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What Trump's Family-Planning Pick Teresa Manning Gets Wrong About Birth Control

On Tuesday night, Hillary Clinton was honored at Planned Parenthood's centennial event, where she urged the audience to continue fighting for women's rights for the next 100 years and beyond.

"Part of the reason why we have such a big turnout here tonight is that our work is far from over," the former secretary of state said in her speech.

"We have a lot to do to continue advancing the rights and opportunities and full participation of women and girls. It remains the great unfinished business of the 21st century. And some days it seems like it's even more unfinished than we'd hoped because, as we speak, politicians in Washington are doing everything they can to roll back the rights and progress we fought so hard for in the last century."

While Clinton decried President Trump and his team's efforts to defund Planned Parenthood, she also specifically called out Teresa Manning. "Just this week we learned that this administration wants to appoint someone to lead our nation's family planning program who doesn't believe in birth control," Clinton said. "We can't for one second think that this fight is over."

So who exactly is this woman? Manning's reportedly set to be named as the deputy assistant secretary for population affairs in the Department of Health and Human Services (HHS).

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In this role, Manning will direct the Office of Population Affairs (OPA), the department that administers [Title X](#), the federal family-planning program. Title X provides reproductive and sexual health care services — including contraception counseling and prescriptions — to men and women alike who do not meet the eligibility requirements for Medicaid but are in need of this form of care and might be otherwise uninsured or unable to access it.

In addition to Clinton, other reproductive health advocates have expressed their concerns with the potential appointment. "It is a cruel irony to appoint an opponent of birth control to oversee the nation's only federal program dedicated to family planning, Dawn Laguens, executive vice president of [Planned Parenthood Federation of America](#) (PPFA), said in a statement. "Teresa Manning's appointment is unacceptable."

Because indeed, Manning — who is now set to oversee the program that allows low-income Americans access to contraception counseling and prescribing services — actually believes that contraception does not work.

In a 2003 interview, Manning, who at the time went by the name Teresa Wagner, [told](#) Boston NPR affiliate WBUR, “Of course contraception doesn’t work. Its efficacy is — is very low, especially considering over years, which is what a lot of contraception, health advocates want — to start women in their adolescent years when they’re extremely fertile, incidentally, and continue for 10, 20, 30 years.”



She continues: “Over that span of time, the prospect that contraception would always prevent the conception of a child is preposterous. Over a 30-year period, a woman is very likely to conceive once if not twice and *Family Planning Perspective*, the publication which writes on all this, admits this in its article. It’s very interesting what’s happened to the justification of contraception, the justification of abortion — because contraception doesn’t work.”

Yahoo Beauty has reached out to Manning to clarify these comments.

Because here’s the thing — contraception does work and, well, is an essential tool to helping prevent unplanned pregnancy. And

being able to plan when and if a pregnancy occurs is an essential component of securing women’s economic futures and further bolstering the U.S. economy as a whole.

“**The CDC names modern contraception as one of the ten greatest public health achievements of the 20th century along with immunizations and safer and healthier foods.**”

“If there is some debate about the efficacy of birth control that will certainly be news to the Centers for Disease Control and Prevention (CDC),” Bill Albert, chief program officer of the National Campaign to Prevent Teen and Unplanned Pregnancy, tells Yahoo Beauty. “No less august an authority than the CDC names modern contraception as one of the [ten greatest public health achievements of the 20th century](#) along with immunizations and safer and healthier foods.

According to Bedsider, the online birth control support network operated by the National Campaign to Prevent Teen and Unplanned Pregnancy, with typical use, [the implant](#) and [the IUD](#) are 99 percent effective — which is why they’re known as the “[gold standard](#)” of contraception methods.

“Given their effectiveness and ease of use, IUDs and the implant are critical to helping women plan their pregnancies — largely because, once in place, they change the default from having to take constant action to avoid an unplanned pregnancy (such as taking a pill every day at the same time) to having to take action to become pregnant (i.e., through removal of the device). In short, it removes the vagaries of a game-time decision regarding birth control,” Albert says.

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But [other methods are still very effective](#): With typical use, [the shot \(Depo-Provera\)](#) is 94 percent effective, [the patch](#) is 91 percent effective, the [ring \(NuvaRing\)](#) is 91 percent effective, birth control pills are 91 percent effective, condoms are 82 percent effective, withdrawal is 78 percent effective, and spermicide is 72 percent effective.

“Contraception is effective in preventing pregnancy when used consistently and carefully. Again, some methods are more effective than others, but it’s not as if doctors, clinicians, nurse practitioners, and others are prescribing *ineffective* methods of contraception,” notes Albert. “Not all methods work for all women, some women stop using contraception as circumstances in their lives change, and many women change methods for various reasons as time goes by. All of these factors can contribute to less than consistent and careful use.”

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It’s important to remember that tried-and-true birth control pills, in a perfect world, are [99 percent effective too](#) — but they’re not always [taken exactly as they should be](#) (at the same time, every day), and other prescription medications and herbal supplements can interfere with their efficacy. Though even then

they still work at preventing pregnancy for more than 90 percent of the people who take them.

In other words, the vast majority of the time, contraception works exceedingly well.

“Yes, some contraception is more effective than others; and [all work more effectively in “perfect” use rather than “real-world” use](#),” notes Albert. “Even so, we should not lose sight of the fact that something is better than nothing; and some things are better than other things. . . . Research suggests that the most direct way to reduce unplanned pregnancy is to help women move from using *nothing* to using *something*. Rather than being tied up in the weeds of relative effectiveness of various methods of contraception, our focus should be on helping women match their actions with their intentions. That is, make sure that all women have access to their chosen method of contraception and help them use that method consistently and carefully.”

[Research](#) released in March of this year by the Guttmacher Institute, a reproductive and sexual health research and policy group, found that when it comes to modern contraception usage, the opposite of what Manning says is true: Contraception is working [better](#) than it ever has before. Looking at the National Survey of Family Growth (NSFG) data from 2004 to 2010, the Guttmacher researchers found that, compared with the last analysis of this data done in 2002, birth control pills, the birth control shot, and condoms all had the biggest “wins” when it came to greatest reductions of their failure rates.

And not only that, but [research](#) from Washington University in Saint Louis released in 2015 found that the implant and the Mirena IUD [keep working for a year longer](#) than their FDA-approved expiration date — meaning that the implant works at 99 percent efficacy for four years (not three), and Mirena IUDs work for six years (not five.)

Emergency contraception (EC), also known as the “morning-after pill” or Plan B, is also [incredibly effective](#). A nonhormonal copper IUD inserted within five days of sex is 99.99 percent effective at preventing pregnancy, while EC pills are also very effective. Manning, however, has been [outspoken against](#) emergency contraception, [falsely](#) stating that it causes abortion. In fact, EC pills work by delaying or inhibiting ovulation so that no egg is released — meaning no egg can be fertilized and then potentially implanted in the uterine wall, resulting in a pregnancy. And copper IUDs work by preventing sperm from fertilizing an egg, again preventing pregnancy before it can even occur.

With half of all pregnancies in the U.S. described as unplanned and with the majority of unplanned pregnancies occurring in women who were either not using birth control or not using it consistently, it’s no wonder that experts at the National Campaign to Prevent Teen and Unplanned Pregnancy [say](#) that greater access to and consistent use of birth control is essential to significantly reducing the number of unplanned pregnancies — and abortions — in the U.S. In fact, women using birth control carefully and consistently account for only 5 percent of all unplanned pregnancies.

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Yet, in 2010, more than half of all “safety-net” centers available to provide contraception and family planning to these women were unable to stock certain contraceptive methods — often, the most expensive and most effective methods like IUDs — because of costs. But Title X-funded centers were able to provide a higher average number of contraceptive methods and were more likely to have protocols to enable easy initiation and continuation of methods compared with those centers that did not receive Title X funds; those safety-net centers that specialized in reproductive and sexual healthcare were able to offer a greater number of methods.

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Albert emphasizes: “Title X family planning clinics play an absolutely essential and irreplaceable role in helping women most in need. At present, nearly 20 million women eligible for publicly funded contraception already lack reasonable access to contraception.”

And birth control is also popular. According to a [Gallup poll](#) in June 2016, 89 percent of Americans think that birth control is “highly morally acceptable.” And according to [2012 polling](#) done by the National Campaign to Prevent Teen and Unplanned Pregnancy, 70 percent of Americans believe that health insurance companies should be required to cover the full cost of birth control, 81 percent of Americans believe the government should continue to help uninsured or underinsured

individuals gain access to birth control, and 79 percent of Americans believe that during tough economic times, we should all be doing whatever we can to help reduce unplanned pregnancy.

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Furthermore, 79 percent of Americans think that lawmakers who are opposed to abortion should be strong supporters of birth control and 95 percent of Americans believe for those who don’t want to get pregnant, taking birth control is exercising personal responsibility.

And Albert points out: “There are reasons why everyone loves birth control. It helps women plan and space their pregnancies. It improves educational attainment and family wellbeing. It improves maternal and infant health. It saves money. The list is long.”

The economic implications of unplanned pregnancy are wide-ranging: Not only does birth control allow women to secure their own personal economic prospects, but the outcomes of unintended pregnancy can be financially devastating. A child born as the result of an unintended pregnancy is at greater risk of premature birth and low birthweight, and babies who are born early or too small have a greater chance of dying in their first year of life and suffering short- or long-term health consequences. And these consequences can add up for families and taxpayers alike.

Nearly [half of all births](#) in the United States are paid for by Medicaid, Albert adds, pointing out the overwhelming [evidence](#) that suggests that providing publicly funded contraceptive services for low-income women directly [reduces Medicaid costs](#). In 2010, the average cost for one Medicaid-covered birth

was \$12,770. In comparison, the annual per-client cost for a year’s worth of contraceptive care was \$239. The [math](#) speaks for itself.

“For the most disadvantaged women and communities, the widespread use of birth control alone is not a panacea,” Albert points out. “For these women and communities, realizing the full benefit of pregnancy planning, spacing, and prevention also requires additional efforts to promote educational attainment, better schools, stronger families, economic opportunities, job readiness, and more. Put another way, birth control alone cannot solve crushing poverty, but it can open the door to increased opportunity.”

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But now the fates of those Americans — people who are more often than not low-income and facing significant life challenges — who rely on Title X seem to largely lie in the hands of Teresa Manning, who doesn’t believe that the contraception these women need will help them in controlling their own reproductive lives and economic futures.

“Game-changer is one of the most overused phrases of modern times. Contraception truly is a game-changer for women, families, and society,” Albert concludes.