

MYTH 07

"ABORTION IS AN IMPORTANT PART OF WOMEN'S HEALTH CARE."



MYTH #7: "ABORTION IS AN IMPORTANT PART OF WOMEN'S HEALTH CARE."

Pregnancy is a **normal physiologic function**, not a disease state. Interrupting this normal process is not health care. It is a **surgical solution to a societal problem**. The oft quoted statement, "Abortion is between a woman and her doctor" incorrectly assumes that an abortion requires a medical judgment, and will be performed by a woman's own OB/GYN. A survey of the members of the American College of Obstetrics and Gynecology found that while 97 percent of its members had patients requesting abortions from them, only 14 percent would actually commit the abortion.[114] The reality is that while many OB/GYNs profess to be "pro-choice," very few want to dirty their hands by actually committing an abortion. Most OB/GYNs love caring for unborn babies, and they are uncomfortable with the cognitive dissonance that occurs when they are asked to kill a healthy unborn baby.

THE VAST MAJORITY OF ABORTIONISTS ARE EMPLOYED BY ABORTION CLINICS, NOT HEALTH CARE CLINICS. MOST ABORTIONISTS ARE MERELY TECHNICIANS WHO ONLY PERFORM ONE PROCEDURE FOR MONEY; THEY DO NOT PERFORM ANY OTHER HEALTH CARE SERVICE.

The vast majority of abortionists are employed by abortion clinics, and for many, this is the only medical procedure they do. They are merely technicians performing a procedure for money. In busy clinics, it is not uncommon for an employee to counsel a woman and obtain her consent for the procedure. The abortionist may never even talk with the woman. Sometimes the speculum has already been placed by an employee, so he may never even see the woman's face. Surely, in this situation, the doctor is not helping a woman to consider all her options. She has made the decision, and he is merely the tool to carry out that decision.[115]

Since Planned Parenthood commits one third of the abortions in our country, it is instructive to look at their **2016-2017 annual report** to discover what they say about the actual health care services that they perform.[116] They report that they committed **321,384 abortions** in the most recent year. (In 2014-2015, the last year that complete national abortion statistics were available from Guttmacher Institute, they committed 323,999 out of the 926,200 reported abortions in our country, which equals **35 percent**.) In 2016-2017, they provided **prenatal care** for **7,762** women, **miscarriage services for 1,182**, and **adoption referrals for 3,889**. Statistically, if a pregnant woman walks through Planned Parenthood's door, there is a **96 percent** chance that the pregnancy service she will receive is an abortion. Only 3 percent will receive prenatal care, and less than 1 percent of women will choose to place their babies for adoption, to be raised by a loving family if the woman is unable to do so. We know that 10-15 percent of recognized pregnancies end in miscarriage,[117] so one also wonders why they do so little miscarriage management (1 percent)?

While their abortion numbers have consistently gone up, the number of other health services they provide has gone down. They perform far less preventative health services than one might assume. In the most recent year, they performed **235,355 well woman exams**, **336,614 breast exams**, and **281,063 pap tests**. They call these services "cancer screening and prevention," but it should be noted that a breast exam on an asymptomatic reproductive aged woman is extremely unlikely to detect a breast cancer, because it is extraordinarily rare in that situation. None of their facilities perform mammograms, which is the usual diagnostic test for breast cancer. They report 75,040 women "whose cancer was detected early or whose abnormalities were identified." It is likely this consisted almost entirely of early cervical dysplasia, which, although it can progress to cervical cancer, is much more likely to remain stable or regress.

They state that they reduce the numbers of abortions by providing contraception, but when one looks critically at the contraceptive services they provide, one sees that **730,329 (27 percent) of the 2,701,866 contraceptive services** they provide are **emergency contraception (EC)**. "Morning after pills" like Plan B, the most commonly used form of emergency contraception, don't work very well! Their only mechanism of action is to **delay ovulation**. If a woman has unprotected intercourse, and is due to ovulate tomorrow, EC will reduce the risk of pregnancy by delaying ovulation for a few days. But if she happened to ovulate yesterday, EC does almost nothing, and the risk of pregnancy is about 10 percent. If they are distributing ulipristal as an emergency contraception instead, then they may be causing early abortions, because this medication is related to misoprostol (RU486), the abortion pill. Allowing the public to be misinformed on the mechanism of action of EC is likely to increase pregnancy rates (by encouraging couples to engage in intercourse even though they have no protection available).

It is often reported by an uncritical media that only 3 percent of their services are abortion. If a woman presents for an abortion, she is also going to have several other discrete services performed: pregnancy test, sonogram, STD testing, and possible pap, as well as provision of birth control afterward. Thus, abortion is only 17-20 percent of the services provided to this woman, but an abortion is why she came. It is easy to see how counting every individual service, when most women have multiple services provided each visit, can dilute out the numbers and make it look like abortion is only a small part of what they do. The reality is that **321,384 abortions**

is greater than 281,063 pap tests. It is easy to see the primary purpose for this organization's existence.

Planned Parenthood reports $1.36 billion in expenses from July 2016 to June 2017, of which $822 million was spent on medical services and $47.9 million on sexuality education. Meanwhile, $198.2 million was spent on "**public policy, engaging communities, promoting health equity, movement building, deploying 21st century technology, and strengthening and securing the organization.**" That sounds to me like activity designed to shore up the organization's political power. Meanwhile, they received **$543.7 million from government health services reimbursements and grants (taxpayer's money)** and $523.7 million from private contributions and bequests.

These numbers make it clear that Planned Parenthood lobbies and supports politicians to advance its interests. That is clearly seen in the annual report as it discusses their opinions on many political issues. Many organizations do likewise through political action committees. But this annual report seems to indicate that the money that keeps this organization afloat is immersed into one pool. They are fighting mightily to keep tax payer dollars coming to their organization (37 percent of their revenue), but only 60 percent of expenses go toward medical services. It appears that they spent almost $200 million to make sure the money keeps flowing to them.

THE HEALTH CARE SYSTEM DOES NOT NEED PLANNED PARENTHOOD. FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) OUTNUMBER PLANNED PARENTHOOD CLINICS 20 TO 1.

What happens if women do not have access to a Planned Parenthood? Although we are often told that women rely on them for their health care, there are many alternatives to this organization that provide the same services, and more. **Federally Qualified Health Centers (FQHCs)** also receive state and federal money to provide indigent care, and they provide every service that Planned Parenthood does, except abortion. In addition, they employ practitioners who specialize in other health problems. A woman is more than a uterus, and she often has other health issues that can be addressed in a more comprehensive way by an FQHC. While the number of Planned Parenthood clinics in our country has dropped to 620 as of August 2017, there are 13,540 FQHCs. They outnumber Planned Parenthood clinics **20 to 1**.

There are several services FQHCs provide that Planned Parenthood does not: **mammograms and immunizations; screening for diabetes, cholesterol, cardiovascular disease, and thyroid function; eye, ear, and dental screenings, as well as preventative dental services, well child services, medical nutrition services, and bone density measurements; social work, mental health and substance abuse services, and some emergency medical services**. Clearly, they care not just for the woman, but for her whole family. If the half billion dollars that Planned Parenthood gets were instead given to FQHCs, these organizations could continue to grow and serve more clients.[118]

NOTES

114 Debra B. Stuhlberg, et al., "Abortion Provision Among Practicing Obstetrician-Gynecologists," *Obstetrics & Gynecology* 118 (2011): 609, accessed December 3, 2018, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170127/.

115 Mark Crutcher, *Lime 5: Exploited by Choice* (Life Dynamics, Inc, 1996).

116 "2016–2017 Annual Report," Planned Parenthood, https://www.plannedparenthood.org/uploads/filer_public/d4/50/d450c016-a6a9-4455-bf7f-711067db5ff7/20171229_ar16-17_p01_lowres.pdf.

117 "Miscarriage," March of Dimes, November 2017, accessed December 3, 2018, https://www.marchofdimes.org/complications/miscarriage.aspx.

118 "Health Center Program," Bureau of Primary Health Care, accessed December 3, 2018, https://www.bphc.hrsa.gov/.