Women Speak FOR THEMSELVES

Why Long Acting Reversible Contraceptives (LARCS) Don't Promote Women's Freedom

Since the very beginning of their push for the HHS Mandate (2011) the federal government and their allies in the contraception and population control groups have been singing the praises of LARCs. Their legal briefs in the Mandate cases often argue that "no co-pay" contraception insurance is important for its ability to get this more effective but more expensive birth control into the hands of women who could otherwise not afford it, or into the hands of women who have specific health problems which pregnancy would worsen. There are so many problems with their argument. Here are its leading weaknesses, and the sources to support them.

1. **Governments (state and federal) are already supplying free birth control to poor women including LARCs**. See, Alvare, No Compelling Interest, pp. 403-404, here

2. The new American Academy of Pediatrics' report advising that teens use LARCs, has admitted that **they are cheaper than other contraceptives because they are used longer:** As reported by ABC news:

   *IUDs and hormonal implants cost more, usually hundreds of dollars, because inserting them involves a medical procedure typically done in doctors' offices**. But they're less expensive in the long run than over-the-counter condoms or prescription birth control pills, said Dr. Mary Ott, an adolescent medicine specialist and associate pediatrics professor at Indiana University. She is the policy statement's lead author**,* **"**Teens have to remember to use pills and condoms consistently. By contrast, IUDs typically

work for three to 10 years after insertion, while implants typically last three years."

3. Because of their invasive nature, and their hormonal action, **many women suffer serious side effects from LARCs.** Consider the 100 million dollar NuvaRing lawsuit or the Mirena IUD lawsuit or the article in the leading obstetrics and gynecology journal this past July, 2014, about the potential link between hormonal IUDs and breast cancer.

4. **The very diseases for which HHS recommends "more effective" LARCs are the diseases for which leading, specialized medical associations recommend avoiding LARCs in favor of barrier or natural contraceptive methods because of the potential problematic effects of LARCs upon the underlying diseases. [1]**

5. **Governments and population control interest groups have not in the past resisted the moral hazards of aggressively offering LARCs to poor and minority populations.**

   We should not forget that only two decades ago, no fewer than seven states were seriously proposing offering Norplant TM (a surgically implanted hormonal contraceptive, lasting about five years) to women and girls, as a *quid pro quo* for ordinary or increased welfare benefits. The vast majority of the targeted populations were African American. [2] Also, once these young women are temporarily sterilized, with drugs and devices sometimes requiring surgical implantation and removal such that they "require less action by the women"[3] for three to ten years, the government, and likely the affected women and girls, are more than likely to fall into the trap of believing that all relevant consequences of sex are being managed. The psychological or spiritual consequences of sex without marriage, and the consequences for rates of sexually transmitted diseases will almost certainly be neglected.

In fact, in the most recent experiment promoting LARCs to mostly minority women and girls in St. Louis, Centers for Disease Control data showed that during the time of the experiment, rates of Sexually Transmitted Infections (STIs) rose notably.[4] Abortion ratios also increased, from the usual one abortion per four pregnancies, to one abortion per one pregnancy.

6. **What happens to relations between men and women – and sadly, boys and girls – when we divorce sex from any notion of children in the decisive way that LARCs can do?**

   The data already indicate that even with contraceptives that act less like temporary sterilization (which is how LARCs act) we get a "sex and marriage market" in which sex becomes the price of a relationship and marriage is off the horizon even when there is an unexpected pregnancy. Women (especially poor women) become immiserated in particular. They have more unintended pregnancies, more abortions, and become single mothers or post-aborted mothers far more often. For the data on this, please see pages 414-416 here.

[1] (See *See e.g.,* Heartdiseaseandpregnancy.com, patient information Marfan sindicate that even with contraceptives that act **less** like temporary sterilization (which is how LARCs act)yndrome, at http://www.heartdiseaseandpregnancy.com/pat_mar_mom.html; adult congenital heart association, ACHA QandA: Birth Control for Women With Congenital Heart Disease, at http://www.achaheart.org/Portals/0/pdf/Library%20Education/ACHA-Q-and-A-Birth-Control-for-Women-with-CHD.pdf (2008)(reporting that "barrier methods" are "safe for all users," but that risks are greater regarding various of hormonal methods, especially pills containing estrogen, and certain IUDS); Pulmonary Hypertension Association: The Scientific Leadership Council, Consensus Statement: Birth Control and Hormonal Therapy in PAH (July 2002) at http://www.phassociation.org/document.doc?id=1684 (reporting that "the two safest methods of birth control are 1) the barrier

method, which may include condoms in men and/or a diaphragm with spermacide in women, and 2) a vasectomy in the male partner for a woman with PAH in a monogamous (one partner) relationship. It also reported that “nearly half of the specialists did not advocate using BCP for their patients, and some actively discouraged patients from doing so.”)

[2] Jeanne L. Vance, Norplant and the Undoing of Poor Women, 21 Hastings Const. L. Q. 853 (1994), at http://www.hastingsconlawquarterly.org/archives/V21/I3/Vance.pdf.
[3] IOM 2011 Report at 108.
[4] Centers for Disease Control, Division of STD Prevention, Sexually Transmitted Disease Surveillance, 2010, St. Louis, Sexually Transmitted Infections, (2011) at http://www.cdc.gov/std/stats10/surv2010.pdf.