

Planned Parenthood Federation of America: A 5-Part Analysis of Business Practices, Community Outcomes, and Taxpayer Funding

AUTHORS

(in alphabetical order):

Brendan Clowes

Researcher

Rita Diller

National Director of STOPP International Project

Robert Gasper

Senior Research Analyst

Paul Rondeau

Executive Director

Jim Sedlak

Vice President



American Life League, Inc.

P. O. Box 1350

Stafford, VA 22554

Authorized for publication by Judie Brown, President

Table of Contents

1. Executive Summarypage 3

2. Introductionpage 5

3. Studies Conducted and Results

 3.1 2012 PPFA Facilities Trendspage 7

 3.2 Access to PPFA Services and Teen Pregnancy
 in the Texas Panhandle.....page 18

 3.3 PPFA Birth Control Customer Analysispage 25

 3.4 PPFA Executive Compensationpage 32

 3.5 Analysis of PPFA’s 2012 Annual Reportpage 39

4. Discussionpage 45

5. Conclusions.....page 47

© 2013 American Life League, Inc.

American Life League is a 501(c)(3) organization co-founded in 1979 by Judie Brown and nine other dedicated pro-life Americans. It is the oldest Catholic pro-life education, research and advocacy organization in the United States. ALL is committed to the protection of all innocent human beings from the moment of creation to death. It is rooted in pro-life integrity that stands up for every innocent human being whose life is threatened by what Pope John Paul II called “the culture of death.” More information can be obtained at www.ALL.org.

1. Executive Summary

Planned Parenthood Federation of America (PPFA or Planned Parenthood) is one of the most controversial organizations in America. It now receives \$542 million in taxpayers' funds, or 45 percent of its \$1.1 billion annual income through local, state, and federal agencies. In 2013, American Life League's STOPP International project undertook research from five perspectives addressing PPFA's tax subsidies, business practices, and community health outcomes. Three major findings resulted.

Community access to PPFA facilities is not central to reducing teen pregnancy: Contrary to a PPFA marketing (and lobbying) message, there is no correlation with PPFA community presence and reduced teen pregnancy. In contrast, teen pregnancies actually decreased with the absence of PPFA. Further scrutiny of PPFA's promotion of sexual freedom, recruitment of teen customers, and comprehensive sex education is indicated.

Planned Parenthood reduced health services while taxpayer funding increased 78 percent over the past six years: The total healthcare services reported by Planned Parenthood began declining in 2010 and reached its lowest point since 2006 while taxpayer funding reached record levels. The reported number of PPFA clients in the contraceptive client category appears to be inflated by 11 percent. The negative trend in healthcare services delivered is likely worse than reported.

PPFA's focus remains on profitability and abortion rather than healthcare for the poor: PPFA brands itself as a "healthcare provider" that poor underserved women "rely" upon. Despite increased government transfers of taxpayer dollars, PPFA health services delivered are falling. There is no evidence that PPFA acted to provide enhancement of healthcare services but PPFA set a new record for abortions performed and total abortion market share.

Three primary rationales used for taxpayer funding of Planned Parenthood—women's wellness, reduction of teen pregnancy, and serving the poor—are invalid.

2. Introduction

Many studies and news stories have focused on PPFA taxpayer funding. Many have centered on repeated scandals, botched abortions, and the fungibility of taxpayer revenues. However, the purpose of this multi-part study was to ascertain whether taxpayer funding of Planned Parenthood actually provides a reasonable return on investment in the cost of healthcare services or actual community outcomes.

This report integrates five studies observing Planned Parenthood from five perspectives.

1. **Survey of Planned Parenthood Facilities:** Measures the total number of unique PPFA locations in operation and the types of abortion offered, if any, at each location. Since Planned Parenthood is the largest provider of abortions in the nation, we cannot ignore abortion operations and still objectively discuss the PPFA business model. This information helps provide a clearer understanding of access to and total population served by PPFA.
2. **PPFA and Teen Pregnancy in the Texas Panhandle:** STOPP undertook a study of the teen pregnancy rates 1994 through 2010 among 13-17-year olds in the Texas Panhandle. Planned Parenthood operated up to 19 facilities in 16 counties and had a presence in the area for more than 40 years. This longitudinal study is the first ever possible to analyze teen pregnancy versus PPFA presence in local communities across a large population. This data is critical to understanding whether Planned Parenthood's presence with all its programs (not just "reproductive health services") has a measurable impact on reducing teen pregnancy.
3. **PPFA Birth Control Customer Analysis:** In order to get a better sense of Planned Parenthood's primary business—population control—a review was conducted of the data published by Planned Parenthood over a 15-year period (1996–2010). The researchers studied the total number of what Planned Parenthood called "Reversible Contraception Clients, Women" and the breakdown of which methods these customers obtained.

4. PPFA Executive Compensation: A nonprofit status, even for organizations whose mission is ostensibly serving the underserved, does not necessarily mean underpaid executives. However, it becomes of greater import if that enterprise is heavily dependent upon taxpayer dollars. The researchers reviewed Federal Form 990s for PPFA headquarters executives and all affiliate CEOs. PPFA president Cecile Richards received \$583,323 in total compensation. The CEOs of the 74 affiliates have an average *individual* salary of \$165,732 (i.e., over 300 percent more than the median *household* income in 2011).
5. Analysis of the PPFA 2011-2012 Annual Report: On January 4, 2013, PPFA released two major documents concerning its operations: The PPFA 2010–2011 Annual Financial Report covering the period from July 1, 2010, to June 30, 2011, and the PPFA 2011–2012 Annual Report covering the period from July 1, 2011, to June 30, 2012. STOPP analyzed and compared these reports with previous annual reports released by Planned Parenthood. Areas of interest include income sources, clients served, and healthcare services delivered.

3. Studies

3.1 2012 Survey of Planned Parenthood Facilities

PPFA, through its affiliates, operates a number of facilities (clinics) in the United States that provide medical services. Each year, American Life League's STOPP project conducts a count of those PPFA facilities. It determines each location and what kinds of abortions are performed at each one. This data helps provide an empirical trend of what PPFA is actually doing, rather than what is reported in the media or suggested in marketing materials.

SUMMARY:

During 2012, PPFA closed¹ 37 clinics while opening 16, marking the seventh straight year of facility decline (see Table 1). We were able to identify 730 clinics (in 49 states and D.C.), which is lower than the total number of clinics reported when American Life League's STOPP project began operations at the end of 1984.

Planned Parenthood had a decline in the number of clinics in 11 states and an increase in four states (see Table 5). The physical location of each clinic can be found at the STOPP Map Room website, www.stopp.org/maproom.php.

PPFA affiliates have increased the number of abortion clinics every year since 2005 (see Table 2). In 2012, PPFA had 335 facilities committing surgical and/or medical abortions. Of those, four clinics reported offering only surgical abortions, 172 facilities offered both surgical and medical abortion (see Table 3), while 159 offered medical abortions, but not surgical (see Table 4).

¹ Why Planned Parenthood closes clinics: Historically, Planned Parenthood has a rule that every clinic MUST at least cover its operating costs or it will get closed down. For new clinics, Planned Parenthood will subsidize them up to three years but, after that, they must make money. Most of the Planned Parenthood closings reported in this report are because the clinics were not making money. There are various reasons for this. The number of clients may be down, operating costs (like rent) may have risen, taxpayer funds may have been reduced, or local or corporate donations may be down. Planned Parenthood often does not make public why a specific clinic closed, but when it does it is almost always for one of these reasons.

The percentage of Planned Parenthood clinics committing surgical and/or medical abortion increased from 43 percent in 2011 to 47 percent in 2012. PPFA is requiring that, beginning in 2013, every affiliate must have at least one location that performs either medical or surgical abortions.² Our research shows that, at the end of 2012, there were six affiliates that had not yet met this requirement. They are:

Planned Parenthood of Central Oklahoma
Planned Parenthood of Kentucky
Planned Parenthood of Metropolitan New Jersey
Planned Parenthood of North Florida
Planned Parenthood of Southern New Jersey
Planned Parenthood of West and Northern Michigan

METHODOLOGY:

Methods—The data was collected from a variety of sources. The researchers used the national website of PPFA as well as websites of local Planned Parenthood affiliates. In addition, information was received from individuals and organizations across the country. Where any questions arose or any of the data sources gave conflicting information, phone calls were made to individual Planned Parenthood clinic sites to determine the accurate data.

Clinic count—While conducting this survey, we encountered a number of locations where Planned Parenthood claimed more than one clinic at the same physical address. This most frequently happened when PPFA was untying its abortion business from the rest of its services. In all cases where more than one clinic was listed at the same physical address, we counted it as one clinic.

Completion date—The status of Planned Parenthood facilities is a fluid one. New clinics open, old clinics close, and specific services at facil-

² Amanda Carey, “Planned Parenthood Plans to Expand Abortion Services Nationwide,” *The Daily Caller*, December 23, 2010, <http://dailycaller.com/2010/12/23/planned-parenthood-plans-to-expand-abortion-services-nationwide>.

ities change on a regular basis. Hence, this report is a snapshot at a point in time. The data collection efforts were done over a 90-day period and were completed on January 30, 2013. The data in this report reflects the situation as of that day.

DISCUSSION:

The year 2012 marked a continuation of consolidation and rebranding efforts for Planned Parenthood, due in part to both the increasing growth of an air of controversy surrounding the abortion giant and the protracted battles in a number of states seeking to defund Planned Parenthood.

Planned Parenthood at its zenith in 1978 had 191 regional affiliates.³ In 2012, this number was whittled down to 74, according to Planned Parenthood's own releases. Pressure from states such as Texas denying access to funding, as well as increasing CEO salaries, and income disparities among the affiliates has led to the increase in mergers. Also, in several noted cases, the most recent concerning Planned Parenthood of South Central New York, affiliates have disaffiliated with Planned Parenthood due to its directive that each affiliate operates at least one on-site abortion facility by 2013.

Pressure from 2011's federal funding battle, local and state defunding efforts, activist exposés, continued witness by pro-life demonstrators and educators such as ALL, and fallout from the Komen funding revocation and reinstatement have created an air of controversy surrounding Planned Parenthood's public image.

In response, Planned Parenthood continued its rebranding efforts by renaming clinics "health centers," changing its logo, and attempting to brand itself as a provider of a broad spectrum of women's health needs. Despite this rebranding effort, Planned Parenthood demonstrated its primary and fundamental commitment to abortion by increasing its number of medical and surgical abortion-providing facilities from 43 to 47 percent of all facilities.

³ PPFA 1978 Annual Report

TABLE 1**Planned Parenthood Clinics and Affiliates by Year⁴**

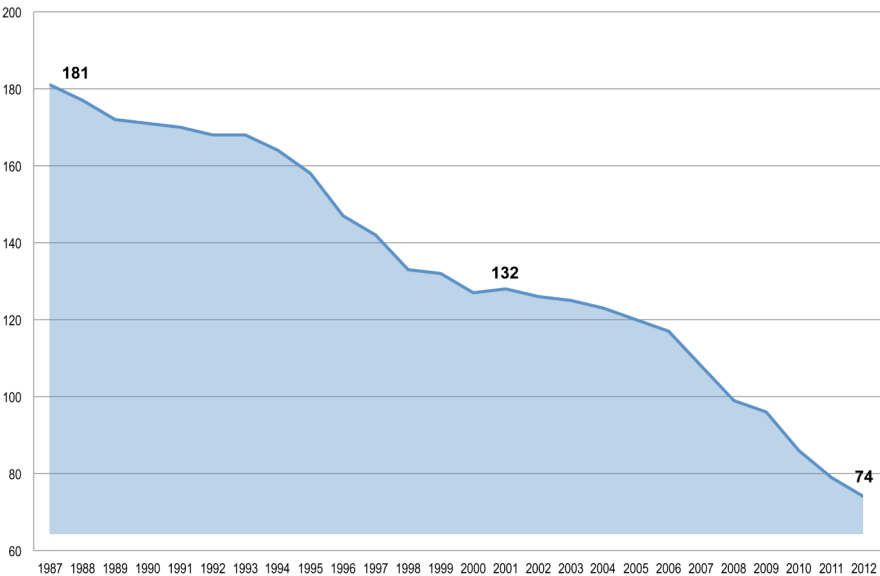
Here are the number of affiliates and the total number of clinics operated by Planned Parenthood in 49 states and the District of Columbia (it has never provided medical services in North Dakota).

<u>YEAR</u>	<u>TOTAL CLINICS</u>	<u>TOTAL AFFILIATES</u>	<u>YEAR</u>	<u>TOTAL CLINICS</u>	<u>TOTAL AFFILIATES</u>
1983	700	190	1998	850	133
1984	735	186	1999	850	132
1985	763	Unk	2000	875	127
1986	791	Unk	2001	875	128
1987	816	181	2002	875	126
1988	850	177	2003	866	125
1989	879	172	2004	849	123
1990	879	171	2005	872	120
1991	911	170	2006	859	117
1992	922	168	2007	855	108
1993	922	168	2008	844	99
1994	915	164	2009	817	96
1995	938	158	2010	785	86
1996	900	147	2011	749	82
1997	900	142	2012	730	74

*Numbers prior to 2003 are directly from PPFA annual reports.
Beginning in 2003, numbers are from ALL surveys.*

⁴ PPFA has its national headquarters in New York City. The federation is comprised of separately incorporated affiliates across the country. The national office does not operate any clinics; all clinics are operated by the affiliates. Each affiliate must adhere to standards of affiliation as created by the national office, pay dues to the national office (approximately one percent of its gross income), and participate in nationwide insurance and volume purchasing agreements.

CHART 1
Number of Planned Parenthood Affiliates by Year



© 2013 American Life League

TABLE 2
PPFA Surgical and Medical Abortion Facilities⁵

YEAR	SURGICAL ABORTION FACILITIES (most also do medical)	MEDICAL ABORTION FACILITIES (no surgical abortions)	TOTAL
2005	172	57	229
2006	172	60	232
2007	179	108	287
2008	174	121	295
2009	173	131	304
2010	165	156	321
2011	170	152	322
2012	176	159	335

TABLE 2 SUMMARY 2012
Abortion Methods Offered by Type Compared
to Total Number of Facilities (730)

Contraceptive	730	100.00%
Medical	331	45.34%
Surgical	176	24.10%

⁵ There are three types of abortions routinely offered at Planned Parenthood facilities across the country: contraceptive, medical, and surgical. These types are defined as:

Contraceptive abortions: Contraceptive drugs or devices that end the life of a human being in the womb by preventing implantation. Although PPFA refuses to acknowledge these abortions, it does admit—as do the manufacturers—that many products it sells act, some of the time, by preventing implantation. These products include the morning-after pill, the low dose and mini oral contraceptives, the patch, the injectables, and more.

Medical abortions: Medical abortions are caused by administering a drug to the woman up to seven weeks after implantation to end the life of a human being in the womb. There are a number of drugs used including mifepristone, methotrexate, and misoprostol. Many people still refer to these drugs by the research name of RU-486.

Surgical abortions: These are the abortions that are performed with various types of instruments and/or the use of invasive procedures to enter the woman's uterus and directly kill the human being. Under current United States law, these abortions can occur at any time while the human being is, at least partially, in the womb.

TABLE 3**PPFA Locations that Perform Surgical Abortions**

If a city is listed more than once, it indicates there are multiple PPFA abortion facilities in that city.

AK Anchorage	CA Seaside	IA Des Moines
AK Fairbanks	CA Stockton	IA Iowa City
AK Juneau	CA Thousand Oaks	IA Sioux City
AL Birmingham	CA Vallejo	ID Boise
AL Mobile	CA Van Nuys	ID Twin Falls
AZ Tempe	CA Ventura	IL Aurora
AZ Tucson	CA Walnut Creek	IL Chicago
CA Chico	CA Whittier	IN Bloomington
CA Concord	CO Colorado Springs	IN Indianapolis
CA Eureka	CO Denver	IN Merrillville
CA Fairfield	CO Durango	KS Overland Park
CA Fresno	CO Fort Collins	MA Boston
CA Lawndale	CT New Haven	MA Springfield
CA Long Beach	CT Norwich	MA Worcester
CA Los Angeles	CT Stamford	MD Annapolis
CA Los Angeles	CT West Hartford	MD Baltimore
CA Los Angeles	DC Washington	MD Silver Spring
CA Mountain View	DE Dover	ME Portland
CA Orange	DE Wilmington	MI Ann Arbor
CA Pasadena	FL Fort Myers	MI Flint
CA Pomona	FL Naples	MI Kalamazoo
CA Rancho Mirage	FL Orlando	MN St. Paul
CA Richmond	FL Pembroke Pine	MO Columbia
CA Riverside	FL Saint Petersburg	MO St. Louis
CA Sacramento	FL Sarasota	MT Billings
CA San Bernardino	FL Tampa	MT Helena
CA San Diego	FL Wellington	NC Chapel Hill
CA San Francisco	FL Winter Haven	NC Fayetteville
CA San Jose	GA Augusta	NC Wilmington
CA San Luis Obispo	HI Honolulu	NC Winston Salem
CA Santa Barbara	HI Kahului	NE Lincoln
CA Santa Cruz	HI Kailua Kona	NE Omaha
CA Santa Maria	IA Bettendorf	NH Manchester
CA Santa Rosa		NH West Lebanon

TABLE 3 (continued)**PPFA Locations that Perform Surgical Abortions**

If a city is listed more than once, it indicates there are multiple PPFA abortion facilities in that city.

NJ Shrewsbury	NY White Plains	TX Midland
NJ Trenton	OH Bedford	TX San Antonio
NM Albuquerque	OH Cincinnati	TX Waco
NY Albany	OH Columbus	UT Salt Lake City
NY Bronx	OR Bend	VA Charlottesville
NY Brooklyn	OR Portland	VA Falls Church
NY Glens Falls	OR Salem	VA Richmond
NY Greece/ Rochester	PA Allentown	VA Roanoke
NY Hempstead	PA Harrisburg	VA Virginia Beach
NY Hudson	PA Philadelphia	VT Burlington
NY Ithaca	PA Philadelphia	VT Rutland
NY Manhattan/ New York	PA Pittsburgh	WA Bellingham
NY New Rochelle	PA Reading	WA Bremerton
NY Newburgh	PA Warminster	WA Everett
NY Niagara Falls/ Wheatfield	PA West Chester	WA Kenmore
NY Plattsburgh	PA York	WA Kennewick
NY Poughkeepsie	RI Providence	WA Olympia
NY Rochester	SC Columbia	WA Seattle
NY Schenectady	SD Sioux Falls	WA Seattle
NY Smithtown	TN Memphis	WA Spokane
NY Syracuse	TN Nashville	WA Tacoma
NY Troy	TX Austin	WA Vancouver
NY Utica	TX Bryan	WA Yakima
	TX Dallas	WI Madison
	TX Fort Worth	WI Appleton
	TX Houston	WI Milwaukee

TABLE 4**PPFA Locations that Perform Medical Abortions
(but not surgical)**

If a city is listed more than once, it indicates there are multiple PPFA abortion facilities in that city.

AR Fayetteville	CA San Diego	CT New London
AR Little Rock	CA San Diego	CT Old Saybrook
AZ Glendale	CA San Diego	CT Torrington
AZ Phoenix	CA San Diego	CT Waterbury
CA Anaheim	CA San Diego	CT Willimantic
CA Antioch	CA San Jose	FL Boca Raton
CA Burbank	CA San Jose	FL Miami
CA Canoga Park	CA San Ramon	FL Orlando
CA Carlsbad	CA Santa Ana	FL Stuart
CA Chula Vista	CA Santa Monica	GA Lawrenceville
CA Coachella	CA Stockton	GA Marietta
CA Costa Mesa	CA Sunnyvale	GA Savannah
CA El Cajon	CA Ukiah	IA Ames
CA El Cerrito	CA Upland	IA Ankeny
CA El Monte	CA Vacaville	IA Burlington
CA Escondido	CA Watsonville	IA Cedar Falls
CA Gilroy	CA Westminster	IA Cedar Rapids
CA Hayward	CA Yuba City	IA Council Bluffs
CA Hollister	CO Alamosa	IA Creston
CA Lakewood	CO Aurora	IA Des Moines
CA Los Angeles	CO Boulder	IA Dubuque
CA Madera	CO Glenwood	IA Red Oak
CA Mill Valley	CO Springs	IA Spencer
CA Mission Viejo	CO Littleton	IA Urbandale
CA Modesto	CO Steamboat	IL Belleville
CA Moreno Valley	CO Springs	IL Champaign
CA Napa	CT Bridgeport	IL Chicago
CA North High-	CT Danbury	IL Springfield
lands	CT Danielson	IN Lafayette
CA Richmond	CT Enfield	MD Gaithersburg
CA Roseville	CT Hartford	MD Salisbury
CA Sacramento	CT Manchester	MI Detroit
CA Salinas	CT Meriden	MT Great Falls

TABLE 4 (continued)**PPFA Locations that Perform Medical Abortions
(but not surgical)**

If a city is listed more than once, it indicates there are multiple PPFA abortion facilities in that city.

MT Missoula	NY Massapequa	TX Abilene
NH Keene	NY Monticello	TX San Angelo
NJ Elizabeth	NY Mount Vernon	TX San Antonio
NJ Hamilton	NY Niagra Falls	TX San Antonio
NJ Morristown	NY North	TX Stafford
NM Santa Fe	NY Tonawanda	VA Blacksburg
NV Las Vegas	NY Patchogue	VT Barre
NV North Las Vegas	NY Riverhead	VT Williston
NY Batavia	NY Saranac Lake	WA Bellevue
NY Buffalo	NY Spring Valley	WA Centralia
NY Canandaigua	NY Watertown	WA Federal Way
NY Canton	NY West Islip	WA Issaquah
NY Cobleskill	NY West Seneca	WA Lynnwood
NY Corning	NY Yonkers	WA Marysville
NY Elmira	OR Ashland	WA Port Angeles
NY Glen Cove	OR Beaverton	WA Puyallup
NY Goshen	OR Eugene	WA Seattle
NY Hornell	OR Gresham	WA Seattle
NY Huntington	OR McMinnville	WA Shelton
NY Kingston	OR Portland	WA Spokane
NY Malone	PA Norristown	WA Walla Walla
	TN Knoxville	

TABLE 5
Number of Planned Parenthood Clinics Per State

The states below are listed highest to lowest in number of Planned Parenthood clinics based on 2012 data. North Dakota has a Planned Parenthood educational office, but no clinic.

STATE	2010	2011	2012	STATE	2010	2011	2012
California	100	105	112	New Hampshire	6	6	6
New York	69	68	62	New Mexico	6	6	6
Texas	71	56	52	Alaska	5	5	5
Pennsylvania	40	36	36	Georgia	5	5	5
Washington	39	34	35	Montana	12	12	5
New Jersey	29	29	30	Nevada	5	5	5
Ohio	33	29	28	Maine	4	4	4
Indiana	29	28	28	Tennessee	3	4	4
Wisconsin	27	27	27	Delaware	4	3	3
Michigan	28	25	25	Hawaii	3	3	3
Florida	25	24	24	Kansas	3	3	3
Colorado	23	23	23	Kentucky	3	3	2
Iowa	24	24	21	Alabama	2	2	2
Minnesota	24	18	18	Arkansas	2	2	2
Illinois	18	18	18	Idaho	2	2	2
Connecticut	18	18	18	Louisiana	2	2	2
Oregon	16	17	15	Nebraska	4	3	2
Missouri	16	14	13	South Carolina	2	2	2
Arizona	19	14	13	South Dakota	2	2	2
Vermont	10	10	11	Washington, D.C.	2	2	2
Maryland	10	10	10	Mississippi	1	1	1
N. Carolina	9	9	9	Rhode Island	1	1	1
Utah	9	9	9	West Virginia	1	1	1
Oklahoma	9	9	8	Wyoming	1	1	1
Virginia	7	7	7	North Dakota	0	0	0
Massachusetts	7	7	7				

3.2 A Longitudinal Analysis of PPFA and Teen Pregnancy in the Texas Panhandle

BACKGROUND:

Planned Parenthood publically maintains that its role in reproductive health serves the American public at large by educating teens on “safe sex,” providing contraceptives, and reducing pregnancies. Critics claim that PPFA’s view that even kindergartners are sexual beings results in just the opposite: Sex education that encourages more sex in general and the onset of participation in sexual intercourse at earlier ages. In its fact sheet *Reducing Teen Pregnancy*,⁶ PPFA proposes to reduce the quantity of teen pregnancies through a number of initiatives. To that end, it calls for initiatives that:

- Incorporate responsible, medically accurate sexuality education and information in the schools and in the media.
- Incorporate improvements in funding for and access to family planning services.
- Incorporate youth development programs to improve the life options of impoverished teens.

Missing from the short list of initiatives is any mention of abstinence. The Planned Parenthood fact sheet explains why:

- In 2009, recognizing that evidence-based sex education programs were effective in promoting sexual health among teenagers, the Obama administration transferred funds from the community-based Abstinence Education Program and budgeted \$114.5 million to support evidence-based sex education programs across the country.
- Presently, an unrealistic emphasis is placed on preventing adolescent sexual behavior which overlooks the fact that sexual expression is an essential component of healthy human development for individuals of all ages.

⁶ “Reducing Teenage Pregnancy,” Planned Parenthood Federation of America Fact Sheet, published by Katherine Dexter McCormick Library, Planned Parenthood Federation of America, October 2012, http://www.plannedparenthood.org/files/PPFA/reducing_teenage_pregnancy.pdf.

- An influential minority of individuals promote unrealistic, abstinence-only programs and parental consent requirements for obtaining contraception that deny American teens accurate information about and confidential access to family planning services to prevent pregnancy.

The report calls for sex education that begins in kindergarten, and then makes claims that abstinence until marriage programs are unsuccessful at delaying the onset of intercourse. It finds fault that “[o]nly 12 states require sexuality education that includes information about contraception. Nine other states require that *if* sexuality education is provided, it must include information about contraception.⁷ Recent studies show that more teens receive formal sex education on ‘how to say no to sex’ (87 percent of teen women and 81 percent of teen men) than on contraception methods (70 percent of teen women and 62 percent of teen men).⁸”

There is however, a major contradiction in the report. The opening paragraph actually says that “the rate of teenage pregnancy in the United States is at its lowest level in nearly 40 years.” This is despite the fact that abstinence education was what most teens were being taught over those 40 years.

CURRENT STUDY:

With that backdrop, STOPP undertook a study of the teen pregnancy rates (among 13-17-year olds) in the Texas Panhandle, where Planned Parenthood operated up to 19 facilities in 16 counties and had a presence in the area for more than 40 years. These facilities closed one by one over the years so that, today, there is not a single Planned Parenthood facility in the Texas Panhandle.

The study was prompted, in part, by a news report⁹ on September 18, 2012, that stated, “New data shows that teen pregnancy rates in Potter

⁷ Guttmacher Institute, 2012c

⁸ Martinez et al., 2010

⁹ Brandon Carpenter, “Amarillo teen pregnancy rates decline,” *ConnectAmarillo.com*, September 18, 2012, http://www.connectamarillo.com/news/story.aspx?id=802379#.UfqPgW1_40I.

and Randall counties are at their lowest, since records have (been) kept, according to the state.”

This was two years after the last two Planned Parenthood centers in the service area of Planned Parenthood of Amarillo and the Texas Panhandle disaffiliated from PPFA.

While many things factor into the teen pregnancy rate (TPR), the fact that the TPR continually declined as Planned Parenthood facilities closed—and reached its lowest point in recorded history two years after disaffiliation of the last two remaining facilities—was a significant confirmation that Planned Parenthood’s presence and its “evidence based” sex education programs are not a necessary component to reducing teen pregnancy.

The number of Planned Parenthood facilities in the Texas Panhandle diminished over a number of years in the face of active opposition to Planned Parenthood and its agenda. Education and activism against Planned Parenthood began on a large scale in 1997. In 1999, Planned Parenthood of Amarillo and the Texas Panhandle shut down five facilities. In 2001, it shut down seven more. From 2003 to 2006, it shut down four more facilities. By the end of 2008, there were no Planned Parenthood facilities remaining.

Numbers obtained from the Texas Department of State Health Services, Vital Statistics Annual Report, Table 14B, for the years 1994 through 2010 confirmed dramatic declines occurred in the teen pregnancy rates even as every Planned Parenthood facility was shutting down across the Texas Panhandle.

As the table on the next page shows, in 1996, the year before opposition to Planned Parenthood began, the average teen pregnancy rate in the 16 counties where Planned Parenthood operated facilities was 43.6 per 1,000 girls aged 13 to 17. By 2002, the rate had dropped to 28.6. In 2008, the year the last two Planned Parenthood facilities disaffiliated from PPFA, the teen pregnancy rate was 27.2. And in 2010, two years after the Texas Panhandle became Planned Parenthood-free, the teen pregnancy rate had fallen to 24.1.

TABLE 6**Teen Pregnancies in the Texas Panhandle 1994-2010**

The data in this table includes actual teen numbers for 16 counties: Castro, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hemphill, Hutchinson, Moore, Ochiltree, Potter, Randall, Sherman, Swisher, and Wheeler.¹⁰

YEAR	TOTAL TEEN PREGNANCIES	TOTAL TEEN POPULATION	TPR PER 1,000 GIRLS (Teen pregnancy rate)
1994	525	13105	40.1
1995	573	13081	43.8
1996	579	13269	43.6
1997	498	13313	37.4
1998	545	13134	41.5
1999	481	13011	37.0
2000	440	12980	33.9
2001	421	13789	30.5
2002	391	13677	28.6
2003	397	13576	29.2
2004	384	13438	28.6
2005	380	13472	28.2
2006	386	13500	28.6
2007	382	13428	28.4
2008	360	13224	27.2
2009	410	13051	31.4
2010	326	13555	24.1

Below are other salient facts borne out by the statistics:¹¹

Taking just these 16 counties, with a teen population stable at about 13,000, the actual number of teen pregnancies fell from an average of 544 per year in the five years before Planned Parenthood started closing its doors to an average of 373 in the last five years.

¹⁰ Source: Texas Department of State Health Services, Vital Statistics Annual Report, Table 14B for each year.

¹¹ During the years the TPR in the Texas Panhandle was falling, the overall TPR in the state of Texas was also falling. However, since the focus of this study was to examine if the presence of Planned Parenthood is necessary for the TPR to decline, the fact that it declined elsewhere does not alter our conclusion.

The two prime counties of Planned Parenthood’s operation saw significant declines in teen pregnancies:

- Randall County teen pregnancies fell from 70–80 a year to 40–50.
- Potter County teen pregnancies fell from 200–250 a year to 129.

In Deaf Smith County, with a total teen population of 900 or less each year, the number of teen pregnancies fell from 40–57 a year in the years preceding Planned Parenthood’s closure to the 20s in recent years.

RAW DATA:

Since this study involved the gathering and categorizing of data that had not previously been viewed in the manner it was here, we have included that data so that those who care to may examine the data for themselves.

TABLE 7
Teen Pregnancies of 13–17 Year Old Girls in Texas Panhandle Counties where Planned Parenthood Operated Clinics, By Year

The highlighted area indicates when a particular clinic closed. In Randall and Potter counties, PPFA operated more than one clinic and those columns have two highlighted areas—one for each closure.

YEAR	HEMPHILL		CASTRO		HALL		COLLINGWORTH	
	PREG.	POP.	PREG.	POP.	PREG.	POP.	PREG.	POP.
1994	2	165	14	440	6	137	4	126
1995	4	171	21	441	8	131	6	128
1996	3	180	22	454	7	134	7	132
1997	2	162	17	454	5	123	2	139
1998	1	161	20	449	7	108	2	134
1999	4	156	18	451	11	113	3	124
2000	1	139	17	444	4	107	4	123
2001	3	133	10	396	6	142	3	140
2002	2	131	15	372	2	134	6	143
2003	3	119	15	353	5	148	2	128
2004	3	102	13	328	3	144	6	130
2005	1	99	7	326	5	151	3	127
2006	3	99	9	319	1	145	3	115
2007	2	104	7	307	6	147	3	110
2008	6	99	10	294	6	136	3	100
2009	1	95	15	284	3	131	4	96
2010	3	124	12	355	1	135	3	118

TABLE 7 (continued)**Teen Pregnancies of 13–17 Year Old Girls in Texas Panhandle Counties where Planned Parenthood Operated Clinics, By Year**

YEAR	SHERMAN		DEAF SMITH		DALLAM		WHEELER	
	PREG.	POP.	PREG.	POP.	PREG.	POP.	PREG.	POP.
1994	2	118	57	898	16	236	9	215
1995	8	114	40	882	15	227	7	220
1996	2	111	57	902	7	246	11	212
1997	4	109	46	906	8	242	6	211
1998	3	106	41	902	5	233	6	203
1999	6	102	40	884	7	235	6	189
2000	4	96	40	870	8	233	4	165
2001	2	136	38	851	6	263	3	196
2002	6	136	26	827	6	244	2	191
2003	5	145	34	826	12	248	5	167
2004	5	143	25	844	3	257	5	165
2005	2	146	32	847	9	258	5	178
2006	6	129	31	839	6	264	7	164
2007	1	127	28	814	3	264	6	162
2008	7	124	28	792	5	259	5	167
2009	6	122	43	762	10	253	2	163
2010	1	139	24	753	9	253	4	195

YEAR	DONLEY		RANDALL		OCHILTREE		POTTER	
	PREG.	POP.	PREG.	POP.	PREG.	POP.	PREG.	POP.
1994	6	119	75	3682	14	408	209	3599
1995	4	114	81	3760	9	396	251	3552
1996	4	105	73	3897	12	367	255	3538
1997	1	95	73	3954	8	374	202	3552
1998	3	99	87	3883	13	368	217	3537
1999	2	93	75	3897	6	344	196	3558
2000	4	104	62	3914	9	348	197	3625
2001	2	144	52	4008	14	392	195	4045
2002	1	146	58	4017	7	386	191	4089
2003	3	143	56	3979	17	374	172	4141
2004	0	135	49	3871	18	397	170	4149
2005	3	131	50	3837	15	388	180	4227
2006	1	114	67	3854	18	387	163	4268
2007	2	123	48	3955	17	370	176	4201
2008	3	118	53	3922	18	361	142	4153
2009	2	111	59	3967	9	361	157	4071
2010	4	124	43	4099	11	360	129	4184

TABLE 7 (continued)**Teen Pregnancies of 13–17 Year Old Girls in Texas Panhandle Counties where Planned Parenthood Operated Clinics, By Year**

YEAR	SWISHER		MOORE		HUTCHINSON		GRAY	
	PREG.	POP.	PREG.	POP.	PREG.	POP.	PREG.	POP.
1994	15	314	33	771	30	1061	33	816
1995	15	299	40	770	35	1039	29	837
1996	11	303	53	783	30	1073	25	832
1997	21	312	54	809	27	1048	22	823
1998	20	328	50	815	42	1003	28	805
1999	18	334	42	824	29	959	18	748
2000	7	331	43	847	23	929	13	705
2001	18	345	34	900	16	959	19	739
2002	10	346	21	870	26	901	12	744
2003	6	318	26	856	19	876	17	755
2004	11	312	29	840	25	837	19	784
2005	10	301	22	843	18	808	18	805
2006	11	287	33	865	13	805	14	846
2007	5	270	41	848	23	782	14	844
2008	12	256	32	852	14	775	16	816
2009	21	249	26	861	32	761	20	764
2010	17	284	29	884	17	801	19	747

CONCLUSION:

The total closure of 19 Planned Parenthood family planning clinics, with only two of the clinics replaced by another organization, calls into question the first two of the three initiatives enumerated by Planned Parenthood in its report. Planned Parenthood is frequently invited into publicly funded schools and, according to its annual report, spent at least \$41.5 million on instructing children with its “comprehensive sex education” programs in 2012.

The Texas Panhandle statistics show conclusively that neither access to Planned Parenthood “reproductive healthcare” clinics nor PPFA “evidence-based, comprehensive sex education” is a necessary component in reducing the teen pregnancy rate.

3.3 PPFA Birth Control Customer Analysis

In 2012, American Life League's STOPP International project undertook a study of Planned Parenthood's contraceptive¹² business. The purpose of the study was to determine what types of contraceptive devices were most frequently sold by Planned Parenthood to its customers.

BACKGROUND:

In order to get a real sense of Planned Parenthood's business, we looked at the data published by Planned Parenthood over a 15-year period (1996–2010). By reviewing each of its annual reports during this period, we were able to ascertain the total number of what Planned Parenthood called “Reversible Contraception Clients, Women” and the breakdown of which methods these customers obtained.

As the graph on the next page will show, most of the females who obtained contraceptive products received the oral contraceptive—the birth control pill. However, the pill lost its luster over the years, going from being used by 56.1 percent of Planned Parenthood's clients in 1996 to just 39.5 percent in 2010.¹³ Still, even in 2010, most females at Planned Parenthood received the pill.

As the popularity of the pill declined, Planned Parenthood saw an increase in the number of females who got the combined hormone ring (5.7 percent in 2010), the IUD (4.1 percent), and the combined hormone patch (2.3 percent).

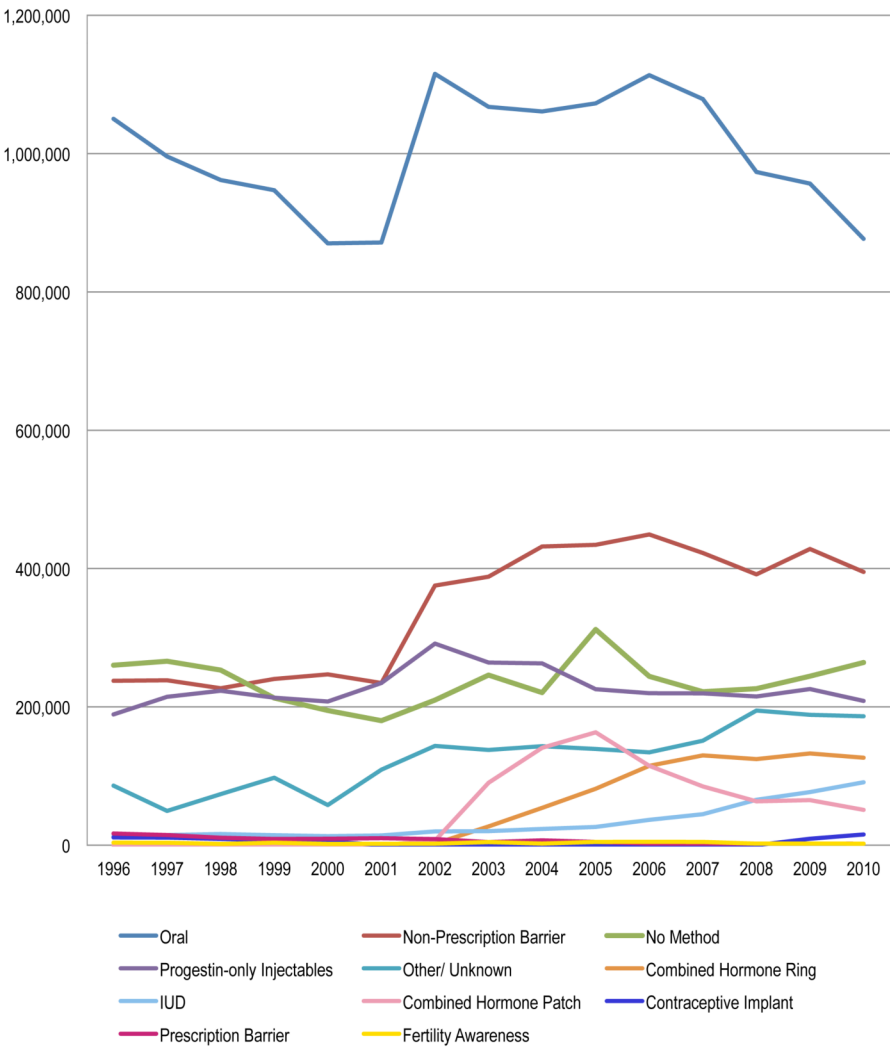
Another option, which remained relatively constant over the entire 15 years of the study, was the long-lasting progestin-only injectable. This method was used by 9.4 percent of the females in 2010. It was ranked as the fourth most frequently used contraceptive method by females.

¹² It should be noted that, although this report uses the term “contraceptive,” most of the products sold by Planned Parenthood do not always work by preventing the creation of a new human being. Most of the so-called contraceptives work a percentage of the time by allowing a new human being to be created and then killing that child by preventing his implantation in the womb of his mother.

¹³ Graph shows absolute numbers, not percentages. Percentages were calculated from the numbers.

After the pill, the second most frequently obtained method of contraception at Planned Parenthood is the non-prescription barrier method. Typically, these would include the male and female condom, the sponge, and spermicides. In 2010, 17.8 percent of female customers received this method—up from 12.7 percent in 1996.

CHART 2
Planned Parenthood Contraceptive Customers
Based on data from PPFA Annual Reports



UNEXPECTED DATA:

Planned Parenthood reported that the third most frequently provided method of contraceptives in 2010 is “no method.” We sought to clarify its meaning, and thus examined three possible explanations:

- Did “no method” really mean that women received contraceptives, but exactly what they received was not recorded? No. Another category in Planned Parenthood’s report accounted for that. It is called “other/unknown.” According to Planned Parenthood, in 2010, 8.4 percent of its female contraceptive clients received other/unknown methods of contraception. It ranked as the fifth most frequently provided method.
- Did “no method” really mean females who were using Natural Family Planning? No. NFP is reported separately. Planned Parenthood reported that, over the 15-year period, between 0.1 percent and 0.2 percent of the females used “fertility awareness” methods.
- Was it simply an error in the data? No. We documented that every PPFA annual report over the 15-year period had both the “other/unknown” category and the “no method” category.

We also asked some former Planned Parenthood employees if they could explain the category. They could not. They did tell us that there was a lot of pressure to document as many customers as possible and to get as many clients on contraceptives as possible.

Thus, it appears that women who go to Planned Parenthood and discuss contraceptives, but don’t choose to buy any, are apparently counted as contraceptive customers who use “no method.”

Planned Parenthood then adds this to the number of Planned Parenthood female contraceptive clients and these people are reported to funding agencies, federal and state governments, and the world as Planned Parenthood’s contraceptive clients.

As the table on the next page shows, the number of females counted in this category is not insignificant. Over the 15 years, anywhere from 8.9 percent to 14.5 percent of Planned Parenthood’s annual female contraceptive clients were listed as using “no method.”

TABLE 8
Reversible Contraceptive Methods Chosen by PPFA Clients

YEAR	REVERSIBLE CONTRACEPTION TOTAL	ORAL	NON- PRESCRIPTION BARRIER	NO METHOD
1996	1,872,229	1,050,320	237,773	260,240
1997	1,834,082	995,907	238,431	266,012
1998	1,801,103	961,789	226,939	253,191
1999	1,807,350	947,051	240,378	212,821
2000	1,871,454	870,226	247,032	194,745
2001	2,021,979	871,473	234,550	180,001
2002	2,208,483	1,115,284	375,442	209,806
2003	2,257,154	1,067,634	388,230	246,030
2004	2,347,352	1,061,003	431,913	220,651
2005	2,399,671	1,072,653	434,340	311,957
2006	2,441,768	1,113,446	449,285	244,177
2007	2,360,796	1,078,884	422,582	221,915
2008	2,263,776	973,424	391,633	226,378
2009	2,327,662	956,669	428,290	244,405
2010	2,219,726	876,792	395,111	264,147

YEAR	PROGESTIN-ONLY INJECTABLES	OTHER/ UNKNOWN	COMBINED HORMONE RING	IUD
1996	189,095	86,123	N/A	13,106
1997	214,588	49,520	N/A	14,673
1998	223,337	73,845	N/A	16,210
1999	213,267	97,597	N/A	14,459
2000	207,731	58,015	N/A	13,100
2001	234,550	109,187	N/A	14,154
2002	291,520	143,551	2,208	19,876
2003	264,087	137,686	27,086	20,314
2004	262,903	143,188	53,989	23,474
2005	225,569	139,181	81,589	26,396
2006	219,759	134,297	114,763	36,627
2007	219,554	151,091	129,844	44,855
2008	215,059	194,685	124,508	65,650
2009	225,783	188,541	132,677	76,813
2010	208,654	186,457	126,524	91,009

TABLE 8 (*continued*)
Reversible Contraceptive Methods Chosen by PPFA Clients

YEAR	COMBINED HORMONE PATCH	CONTRACEPTIVE IMPLANT	PRESCRIPTION BARRIER	FERTILITY AWARENESS
1996	N/A	11,233	16,850	3,744
1997	N/A	11,004	14,673	3,668
1998	N/A	9,006	10,807	1,801
1999	N/A	7,229	9,037	3,615
2000	N/A	5,614	9,357	1,871
2001	N/A	N/A	10,110	2,022
2002	6,625	N/A	8,834	2,208
2003	90,286	N/A	4,514	4,514
2004	140,841	N/A	7,042	2,347
2005	163,178	N/A	4,799	4,799
2006	114,763	N/A	2,442	4,884
2007	84,989	N/A	2,361	4,722
2008	63,386		2,264	2,264
2009	65,175	9,311	2,328	2,328
2010	51,054	15,538	2,220	2,220

This means that Planned Parenthood over-reported an average of 11.1 percent, or 3,556,474 females, out of a total of the 32,034,585 female contraceptive clients from 1996 to 2010.

CONCLUSIONS:

During 2012, our researchers also queried some current employees of Planned Parenthood to ascertain if there was an explanation of what “no method” means. We were not able to get one. However, when Planned Parenthood released, in late 2012, its service numbers for 2011, there was a significant change. To make the change clear, we present here two similar tables copied from the last two PPFA annual reports:

First, here is the table from the 2009–2010 PPFA Annual Report showing the percentages by method of its 2010 female customers:

Reversible Contraceptive Methods, Women (percentage) chosen by Planned Parenthood Clients, 2010:	
Oral	39.5
Non-prescription Barrier	17.8
No Method	11.9
Progestin-only Injectables	9.4
Other/Unknown	8.4
Combined Hormone Ring	5.7
IUD	4.1
Combined Hormone Patch	2.3
Contraceptive Implant	0.7
Prescription Barrier	0.1
Fertility Awareness-based Methods	0.1
(rounded to nearest tenth percent)	(PPFA, 2011)

Planned Parenthood Federation of America

Next, here are the percentages from the PPFA 2011–2012 Annual Report showing its 2011 customer choices:

Reversible Contraceptive Methods, Women (percentage) chosen by Planned Parenthood Clients Receiving Contraceptive Services, 2011	
Oral	37.7
Other/Unknown	20.8
Non-prescription Barrier	18.1
Progestin-only Injectables	10.1
Combined Hormone Ring	5.8
IUD	4.3
Combined Hormone Patch	2.1
Contraceptive Implant	1.1
(rounded to nearest tenth percent)	(PPFA, 2012)

4

For the first time in over 15 years, the 2011 numbers do not contain any entry for “no method.”

However, Planned Parenthood did not suddenly stop counting those clients. It seems that those numbers were added to the “other/unknown” category—as that number increased from 8.4 percent to 20.8 percent. The increase is almost exactly equal to the 11.9 percent who received “no method” in 2010.

In many of the government contracts that we examined over the years, Planned Parenthood is reimbursed based on the number of female contraceptive clients it serves. If the number reported for reimbursement purposes includes these “no method” clients, it would appear that Planned Parenthood should reimburse taxpayers and other funders it has overbilled. Multiple fraud investigations have revealed overbilling to the government in multiple locations.

Further scrutiny by government investigators on how clients are reported by PPFA for reimbursement is indicated.

3.4 PPFA Executive Compensation

American Life League's STOPP International project conducted research on the chief executive officers of all the Planned Parenthood affiliates throughout the United States. The purpose of this research was to determine the salaries paid to the various CEOs.

BACKGROUND:

PPFA national headquarters is in New York City. That headquarters organization supervises the overall operation of Planned Parenthood in the United States.

PPFA is made up of affiliates across the country; all medical or educational facilities are run by affiliates. Each affiliate is an independently incorporated entity that voluntarily operates as part of the federation. According to the PPFA *Standards of Affiliation* document, each affiliate must meet certain operational criteria and adhere to certain financial guidelines, including paying dues to PPFA, in order to use the name Planned Parenthood. As shown earlier, our research shows that, in December 2012, PPFA was made up of 74 affiliates. These affiliates had their own corporate offices in a total of 34 states. The affiliates operated medical facilities in 49 states (and the District of Columbia) and educational offices in an additional state. Each affiliate was led by a chief executive officer appointed by that affiliate's board of directors.

METHODOLOGY:

The research was conducted using standard open source analysis. All documentation was found using publicly available information. Sources included Federal Form 990s, affiliate annual reports, newspaper articles, and other publicly available documents.

This 2013 report is an update of a report first published in 2011. Any increases (+) or decreases (-) that are noted are comparing current data with the 2011 report.

SUMMARY RESULTS:

We identified 74 affiliates that are currently active.¹⁴

In examining the CEOs of these affiliates,¹⁵ we found:

- The sum of the total annual base salaries paid to PPFA CEOs is \$12,098,468
- The average salary of a CEO is \$165,732 per year.
+4% from 2011
- 22 (30 percent) make over \$200,000 per year

The dozen highest salaries were paid to CEOs of the following affiliates:

- PP Hudson Peconic, Hawthorne, New York (Reina Schiffrin), \$349,852 *+18 percent*
- PP Mar Monte, San Jose, California (Linda Williams), \$334,814 *+6 percent*
- PP Southern New England, New Haven, Connecticut (Judy Tabar), \$321,490 *+21 percent*
- PP Orange & San Bernardino, Orange, California (Joe Dunn), \$320,832 *+15 percent*
- PP Pacific Southwest, San Diego, California (Darrah Johnson), \$292,306 *new*
- PP Heartland, Des Moines, Iowa (Jill June), \$280,705 *+6 percent*
- PP Northern New England, Williston, Vermont (Steve Trombley), \$271,444 *-7 percent*
- PP Great Northwest, Seattle, Washington (Chris Charbonneau), \$267,738 *+3 percent*
- PP Rocky Mountains, Denver, Colorado (Vicki Cowart), \$262,913 *new*
- PP Illinois, Chicago, Illinois (Carol Brite), \$259,279 *new*
- PP League of MA, Boston, Massachusetts (salary of previous CEO), \$250,177 *new*
- PP MN, ND, SD, St. Paul, Minnesota (Sarah Stoesz), \$247,761 *-8 percent*

¹⁴ Based on the information provided by PPFA on its website (www.plannedparenthood.org), accessed February 4, 2013.

¹⁵ As identified in the Federal Form 990 filed by each affiliate

PPFA files its own Federal Form 990 and lists its top salaries. The numbers reported below are taken from the latest PPFA 990 which covers the fiscal year ending June 30, 2012.

It should be noted that three different compensation numbers are reported by PPFA for each of the employees: base compensation, reportable compensation from related organizations, and estimated other compensation from PPFA and related organizations. The numbers we report below are the base compensation and the total compensation.

Total salaries paid to the top 11 officials of the national office in New York City in 2012 was \$2,927,954.

TABLE 9

Top salaries at the national office for the year ending June 30, 2012

TITLE	NAME	BASE / TOTAL COMPENSATION
President	Cecile Richards	\$444,468 / \$583,323
Chief Operating Officer (Former)	Maryana Iskander	\$411,958 / \$434,202 (includes \$128,750 severance)
(Current)	Lisa David	\$299,399 / \$340,093
Chief Financial Officer	Maria Acosta	\$261,306 / \$310,308
Chief Development Officer	Sandra Sedacca	\$244,595 / \$284,353
VP PPFA Global	Latanya Mapp Frett	\$246,451 / \$269,369
Chief Information Officer	Thomas Subak	\$228,731 / \$260,323
Director of Development	Jennie Thompson	\$233,798 / \$253,250
VP of Affiliates	Molly Eagan	\$221,390 / \$267,729
VP of General Counsel	Barbara Otten	\$207,493 / \$259,915
VP of Medical Affairs	Vanessa Cullins	\$257,115 (2010 number)

According to the PPFA Federal Form 990

TABLE 10**Affiliate CEO salaries arranged by state of headquarters**

HQ STATE	CITY	AFFILIATE NAME	CEO	ANNUAL SALARY
AZ	Phoenix	PP Arizona	Bryan Howard	\$202,402
CA	San Jose	PP Mar Monte	Linda Williams	\$334,814
CA	Orange	PP Orange & San Bernardino	Joe Dunn	\$320,832
CA	San Diego	PP Pacific Southwest	Darrah Johnson	\$292,306
CA	Concord	PP Shasta-Diablo	Heather Estes	\$220,130
CA	Pasadena	PP Pasadena	Sheri Bonner & San Gabriel	\$190,043
CA	Los Angeles	PP Los Angeles	Sue Dunlap	\$148,134
CA	Eureka	Six Rivers PP	Denise Vanden Boz	\$77,656
CA	Santa Barbara	PP Santa Barbara, Ventura & San Luis Obispo	Cheryl Rollings	\$221,252
CO	Denver	PP Rocky Mountains	Vicki Cowart	\$262,913
CT	New Haven	PP Southern New England	Judy Tabar	\$321,490
DC	Washington	PP Metropolitan D.C.	Laura Meyers	\$179,183
DE	Wilmington	PP Delaware	Nanci Hoffman	\$114,688
FL	West Palm Beach	PP South Florida & Treasure Coast	Lillian Tamayo	\$245,650
FL	Sarasota	PP South West & Central Florida	Barbara Zdravecky	\$169,332
FL	Naples	PP Collier County	Char Wendel	\$110,147
FL	Jacksonville	PP North Florida	Staci Fox	\$90,054
FL	Orlando	PP Greater Orlando	Sue Idtensohn	\$89,123
GA	Atlanta	PP Southeast	Kay Scott	\$112,053
HI	Honolulu	PP Hawaii	Previous	\$98,424
IA	Des Moines	PP Heartland	Jill June	\$280,705
IL	Chicago	PP Illinois	Carol Brite	\$259,279
IN	Indianapolis	PP Indiana	Betty Cockrum	\$154,981
KS	Overland Park	PP Kansas & Mid-Missouri	Peter Brownlie	\$179,135

TABLE 10 (continued)**Affiliate CEO salaries arranged by state of headquarters**

HQ STATE	CITY	AFFILIATE NAME	CEO	ANNUAL SALARY
KY	Louisville	PP Kentucky	Shirley Jones	\$98,931
MA	Boston	PP League of Massachusetts	Previous	\$250,177
MD	Baltimore	PP Maryland	John Nugent	\$154,297
MI	Ann Arbor	PP Mid & South Michigan	Lori Lamerand	\$156,680
MI	Grand Rapids	PP West & North Michigan	Katherine Humphrey	\$115,677
MN	St. Paul	PP Minnesota, South Dakota, North Dakota	Sarah Stoesz	\$247,761
MO	St. Louis	PP St. Louis Region & Southwest Missouri	Paula Gianino	\$179,004
MT	Billings	PP Montana	Stacy James	\$114,573
NC	Raleigh	PP Health Systems	Walter Klausmeier	\$223,066
NC	Chapel Hill	PP Central NC	Janet Colm	\$108,900
NJ	Morristown	PP Central & Greater Northern New Jersey	Triste Brooks	\$183,633
NJ	Trenton	PP Association of the Mercer Area	Xan Blake	\$134,380
NJ	Camden	PP Southern New Jersey	Lynn Brown	\$112,044
NJ	Newark	PP Metropolitan New Jersey	Roslyn Rogers Collins	\$102,356
NY	Hawthorne	PP Hudson Peconic	Reina Schifffrin	\$349,852
NY	New York City	PP New York City	JoAnn Malin	\$236,525
NY	Utica	PP Mohawk Hudson	Drisgula & Roberts co-CEOs	\$218,759 combined
NY	Hempstead	PP Nassau County	JoAnn Smith	\$177,836
NY	Poughkeepsie	PP Mid-Hudson Valley	Ruth-Ellen Blodgett	\$172,145
NY	Rochester	PP of the Rochester /Syracuse Region	James Stewart	\$166,686

TABLE 10 (continued)**Affiliate CEO salaries arranged by state of headquarters**

HQ STATE	CITY	AFFILIATE NAME	CEO	ANNUAL SALARY
NY	Albany	Upper Hudson PP	Patricia McGeown	\$117,658
NY	Ithaca	PP Southern Finger Lakes	Joe Sammons	\$109,035
NY	Buffalo	PP Western New York	Karen Nelson	\$107,631
NY	Watertown	PP North Country	Betsy Brown	\$85,563
OH	Columbus	PP Greater Ohio	Stephanie Knight	unknown
OH	Cincinnati	PP Southwest Ohio	Previous	\$116,939
OK	Oklahoma City	PP Central Oklahoma	Anita Fream	\$75,636
OR	Portland	PP Columbia Willamette	Sarah Newhall	\$195,806
OR	Eugene	PP Southwest Oregon	Cynthia Pappas	\$125,085
PA	Philadelphia	PP Southeastern Pennsylvania	Dayle Steinberg	\$179,379
PA	Trexlerstown	PP of Northeast, Mid-Penn & Bucks County	Kim Custer	\$119,439
PA	York	PP Central Pennsylvania	Suellen Craig	\$111,818
PA	Pittsburgh	PP Western Pennsylvania	Kim Evert	\$83,228
TN	Memphis	PP Greater Memphis	Barry Chase	\$111,160
TN	Nashville	PP Middle & East Tennessee	Jeff Teague	\$103,638
TX	Houston	PP Gulf Coast	Peter Durkin	\$234,538
TX	McAllen	PP Hildago	Patricio Gonzales	\$149,609
TX	San Antonio	PP South Texas	Jeffrey Hons	\$123,269
TX	Odessa	PP West Texas	Karen Hildebrand	\$94,463
TX	Lubbock	PP Assoc. of Lubbock	Tara Haskell	\$61,985
TX	Austin	PP Greater Texas	Kenneth Lambrecht	\$238,525
TX	San Antonio	PP Association of Cameron & Willacy	Jeffrey Hons	\$61,985

TABLE 10 (continued)
Affiliate CEO salaries arranged by state of headquarters

HQ STATE	CITY	AFFILIATE NAME	CEO	ANNUAL SALARY
UT	Salt Lake City	PP Association of Utah	Karrie Galloway	\$102,145
VA	Richmond	Virginia League for PP	Paulette McElwain	\$107,447
VA	Hampton	PP Southeastern Virginia	Robert Rashti, M.D.	\$80,607
VT	Williston	PP Northern New England	Steve Trombley	\$271,444
WA	Seattle	PP Great Northwest	Chris Charbonneau	\$267,738
WA	Yakima	PP of Greater Washington & North Idaho	Karl Eastlund	\$138,304
WA	Bellingham	PP Mt. Baker	Linda McCarthy	\$104,046
WI	Milwaukee	PP Wisconsin	Teri Huyck	\$242,340

3.5 Analysis of the PPFA 2011-2012 Annual Report

On January 4, 2013, PPFA released two major documents concerning its operations:

- The PPFA 2010–2011 Annual Financial Report covering the period from July 1, 2010, to June 30, 2011.
- The PPFA 2011–2012 Annual Report covering the period from July 1, 2011, to June 30, 2012.

STOPP has studied these reports as well as previous annual reports released by Planned Parenthood and noted seven significant points.¹⁶

1. Total “services” decreased, while taxpayer dollars increased 11.3 percent over three years.¹⁷

The number of overall “services” reported by PPFA began declining in 2010, and has now reached its lowest point since 2006.

- Total “services” reported in 2009: 11,238,414
- Total “services” reported in 2010: 11,003,356
- Total “services” reported in 2011: 10,864,659

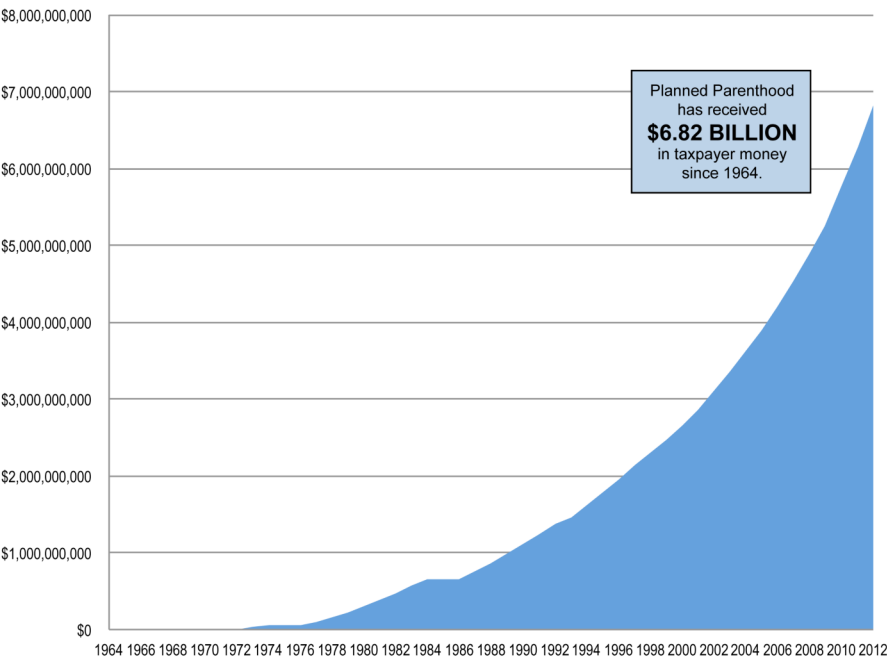
Meanwhile, its government income increased 11.3 percent since 2010, reaching its highest reported level in history. Taxpayer money now flows into the nation’s largest abortion chain at a rate of \$1.5 million per day—each and every day.

¹⁶ To see the actual numbers reported by Planned Parenthood in its annual reports covering the last five years, go to <http://www.stopp.org/stats> and click on “Detailed statistics of Planned Parenthoods last five years.”

¹⁷ It must be noted that, in its 2009/2010 fiscal year, Planned Parenthood made a significant change in the manner in which it reports funds it receives from government sources. In the past, it reported government grants and contracts separately. It included program funding (e.g., Medicaid and Title X) as part of its clinic income. Beginning in 2009/2010, Planned Parenthood added all money received from government sources into one new category—Government Health Services Grants and Reimbursement. It then placed all other income from its clinic operations into another new category—Non-Government Health Services Income. This change has had no effect on its reported service numbers, but greatly increased its reported income from the government while decreasing its reported clinic income. However, since we now have three years of Planned Parenthood reporting under the new structure, we can make comparisons based on those three years.

- Government income in 2010: \$487.4 million—46.5 percent of total income
- Government income in 2011: \$538.5 million—44 percent of total income
- Government income in 2012: \$542.4 million—45 percent of total income

CHART 3
Total Taxpayer Money to Planned Parenthood



© 2013 American Life League

2. Cancer Screening DOWN 29 Percent over Two Years

While Planned Parenthood continually emphasizes its important role in cancer screening and prevention to justify its ever-increasing government income, we find that its cancer screening and prevention services fell 18 percent between 2010 and 2011. Between 2009 and 2011, Planned Parenthood cancer screening numbers fell a total of 29 percent.

These declines happened prior to the Komen Foundation’s unsuccessful attempt at cutting the grants it was making to Planned Parenthood.

According to former Komen executive Karen Handel,¹⁸ Komen knew that Planned Parenthood was failing to achieve real results with the grant money that would advance the fight against breast cancer—so much so that they were referred to internally by at least one Komen official as “crappy” grants. In the end, Planned Parenthood’s negative public relations attack hurt Komen revenues and coerced Komen into reinstating the grants.

3. Contraception Business DOWN 15 Percent over Four Years

Planned Parenthood continually emphasizes the need for contraceptive services for women. It was widely reported as being instrumental in the government mandate that will now require employers to provide insurance that offers women free contraceptives, without respect to the employer’s conscience.

Planned Parenthood’s contraceptive numbers declined again in 2011, a seven percent decrease from 2010. From 2007 to 2011, Planned Parenthood’s contraceptive client “services” decreased 15 percent.¹⁹

4. Client Numbers STAGNANT; Female Contraceptive Clients Lowest Since 2000

The number of unduplicated clients that Planned Parenthood reports seeing every year has hovered around the three million mark since 2004.²⁰ The abortion giant is not growing its clientele, despite huge profits and increases in government funding.

Planned Parenthood historically used its number of female reversible birth control customers to determine the success or failure of its community-based facilities. That number peaked in 2006 at 2,453,906. By 2011, it had fallen to 2,006,691—an 18 percent drop, and the lowest level

¹⁸ Handel, Karen, *Planned Bullyhood: The Truth Behind the Headlines about the Planned Parenthood Funding Battle with Susan G. Komen for the Cure*, Howard Books, (September 11, 2012).

¹⁹ As shown in the chart on page 26 of this report, the use of long-lasting contraceptives has not contributed to this decline. The use of these products has remained stable over this time period.

²⁰ As documented in PPFA annual reports

since 2000. The stark decline in what was once the core of Planned Parenthood's business is one more important indicator of why Planned Parenthood is focusing on increasing its lucrative abortion business.

5. Donor Base DOWN 27 Percent Since 2007

Planned Parenthood is a controversial organization. It is reasonable that this contributes to the significant decline in Planned Parenthood donors. Although it did make a small recovery last year, the numbers in its annual reports show that, since 2007, Planned Parenthood has lost 27 percent of its donors.

It is a common misconception that nonprofits or not-for-profits do not make "profits." Profits are simply retained earnings (i.e., income greater than expenses). The difference for registered nonprofits is that unlike "for profit" businesses, nonprofits do not pay corporate income tax. Planned Parenthood's aggregate excess earnings (i.e., profits) now total \$1.23 billion dollars²¹ since 1973. PPFA (the headquarters operation) has also amassed \$302 million in assets.²²

With its government revenues rising rapidly, Planned Parenthood profits are accelerating. Its combined profits for 2011 and 2012 total \$242.9 million. The 2011 profit of \$155.5 million topped its previous all-time high of \$125.8 million in 1999.

- Profits in 2009: \$63.4 million
- Profits in 2010: \$18.5 million
- Profits in 2011: \$155.5 million
- Profits in 2012: \$87.4 million

6. Abortions UP

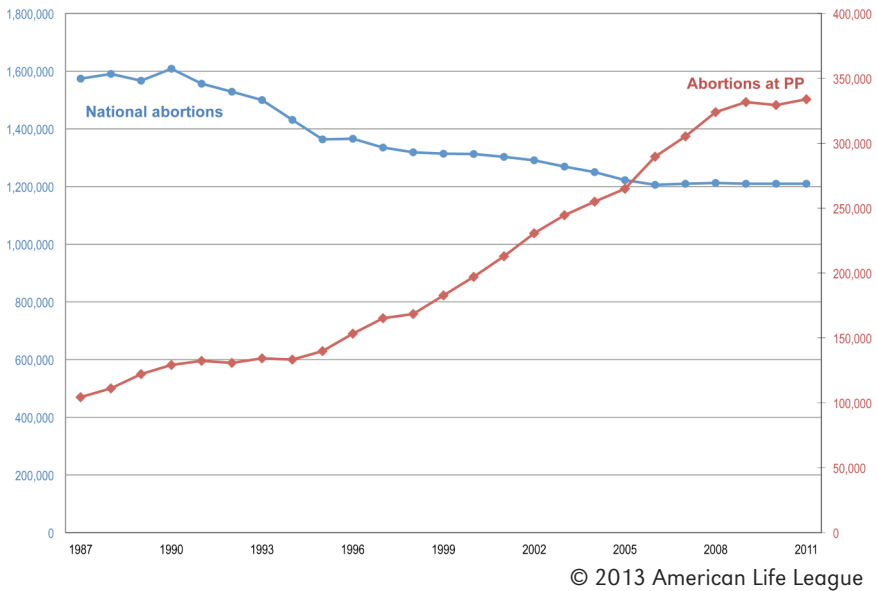
Although Planned Parenthood recorded its first year-to-year decline in abortions, since 1996–1997, in 2010 (down .7 percent from 2009), its abortion numbers are on the uptick again for 2011.

²¹ Source: Planned Parenthood Federation of America annual reports

²² Income and assets of the headquarters organization only not including affiliates.

While nationwide abortion numbers peaked in 1990 at 1.6 million and then began a steady decline—reaching 1.21 million in 2009 and remaining level through 2011—Planned Parenthood abortion numbers have continued to rise, bringing it to its all-time high in 2011 of 333,964.

CHART 4
Abortion Trends



In 1990, Planned Parenthood committed eight percent of all abortions in the U.S. Today it owns 27.6 percent of the U.S. abortion market. Since 1970, Planned Parenthood has surgically terminated the lives of 6.3 million preborn children, an amount equal to the 2010 population of America's second and third largest cities—Chicago and Los Angeles—combined.

7. Abortion Income Comprises 56.9 Percent of Clinic Income

STOPP calculates Planned Parenthood's estimated abortion income each year based on the number of abortions it performs, as documented in its annual reports, multiplied by the average cost of an abortion.

In 2011, we determined that a very conservative number for the average cost of an abortion at Planned Parenthood was \$520.²³ Abortion income for 2010: \$164,722,500. Abortion income for 2011: \$173,661,280

Since Planned Parenthood reported Non-Government Health Services Income for 2011 of \$305.4 million,²⁴ this means that abortion provided 56.9 percent of Planned Parenthood's clinic income in 2011.

²³ Average abortion prices are found by checking Planned Parenthood websites (e.g., <http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2292&a=91650&v=details#!service=abortion>) and by making calls to various PPFA facilities.

²⁴ Since Planned Parenthood claims that taxpayer money is not used for abortions at its facilities, it is reasonable to compare its abortion income to its total non-government clinic income.

4. Discussion

It is understandable that with taxpayer dollars now comprising almost one-half of its revenues, scandals involving PPFA receive great attention. These include overbilling fraud, failure to report suspected sexual abuse of underage girls, and most recently medically unsafe conditions. While these events are outside the scope of this study, they cannot be ignored in context with this study.

As the average American learns more about abortion, America has become more “pro-life.” PPFA private donors have declined 27 percent since 2007. The number of PPFA medical facilities in the United States and geographic area served is in decline, with total locations dropping over the last two years from 785 to 730.

PPFA was ostensibly founded upon the right to family planning (population control), yet the number of female contraceptive clients is down 18 percent since 2006, hitting the lowest level since 2000. A detailed analysis of PPFA’s female contraceptive clients shows that it has been overstating its number of customers by an average of 11 percent for the last 15 years.

The researchers found the number of cancer screenings performed by PPFA decreased 29 percent over the last two years. Screenings fall into two areas: PAP smears and manual breast examinations similar to self-exams women do at home.

This is after a huge media storm related to the Komen grants discussed above. Later in a budget battle, Cecile Richards, president of PPFA, claimed that if government funding to PPFA was cut, “millions of women in this country are going to lose their healthcare access . . . not to abortion services, to basic family planning, mammograms.”²⁵

Surely Richards knows that, while PPFA clinics make referrals, not one PPFA does mammograms or medical biopsies. PPFA does not diagnose or treat cancer. Komen said this was part of the reason it

²⁵ “Planned Parenthood CEO Caught Making False Mammogram Claim,” Live Action Films, March 29, 2011, <http://www.youtube.com/watch?v=aq0kBkUZbvQ>.

was switching future cancer grants to full service Federally-Qualified Health Centers (FQHCs) with 7,000 delivery sites where “costs of care rank among the lowest.”²⁶

PPFA downplays its abortion business and presents itself as a health-care provider deserving of ever greater federal funding. Yet, abortion obviously remains central to its business model. This study estimates that abortion revenues comprise over half of PPFA clinic income. Meanwhile, the PPFA claim is oft repeated that abortion represents three percent of the services it delivers. How is this possible?

PPFA mathematically shrinks 56.9 percent of its clinic revenue to “three percent of medical services” by counting surgical abortions the same as STD tests, writing prescriptions, and so on. All are simply reported as one “medical service.” In this way, PPFA uses 10 million mundane medical tasks such as blood tests to mask the extent of its only growth—abortion services.

Meanwhile, as services and clients served decline, PPFA top executives—the vast majority of whom are not healthcare professionals—are paid in the top five percent of average American incomes. At least 33 of PPFA top executives make over \$200,000 a year, while the CEOs of its 74 affiliates have an average salary of \$165,732, putting these paychecks at over 300 percent more than the median *household* income in 2011.²⁷ PPFA president Cecile Richards receives \$583,323 annually.

There is a disconnect between PPFA public healthcare provider persona and what the data reveals. Combined with recurring scandals, manipulation of numbers such as “(surgical) abortions only being three percent of business,” the apparent inflation of contraceptive clients served, and misleading statements regarding mammography create further public distrust that PPFA is deserving of public funding as a healthcare provider.

²⁶ “America’s Health Centers,” National Association of Community Health Centers Fact Sheet 0109, March 2009, http://www.nachc.org/client/documents/America%27s_Health_Centers_updated_3.09.pdf.

²⁷ Carmen DeNavas-Walt, Bernadette D. Proctor, Jessica C. Smith, “Income, Poverty, and Health Insurance Coverage in the United States: 2011, Current Population Reports,” U.S. Department of Commerce, United States Census Bureau, issued September 2012, <http://www.census.gov/prod/2012pubs/p60-243.pdf>.

5. Conclusions

Tax funding PPFA is too often debated as an “either-or” proposition, as if healthcare for underserved women and the poor depended on the decision. With over 7,000 FQHCs that offer more comprehensive healthcare without the controversy of abortion, this presents a false dichotomy.

With other choices available, neither the American taxpayer nor healthcare in general benefits by funding an organization dedicated (by choice) to abortion. Even with record levels of taxpayer funding, only one service delivered by PPFA did not shrink—abortion. Even as abortions declined (and then leveled) since peaking in 1990, PPFA abortions have continued to grow.

PPFA is shrinking in size, service area, and health services delivered. After the public attacks by PPFA on Komen for cutting its cancer screening grants, it seems logical that PPFA might direct mammogram or other health technology to be increased by affiliates. But, PPFA only mandated that all affiliates must operate at least one surgical or medical abortion center. The American Cancer Institute estimates that cancer is second most common cause of death in the United States.²⁸ A 29 percent drop of PPFA cancer screenings supports a conclusion that profitability and abortion revenues likely remain higher priorities at PPFA than expanded healthcare for the poor.

Furthermore, funding of PPFA is not central to reducing teen pregnancy. STOPP’s long-term longitudinal study showed that as PPFA closed all 19 of its clinics in the Texas Panhandle from 1999 through 2008, the teenage pregnancy rate did not increase. In fact, the teen pregnancy actually declined 42 percent in the study area from 41.5 pregnancies per thousand teens in 1998 to 24.1 in 2010.

Claims that PPFA “preventive healthcare services” are critical to reducing teen pregnancy are not supported. To the contrary, results suggest that further study of Planned Parenthood’s impact on communities,

²⁸ “Cancer Facts & Figures 2013,” American Cancer Society, Inc., <http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2013/index>.

taking into account its comprehensive sex education model, recruiting of teens to recruit other teens, and promotion of contraceptives as sexual freedom is warranted.

PPFA grows increasingly dependent upon government funding for survival. However, more tax dollars to PPFA results in neither more wellness health services for women, so-called reproductive health services delivered, nor a reduction in teen pregnancy.