Jennifer Miranda

From: Millie Sefranek
Sent: Wednesday, June 22, 2022 10:17 AM
To: Jennifer Miranda; Stephen Schultz; Casey, Michelle; Town Clerk
Cc: Lisa Bolzner; Rick Page; Joseph Bellanca; Oleck, Christian
Subject: Re: Submissions for the 6/22/2022 Henrietta Town Board meeting

Also, the text of Michelle Casey's email was relevant. There is a link to a more detailed description of the legal case that was brought in Brighton.

From: Casey, Michelle
Sent: Tuesday, June 21, 2022 7:15 PM
To: townclerk@henrietta.org; sschultz@henrietta.org
Cc: msefranek@henrietta.org; lbolzner@henrietta.org; rpage@henrietta.org; jbellanca@henrietta.org; Oleck, Christian <christian.oleck@ppcwny.org>
Subject: Submissions for the 6/22/2022 Henrietta Town Board meeting

Dear Supervisor Stephen L. Schultz and the Henrietta Town Board

I know the hearing on June 22, 2022 is about land use, however I thought it would be helpful to provide some clarification regarding the services we provide and evidence-based statistics to debunk some of the claims being made by the anti-choice protestors. There are live links in this letter that connect to source documents.

Please also find the attached summary document from a group of researchers affiliated with the Society of Family Planning. It provides statistics and research finding related to abortion care that I think you will find helpful. The citations for the paper are at the end of the document.

Thirdly the claims being made in Henrietta by the anti-choice people are very similar to those they made when a new building construction request was made to the Planning Board in Brighton. This is a link to an article that cites the arguments being made in Brighton and experts debunking their claims. https://www.motherjones.com/politics/2022/05/anti-abortion-brave-brighton-new-york-planned-parenthood-water/ It is noteworthy that our clinic is operating in Brighton at this time. The town had planned on fighting the lawsuit prior to it being dropped. We ended our arrangement with the landlord for the new building as the cost for the site escalated significantly due to pandemic related construction/developer issues.

I hope this is helpful information. Please feel free to reach out to me with any additional questions.

-MRC

Michelle Casey
President & CEO PPCWNY
Board Chair PPESA

Pronouns: She/Her

www.ppcwny.org

June 21, 2022

Town Board
Henrietta Town Hall
475 Calkins Road
Rochester, NY 14623
townboard@henrietta.org

Dear Supervisor Schultz and Town Board Members:

In advance of the Special Use Permit Public Hearing before the Henrietta Town Board, we at Planned Parenthood of Central and Western New York (PPCWNY) want to share why a Planned Parenthood health center in Henrietta would be a beneficial addition to the community. We are an Article 28 Diagnostic and Treatment Center that is governed by regulations through the NYS Department of Health. They regulate all aspects of our operations from patient care to facility requirements to medical waste disposal.

At PPCWNY, we provide high-quality, affordable reproductive and sexual health care and education to everyone who needs it. In nine established centers across six New York counties – Erie, Genesee, Monroe, Niagara, Onondaga and Ontario – as well as a mobile unit, we offer nonjudgmental care to over 22,000 patients each year (35,000-40,000 visits). Our health centers offer a variety of health care services, including but not limited to abortion, contraception, breast exams, gender-affirming hormone care, STI testing and treatment, and HIV testing, prevention, counseling, and education.

Planned Parenthood of Central and Western New York envisions a community where everyone has autonomy over their bodies and choices as a basic human right. Everyone is welcomed safely through our doors and leaves emotionally and physically healthier. In addition to offering a robust range of sexual and reproductive health care services, we assist individuals in enrollment into health insurance and through community partnerships connect individuals to needed services and care that we are unable to provide such as medical specialty services, behavioral health, food pantries, housing assistance, childcare, referrals for domestic violence, substance abuse issues and more. For most of our patients we are their only health provider and we work to address primary care basics like blood pressure and smoking cessation. We are dedicated to improving social determinants of health for our patients. Since the start of the COVID pandemic, PPCWNY stepped up, providing care via telehealth and sharing resources with community members. During the worst parts of the pandemic our doors stayed open for care, and we turned our youth development centers into homework hubs that provided internet connections, help with homework and other assistance to the youth we serve. In Erie County, when the county's department of health redeployed their staff to respond to COVID, we brought our Mobile Unit out to provide care at their site for the community. We have memoranda of understanding for referrals to a variety of health and social services that are outside of our purview, including for substance use and mental health.

In addition to our health services, PPCWNY employs sexual health educators who engage with the community in-person and online. Our education department offers programs on sexuality, sexual health and relationships customized for each setting, including schools, community centers, and residential facilities. These educational services are medically and scientifically accurate, inclusive, and empower our community with fundamental knowledge that helps people protect themselves and plan for their futures. We also have a program called RESTORE Sexual Assault Services, which provides crisis intervention and support services to survivors of sexual assault and their loved ones. RESTORE serves five counties: Monroe, Genesee, Livingston, Orleans, and Wyoming. RESTORE assists 2,200 clients annually with direct service and crisis intervention. The 24-hour hotline receives over 400 calls per year. RESTORE Education and Outreach reaches 5,000-8,000 people annually. RESTORE also provides domestic violence services and legal support services to the residents of Wyoming County. RESTORE is one of the fastest growing programs at PPCWNY in terms of both staff and populations served. We have worked with hundreds of community-based organizations, coalitions and agencies across our region; our outreach and education programs have delivered programming and/or participated in meetings with 700+ such organizations, all of which is documented in our Programs database. For example, we work with the United Way Systems Integration Project to participate in building a better conduit to connect our patients to improve social determinants of health.

PPCWNY is also proud to offer abortion care to everyone who needs it. We believe that the decision about whether, when, and how to become a parent is one of the most important decisions we all make. Everyone should have the freedom to choose to carry and deliver a healthy pregnancy in the way that they want. We provide complete and comprehensive options counseling to all pregnant patients, so they are aware of all of their options, whether that is continuing a pregnancy or ending a pregnancy. PPCWNY, provides medication abortion up to 11 weeks across all health centers, and at 4 of our 9 health center locations, we also offer procedural abortion to 13.6 weeks (by which point 93% of abortions occur).

Anti-abortion activists have used inflammatory and false rhetoric in an attempt to raise issue with locating a new Planned Parenthood health center in Henrietta. PPCWNY would like to directly address these false claims and provide accurate information about abortion.

- **Abortion is a common experience:** Nearly one in four U.S. women will have an abortion by age 45. People of all religions need and use reproductive health care services, including contraceptives and abortion.
- **Abortion is safe:** Abortion has a safety record of over 99% in the U.S. – in fact, CDC data shows pregnancy and childbirth are far more dangerous than getting an abortion.
- **Most people support abortion rights:** 80 percent of the American public thinks abortion should remain legal – and wide support for abortion has been found in several surveys.
- **Most abortions occur early in pregnancy** – 93 percent are in the first 13 weeks of pregnancy.
- Six in ten women having an abortion are already mothers.
- About 75% of people who have abortions are living close to or below the poverty line.

Why is abortion access so important?

- Abortion access is critical to **bodily autonomy**. Whether someone decides to end or continue a pregnancy, they need access to quality medical care.

- Research has shown that when people are unable to access abortion, it leaves a **long-term impact on their economic security** and the financial wellbeing and development of children.
    - People denied abortion will also be
        - more likely to stay in contact with a violent partner,
        - more likely to raise the child alone, and
        - facing more life-threatening health complications.
- By contrast, supportive abortion policies have been shown to
    - Lower poverty rates,
    - **Improve safety and health**, and
    - Better developmental and educational outcomes for children.
- When we offer people the full spectrum of reproductive health care, including abortion, we create healthier communities.

We are unsurprised that anti-abortion extremists in the region are resorting to misinformation and fearmongering. Anti-abortion activists inventing false claims about abortion and the people who have, or provide them, is a tactic they use in attempt to control our individual decisions. There have always been extremists trying to restrict access to sexual and reproductive health care. At Planned Parenthood, we never waver in our commitment to provide care to all who need it, no matter what.

Planned Parenthood has been a trusted health care provider and educator for millions of people across the country and hundreds of thousands of people in New York. PPCWNY offers critical primary and preventive health services that our patients rely on. Planned Parenthood often serves as a gateway to care, and for many patients, Planned Parenthood providers are their only regular contact with the health care delivery system.

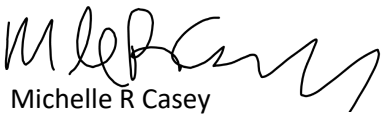
For women obtaining care at a publicly-funded family planning center, 6 in 10 consider it their usual source of medical care. For 4 in 10, it is their only health care. For a majority of their patients, the local Planned Parenthood health center is their source of primary care services – and in the absence of other health needs or concerns, can be the only provider they see in a given year. Patients rely on PPCWNY for high-quality, non-judgmental sexual and reproductive health services, and our dedicated staff are considered trusted advisors as they help patients navigate sensitive health care needs.

The Henrietta Health Center replaces our former Greece Health Center, which closed December 31, 2020. In 2020, during 3,572 visits at Greece using 3 exam rooms, 2,583 unique patients were seen, including 1,131 (45.4%) BIPOC, 354 (14.4%) Latinx, 1,123 (45.4%) at 100% federal poverty level (FPL). The Henrietta site will increase our exam space from 3 rooms in the former Greece site (current Brighton site) to 8 rooms and add a dedicated procedural abortion suite of 2 rooms with a pre/post procedure area. We anticipate serving more than 5,000 unduplicated patients annually at Henrietta. This equates to a range of 27-50 patients a day over a 9-to-10-hour period. The increased footprint will allow for better patient access, including telehealth services. We are piloting telehealth direct to patient medication abortion and can provide this service from the new Henrietta site. We are currently operating this site in a temporary site in Brighton NY in space similar to the size we had in Greece.

At PPCWNY, we value developing a just-culture, inclusion, dignity, compassion, equity and patient- and client-centered care. Those are the values we operate with and those are the values we will bring to Henrietta.

We look forward to becoming an involved, trusted, and valued member of the community. We welcome your questions and further conversation.

Sincerely,



Michelle R Casey
President & CEO
Planned Parenthood of Central and Western NY

Safe but Out of Reach
A high-level summary of key evidence on what happens when abortion is inaccessible

Abortion is safe, and generally carries much lower risks than childbirth.

- Abortion carries a lower risk of death than dental procedures and colonoscopies.[1]
- A person is at least 14 times more likely to die due to childbirth complications than after receiving early abortion care.[2]
- If all abortions in the United States stopped, 21% more people would die from pregnancy complications, and 33% more non-Hispanic Black people would die.[3]
- In two separate systematic reviews of the research literature conducted nearly 30 years apart, the American Psychological Association found no credible evidence abortion care causes mental health challenges.[4]
    - Instead, evidence indicated that unintended pregnancy itself may cause some people psychological distress.[5]
    - Moreover, people who are denied wanted abortions experience more short-term anxiety and lower life satisfaction and self-esteem, compared to individuals whose requests for abortion are fulfilled.[6]
- A study that followed almost one thousand people who sought abortions over five years found that those who were denied an abortion reported more life-threatening pregnancy complications like eclampsia and hemorrhage, compared to those who received abortions.[7] Years after seeking an abortion, people who were denied had worse health–reporting more chronic headaches or migraines, joint pain, and hypertension than those who had an abortion.[8]

Research evidence shows that pregnant people are able to safely and effectively use abortion-inducing medications both with and without medical supervision.

- Abortion pills have been available in clinics in the United States for over 20 years. When people receive medication abortion in clinics, the initial doses of abortion pills work to end a pregnancy without any additional interventions 97% of the time.[9]
- In Canada, abortion medications have been dispensed by prescription since 2017. Based on national data looking at nearly 300,000 abortions, getting the abortion pills from a pharmacy is just as safe as taking them in a clinic with a doctor.[10]
- Several countries including England and Scotland began routinely sending patients abortion pills after telehealth visits during the COVID-19 pandemic. Based on data from over 52,000 abortions, this model of care was as safe and more effective than in-person medication dispensing by doctors.[11]
- In studies in several countries around the world where people took abortion medications on their own without a health care provider's involvement, the medications worked 97-99% of the time.[12,13]
- Though evidence-based medication abortion regimens are safe and effective, attempting to "reverse" a medication abortion can be dangerous and may cause excessive bleeding.[14]

The Turnaway Study, which followed women who received and who were denied abortions for five years, found negative social outcomes for people who were denied a wanted abortion.

- Physical violence from the man involved in the pregnancy decreased over time for pregnant people who received requested abortions, but not for those who were denied abortions.[15]
- Compared to people who received their wanted abortion, those who were denied were more likely to fall below the federal poverty level and report that they did not have enough money for basic living needs.[16] They experienced more debt and greater chance of eviction if they were unable to get a wanted abortion.[17]
- Children the pregnant person already had at the time they sought abortion lived with more economic insecurity and were less likely to achieve developmental milestones when their parents were denied an abortion.[18]

Access to quality reproductive healthcare, including contraception, abortion, and maternity care, is currently inequitable in the United States.

- Black and Indigenous individuals have the worst access to contraception and the lowest-quality maternal care in the United States, due to structural and interpersonal discrimination.[19-21]
- Difficulty paying for abortion care is a huge challenge and causes delay, resulting in particularly poor access for lower-income individuals, uninsured individuals, and people who live in states where laws restrict insurance coverage of abortion.[22]
    - Need for abortion services is increasingly concentrated among lower-income individuals.[23]
    - Moreover, Black, Latino/a/x, and Indigenous people are disproportionately uninsured in the United States. [24]
- Young people face unique barriers to abortion care.
    - Young people present for abortion care later in pregnancy compared to adults, creating more difficulty in accessing care and higher costs.[25]
    - On average, young people report higher abortion-related costs than adults.[26]
    - In many states, laws specifically restricting the abortion rights of young people add delays of one to three weeks or more to the abortion-seeking process, and can further increase costs.[27-29]
- Transgender, nonbinary, and gender nonconforming people need abortion care[30] and can experience exclusionary practices in clinical settings where such care is provided.[31]

Health and social inequities will be exacerbated if abortion becomes more restricted.

- The health, economic, and social burdens of being denied an abortion will fall disproportionately on Black, Indigenous, and People of Color (BIPOC) and lower-income individuals, worsening inequities in health outcomes.
    - Many states that are poisted to outlaw abortion—such as Texas and Mississippi—have more residents living in poverty and more residents

who are Black, Indigenous, and People of Color (BIPOC), compared to states where abortion is protected by law.[32,33]
    - Many of these states also have among the nation's highest rates of pregnancy complications and maternal mortality, and the weakest social safety net for pregnant people and children.[34,35]
- Criminalization of pregnancy outcomes like miscarriage and stillbirth already occurs in the United States, and individuals who are lower-income or Black, Indigenous, and People of Color (BIPOC) are disproportionately targeted for prosecution in these matters.[36] Outlawing abortion could result in further targeting of these populations by the criminal justice system.

Research demonstrates that when abortion care is restricted, the quality of other pregnancy care also suffers.

- In hospitals with policies forbidding abortion care, pregnant people can experience delays in miscarriage treatment, putting them at increased medical risk.[37]
- Clinical trial data demonstrates that the drug mifepristone, also known as the abortion pill, is the best medical treatment for miscarriages.[38] However, few doctors use mifepristone for miscarriage treatment, due to social stigma surrounding its association with abortion care.[39]

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