

## HEALTH & SCIENCE

### Planned Parenthood



On October 2<sup>nd</sup>, *The Hill* reported that “Planned Parenthood announced the opening of a new 18,000 square-foot clinic in southern Illinois...after more than a year of secretly building the facility. The new clinic in Illinois is just 13 miles from Missouri’s last remaining abortion clinic, located in St. Louis. CBS News reported on October 2nd that Planned Parenthood used a shell company to build the massive facility, leaving no sign as to who was behind the operation.” CBS first visited the site in August, while it was still being built. The building formerly was a medical office. It will now be one of the largest abortion facilities in the country. Other Planned Parenthood construction sites ran into delays when suppliers and the public became aware of what was being built. Colleen McNicholas, chief medical officer of Planned Parenthood of the St. Louis Region and Southwest Missouri, told CBS that the facility was built secretly to avoid protestors and possible delays in construction. She stated, “We were really intentional and thoughtful about making sure that we were able to complete this project as expeditiously as possible because we saw the writing on the wall.” CBS continued, “The completion of the project comes as Missouri’s last abortion clinic is locked in a legal battle after the state’s health department refused to renew its license.”

American Life League reported on October 4<sup>th</sup> that parents and students in Minnesota “are protesting the possible passage of a legislative initiative that would insert Planned Parenthood’s Comprehensive Sex Education into every pre-K through grade 12 public or charter school curriculum. The proposed law... is a gateway for Planned Parenthood” to reach children as young as five. *Alpha News Minnesota* reported, “Not only is PP the creator of CSE, they actively promote it, endorse books and curriculum that teach it, provide CSE training in schools wherever they’re allowed in, and lobby for it at legislatures and school districts across the nation.”

Planned Parenthood and other abortion advocates have asked the FDA to remove the Risk Evaluation and Mitigation Strategies (REMS) for mifepristone – the abortion pill. REMS is an FDA drug safety program required for “certain medications with serious safety concerns.” The FDA warning states buyers “should not buy mifepristone over the internet because you will bypass important safeguards designed to protect your health (and the health of others).” Under current FDA approved REMS, a health care provider must supervise the order, prescription, and dispensation of mifepristone. Only health care providers who meet “certain qualifications” may do so. The abortion drug also may “only be dispensed in clinics, medical offices, and hospitals by or under the supervision of a certified health care provider.” PP and other abortion advocates called for the removal of these REMS in August so that women would have easier access to at-home abortions.

PP hopes to reach younger women and those in rural areas using the *Planned Parenthood Direct app* to expand their “telemedicine program”. Jim Sedlak of STOPP noted that as PP’s facility numbers decline, they are working to lead more patients to their business through the app. The app will be available in 50 states by next year and would allow patients to order mifepristone and contraceptives through the app. PP will be able to use this app to reach young people of any age through their cell phones and introduces them to everything PP promotes – without parental knowledge.

### ABORTION STATISTICS

In September, the pro-abortion Alan Guttmacher Institute reported that the US abortion rate is the lowest since *Roe v. Wade*. Judie Brown at American Life League tweeted, “This is not accurate but makes a good soundbite.” Jim Sedlak asked, “So, what does this report count?” The Guttmacher Report stated, “Our analysis found an increase in the proportion of nonhospital facilities that had treated at least one patient for a missed or failed abortion due to self-induction...For more than a decade, the drug misoprostol has been available over or behind the counter in other countries and has been brought to the U.S., and researchers have documented its use for self-managed abortion in the U.S. More recently, drugs similar to those used in the U.S. medication abortion regimen – a highly effective combination of mifepristone and misoprostol – have become available on the internet, as have websites providing accurate information about how to safely and effectively self-manage abortion using drugs obtained outside of a clinical setting...Aid Access, an international organization that provides medication abortion pills via mail order to people living in the U.S., launched their website in March 2018 (after the study period) and reported filling 2500 prescriptions in that year. The increased accessibility of resources to help individuals safely self-manage their abortions outside of a clinical setting likely accounts for some of the decline in abortions that we have documented...Abortion is underreported on surveys of this type, and the actual incidence may be higher.”

Jim Sedlak noted, “Thus, Guttmacher admits that the limited medical and surgical abortion numbers it reports – which will be quoted by media, pro-abortion, and pro-life groups until it issues a new report, could easily be off by 18% or more and that just the medical and surgical abortion numbers could easily be one million or more in 2017...As one reviews this report, it is striking that it is much more a guess than an actual count. The reported 862,320 medical and surgical abortions are based on direct reports of only 59% of abortion providers. Reported numbers were then increased based on estimates made by the researchers. The numbers of self-managed abortions performed by women is unknown, but 18% of facilities reported treating one or more women for what may have been self-managed abortions.” In addition, Sedlak noted that the Abortion Surveillance Report from the CDC does not include any abortion numbers from California, Maryland or New Hampshire. In the past, the numbers were more realistic when most reported abortions were surgical abortions done by medical personnel. Clinical abortions in IVF and other labs where embryos are destroyed are not included in these numbers. In addition, chemical abortions [when contraceptives allow for fertilization but not implantation] are also not included. Sedlak concluded, “Maybe we should just stop pretending to count, and work to end abortion...”

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