

MEMORANDUM

TO: [Undisclosed Parties]

FROM: Americans United for Life Legal Team

DATE: July 12, 2011

RE: Planned Parenthood's "Fact Check" Fails to Address Vast Majority of Claims in AUL Report

On July 7th, Americans United for Life released an in-depth report -- "The Case for Investigating Planned Parenthood"¹ -- which thoroughly documents the assertion that Planned Parenthood Federation of America (PPFA) is a scandal-ridden abortion provider that receives over \$360 million dollars in federal and state funding -- over \$1 million a day from the American taxpayer. PPFA subsequently responded with a "Fact Check" document, which this memorandum addresses. PPFA's proffered response to AUL's Report lacks accuracy and fails to address serious claims, including Planned Parenthood's misuse of government funding and its failure to comply with state laws.

Curiously, Planned Parenthood's "Fact Check" attempts to rebut only six points made in AUL's Report. However, the AUL Report makes over thirty additional claims that PPFA does not even attempt to address. The unaddressed allegations are serious. These include:

- a pattern of Medicaid fraud among Planned Parenthood affiliates;
- misuse of federal funds to subsidize its abortion business; and
- deliberate violation of laws designed to protect minors, such as parental involvement laws for abortion and mandatory reporting laws for child sexual abuse.

American taxpayers deserve to know how PPFA uses government dollars. PPFA's failure to address serious claims regarding its systemic fraud and abuse further underscores the need for Congressional investigation.

PPFA's "Fact Check" is inaccurate and fails to demonstrate that PPFA consistently complies with federal and state law. Following is a point-by-point rebuttal of PPFA's response to the AUL Report. This memorandum concludes with a detailed list of statements from the AUL Report that PPFA has ignored.

¹ The AUL Report is a product of AUL's legal team reviewing over 20 years of Planned Parenthood's public reports and promotional material, 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 AUL Report meticulously documents and sources information about the known and alleged abuses by Planned Parenthood, using information that is publicly available. (And the Report's appendices provide copies of the original source material.)

POINT-BY-POINT REBUTTAL

AUL Statement: *A 2010 U.S. General Accounting Office report “demonstrates that even the federal government does not know” how much federal funding Planned Parenthood receives (p.8).*

PPFA Response: *“This is a recycled charge about alleged missing money that a 2011 PolitiFact fact check rejected as ‘Pants on Fire’ lie. Planned Parenthood health centers ... receive payments from public programs like Medicaid for specific medical visits, treatments, and procedures. Planned Parenthood undergoes routine audits to ensure proper use of public funds.”*

AUL Rebuttal: The AUL Report addresses the federal government’s lack of knowledge regarding how much federal funding Planned Parenthood receives, not whether or not Planned Parenthood knows how much money it receives. The AUL Report does not mention “missing money.” In fact, the AUL Report calls for Planned Parenthood’s internal audits to be turned over to Congress, so that the lawmakers charged with overseeing these funds can exercise oversight of Planned Parenthood’s collection and use of federal funding.

The problem was highlighted in 2010 when the U.S. Government Accountability Office (GAO) conducted a report of Planned Parenthood’s federal funding from 2002-2008 at the request of several Congressmen. 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.”²

- According to the GAO, Planned Parenthood single audit reports³ show that, between 2002 and 2008, the organization spent at least \$657.1 million federal dollars.⁴
- PPFA’s annual reports document that during this same time period, from 2002 to 2008, it took in over \$2 billion from “government grants and contracts,” without demarcating among federal, state, and other government funding.⁵

That’s \$657.1 million dollars compared to \$2 billion dollars.

If the 2010 GAO report captured the extent of Planned Parenthood’s federal expenditures, then the percentage of Planned Parenthood’s total government revenue that would have come from

² U.S. GEN. ACCOUNTABILITY OFFICE, GAO-10-533R FEDERAL FUNDS FOR SELECTED ORGANIZATIONS 25 (2010).

³ 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).

⁴ U.S. GEN. ACCOUNTABILITY OFFICE, GAO-10-533R FEDERAL FUNDS FOR SELECTED ORGANIZATIONS 25 (2010).

⁵ See AUL REPORT, APPENDIX I. PLANNED PARENTHOOD’S ANNUAL FINANCIAL REPORTS.

the federal government (as opposed to other funding sources such as state governments) between 2002 and 2008 would have been only **30 percent**.

- 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.⁶

However, Planned Parenthood affiliates certainly received more federal dollars through Medicaid between 2002 and 2008 than were reflected in the GAO report.

For example, in 2008, while the GAO reported that 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 *alone* received over \$1 million in Medicaid funds during the same period.⁷ 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 2003,⁸ whereas the GAO report found all Planned Parenthood affiliates expended only \$2.6 million in Medicaid funds that same fiscal year.

The numbers simply don't add up.

Planned Parenthood's retort that it knows how many federal dollars it receives each year fails to address the fact that *the federal government does not know how much money Planned Parenthood receives from the federal taxpayer* due to incomplete GAO figures. Planned Parenthood and its affiliates should be required to turn over to Congress internal audit reports (from, at least, 1998 to 2008) to determine how much Planned Parenthood and its affiliates expended under Medicaid, Title X, and other federal programs.

AUL Statement: "...some Planned Parenthood clinics appear willing to provide inaccurate and misleading information regarding fetal development and the risks of abortion to women's health. ...Planned Parenthood failed to provide the young woman who sought its advice essential information, including the fact that induced abortion increases the risk of miscarriage by 55 percent in subsequent pregnancies, and that there exists a heightened risk of suicide and psychiatric admissions to women who have had an induced abortion." (p.22).

⁶ See U.S. GEN. ACCOUNTING 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 AUL REPORT, APPENDIX I. PLANNED PARENTHOOD'S ANNUAL FINANCIAL REPORTS.

⁷THE PLANNED PARENTHOOD TRUST OF 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 July 8, 2011).

⁸ Letter from Jan English, Chief, Med. Rev. Branch, Cal. Dep't of Health Servs., to Bob Coles, VP & CFO, Planned Parenthood of San Diego & Riverside Counties (Nov. 19, 2004).

PPFA Response: *This is blatantly false and scientifically inaccurate. A 2008 American Psychiatric Association report found no reliable evidence that abortion is linked to suicide. Their report says, “In the view of the TFMHA (Task Force on Mental Health and Abortion), the best scientific evidence indicates that the relative risk of mental health problems among adult women who have an unplanned pregnancy is no greater if they have an elective first-trimester abortion than if they deliver that pregnancy.” A Guttmacher report states, “Several reviews of the available scientific literature affirm that vacuum aspiration—the modern method most commonly used during first-trimester abortions—poses virtually no long-term risks of future fertility-related problems, such as infertility, ectopic pregnancy, spontaneous abortion or congenital malformation. The European Journal of Contraception and Reproductive Health Care states in a study abstract, “Abortion is clearly safer than childbirth. There is no evidence of an association between abortion and breast cancer. Women who have abortions are not at increased risk of mental health problems over and above women who deliver an unwanted pregnancy. There is no negative effect of abortion on woman’s subsequent fertility.”*

AUL Rebuttal: Informed consent is the linchpin of “choice” and the standard for American medical practice. Planned Parenthood’s statement that medically-documented risks inherent to abortion are “blatantly false and scientifically inaccurate” further supports AUL’s position that Planned Parenthood fails to provide a woman considering abortion complete and medically-accurate information regarding the risk and side effects of abortion, thereby undermining her right to exercise true “choice.” **Importantly, Planned Parenthood’s claims in its response are directly contradicted by numerous peer-reviewed medical studies.**

Over 100 studies in the medical literature confirm that women who undergo an abortion—compared with women who give birth—have a significantly increased risk of subsequent suicide, major depression, and substance abuse. 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.⁹

The increased risks of depression and suicide are even more pronounced for younger women. A major study by a pro-abortion researcher found that 42% of young women experience major depression following abortion.¹⁰ Minors who undergo abortion have a 78.6% chance of

⁹ Gissler, et al., *Injury, Deaths, Suicides and Homicides Associated with Pregnancy, Finland, 1987-2000*, 15 EUR. J. PUB. HEALTH 459 (2005); Cogle 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); Cogle 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).

¹⁰ D.M. Fergusson et al., *Abortion in Young Women and Subsequent Mental Health*, J. CHILD PSYCHOL & PSYCHIATRY 41(1):16 (2006).

experiencing major depression.¹¹ Teenage girls have a 64.3% chance of experiencing anxiety after an abortion and a 50% chance of suicidal ideation after an abortion.¹²

Importantly, medical studies contradict Planned Parenthood’s claim that “abortion is clearly safer than childbirth.”¹³ The pro-abortion researcher’s study mentioned above found that the risk of suicide was three times greater for women who aborted than for women who delivered.¹⁴ The study showed that abortion led to depression and anxiety, and that it was not depression and anxiety that led to the abortion. The medically-documented risks of suicidal ideation and the severe emotional trauma that women can suffer after having an abortion do not constitute good health or safety—it is unfair and dangerous to women to claim otherwise.

Abortion can also affect a woman’s ability to have subsequent healthy pregnancies and deliver healthy children. Abortion increases the risk of placenta previa in a subsequent pregnancy. Three studies cited in a 2003 article published in *Obstetrical & Gynecological Survey* showed a 50% increased risk of placenta previa after abortion.¹⁵ Pregnancies complicated by placenta previa have increased rates of pre-term birth, low birth weight, and perinatal death.

Abortion also increases the risk of a subsequent pre-term birth. In 2009, a meta-analysis reported that even one induced termination of pregnancy is associated with a significant increase (36%) in the risk of pre-term birth.¹⁶ Women with more than one prior abortion increase their risk of delivering a pre-term baby by 93%.

Contrary to Planned Parenthood’s statement 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.¹⁷ 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.¹⁸ In a 1994 study

¹¹ *Id.*

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

¹⁵ Thorp, Hartmann & Shadigian, *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 58 OBST. & GYN. SURVEY 67 (2003).

¹⁶ Shah PS, Zao J, *Knowledge Synthesis Group of Determinants of Preterm/LBW Births. Induced termination of pregnancy and low birth weight and preterm birth: a systematic review and meta-analysis. BJOG* 2009; 116:1425-42.

¹⁷ 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., *Toward a physiological approach to breast cancer prevention. Can Epidemiology, Biomarkers, and Prevention*, 3, 353-364. 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),

¹⁸ Howe et al, *Early Abortion and Breast Cancer Risk Among Women Under Age 40*, 18 INTER’L J. EPID. 300 (1989).

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.”¹⁹

Planned Parenthood cannot change the medical facts that:

Fact: There exists a heightened risk of suicide and psychiatric admissions to women who have had an induced abortion.²⁰

Fact: There exists a heightened risk of alcohol and drug abuse to women who have had an induced abortion.²¹

Fact: Previous induced abortions increase the risk of premature birth by 20% in later pregnancies.²²

Fact: There exists a heightened risk of placenta previa to women who have had an induced abortion.²³

Fact: There is a 50% increased risk of an ectopic pregnancy after a single abortion.²⁴

¹⁹ Janet Daling, et al., *Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion*, 86 J. NAT'L CANCER INST. 1584 (Nov. 1994).

²⁰ Fergusson et al., *Abortion in Young Women and Subsequent Mental Health*, 47 J. CHILD PSYCHOLOGY & PSYCHIATRY 16 (2006); Cogle 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); Cogle 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).

²¹ 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).

²² 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).

²³ Thorp et al., *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 58 OBSTET. & GYN. SURVEY 67 (2003).

²⁴ Tharaux-Deneux et al., *Risk of Ectopic Pregnancy and Previous Induced Abortion*, 88(3) AMER. J. PUB. HEALTH 401 (1998).

Fact: Abortion increases the risk of miscarriage by 55% in subsequent pregnancies.²⁵

Fact: There exist medical risks attached to the abortion drug RU-486.²⁶

Fact: There exists a heightened risk of breast cancer to women who have had an induced abortion.²⁷

AUL Statement: *“Notably, the RU-486 regimen often fails to cause a complete abortion. ... 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.” (p.22).*

PPFA Response: *AUL is false in asserting a high failure rate of medication abortion (RU-486). Medication abortions are successful about 97 percent of cases. AUL is also false in asserting that Planned Parenthood’s use of evidence-based protocol is unsafe. A study in *Obstetrics and Gynecology* (12/08; Vol. 112; No. 6) showed a 96.2 percent efficacy in the buccal protocol up to 63 days (Planned Parenthood’s protocol). Planned Parenthood’s Medical Standards and Guidelines are evidenced-based and the 63 day protocol was only approved after research was completed and published in the leading peer-reviewed journals. It is common practice for evidence-based protocol or off-label use of drugs. A study published in the *Annals of Internal Medicine* showed that 21 percent of all prescriptions were for off-label use of drugs.”*

AUL Rebuttal: Planned Parenthood’s response addresses RU-486 generally, but fails to address the fact that the risks associated with RU-486 and its failure rate increase the further along the woman is in her pregnancy. 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 dangerous and more expensive because the woman is further along in her pregnancy.

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

²⁵ Sun et al., *Induced Abortion and Risk of Subsequent Miscarriage*, 32(3) INT’L J. EPIDEMIOLOGY 449 (2003).

²⁶ 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 July 8, 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.”

²⁷ Thorp et al., *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 58 OBSTET. & GYN. SURVEY 67 (2003); 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).

further still to nearly *1 out of every 4 pregnancies* 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. In addition, medical complications, such as hemorrhaging—which require hospitalization for emergency treatment—increase with pregnancies of 57-63 days gestational age.²⁸

According to the study referenced by Planned Parenthood, the “buccal administration” of the RU-486 regimen (as opposed to the FDA-approved oral administration) also has a decreased efficacy as gestational age increases.²⁹ In addition, the study’s relatively small sample size of women in the later gestational age groups lowers the confidence in its findings than for its examination of RU-486 use prior to 49 days.

Although the “acceptability” by women of RU-486 effects for both types of administration is substantially lower than the findings for the abortion drug’s efficacy, women were 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.

Because of the high failure rate of and risks involved with RU-486 in later pregnancies,³⁰ 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 period³¹ – limitations that Planned Parenthood, by its own admission, ignores.

AUL Statement: *“Planned Parenthood’s ‘services for its pregnant clients are overwhelmingly abortions...In sum, abortion represented over 97 percent of PPFA’s pregnancy-related services in 2009.’ (pg. 2).*

PPFA Response: *“This is a recycled charge similar to a misleading claim made by Rep. Jean Schmidt [R-Ohio] that PolitiFact fact checked, and called ‘false.’ They write, ‘(t)he anti-abortion groups came up with the 98 percent figure by comparing the number of abortions to the number of procedures in the other two categories... But there are problems with that calculation. First, it assumes that pregnant women only go to Planned Parenthood for one of those three options.’”*

²⁸ See Spitz et al., *Early pregnancy termination with mifepristone and misoprostol in the United States*, 338 NEW ENG. J. MED. 1241 (1998).

²⁹ See Beverly Winikoff et al., *Two Distinct Oral Routes of Misoprostol in Mifepristone Medical Abortion*, 112:6 OBSTET. & GYN. 1303, 1307 (2008).

³⁰ See Spitz et al., *Early pregnancy termination with mifepristone and misoprostol in the United States*, 338 NEW ENG. J. MED. 1241 (1998).

³¹ 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 July 8, 2011).

AUL Rebuttal: When interviewed by PolitiFact, Planned Parenthood’s Vice President for Communications Stuart Schear merely called the percentage of PPFA’s pregnancy services that was abortion in 2009 an “unverifiable statistic.” Notably, in response to the AUL Report, PPFA refuses to directly address that over 97 percent of their pregnancy-related services in 2009 was abortion. Rather, PPFA relies instead on an outside source’s perspective on the number of services they provide to pregnant women—an article in which Planned Parenthood did not call the assertion “false,” but only “unverifiable.”

A particular point of contention in the calculation of Planned Parenthood’s treatment of pregnant women is “*Planned Parenthood doesn’t keep track of [prenatal care] referrals.*”³² Up until 12 years ago, Planned Parenthood not only tracked prenatal care referrals, but it included this figure in its annual reports.

By its own reports, Planned Parenthood’s prenatal client referrals *dropped by over 40,000* in a four-year span.³³ Since then, Planned Parenthood stopped reporting its prenatal care referral numbers all together (although it continued to report referral numbers for other categories of care, such as vasectomies, sterilization, breast exams/breast care, and adoption referrals).

In addition, Tait Sye, a spokesperson for Planned Parenthood, admitted that only a tiny number of Planned Parenthood facilities offer prenatal care to pregnant women.³⁴ Sye acknowledged that *only 63 out of more than 800 centers* provide prenatal care to pregnant women.³⁵ In other words, only 7.9% of Planned Parenthood clinics even offer prenatal care. This begs the question that if Planned Parenthood sends most women seeking prenatal care to outside obstetricians, what is a pregnant woman’s need for Planned Parenthood?

AUL Statement: “*Ectopic pregnancies ‘treated’ with the RU-486 regimen can rupture and kill the woman.*” (p.22).

PPFA Response: “*There is no evidence from published research studies to suggest that mifepristone increases the likelihood of rupture in an ectopic pregnancy. In fact there are*

³² See POLITIFACT OHIO, REP. *Jean Schmidt Says 32 of Every 33 Pregnant Women who Visit Planned Parenthood Get Abortions*, available at <http://www.politifact.com/ohio/statements/2011/apr/21/jean-schmidt/rep-jean-schmidt-says-32-every-33-pregnant-women-w/> (last visited July 8, 2011).

³³ In 1994 Planned Parenthood referred out 108,466 prenatal clients. See PLANNED PARENTHOOD FEDERATION OF AM. INC., 1995-1996 ANNUAL REPORT: SERVICES SUMMARY, 1994 & 1995. A copy of the report can be seen in A CASE FOR INVESTIGATING PLANNED PARENTHOOD 62, available at http://www.aul.org/wp-content/uploads/2011/07/PPReport_FULLL.pdf. Two years later, that number dropped to 80,870. See PLANNED PARENTHOOD FEDERATION OF AM. INC., 1997-1998 ANNUAL REPORT: SERVICES SUMMARY, 1996 & 1997, in A CASE FOR INVESTIGATING PLANNED PARENTHOOD 64, available at http://www.aul.org/wp-content/uploads/2011/07/PPReport_FULLL.pdf. In 1998, it dropped again to 67,052. See PLANNED PARENTHOOD FEDERATION OF AM. INC. 1998-1999 ANNUAL REPORT: SERVICE SUMMARY, 1997 & 1998, in A CASE FOR INVESTIGATING PLANNED PARENTHOOD 65, available at http://www.aul.org/wp-content/uploads/2011/07/PPReport_FULLL.pdf.

³⁴ See POLITIFACT OHIO, REP. *Jean Schmidt Says 32 of Every 33 Pregnant Women who Visit Planned Parenthood Get Abortions*, available at <http://www.politifact.com/ohio/statements/2011/apr/21/jean-schmidt/rep-jean-schmidt-says-32-every-33-pregnant-women-w/> (last visited July 8, 2011).

³⁵ *Id.*

several studies, including a Cochrane review of 35 studies that demonstrate that mifepristone increases the success of standard medical treatment for ectopic pregnancy (methotexate). This would suggest that if mifepristone has any impact on the natural course of an ectopic pregnancy it is positive.”

AUL Rebuttal: The Food and Drug Administration (FDA) has received reports of ectopic pregnancy as serious adverse events that women have suffered after using RU-486, including one case of ectopic pregnancy resulting in death.³⁶ The FDA also states that women should not take RU-486 if they have an ectopic pregnancy.³⁷ In addition, Danco Laboratories states in its product description that RU-486 should not be used when a woman has an ectopic pregnancy.³⁸ In fact, the study referenced earlier by Planned Parenthood admits that at least one participant using Planned Parenthood’s RU-486 protocol was hospitalized due to a “ruptured ectopic pregnancy.”³⁹

AUL Statement: “Planned Parenthood boasts of its role in the approval of a new drug, *ella*, yet provides considerable misinformation about the drug” (p. 24).

PPFA Response: “It is false to assert that Planned Parenthood is providing misinformation about *ella*. The health information on Planned Parenthood’s website is medically accurate and evidenced-based. It is written and fact checked by health professionals. For patients that receive emergency contraception (EC), the information shared during the consent process is as follows: How does EC work? One type of EC (Plan B One-Step, Next Choice) is made of one of the hormones made by a woman’s body — progesterin. Another type (*ella*) blocks the body’s own progesterin. Both types of EC keep a woman’s ovaries from releasing eggs — ovulation. Pregnancy cannot happen if there is no egg to join with sperm.”

AUL Rebuttal: In August 2010, the FDA contraindicated *ella* “during an existing or suspected pregnancy.”⁴⁰ 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).”⁴¹

³⁶ See U.S. Food & Drug Admin., *Mifeprex Questions and Answers* (updated Feb. 24, 2010), available at <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111328.htm> (last visited July 8, 2011).

³⁷ *Id.*

³⁸ Product Information: Mifeprex™, mifepristone. Danco Laboratories, New York, NY. PI reviewed Oct. 2000.

³⁹ Beverly Winikoff et al., *Two Distinct Oral Routes of Misopristol in Mifepristone Medical Abortion*, 112:6 OBSTET. & GYN. 1303, 1307 (2008).

⁴⁰ *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*.”

⁴¹ PLANNED PARENTHOOD FED’N OF AM., INC., BACKGROUND ON ULIPRISTAL ACETATE (ELLA) (2010).

Planned Parenthood’s own 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.”⁴² To derive its conclusions, the study examined progestin-based drugs. *ella*, however, is *not* a progestin-based drug. Rather, the chemical make-up of *ella* is similar to the abortion drug RU-486.⁴³ Both drugs 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.⁴⁴ Importantly, the study cited by Planned Parenthood also states 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.”

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*⁴⁵, 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.”⁴⁶ As discussed above, however, *ella* is *not* a progestin-based drug, but possesses a chemical make-up similar to the abortion drug RU-486.⁴⁷

The distinction between *ella* and Plan B is consequential. While the FDA asserted that the progestin-based drug Plan B “is not effective in terminating an existing pregnancy,” it made no such assurances about the progesterone-blocker *ella*. Instead, the FDA merely stated that *ella* was not “indicated” for abortions. Planned Parenthood’s information regarding *ella* on its website is clearly inaccurate and misleading to women.

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In addition to these six specific points in the AUL report that Planned Parenthood chose to address, PPFPA included some rhetoric of its own that deserves examination.

⁴² *Id.* (citing VAN LOOK & STEWART, *Emergency Contraception*, CONTRACEPTIVE TECHNOLOGY 277 (17th ed. 1998)).

⁴³ RU-486 and *ella* are Selective Progesterone Receptor Modulators (SPRMs).

⁴⁴ “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).

⁴⁵ 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 July 8, 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.”).

⁴⁶ *Id.*

⁴⁷ RU-486 and *ella* are Selective Progesterone Receptor Modulators (SPRMs).

PPFA states in the introduction to its “Fact Check”: “...in many communities, we are often the only source of affordable quality health care for women.”

AUL Rebuttal: The controversy over Indiana’s new law prohibiting all health care contracts with and grants to abortion providers, including Planned Parenthood, shows the opposite to be true. Faced with the loss of millions of dollars in Medicaid and other government funding, Planned Parenthood’s CEO Cecile Richards claimed that the law would prohibit “nearly 10,000 women from accessing preventative health care.”⁴⁸ Notably, many of these women receive government assistance, including Medicaid.

First, it should be noted that de-funding the abortion industry does not take away health care. Medicaid benefits have remained the same for Hoosiers.

Second, according to their own statistics, Planned Parenthood clinics in Indiana currently serve *less than 1 percent* of the state’s Medicaid patients, while providing more than 50 percent of the state’s abortions.⁴⁹ Obviously, the overwhelming majority of Indiana women receiving Medicaid are getting their basic health care elsewhere.

Many are likely receiving care at the community health centers which, according to the National Association of Community Health Centers, provide health care 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.⁵⁰

In 2009, Indiana community health centers saw more than a quarter of a million Medicaid patients and provided more than 22,000 Pap smears, more than 2,000 mammograms, and more than 4,000 STD tests⁵¹, far-surpassing Planned Parenthood’s market “share” of the state’s Medicaid patients and contracted services. And these community health centers have the capacity to see more patients.

“If Planned Parenthood only sees 1 percent of Medicaid patients in the state, and that’s their statistic, it doesn’t seem like they are making a big imprint in the first place,” said Dr. Geoff Cly, at the Northeast OB/GYN Women’s Health Group in Fort Wayne. “I know in our group, we

⁴⁸ *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 July 11, 2011).*

⁴⁹ *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 July 8, 2011).*

⁵⁰ *Id.*

⁵¹ *See <http://www.nachc.org/client/documents/IN10.pdf> (last visited July 8, 2011).*

currently have capacity to see more patients and I'm sure many other groups could easily take care of the 1 percent that's left if Planned Parenthood no longer took care of those patients.”⁵²

Despite their claims to the contrary, Planned Parenthood is also well-aware of these inconvenient facts. In June 2011, Live Action contacted 16 Indiana Planned Parenthood clinics and every one of them acknowledged that women did not need Planned Parenthood to receive basic medical care and 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 in the other 49 states. 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.⁵³ Clearly, these centers serve the real health care needs of American women.

###

CLAIMS PPFA FAILED TO ADDRESS

In addition to inaccurately responding to the above points from the AUL Report, Planned Parenthood failed to rebut or deny the following claims:

Planned Parenthood affiliates have demonstrated a pattern of Medicaid fraud.

- Audits of Planned Parenthood affiliates in California, New Jersey, New York, and Washington State demonstrate a pattern of overbilling and abuse involving Medicaid funds, including charging drugs used for abortion as “family planning.”⁵⁴

Planned Parenthood misuses federal health care and family planning funds to subsidize its abortion business.

- State audit reports and admissions by former Planned Parenthood employees detail a pattern of misuse of federal funds by some Planned Parenthood affiliates. Former director of a Planned Parenthood in Bryan, Texas, Abby Johnson, stated, “*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.*”⁵⁵

⁵² 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 July 8, 2011).

⁵³ See <http://www.nachc.com/client/US10.pdf> (last visited July 8, 2011).

⁵⁴ 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.”).

⁵⁵ 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 July 8, 2011).

- Ms. Johnson’s statement is corroborated by the Commissioner of the Indiana State Department of Health in the ongoing case challenging Indiana’s abortion-funding restriction. “PPIN’s [Planned Parenthood of Indiana] audited financial statements for 2009 and 2010 give rise to a reasonable inference that it commingles Medicaid reimbursements with other revenues it receives.”⁵⁶

Planned Parenthood violates laws designed to protect minors, such as parental involvement laws for abortion and mandatory reporting laws for child sexual abuse.

- Substantial and still-developing evidence indicates that many Planned Parenthood clinics fail to report all instances of criminal child sexual abuse thereby violating duly-enacted mandatory reporting laws.⁵⁷ Some Planned Parenthood clinics even advise minors and their abusers on how to circumvent the mandatory reporting laws.
 - Legal action has been taken against Planned Parenthood in Alabama, Arizona, and Ohio for failure to report the criminal sexual abuse of young girls.
- Instead of intervening in the cycle of abuse and protecting young girls by supporting increased legal protections, Planned Parenthood actively opposes legislation designed to protect young girls from abuse.
- Planned Parenthood failed to address why they do not report more cases of statutory rape and suspected child abuse when it is well-established that adult men father at least half of all teen pregnancies.⁵⁸
- Thirty-seven states currently have enacted parental involvement laws, yet some Planned Parenthood affiliates⁵⁹ exhibit a pattern and practice of violating and circumventing parental involvement laws, allowing the continued abuse of young girls.
- Planned Parenthood actively opposes parental involvement legislation contrary to the position of the substantial majority of Americans who support parental involvement laws.⁶⁰
- Some Planned Parenthood clinics—when presented with information that underage girls are being exploited for commercial sex—have shown a willingness to assist in prostitution and/or sex trafficking instead of safeguarding the girls’ health and safety.⁶¹

⁵⁶ 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).

⁵⁷ *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). See also GLOSSER ET AL., STATUTORY RAPE: A GUIDE TO STATE LAWS AND REPORTING REQUIREMENTS 1 (2004).

⁵⁸ GLOSSER ET AL., STATUTORY RAPE: A GUIDE TO STATE LAWS AND REPORTING REQUIREMENTS 1 (2004).

⁵⁹ Facts related to this story can be found in court documents as well as in AUL’s amicus curiae brief in the case *Roe v. Planned Parenthood Southwest Ohio*. See Brief for Members of the U.S. Congress as Amici Curiae, *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 July 8, 2011).

⁶⁰ 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 July 8, 2011).

⁶¹ 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

- In its “Fact Check,” Planned Parenthood fails to address its seven clinics across the country where Planned Parenthood employees displayed a willingness 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.⁶²
- Some Planned Parenthood affiliates put the lives and safety of women and girls at risk by associating with substandard abortion providers.⁶³
- Undercover video footage by Live Action demonstrates Planned Parenthood’s willingness to refer to substandard abortion centers.⁶⁴

Additional Claims Planned Parenthood ignores:

- Abortion is central to Planned Parenthood’s mission and bottom line.
- Based on Planned Parenthood’s advertised abortion prices, *abortion represented at least \$114.9 million of the \$404.9 million Planned Parenthood reported as “clinic income” in its most recent annual report.*⁶⁵
- For the fiscal year ending in June 2009, a conservative estimate would find abortion represented 37% of Planned Parenthood’s clinic income.⁶⁶
- According to the annual report for Planned Parenthood of New York City (PPNYC), a Title X recipient, abortion constituted 28 percent of its clinical services in 2008.⁶⁷

Action, *Falls Church Planned Parenthood Transcript* (Jan. 11, 2011), available at <http://liveaction.org/files/transcripts/FallsChurchtranscript.pdf> (last visited Apr. 21, 2011).

⁶² See AUL REPORT, APPENDIX IX. ASSISTING PROSTITUTION AND/OR SEX TRAFFICKING?

⁶³ 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 July 8, 2011). See also 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 July 8, 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 July 8, 2011).

⁶⁴ 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 July 8, 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 July 8, 2011).

⁶⁵ PLANNED PARENTHOOD FED’N OF AM., INC., ANNUAL REPORT 2008-2009 29 (2009), available at http://www.plannedparenthood.org/files/PPFA/PPFA_Annual_Report_08-09-FINAL-12-10-10.pdf (last visited July 8, 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.

⁶⁶ 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.

⁶⁷ See AUL REPORT, APPENDIX III. PLANNED PARENTHOOD OF NEW YORK CITY 2008 ANNUAL REPORT. PPNYC’s 2009 annual report states that abortion is nineteen (19) percent of its services. See PLANNED PARENTHOOD OF NEW

- One in every four abortions is performed (and profited from) by Planned Parenthood.⁶⁸
- For every adoption referral the Planned Parenthood Federation of America (PPFA) makes, it performs 340 abortions.⁶⁹
- While the incidence of abortions in the United States has steadily decreased since the early 1990s, Planned Parenthood continues to increase its abortion numbers and its “market share” within the abortion industry every year.
- The centrality of abortion to Planned Parenthood’s mission is underscored by the mandate it issued in December of 2010: by 2013, every Planned Parenthood affiliate must have at least one clinic performing abortions.⁷⁰
- As government funding of Planned Parenthood has doubled, Planned Parenthood has doubled its abortion business.
- Planned Parenthood’s 2008-2009 annual report states it received \$363 million dollars in (federal and state) government grants and contracts.⁷¹ That amount has more than doubled since 1998.⁷²
- Studies confirm the relationship between public funding and the incidence of abortion. According to the Guttmacher Institute, the “best studies” show that “18-37% of pregnancies...carried to term when government funding was no longer available.”⁷³

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).

⁶⁸ 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 July 8, 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., INC., *PLANNED PARENTHOOD SERVICES 2* (Sept. 2010), *available at* http://www.plannedparenthood.org/files/PPFA/fact_ppservices_2010-09-03.pdf (last visited July 8, 2011).

⁶⁹ 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 July 8, 2011). 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.

⁷⁰ See Amanda 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 July 8, 2011). See also Sara 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 July 8, 2011) (reporting that a Corpus Christi, Texas clinic planned to drop PPFA affiliation because of mandate); Susan K. 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 July 8, 2011).

⁷¹ PLANNED PARENTHOOD FED’N OF AM., INC., *ANNUAL REPORT 2008-2009 29* (2009), *available at* http://www.plannedparenthood.org/files/PPFA/PPFA_Annual_Report_08-09-FINAL-12-10-10.pdf (last visited July 8, 2011).

⁷² The 1998-1999 annual report for Planned Parenthood reported \$176.5 million in “government grants and contracts.” See AUL REPORT, APPENDIX I. PLANNED PARENTHOOD’S ANNUAL FINANCIAL REPORTS.

⁷³ 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 July 8, 2011). The review cites twenty academic studies documenting this relationship and only four that found the impact of public-funding on the abortion rate inconclusive.

The gravity of the allegations made against Planned Parenthood in AUL’s Report—and the weight of the evidence supporting these allegations—demand a thorough response from Planned Parenthood. The American taxpayer deserves to know.