's gonna ask questions about that or if the judge is gonna ask questions about that.

**PP STAFFER:** Uh, I don't think, I mean, I would probably, confide in her about that. I know that she's very, um, she's really good at, she wants to help anybody who comes to her.

**YOUNG FRIEND OF 15-YEAR-OLD GIRL:** So like if he came in and paid for it, like with her, that wouldn't be an issue.

**PP STAFFER:** No, we don't ask any questions. It's only a big issue if you're under, um, if you're 13 or under.

**15-YEAR-OLD GIRL:** Oh.

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[25] ARIZ. REV. STAT. ANN § 13-3620 (2010).

[26] *See* Live Action, *Tucson, AZ: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/tucson-az (last visited Apr. 13, 2011).

[27] *See* Live Action, *Phoenix, AZ: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/phoenix-az (last visited Apr. 13, 2011).

[28] *Id.*

[29] *Id.*

## APPENDIX VII. (Continued)

Excerpts from exchange at clinic #2:[30]

**15-YEAR-OLD GIRL:** She's asking about getting a judicial bypass, so she said that Misty could give me that information, 'cause I'm only 15 and my parents can't know about it.

**PP STAFFER:** Yeah, that would be strictly with Misty.

**15-YEAR-OLD GIRL:** You guys can't even—'cause I really need to get this taken care of.

**PP STAFFER:** Yeah, you would need to see her. 'Cause she the only one that does that. She's the only counselor.

**15-YEAR-OLD GIRL:** I'm really scared right now because she's the only friend who knows about it, and my boyfriend knows about it, but my parents don't about it, and my boyfriend's like—"You need to get this taken care of 'cause I'm gonna get in trouble, and—"

**PP STAFFER:** Is he older? I mean everything's confidential here, you know what I mean?

**15-YEAR-OLD GIRL:** Mmmm, yeah. He's 27.

**PP STAFFER:** Ok.

**15-YEAR-OLD GIRL:** It's not like that at all, like he's a great guy.

**PP STAFFER:** No, I mean, you know, I mean, that's just you, it's not me, it's not her, you know what I mean? This is like, all I could give you is either advise you, or you know, help you out.

**15-YEAR-OLD GIRL:** Ok.

**PP STAFFER:** You know what I mean? I can't say, "Don't," you know or "I'm gonna go and do this," I cannot be that way. It's not me. Ok. So the thing is —

**15-YEAR-OLD GIRL:** So it's ok? Like, that.

**PP STAFFER:** See, when you go, um, you know he is older, right, but when you go over to the counselor's she might say some stuff, you know what I mean? But all that, it's up to you. You know what I mean?

**15-YEAR-OLD GIRL:** But what I say to her—

**PP STAFFER:** But the thing is, you know what I mean, is this your decision or his decision?

**15-YEAR-OLD GIRL:** Oh, it's my decision.

**PP STAFFER:** Ok.

**15-YEAR-OLD GIRL:** Yeah.

**PP STAFFER:** So then, it's strictly you then. You know what I mean? 'Cause, you know, the main concern is that nobody's forcing you to do something you don't want to do.

**15-YEAR-OLD GIRL:** Well if—he thought that he might get in trouble though. Which is why I didn't want you to talk about it.

**PP STAFFER:** But you know, um, everything's confidential, especially, even when you talk to Misty, and you can tell her everything that's going on—

**15-YEAR-OLD GIRL:** You think that's ok if I tell her that?

**PP STAFFER:** Yeah, I mean, you know, everything is confidential.

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[30] *Id.*

## APPENDIX VII. (Continued)

On June 24, 2008, a Live Action undercover camera inside an abortion clinic in Bloomington, Indiana revealed Planned Parenthood staff deliberately violating the state's mandatory reporting laws for sexual abuse.[31] The undercover investigator posed as a 13-year-old girl and told a Planned Parenthood nurse that a 31-year-old man impregnated her—a clear case of child sexual abuse under Indiana law.[32] In Indiana, sexual relations between an adult and a minor younger than 14 is a felony.[33] Indiana law also imposes a duty to report child abuse or neglect and makes failure to report suspected abuse a Class B misdemeanor.[34] If the minor is under 14 years of age and states she is pregnant, law enforcement must be contacted immediately.[35]

The Planned Parenthood nurse first told the young girl she did not want to know the age of the man who impregnated her:[36]

**PP NURSE:** Have you had a positive pregnancy test? And missed a period?

**13-YEAR-OLD GIRL:** A couple periods.

**PP NURSE:** A couple periods. Ok. Ok. How old are you?

**13-YEAR-OLD GIRL:** I'm 13.

**PP NURSE:** Ok. In the state of Indiana, you have to have a parent's signature to get an abortion.

**13-YEAR-OLD GIRL:** And they would want to know who, who is the, the father, and everything…
And I can't tell. I wouldn't want to tell 'bout all that stuff.

**PP NURSE:** Ok. Ok.

**13-YEAR-OLD GIRL:** 'Cause, I mean, he would be in really big trouble.

**PP NURSE:** Alright. 'Cause I don't want to know how old he is. Ok. Ok.

**13-YEAR-OLD GIRL:** What do you mean?

**PP NURSE:** I don't want to know how old he is. Ok. Because in the state of Indiana, anyone
13 years and younger, um, there has to be, um, a report done to CPS. You know.

**13-YEAR-OLD GIRL:** But he's not, he not as, I mean, he might be… um—

**PP NURSE:** Doesn't matter.

**13-YEAR-OLD GIRL:** A lot older, but he doesn't act a lot older. You know.

**13-YEAR-OLD GIRL:** And I act a lot older than I am, so it works out. Because he might be 31 now.

. . . .

**PP NURSE:** In the state of Indiana, when anyone has had intercourse and they are age 13 and younger.

**13-YEAR-OLD GIRL:** I'm almost 14.

**PP NURSE:** It doesn't matter. You're 13. It has to be reported to CPS.

**PP NURSE:** Ok, I didn't hear the age. I don't want to know the age. It could be reported as rape.

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[31] *See* Live Action, *Bloomington, IN: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/bloomington-in (last visited Apr. 13, 2011).

[32] Indiana law makes sex with a minor younger than 14 a felony and classifies it as "child molesting." *See* Ind. Code § 35-42-1-3 (2010).

[33] *Id*.

[34] *Id.* §§ 31-33-5, 31-33-22-1 (2010).

[35] *Id.*

[36] *See* Live Action, *Bloomington, IN: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/bloomington-in (last visited Apr. 13, 2011)

## APPENDIX VII. (Continued)

**13-YEAR-OLD GIRL:** Ok.

**PP NURSE:** And that's child abuse.

**13-YEAR-OLD GIRL:** So if I just say, I don't know who the father was but he's one of the guys at school or something.

**PP NURSE:** Right… Just…You know. You've seen him around, you know he's 14, he's in your grade and whatever. So. You know what I mean. Ok, so that's that problem solved.

The Planned Parenthood nurse clearly knew she had a duty to report the suspected sexual abuse under Indiana law, but she willingly chose to ignore the law and told the young girl that she would not report the abuse: "I am supposed to report to Child Protective Services," but "Ok, I didn't hear the age [of the 31-year-old]. I don't want to know the age."[37]

The Planned Parenthood nurse "solved the problem" by telling the 13-year-old girl to lie about the age of the 31-year-old man who impregnated her. The nurse told her to say: "You've seen him around, you know he's 14, he's in your grade and whatever. You know what I mean."[38]

Further undercover footage taken at another Planned Parenthood clinic in Indiana revealed clinic counselors evading their legal responsibility to report the statutory rape of young girls. Two employees at this clinic stated they "don't care" about the age difference between a 31-year-old man and the 13-year-old girl he was reported to have impregnated. The clinic workers advised the girl to go across state lines to obtain an abortion and to lie about her boyfriend's age.[39]

**PP WORKER:** Um, how old are you?

**13-YEAR-OLD GIRL:** Um, um, I'm 13. If they find out about I, us, pregnant. Then they will find out about my boyfriend. And I don't want him to get in trouble.

**PP WORKER:** I can understand that. We have laws to follow here in Indiana. And you have to get approval if you're a minor. And we have to follow the laws.

**13-YEAR-OLD GIRL:** If they setup an appointment, um, if, are they gonna ask me how old my boyfriend is? 'Cause he told me that if people found out then he, um, they would be very mad at him.

**PP WORKER:** Um, we don't ask anything about your boyfriend. We don't really care about who, what the age of the, the boyfriend. It's consensual. It's your choice.

**13-YEAR-OLD GIRL:** Because he was a lot older.

**PP WORKER:** So he's a lot older.

**13-YEAR-OLD GIRL:** Um.

**PP WORKER:** He should help you. Well he should help you pay for it in my opinion. That's my, that's my personal feeling, it's that, that's my opinion.

. . . .

**13-YEAR-OLD GIRL:** And he's, he is a lot older and so she's going to find out. And then he'll get in—

**PP COUNSELOR:** Well a lot of people will say, well, you know. Yeah, he, he is over such and such. And you can do statutory rape and whatever but it's going to be in the papers. So most people will threaten stuff and don't go through with it. Ok.

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[37] *Id.*

[38] *Id.*

[39] *See* Live Action, *Indianapolis, IN: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/indianapolis-in (last visited Apr., 2011).

## APPENDIX VII. (Continued)

**13-YEAR-OLD GIRL:** 'Cause, he, he's 31.

**PP COUNSELOR:** I don't care how old he is.

**13-YEAR-OLD GIRL:** Ok. But I don't want her to find out about Mike.

Because if she finds out about Mike, she'll not let me ever see him until, like, [inaudible]

**PP COUNSELOR:** You got it? Thank you. Ok. [door opens and someone hands the counselor a sheet of paper]

**PP COUNSELOR:** The surrounding states. Do you have access to the internet? The surrounding states don't have parental consent.

**13-YEAR-OLD GIRL:** What states should I go to?

**PP COUNSELOR:** I can't tell you anymore.

**13-YEAR-OLD GIRL:** Ok.

**PP COUNSELOR:** I said surrounding states. So think about the states that are surrounding Indiana and do some research.

The Planned Parenthood counselor next coaches the 13-year-old girl on how to further conceal the abortion and prolong the relationship with the 31-year-old man.

**PP COUNSELOR:** If you're trying to really hide it I don't recommend the medication one. But, you—

**13-YEAR-OLD GIRL:** What do you mean?

**PP COUNSELOR:** There's a medication one that you can miscarry at home. Take a pill. It's $500 and then you put some medicine in your cheeks and so forth. And I don't recommend that for your situation. You just need to get it over with.

**13-YEAR-OLD GIRL:** Do you see it? The blood.

**PP COUNSELOR:** Well, if you are in labor and pain for 10 or 12 hours. What's your mom gonna say? [crosstalk]

**PP COUNSELOR:** It would be harder to hide.

**13-YEAR-OLD GIRL:** Oh yeah.

**PP COUNSELOR:** How old are you?

**13-YEAR-OLD GIRL:** 13.

**PP COUNSELOR:** K.

**13-YEAR-OLD GIRL:** It's confidential?

**PP COUNSELOR:** Mmmhuh. Ok.

**13-YEAR-OLD GIRL:** Can I call back if I have a question?

**PP COUNSELOR:** Mmmh.

**13-YEAR-OLD GIRL:** What's your name?

**PP COUNSELOR:** I'm Janet.

**13-YEAR-OLD GIRL:** Can I talk to you?

**PP COUNSELOR:** Uh-huh.

## APPENDIX VII. (Continued)

On July 2, 2008, a Planned Parenthood counselor in Tennessee was caught on tape counseling a Live Action undercover investigator posing as a pregnant 14-year-old girl. The counselor advised the girl to lie about the age of her 31-year-old boyfriend to avoid legal scrutiny and to get a secret abortion so that her parents would not find out about her sexual relationship with the older man.[40] She also recommended that the "14-year-old girl" lie to a judge about her boyfriend's age in order to bypass parental notification laws.

In Tennessee, sexual relations between an adult and a 14-year-old constitute a felony.[41] Tennessee Code §37-1-605 requires health professionals to report suspected cases of sexual abuse of minors to law enforcement immediately.[42] The staffer admitted that Tennessee law required her to report the abuse, but she chose to not report it.

Excerpts from exchange:[43]

**PP COUNSELOR:** You don't want your parents to know?

**14-YEAR-OLD GIRL:** 'Cause then if they knew they would find out about my boyfriend.

**PP COUNSELOR:** Mhm.

**14-YEAR-OLD GIRL:** And he is a lot older—um, he's like he's older. And you—it's confidential here? He's older. And so if they saw that I was pregnant—because maybe they'd find out about this.

**PP COUNSELOR:** He's just older than you? Like a lot older than you?

**14-YEAR-OLD GIRL:** He's 31.

**PP COUNSELOR:** Ok. And how old are you?

**14-YEAR-OLD GIRL:** Um—is he gonna get in trouble?

**PP COUNSELOR:** No.

**14-YEAR-OLD GIRL:** You promise?

**PP COUNSELOR:** I don't know… Ok, the main point is that you wanna—

**14-YEAR-OLD GIRL:** I'm 14, but I'm turning 15, um, in two months. So very soon.

**PP COUNSELOR:** Ok.

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** And, look. If we keep on this conversation I'm gonna have to talk to my manager and yeah, he's gonna get in trouble. Because he—I mean he's not supposed to—I mean he is your age doubled and more one. But—in order to get the proced—I'm not gonna tell anybody, ok. I'm not going to tell anybody, ok.

**14-YEAR-OLD GIRL:** [Sigh]

**PP COUNSELOR:** And please don't say that I told you this. But—you need to call them. You need to call her.

**14-YEAR-OLD GIRL'S FRIEND:** Are they going to ask questions about her boyfriend?

**PP COUNSELOR:** No.

**14-YEAR-OLD GIRL:** She's—they don't need to know?

**PP COUNSELOR:** If you don't mention it—uh just—just say you have a boyfriend 17-years-old—whatever.

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[40] *See* Live Action, *Student Undercover Video Shows Tennessee Planned Parenthood Coaching 14-year-old to Lie about Age of Boyfriend* (Apr. 20, 2009), *available at* http://liveaction.org/press/student-undercover-video-shows-tennessee-planned-parenthood-coaching-14-year-old-to-lie-about-age-of-boyfriend (last visited Apr. 13, 2011).

[41] Tenn. Code Ann. § 39-13-506 (2010).

[42] *Id.* § 37-1-605 (2010).

[43] *See* Live Action, *Memphis, TN: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/memphis-tn (last visited Mar. 26, 2011).

# APPENDIX VII. (Continued)

**14-YEAR-OLD GIRL:** Mhm.

**PP COUNSELOR:** She's gonna say ok, just—uh—she's gonna give you a court date and you have to go to court that day—

**14-YEAR-OLD GIRL:** But—

**PP COUNSELOR:** And that day they're gonna ask you, "You wanna have this done, this is your decision?" and you're gonna say, "Yes." Ok, the judge is gonna sign a paper and he's gonna give it to you.

**14-YEAR-OLD GIRL:** And he's not gonna ask about my boyfriend—the judge?

No. No... He's gonna ask you, "Is—you wanna have it because you wanna have it—nobody's forcing you?" Um—He's gonna tell you some things and then he's gonna sign the paper and give it to you.

**14-YEAR-OLD GIRL:** Ok.

**PP COUNSELOR:** But she's gonna give you—Stevens—she's gonna give you all the information.

Live Action's video further exposes Planned Parenthood's counseling practices. The "14-year-old girl" states: "My boyfriend said he could pay for everything—But he shouldn't come here to pay 'cause you'll see him, right?"[44] The counselor replies: "It doesn't matter. As long as your parents are not here and can't identify him, he can just pay and that's it. He could be like your older brother or whatever."[45] The counselor thus chose to protect a statutory rapist and continue the victimization of a young girl rather than follow state law and report the abuse.

On June 25, 2008, a Planned Parenthood counselor in Alabama was caught on hidden camera telling an alleged 14-year-old statutory rape victim that the clinic "does sometimes bend the rules a little bit" rather than report sexual abuse to state authorities.[46] Alabama law requires health professionals to disclose suspected cases of sexual abuse to state officials immediately.[47] In Alabama, sexual relations between an adult and a 14-year-old constitute a felony.[48] If an adult-child sexual relationship is revealed, law enforcement must be contacted immediately.[49]

Excerpts from exchange:[50]

**PP COUNSELOR:** How old's your boyfriend?

**14-YEAR-OLD GIRL:** What?

**PP COUNSELOR:** How old is your boyfriend?

**14-YEAR-OLD GIRL'S FRIEND:** Is everything here confidential?

**PP COUNSELOR:** Yeah—I can't say anything.

**14-YEAR-OLD GIRL:** Ok. He's 31.

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[44] *See* Live Action, *State Lawmakers Clash with Planned Parenthood Officials over Undercover Footage* (Apr. 29, 2009), *available at* http://liveaction.org/press/state-lawmakers-clash-with-planned-parenthood (last visited Apr. 13, 2011).

[45] *Id*.

[46] *See* Live Action, *Birmingham, AL: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/birmingham-alabama (last visited Apr. 13, 2011).

[47] Ala. Code § 26-14-3 (2010).

[48] *Id*. § 13-A6-62 (2010).

[49] *Id*. §§ 26-14-1, -3 (2010).

[50] *See* Live Action, *Birmingham, AL: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/birmingham-alabama (last visited Apr. 13, 2011).

## APPENDIX VII. (Continued)

**PP COUNSELOR:** He's 31. Ok.

. . . .

**14-YEAR-OLD GIRL:** Is—is she—is it a problem—about my boyfriend?

**PP COUNSELOR:** Um... as long as you consented to having sex with him, there's nothing we can truly do about that.

**14-YEAR-OLD GIRL:** I consented. Very much. 'Cause he said he could get in big trouble.

**PP COUNSELOR:** He could. Especially if your parents find out that he's 31.

**14-YEAR-OLD GIRL:** That's why we have to be careful because my parents might find out.

**PP COUNSELOR:** Yeah, so, like I said that's—a big issue but you can call and talk to her she's the health center manager—

**14-YEAR-OLD GIRL:** Does she help other girls?

**PP COUNSELOR:** Um, I'm not sure. I don't know what she actually does. I know sometimes she does bend rules a little bit but in your case I don't know if she'll do that.

**14-YEAR-OLD GIRL:** Should I—what do you mean 'cause of he's older?

**PP COUNSELOR:** Mhm.

**14-YEAR-OLD GIRL:** What if I say that he's maybe younger? Like 20 or 19 or something?

**PP COUNSELOR:** Uh, doesn't matter either way—we'll probably find out. Ok? But you want to be up front with her. If she's gonna work with you need to be up front with her.

**14-YEAR-OLD GIRL:** Ok. But she's gonna work with me because she won't report me like—to my parents.

**PP COUNSELOR:** I don't think she—We can't say anything to your parents. Ok? It's the HIPAA law. We can't. Even if they call up here we can't disclose any information to anybody. Ok? Whatever you tell us stays within these walls.

The law is clear about a health care professional's duty to report, yet Planned Parenthood refused to comply with state law. Following the release of this video footage, Alabama Attorney General Troy King investigated the clinic and found multiple state law violations, including failure to report suspected sexual abuse of minors to authorities and failure to comply with parental consent laws.[51] After the Attorney General's investigation, the Alabama Department of Public Health put the Planned Parenthood clinic on probation for multiple state law violations.[52] A report by health officials stated:

> "A reasonable person would suspect abuse or neglect of this 13-year-old child," in spectors wrote. "Neither the Registered Nurse, the Medical Doctor, nor any other Center staff reported the suspected abuse or neglect [of a 13-year-old child] to the authorities as required by law."[53]

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[51] *See* Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), *available at* http://www.liveaction.org/files/PPViolations.pdf (last visited Apr. 13, 2011).

[52] *Alabama puts Planned Parenthood Clinic on Probation After Undercover Sting* (Feb. 10, 2010), available at http://www.foxnews.com/us/2010/02/10/alabama-puts-planned-parenthood-clinic-probation-undercover-sting/ (last visited Apr. 18, 2011).

[53] *See* Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), *available at* http://www.liveaction.org/files/PPViolations.pdf (last visited Apr. 13, 2011).

# APPENDIX VII. (Continued)

Video footage taken on June 25, 2008 documents a Planned Parenthood clinic in Wisconsin covering up the sexual abuse of a minor.[54] The Planned Parenthood counselor told an allegedly pregnant, 14-year-old girl that the situation will be reported depending on whom she tells.[55] When the girl tells the counselor that her boyfriend is 31 years of age, the counselor says that the young girl does not have to say anything, and to "just give them the information that's needed."[56]

In Wisconsin, whoever has sexual contact or sexual intercourse with a person who has not attained the age of 16 is guilty of a Class C felony[57] and commits second degree sexual assault.[58] Health care professionals are required to report suspected abuse immediately.[59]

Excerpts from exchange:[60]

**14-YEAR-OLD GIRL:** Are they gonna ask about [inaudible] my boyfriend?

**PP COUNSELOR:** Um, they don't. No. They don't if you don't want them to know—

**14-YEAR-OLD GIRL:** Because he's a lot older.

**PP COUNSELOR:** He's a lot older, ok.

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** Um, if you disclose that information it's up to them [inaudible] to see if they can report it. If it was not consensual—was it consensual?

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** It was consensual? Ok. Um. It depends on that per—the person that you're disclosing that information to.

**14-YEAR-OLD GIRL:** 'Cause he's 31.

**PP COUNSELOR:** Ok. Does he know how old you are?

**14-YEAR-OLD GIRL:** Um, I think well—not really.

**PP COUNSELOR:** You kinda lied to him right?

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** Oh, ok.

**14-YEAR-OLD GIRL:** That's why I don't think [inaudible] you would tell or something.

**PP COUNSELOR:** No. Um. K. We'll just um [inaudible]

**14-YEAR-OLD GIRL:** What

**PP COUNSELOR:** Mhm.

**14-YEAR-OLD GIRL'S FRIEND:** You don't what?

**PP COUNSELOR:** If you don't—it's up to you—but please just give them the information that's needed. You can tell them that um—Ok, so you go the family planning center—or you would call them up.

**14-YEAR-OLD GIRL:** So we could try going today?

**PP COUNSELOR:** Yeah.

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[54] *See* Live Action, *Milwaukee, WI: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/milwaukee-wi (last visited Apr. 13, 2011).

[55] *Id.*

[56] *Id.*

[57] Wis. Stat. Ann. § 948.02 (2011). .

[58] *Id.*

[59] *Id.* § 48.981 (2011).

[60] *See* Live Action, *Milwaukee, WI: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/milwaukee-wi (last visited Apr. 13, 2011).

# APPENDIX VII. (Continued)

**14-YEAR-OLD GIRL:** 'Cause uh, my boyfriend talked with me [inaudible] and he said, "Take care of it." Like, get your counseling—get your stuff and so if I go back and I say that I didn't take care of it he'll be really upset.

**PP COUNSELOR:** Oh. Um. Ok. But there's steps involved in taking care of this because you are underage. But he doesn't know that right?

**14-YEAR-OLD GIRL:** Well he knows it, actually.

**PP COUNSELOR:** Ok.

**14-YEAR-OLD GIRL:** Yeah he knows.

**PP COUNSELOR:** Ok, so. Will he be paying for it then?

**14-YEAR-OLD GIRL:** Yeah.

**PP COUNSELOR:** Ok. Um.

**14-YEAR-OLD GIRL:** He'll pay for all of it… Are people gonna catch us?

**PP COUNSELOR:** For what? You have the right to an abortion you just have to have the proper documentation. Um.

**14-YEAR-OLD GIRL:** Ok.

**PP COUNSELOR:** So that's why I'm [inaudible] I'm telling you that—that a judicial bypass is that you are underage. What is your name? I can call them and tell them you're coming.

At a Planned Parenthood clinic in Los Angeles, California a Planned Parenthood employee told investigators posed as a 15-year-old girl with her 23-year-old boyfriend to change her age to be eligible for an abortion.[61]

Excerpts from exchange:[62]

**15-YEAR-OLD GIRL:** Umm… he's 23, um… and I'm… 15. Do you have to report that?

**PP STAFFER:** It depends on how old you are.

**15-YEAR-OLD GIRL:** Well, how old do I have to be… to be… to be okay?

**PP STAFFER:** Let me double check that… If you're 15, we have to report it. If not, if you're older than that, we don't need to.

**15-YEAR-OLD GIRL:** But if I just say I'm not 15… then it's different?

**PP STAFFER:** That's correct.

**15-YEAR-OLD GIRL:** So I could say—

**PP STAFFER:** You could say 16.

**15-YEAR-OLD GIRL:** I could say 16?

**PP STAFFER:** Yes.

**15-YEAR-OLD GIRL:** Okay… um, yeah… So I just write… I would just write 16?

**PP STAFFER:** Well, just figure out a birth date that works. And I don't know anything.

The Live Action videos discussed above reveal a pattern and practice among Planned Parenthood clinics across the United States to circumvent state law and conceal the sexual abuse of young girls.

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[61] *See* Live Action, *Planned Parenthood Covers Up Statutory Rape* (Nov. 9, 2007), *available at* http://www.youtube.com/watch?v=YtyJ_7ZFgEw (last visited Apr. 13, 2011).

[62] *See id*.

# APPENDIX VIII.
# FAILURE TO COMPLY WITH PARENTAL INVOLVEMENT LAWS

The Alabama Department of Public Health issued a report stating that Planned Parenthood staff at a Birmingham, Alabama abortion clinic "failed to obtain parental consent for 9 of 9 minor patients in a manner that complies with state legal requirements."[1] According to Alabama law, minors must present abortion clinics with a consent form and verify that the signature on the form is that of their parent or legal guardian.[2] Though the statute requires the minor to sign the form as verification, the clinic's forms did not include a designated space for such a signature.[3]

Alabama began its investigation after an undercover video was released by Live Action.[4] The video reveals Planned Parenthood employees telling an undercover investigator posing as a 14-year-old girl seeking an abortion that she can evade the state's parental consent law by getting someone "with the same last name" to sign off on the abortion in her parent's place.[5] The clinic workers refer the young girl to the clinic director, Dr. Desiree Bates, telling her that Bates "does sometimes bend the rules a little bit."[6] Following the investigation, which resulted in findings of multiple state law violations, including failure to comply with the state's parental consent law,[7] this Planned Parenthood clinic was put on probation.[8]

Excerpts from exchange:[9]

**PP COUNSELOR:** Now how old are you?

**14-YEAR-OLD GIRL:** Umm… 14.

**PP COUNSELOR:** Ok. In order to have one you're going to have to have a parent's consent.

**14-YEAR-OLD GIRL'S FRIEND:** What does that mean?

**PP COUNSELOR:** That means she can't have an abortion until her parents sign some papers.

**14-YEAR-OLD GIRL:** Can we talk about that more? Because I can't – I don't want my parents to know.

**PP COUNSELOR:** It's um – it's a state law. Yeah, so you have to have some type of parent's consent. Do you have an older sister that's over the age of 18?

**14-YEAR-OLD GIRL:** [inaudible]

**PP COUNSELOR:** That's the only way you're going to be able to get it, sweetheart.

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[1] *See* Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), *available at* http://www.liveaction.org/files/PPViolations.pdf (last visited Apr. 13, 2011).

[2] Ala. Code § 26-21-3 (2010).

[3] *See id.; see also* Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), *available at* http://www.liveaction.org/files/PPViolations.pdf (last visited Apr. 13, 2011).

[4] *See* Live Action, *Birmingham Planned Parenthood Put on Probation Following Nine Legal Violations, available at* http://liveaction.org/press/birmingham-planned-parenthood-put-on-probation-following-nine-legal-violations (last visited Apr. 13, 2011).

[5] *Id.*

[6] *Id.*

[7] *See* Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), *available at* http://www.liveaction.org/files/PPViolations.pdf (last visited Apr. 13, 2011).

[8] *Alabama puts Planned Parenthood Clinic on Probation After Undercover Sting* (Feb. 10, 2010), *available at* http://www.foxnews.com/us/2010/02/10/alabama-puts-planned-parenthood-clinic-probation-undercover-sting/ (last visited Apr. 18, 2011).

[9] *See* Live Action, *Birmingham, AL: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/birmingham-alabama (last visited Apr. 13, 2011).

# APPENDIX VIII. (Continued)

**14-YEAR-OLD GIRL:** No.

**PP COUNSELOR:** He has to have the same last name.

**14-YEAR-OLD GIRL'S FRIEND:** There's nothing that she can do? Nothing else?

**PP COUNSELOR:** She can—um—

**14-YEAR-OLD GIRL:** Can you—can I talk to you about something?

**PP COUNSELOR:** Uh-huh. Have a seat I'll call you in one second. Let me take these two calls…

**PP COUNSELOR:** Ok. What's up?

**14-YEAR-OLD GIRL:** Ok, well. So my—um—I don't know what to say. Ok so I need an abortion and my parents can't know about it.

**PP COUNSELOR:** Umm—as far as I know you have to have a parent's consent 'cause you're under the age of 18—it's a state law.

**14-YEAR-OLD GIRL:** Ok.

**PP COUNSELOR:** Umm—if you don't have like a grandparent or somebody else who has the last name of you then you won't be able to get it done. . .

**14-YEAR-OLD GIRL:** What if my boyfriend gives his consent?

**PP COUNSELOR:** How old's your boyfriend?

**14-YEAR-OLD GIRL:** What?

**PP COUNSELOR:** How old is your boyfriend?

**14-YEAR-OLD GIRL'S FRIEND:** Is everything here confidential?

**PP COUNSELOR:** Yeah—I can't say anything.

**14-YEAR-OLD GIRL:** Ok. He's 31.

**PP COUNSELOR:** He's 31. Ok. He won't be able to do that because he doesn't have the same last name.

**14-YEAR-OLD GIRL:** He could get the same last name.

**PP COUNSELOR:** No, you can't do that. Just call back tomorrow and speak to somebody else ok? Just call back I'm gonna give you a phone number you can call and ask to speak to Ms. [inaudible], she's the health center manager.

**14-YEAR-OLD GIRL:** She can tell me what to do?

**PP COUNSELOR:** Yeah, she can tell you what to do. Because like I said—as far as I know you have to have a parent's consent.

**14-YEAR-OLD GIRL:** Is—is she—is it a problem—about my boyfriend?

**PP COUNSELOR:** Um… as long as you consented to having sex with him, there's nothing we can truly do about that.

**14-YEAR-OLD GIRL:** consented. Very much. 'Cause he said he could get in big trouble.

**PP COUNSELOR:** He could. Especially if your parents find out that he's 31.

**14-YEAR-OLD GIRL:** That's why we have to be careful because my parents might find out.

**PP COUNSELOR:** Yeah, so, like I said that's—a big issue but you can call and talk to her she's the health center manager—

**14-YEAR-OLD GIRL:** Does she help other girls?

**PP COUNSELOR:** Um, I'm not sure. I don't know what she actually does. ***I know sometimes she does bend rules a little bit*** but in your case I don't know if she'll do that. [emphasis added]

**14-YEAR-OLD GIRL:** Should I—what do you mean 'cause of he's older?

## APPENDIX VIII. (Continued)

**PP COUNSELOR:** Mhm.

**14-YEAR-OLD GIRL:** What if I say that he's maybe younger? Like 20 or 19 or something?

**PP COUNSELOR:** Uh, doesn't matter either way—we'll probably find out. Ok? But you want to be up front with her. If she's gonna work with you need to be up front with her.

**14-YEAR-OLD GIRL:** Ok. But she's gonna work with me because she won't report me like—to my parents.

**PP COUNSELOR:** I don't think she—We can't say anything to your parents. Ok? It's the HIPAA law. We can't. Even if they call up here we can't disclose any information to anybody. Ok? Whatever you tell us stays within these walls.

In Indiana, Live Action's undercover investigation revealed Planned Parenthood staff deliberately violating the state's parental consent law. The Planned Parenthood nurse coached a 13-year-old girl on how to obtain a secret abortion by having her 31-year-old "boyfriend" take her across state lines to circumvent Indiana's parental consent law.[10] "Now, I'm going to give you a piece of paper here. Because I cannot tell you this.[11] Ok. But I can show you this." The Planned Parenthood nurse circled an out-of-state clinic (in Illinois) and then covered her tracks by circling everything else on the page.[12]

In Virginia, video evidence from a Live Action undercover investigation in January 2011 showed a Planned Parenthood employee coaching a "pimp" about how girls as young as 14 years of age could circumvent parental consent laws to obtain an abortion.[13]

Excerpts from exchange:[14]

**PIMP:** But um—like, how, do you guys have like teen services?

**PP EMPLOYEE:** I mean we can give them the same information, the only thing that requires a legal guardian is an abortion. I mean you can get birth control, testing, like anything—without a parent. The only thing that requires over 18, if they're a minor, is an abortion. But there's also ways, like judicial bypasses that we can get around that—if you guys ever need it. There is a way to avoid that.

**PIMP:** How can we do that? 'Cause I mean if they need the help then, I don't know, I don't know.

**PP EMPLOYEE:** I mean, like the best thing for them to do is call here or walk in—the same way you're doing. There's also online appointments, scheduling, um, if they just have questions and want to talk to someone they can come in. Or, we can talk to them over the phone—I mean, everything's confidential. Um.

**PIMP:** What was that? What was that—what did you say it was, bypass?

**PP EMPLOYEE:** Judicial bypass. It's, um, if someone is a minor and they don't want their parents to know—they're on their parent's insurance—so an abortion would show up. You fill out paperwork and we help you kinda set it up and we have a confidential hotline that will call you at whatever number you give us and handle the whole thing. So for someone who's a mior, that's a really good option. We do 'em probably once or twice a month here.

**PIMP:** Wow.

**PP EMPLOYEE:** So we're pretty good at handling if someone, you know, doesn't want someone else to know, or doesn't want parents—

**PIMP:** Ok.

**PP EMPLOYEE:** Yeah.

**PIMP:** Ok.

**PP EMPLOYEE:** Uh-huh.

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[10] *See* Live Action, *Bloomington, IN: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/bloomington-in (last visited Apr. 13, 2011).

[11] *Id.*

[12] *Id.*

[13] *See* Live Action, *Richmond Virginia Planned Parenthood Clinic Shows Willingness to Aid and Abet Sexual Exploitation of Minors* (Feb. 3, 2011), *available at* http://liveaction.org/blog/richmond-virginia-planned-parenthood-clinic-shows-willingness-to-aid-and-abet-sexual-exploitation-of-minors/ (last visited Apr. 13, 2011).

[14] *See* Live Action, *Caught on Tape: Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), *available at* http://liveaction.org/blog/planned-parenthood-aids-sex-ring/ (last visited Apr. 13, 2011).

# APPENDIX IX.
# ASSISTING PROSTITUTION AND/OR SEX TRAFFICKING?

As described in the report, Amy Woodruff, the Planned Parenthood employee in New Jersey, coached a man and woman who presented themselves as a pimp and a prostitute on how to lie about the age of the young girls they "manage" and how to circumvent reporting requirements. In addition, she advised the "pimp" on how he could obtain cheaper contraception for his prostitutes by claiming they are "students."[1] "If they're minors, put down that they're students. Yeah, just kind of play along that they're students – we want to make it look as legit as possible."[2] Woodruff also provided disturbing advice on how to use the young girls in the sex trade while they are recovering from abortions and how to facilitate bribes in exchange for expedited service.[3]

Excerpts from exchange:[4]

> **PIMP:** Ok, uh, so, we're involved in sex work, alright, and there are some girls that we manage, that uh, we're not quite sure if I got it from one of them—
>
> **PP MANAGER AMY WOODRUFF:** Ok.
>
> **PIMP:** Now the thing is, um, okay, so some of 'em are like, eh, some of 'em are young, they're kind of like, something like 15, 14, and then some of them don't speak any English.
>
> **PP MANAGER AMY WOODRUFF:** Uh-huh, ok.
>
> **PIMP:** You know, cause they're not even from here, so it's like—how can they come in here? 'Cause it's like, they don't always feel comfortable coming into facilities.
>
> **PP MANAGER AMY WOODRUFF:** One, minors are always accepted without parental consent.
>
> **PIMP:** Ok, ok.
>
> **PP MANAGER AMY WOODRUFF:** The only thing you do have to be careful is if they are minor, we are obligated, if we hear any certain information…
>
> . . . .
>
> **PP MANAGER AMY WOODRUFF:** Yeah—14, you know once they get to 15, then there's a little bit more play room. So as long as they just lie and say, "Oh, he's 15, 16… you know, as long as they don't say 14, and as long as it's not too much of an age gap, then we just kind of like, we just kind of play with it a little bit.
>
> . . . .
>
> **PIMP:** What if they need an abortion though?
>
> **PP MANAGER AMY WOODRUFF:** Oh, that's a com—that's a completely different story now. No, no, now this is more—[crosstalk]. If they come in for pregnancy testing—um, shit, at that point it still needs to be, you never got this from me, just to make all of our lives easier.

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[1] *See* Live Action, *Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), *available at* http://www.youtube.com/watch?v=L9Zj9yx2j0Y&feature=player_embedded (last visited Apr. 14, 2011); Live Action, *Caught on Tape: Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), *available at* http://liveaction.org/blog/planned-parenthood-aids-sex-ring/ (last visited Apr. 14, 2011).

[2] *Id.*

[3] *Id.*

[4] *Id.*

## APPENDIX IX. (Continued)

**PIMP:** Ok.

**PP MANAGER AMY WOODRUFF:** If they're 14 and under [circles clinic paper] just send them right there if they need an abortion, ok? [laughter]

**PIMP:** This is the spot? Ok!

**PROSTITUTE:** Ok, will they ask questions or anything… will they need ID or something?

**PP MANAGER AMY WOODRUFF:** They won't need ID, them, they're gonna be a little bit more different, but their protocols aren't as strict as ours, and they don't get audited the same way that we do, like with the [inaudible]

. . . .

**PP MANAGER AMY WOODRUFF:** Trust me, like; I use this like my Bible. [laughter, inaudible] You get so many parents, [inaudible], I mean I understand where they're coming from, but they're like, "Oh, but she's a minor"—ok, yeah, so? [laughter]

**PROSTITUTE:** Yeah, but they still need to be seen.

**PIMP:** Yeah, you know.

**PP MANAGER AMY WOODRUFF:** Exactly, you know she's still entitled to care without Mom knowing what the hell's going on.

**PP MANAGER AMY WOODRUFF:** Yeah, you know, and I'm the office manager here, so if you guys have any questions, just let me know. So for the most part, I'm usually the one doing most of the interviewing before they go back to the exam room.

**PROSTITUTE:** Ok, great.

. . . .

**PROSTITUTE:** And then, question, if it comes down that they do need an abortion, how long till they can be sexually active again?

**PP MANAGER AMY WOODRUFF:** Aaaaoh, minimum two weeks, minimum two weeks.

**PROSTITUTE:** Do you have any suggestions about what they could do in that time, like, 'cause they still need to work?

**PP MANAGER AMY WOODRUFF:** Yeah, um, waist up.

**PROSTITUTE:** Waist up?

**PP MANAGER AMY WOODRUFF:** Waist up or just be that extra action walking by. Because then they're at more risk for infection, and you don't want to do that. So, and they can't even wear tampons during that time period, so, yeah—

. . . .

**PP MANAGER AMY WOODRUFF:** Exactly, and you just kind of, so the whole thing is with me we already know, I see you, we already know we're gonna kind of alter the story and kinda see what we can do to kinda tweak information.

**PIMP:** We might just need to uh, is there any way we could stream line this? Like, holla at you, slide you a little, you know, and you can just get 'em streamlined—

**PP MANAGER AMY WOODRUFF:** We can solve—depending on what the situation is, we might be able to do that.

**PIMP:** We could slide you like a $100, to just like uh, help us.

**PP MANAGER AMY WOODRUFF:** And exactly, and then, I'm sure you guys are going to have a decent amount of money—

**PIMP:** Yeah, yeah—

## APPENDIX IX. (Continued)

**PIMP:** Yeah, I mean we could make this work for the both of us, I mean it's like, I mean if you could fill out a number—

**PP MANAGER AMY WOODRUFF:** Do, let me just find a pen…

In January 2011, Live Action undercover investigators discovered that a Planned Parenthood abortion center in Richmond, Virginia demonstrated a willingness to assist the sexual exploitation of minors. The clinic worker agreed to help the "pimp" obtain secret abortions and cheap birth control for the 14- to 17-year-old trafficked girls he managed.[5]

Excerpts from exchange:[6]

**PIMP:** Is there anyone I can talk to?... I just kinda want to be able to talk to somebody.

**PP WORKER:** Well, I can't like, I can't—I would still like have to charge you for like an office visit. I mean, I could like answer your questions about scheduling, and like what we do—but if it's like a medical question you still have to like make an appointment…

**PIMP:** Yeah, it's not really a medical question. Um...

**PP WORKER:** I can take you back to the room, and we can talk for a sec if you want.

**PIMP:** Ok.

**PP WORKER:** If you don't feel comfortable.

**PIMP:** Y eah, is there somebody I could talk to… like a manager or supervisor I could talk to?

**PP WORKER:** She's not in right now.

**PIMP:** She's not in?

**PP WORKER:** No, she's not.

**PIMP:** Any idea when she'll be back?

**PP WORKER:** Later, like half an hour to an hour—she's like out at the bank and post office and stuff, running errands for here.

**PIMP:** Well, yeah—if we can like talk…

**PP WORKER:** What's going on?

**PIMP:** I just sit right here?

**PP WORKER:** Yeah.

**PIMP:** It's kinda like, uh, I dunno. It's kinda a complicated situation. So like, I think I might have a STD?

**PP WORKER:** Mhm.

**PIMP:** That's kinda like the first part of it—so I think I might need testing. Alright, so—is this all confidential in here?

**PP WORKER:** Yeah, yeah—it's a medical office, I mean, HIPAA, everything applies, so. [laughter]

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[5] *See* Live Action, *Richmond Virginia Planned Parenthood Clinic Shows Willingness to Aid and Abet Sexual Exploitation of Minors* (Feb. 3, 2011), *available at* http://liveaction.org/blog/richmond-virginia-planned-parenthood-clinic-shows-willingness-to-aid-and-abet-sexual-exploitation-of-minors/ (last visited Apr. 13, 2011).

[6] *See* Live Action, *Richmond Planned Parenthood Transcript* (Jan. 12, 2011), *available at* http://liveaction.org/files/transcripts/Richmond%20Transcript.pdf (last visited Apr. 14, 2011).

## APPENDIX IX. (Continued)

**PIMP:** Yeah, she's been trying to get me to come in here for awhile now. So yeah, I need the testing from you, right off the bat, but there's some, uh, we're involved in sex work.

**PP WORKER:** Ok.

**PIMP:** So there's some girls that we kinda we manage, and they kinda need help too.

**PP WORKER:** Right.

**PROSTITUTE:** Yeah, I've been trying to get him in here for awhile now, 'cause we gotta keep them safe.

**PP WORKER:** Yeah, of course. So we see people from every walk of life.

**PROSTITUTE:** Oh wow.

**PP WORKER:** And like, for a while we were treating like all the girls at Paper Moon, and like, you know.

**PROSTITUTE:** Whoa!

**PP WORKER:** And like, various places around town, so, you know.

**PROSTITUTE:** That's good.

**PP WORKER:** So, no judgment, no sharing of information, like, uh, nothing here.

**PIMP:** Yeah that's what we were worried about, you know, the health—the government, stuff like that. Yeah, so like what do you guys offer? I haven't been in here before—she's been in here before.

**PROSTITUTE:** Yeah, like I've been trying, I'm like, "Come in! They'll talk to you!" [inaudible] and he's like, "I want to talk to somebody official." [?]

**PP WORKER:** Yeah, I mean we do like full STD screenings, which test for the most commonly transmitted diseases, so that's Herpes 1, Herpes 2, HIV, gonorrhea, chlamydia, syphilis. That's just like the full package. If you think that you were just exposed to just one thing, we can test just for that one thing. So it's your choice what you want to get tested for.

**PIMP:** Ok.

**PP WORKER:** If you're kinda unsure, like if you notice something is different, something feels wrong, you can just come in for a general visit and we kinda help you diagnose, you know, and we can recommend testing, based on what symptoms you're telling us, or even, um, you know a lot of times people come in, they have a rash, they think it's herpes, but you could think it's herpes, but it ends up being like, it's an inflamed hair follicle, or something. So, you know, there's a whole gamut of things in terms of testing. And then we do abortion services, well women exams, birth control—

**PROSTITUTE:** Yeah, just in case we might need it.

**PP WORKER:** Um, you know, pretty much everything, related to women's health—and then STD testing for guys.

**PIMP:** Now, now, the more complicated part of it though is, um, some of the girls, they're around like 14, 15, and like some of the girls are from like out of state, out of country. They don't know about the facilities, they don't know how to get help—I don't even know how to do it. So like, what are your like—

**PP WORKER:** Like are they legally here? Or, are they legally residents?

**PIMP:** Some of them don't have like their residency yet, or something like that.

**PP WORKER:** Ok.

## APPENDIX IX. (Continued)

**PIMP:** But um—like, how, do you guys have like teen services?

**PP WORKER:** I mean we can give them the same information, the only thing that requires a legal guardian is an abortion. I mean you can get birth control, testing, like anything—without a parent. The only thing that requires over 18, if they're a minor, is an abortion. But there's also ways, like judicial bypasses that we can get around that—if you guys ever need it. There is a way to avoid that.

**PIMP:** How can we do that? 'Cause I mean if they need the help then, I don't know, I don't know.

**PP WORKER:** I mean, like the best thing for them to do is call here or walk in—the same way you're doing. There's also online appointments, scheduling, um, if they just have questions and want to talk to someone they can come in. Or, we can talk to them over the phone—I mean, everything's confidential. Um.

**PIMP:** What was that? What was that—what did you say it was, bypass?

**PP WORKER:** Judicial bypass. It's, um, if someone is a minor and they don't want their parents to know—they're on their parent's insurance—so an abortion would show up. You fill out paperwork and we help you kinda set it up and we have a confidential hotline that will call you at whatever number you give us and handle the whole thing. So, for someone who's a minor, that's a really good option. We do 'em probably once or twice a month here.

**PIMP:** Wow.

**PP WORKER:** So we're pretty good at handling if someone, you know, doesn't want someone else to know, or doesn't want parents—

**PIMP:** Ok.

**PP WORKER:** Yeah.

**PIMP:** Ok.

**PP WORKER:** Uh-huh.

**PIMP:** And you said, they can get like the other stuff too? They can get access to that?

**PP WORKER:** Yeah, yeah, they have access to birth control here, there's like no cutoff for age. So if they're involved in sexual activity, we want to see them. I mean that's pretty much it. I mean if they're going to be doing it—we want them to be safe about it.

**PROSTITUTE:** And yeah that's why I wanted to come in here—we have to come in here to be sure they're safe about it…

**PIMP:** Yeah, I wasn't sure about it—like prices, so what are the prices?

**PP WORKER:** So, it depends on the service basically. So birth control um, itself is a different price than the visit to get. We have to prescribe it, make sure that you don't have any medical conditions that would make them not able to take a certain kind. So, for that first visit, if they are minors—it will be $50.

**PIMP:** That's fine.

**PP WORKER:** And, that's to get the birth control. To do STD screening, it'll vary—if you do the full package it's $165. And, that's for those most common ones that I listed. If someone's like "Well, I've been exposed to this, I just want to be tested for it," it'll be the cost of the test and the office visit. So, that's kind of variable, depending what test you choose, how many of them you choose. But in the end, usually it's more economical to do the whole thing, cause like once you have that office visit—it's $50 dollars. Most tests are around like $20 to $40, so you're already kind of like halfway there at that point.

## APPENDIX IX. (Continued)

**PIMP:** Ok.

**PP WORKER:** So… But, it all depends on, you know, what you have money for, for now, and what you're comfortable with what you want.

**PIMP:** So, what would, how would you best suggest we go about it? Like, let's say, you know, one of our girls, she's like, "I think I might be pregnant."

**PP WORKER:** Mhm.

**PIMP:** What would we do?

**PP WORKER:** Free pregnancy tests here, anytime during our business hours—you can walk in, don't need an appointment, just get a pregnancy test and then we go from there. So if she's pregnant, if she wants to continue the pregnancy—we don't do any prenatal care, but we can set you up with the right people. If she wants an abortion, we can counsel her on that and start that process here.

**PIMP:** Ok, what if one of the 15-year-olds wants the abortion—how would you set up the other thing?

**PP WORKER:** Well, I mean the judicial bypass?

**PIMP:** Sure.

**PP WORKER:** You'd have to come in for what we call a pre-op visit first. It's an ultrasound, blood work, and paperwork to fill out—at that time she'll start the judicial bypass process, um, and then we do some counseling with them as well. And then, like I said, that separate organization will call them on whatever number they give us and do the process, and they come back for the actual abortion itself at a later date. So, you know if she's taken some tests at home, already knows she's pregnant, she should come in for her pre-op visit—'cause it is time sensitive. The State of Virginia only lets you go to 13 weeks, 6 days at the most—and at that point, you need to go to Maryland, DC—they have looser laws in terms of how far you can do an abortion. So, if she's going to do it in the state of Virginia with us, we have to make sure she's here, got the bypass, in time to actually do it legally. So, the sooner the better she sees us, if she already knows she's pregnant. Um, if she just needs the test though, she can come in—and we can make her an appointment for that first preoperative visit once she comes in. So it's up to her to either come in or call.

**PIMP:** Ok, so that would be good. What would you recommend is like the best birth control and all that to get on?

**PP WORKER:** Um, it depends on the woman really. I mean, young people usually find it difficult to take a pill everyday at the same exact time.

**PIMP:** Yeah, that's true, especially when we don't know that much, they might not read the—

**PROSTITUTE:** [inaudible]

**PP WORKER:** Yeah, and it's different you know, by country, like what kind of pills and how they are taken. So, um for young people who have a hard time with the pill, cause some people do fine with it. But, if you don't take it every day at the same time, it's not effective—you can still get pregnant.

**PIMP:** Yeah, that's what I heard.

**PP WORKER:** So the shot is every 3 months, it protects you for that whole time. So, you are only here 4 times a year. Come in for a 5 minute visit—we inject it—you're good.

## APPENDIX IX. (Continued)

**PROSTITUTE:** Yeah, how much is that?

**PIMP:** That's for all ages? All ages?

**PROSTITUTE:** Yeah, how much is that?

**PP WORKER:** It's $65, for every shot. But, then if you divide that out, by every month it's pretty cheap—in terms of birth control.

**PROSTITUTE:** Ooh, I like that.

**PP WORKER:** Um, if someone is a little bit older, and not looking to get pregnant in the next 5-10 years, we have IUDs, it's an intra-uterine device, it's actually this thing right here. It's placed in the uterus and just kinda sits up at the top—it protects you for 5-10 years. There's also the NuvaRing, which is inserted vaginally, it protects you for a month at a time. So, you know those are all options for people who aren't good with pills. But we do have the pills, we have like 15 different kinds here.

**PIMP:** Oh, wow.

**PP WORKER:** So, pretty much everything. We have condoms here for free.

**PIMP:** That's good.

**PP WORKER:** We kinda got it all.

**PIMP:** Yeah. Yeah, no that's a lot of information.

**PP WORKER:** And, a lot of this information is also on our website. 'Cause I know I'm like throwing a lot at you right now, if you want to visit our website, you can also book appointments through our website too.

**PROSTITUTE:** Oh, that would be good, like, if I needed to.

**PP WORKER:** Yeah.

**PIMP:** Alright, yeah, that's a lot of information. Alright, so yeah, um, I guess, I guess we gotta, our time is almost up.

**PP WORKER:** You have to get back to work?

**PROSTITUTE:** Yeah, [laughs] we gotta go, have to get back.

**PP WORKER:** Well, let me give you a card.

**PIMP:** Yes.

**PROSTITUTE:** Ah, perfect.

**PIMP:** And, what was your name again?

**PP WORKER:** I'm Kimberley. Haha, I'm here most of the time. Our number's on there, if you just like google Virginia League for Planned Parenthood, our website pops up right there.

**PIMP:** Do you guys like have a pen to get your number? Thank you.

**PP WORKER:** Mhm.

**PROSTITUTE:** Uh thanks. I appreciate it. Thank you so much.

**PP WORKER:** Yeah. Alright, so when you guys are ready, go ahead and give us a call.

**PIMP:** And this is on your website and everything like that?

**PP WORKER:** Mhm.

**PROSTITUTE:** We can set up the appointments with the website.

**PP WORKER:** Mhm, yeah.

## APPENDIX IX. (Continued)

Live Action undercover investigators also revealed employees of a Planned Parenthood clinic in Charlottesville, Virginia advising a "pimp" on how to obtain Planned Parenthood services, including STD testing and birth control for the 14- to 17-year-old girls he stated he managed as sex workers. The Planned Parenthood worker informed the pimp that he could acquire birth control as well as STD and pregnancy testing for underage girls with no questions asked: "Anybody here can help you. Everything here is confidential. We can't give any information out." [7]

Planned Parenthood clinic employees in Roanoke, Virginia also advised an investigator posing as a pimp on how to obtain Planned Parenthood services for the 14- to 17-year-old prostitutes he claimed to manage. A Planned Parenthood worker stated that providing birth control and STD testing for underage prostitutes was no problem: "From the age of 12 up, for birth control, you can just come in and do that. You don't have to have a parent, Ok?" The staffer also stated regarding STD testing: "And the thing is, see this is the thing a lot of people don't know that. . . Right, through the Health Department. And so, they'll uh, they'll track it. And they're discreet. They're confidential. They, you know, don't tell people what's going on, because—frankly—it's nobody's business." [8]

In Falls Church, Virginia, Live Action's undercover investigation team discovered yet another Planned Parenthood clinic willing to help an investigator posing as a pimp and sex-trafficker to obtain Planned Parenthood services for the 14- to 17-year-old girls he claimed to manage. The clinic manager stated that Planned Parenthood would give underage girls from foreign countries an abortion if the girls produced a photo ID. "We don't necessarily look at the legal status, like I said. Abortion appointments do require photo ID. It's nothing as far as records. It's just photo ID that's ever going to be required." [9]

In Live Action's undercover investigation in the Bronx in January 2011, the investigator posing as a pimp stated that he needed help with the girls he managed who were as young as 14 years of age.[10] The Planned Parenthood staffer offered: "We see people as young as 13… everything is totally confidential."[11] When investigators told a Planned Parenthood staffer that they were involved in sex work, she told the "pimp" he could pose as a legal guardian to get taxpayer-funded services for his underage sex workers.[12] The Planned Parenthood employee continued to offer guidance on how the pimp's underage girls could obtain insurance through taxpayer-funded programs to pay for abortion and other services, even though some of the underage girls were not U.S. citizens.[13]

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[7] For full video footage, *see* Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation* (Feb. 8, 2011), *available at* http://liveaction.org/blog/full-footage/ (last visited Apr. 14, 2011). For a full transcript, *see* Live Action, *Charlottesville Planned Parenthood Transcript* (Jan. 11, 2011), *available at* http://liveaction.org/files/transcripts/Charlottesville%20Transcript.pdf (last visited Apr. 11, 2011).

[8] For full video footage, *see* Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation* (Feb. 8, 2011), *available at* http://liveaction.org/blog/full-footage/ (last visited Apr. 14, 2011). For a full transcript, *see* Live Action, *Roanoke Planned Parenthood Transcript* (Jan. 11, 2011), *available at* http://liveaction.org/files/transcripts/Roanoketranscript.pdf (last visited Apr. 11, 2011).

[9] For full video footage, *see* Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation* (Feb. 8, 2011), *available at* http://liveaction.org/blog/full-footage/ (last visited Apr. 14, 2011). For a full transcript, *see* Live Action, *Falls Church Planned Parenthood Transcript* (Jan. 11, 2011), available at http://liveaction.org/files/transcripts/FallsChurchtranscript.pdf (last visited Apr. 14, 2011).

[10] For full video footage, *see* Live Action, *Bronx, NY Planned Parenthood Staffer Tells "Pimp" he can Pose as Guardian to get Tax Payer Funded Services for Underage Sex Workers* (Feb. 8, 2011), *available at* http://liveaction.org/blog/bronx-planned-parenthood/ (last visited Apr. 14, 2011). For a full transcript, *see* Live Action, *Bronx Planned Parenthood Transcript* (Jan. 14, 2011), *available at* http://liveaction.org/files/transcripts/Bronx_Transcript.pdf (last visited Apr. 14, 2011).

[11] *Id.*

[12] *Id.*

[13] *Id.*

## APPENDIX IX. (Continued)

Excerpts from exchange:[14]

**PIMP:** Ah, ok, that's what I was wondering. Now, also, so we're involved in sex work, so we have some other girls that we manage and work with that they're going to need testing as well, so do you guys see them, or?

**PP COUNSELOR:** Yeah, we see them—

**PROSTITUTE:** Teen services.

**PP COUNSELOR**: Yeah, yeah.

**PIMP:** Ok.

**PP COUNSELOR:** We see people as young as 13 years old.

**PROSTITUTE:** How old?

**PP:** We see people as young as 13 and—

**PIMP:** As young as 13.

**PP COUNSELOR:** Everything is totally confidential.

**PROSTITUTE:** 'Cause they're 14 and 15 and—

**PP COUNSELOR:** Yeah, everything is totally confidential. They can come in make the appointments, I can give you guys the numbers, you can make the appointments over the phone, you guys can come in speak to one of us so we can set up the appointments. And if any of you guys don't have insurance we have our family planning benefit program and mostly everybody qualifies for that. Like it goes based on income, like all students, all minors they get health care and medical bills to be on sliding scale, 'cause it goes from A to D, so sliding scale A is free and that just does one student.

**PIMP:** Cool, cool.

**PROSTITUTE:** And then they don't speak English, because they just came in. We just got them in.

**PP COUNSELOR:** That's all right—

**PROSTITUTE:** So, so—

**PP COUNSELOR:** That's alright, I'm bilingual. I'm always here. I speak Spanish, and we also have other languages. We have CyraCom where you would call the phone and they have other languages.

**PIMP:** Cool cool cool.

**PROSTITUTE:** Because—

**PIMP:** So, how would you recommend for them best to do it? 'Cause we don't want them getting confused or what not, and it's kind of a sensitive subject, so we don't want you know, them saying the wrong thing, you know getting refused or turned away, so how would you suggest they go about you know being able to get the access even in spite of what they do, you know?

**PP COUNSELOR:** Yeah, like, like I said everything's confidential, they don't have to tell anybody what it is that they do when they make the appointment, it's just gonna be between them and the physician they see—

**PIMP:** Ok.

[14] *Id.*

## APPENDIX IX. (Continued)

**PP COUNSELOR:** Just come in, let us know, what you wanna, like we do need to know what the appointments if it's going to be for testing, abortions, any kind of particular pain they're having or something 'cause we also do GYN exams and do annual exams which cover everything.

**PIMP:** Yeah.

**PP COUNSELOR:** Or just testing. So we're not gonna ask specific—all that "something burning, something itching"—
Pimp: What if they don't, what if they are not a resident here? What if they are not a resident?
What if they don't have—

**PP COUNSELOR:** That's fine. Like for our benefit program, we do require they bring us some documents, but if they don't have it we just ask they bring whatever they can—

**PIMP:** Just whatever they have?

**PROSTITUTE:** Just a photo ID or something?

**PP COUNSELOR:** We just ask them to bring a photo ID, proof of address, proof of income and—

**PIMP:** Proof of income?

**PP COUNSELOR:** And a birth certificate.

**PIMP:** They don't have like a 9-5 job, you know.

**PP COUNSELOR:** Yeah, if they're not working, or they might even work in an after school program—that's considered unemployed, so they can have a family member or friend or one of you guys—

**PIMP:** We can find somebody, we can find somebody.

**PP COUNSELOR:** Write them a letter, saying—

**PROSTITUTE:** You wouldn't need to know that they work at night? And whatever, that they do sex work at night?

**PP COUNSELOR:** None of that. We don't need to know anything. Everything is totally confidential. Just like you could even write the letter stating—

**PROSTITUTE:** Oh, oh good.

**PP COUNSELOR:** Like, "My name is so and so I support 'whatever whatever'" and just put like contact information. They don't really call you.

**PROSTITUTE:** Contact number—

**PP COUNSELOR:** They just ask for contact information, but no one calls you and just sign and date it.

**PROSTITUTE:** Ok, and is there any problem I guess abortion-wise after they have the abortion—how long can until they can be sexually active? Because they have to work—

**PP COUNSELOR:** 2 weeks.

**PIMP:** 2 weeks. What would you recommend for them to do, during that time?

**PP COUNSELOR:** During that time? Well, like, sex-wise nothing can go inside of them, for 2 weeks.
No fingers, no, like—

**PROSTITUTE:** Why is that?

**PP COUNSELOR:** It's just for the length of recovery process. We have them come back in 2 weeks for another check-up and make sure everything went okay with the abortion.

**PROSTITUTE:** So they can't do like any work?

**PP COUNSELOR:** Mm.

## APPENDIX IX. (Continued)

**PROSTITUTE:** That's not good.

**PIMP:** What would you recommend that they do? 'Cause they gotta work.
Like is there something for them to do? Or?

**PP COUNSELOR:** For that, I'm not sure. I don't have any answer for that, I would recommend that they speak to the doctor.

**PROSTITUTE:** Ok, maybe the doctor would have like a, ok—

**PP COUNSELOR:** Mhm. Because I don't think there's like any risk or anything, I think they just want to avoid like any type of infections and stuff.

**PIMP:** That makes sense, that makes sense.

**PP COUNSELOR:** Since it's an open area, and they just had an abortion—it's like quicker prone to get infections.

**PIMP:** Ok, ok.

**PP COUNSELOR:** But we do have the women do—honestly I do have girls come in, like 3 days later asking me for the Plan B because they just couldn't just stop or for whatever reason they just had to.

**PIMP:** Ok.

**PP COUNSELOR:** So, I do have girls that do.

**PROSTITUTE:** Yeah.

**PIMP:** Ok, so it is possible?

**PP COUNSELOR:** Mhm.

**PIMP:** And there's stuff for them if they still do?

**PP COUNSELOR:** Mhm, yeah.

**PIMP:** Like what stuff exactly?

**PP COUNSELOR:** You can have them come in two weeks for a follow-up visit and make sure everything's ok—if they need medication or other follow-up visits, they can schedule that as well.

**PIMP:** Ok, ok. Now, what about um—

**PROSTITUTE:** I guess birth control. What do you guys offer for birth control for that like prices?

**PP COUNSELOR:** We carry pills and Depo shots. And we also do the IUD insertion. And if they qualify for that program it will all be—

**PROSTITUTE:** What, do you know what the qualifications are?

**PP COUNSELOR:** Just bring the documents, bring the documents that I told you.

**PROSTITUTE:** Ok, so ID—

**PP COUNSELOR:** And whatever you don't have they could just bring in whatever they do have, I'll speak to them and I'm sure we could work with them—

**PROSTITUTE:** Ok, good, glad it could work—

**PIMP:** And let me see—

**PROSTITUTE:** I think that covers a lot, that answers a lot.

**PP COUNSELOR:** There are lots of different kids in different situations, kids in foster care, you know kids in foster care can't get their hands on their documents—

**PIMP:** That's true.

**PP COUNSELOR:** And they're hiding things from their parents, 'cause everything's all about confidentiality here.

## APPENDIX IX. (Continued)

**PIMP:** See, so we could just say that, say something like that.

**PP COUNSELOR:** Mhm, mhm.

**PROSTITUTE:** ‘Cause they don’t have parents or anything—

**PP COUNSELOR:** Yeah.

**PROSTITUTE:** They just came over, they’re workin’ with us, and we’re helpin’ them out—

**PP COUNSELOR:** Mhm.

**PROSTITUTE:** Just keeping them safe.

**PIMP:** Could we even sign off as guardians? Could we even sign off as a guardian, is that even possible?

**PP COUNSELOR:** If you were writing the support letter, yeah, you could say—

**PROSTITUTE:** Oh good.

**PP COUNSELOR:** That you take care of them, you support them.

**PIMP:** Cool!

**PP COUNSELOR:** But nothing here, like, our patients, we don’t ask for guardian’s signature. Everything is the patient. Like a 13-year-old could come in and get the services she needed, by herself.

**PIMP:** Ok, that works, that works. What was your name again? You helped us out a lot.

**PP:** My name’s Krystal.

**PIMP:** Krystal, Krystal, alright—

**PROSTITUTE:** Thank you very much.

[PP Supervisor waiting at the elevator]

**PIMP:** Are you a—?

**PP SUPERVISOR:** You wanna ask me something?

**PIMP:** Yeah, I was gonna ask, are you a physician here?

**PP SUPERVISOR:** Yeah, I’m one of the practitioners here.

**PIMP:** Oh, ok. I was wondering, uh, do you have a moment?

**PP SUPERVISOR:** Mhm.

**PIMP:** I was wondering, um, so like is this still confidential?

**PP SUPERVISOR:** Yeah.

**PIMP:** We’re involved in sex work—

**PP SUPERVISOR:** Mhm.

**PIMP:** We have some girls that are kind of young like, 14, 15, that they might need an abortion—

**PP SUPERVISOR:** Mhm.

**PIMP:** And, how is the best way should they could go about it?

**PP SUPERVISOR:** They just show up, and set up an appointment. Do they have insurance?

**PIMP:** They don’t have insurance, some don’t even speak that good of English ‘cause you know, they just got here.

**PP SUPERVISOR:** Right. So we have an interpretation phone, so if they don’t speak Spanish that’s not a problem. I mean if they don’t speak English that’s not a problem cause we can have an interpreter—

**PIMP:** Yeah.

# APPENDIX IX. (Continued)

**PP SUPERVISOR:** We also have staff here that are trained to interpret.

**PIMP:** Yeah, like some of 'em are like Thai or something like that, so they really don't even speak Spanish.

**PP SUPERVISOR:** But we do have a phone system that supports a lot of languages. That may be one of them.

**PIMP:** Cool, cool.

**PP SUPERVISOR:** In terms of insurance, they would probably speak to one of our entitlement people to get them set up on some insurance. They don't have to be citizens to get the insurance and it is confidential.

**PIMP:** And, if they don't have the information and all that?

**PP SUPERVISOR:** You, um, do you have our number to call, 'cause they can tell you what documents to bring in.

**PIMP TO PROSTITUTE:** I think you did get that?

**PROSTITUTE:** Yeah.

**PP SUPERVISOR:** Yeah, so you call and you tell them that, and they'll tell you what documents to bring in, but it doesn't have to be, they don't have to be citizens to qualify.

**PIMP:** Ok, thank you, thank you—that's good information.

**PP SUPERVISOR:** You're welcome.

**PIMP:** I'm sorry, what was your name again?

**PP SUPERVISOR:** Marquita. I'm the clinical supervisor.

Live Action also obtained evidence from a Planned Parenthood clinic in Washington, D.C. in January 2011 of a Planned Parenthood employee willing to assist a "prostitute" exploiting underage girls, including girls from foreign countries.[15] The Planned Parenthood clinic employee advised the "prostitute" on how to obtain STD testing for the young girls, the best way to access abortion, and how to manipulate the system for the young girls who did not have health insurance.[16]

Excerpts from exchange:[17]

**PP EMPLOYEE:** Well, you can ask me something, I don't mind.

**PROSTITUTE:** Ok, yeah, well it's, it's kinda confidential, so I guess—

**PP EMPLOYEE:** You want to come around?

**PROSTITUTE:** Yeah, could I?

**PP EMPLOYEE:** Uh-huh.

**PP EMPLOYEE:** Push it.

**PROSTITUTE:** That's a heavy door, that's a heavy door, yeah, um, ok, so here's—I'm, I'm a sex worker.

**PP EMPLOYEE:** Mhm.

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[15] For a full sound recording, *see* Live Action, *DC Planned Parenthood Staffer Counsels Sex-Trafficker how Underage Girls can get Abortions and Testing, No Questions Asked* (Feb. 10, 2011), *available at* http://liveaction.org/blog/dc-planned-parenthood-sex-trafficker/ (last visited Apr. 14, 2011). For a full transcript, *see* Live Action, *Egypt Center Washington, D.C. Planned Parenthood Transcript* (Jan. 12, 2011), available at http://liveaction.org/files/transcripts/EgyptDCtranscriptv1.2.pdf (last visited Apr. 14, 2011).

[16] *Id.*

[17] *Id.*

## APPENDIX IX. (Continued)

**PROSTITUTE:** So, being a sex worker, I have to, you know, make sure I'm ok—

**PP EMPLOYEE:** Mhm.

**PROSTITUTE:** And then I have some girls that I manage.

**PP EMPLOYEE:** Mhm.

**PROSTITUTE:** And they're, they're like 14, 15—

**PP EMPLOYEE:** Mhm.

**PROSTITUTE:** And they're, they're like, they need the same thing. So I was kind of wondering what you guys could do to help us out. You know, like maybe bring 'em in, get them on like some good birth control, and like even, you know, STD testing also for them.

**PP EMPLOYEE:** Ok.

**PROSTITUTE:** Yeah, what do you think?

**PP EMPLOYEE:** Ok, so what you're saying really like even make an appointment or something, it's better to make an appointment, because there's a law saying that you can't come in without—

**PROSTITUTE:** Ok.

**PP EMPLOYEE:** Saying 'cause they're might be a lot of people—

**PROSTITUTE:** Yeah.

**PP EMPLOYEE:** Um, but I would recommend them come in all alone with this I mean, it doesn't matter if it's on the same day, their slots—

**PROSTITUTE:** Ok.

**PP EMPLOYEE:** Just make them appointments, and if they don't have insurance—

**PROSTITUTE:** Mhm.

**PP EMPLOYEE:** Because they're teens, we'll put them under the teen thing—

**PROSTITUTE:** Ok, teen years have teen servi—services.

**PP EMPLOYEE:** Yeah and we'll waive like a $5 or $10 donation with them.

**PROSTITUTE:** Oh, ok.

**PP EMPLOYEE:** Um—

**PROSTITUTE:** And then you can like, you know, cause, cause they're 14 or 15, you'll just, you'll know kinda what to do?

**PP EMPLOYEE:** Yeah.

**PROSTITUTE:** And then the same thing maybe if they need an abortion or something? Well, what's the process for that?

**PP EMPLOYEE:** For that, we don't do it but we give referrals to the other ones—so on the card—

**PROSTITUTE:** Oh, on the card, yes—

**PP EMPLOYEE:** The downtown one does it, all of these does it except us.

**PROSTITUTE:** Oh, ok.

**PP EMPLOYEE:** Yeah, I just, I know that they have reduced fees through, um, people that's, like you know, low income. It's normally $297, for actual procedure.

**PROSTITUTE:** Ok, a hundred—$297?

**PP EMPLOYEE:** Yeah, yeah they take it down, from—

**PROSTITUTE:** And like, it doesn't matter like where they are?

**PP EMPLOYEE:** Mhm.

## APPENDIX IX. (Continued)

**PROSTITUTE:** And they don't, so they don't speak English very well—like is that a big problem, like cause I could do maybe the paperwork for them—

**PP EMPLOYEE:** No, that's not a problem, we do have a Spanish, um—

**PROSTITUTE:** Oh, ok.

**PP EMPLOYEE:** ACA.

**PROSTITUTE:** Yeah, they're from out of the country, we just, just, got them in to do work, so—

**PP EMPLOYEE:** Yeah.

**PROSTITUTE:** Ok, good, and I think, let's see, thank you for talking—

**PP EMPLOYEE:** You're welcome.

**PROSTITUTE:** Good, it's like good to really like get a good founding, 'cause if, if my boss finds out like if—

**PP EMPLOYEE:** Yeah, you'll be fine, yeah—

**PROSTITUTE:** You know, if he just, I have to keep them safe, 'cause I want to protect them you know—

**PP EMPLOYEE:** Yeah, you'll be fine—

**PROSTITUTE:** So—

**PP EMPLOYEE:** Just make them an appointment or, you know, it'll be hard to have all of them walk in at once.

**PROSTITUTE:** Uh-huh, yeah, so yeah I need to like maybe make separate—ok, yeah.

**PP EMPLOYEE:** Yeah, and it's no problem, they'll just fill out the paperwork and, you know, we wouldn't have to have them in—

**PROSTITUTE:** Mhm, even if they're kind of like, they're still like working on their citizenship? So is that like, they don't, they're not like, if they say like I don't have documentation, like could they just like bring like a photo ID, or—?

**PP EMPLOYEE:** Yeah, they do have to, they do have to bring their photo ID with them.

**PROSTITUTE:** I think we could do that, yeah.

**PP EMPLOYEE:** Good, yup, you know, so I hope I answered your questions.

**PROSTITUTE:** Yeah, you did, and thank you and I was like, um I guess I have questions about like maybe how long like maybe after an abortion, like how long till they can be sexually active—I think that's my other last thing.

**PP EMPLOYEE:** Well, normally 2 weeks.

**PROSTITUTE:** Normally 2 weeks.

**PP EMPLOYEE:** Mhm, 2 to 3 week period.

**PROSTITUTE:** Ok.

**PP EMPLOYEE:** Yeah.

**PROSTITUTE:** Ok, and then do you maybe, I guess kind of like a personal, do you have any like suggestions maybe for them? For like anything else they can do? Or like, what can they do, I guess, if they can't be like, I guess, having vaginal sex I guess?

**PP EMPLOYEE:** Um, I don't really know—

**PROSTITUTE:** You don't know? Ok, that's ok.

**PP EMPLOYEE:** So the best one for you to call is probably the downtown, um, center, and see if they can—

**PROSTITUTE:** Ok, yeah, they can probably—yeah.

**PP EMPLOYEE:** As far as the abortion part goes.

## APPENDIX IX. (Continued)

**PROSTITUTE:** Ok, and then the same thing for maybe the testing? I can come back you, said, come back here for the testing, maybe a little bit separately?

**PP EMPLOYEE:** Yeah, yeah.

**PROSTITUTE:** And not all of them at once, cause—that'd be good, 'cause they're kind of young and will get disoriented easily, especially cause they don't speak English you know? So.

**PP EMPLOYEE:** Yeah.

**PROSTITUTE:** Ok, thank you!

**PP EMPLOYEE:** You're welcome!

**PROSTITUTE:** Hopefully, I'll—bring them in here.

**PP EMPLOYEE:** Just make sure you call and you know—if it has to be the same day, as long as we have time, then we can do that. Ok?

**PROSTITUTE:** Ok, alright, thank you!

**PP EMPLOYEE:** You're welcome!

# APPENDIX X.
# MISINFORMATION ABOUT *ELLA* AND DISTRIBUTION OF "EMERGENCY CONTRACEPTION"

Girls under the age of 17 can only receive Plan B through a prescription. However, an employee at the Planned Parenthood clinic in Falls Church, Virginia advised a male Live Action actor—who represented himself as a sex-trafficker—that he can obtain the drug over-the-counter.

Excerpts from exchange:[1]

> **PIMP:** Ok. And we have a couple of girls who are pretty young, about 14, 15, but they need to be safe as well. I need to make sure that they're safe. I'm not having them out there if they not gonna be safe.
> **PP EMPLOYEE:** I mean, teens can obviously be a different issue, there's parental consent and everything in the state of Virginia and there's obviously statutory rape and issues as far as that goes, so that would be, we do require identification for [abortion services]—
> **PIMP:** Testing?
> **PP EMPLOYEE:** A specific age. Testing, not necessarily, but abortion appointments you definitely need to have an ID.
> **PIMP:** But like, for birth control.
> **PP EMPLOYEE:** For birth control counsel, no.
> **PIMP:** What about the morning after, so—
> **PP EMPLOYEE:** No, and that's over the counter, I mean, that's available at the pharmacy also.

At the Roanoke, Virginia Planned Parenthood the Live Action actors were advised that a man, believed to be exploiting girls, could obtain Plan B over-the-counter.

Excerpts from Exchange:[2]

> **PIMP:** And, they're like kind of young, like 14, 15. That's just some of 'em. Really kind of young, how can they get help, if they need like, possibly an abortion?
> **PP MANAGER:** Um, ok. In the state of Virginia. From the age of 12 up, for birth control, you can just come in and do that. You don't have to have a parent, ok? Now, for an abortion though, you have to have a parent up to the age of 18.
> **PIMP:** What about… does the parent have to come in?
> **PP MANAGER:** Yeah.
> **PIMP:** Ok.
> **PP MANAGER:** 'Cause the information has to be notarized. I'm actually the notary.

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[1] *See* Live Action, *Falls Church Planned Parenthood Transcript* (Jan. 11, 2011), *available at* http://liveaction.org/files/transcripts/FallsChurchtranscript.pdf (last visited Apr. 14, 2011).

[2] *See* Live Action, *Roanoke Planned Parenthood Transcript* (Jan. 11, 2011), *available at* http://liveaction.org/files/transcripts/Roanoketranscript.pdf (last visited Apr. 14, 2011).

## APPENDIX X. (Continued)

**PIMP:** What if it's just a guardian?

**PP MANAGER:** Well, if it's a legal guardian, as long as there is documentation saying "I'm the guardian of this person" given by the court—

**PIMP:** What type of documentation do we need?

**PP MANAGER:** It's similar to like divorce papers. It is actually registered by the court saying "I'm the legal guardian."

**PIMP:** Yeah, I haven't had a divorce. Ok, so, how would they get help if like we don't have all the paperwork and all that stuff? Would they not be able to get help here?

**PP MANAGER:** It would be really hard to get an abortion for a minor.

**PIMP:** But, there's no way they could get help, at all?

**PP MANAGER:** What do you mean?

**PIMP:** Here at Planned Parenthood, they can't get any help?

**PP MANAGER:** They could get birth control, but for an abortion.

**PIMP:** But what about the pills?

**PP MANAGER:** Not for a minor.

**PIMP:** Don't they have like a pill, like they could just take?

**PP MANAGER:** No, um, we offer, emergency contraception, unprotected sex up to five days.

**PIMP:** Oh, um.

**PP MANAGER:** And, it's uh before they get pregnant. So, if you have unprotected sex, uh, it works up to five days to keep them from getting pregnant. That's 35—

**PIMP:** So, how, uh could we get that to them?

**PP MANAGER:** That's 35 bucks, you just have to be an adult.

**PIMP:** Ok, yeah, I could pick it up for them then.

**PP MANAGER:** 17, 18 years old—with an ID, you just pick it up.

**PIMP:** Yeah I could just pick it up for them.

**PP MANAGER:** That's 35 dollars.

# APPENDIX XI.
# PLANNED PARENTHOOD'S WILLINGNESS TO USE INACCURATE AND MISLEADING INFORMATION

In September of 2009, Live Action undercover investigators documented a Planned Parenthood facility in Indiana and two Planned Parenthood facilities in Wisconsin that gave inaccurate and misleading information to young women in an attempt to convince them to have abortions.[1]

Excerpts from exchange:[2]

**SARA:** Does it have a heartbeat?

**PP COUNSELOR:** Heart tones are at 7 weeks. Heart beat is when the fetus is active in the uterus—can survive—which is about 17 or 18 weeks.

**PP COUNSELOR:** Heart tones is a cardiac activity, but it is not a beat on your own—that you would survive outside the uterus. Obviously, if a fetus at ten weeks could survive outside the uterus you wouldn't be pregnant for 40 weeks.

…

**SARA:** What's "fetal"?

**PP COUNSELOR:** "Fetal" is a fetus. That's what's in your uterus right now is a fetus.

**SARA:** What's fetus?

**PP COUNSELOR:** A fetus is what's in the uterus right now. That is not a baby. A baby is what's born at 40 weeks. A fetus is what's in your uterus right now.

**SARA:** Oh ok.

**PP COUNSELOR:** If you're pregnant.

**SARA:** So when does it become a baby?

**PP COUNSELOR:** Birth.

[The girl asks to speak with the doctor.]

**SARA:** Like, what comes out? Is it—

**DR. P:** The pregnancy is going to be removed. The placenta and the fetus—

**SARA:** What's a fetus?

**DR. P:** The fetus is the develop—is the embryo that's developing inside.

**SARA:** Ok. What's an embryo?

**DR. P:** Well, that's the pregnancy. That's—you know there's something growing inside your uterus and it's called a fetus.

**SARA:** Ok.

**DR. P:** It's not a baby at this stage or anything like that.

**SARA:** When does it become a baby?

**DR. P:** When you're like seven months pregnant or so. Six, seven months pregnant. Right now you're just a little more than two months.

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[1] *See* Live Action, *Rosa Acuna Project, available at* http://liveaction.org/rosaacuna (last visited Apr. 14, 2011).

[2] *See* Live Action, *Appleton, WI: The Rosa Acuna Project, available at* http://liveaction.org/rosa-acuna/appleton-wi (last visited Apr. 14, 2011).

## APPENDIX XI. (Continued)

Excerpts from exchange in Appleton, Wisconsin regarding safety of the abortion procedure:[3]

**DR. P:** But you don't want to wait because the sooner you do an abortion the easier it is and the quicker it is.

**SARA:** Ok. What's the farthest I can do it?

**DR. P:** Here? Thirteen weeks. But in the state here, you can have an abortion up to maybe twenty-two weeks or so. But you don't want to do that.

**SARA:** Why?

**DR. P:** Well because it's a lot harder for you. It's more expensive, a lot more difficult.

**SARA:** Ok.

**DR. P:** This is very safe. The stage you're at right now is very very safe. Safer than having a baby, actually.

**SARA:** Really?

**DR. P:** Mhm.

**SARA:** So—

**DR. P:** Much safer than having a baby. You know, women die having babies.

**SARA:** Do women die with abortions?

**DR. P:** Yes, but it's never happened to me. And I've been doing them for forty years.

**SARA:** Oh, ok.

**DR. P:** That's a lot of abortions.

**SARA:** Yeah, I trust you.

Excerpts from exchange in Milwaukee, Wisconsin:[4]

**SARA:** What comes out?

**PP WORKER:** Well you'd miscarry at home so the entire—whatever fetal matter is there.

**SARA:** So you see the baby?

**PP WORKER:** There's not a baby at this point. You wouldn't be able to identify any parts of the fetus whatsoever.

**SARA:** What's a fetus?

**PP WORKER:** The fetus is the developing embryo inside of you. But at this point there's nothing developed at all. There's no legs, no arms, no head, no brain, no heart. At this point it's just the embryo itself.

The Planned Parenthood employee proceeds to pressure the woman by describing a child as a financial burden. Then she reaffirms her earlier assessment of the fetal development stating:

**PP WORKER:** "It's a quick procedure and women are early enough along where there is no real—real um—fetal matter. It's not like arms and legs and, you know—it's not. It's just embryos."[4]

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[3] *See* Live Action, *A Second Wisconsin Planned Parenthood Caught on Tape Giving Misleading Medical Information, available at* http://liveaction.org/press/a-second-wisconsin-planned-parenthood-caught-on-tape (last visited Apr. 14, 2011).

[4] *Id.*

## APPENDIX XI. (Continued)

On September 11, 2009, Live Action documented video evidence[5] that exposed an Indianapolis, Indiana Planned Parenthood clinic worker's willingness to give a young woman inaccurate and misleading information regarding the fetal development of her baby. The video footage also exposed Planned Parenthood's failure to inform this young woman about the risks of abortion to her health.

Excerpts from exchange in Indianapolis, Indiana:[6]

**GABY:** Um. When does like—when does the heart start to beat?

**PP WORKER:** Usually it can start—it's around I think the 8th or the 9th week that you can hear the heartbeat.

**FRIEND:** There was like people out there and they had like pictures.

**PP WORKER:** Yeah.

**FRIEND:** What—what is that? Like, what are those pictures? Why do they have—

**GABY:** Are those real babies?

**PP WORKER:** Um, I haven't see—I don't know what particular pictures they have out right now.

**GABY:** They're just nasty like abortion pictures.

**PP WORKER:** Y eah. They're fake. There's no way that they could have obtained those pictures.

**FRIEND:** They have like a poster [inaudible].

**PP WORKER:** Yeah. Yeah, no. There's no way they could have obtained those pictures.

**GABY:** What's—what's fetus?

**PP WORKER:** Um, fetus is the—what it's termed when it's in—in the uterus.

**GABY:** Oh, ok.

**PP WORKER:** Yeah.

**GABY:** It's not like a person?

**PP WORKER:** No.

**FRIEND:** It's not like killing a baby?

**PP WORKER:** It's not a baby, it's a fetus.

**GABY:** Oh.

Excerpts from exchange in Indianapolis, Indiana when asked about the risks associated with abortion:

**FRIEND:** But for the most part she'll be ok—everything will go—

**PP WORKER:** Oh, yeah. It's a very safe procedure it's actually safer than carrying to term.

**FRIEND:** What's carrying to term?

**PP WORKER:** Like having the—having the—carrying the baby to term.

**FRIEND:** Oh like having the baby?

**PP WORKER:** Yeah.

**FRIEND:** It's safer?

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[5] *See* Live Action, *Indianapolis, IN: The Rosa Acuna Project, available at* http://liveaction.org/rosa-acuna/indianapolis-in (last visited Apr. 14, 2011).

[6] *Id.*

## APPENDIX XI. (Continued)

**PP WORKER:** Mhm. In terms of number of complications it's safer. Having an abortion is safer than carrying to term.

**GABY:** Will, um—it won't—the abortion won't hurt me from having more kids in the future will it?

**PP WORKER:** Uh-uh. Nope.

Scientific and Medial Facts Planned Parenthood of Wisconsin and Indiana Failed to Disclose:

**FACT:** There is a 50% increased risk of an ectopic pregnancy after a single abortion.[7]

**FACT:** Previous induced abortions increase the risk of premature birth by 20% in later pregnancies.[8]

**FACT:** There exists a heightened risk of placenta previa to women who have had an induced abortion.[9]

**FACT:** There exists a heightened risk of suicide and psychiatric admissions to women who have had an induced abortion.[10]

**FACT:** There exists a heightened risk of alcohol and drug abuse to women who have had an induced abortion.[11]

**FACT:** There exists a heightened risk of breast cancer to women who have had an induced abortion.[12]

**FACT:** There exist medical risks attached to the abortion drug RU-486.[13]

**FACT:** There exists an increased risk of violence against women who have had an abortion.[14]

**FACT:** Abortion increases the risk of miscarriage by 55% in subsequent pregnancies.[15]

**FACT:** The heart starts to beat at 22-23 days gestation.[16]

**FACT:** At six to eight weeks gestation, the arms, legs, head, brain, and heart are present and some parts may be clearly visible on a sonogram.[17]

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[7] Tharaux-Deneux et al., *Risk of ectopic pregnancy and previous induced abortion,* 88(3) Amer. J. Pub. Health 401 (1998).

[8] Voigt et al., *Is Induced Abortion a Risk Factor in Subsequent Pregnancy?*, 37(2) J. Perinat. Med. 144 (2009). A landmark analysis published in 2003 concluded that women should be informed of the increased risk of pre-term birth as a "major long-term health consequence" of abortion. Thorp et al., *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 58 Obstet. & Gyn. Survey 67 (2003). Since then, three systematic evidence reviews demonstrating the increased risk of pre-term birth have been published. Shah & Zao, *Induced Termination of pregnancy and low birth weight and preterm birth: A systematic review and meta-analyses,* 116 Brit. J. Obstet. Gyn. 1425 (Oct. 2009); Swingle et al., *Abortion and the Risk of Subsequent Preterm Birth: A Systematic Review with Meta-analyses*, 54 J. Repro. Med. 95 (Feb. 2009); Freak-Poli et al., *Previous abortion and risk of preterm birth: A population study,* 22 J. Maternal-Fetal Med. 1 (Jan. 2009). Pre-term birth is a significant risk for the mother and a significant risk for cerebral palsy. Moreover, the national health care costs attributable to caring for mother and child after pre-term birth after abortion have been calculated at $1.2 billion annually. Calhoun et al., *Cost Consequences of Induced Abortion as an Attributable Risk for Preterm Birth and Impact on Informed Consent,* 52 J. Repro. Med. 929 (2007) (also listing 59 other studies on the risk of pre-term birth after abortion dating back to the 1960s).

[9] Thorp et al., *supra* n.8.

[10] Fergusson et al., *Abortion in Young Women and Subsequent Mental Health*, 47 J. Child Psychology & Psychiatry 16 (2006); Cougle et al., *Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth,* 19 J. Anxiety Disorders 137 (2005); Gissler et al., *Injury, Deaths, Suicides and Homicides Associated with Pregnancy, Finland 1987-2000,* 15 Eur. J. Pub. Health 459 (2005); Gissler et al., *Methods for Identifying Pregnancy-Associated Deaths: Population-Based Data from Finland 1987-2000,* 18 Paediatr. Perinat. Epidemiol. 448 (2004); Cougle et al., *Depression Associated with Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort,* 9 Med. Sci. Monitor 157 (2003); Gissler et al., *Suicides after Pregnancy in Finland, 1987-1994: Register Linkage Study,* 313 Brit. Med. J. 1431 (1996).

[11] Coleman, *Induced Abortion and Increased Risk of Substance Abuse: A Review of the Evidence*, 1 Current Women's Health Reviews 21 (2005); Coleman et al., *A history of induced abortion in relation to substance use during subsequent pregnancies carried to term,* 187 Am J. Obstet. Gyn. 1673 (2002).

[12] Thorp et al., *supra* n. 8; Daling et al., *Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion,* 86 J. Nat'l Cancer Inst. 1584 (Nov. 1994); Howe et al., *Early Abortion and Breast Cancer Risk among Women under Age 40*, 18 Inter'l J. Epid. 300 (1989).

[13] Miech, *Pathopharmacology of Excessive Hemorrhage in Mifepristone Abortions,* 41 Annals Pharmacotherapy 2002 (Dec. 2007); Gary & Harrison, *Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient,* 40 Annals Pharmacotherapy 191 (Feb. 2006); Miech, *Pathophysiology of Mifepristone Induced Septic Shock Due to Clostridium Sordellii,* 39 Annals Pharmacotherapy 1483 (Sept. 2005); Calhoun & Harrison, *Challenges to the FDA Approval of Mifepristone,* 38 Annals Pharmacotherapy 163 (Jan. 2004); Jensen et al., *Outcomes of Suction Curettage and Mifepristone Abortion in the United States: A Prospective Comparison Study,* 59 Contraception 153 (1999); Fischer et al., *Fatal Toxic Shock Syndrome Associated with Clostridium Sordellii after Medical Abortion,* 353 N.E.J.M. 2352 (Dec. 2005). *See also* U.S. Food and Drug Administration, *Mifeprex (mifepristone) Information* (Feb. 24, 2010), *available at* http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm (last visited Apr. 18, 2011). "Since its approval in September 2000, the Food and Drug Administration has received reports of serious adverse events, including several deaths, in the United States following medical abortion with mifepristone and misoprostol."

[14] Shadigian & Bauer, *Pregnancy-Associated Death: A Qualitative Systematic Review of Homicide and Suicide,* 60 Obstet. Gynecol. Survey 183 (2005); Gissler et al., *Injury, Deaths, Suicide, supra* n.10; Gissler & Hemminki, *Pregnancy-Related Violent Deaths,* 27 Scand. J. Pub. Health 54 (1999).15 Thorp et al., *supra* n.8.

[15] Sun et al., *Induced abortion and risk of subsequent miscarriage,* 32(3) Int'l J. Epidemiology 449 (2003).

[16] Moore & Persaud, The Developing Human: Clinically Oriented Embryology 330 (7th ed. 2002).

[17] Sadler, Langman's Medical Embryology 89 (11th ed. 2010).

# APPENDIX XII.
# PLANNED PARENTHOOD'S EFFORTS TO OVERTURN LIFE-AFFIRMING LAWS

A Summary of Planned Parenthood's Legal Challenges to Common Sense Laws

### Tax Payer Protection/Abortion Funding

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| PA | Abortion funding restriction | *Roe v. Casey*, 464 F. Supp. 483 (E.D. Pa. 1978)<br>Note: Planned Parenthood was a plaintiff in this case. | 1978 |
| OH | State abortion funding restriction | *Planned Parenthood Affiliates v. Rhodes*, 477 F. Supp. 529 (S.D. Ohio 1979) | 1979 |
| MN | State abortion funding restric tion | *Planned Parenthood of Minn. v. Minn.*, 612 F.2d 359 (8th Cir. 1980) | 1980 |
| US | Hyde Amendment | *McRae v. Califano*, 491 F. Supp. 630 (E.D.N.Y. 1980) (later *Harris v. McRae*)<br>Note: Planned Parenthood was a plaintiff in this case. | 1980 |
| IL | State abortion funding restriction | *Planned Parenthood Ass'n-Chicago Area v. Kempiners,* 531 F. Supp. 320 (N.D. Ill. 1981) | 1981 |
| PA | State abortion funding restriction | *Doe v. O'Bannon,* 91 F.R.D. 442 (E.D. Pa. 1981)<br>Note: Planned Parenthood was a plaintiff in this case. | 1981 |
| AZ | State abortion funding restriction | *Planned Parenthood of Cent. & N. Ariz. v. Ariz.*, 537 F. Supp. 90 (D. Ariz. 1982) | 1982 |
| OR | State abortion funding restriction | *Planned Parenthood Ass'n v. Dep't of Human Res.,* 63 Ore. App. 41 (Or. Ct. App. 1983) | 1983 |
| UT | State abortion funding | *Planned Parenthood Ass'n v. Schweiker,* 700 F.2d 710 (D.C. Cir. 1983) | 1983 |

# APPENDIX XII. (Continued)

## Tax Payer Protection/Abortion Funding

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| CA | State abortion funding restriction | *Planned Parenthood Affiliates v. Swoap*, 173 Cal. App. 3d 1187 (Cal. App. 1st Dist. 1985) | 1985 |
| MT | Additional location proviso to Title X fund recipients | *Planned Parenthood of Billings, Inc. v. Mont.*, 648 F. Supp. 47 (D. Mont. 1986) | 1986 |
| RI | Prohibition on insurance coverage for abortions (for both public employees and private insurance) | *Nat'l Educ. Ass'n v. Garrahy, 598 F. Supp*. 1374 (D. R.I. 1984) Note: Planned Parenthood was a plaintiff in this case. | 1986 |
| MO | State MO funding restriction | *Reprod. Health Serv. v. Webster*, 662 F. Supp. 407 (W.D. Mo. 1987) Note: Planned Parenthood was a plaintiff in this case. | 1987 |
| US | Mexico City Policy | *Planned Parenthood Fed'n, Inc. v. Agency for Int'l Dev.*, 670 F. Supp. 538 (S.D.N.Y. 1987) | 1987 |
| US | Title X restrictions on abortion | *Planned Parenthood Fed'n v. Bowen*, 687 F. Supp. 540 (D. Colo. 1988) | 1988 |
| US | Title X restrictions on abortion funding | *N.Y. v. Sullivan*, 889 F.2d 401 (2nd Cir. 1989) Note: Planned Parenthood was a plaintiff in this case. | 1989 |
| US | Title X restrictions on abortion funding | *Planned Parenthood Fed'n v. Sullivan*, 1989 U.S. Dist. LEXIS 14737 (E.D. Pa. Dec. 7, 1989) | 1989 |
| KS | County abortion funding restriction/policy | *Planned Parenthood of Kan., Inc. v. Wichita*, 729 F. Supp. 1282 (D. Kan. 1990) | 1990 |
| NC | State abortion funding restriction | *Whittington v. N.C. Dep't of Human Res.*, 100 N.C. App. 603 (N.C. Ct. App. 1990) Note: Planned Parenthood was a plaintiff in this case. | 1990 |

## APPENDIX XII. (Continued)

### Tax Payer Protection/Abortion Funding

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| US | Title X restrictions on abortion funding | *Planned Parenthood Fed'n v. Sullivan,* 913 F.2d 1492 (10th Cir. Colo. 1990) | 1990 |
| CA | City policy on abortion funding | *Planned Parenthood of Santa Barbara v. City of Santa Maria*, 16 Cal. App. 4th 685 (Cal. App. 2d Dist. 1993) | 1993 |
| CO | State abortion funding restriction | *Hern v. Beye, 1994 U.S. Dist.* LEXIS 6895 (D. Colo. May 12, 1994)<br>Note: Planned Parenthood was a plaintiff in this case. | 1994 |
| MI | State abortion funding restriction | *Planned Parenthood Affiliates v. Engler,* 860 F. Supp. 406 (W.D. Mich. 1994) | 1994 |
| MT | State abortion funding restriction | *Planned Parenthood of Missoula Inc. v. Blouke*, 858 F. Supp. 137 (D. Mont. 1994) | 1994 |
| UT | State abortion funding restriction | *Utah Women's Clinic v. Graham,* 892 F. Supp. 1379 (D. Utah 1995)<br>Note: Planned Parenthood was a plaintiff in this case. | 1995 |
| ID | State abortion funding restriction | *Roe v. Harris,* 128 Idaho 569 (Idaho 1996)<br>Note: Planned Parenthood was a plaintiff in this case. | 1996 |
| MO | State abortion funding restriction | *Planned Parenthood of Mid-Mo. & E. Kan., Inc. v. Ehlmann,* 137 F.3d 573 (8th Cir. 1998) | 1998 |
| NM | State abortion funding restriction | *N.M. Right to Choose/NARAL v. Johnson,* 126 N.M. 788 (N.M. 1998)<br>Note: Planned Parenthood was a plaintiff in this case. | 1998 |
| AK | State abortion funding restriction | *Alaska v. Planned Parenthood of Alaska*, 28 P.3d 904 (Alaska 2001) | 2001 |

# APPENDIX XII. (Continued)

## Tax Payer Protection/Abortion Funding

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| MO | State abortion funding restriction | *Mo. v. Planned Parenthood of Cent. Tex.*, 37 S.W.3d 222 (Mo. 2001) | 2001 |
| TX | State Title X abortion funding restriction | *Planned Parenthood v. Sanchez*, 280 F. Supp. 2d 590 (W.D. Tex. 2003) | 2003 |

## Sexual Abuse Reporting

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| CA | Planned Parenthood challenged an official opinion of the AG which applied the child abuse reporting law to all sexual activity of minors under 14 | *Planned Parenthood Affiliates v. Van De Kamp*, 181 Cal. App. 3d 245 (Cal. App. 1st Dist. 1986) | 1986 |
| IN | Requesting court grant an injunction against the AG and the IN Medicaid Fraud Control Unit (IMFCU), to prevent the IMFCU from gaining access to records of minor patients during state investigation of Planned Parenthood's reputed failure to report cases of child sexual abuse | *Planned Parenthood of Ind. v. Carter,* 854 N.E.2d 853 (Ind. Ct. App. 2006) | 2006 |

## APPENDIX XII. (Continued)

### Parental Involvement for Abortion and Other Medical Services

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| MO | Parental consent | *Planned Parenthood of Cent. Mo. v. Danforth*, 392 F. Supp. 1362 (E.D. Mo. 1975) | 1975 |
| PA | Parental consent (also includes spousal consent, determination of viability, and prohibition on advertising) | *Planned Parenthood Ass'n. v. Fitzpatrick,* 401 F. Supp. 554 (E.D. Pa. 1975) | 1975 |
| IL | Parental consent | *Wynn v. Scott*, 448 F. Supp. 997 (N.D. Ill. 1978)<br>Note: Planned Parenthood filed an amicus brief in 1978. | 1978 |
| MA | Parental consent | *Planned Parenthood League v. Bellotti,* 499 F. Supp. 215 (D. Mass. 1980) | 1980 |
| MO | Parental consent | *Planned Parenthood Ass'n of Kan. City v. Ashcroft*, 483 F. Supp. 679 (W.D. Mo. 1980) | 1980 |
| IN | Parental notice | *Indiana Planned Parenthood Affiliates Ass'n v. Pearson,* 716 F.2d 1127 (7th Cir. 1983) | 1983 |
| US | HHS regulations on parental notice | *Planned Parenthood Fed'n, Inc. v. Schweiker,* 559 F. Supp. 658 (D. D.C. 1983) | 1983 |
| UT | Parental notice (contraception) | *Planned Parenthood Ass'n v. Matheson,* 582 F. Supp. 1001 (D. Utah 1983) | 1983 |
| NV | Parental notice | *Glick v. McKay, 616 F. Supp. 322 (D. Nev. 1985)*<br>Note: Planned Parenthood was a plaintiff in this case. | 1985 |

## APPENDIX XII. (Continued)

### Parental Involvement for Abortion and Other Medical Services

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| UT | Parental consent (to receive services from Title X funded family planning facilities) | *Jane Does 1 through 4 v. Utah Dep't of Health*, 776 F.2d 253 (10th Cir. 1985)<br>Note: Planned Parenthood was a plaintiff in this case. | 1985 |
| GA | Parental notice | *Planned Parenthood Ass'n v. Harris*, 670 F. Supp. 971 (N.D. Ga. 1987) | 1987 |
| UT | Parental consent (contraception) | *Planned Parenthood Ass'n v. Dandoy*, 810 F.2d 984 (10th Cir. 1987) | 1987 |
| MN | Parental notice | *Hodgson v. Minn., 1985 U.S. Dist.* LEXIS 23817 (D. Minn. Jan. 23, 1985)<br>Note: Planned Parenthood was a plaintiff in this case. | 1988 |
| PA | Parental consent | *Planned Parenthood of S.E. Penn. v. Casey,* 686 F. Supp. 1089 (E.D. Pa. 1988) | 1988 |
| TN | Parental consent | *Planned Parenthood Ass'n v. McWherter*, 716 F. Supp. 1064 (M.D. Tenn. 1989) | 1989 |
| AZ | Parental consent | *Planned Parenthood of S. Ariz. v. Neely,* 804 F. Supp. 1210 (D. Ariz. 1992) | 1992 |
| OH | Parental notice | *Cleveland Surgi-Center v. Jones*, 2 F.3d 686 (6th Cir. 1993)<br>Note: Planned Parenthood was a plaintiff in this case. | 1993 |
| SD | Parental notice | *Planned Parenthood Sioux Falls Clinic v. Miller*, 860 F. Supp. 1409 (D. S.D. 1994) | 1994 |
| MA | Parental consent | *Planned Parenthood League of Mass. Inc. v. Attorney Gen.*, 424 Mass. 586 (Mass. 1997) | 1997 |

# APPENDIX XII. (Continued)

**Parental Involvement for Abortion and Other Medical Services**

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| MT | Parental notice | *Wicklund v. Mont., 1997 Mont. Dist.* LEXIS 516 (Mont. Dist. Ct. Nov. 3, 1997)<br>Note: Planned Parenthood was a plaintiff in this case. | 1997 |
| VA | Parental notice | *Planned Parenthood of Blue Ridge v. Camblos*, 116 F.3d 707 (4th Cir. 1997 | 1997 |
| TX | Parental consent (to receive medication) | *Patterson v. Planned Parenthood of Houston & S.E. Tex., Inc.*, 971 S.W.2d 439 (Tex. 1998) | 1998 |
| CO | Parental notice | *Planned Parenthood of the Rocky Mts. Servs. Corp. v. Owens*, 107 F. Supp. 2d 1271 (D. Colo. 2000) | 2000 |
| NJ | Parental notice | *Planned Parenthood of Cent. N.J. v. Farmer*, 165 N.J. 609 (N.J. 2000) | 2000 |
| AK | Parental consent | *Alaska v. Planned Parenthood of Alaska*, 35 P.3d 30 (Alaska 2001) | 2001 |
| AZ | Parental consent | Planned Parenthood of S. Ariz. v. Lawall, 307 F.3d 783 (9th Cir. 2002) | 2002 |
| NH | Parental notice | *Planned Parenthood of N. New Eng. v. Heed*, 296 F. Supp. 2d 59 (D. N.H. 2003) | 2003 |
| FL | Parental notice | *ACLU of Fla., Inc. v. Hood*, 881 So. 2d 664 (Fla. Dist. Ct. App. 1st Dist. 2004)<br>Note: Planned Parenthood was an appellant in this case. | 2004 |
| ID | Parental consent | *Planned Parenthood of Idaho, Inc.* v. Wasden, 376 F.3d 908 (9th Cir. 2004) | 2004 |

## APPENDIX XII. (Continued)

### Parental Involvement for Abortion and Other Medical Services

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| FL | Parental notice | *Womancare of Orlando, Inc. v. Agwunobi*, 448 F. Supp. 2d 1293 (N.D. Fla. 2005)<br>Note: Planned Parenthood was a plaintiff in this case. | 2005 |
| MO | Parental consent | *Planned Parenthood of Kan. & Mid-Mo., Inc. v. Nixon*, 220 S.W.3d 732 (Mo. 2007) | 2007 |
| AK | Parental notice | *Planned Parenthood of Alaska v. Campbell*, 232 P.3d 725 (Alaska 2010) | 2010 |

### Misuse RU-486

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| FL | Law requiring that RU-486 be used in accordance with FDA protocol | *Planned Parenthood Cincinnati Region v. Taft*, 337 F. Supp. 2d 1040 (S.D. Ohio 2004) (ongoing) | 2004 |

### Informed Consent for Abortion

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| OH | Law requiring that RU-486 be used in accordance with FDA protocol | *Planned Parenthood Cincinnati Region v. Taft*, 337 F. Supp. 2d 1040 (S.D. Ohio 2004) (ongoing) | 1978 |
| TN | Informed consent (residency requirement, 2-day reflection period) | *Planned Parenthood of Memphis v. Blanton,* 1978 U.S. Dist. LEXIS 20391 (W.D. Tenn. July 14, 1978) | 1981 |
| RI | Informed consent | *Women's Med. Ctr. v. Roberts*, 512 F. Supp. 316 (D. R.I. 1981)<br>Note: Planned Parenthood was a plaintiff in this case. | 1984 |

## APPENDIX XII. (Continued)

### Informed Consent for Abortion

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| PA | Requirement that physicians supply printed material to women seeking abortions | *Am. College of Obstetricians & Gynecologists v. Thornburgh*, 737 F.2d 283 (3rd Cir. 1984)<br>Note: Planned Parenthood was a plaintiff in this case. | 1988 |
| PA | Informed consent | *Planned Parenthood of S.E. Penn. v. Casey*, 686 F. Supp. 1089 (E.D. Pa. 1988) | 1995 |
| IN | Informed consent | *A Woman's Choice-East Side Women's Clinic v. Newman*, 904 F. Supp. 1434 (S.D. Ind. 1995)<br>Note: Planned Parenthood was a plaintiff in this case. | 1997 |
| WI | Informed consent (in person, 24-hour reflection period) | *Karlin v. Foust*, 975 F. Supp. 1177 (W.D. Wis. 1997)<br>Note: Planned Parenthood was a plaintiff in this case. | 1999 |
| MT | Informed consent | *Planned Parenthood of Missoula v. Mont.*, 1999 Mont. Dist. LEXIS 1117 (Mont. Dist. Ct. Mar. 12, 1999) | 2003 |
| DE | Informed consent (24-hour reflection period) | *Planned Parenthood of Del. v. Brady*, 250 F. Supp. 2d 405 (D. Del. 2003) | 2005 |
| SD | Informed consent | *Planned Parenthood Minn., N.D., S.D. v. Rounds*, 375 F. Supp. 2d 881 (D. S.D. 2005) (ongoing) | 2006 |
| MO | Informed consent | *Reprod. Health Servs. of Planned Parenthood of the St. Louis Region, Inc. v. Nixon*, 185 S.W.3d 685 (Mo. 2006) | 2006 |

# APPENDIX XII. (Continued)

## Abortion Clinic Regulation

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| MO | Hospitalization requirement for certain abortions | *Planned Parenthood Ass'n. v. Ashcroft*, 483 F. Supp. 679 (W.D. Mo. 1980) | 1980 |
| IA | Certificate of need statutes to regulate the development of new or changed institutional health services | *Planned Parenthood of Memphis v. Blanton*, 1978 U.S. Dist. LEXIS 20391 (W.D. Tenn. July 14, 1978) | 1997 |
| MO | Requirement that abortion clinics meet ambulatory surgical center standards | *Planned Parenthood of Kan. & Mid-Mo., Inc. v. Drummond*, 2007 U.S. Dist. LEXIS 63119 (W.D. Mo. Aug. 27, 2007) | 2007 |

## Abortion Bans

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| UT | Abortion prohibition (with exceptions) | *Jane L. v. Bangerter*, 794 F. Supp. 1537 (D. Utah 1992)<br>Note: Planned Parenthood intervened as a plaintiff in this case in 1995 | 1992 |
| WY | Ballot initiative/abortion ban | *Planned Parenthood of the Blue Ridge v. Camblos*, 155 F.3d 352 (4th Cir. 1998) | 1998 |

## Partial Birth Abortions Bans

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| AZ | Partial-birth abortion ban | *Planned Parenthood of S. Ariz., Inc. v. Woods*, 982 F. Supp. 1369 (D. Ariz. 1997) | 1997 |
| MT | Partial-birth abortion ban (also included hospitalization requirement for abortions after 3 months gestation and advertising restriction) | *Intermountain Planned Parenthood v. Mont.*, 1997 Mont. Dist. LEXIS 809 (Mont. Dist. Ct. Oct. 1, 1997) | 1997 |

## APPENDIX XII. (Continued)

### Partial Birth Abortions Bans

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| IA | Partial-birth abortion ban | *Planned Parenthood, Inc. v. Miller*, 1 F. Supp. 2d 958 (S.D. Iowa 1998) | 1998 |
| NJ | Partial-birth abortion ban | *Planned Parenthood of Cent. N.J. v. Verniero*, 22 F. Supp. 2d 331 (D. N.J. 1998) | 1998 |
| WI | Partial-birth abortion ban | *Planned Parenthood of Wis. v. Doyle*, 9 F. Supp. 2d 1033 (W.D. Wis. 1998) | 1998 |
| RI | Partial-birth abortion ban | *R.I. Med. Soc'y v. Whitehouse*, 66 F. Supp. 2d 288 (D. R.I. 1999) Note: Planned Parenthood was a plaintiff in this case. | 1999 |
| VA | Partial-birth abortion ban | *Richmond Med. Ctr. for Women v. Gilmore*, 55 F. Supp. 2d 441 (E.D. Va. 1999) Note: Planned Parenthood was a plaintiff in this case. | 1999 |
| MI | Partial-birth abortion ban | *WomanCare of Southfield, P.C. v. Granholm*, 143 F. Supp. 2d 827 (E.D. Mich. 2000) Note: Planned Parenthood was a plaintiff in this case. | 2000 |
| MO | Partial-birth abortion ban | *State v. Reprod. Health Servs. of Planned Parenthood of the St. Louis Region*, 97 S.W.3d 54 (Mo. Ct. App. 2002) | 2002 |
| US | Partial Birth Abortion Ban Act of 2003 | *Planned Parenthood Fed'n of Am. v. Ashcroft*, 2003 U.S. Dist. LEXIS 20105 (N.D. Cal. Nov. 7, 2003) | 2003 |
| MI | Partial-birth abortion ban | *Northland Family Planning Clinic, Inc. v. Cox*, 394 F. Supp. 2d 978 (E.D. Mich. 2005) Note: Planned Parenthood was a plaintiff in this case. | 2005 |

# APPENDIX XII. (Continued)

### Choose Life License Plates

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| LA | "Choose Life" license plates | *Henderson v. Stadler,* 112 F. Supp. 2d 589 (E.D. La. 2000)<br>Note: Planned Parenthood intervened as a plaintiff in this case in 2003 | 2000 |
| SC | "Choose Life" license plates | *Planned Parenthood v. Rose*, 236 F. Supp. 2d 564 (D. S.C. 2002) | 2002 |
| TN | "Choose Life" license plates | *ACLU of Tenn. v. Bredesen*, 354 F. Supp. 2d 770 (M.D. Tenn. 2004)<br>Note: Planned Parenthood was a plaintiff in this case. | 2004 |

### Disposition of Fetal Remains

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| OH | City ordinance on disposition of fetal remains | *Planned Parenthood Ass'n v. Cincinnati,* 635 F. Supp. 469 (S.D. Ohio 1986) | 1986 |
| MN | Disposition of fetal remains | *Planned Parenthood of Minn. v. Minn.*, 910 F.2d 479 (8th Cir. 1990) | 1990 |
| AZ | Prohibition of experimentation on fetal remains from abortion | *Forbes v. Woods,* 71 F. Supp. 2d 1015 (D. Ariz. 1999)<br>Note: Planned Parenthood was a plaintiff in this case. | 1999 |

### Other Cases

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| RI | Spousal notification for an abortion | *Planned Parenthood of R.I. v. Bd. of Med. Rev.*, 598 F. Supp. 625 (D. R.I. 1984) | 1984 |

## APPENDIX XII. (Continued)

### Other Cases

| Origin of the Law | Laws Challenged | Case | Year |
|---|---|---|---|
| NV | School district's refusal to allow Planned Parenthood to advertise in a school publication | *Planned Parenthood of S. Nev., Inc. v. Clark County School Dist*., 887 F.2d 935 (9th Cir. 1989) | 1989 |
| OR | Law prohibiting the furnishing of sexually-explicit material to a child | *Powell's Books, Inc. v. Myers*, 599 F. Supp. 2d 1226 (D. Or. 2008) Note: Planned Parenthood was a plaintiff in this case. | 2008 |

# APPENDIX XIII.
# CRIMINAL RECORD FOR KEVON WALKER, CONNECTICUT COURT REPORT

Page 1

**1 OF 1 RECORD(S)**

## Connecticut Court Report

**Offender information**

**Name:** WALKER, KEVON D
**Address:** 950A GREENE AVE
BROOKLYN, NY 11221-2955
KINGS COUNTY
**Case Number:** 0291496
**Case Filing Date:** 04/12/2007
**DOB:** 03/1985
**SSN:** 084-90-XXXX
**Race:** Black
**Sex:** Male

**Offenses**
Offense #1

**Case Filing Date:** 04/12/2007
**Component:** 001
**Number Counts:** 001
**Offense Date:** 04/01/2006
**Arrest Date:** 04/11/2007
**Arrest Statute:** SEXUAL ASSAULT 2ND DEG
**Arresting Agency:** Local Police
**Arrest Level/Degree:** Felony-Class C
**Court Description:** New London (Part A Court)
**Court Case Number:** 0291496
**Court Plea:** Guilty
**Court Statute:** SEX 4-VICTIM UNDER 15 YRS OLD
**Court Disposition:** Found Guilty
**Court Disposition Date:** 04/28/2009
**Court Level/Degree:** Felony-Class D
**Sentence - Jail:** 9 Months
**Sentence - Probation:** 5 Years

Offense #2

**Case Filing Date:** 04/12/2007
**Component:** 002
**Number Counts:** 001
**Offense Date:** 04/01/2006
**Arrest Date:** 04/11/2007
**Arrest Statute:** RISK OF INJURY TO CHILD
**Arresting Agency:** Local Police
**Arrest Level/Degree:** Felony-Class C
**Court Description:** New London (Part A Court)
**Court Case Number:** 0291496
**Court Plea:** Guilty
**Court Statute:** RISK OF INJURY TO CHILD
**Court Disposition:** Found Guilty
**Court Disposition Date:** 04/28/2009
**Court Level/Degree:** Felony-Class C

## APPENDIX XIII. (Continued)

Page 2

**Sentence - Probation:** 5 Years

**Court Activity**

**Date:** 06/23/2009
**Description:** Case Disposition TES: 10Y ESA 9M, 5Y PROBATION

**Date:** 04/12/2007
**Description:** Case Assigned

**Date:** 04/11/2007
**Description:** Arrest

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# APPENDIX XIV.
# CRIMINAL RECORD FOR JOHN BLANKS, OHIO COURT REPORT AND COMPLAINT, DENISE FAIRBANKS V. PLANNED PARENTHOOD SOUTHWEST OHIO REGION

Page 1

**1 OF 1 RECORD(S)**

## Ohio Court Report

**Offender information**

**Name:** BLANKS, JOHN
**Address:** 1000 SYCAMORE ST
CINCINNATI, OH 45202-1340
HAMILTON COUNTY
**Case Number:** 06CR23345
**Case Filing Date:** 06/26/2006
**County:** Warren
**DOB:** 11/1961
**SSN:** 297-66-XXXX
**Race:** BLACK
**Sex:** Male

**Offenses**

**Case Filing Date:** 06/26/2006
**Component:** 1
**Arrest Statute:** 2907.03(A)(5)
**Arrest Level/Degree:** Third Degree Felony
**Arrest Disposition Date:** 20060929
**Court Offense:** SEXUAL BATTERY 4CTS
**Court Statute:** 2907.03(A)(5)
**Court Disposition:** GUILTY/NO CONTEST TO ORIGINAL CHARGE
**Court Level/Degree:** Third Degree Felony

**Court Activity**

[NONE FOUND]

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## APPENDIX XIV. (Continued)

COMMON PLEAS COURT
WARREN COUNTY OHIO
FILED
07 MAY -9 AM 8:38
JAMES L. SPAETH
CLERK OF COURTS

IN THE COURT OF COMMON PLEAS
CIVIL DIVISION
WARREN COUNTY, OHIO

| | | |
|---|---|---|
| **DENISE FAIRBANKS,**<br>**c/o Crabbe Brown & James LLP**<br>**30 Garfield Pl. Suite 740**<br>**Cincinnati, Ohio 45202**<br><br>**Plaintiff,**<br><br>**vs.**<br><br>**PLANNED PARENTHOOD SOUTHWEST OHIO REGION**<br>**Serve: Statutory Agent**<br>**Alphonse A. Gerhardstein**<br>**1409 Enquirer Building**<br>**617 Vine Street**<br>**Cincinnati, Ohio 45202**<br><br>**and**<br><br>**ROSLYN KADE, M.D.**<br>**2314 Auburn Avenue**<br>**Cincinnati, Ohio 45202**<br><br>**and**<br><br>**ANN MCMANN**<br>**2314 Auburn Avenue**<br>**Cincinnati, Ohio 45202**<br><br>**and**<br><br>**JULIA PIERCEY**<br>**2314 Auburn Avenue**<br>**Cincinnati, Ohio 45219**<br><br>**and**<br><br>**LAURA PROVIDENTI**<br>**2314 Auburn Avenue**<br>**Cincinnati, Ohio 45202** | :<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>:<br>: | **CASE NO.** 07CV 68441<br>Judge Bronson<br><br><br><br>**COMPLAINT**<br>**(JURY DEMAND ENDORSED HEREIN)** |

# APPENDIX XIV. (Continued)

**and**

**ELIZABETH KRUMMEL**
**2314 Auburn Avenue**
**Cincinnati, Ohio 45202**

**and**

**JANE DOE # 1**
**An Employee Or Former Employee of**
**Planned Parenthood Southwest**
**Ohio Region**
**Name Unknown**
**2314 Auburn Avenue**
**Cincinnati, Ohio 45219**

**Defendants.**

Plaintiff Denise Fairbanks (hereinafter also referred to as "Plaintiff" or "Denise") states the following complaint against defendants Planned Parenthood, Southwest Ohio Region ("Planned Parenthood"), Roslyn Kade, M.D. ("Kade"), Ann McMann ("McMann"), Laura Providenti ("Providenti"), Julia Piercey ("Piercey"), Elizabeth Krummel ("Krummel") and Jane Doe #1, whose name is currently unknown.

**INTRODUCTORY STATEMENT**

When Denise arrived at Planned Parenthood's clinic on November 15, 2004, she was 16 years old and had become pregnant as a result of the sexual abuse by her biological father. While at the clinic Denise tried to put an end to this abuse, which had started in 2000, by informing a Planned Parenthood employee that she has been forced to have sex and to do things she did not want to do. Tragically for Denise, Planned Parenthood's "don't ask/don't tell"[1] policy with respect to its duty to report suspected or known sexual abuse of minors was in full

[1]See Ex. "1," a document that is part of Planned Parenthood's training files.

## APPENDIX XIV. (Continued)

force on November 15, 2004. Indeed, less than two months earlier another 16 year old pregnant girl had informed Planned Parenthood that she had become pregnant as a result of a sexual assault, and, consistent with Planned Parenthood's don't ask/don't tell" policy, no report of that sexual abuse was made as was required under RC 2151.421.[2]

Following its "don't ask/don't tell" policy, Planned Parenthood and at least one of the other defendants did not report their knowledge that Denise was a victim of sexual abuse. This violation of their duties under RC 2151.421 resulted in Denise being subjected to the sexual abuse of her biological father for another one and one-half years. In other words, the refusal by Planned Parenthood and one or more of the defendants to meet their RC 2151.421 reporting obligations resulted in Denise being sexually abused on many occasions over the next one and one-half years.

By this litigation Denise seeks damages to compensate her for the severe harm she has suffered as a direct result of Defendants' breach of their duties owed her under RC 2151.421. In addition, Defendants' conduct was reprehensible because it was done in accordance with Planned Parenthood's "don't ask/don't tell" policy and as part of a pattern of wrongful conduct. For those reasons Denise also seeks an award of punitive damages that will be sufficient to not only punish Defendants for their reprehensible conduct, but also to deter Defendants and others who have reporting duties under RC 2151.421 from engaging in this type of conduct in the future.

**PARTIES**

1. Plaintiff Denise Fairbanks is and at all relevant times was a resident of the State of Ohio.

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[2]See Ex. "2."

## APPENDIX XIV. (Continued)

In November, 2004 Denise was a resident of Warren County, Ohio.

2. Defendant Planned Parenthood is an Ohio corporation that in November, 2004 did and currently does business in 16 counties in Southwest Ohio, including Warren County, Ohio. Planned Parenthood operates a medical center at Auburn Avenue in Cincinnati, Ohio.

3. Defendant Kade at all relevant times was Planned Parenthood's Medical Director and shared responsibility for developing and implementing Planned Parenthood's policies, procedures and training programs. Kade at all relevant times also supervised employees located at the Auburn Avenue medical center. Kade at all relevant times was acting within the scope of her employment by Planned Parenthood. Kade is a resident of the State of Ohio.

4. Defendant McMann at all relevant times was Planned Parenthood's Vice President of Patient Services and shared responsibility for developing and implementing Planned Parenthood's policies and procedures at that facility. McMann at all relevant times was acting within the scope of her employment by Planned Parenthood. Denise states that, upon information and belief, McMann is a resident of the State of Ohio.

5. Defendant Providenti at all relevant times was Manager of Planned Parenthood's Auburn Avenue medical center and shared responsibility for developing and implementing policies and procedures and supervising employees at that center. Providenti at all relevant times was acting within the scope of her employment by Planned Parenthood. Denise states that, upon information and belief, Providenti is a resident of the State of Ohio.

6. Defendant Piercey at all relevant times was Planned Parenthood's Vice President of Education and Training and was in charge of developing training programs for Planned Parenthood employees, including training with respect to the duty to report knowledge or suspicion of sexual abuse of minors. Piercey at all relevant times was acting within the scope of

## APPENDIX XIV. (Continued)

her employment by Planned Parenthood. Denise states that, upon information and belief, Piercey is a resident of the State of Ohio.

7. Defendant Krummel at all relevant times was an employee of Planned Parenthood who worked at its Auburn Avenue medical center. Denise states that, upon information and belief, on November 15, 2004 she met with Krummel at the medical center and informed Krummel that she had become pregnant as a result of forced and coerced sexual relations. Denise also states that Krummel did not report the notification of this sexual abuse as she was required to do under RC 2151.421. Krummel at all relevant times was acting within the scope of her employment by Planned Parenthood. Denise states that, upon information and belief, Krummel is a resident of the State of Ohio.

8. Defendant Jane Doe #1, whose name is currently unknown, at all relevant times was an employee of Planned Parenthood who worked at its Auburn Avenue medical center. If Defendant Krummel is not the Planned Parenthood employee who was informed by Denise that she had become pregnant as a result of forced and coerced sexual relations, Defendant Jane Doe #1 is the Planned Parenthood employee who was so informed and did not report the notification of this sexual abuse as she was required to do under RC 2151.421. Jane Doe #1 at all relevant times was acting within the scope of her employment by Planned Parenthood. Denise has not been able to discover Jane Doe #1's name.

**JURISDICTION AND VENUE**

9. Plaintiff incorporates paragraphs 1-8 as if fully rewritten herein.

10. When Denise was taken by John Blanks ("Blanks"), her biological father, to Planned Parenthood's Auburn Avenue medical center on November 15, 2004, she resided with Blanks in Warren County, Ohio, and Planned Parenthood knew that she resided with Blanks in Warren

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## APPENDIX XIV. (Continued)

County, Ohio.

11. Prior to November 15, 2004, Planned Parenthood, Kade, McMann, Providenti and Piercey had engaged in a pattern of conduct that they knew or should have known would result in the continued sexual abuse of minors in the counties in Southwest Ohio in which Planned Parenthood conducted business, including Warren County, Ohio. This reprehensible conduct was a direct and proximate cause of the harm suffered by Denise.

12. As a direct and proximate result of Defendants' actionable conduct that is the subject of this complaint, Blanks was able to continue to sexually abuse Denise in Warren County, Ohio.

13. Both jurisdiction and venue are proper.

**STATEMENT OF UNDERLYING FACTS**

14. Commencing in 2000, Blanks began sexually abusing Denise, who was 13 years old at that time. During the entire time Blanks sexually abused Denise, they lived together in the same residence. Blanks was the only adult who resided at the residence.

15. In late October or early November, 2004, Denise began having what she believed were stomach aches and problems.

16. In early November, 2004, Blanks took Denise to have her examined and treated for the stomach aches and problems she was experiencing. After Denise was examined and tests were completed, Blanks and Denise were informed that Denise was pregnant.

17. Blanks knew that, to reduce the risk of having his sexual abuse of Denise exposed, the only option that he could accept was an abortion.

18. On November 15, 2004, Blanks accompanied Denise to Planned Parenthood's Auburn Avenue medical center for the purpose of Denise having an abortion. Denise was a minor on November 15, 2004.

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## APPENDIX XIV. (Continued)

19. In connection with the abortion, Planned Parenthood required Denise to complete certain forms. Blanks was with Denise when the forms were completed, and Blanks participated in completing those forms.

20. After the abortion had been performed, Denise met alone with Krummel or Jane Doe #1. During that meeting Denise informed Krummel or Jane Doe #1 that she had been forced to engage in sexual acts.

21. Planned Parenthood and Krummel or Jane Doe #1 did not report their knowledge or suspicions of the sexual abuse of Denise as they were required to do under RC 2151.421.

22. Less than two months before Denise arrived at Planned Parenthood's clinic, another 16 year old girl informed Defendant Providenti that she had been sexually assaulted and had become pregnant as a result of the sexual assault. In clear violation of RC 2151.421, this incident of sexual abuse was not reported. The excuse Planned Parenthood and Defendant Providenti gave for this breach of their reporting duties under RC 2151.421 is that, even though the 16 year old girl had informed them that she had become pregnant as a result of a sexual assault, they were prohibited from reporting because the girl had not also reported that she had suffered "severe bodily injury." (Ex. "2.")

23. As a direct and proximate result of Planned Parenthood's and Krummel's or Jane Doe #1's failure to report their knowledge or suspicions of the sexual abuse of Denise, Blanks was able to continue his sexual abuse of Denise for approximately one and one-half years.

**PLANNED PARENTHOOD'S POLICIES AND PRACTICES WITH RESPECT TO REPORTING KNOWN OR SUSPECTED SEXUAL ABUSE OF MINORS**

24. Kade, McMann and Providenti were the Planned Parenthood employees responsible for the creation and implementation of Planned Parenthood's policies and practices that existed in

## APPENDIX XIV. (Continued)

November, 2004, including the policies and practices relating to RC 2151.421 ("the RC 2151.421 Policies").

25. Between January 1, 2000 and November 15, 2004, Planned Parenthood, as a direct result of its policies and practices, did not fulfill its duties to make a report pursuant to RC 2151.421 each time it suspected or knew of the sexual abuse of a minor. This constitutes a pattern and practice of wrongdoing on the part of Planned Parenthood.

26. Kade, McMann and Providenti knew or should have known that the RC 2151.421 Policies that existed in November, 2004 were deficient and the implementation of those policies would result in Planned Parenthood's employees breaching their reporting duties under RC 2151.421. In fact, Planned Parenthood, had a "don't ask, don't tell" policy with respect to its duty to report suspected or known abuse of minors.

27. All acts and omissions of Krummel or Jane Doe #1 referred to in this complaint were done in accordance with the deficient RC 2151.421 Policies created, established, communicated, implemented and enforced by Kade, and/or McMann and/or Providenti.

28. All damages sustained by Denise as a result of defendants' acts and omissions referred to in the complaint were caused, in whole or in part, by Planned Parenthood's deficient RC 2151.421 Policies and practices.

**PLANNED PARENTHOOD'S TRAINING OF ITS EMPLOYEES WITH RESPECT TO REPORTING KNOWN OR SUSPECTED SEXUAL ABUSE OF MINORS**

29. In 2004 Kade and Piercey were the Planned Parenthood employees in charge of developing the training programs for Planned Parenthood employees at the Auburn Avenue facility.

30. Kade's and Piercey's duties included developing the program used to train Planned

## APPENDIX XIV. (Continued)

Parenthood's employees, including Krummel or Jane Doe #1, in connection with their duties to comply with RC 2151.421.

31. The training program developed by Kade and Piercey in connection with RC 2151.421 that was in place in November, 2004 was deficient in many ways. The deficiencies were the result of Planned Parenthood's, Kade's and Piercey's negligence, recklessness or intentional wrongdoing. These Defendants knew that the deficiencies in training would result in the failure to report suspected or unknown sexual abuse of minors, and it was part of a pattern and practice or wrongdoing.

32. All damages sustained by Denise as a result of Defendants' acts and omissions referred to in the complaint were caused, in whole or in part, by the deficiencies in the training provided to Planned Parenthood employees, including Krummel or Jane Doe #1, who worked at its Auburn Avenue medical clinic.

**BLANKS'S CRIMINAL CONVICTION**

33. In the spring of 2006 and approximately one and one-half years after Denise had informed Planned Parenthood and Krummel or Jane Doe #1 that she was a victim of sexual abuse, Denise told her future college basketball coach of the abuse. The coach reported the abuse to a law enforcement agency, which is precisely what Defendants Planned Parenthood and Krummel or Jane Doe#1 were required to do on November 15, 2004.

34. An investigation conducted by law enforcement and the Warren County, Ohio Prosecuting Attorney of Blanks's sexual abuse of Denise resulted in criminal charges being brought against him. Blanks was found guilty of sexual battery, and he is currently serving time in an Ohio prison.

## APPENDIX XIV. (Continued)

**FIRST CAUSE OF ACTION**
**(VIOLATION OF RC 2151.421 BY PLANNED PARENTHOOD AND KRUMMEL OR JANE DOE # 1)**

35. Plaintiff incorporates paragraphs 1-34 as if fully rewritten herein.

36. Planned Parenthood and Krummel or Jane Doe #1 knew or suspected that Denise was a victim of sexual abuse.

37. At no time did Planned Parenthood or Krummel or Jane Doe # 1 report their knowledge or suspicion that Denise was a victim of sexual abuse as they were required to do under RC 2151.421.

38. Planned Parenthood and Krummel or Jane Doe #1 breached their duties under RC 2151.421.

39. As a direct and proximate result of Planned Parenthood's and Krummel or Jane Doe # 1's breach of their duties under RC 2151.421:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**SECOND CAUSE OF ACTION**
**(VIOLATION OF RC 2151.421 BY PLANNED PARENTHOOD, KADE, McMANN AND PROVIDENTI)**

40. Plaintiff incorporates paragraphs 1-39 as if fully rewritten herein.

41. Kade, McMann and Providenti are employees or former employees of Planned Parenthood who in November, 2004 were responsible for the creation and implementation of Planned Parenthood's RC 2151.421 Policies and practices.

42. Planned Parenthood, Kade, McMann and Providenti knew or should have known that the

## APPENDIX XIV. (Continued)

RC 2151.421 Policies and practices that existed in November, 2004 were deficient and the implementation of the Policies and practices would result in the breach by Planned Parenthood's employees, including Krummel or Jane Doe #1, of their reporting duties under RC 2151.421.

43. All damages sustained by Denise referred to in this complaint were caused, in whole or in part, by Planned Parenthood's deficient RC 2151.421 Policies and practices.

44. As a direct and proximate result of Planned Parenthood's deficient RC 2151.421 Policies and practices:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**THIRD CAUSE OF ACTION**
**(DEFICIENT TRAINING BY PLANNED PARENTHOOD, KADE AND PIERCEY)**

45. Plaintiff incorporates paragraphs 1-44 as if fully rewritten herein.

46. In November, 2004 Kade and Piercey were the Planned Parenthood employees in charge of the training Planned Parenthood employees, including Krummel or Jane Doe #1.

47. Kade's and Piercey's duties included developing the training provided Planned Parenthood's employees, including Krummel or Jane #1, in connection with their duties to comply with RC 2151.421.

48. The "don't ask/don't tell" training developed and implemented by Kade and Piercey in connection with RC 2151.421 was deficient, and the deficiencies were the result of Kade's and Piercey's negligence, recklessness or intentional wrongdoing.

49. All damages sustained by Denise as a result of Defendants' acts and omissions referred

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## APPENDIX XIV. (Continued)

to in this complaint were directly caused, in whole or in part, by the deficiencies in the training provided Planned Parenthood's and its employees.

50. As a direct and proximate result of the deficient training Planned Parenthood. Kade and Piercey developed and provided Planned Parenthood's employees, including Krummel or Jane Doe #1:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**FOURTH CAUSE OF ACTION**
**(NEGLIGENT OR RECKLESS SUPERVISION BY PLANNED PARENTHOOD, KADE AND PROVIDENTI)**

51. Plaintiff incorporates paragraphs 1-50 as fully rewritten herein.

52. Planned Parenthood, Kade and Providenti negligently or recklessly supervised the Planned Parenthood employees, including Krummel or Jane Roe #1, who worked at Planned Parenthood's Auburn Avenue clinic.

53. As a direct and proximate result of their negligent or reckless supervision of Planned Parenthood's employees, including Krummel or Jane Doe #1, Planned Parenthood, Kade and Providenti breached their duty to Denise under RC 2151.421.

54. As a direct and proximate result of Planned Parenthood's, Kade's and Providenti's negligent or reckless supervision of Planned Parenthood's employees, including Krummel or Jane Doe #1:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

## APPENDIX XIV. (Continued)

b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**FIFTH CAUSE OF ACTION**
**(INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS BY ALL DEFENDANTS)**

55. Plaintiff incorporates paragraphs 1-54 as if fully rewritten herein.

56. Defendants' conduct as set forth in this complaint was so extreme and outrageous that it goes beyond the bounds of decency and is utterly intolerable in a civilized community.

57. Defendants' conduct was intentional, reckless and in knowing violation of Ohio law, and done to subvert and circumvent Denise's rights.

58. As a direct and proximate result of Defendants' conduct:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

b. Plaintiff has suffered severe emotional and psychological distress for which she has incurred and will continue to incur expenses for counseling.

**SIXTH CAUSE OF ACTION**
**(NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS BY ALL DEFENDANTS)**

59. Plaintiff incorporates paragraphs 1-58 as if fully rewritten herein.

60. Defendants' knew or should have known that their conduct as set forth in this complaint would cause Denise to suffer emotional distress.

61. As a direct and proximate result of Defendants' conduct:

a. Blanks's sexual abuse of Plaintiff remained concealed, which enabled Blanks to continue to sexually abuse her for almost one and one-half years; and

b. Plaintiff has suffered severe emotional and psychological distress for which she

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## APPENDIX XIV. (Continued)

has incurred and will continue to incur expenses for counseling.

WHEREFORE, Plaintiff Denise Fairbanks demands judgment against Defendants, jointly and severally, in the following form:

1. Compensatory damages in an amount not less than $25,000.00;
2. Punitive damages in an amount not less than the compensatory amount awarded;
3. Her attorneys' fees and costs; and
4. All other relief to which she may be entitled.

Respectfully submitted,

CRABBE, BROWN & JAMES LLP

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## APPENDIX XIV. (Continued)

Richard L. Creighton by BEH

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Co-counsel for Plaintiff Denise Fairbanks

**JURY DEMAND**

Plaintiff demands a jury trial on all claims that can be tried to a jury.

Brian E. Hurley

**Notice to the Clerk:**

Please serve Defendant Planned Parenthood Southwest Ohio Region at:
c/o Statutory Agent
Alphonse A. Gerhardstein
1409 Enquirer Building
617 Vine Street
Cincinnati, Ohio 45202

and

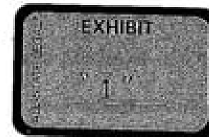
All Other Defendants at:
c/o Planned Parenthood
2314 Auburn Avenue
Cincinnati, Ohio 45202

Brian E. Hurley

300669

## APPENDIX XIV. (Continued)

1. informing pt. of report?
2. coercion v. assault clouds the issue.
3. suspect v. don't ask/don't tell
4. sexual v. child abuse
5. mentally handicapped

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Wallace v. Planned Parenthood

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## APPENDIX XIV. (Continued)

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**Planned Parenthood Cincinnati Region**

**DOCUMENTATION FORM FOR SUSPECTED SEXUAL OR CHILD ABUSE REPORT**

Date: 9/30/04

Patient Name:

Patient Number:

Birthdate: 8/ /88

Age: 16

Reason for visit: elective abortion

Reason for report:
Patient reports pregnancy is a result of sexual assault by a stranger.

Patient informed that report would be made: YES (NO)

Is patient or guardian aware of situation/relationship? (YES) NO Comments:

Agency to which report was made: not reported - see note Phone number ______

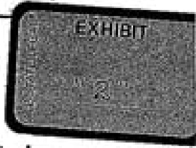
Individual who took report: ______

Date of report: ______ Time of report: ______

Summary of information provided:
After consultation with PPCR attorney, report of a crime to the police was not made; due to physician-patient privilege, we are prohibited from reporting as no severe bodily injury was reported.

Other comments:

Staff Signature: [signature] Center Manager




Follow-up (if appropriate):

Signature: ______ Date: ______

Redacted Confidential

Keep on file in center. Send one copy to Amy McMahon, Vice President for Patient Services.

April 30, 2004 Section X- Social Service Protocol

PP 001389

# APPENDIX XV.
# POTENTIAL WITNESSES FOR CONGRESSIONAL HEARINGS TO INVESTIGATE PLANNED PARENTHOOD

1) Cecile Richards, President, Planned Parenthood Federation of America (PPFA)

2) Vanessa Cullins, M.D., M.P.H., M.B.A., Vice President, Medical Affairs, PPFA

3) Maria Acosta, Chief Financial Officer, PPFA

4) Roger Evans, Senior Director, Public Policy Litigation and Law, PPFA

5) Maryana Iskander, Chief Operating Officer, PPFA

6) Laurie Rubiner, Vice President for Public Policy, PPFA

7) Leslie Kantor, National Director of Education Initiatives, PPFA

8) Beth Otten, Vice President and General Counsel, PPFA

9) Jill Cobrin, J.D., Director of Insurance & Claims Administration, PPFA

10) Kathleen Sebelius, U.S. Health and Human Services Secretary

11) Mary Jane Wagle, former Chief Executive Officer, Planned Parenthood of Los Angeles (PPLA)

12) Sharon Camp, President and Chief Executive Officer, Guttmacher Institute

13) The U.S. Office of Inspector General, Office of Audit Services

14) Doug Porter, Washington Medicaid Director during the investigation in Washington

15) Washington State Department of Social and Health Services

16) California Department of Health Services

17) Victor Gonzalez, former Vice President of Finance and Administration with Planned Parenthood of Los Angeles (PPLA) who brought suit against PPLA for over-billing

18) Abby Johnson, former Planned Parenthood Director
    a. Other former Planned Parenthood employees

19) Victims of Planned Parenthood's failure to comply with the law and/or health regulations (who are over 18)

20) Parents of the victims of Planned Parenthood's abuse

21) Ken Cuccinelli, Virginia Attorney General

22) Troy King, Alabama Attorney General who investigated Planned Parenthood clinics in Alabama

23) Seth Williams, Philadelphia District Attorney who investigated the Women's Medical Society run by Kermit Gosnell (the District Attorney's Office released the Grand Jury Report containing the findings of Gosnell's criminal activity)

24) Joanne Pescatore, Assistant District Attorney, Philadelphia District Attorney's Office

## APPENDIX XV. (Continued)

25) U.S. House Member or Senate Member
   a. Expert on funding streams and appropriations
   b. Expert on the authorization or appropriation of funds to Planned Parenthood

26) Amanda Stukenberg, Executive Director, Family Planning of the Coastal Bend (FPCB) (FPCB dropped affiliation with PPFA in January of 2011 after PPFA announced its new mandate for every affiliate to provide abortion by 2013)

27) Senator Kelly Ayotte, former Attorney General of New Hampshire who defended New Hampshire's parental involvement law before the United States Supreme Court

28) Congresswoman Renee Ellmers, former nurse who could speak to the trauma abortion causes women

29) Allan Sawyer, M.D., practices obstetrics and gynecology

30) Donna Harrison, M.D., practices obstetrics and gynecology

31) Byron Calhoun, M.D., practices obstetrics and gynecology

32) John Bruchalski, practices obstetrics and gynecology (formerly involved in performing abortions)

33) Helen Alvare, Associate Professor of Law, George Mason University School of Law

34) Lila Rose, President/Undercover Investigator of Planned Parenthood clinics, Live Action

35) Dr. Joxel Garcia, former Assistant Secretary of Health, Department of Health and Human Services

36) Chuck Donovan, Senior Research Fellow, Heritage Foundation

37) Charmaine Yoest, President and Chief Executive Officer, Americans United for Life

38) Clarke Forsythe, Senior Counsel, Americans United for Life

39) Richard A. Macias, Law Offices of Richard A. Macias, Steve Sanders, Law Offices of Steve Sanders L.C., Stephen Casey, Casey Law Office, P.C., and Gregory R. Terra, The Law Office of Gregory R. Terra, who obtained a temporary restraining order against Planned Parenthood of Kansas and Mid-Missouri to prevent a clinic from performing an abortion on a pregnant 15-year-old whose mother was trying to force the teen to abort her pre-born child

40) Rick Harris, Director, Bureau of Health Provider Standards, Alabama Department of Public Health

41) Thomas Frieden, M.D., MPH, Director, Centers for Disease Control and Prevention

42) Wendy Murphy, former child-abuse and sex crimes prosecutor
   a. Other experts on sex-trafficking numbers.

43) Expert on the other services PPFA provides

44) Expert on how PPFA has failed to comply with health and legal standards

# ENDNOTES

[1] *See* Planned Parenthood Fed'n of Am., *Planned Parenthood Celebrates National Women's Health Week* (May 14, 2008), *available at* http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-celebrates-national-womens-health-week-20458.htm (last visited Mar. 21, 2011).

[2] *See infra* Part IV.D. and APPENDIX IX PROSTITUTION AND/OR SEX TRAFFICKING?

[3] The Guttmacher Institute, a research policy organization formerly affiliated with PPFA and named after former PPFA President Alan Guttmacher, reports that "[i]n 2008, 1.21 million abortions were performed" in the United States. *See* Guttmacher Inst., *Facts on Induced Abortions in the United States* (Jan. 2011), *available at* http://www.guttmacher.org/pubs/fb_induced_abortion.html (last visited Apr. 20, 2011). In 2008, Planned Parenthood reported that it had performed 324,008 abortions, or 26.8 percent of the abortions reported that year. *See* Planned Parenthood Fed'n of Am., Inv., Planned Parenthood Services 2 (Sept. 2010), *available at* http://www.plannedparenthood.org/files/PPFA/fact_ppservices_2010-09-03.pdf (last visited Apr. 20, 2011).

[4] *See* Carey, *Planned Parenthood plans to expand abortion services nationwide*, The Daily Caller (Dec. 23, 2010), *available at* www.dailycaller.com/2010/12/23/planned-parenthood-plans-to-expand-abortion-services-nationwide/ (last visited Mar. 21, 2011). *See also* Foley, *Local PP chapter drops affiliation*, Corpus Christi Caller Times (Dec. 20, 2010), *available at* www.caller.com/news/2010/dec/20/local-planned-parenthood-chapter-drops/ (last visited Mar. 21, 2011) (reporting that a Corpus Christi, Texas clinic planned to drop PPFA affiliation because of mandate); Livio, *Planned Parenthood may double the number of N.J. abortion clinics while expanding nationwide*, NJ.COM (Jan. 16, 2011), *available at* www.nj.com/news/index.ssf/2011/01/planned_parenthood_to_double_t.html (last visited Mar. 21, 2011).

[5] Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services 2 (Feb. 2011), *available at* http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf (last visited Mar. 21, 2011).

[6] *See* Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services 2 (Sept. 2010), *available at* http://www.plannedparenthood.org/files/PPFA/fact_ppservices_2010-09-03.pdf (last visited Apr. 20, 2011).

[7] *See* Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services (Feb. 2011), *available at* http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf (last visited Mar. 21, 2011).

[8] *Id.* Notably, PPFA failed to provide a number for its abortion referrals, though some Planned Parenthood affiliates do refer their patients to other (non-affiliated) abortion providers.

[9] *Id.*

[10] *See* Appendix II. Planned Parenthood's Annual Reports of Services Provided. Planned Parenthood stopped recording abortion referrals and prenatal care referrals in its annual reports after 1998. Between 1994 and 1998, both referral numbers dropped significantly. Planned Parenthood referred out 108,466 prenatal clients in 1994 and only 67,052 in 1998. Planned Parenthood's abortion referrals dropped from 98,325 to 36,870 during the same four-year interim. However, because Planned Parenthood was significantly increasing its own abortion procedures, the gap between abortion/abortion referrals and other pregnancy-related services/referrals continued to increase. Whereas in 1994 abortion was 64 percent of the total pregnancy-related services and referrals (including prenatal care, abortion, and adoption) at Planned Parenthood, abortion constituted 70 percent of Planned Parenthood's pregnancy-related services and referrals in 1998. *Id.*

[11] *See* Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services 2 (Feb. 2011), *available at* http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf (last visited Mar. 21, 2011).

[12] *See* Planned Parenthood Fed'n of Am., Inc., Planned Parenthood By the Numbers (2011), *available at* http://www.plannedparenthood.org/files/PPFA/PP_by_the_Numbers.pdf (last visited Mar. 27, 2011).

[13] *See* Planned Parenthood Fed'n of Am., *In Clinic Abortion Procedures*, *available at* http://www.plannedparenthood.org/health-topics/abortion/in-clinic-abortion-procedures-4359.asp (last visited Mar. 27, 2011). Planned Parenthood reports that the "abortion pill" costs between $350 and $650. *See* Planned Parenthood Fed'n of Am., *The Abortion Pill, available at* http://www.plannedparenthood.org/health-topics/abortion/abortion-pill-medication-abortion-4354.asp (last visited Mar. 27, 2011).

[14] Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services 2 (Sept. 2010), *available at* http://www.plannedparenthood.org/files/PPFA/fact_ppservices_2010-09-03.pdf (last visited Apr. 20, 2011); Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services 2 (Feb. 2011), *available at* http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf (last visited Mar. 21, 2011).

[15] Planned Parenthood Fed'n of Am., Inc., Annual Reports 2008-2009 29 (2010), *available at* http://www.plannedparenthood.org/files/PPFA/PPFA_Annual_Report_08-09-FINAL-12-10-10.pdf (last visited Mar. 27, 2011). The abortion portion of "clinic income" figure was calculated as follows: 328,143 abortions (on average in both 2008 and 2009) multiplied by $350 (minimum cost) per abortion equals $114.9 million.

[16] The 2003-2004 PPFA Annual Report announced, "We enhance our mission by supporting a special affiliate, The Alan Guttmacher Institute (AGI)…." Planned Parenthood Fed'n of Am., Inc., Annual Reports 2003-2004 2 (2004), *available at* http://www.plannedparenthoodrx.com/annualreport/report-04.pdf (last visited Mar. 27, 2011).

[17] According to the Guttmacher Institute, in 2001, the average amount paid for a surgical abortion at 10 weeks gestation was $372. Henshaw, *The accessibility of abortion services in the United States 2001, 35*(1) Persp. on Sexual & Reprod.. Health 19 (2003), *available at* http://www.guttmacher.org/pubs/psrh/full/3501603.pdf (last visited Mar. 27, 2011). Planned Parenthood reports the numbers of abortions it performs based on calendar years, but its financial information is reported for fiscal years that end in June. Therefore, to provide a more accurate estimation for the percentage of Planned Parenthood's health center income represented by abortion, we have used the average number of abortions performed during the two calendars years for which each fiscal year covers. For the calendar years 2000 and 2001, Planned Parenthood performed an average of 205,048 abortions. Thus, abortion represented approximately 32 percent of Planned Parenthood's reported $241 million in clinic income for the fiscal year ending in June 2001.

[18] According to the Guttmacher Institute, in 2006, the average amount paid for an abortion at 10 weeks gestation was $413. Jones et al., *Abortion in the United States: incidence and access to services, 2005*, 40(1) Persp. on Sexual & Reprod.. Health 15 (2008). For the calendar years 2005 and 2006, Planned Parenthood performed an average of 277,347 abortions. Abortion, therefore, represented approximately 33 percent of Planned Parenthood's reported $345.1 million in clinic income for the fiscal year ending in June 2006.

[19] According to the Guttmacher Institute, in 2009, the average amount paid for an abortion at 10 weeks gestation was $451. Jones & Kooistra, *Abortion incidence and services in the United States 2008,* 43(1) Persp. on Sexual & Reprod.. Health 47 (2011). For the calendar years 2008 and 2009, Planned Parenthood performed an average of 328,143 abortions. That would mean abortion accounted for approximately 37 percent of its reported $404.9 million in clinic income for the fiscal year ending in June 2009.

[20] *See, e.g.,* Planned Parenthood of Southeast Texas Surgical & Comprehensive Health Services, *Fees, available at* http://www.plannedparenthood.org/setexas-abortion/fees-29034.htm (last visited Mar. 27, 2011).

[21] Planned Parenthood Fed'n of Am., Inc., Annual Reports 2008-2009 29 (2009), *available at* http://www.plannedparenthood.org/files/PPFA/PPFA_Annual_Report_08-09-FINAL-12-10-10.pdf (last visited Mar. 24, 2011).

[22] The 1998-1999 annual report for Planned Parenthood reported $176.5 million in "government grants and contracts." *See* Appendix I. Planned Parenthood Annual Financial Reports.

[23] As will be discussed below, the most recent Government Accountability Office (GAO) report on federal funds expended by Planned Parenthood demonstrates that the exact amount of Planned Parenthood's federal funding is unknown.

[24] Ramshaw, *Cecile Richards: The TT Interview*, The Texas Tribune (Mar. 3, 2011), *available at* http://www.texastribune.org/texas-health-resources/abortion-texas/cecile-richards-the-tt-interview/ (last visited Mar. 21, 2011).

[25] 48 C.F.R. § 52.203-13 (2009).

[26] Before the Patient Protection and Affordable Care Act (PPACA) was enacted in 2010, no government health plans (including Medicaid, the Federal Employees Health Benefits Program, and the State Children's Health Insurance Program) covered elective abortions. For example, in the Federal Employees Health Benefits (FEHB) program, the government contributes to federal employees' premiums, allowing them to purchase private health insurance. Since 1983, the annual Financial Services and General Government Appropriations bill that provides funding for the FEHB program has prohibited these government contributions from being used toward insurance plans that cover abortion (with the exception of the period 1993-1995). Pub. L. No. 111-8, §§ 613-614 (2009).

[27] *See State Funding Limitations: A proven weapon in reducing abortions,* Defending Life 2011: Proven Strategies for a Pro-Life America 341-352 (Americans United for Life 2011), *available at* http://www.aul.org/2011/03/defending-life-2011/ (last visited Apr. 12, 2011). At least 14 states have enacted restrictions or limitations on the types of organizations, groups, or individuals that may receive family planning funding administered or appropriated by that state: California, Colorado, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Pennsylvania, South Carolina, Texas, Virginia, and Wisconsin. Eighteen states currently (a) prohibit organizations that receive state funds from using those funds to provide abortion counseling or to make referrals for abortion; and/or (b) prohibit organizations that receive state funds from associating with entities that provide counseling or referrals for abortion: Alabama, Arizona, Illinois, Indiana, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Virginia, and Wisconsin. In addition, 33 states place restrictions on state funding of abortions through Medicaid. *See also* Guttmacher Inst., *State Policies in Brief: State Funding of Abortion Under Medicaid* (Mar. 2011), *available at* http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf (last visited Mar. 27, 2011).

[28] 448 U.S. 297 (1980).

[29] *Id.* at 315.

[30] Henshaw et al., *Restrictions on Medicaid Funding for Abortions: A Literature Review* (Guttmacher Inst. June 2009), *available at* http://www.guttmacher.org/pubs/MedicaidLitReview.pdf (last visited Mar. 21, 2011). The review cites 20 academic studies documenting this relationship and only four that found the impact of public-funding on the abortion rate inconclusive.

[31] *Id.* at 27.

[32] Quinnipiac University, *U.S. Voters Oppose Health Care Plan by Wide Margin, Quinnipiac National University Poll Finds; Voters Say 3-1, Plan Should Not Pay for Abortions* (Dec. 22, 2009), *available at* http://www.quinnipiac.edu/x1295.xml?ReleaseID=1408 (last visited Mar, 27, 2011).

[33] According to a Government Accountability Office (GAO) report dated May 28, 2010, nearly all of the reported expenditures of federal funding by PPFA and its affiliates were from programs administered by the U.S. Department of Health and Human Services (HHS). Ten HHS programs accounted for more than 90 percent of the total HHS funds PPFA and its affiliates reported spending from 2002-2008. These programs include Family Planning Services; Maternal and Child Health Services Block Grant to the States; Social Services Block Grants; Temporary Assistance for Needy Families; Medical Assistance Program (Medicaid); HIV Prevention Activities Health Department Based; Preventive Health Services Sexually Transmitted Diseases Control Grants; HIV Care Formula Grants; Cooperative Agreements for State-Based Comprehensive Breast and Cervical Cancer Early Detection Programs; and HIV Prevention Non-governmental Organization Based. U.S. Gen. Accountability Office, GAO-10-533R Federal Funds for Selected Organizations (2010), *available at* http://www.gao.gov/new.items/d10533r.pdf (last visited Mar. 28, 2011).

[34] The Medicaid program was created in 1965, when Congress added Title XIX to the Social Security Act for the purpose of providing federal financial assistance to states that choose to reimburse certain costs of medical treatment for needy persons. Social Security Act, 42 U.S.C. §§1396 *et. seq.* (1976). Although participation in the Medicaid program is entirely optional, once a state elects to participate, it must comply with the requirements of Title XIX, 42 U.S.C. §1396(c) (1976).

[35] The Centers for Medicare & Medicaid Services (CMS) manages the Medicaid program at the federal level, while each state administers its Medicaid program in accordance with a CMS-approved state plan.

[36] The Hyde Amendment, first enacted in 1976, and as included in the Omnibus Appropriations Act 2009, H.R. 1105, 111th Cong. (2009) (signed into law Mar. 11, 2009). The Hyde Amendment, Pub. L. No. 111-8 (2009).

[37] Henry Hyde (R-IL) was a member of the House of Representatives from 1975 to 2007, representing the 6th District of Illinois. Representative Hyde chaired the Judiciary Committee from 1995 to 2001, and the House International Relations Committee from 2001 to 2007. *Hyde, Henry John,* Biographical Directory of the United States Congress, *available at* http://bioguide.congress.gov/scripts/biodisplay.pl?index=H001022 (last visited Apr. 20, 2011).

[38] 410 U.S. 113 (1973).

[39] It also requires that states cover abortions that meet specific exceptions. For a breakdown of current state funding of abortion under Medicaid, *see* Guttmacher Inst.,

*State Policies in Brief: State Funding of Abortion Under Medicaid* (Mar. 2011), *available at* http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf (last visited Mar. 28, 2011).

[40] However, the exceptions permitted by the Hyde Amendment have varied. In the past, Congress has broadened or narrowed the categories where reimbursement is allowed. For example, the Hyde Amendment applicable for fiscal year 1980 required that "[none] of the funds provided by this joint resolution shall be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term; or except for such medical procedures necessary for the victims of rape or incest when such rape or incest has been reported promptly to a law enforcement agency or public health service." Pub. L. No. 96-123, § 109 (1980); Pub. L. No. 96-86, § 118 (1980). This version of the Hyde Amendment was broader than that applicable for fiscal year 1977, which did not include the "rape or incest" exception, but narrower than that applicable for most of fiscal year 1978 and all of fiscal year 1979 which had an additional exception for "instances where severe and long-lasting physical health damage to the mother would result if the pregnancy were carried to term when so determined by two physicians." *See*, e.g., Pub. L. No. 94-439, § 209 (1976); Pub. L. 95-480 § 210 (1978).

[41] Hyde Amendment, Omnibus Appropriations Act of 2009, Pub. L. No. 111-8, § 507(b) (2009).

[42] *Id.* §507(c).

[43] *See* Guttmacher Inst., Women's Issue Brief: Medicaid's Role in Family Planning 5 (Oct. 2007), *available at* http://www.guttmacher.org/pubs/IB_medicaidFP.pdf (last visited Mar. 28, 2011). In 2001, all but seven states and the District of Columbia spent more than $1 million for family planning services and supplies through their Medicaid programs. *Id.*

[44] States are assigned a "Federal Medical Assistance percentages (FMAP) and Enhanced Federal Medical Assistance percentages (eFMAP)," the proportion of the cost of providing services for which they will be reimbursed by the federal government. These "matching rates," which range from 50 percent to 80 percent of the cost of services, are inversely related to per capita income in the state, so that less-affluent states are reimbursed by the federal government at a higher rate. FMAP and eFMAP rates for the 2011 fiscal year, *available at* http://aspe.hhs.gov/health/fmap11.pdf (last visited Mar. 28, 2011).

[45] Section 1905(a)(4)(C) of the Social Security Act requires States to furnish family planning services and supplies to individuals of childbearing age who are eligible under the State plan and who desire such services and supplies. Section 1902(a)(10)(A) of the Act specifies that family planning services be made available to "categorically needy" Medicaid beneficiaries, while § 1902(a)(10)(C) specifies that the services may be rendered to "medically needy" Medicaid beneficiaries at the State's option. Section 1903(a)(5) of the Act and 42 C.F.R §§ 433.10(c)(1) and 433.15(b)(2) authorize 90 percent federal funding for family planning services.

[46] Letter from Joseph E. Vengrin, Deputy Inspector Gen., Office of Inspector Gen., U.S. Dep't of Health & Human Servs., to Herb Kuhn, Acting Deputy Adm'r, Cents. for Medicare & Medicaid Servs. (July 26, 2007), *available at* http://oig.hhs.gov/oas/reports/region2/20501019.pdf (last visited Mar. 21, 2011) ("This amount represents the difference between the enhanced 90% rate and the applicable 50% or 52.95% Federal medical assistance percentage.").

[47] Pub. L. No. 111-148 (2010). Planned Parenthood stands to gain financially from PPACA in multiple ways. Under an amendment by Senator Barbara Mikulski (D-MD), all insurance plans—not just plans participating in the state Exchanges—are required to cover "preventive care for women" without cost-sharing. *Id.* § 2713(a)(4). Undefined by the statute, what constitutes "preventive care for women" has been tasked by HHS to the Institute of Medicine (IOM). The IOM held three public meetings on this preventive care mandate. The groups that were invited to present to IOM on "women's issues" nearly all take a public stance in favor of abortion. Notably, the list included Planned Parenthood which advocated the inclusion of all *FDA-approved contraceptives* in the mandate. Planned Parenthood, as a distributor of contraceptives, stands to gain tremendously if insurance plans are required to cover contraceptives without a co-pay. Moreover, the inclusion of "all FDA-approved contraceptives" would include so-called "emergency contraception" such as the abortion-inducing drug *ella*. IOM meeting information and agendas are *available at* http://iom.edu/Activities/Women/PreventiveServicesWomen.aspx (last visited Apr. 5, 2011).

[48] *See* Guttmacher Inst., Women's Issue Brief: Medicaid's Role in Family Planning 5 (Oct. 2007), *available at* http://www.guttmacher.org/pubs/IB_medicaidFP.pdf (last visited Apr. 21, 2011).

[49] Pub. L. No. 111-148 (2010).

[50] In July 2010, the Center for Medicare and Medicaid Services (CMS) issued guidance on the implementation of PPACA Section 2303 noting "[a]ll rules applicable under the Medicaid program in general apply to this new optional eligibility group…." Family planning services and supplies described in § 1905(a)(4)(C) of the Social Security Act are "reimbursable at the 90% matching rate under the new family planning option." Family planning-related services are also covered by the new option, but "are reimbursable at the State's regular Federal medical percentage (FMAP) rate." *See* Letter from Cindy Mann, Dir., Cents. for Medicare & Medicaid Servs., U.S. Dep't of Health & Human Servs., to State Health Officials (July 2, 2010), *available at* https://www.cms.gov/smdl/downloads/smd10005.pdf (last visited Mar. 21, 2011).

[51] The Public Health Service Population Research and Voluntary Family Planning Programs, 42 U.S.C. §§ 300 *et seq.* (current through Pub. L. No. 112-6 (2011)).

[52] 42 U.S.C. § 300a-6 (Title X, § 1008, as added Dec. 24, 1970, Pub. L. No. 91-572, § 6(c), 84 Stat. 1508).

[53] H.R. Conf. Rep. No. 91-1667, p. 8 (1970).

[54] 42 C.F.R. §§ 59.2, 59.8, 59.9, 59.10 (1988).

[55] 500 U.S. 173, 194 (1991).

[56] *Id.* at 198.

[57] *Id.* at 187.

[58] President William J. Clinton, Memorandum for the Sec'y of Health & Human Servs., filed with the Office of the Fed. Register, *Memorandum on the Title X "Gag Rule"* (Jan. 22, 1993), *available at* http://www.gpo.gov/fdsys/pkg/PPP-1993-book1/pdf/PPP-1993-book1-doc-pg10.pdf (last visited Mar. 21, 2010).

[59] As a provision of the GAO Human Capital Reform Act of 2004, Pub. L. No. 108-271, 118 Stat. 811 (2004), the GAO's legal name was changed from the "General Accounting Office" to the "Government Accountability Office."

[60] The GAO reviewed expenditure information contained in publicly-available audit reports submitted in accordance with the Single Audit Act, 31 U.S.C. §§ 7501-7507. The law requires that organizations based in the United States with expenditures of federal funds of $500,000 or more are required to have either a single audit or program-specific audit annually. U.S. Gen. Accountability Office, GAO-10-533R Federal Funds for Selected Organizations 2 (2010).

[61] Appendix II. Planned Parenthood's Annual Report of Services Provided.

[62] U.S. Gen. Accountability Office, GAO-10-533R Federal Funds for Selected Organizations 25 (2010).

[63] *Id.* at 2-3.

[64] *See* Appendix I. Planned Parenthood's Annual Financial Reports.

[65] *See* U.S. Gen. Accountability Office, GAO-03-527R Federal Funds: Fiscal Year 2001 Expenditures by Selected Organizations Involved in Health Related Activities (2003); U.S. Gen. Accounting Office, GAO-02-81R Federal Funds For Reproductive Health (2001); U.S. Gen. Accounting Office, GAO/HEHS-00-147R Federal Funds to Nonprofit Organizations (2000). *See* also Appendix I. Planned Parenthood's Annual Financial Reports.

[66] The Planned Parenthood Trust San Antonio and South Central Texas, 2008 Annual Report 10 (2008), *available at* http://www.plannedparenthood.org/south-texas/files/South-Texas/Final_2008Annual_Report_EDITED.pdf (last visited Mar. 27, 2011).

[67] Letter from Jan Inglish, Chief, Med. Rev. Branch, Cal. Dep't of Health Servs., to Bob Coles, Vice President & Chief Fin. Officer, Planned Parenthood of San Diego & Riverside Counties (Nov. 19, 2004).

[68] *Hearing on efforts to combat health care fraud, Before the Subcomm. on Oversight of the H. Comm. on Ways and Means*, 112th Cong. 3 (2011) (statement of Lewis Morris, Chief Counsel to the Inspector Gen., U.S. Dep't of Health & Human Servs.), *available at* http://oig.hhs.gov/testimony/docs/2011/morris_testimony_03022011.pdf (last visited Mar. 21, 2011).

[69] *Id.*

[70] An improper payment is any payment that should not have been made or that was made in an incorrect amount under statutory, contractual, administrative, or other legally-applicable requirements. Pub. L. No. 111-204, §2(e), 124 Stat. 2224, 2227 (2010) (codified at 31 U.S.C. § 3321).

[71] *See Hearing on New Tools for Curbing Waste and Fraud in Medicare and Medicaid, Before the Subcomm. on Fed. Fin. Mgmt., Gov't Info., Fed. Servs., and Int'l Sec., S. Comm. on Homeland Sec. & Governmental Affairs,* 112th Cong. 2 (2011) (statement of Kathleen M. King, Dir., Health Care, U.S. Gov't Accountability Office) (citing *Department of Health and Human Services FY 2010 Agency Financial Report* (Washington, D.C. Nov. 15, 2010)).

[72] Planned Parenthood affiliates in California are providers under several federal and state programs and all ten Planned Parenthood affiliates in the state have signed contracts with the FPACT program which operates under the authority of § 1115(a)(2) of the Social Security Act and the State's Title XIX plan. The FPACT Manual (dated August 2001), the manual given to every Planned Parenthood affiliate in California, states, "Family PACT requires that drugs and supplies dispensed by the Family PACT provider must be billed at 'cost.'" *See* Appendix IV. FPACT Manual, August 2001. The intent of this provision was to prohibit entities like Planned Parenthood from buying contraceptives at deeply-discounted prices and then asking for reimbursement at a cost higher than the purchase or "acquisition" price.

[73] Letter from Jan Inglish, Chief, Med. Rev. Branch, Cal. Dep't of Health Servs., to Bob Coles, Vice President & Chief Fin. Officer, Planned Parenthood of San Diego & Riverside Counties (Nov. 19, 2004).

[74] No punitive, remedial, or even corrective actions were taken against the Planned Parenthood of San Diego and Riverside Counties.

[75] *Gonzalez ex rel. U.S. v. Planned Parenthood of L.A.,* No. CV05-8818 AHM (C.D. Cal.). In April 2010, the claims made under the federal False Claims Act were dismissed for failing to comply with Federal Rule of Civil Procedure 9(b). However, the plaintiff was granted leave to amend his complaint to remedy the deficiencies. State law claims made under the California False Claims Act were dismissed as time-barred.

[76] First Amended Complaint at 19, Gonzalez ex rel. United States v. Planned Parenthood of L.A., No. CV05-8818 AHM (C.D. Cal. May, 1, 2008). Mr. Gonzalez was employed by PPLA between December 9, 2002 and March 9, 2004. *Id.* at 1.

[77] *Id.* at Exhibit 4. *See* Appendix V. Assessment of Over-Billing Practices, *Gonzalez ex rel. U.S. V. Planned Parenthood of L.A.*

[78] *Id.* at 22.

[79] Letter from James Edert, Regional Inspector Gen., Office of the Inspector Gen., U.S. Dep't of Health & Human Servs., to Jennifer Velez, Comm'r, N.J. Dep't of Human Servs. (June 17, 2008); Office of Inspector Gen., U.S. Dep't of Health & Human Servs., Review of Outpatient Medicaid Claims Billeds as Family Planning by New Jersey (2008). According to the audit report, covering February 1, 2001 through January 31, 2005, of the 107 claims sampled, "43 claims did not qualify as family planning services, and therefore were not eligible for Federal Medicaid reimbursement at the 90 percent rate."

[80] Maintenance Management Information System (MMIS) is a claims processing and information retrieval system for Medicaid. All states are required to operate a MMIS. *See* Centers for Medicare & Medicaid Services, Overview (Mar. 31, 2011), *available at* https://www.cms.gov/MMIS/ (last visited Apr. 20, 2011).

[81] Office of Inspector Gen., U.S. Dep't of Health & Human Servs., Review of Outpatient Medicaid Claims Billeds as Family Planning by New Jersey 5 (2008). To counter this abuse of federal funds, coming "especially" from Planned Parenthood affiliates, the State of New Jersey was advised to "issue guidance to family planning clinics that all services provided should not be billed to Medicaid as family planning services eligible for 90% Federal funding."

[82] Letter from Craig C. Francis, Dir., Bureau of Medicaid Audit, N.Y. City, N.Y. Office of the Medicaid Inspector Gen., to Caroline Greene, Chief Fin. Officer, Margaret Sanger Ctr., Planned Parenthood Diagnostic & Treatment Ctr. (Jan. 20, 2009).

[83] Letter from Craig C. Francis, Dir., Div. of Medicaid Audit, N.Y. City, N.Y. Office of the Medicaid Inspector Gen., to Jane Florek, Chief Fin. Officer, Margaret Sanger Ctr., Planned Parenthood Diagnostic & Treatment Ctr. (June 9, 2009). The audit examined Medicaid claims from January 1, 2004 through December 31, 2005. The report noted, "We are 95% certain that the amount of the overpayment is greater than the lower confidence limit." The State of New York, however, permitted Planned Parenthood to settle for the proposed amount.

[84] Letter from Steve Wilson, Auditor, Office of Program Integrity, Wash. Dep't of Soc. & Health Servs., to David B. Robbins, Attorney, Bennett Bigelow & Leedom, P.S. (July 20, 2009); Office of Program Integrity, Wash. Dep't of Soc. & Health Servs., Final Audit Report Planned Parenthood of the Inland Northwest (2009). The audit reviewed 333 procedures performed from March 15, 2004 through February 26, 2007. Based on the review, the auditors applied the sample findings to all 267,815 procedures performed during that timeframe to calculate the overpayment.

[85] *Audit finds Planned Parenthood affiliate overcharged $629,000 to Medicaid,* Catholic News Agency (Aug. 13, 2009), *available at* http://www.catholicnewsagency.com/news/audit_finds_planned_parenthood_affiliate_overcharged_629000_to_medicaid/ (last visited Mar. 21, 2011).

[86] Office of Program Integrity, Wash. Dep't of Soc. & Health Servs., Final Audit Report of Planned Parenthood of the Inland Northwest 14 (2009) ("This med should have been included in the bundled facility fee and not billed under this provider number.").

[87] *Id.* at 16-18. The guidelines issued by the Department of Health Nursing Commission require that a prior patient-clinician relationship be established as part of the standing-order protocol. However, the audit revealed that at PPINW, a registered nurse wrote contraceptive orders for new patients without a countersignature by a clinician.

[88] Press Release, Wash. Dep't of Soc. & Health Servs., *Washington State Medicaid, Planned Parenthood of the Inland Northwest Settle 2009 Audit Findings* (Oct. 29, 2010), *available at* http://www.dshs.wa.gov/mediareleases/2010/pr10098.shtml (last visited Mar. 27, 2011). Hearing on efforts to combat health care fraud, Before the Subcomm. on Oversight of the H. Comm. on Ways and Means, 112th Cong. 5 (2011) (statement of Lewis Morris, Chief Counsel to the Inspector Gen., U.S. Dep't of Health & Human Servs.), *available at* http://oig.hhs.gov/testimony/docs/2011/morris_testimony_03022011.pdf (last visited Mar. 21, 2011).

[89] Hearing on efforts to combat health care fraud, Before the Subcomm. on Oversight of the H. Comm. on Ways and Means, 112th Cong. 5 (2011) (statement of Lewis Morris, Chief Counsel to the Inspector Gen., U.S. Dep't of Health & Human Servs.), *available at* http://oig.hhs.gov/testimony/docs/2011/morris_testimony_03022011.pdf (last visited Mar. 21, 2011).

[90] *Id.* at 6.

[91] *Id.*

[92] *See*, *e.g.*, *Planned Parenthood Statement on H.R. 1: the Continuing Resolution that Represents the Most Devastating Assault on Women's Health in American History* (Feb. 11, 2011), *available at* http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-statement-hr-1-continuing-resolution-represents-most-devastating-assault-wom-36191.htm (last visited Apr. 20, 2011) ("Eliminating the Title X program and prohibiting all federal funding for Planned Parenthood, one of the largest women's health providers in the country, will result in millions of women across the country losing access to basic primary and preventive health care, including lifesaving cancer screenings, family planning, contraception, STI testing and treatment, and annual exams. In fact, six in 10 women who receive care from a family planning health center consider it to be their main source of health care.").

[93] On March 9, 2011, Kathleen King, Director of Health Care for the Government Accountability Office (GAO) testified before the Senate Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security, Committee on Homeland Security and Governmental Affairs that GAO has "designated Medicare and Medicaid as high-risk programs." *See Hearing on New Tools for Curbing Waste and Fraud in Medicare and Medicaid, Before the Subcomm. on Fed. Fin. Mgmt., Gov't Info., Fed. Servs., and Int'l Sec., S. Comm. on Homeland Sec. and Governmental Affairs,* 112th Cong. (2011) (statement of Kathleen M. King, Dir., Health Care, U.S. Gov't Accountability Office).

[94] President Barack Obama, Memorandum for the Heads of Executive Dep'ts & Agencies, *Memorandum on Enhancing Payment Accuracy Through a "Do Not Pay List"* (June 18, 2010), *available at* http://www.whitehouse.gov/the-press-office/presidential-memorandum-enhancing-payment-accuracy-through-a-do-not-pay-list (last visited Mar. 28, 2011).

[95] 42 U.S.C. § 300a-6 (current through Pub. L. No. 112-6 (2011).

[96] *See* U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Policy and Planning: Title X Statute and Regulations, available at* http://www.hhs.gov/opa/familyplanning/policyplanningeval/policyplanningeval.html (last visited Apr. 20, 2011).

[97] *See* U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Program Priorities, available at* http://www.hhs.gov/opa/familyplanning/policyplanningeval/programpriorities/index.html (last visited Apr. 25, 2011).

[98] *See* Planned Parenthood Fed'n of Am., *Thinking About Abortion, available at* http://www.plannedparenthood.org/health-topics/pregnancy/thinking-about-abortion-21519.htm (last visited Apr. 4, 2011).

[99] *Id.*

[100] *See* Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services (Feb. 2011), *available at* http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf (last visited Mar. 21, 2011). *See also* Planned Parenthood Fed'n of Am., Inc., Planned Parenthood by the Numbers (2011), *available at* http://www.plannedparenthood.org/files/PPFA/PP_by_the_Numbers.pdf (last visited Mar. 27, 2011).

[101] Appendix II. Planned Parenthood's Annual Reports of Services Provided.

[102] *Id.*

[103] In its 1994-1995 annual report, Planned Parenthood reported it had "more than 900" clinics. Planned Parenthood Fed'n of Am., Inc., Annual Report 1994-1995 3. According to its 2007-2008 annual report, Planned Parenthood had "nearly 880" clinics. Planned Parenthood Fed'n of Am., Inc., Annual Report 2007-2008 2 *available at* http://www.plannedparenthood.org/files/AR08_vFinal.pdf (last visited Apr. 21, 2011). As of September 2010, Planned Parenthood reported it had "more than 825" clinics. Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services 2 (Sept. 2010), *available at* http://www.plannedparenthood.org/files/PPFA/fact_ppservices_2010-09-03.pdf (last visited Mar. 27, 2011). And, in January 2011, it reported "more than 800" clinics. Planned Parenthood Fed'n of Am., Inc., Planned Parenthood Services 1 (Feb. 2011), *available at* http://www.plannedparenthood.org/files/PPFA/PP_Services.pdf (last visited Mar. 21, 2011).

[104] *See Carey, Planned Parenthood plans to expand abortion services nationwide,* THE DAILY CALLER (Dec. 23, 2010), *available at* www.dailycaller.com/2010/12/23/planned-parenthood-plans-to-expand-abortion-services-nationwide/ (last visited Mar. 21, 2011).

[105] *See*, e.g., Abby Johnson, Opinion: Defund Planned Parenthood, AOL NEWS (Mar. 8, 2011), *available at* http://www.aolnews.com/2011/03/08/opinion-defund-planned-parenthood/ (last visited Mar. 21, 2011).

[106] *See* Region II, *available at* http://www.hhs.gov/opa/familyplanning/grantees/services/titlexgdcs_regii.pdf (last visited Apr. 20, 2011). According to PPNYC's Form 990 from 2009, the affiliate received over $3 million from the federal government that year. *See* Planned Parenthood of New York City, Inc., Form 990, *available at*

http://www.plannedparenthood.org/nyc/files/NYC/990_form_2009.pdf (last visited Apr. 20, 2011).

[107] *See* Appendix III. Planned Parenthood of New York City 2008 Annual Report. PPNYC's 2009 annual report states that abortion is 19 percent of its services. *See* Planned Parenthood of New York City , Serving our Communities: 2009 Annual Report, *available at* http://www.plannedparenthood.org/nyc/files/NYC/online_version_of_2009_annual_report.pdf (last visited Apr. 20, 2011).

[108] *See* Region II, *available at* http://www.hhs.gov/opa/familyplanning/grantees/services/titlexgdcs_regii.pdf (last visited Apr. 20, 2011).

[109] *See* Planned Parenthood Fed'n of Am., *The Bronx Center—Bronx, NY*, *available at* http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2524 (last visited Apr. 20, 2011).

[110] *Doe v. Planned Parenthood of Cent. & N. Ariz.,* No. CV 2001-014876 (Ariz. Super. Ct. Maricopa County Nov. 26, 2002); *Arizona Trial Judge Concludes Planned Parenthood Negligently Failed to Report Abortion,* HEALTH L. WK. 7 (Jan. 10, 2003); *Glendale Teen Files Lawsuit Against Planned Parenthood,* ARIZ. REPUBLIC B3 (Sept. 2, 2001).

[111] *Id.*

[112] *Id.* During this same time period, Planned Parenthood affiliates in Arizona (including PPCNA) challenged a parental consent statute—a statute which the Ninth Circuit Court of Appeals held to be constitutional. *Planned Parenthood of S. Ariz. v. Lawall*, 307 F.3d 783 (9th Cir. 2002).

[113] *See* Appendix VII. Failure to Report Criminal Child Sexual Abuse

[114] Glosser et al., Statutory Rape: a Guide to State Laws and Reporting Requirements 1 (2004).

[115] *Id.*

[116] Planned Parenthood Fed'n of Am., Inc., Fact Sheet: Reducing Teenage Pregnancy 6 (April 2010), *available at* http://www.plannedparenthood.org/files/PPFA/Reducing_Teenage_Pregnancy.pdf (last visited Apr. 11, 2011).

[117] *Id.*

[118] *Id.*

[119] *Id.*

[120] *In the Fact Sheet section entitled "Poor and High-Risk Teens Need Programs Aimed at Preventing Pregnancy" no specific program is* posited to help abused girls, but Planned Parenthood does note, "[a]dolescent women with older partners also use contraception less frequently…." *Id.* 5-6. The document explicitly advocates increased contraception usage, funding, and confidentiality requirements as solutions to teen pregnancy.

[121] *See* RAINN, *Mandatory Reporting Database, available at* http://www.rainn.org/public-policy/legal-resources/mandatory-reporting-database (last visited Apr. 20, 2011).

[122] *See* U.S. Dep't of Health & Human Servs., Office of Population Affairs, Legislative Mandates, *available at* http://www.hhs.gov/opa/familyplanning/policyplanningeval/legislative/index.html (last visited Apr. 11, 2011) ("[N]o provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.").

[123] *See* Ala. Code § 26-14-3 (2010); Ariz. Rev. Stat. Ann. § 13-3620 (2010); Cal. Penal Code § 11165.7 (2010); Conn. Gen. Stat. § 17a-101 (2010); Ind. Code § 31-33-5-1 (2010); Ohio Rev. Code Ann. § 2151.421 (2010); Tenn. Code Ann. §§ 37-1-605, 38-1-302, 38-1-305 (2010); Vt. Stat. Ann. tit. 33, § 4913 (2010); Wis. Stat. Ann. §§ 48.981, 48.02 (2010).

[124] *See Roe v. Planned Parenthood S.W. Ohio Region, 173* Ohio App. 3d 414 (Ohio Ct. App. 2007); *see also* Callahan, Clinic may have to turn over confidential files, The Pulse-Journal (May 17, 2007), *available at* http://www.pulsejournal.com/n/content/oh/story/news/local/2007/05/17/pjm051707plannedparenthood.html (last visited Apr. 20, 2011).

[125] *See* Ala. Dep't of Pub. Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), *available at* http://www.liveaction.org/files/PPViolations.pdf (last visited Apr. 20, 2011). Planned Parenthood of Alabama in Birmingham accepts Medicaid and Plan First payments. *See* Planned Parenthood Health Info & Services, Birmingham Center-Birmingham, Alabama, *available at* http://www.plannedparenthood.org/health-center/centerDetails.asp?f=3253&a=90330&v=details (last visited May 19, 2011).

[126] *See Parental Notification of Abortion, Hearings on H.218 Before the H. Judiciary Comm.,* 2001-2002 Legis. Sess. (Vt. 2001) (statement of Nancy Mosher, President & Chief Executive Officer, Planned Parenthood of N. New England). According to testimony before the committee, in 2000, 12 girls under 16 years of age obtained abortions at PPNNE clinics. These pregnancies were presumptively the result of criminal conduct, yet the organization's representative testified that PPNNE had not notified the authorities of any of the 12 cases. *See also* Teresa Stanton Collett, *Protecting Our Daughters: The Need for the Vermont Parental Notification Law,* 26 Vt L. Rev. 101, 132-33 (2001).

[127] *See* Live Action, *Tucson, AZ: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/tucson-az (last visited Mar. 26, 2011); *Live Action, Phoenix, AZ: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/phoenix-az (last visited Mar. 26, 2011).

[128] *See* Live Action, *Bloomington, IN: Mona Lisa Project*, *available at* http://liveaction.org/mona-lisa/bloomington-in (last visited Mar. 26, 2011); *Live Action, Indianapolis, IN: Mona Lisa Project, available at http://liveaction.org/mona-lisa/indianapolis-in* (last visited Apr. 25, 2011).

[129] *See* Live Action, *Student Undercover Video Shows Tennessee Planned Parenthood Coaching 14-year-old To Lie About Age Of "Boyfriend"* (Apr. 20, 2009), *available at* http://liveaction.org/press/student-undercover-video-shows-tennessee-planned-parenthood-coaching-14-year-old-to-lie-about-age-of-boyfriend (last visited Apr. 21, 2011); Live Action, *State Lawmakers Clash with Planned Parenthood Officials Over Undercover Footage; Unedited Undercover Videos Submitted to TN Law Enforcement* (Apr. 29, 2009), *available at* http://liveaction.org/press/state-lawmakers-clash-with-planned-parenthood (last visited Apr. 21, 2011).

[130] *See* Live Action, *Birmingham, AL: Mona Lisa Project*, *available at* http://liveaction.org/mona-lisa/birmingham-alabama (last visited Mar. 26, 2011).

[131] *See* Live Action, *Milwaukee, WI: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/milwaukee-wi (last visited Mar. 26, 2011).

[132] *See* Live Action, *Planned Parenthood Covers Up Statutory Rape* (Nov. 9, 2007), *available at* http://www.youtube.com/watch?v=YtyJ_7ZFgEw (last visited Apr. 21, 2011).

[133] *See* Appendix VIII. Failure to Comply with Parental Involvement Laws.

[134] Glosser et al., Statutory Rape: a Guide to State Laws and Reporting Requirements 1 (2004).

[135] Facts related to this story can be found in court documents as well as in AUL's amicus curiae brief in the case. *See* Brief of Amici Curiae Members of the U.S. Congress, *Roe v. Planned Parenthood Southwest Ohio*, No. 07-1832 (Ohio 2008), *available at* http://www.aul.org/xm_client/client_documents/briefs/Roe_v_PP_OH_05-2008.pdf (last visited Mar. 9, 2011).

[136] *Id.*

[137] *Id.*

[138] *See Ohio Lawsuit Over Teen Abortion Resolved,* Associated Press, Apr. 28, 2011, *available at* http://www2.nbc4i.com/news/2011/apr/28/2/ohio-lawsuit-over-teen-abortion-resolved-ar-469385/. In addition, the minor's pregnancy and boyfriend's involvement in her abortion should have incited Planned Parenthood's employees—mandatory reporters under Ohio law—to report her sexual abuse/statutory rape to the proper authorities, but Planned Parenthood allegedly failed to do so.

[139] *See* Appendix VIII. Failure to Comply with Parental Involvement Laws.

[140] *Parental Involvement Laws: Protecting minors and parental rights,* Defending Life 2011: Proven Strategies for a Pro-Life America 306-315 (Americans United for Life 2011), *available at* http://www.aul.org/dl2011-abortion/ (last visited Apr. 21, 2011).

[141] *Id.* States include Alabama, Arkansas, Arizona, Idaho, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming.

[142] *Id.* States include Colorado, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Maryland, Minnesota, Nebraska, South Dakota, and West Virginia.

[143] *See* U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Legislative Mandates, available at* http://www.hhs.gov/opa/familyplanning/policyplanningeval/legislative/index.html (last visited Apr. 11, 2011).

[144] *See* V. Planned Parenthood's Opposition to Legislation That Protects Women.

[145] *See* Appendix VIII. Failure to Comply with Parental Involvement Laws.

[146] *See* Alabama Dep't of Public Health, *Statement of Deficiencies and Plan of Correction* (Oct. 15, 2009), *available at* http://www.liveaction.org/files/PPViolations.pdf (last visited Apr. 13, 2011). Planned Parenthood of Alabama in Birmingham accepts Medicaid and Plan First payments. *See* Planned Parenthood Health Info & Services, Birmingham Center-Birmingham, Alabama *available at* http://www.plannedparenthood.org/health-center/centerDetails.asp?f=3253&a=90330&v=details (last visited May 19, 2011).

[147] Prather, *Judge Faults St. Paul Clinic in Abortion Lawsuit,* St. Paul Pioneer Press A1 (Oct. 2005). Planned Parenthood of Minnesota/North Dakota/South Dakota receives money from the United States Department of Health and Human Services and from Title X. *See* Planned Parenthood of Minnesota/North Dakota/South Dakota, 2009 Annual Report (2009), *available at* http://www.plannedparenthood.org/mn-nd-sd/images/Minnesota-NDakota-SDakota/PP09_C3AR.pdf (last visited May 19, 2011).

[148] *See* U.S. Dep't of Health & Human Servs., Office of Population Affairs, *Legislative Mandates, available at* http://www.hhs.gov/opa/familyplanning/policyplanningeval/legislative/index.html (last visited Apr. 21, 2011).

[149] Statement from *Hearings before the Subcomm. on Near E. and S. Asian Affairs of the Comm. on Foreign Relations in the U.S. Senate,* 106th Congress (Feb. 22 and Apr. 4, 2000), *available at* http://purl.access.gpo.gov/GPO/LPS7989 (last visited Apr. 21, 2011).

[150] *See* U.S. Dep't of State, Trafficking in Persons Report (June 2007), *available at* http://www.state.gov/documents/organization/82902.pdf (last visited Apr. 21, 2011).

[151] 18 U.S.C. §§ 1591, 2421, 2422, 2423 (2011).

[152] *Id.* § 2.

[153] Pub. L. 106-386 §103 (9), 114 Stat. 1464 (2000) (codified at 22 U.S.C. §§7101 *et. seq.*).

[154] *Id.* §103 (3).

[155] *Id.* §103 (8).

[156] Dept. of Health & Human Servs., Sex Trafficking Fact Sheet, *available at* http://www.acf.hhs.gov/trafficking/about/fact_sex.pdf (last visited May 4, 2011).

[157] *See* U.S. Dep't of State, Trafficking in Persons Report (2007); U.S. Dep't of Justice, Child Exploitation & Obscenity Section, *Trafficking and Sex Tourism, available at* http://www.state.gov/documents/organization/82902.pdf (last visited May 4, 2011).

[158] *Id.*

[159] Estes & Weiner, Commercial Sexual Exploitation of Children in the U.S, Canada and Mexico 11-12 (2001). Children and teens living on the streets in the United States are particularly vulnerable. The study found approximately 55 percent engage in formal prostitution. *Id.* at 7. Of the girls engaged in formal prostitution, about 75 percent work for a pimp. *Id.*

[160] *Id.* at 92.

[161] *See* Appendix IX. Assisting Prostitution and/or Sex Trafficking?

[162] *Id.*

[163] *See* Live Action, *Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb, 1, 2011), *available at* http://www.youtube.com/watch?v=L9Zj9yx2j0Y&feature=player_embedded (last visited Apr. 21, 2011); Live Action, *Caught on Tape: Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), *available at* http://liveaction.org/blog/planned-parenthood-aids-sex-ring/ (last visited Apr. 21, 2011).

[164] *Id.*

[165] *Id.*

[166] *See* Planned Parenthood of Cent. N.J., *Planned Parenthood of Central New Jersey is Nationally Recognized for Excellence in Professional Training* (Apr. 14, 2009), *available at* http://www.plannedparenthood.org/about-us/newsroom/local-press-releases/planned-paretnhood-central-new-jersey-nationally-recognized-excellence-professional-training-28847.htm (last visited Apr. 21, 2011).

[167] *See* O'Reilly Factor, *Abby Johnson Speaks About Defunding Planned Parenthood* (Fox News Broadcast Feb. 18, 2011), *available at* http://www.youtube.com/watch?v=dKr8IELyiUY&feature=player_embedded (last visited Apr. 21, 2011).

[168] *See*, *e.g., Planned Parenthood Cincinnati Region v. Taft,* 459 F. Supp. 2d 626, 630 n.7 (S.D. Ohio 2006); *Planned Parenthood Arizona Inc. v. Goddard,* Minute Entry, CV 2009-029110 (Super. Ct. Ariz., Maricopa County Feb. 17, 2010).

[169] Dickinson, *Faraway doctors give abortion pills by video,* Des Moines Register (May 16, 2010), *available at* http://www.9news.com/news/local/article.aspx?storyid=140688&catid=188 (last visited Mar. 26, 2011).

[170] For example, Iowa law requires that any abortion in the state must be performed by a doctor. However, by using telemedicine, Planned Parenthood of the Heartland appears to be effectively violating this law. Iowa Code Ann. § 707.7 (2010). The law's requirement that only a doctor can perform an abortion was intended to protect women from various harms associated with abortion, but a Planned Parenthood affiliate in Iowa bypasses those protections by making the doctor's presence merely "virtual."

[171] According to the single clinical trial submitted to the FDA for approval:

1) The RU-486 regimen fails in 1 out of 12 women with pregnancies less than or equal to 49 days. Those failures increase to 1 out of every 6 women with pregnancies just one week further (50-56 days), and increase still further to nearly 1 out of every 4 pregnancies at 57-63 days gestational age.

2) When using RU-486, 1 out of 100 women with pregnancies less than or equal to 49 days will require emergency surgery, most often for hemorrhage. But this number increases to 1 out of every 11 women with pregnancies of 57-63 days gestational age.

3) Moreover, 2 out of every 100 women with pregnancies less than or equal to 49 days will be hospitalized for emergency treatment (usually hemorrhage). But this number doubles to 4 out of every 100 women with pregnancy of 57-63 days.

[172] *Id.*

[173] *See* U.S. Food & Drug Admin., *Mifeprex (mifepristone) Information* (Feb. 24, 2010), *available at* http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm (last visited Apr. 21, 2011).

[174] *See* Planned Parenthood Fed'n of Am., *The Abortion Pill, available at* http://www.plannedparenthood.org/health-topics/abortion/abortion-pill-medication-abortion-4354.asp (last visited Mar. 28, 2011).

[175] *See* Spitz et al., *Early pregnancy termination with mifepristone and misoprostol in the United States,* 338 N.E.J.M. 1241 (1998).

[176] *See* Am. Congress of Obstetricians & Gynecologists, Ectopic Pregnancies (Feb. 2009), *available at* http://www.acog.org/publications/patient_education/bp155.cfm (last visited Apr. 21, 2011). *See also* National Center for Biotechnology Information, Ectopic Pregnancy (Feb. 21, 2010), *available at* http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001897/(last visited Apr. 5, 2011) ("Ectopic pregnancies occur in 1 in every 40 to 1 in every 100 pregnancies.").

[177] *See* U.S. Food & Drug Admin., *Mifeprex Questions and Answers* (updated Feb. 24, 2010), *available at* http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafety-InformationforPatientsandProviders/ucm111328.htm (last visited Apr. 21, 2011) ("FDA has received reports of ectopic pregnancy (a pregnancy located outside of the womb, such as in the fallopian tubes), including one case of ectopic pregnancy resulting in death.").

[178] Mifeprex Label, *available at* http://www.accessdata.fda.gov/drugsatfda_docs/label/2000/20687lbl.htm (last visited Apr. 21, 2011).

[179] Letter from Congressman Steve King, et. al, to Kathleen Sebelius, Sec'y, U.S. Dep't of Health & Human Servs. (Feb. 3, 2011). *See* Appendix VI. Letter from Congressman Steve King, et. al, to Kathleen Sebelius.

[180] Planned Parenthood Fed'n of Am., *Planned Parenthood Applauds Launch of a New Emergency Contraception in the U.S.* (Dec. 1, 2010), *available at* http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-applauds-launch-new-emergency-contraception-us-35386.htm (last visited Apr. 21, 2011).

[181] At the FDA advisory panel meeting on *ella* in June 2010, Planned Parenthood's Dr. Vanessa Cullins boasted about the organization's off-label use of Plan B, which is also advertised on Planned Parenthood's website. Plan B was approved for use "within 72 hours of intercourse." *See* Plan B Label (0.75mg levonorgestrel) Tablets (Aug. 23, 2006), *available at* http://www.accessdata.fda.gov/drugsatfda_docs/label/2006/021045s011lbl.pdf (last visited Apr. 21, 2011). However, according to Planned Parenthood, "emergency contraception," which includes Plan B, "can be started up to 120 hours—five days—after unprotected intercourse." *See* Planned Parenthood Fed'n of Am., *Morning After Pill (Emergency Contraception), available at* http://www.plannedparenthood.org/health-topics/emergency-contraception-morning-after-pill-4363.asp (last visited Mar. 24, 2011). *See supra* Part IV.E. for discussion of Planned Parenthood's off-label use of RU-486.

[182] *ella* Labeling Information, (Aug. 13, 2010), *available at* http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/ 022474s000lbl.pdf (last visited Apr. 21, 2011). The prescribing instructions state, "Pregnancy should be excluded before prescribing *ella*. If pregnancy cannot be excluded on the basis of history and/or physical examination, pregnancy testing should be performed. A follow-up physical or pelvic examination is recommended if there is any doubt concerning the general health or pregnancy status of any woman after taking *ella*."

[183] Planned Parenthood Fed'n of Am., Inc., Background on Ulipristal Acetate (Ella) (2010). Planned Parenthood's background paper on *ella* cites a 1998 study for the proposition that "[e]mergency contraception prevents ovulation. It has no impact on pregnancies that are already underway." *Id.* (citing Van Look & Stewart, Emergency Contraception, Contraceptive Technology 277 (17th ed. 1998)). However, to make this point, the study examined progestin-based drugs. In fact, the study also acknowledges that RU-486, and similar drugs, could be used as "emergency contraception." There is no debate that RU-486 also causes abortions in "pregnancies that are already underway."

[184] Planned Parenthood Fed'n of Am., *Morning After Pill (Emergency Contraception)*, *available at* http://www.plannedparenthood.org/health-topics/emergency-contraception-morning-after-pill-4363.asp (last visited Mar. 24, 2011) ("Emergency contraception is also known as the morning-after pill, emergency birth control, backup birth control, and by the brand names Plan B One-Step, *ella*, and Next Choice.").

[185] *Id.*

[186] RU-486 and ella *are* Selective Progesterone Receptor Modulators (SPRMs).

[187] "The mechanism of action of ulipristal in human ovarian and endometrial tissue is identical to that of its parent compound mifepristone." Harrison & Mitroka, *Defining Reality: The Potential Role of Pharmacists in Assessing the Impact of Progesterone Receptor Modulators and Misoprostol in Reproductive Health*, 45 Annals Pharmacotherapy 115 (Jan. 2011).

[188] The FDA and the drug manufacturer do not hide the fact that it will prevent the implantation of an embryo. *See* Plan B Approved Labeling, *available at* http://www.accessdata.fda.gov/drugsatfda_docs/nda/2006/021045s011_Plan_B_PRNTLBL.pdf (last visited Apr. 21, 2011).

[189] In approving *ella*, the FDA also acknowledged that *ella* "may affect implantation." *ella* Labeling Information (Aug. 13, 2010), *available at* http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000lbl.pdf (last visited Apr. 21, 2011). Moreover, studies confirm that *ella* can harm a pregnancy. The FDA's prescribing instructions also cite animal studies demonstrating high embryo-fetal loss. *Id.* In addition, the European Medicines Agency (EMEA), the EU equivalent of the FDA, indicated that ella "is embryotoxic at low doses, when given to rats and rabbits." European Medicines Agency, Evaluation of Medicines for Human Use: Chmp Assessment Report for Ella-one 16 (2009), *available at* http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/001027/WC500023673.pdf (last visited Apr. 21, 2011).

[190] *See* Planned Parenthood Fed'n of Am., *New Emergency Contraceptive Product Approved!*, *available at* http://www.plannedparenthood.org/health-systems/plan-b-one-step-approved-29573.htm (last visited Apr. 21, 2011).

[191] For full video footage, see Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation—Full Footage* (Feb. 8, 2011), *available at* http://liveaction.org/blog/full-footage/ (last visited Apr. 21, 2011). For a full transcript, see Live Action, *Falls Church Planned Parenthood Transcript* (Jan. 11, 2011), *available at* http://liveaction.org/files/transcripts/FallsChurchtranscript.pdf (last visited Apr. 21, 2011). Relevant portions of the exchange are also contained in Appendix X. Misinformation About Ella and Distribution of "Emergency Contraception."

[192] For full video footage, see Live Action, *Planned Parenthood Child Sex Ring Coverup Investigation—Full Footage* (Feb. 8, 2011), *available at* http://liveaction.org/blog/full-footage/ (last visited Apr. 21, 2011). For a full transcript see Live Action, *Roanoke Planned Parenthood Transcript* (Jan. 11, 2011), *available at* http://liveaction.org/files/transcripts/Roanoketranscript.pdf (last visited Apr. 21, 2011). Relevant portions of the exchange contained in Appendix X. Misinformation About Ella and Distribution of "Emergency Contraception."

[193] According to a survey conducted by the Kaiser Family Found. in 2009, "26 of the 44 surveyed states cover emergency contraception as a family planning benefit." Ranji et al., *State Medicaid Coverage of Family Planning Services* (Kaiser Family Found. Nov. 2009), *available at* http:www.kff.org/womenshealth/upload/8015.pdf (last visited Mar. 28, 2011).

[194] *Planned Parenthood of S.E. Penn. v. Casey,* 505 U.S. 833, 882 (1992).

[195] *Id.* at 882.

[196] *Gonzales v. Carhart,* 550 U.S. 124, 159 (2007).

[197] *Informed Consent Laws: Protecting a Woman's Right to Know,* Defending Life 2011: Proven Strategies for a Pro-Life America 341-352 (Americans United for Life 2011), *available at* http://www.aul.org/2011/03/defending-life-2011/ (last visited Apr. 12, 2011). Twenty-four states require informed consent with a one-day reflection period (usually 24-hours): Alabama, Arkansas, Georgia, Idaho, Indiana (18 hours), Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Virginia, West Virginia, and Wisconsin.. Seven states require informed consent with no reflection period: Alaska, California, Connecticut, Florida, Maine, Nevada, and Rhode Island. Five states have enacted informed consent laws that are in litigation or enjoined: Arizona, Delaware, Massachusetts, Montana, and Tennessee.

[198] Am. Med. Ass'n, AMA Code of Ethics, Opinion 8.08 Informed Consent, *available at* http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion808.shtml (last visited March 27, 2011).

[199] In addition, as discussed *infra* Part VI., Planned Parenthood fights against informed consent laws that protect a woman's right to know accurate information about the medical risks of abortion and the physical characteristics of the developing life within her.

[200] *See* Live Action, *Appleton, WI: The Rosa-Acuna Project, available at* http://liveaction.org/rosa-acuna/appleton-wi (last visited Apr. 21, 2011).

[201] *See* Appendix XII. Planned Parenthood's Willingness to use Inaccurate and Misleading Information.

[202] *See*, *e.g.*, Sun et al., *Induced abortion and risk of subsequent miscarriage*, 32(3) Int'l J. Epidemiology 449 (2003).

[203] Fergusson et al., *Abortion in Young Women and Subsequent Mental Health*, 47 J. Child Psychology & Psychiatry 16 (2006); Cougle et al., *Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth,* 19 J. Anxiety Disorders 137 (2005); *Gissler et al., Injury, Deaths, Suicides and Homicides Associated with Pregnancy, Finland 1987-2000,* 15 Eur. J. Pub. Health 459 (2005); Gissler et al., *Methods for Identifying Pregnancy-Associated Deaths: Population-Based Data from Finland 1987-2000*, 18 Pediatric Perinat. Epidemiol. 448 (2004); Cougle et al., *Depression Associated with Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort*, 9 MED. SCI. MONITOR 157 (2003); Gissler et al., *Suicides after Pregnancy in Finland, 1987-1994: Register Linkage Study,* 313 BRIT. MED. J. 1431 (1996).

[204] *See* Live Action, *A Second Wisconsin Planned Parenthood Caught on Tape Giving Misleading Medical Information, available at* http://liveaction.org/press/a-second-wisconsin-planned-parenthood-caught-on-tape (last visited Apr. 21, 2011).

[205] Sadler, Langman's Medical Embryology 89 (11th ed. 2010).

[206] *See generally*, Smith & Cates, The Public Need for Abortion Statistics, 93 Pub. Health Reports 194 (1978).

[207] *See* Report of the Grand Jury, Misc. No. 0009901-2008 (Ct. Common Pleas, 1st Jud. Dist. Penn, Crim. Trial Div. Jan. 17, 2011), *available at* http://www.phila.gov/

districtattorney/PDFs/GrandJuryWomensMedical.pdf (last visited Apr. 21, 2011).

[208] *See* Office of the Dist. Attorney, City of Philadelphia, *Investigation of Women's Medical Society, available at* http://www.phila.gov/districtattorney/grandjury_womensmedical.html (last visited Apr. 21, 2011).

[209] *See* Report of the Grand Jury, Misc. No. 0009901-2008 (Ct. Common Pleas, 1st Jud. Dist. Penn, Crim. Trial Div. Jan. 17, 2011), *available at* http://www.phila.gov/districtattorney/PDFs/GrandJuryWomensMedical.pdf (last visited Apr. 21, 2011).

[210] *Id.* at 8.

[211] *Id.* at 199-202. Using the name "Family Medical Society," Gosnell's clinic provided vaccines under a program administered by the Philadelphia Health Department's Division of Disease Control. Gosnell's clinic allegedly was "improperly trying to count abortion patients as vaccination patients." In addition, the grand jury report notes that "the clinic listed 20 children on Keystone Mercy, a Medicaid health plan."

[212] *See* Live Action, *Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), *available at* http://www.youtube.com/watch?v=L9Zj9yx2j0Y&feature=player_embedded (last visited Apr. 21, 2011); Live Action, *Caught on Tape: Planned Parenthood Aids Pimp's Underage Sex Ring* (Feb. 1, 2011), *available at* http://liveaction.org/blog/planned-parenthood-aids-sex-ring/ (last visited Apr. 21, 2011).

[213] *See* Planned Parenthood of Indiana, 2007 Annual Report (2007), *available at* http://www.ppin.org/documents/ppin_2007_annual_report.pdf (last visited Apr. 21, 2011); Planned Parenthood of Indiana, *Health Centers: Patient Services: Abortion Services, available at* http://www.ppin.org/healthcenters/patientservices_aborton_services.html (last visited Apr. 21, 2011).

[214] *See* Live Action, *Indianapolis, IN: Is Planned Parenthood Underreporting Abortions?, available at* http://liveaction.org/mona-lisa/indianapolis-in-is-planned-parenthood-underreporting-abortions (last visited Apr. 21, 2011).

[215] *See* Live Action, *Indianapolis, IN: Mona Lisa Project, available at* http://liveaction.org/mona-lisa/indianapolis-in (last visited Apr. 25, 2011); *see also supra* Part IV.B. Failure to Report Criminal Child Sexual Abuse.

[216] 2001 Tex. Gen. Laws. 1420 §5.003 (H.B. 2812) (amending Tex. Fam. Code §261.101). *See also Tex. Dep't of State Health Servs., DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors Providers Revised effective January 1, 2009* (May 7, 2010), *available at* http://www.dshs.state.tx.us/childabusereporting/gsc_pol.shtm (last visited Apr. 21, 2011).

[217] In 2000, there were 6,925 confirmed allegations of sexual abuse of children in Texas. *See* Tex. Dep't of Family and Protective Servs., 2000 Data Book 54 (2000). After the implementation of the new mandatory reporting requirements, confirmed allegations rose fairly steadily. By 2006, however, the number of confirmed allegations of sexual abuse of children had fallen back near 2000 levels (to 7,176). *See* Tex. Dep't of Family and Protective Servs., 2006 Data Book 54 (2006).

[218] *See* Planned Parenthood of Illinois, *The War on Women Comes to Illinois, available at* http://liveaction.org/blog/wp-content/uploads/2011/03/pp-screenshot.jpg (last visited Apr. 21, 2011) ("This bill creates redundant regulations that have the potential to overload the Department of Children and Family Services.").

[219] LB 690 (2011), *available at* http://nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB690.pdf (last visited Apr. 7, 2011).

[220] *See* GALLUP, *Americans Favor Parental Involvement in Teen Abortion Decisions* (Nov. 30, 2005), *available at* http://www.gallup.com/poll/20203/americans-favor-parental-involvement-teen-abortion-decisions.aspx (last visited Apr. 21, 2011).

[221] *See* Transcript Prepared By the Clerk of the Legislature, Judiciary Committee (March 09, 2011) *available at* http://www.legislature.ne.gov/FloorDocs/Current/PDF/Transcripts/Judiciary/2011-03-09.pdf (last visited Apr. 21, 2011).

[222] Jonathan Klick & Thomas Stratmann, *Abortion Access and Risky Sex Among Teens: Parental Involvement Laws and Sexually Transmitted Diseases,* 24 (1) J.L. Econ. & Org 2-21(2008).

[223] Haas-Wilson, *The Impact of State Abortion Restrictions on Minors' Demand for Abortions,* 31(1) J. HUMAN RES. 140, 155 (1996); Haas-Wilson, *The economic impact of state restrictions on abortion: Parental consent and notification laws and Medicaid funding restrictions,* 12(3) J. Pol'y Analysis & Mgmt. 498, 509 (1993); Donovan, *Judging teenagers: How minors fare when they seek court authorized abortions,* 15(6) Family Planning Persp. 259 (1983); Blank et al., *State Abortion Rates: The Impact of Policies, Providers, Politics, Demographics, and Economic Environment,* 15 J. Health Econ. 513 (1996); Ohsfeldt & Gohmann, *Do Parental Involvement Laws Reduce Adolescent Abortion Rates?,* 12(2) Contemp. Econ. Pol'y 65 (1994).

[224] *See AUL Applauds Introduction of Nebraska Parental Consent Bill* (Jan. 26, 2011), *available at* http://www.1011now.com/political/headlines/AUL_Applauds_Introduction_of_Nebraska_Parental_Consent_Bill_114666254.html (last visited Apr. 21, 2011).

[225] *See* Planned Parenthood of Illinois, *Stop the Ultrasound Mandate, available at* https://secure.ppaction.org/site/Advocacy?pagename=homepage&page=UserAction&id=12996&AddInterest=1563&JServSessionIdr004=tx09iiiqq2.app202b (last visited Apr. 21, 2011).

[226] *See* Planned Parenthood Southeast, MS Legislative Update (Apr. 21, 2011), *available at* http://www.plannedparenthood.org/ppse/ms-legislative-update-32329.htm (last visited Apr. 21, 2011).

[227] *Id.*

[228] *Id.*

[229] 2007 U.S. Dist. LEXIS 70808 (W.D. Mo. Sept. 24, 2007).

[230] *Id.* at *21.

[231] 483 F. Supp. 679, 687 (W.D. Mo. 1980).

[232] *Id.* at 697. The court cited testimony elicited by Planned Parenthood of Judith Widdicombe, R.N., Executive Director of Reproductive Health Services.

[233] *Id.* at 699.

[234] 42 U.S.C. § 1988 (2009).

[235] *Planned Parenthood of N. New England v. Kelly Ayotte* (D. N.H. No. C-03-491-JD).

[236] *Planned Parenthood of the Heartland v. Heineman*, 2011 U.S. Dist. Lexis 19650 (D. Neb. Feb. 28, 2011).

[237] *Planned Parenthood Minn., N.D., S.D. v. Rounds,* 2006 U.S. Dist. Lexis 47723 (D. S.D. July 7, 2006).

[238] *See* Appendix XII. Planned Parenthood's Efforts to Overturn Common-Sense Laws.

[239] *McGrain v. Daugherty,* 272 U.S. 135, 174 (1927).

[240] *Eastland v. U.S. Servicemen's Fund,* 421 U.S. 491, 505 (1975).

[241] *McGrain*, 273 U.S. at 175.

[242] *Wilkinson v. U.S.*, 365 U.S. 399, 408-09 (1961); Ashland Oil, Inc. v. Fed. Trade Comm'n, 409 F. Supp. 297, 305 (1976).

[243] *Id.*

[244] *Eastland*, 42 U.S. at 509

[245] *Id.* at 180.

[246] *Exxon Corp. v. Fed. Trade Comm'n,* 589 F.2d 582, 592 (D.C. Cir. 1978), cert. denied, 441 U.S. 943 (1979).

[247] *Id.*

[248] *See, e.g,.* Letter from Robin Brooks, Dir., Freedom of Info., U.S. Dep't of Health & Human Servs., to Rita Diller, Am. Life League (Sept. 7, 2010).

[249] 5 U.S.C. § 552(d) (2000).

[250] *See* U.S. Gen. Accounting Office, GAO-03-527R Federal Funds: Fiscal Year 2001 Expenditures by Selected Organizations Involved in Health Related Activities 3 (2003).