

Women Speak FOR THEMSELVES

Here are four ideas for op-eds that could be written utilizing arguments and information from the brief.

The opening line is the summary of your main point. What follows are particular resources that will back up your main point. I have “starred” the very best arguments.

The studies quoted are cited in the brief’s footnotes, which you can then use in your op-ed if there’s room, or if the publication wants them.

1. The government insists that free contraception leads to fewer unintended pregnancies. But this "solution" has never worked. In fact:

***"Unintended pregnancy rates in the U.S. have risen over the past decades alongside increased usage and availability of contraception. They are in fact highest among women receiving free or low-cost contraception via government programs." (pg. 9)

**“There is evidence that state level contraception mandates enacted over the last 20 years have not lowered unintended pregnancy and abortion rates in the relevant jurisdictions.” (pg. 9)

“[C]oncerning contraceptive failure, the CDC estimates that 12.4% of all women using contraception will become pregnant each year.” (pg 22)

“[A]bout half of all unintended pregnancies occur among women who are using contraception, due to method failure, or incorrect use. This dramatically limits the potential for increased usage to reduce unintended pregnancies.” (pg 22-23)

“[A] significant body of literature suggests that rendering contraception and ECs more accessible can drive rates of unintended pregnancy and abortion up, not down, due to ‘risk compensation’ effects whereby individuals who believe they are insured against risk engage in more risky behavior. One widely cited study suggests that this phenomenon helps to explain how access to contraception decreases teen pregnancy in the short run, but increases it in the long run.” (pg. 23)

2. The government cannot show that contraception has been a net positive force in the life and health of women or society. It has created a culture where people embrace riskier sexual behaviors, leading to more unplanned pregnancies, abortions and sexually transmitted diseases.

“Credible analyses, including a study co-authored by Federal Reserve Chair Janet Yellen show that ‘risk compensation’ effects, among other reasons, have produced and may continue to produce higher, not lower rates of unintended pregnancies and abortions in response to changes in the ‘marketplaces’ for relationships and marriage facilitated by the separation of sex from procreation.” (pg. 9-10)

**“In perhaps the most well-known paper on this subject, An Analysis of Out-of-Wedlock Childbearing in the United States, co-author and Federal Reserve Chair Janet Yellen describes women’s immiseration via increased participation in nonmarital sexual relations without any expectation of marriage, as a result of the ‘technology shock’ constituted by the increased availability of both contraception and abortion, which increased expectations that sex must constitute part of nonmarital romantic relationships.” (pg. 25)

“[A] significant body of literature suggests that rendering contraception and Emergency Contraceptives more accessible can drive rates of unintended pregnancy and abortion up, not down, due to ‘risk compensation’ effects whereby individuals who believe they are insured against risk engage in more risky behavior. One widely cited study suggests that this phenomenon helps to explain how access to contraception decreases teen pregnancy in the short run, but increases it in the long run.” (pg. 23)

***“Programs promoting Emergency Contraceptives (covered by the Mandate) to teens are in fact regularly associated with increases in teen pregnancy and abortion rates. In a meta-analysis of 23 studies, Princeton’s Dr. Trussel (upon whom the [government] relies) concluded that ‘no study has shown that increased access to [Plan B, an EC] reduces unintended pregnancy or abortion rates on a population level.’” (pg. 26)

3. Women who are targeted by the Mandate- namely, those already employed in full-time jobs- are not unable to afford contraception if they want it. They do not need their religiously-objecting employers to buy it for them.

“[E]vidence indicates that ‘cost’ plays a small role in women’s decisions about contraception. In Centers for Disease Control (CDC) data cited in the Institute of Medicine [IOM] Report, cost does not even make the list of ‘frequently cited reasons for nonuse’ among the 11% of sexually-active women not using contraception.” (pg. 16)

“In a Guttmacher source the IOM Report overlooked, only 3.7% of the total sample of women seeking abortions listed cost as a barrier to contraceptive usage; and this study did not investigate whether the women citing cost were eligible for the many extant programs offering free or low-cost contraception.” (pg. 16)

4. Unplanned pregnancies are not proven to cause poor health outcomes in women. The government's own favored source on contraception and unplanned pregnancy- a report from the Institute of Medicine [IOM]- does not support the conclusion that unplanned pregnancies harm women's health. Rather, other sources show that it is contraception can sometimes damage women's health.

"[T]he leading meta-analysis cited by the current IOM Report concluded that 'existing evidence on the impact of unintended pregnancy on ... health outcomes is mixed and is limited by an insufficient number of studies ... and by ... measurement and analytical concerns.'" (pg. 31)

"On the specific matter of a link between unintended pregnancy and domestic violence or depression, this cited meta-analysis concluded: 'causality is difficult if not impossible to show.' On the matter of any link between unintended pregnancy and women's smoking and drinking, an earlier IOM Report upon which the government relies concludes that even figures 'associating' unintended pregnancy with these practices become insignificant where studies controlled for other causes. Other studies indicate possibly reversed causation or a third factor – women's pre-existing risk-taking preferences – accounting both for unintended pregnancy and smoking and drinking during pregnancy." (pg. 31)

"The government rests its findings about women's health on a very few studies which do not support its causal claims; it ignores competing sources – including federal governmental sources – which link contraception with health risks to women." (pg. 8)

**"The government and the IOM Report fail to cite the significant and growing literature about direct harms caused by some contraceptives. Contemporary methods injure an unknown number of women every year. HHS bluntly conceded this in its recent solicitation to researchers to discover nonhormonal contraception, saying: 'hormonal contraceptives have the disadvantage of having many undesirable side effects,' and 'are associated with adverse events, and obese women are at higher risk for serious complications such as deep venous thrombosis.' NIH ranks 36% of U.S. female adults as obese." (pg. 34)

"The government also fails anywhere to mention that oral contraceptives, IUDs and the Ring continue to be the subject of myriad class action lawsuits which pharmaceutical corporations have paid hundreds of millions of dollars to settle. It overlooks recent expert literature showing a heightened risk of breast cancer for some pill users, and important links between injectable LARCs and increased risk of HIV transmission. It does not mention that leading cancer associations and the World Health Organization (WHO) refer to estrogen-progesterone oral contraceptives as 'known carcinogens.' (The D.C. Court of Appeals relied upon the WHO's finding in rejecting HHS' claim that the Mandate will certainly improve women's health.) (pg. 35-36).