FIGHTING BACK...

...MOVING FORWARD
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MOVING PAST CHALLENGES AND FOCUSING ON THE PEOPLE WHO COUNT ON US

This year is a crucible for Planned Parenthood in Texas. Our family planning contracts are long gone, our participation in the Women’s Health Program is blocked. The Texas Legislature has created new support for women’s health but conditioned that support in ways that will keep it from helping women who seek care at Planned Parenthood. The Affordable Care Act has yet to fully take effect and bring increased health insurance coverage to our clients who struggle to make ends meet. And on July 18 this year the governor proudly signed a bill that will likely limit abortion care to five or six locations in the entire state.

These challenges have the media and all of us talking about what has been lost, and the damage that has been done. Understandable, but enough. We need to start talking about what is working well and what we will be doing tomorrow and beyond to fulfill our mission to provide and protect the health care and information people need to plan their families and their futures.

There is a lot to be proud of: we’re providing health care to more than 20,000 unduplicated clients this year; our sliding fee scale continues to work well; we moved the Brownsville health center to a new (nicer and better) location; we added another test (human papillomavirus) to be performed at our in-house lab; this summer we migrated to a fantastic electronic medical record system; and we have established contracts with all the major insurance carriers in our market. And if that’s not enough, amidst all the challenges we’re facing—we are operating in the black. That is some heavy lifting people. I am proud of the hard work at Planned Parenthood and I hope you are too.

Of course I am mad about the decisions that have been made that damage women’s health care in Texas, but my job is to make good things happen no matter what. Our intelligence, creativity and commitment to our mission are not determined or controlled by politicians inside of a pink granite dome. I know so many of you personally, and I know the same is true for you.

Of all the challenges we face, the new abortion law presents us with the most unique and urgent priorities. Doctors providing abortion care must have active admitting privileges at a hospital within 30 miles of where the abortion is performed. Fortunately, the physicians who provide abortion care at Planned Parenthood health centers in San Antonio have active admitting privileges. The law ignores evidence-based, best practices regarding medication abortion and will force us to follow an outdated protocol that will likely prompt women to avoid medication abortion altogether. Along with other providers in Texas, we have filed suit against these two requirements which are set to take effect on October 29, 2013.

Additionally, and arguably the greatest challenge of this new law, is a new requirement (effective September 2014) that all abortion care, even medication abortion, must take place within facilities that meet the standards of ambulatory surgery centers. We’re strategizing with our legal team about how to best fight this provision, but a new surgery center is now our singular, most urgent priority in order to lawfully provide abortion care to women in Texas.

It would be a tragedy for Texas women and their families if the Planned Parenthood Trust was unable to continue to provide abortion care. Abortion is a complex issue, but I think we all understand that lack of access to safe abortion should never be the only reason for becoming a parent. Family planning is the reason I came to work at Planned Parenthood, but women become pregnant at times they do not want to be, cannot be, and I want us to be able to help women who have made the difficult and personal decision to end a pregnancy.

While the new abortion law is the front-and-center reason we will establish a surgery center, we intend to do more than provide abortions at this new facility. We will provide other procedures and treatments that we currently refer out because we do not operate a surgery center: laparoscopic hysterectomy, permanent birth control via bilateral tubal ligation, vasectomy. We will be able to perform hysteroscopic evaluation of the inside of the uterus and then treat what we might find: remove polyps, perform endometrial ablation, treat or remove fibroids.

Further, with our own surgery center, we can control costs in ways that will allow us to provide this care to women who could not afford it elsewhere. This reminds me of how years ago we established our Stop Cervical Cancer clinic when we found that our clients who we referred out for follow-up on their abnormal Pap test results could not find and afford the essential health care they needed to treat their cervical dysplasia. We decided to become the provider. We bought the equipment, trained the staff and expanded our scope of practice, and for years now we have been providing colposcopic evaluation of the cervix, and cryotherapy or loop electrical excision procedures to treat or remove dysplasia and stop the progression of cervical cancer. I believe our new surgery center will be a terrific addition to the organization and will expand the health care we provide.

I don’t like what the Legislature did to damage women’s health care in Texas. But their mean-spirited actions have no control over the dedication and innovation that exists within the staff and board and volunteers at Planned Parenthood. We’re moving forward. And every time they try to throw something in our way, we step over or around the obstacle and in this case, pick up something we like and use it to improve and expand our work. There are women and men and teens who need us and are counting on us. Let’s keep our focus on them—not the politicians—and get to work.

Onward.

Sincerely,

[Signature]

Sandy Stier
President and CEO
This quote resonates with those of us who work and volunteer for Planned Parenthood as our organization enters its 75th anniversary year. Oh, we’re vital! As we try to keep up with all that is required of a vital health care provider, “calm” is something we rarely feel. Determined. Driven. Hopeful. These are words that describe the feelings which inspire our work. We’re determined and driven because the need for high-value, nonjudgmental health care is so incredibly great here in Texas (not to mention the need for honest, science-based information about sex and reproductive issues). More than half (52%) of our patients tell us we are their only health care provider. Given the inadequacy of Texas’ family planning provider network, this is not likely to change any time soon. Our clients cannot imagine a world without Planned Parenthood. Neither can our supporters, nor those who care about women’s health and reproductive rights. So for these reasons we are—despite everything that we’ve endured these past few years—hopeful.

As government funding has dwindled over the past ten years, philanthropy, especially philanthropy generated by the Luncheon, has become a major factor in our ability to offer charity health care to those in need. Anyone who has attended a Luncheon before, or who has even seen a Diane Keaton film, won’t need to be convinced that the 2014 Luncheon is going to be a good time. We hope you also know that your support of the Luncheon really matters, really makes a direct difference in someone’s life. The dollars we raise translate into health care that changes and saves individual lives, improves prospects for whole families, and improves public health for whole communities.

At the time of writing, 90 tables have already been sponsored. We hope you’ll be in touch soon to help us fill the rest. We also hope that in this, our 75th anniversary year, you’ll consider doing something more. Ask your guests to make a contribution, or sponsor at a higher level. Remember that all new or increased gifts made in November (or pledged in November and paid before the end of this year) will be matched thanks to the wonderful generosity of the Estate of Odelia B. McCarley and the Steve and Marty Hixon Family Foundation.

should you have any question about the Luncheon or wish to sponsor a table, please contact Angela Koester at (210) 572-5278 or angela.koester@pptrust.org.

MESSAGES FROM THE 2014 LUNCHEON CO-CHAIRS

“I’m very pleased to be part of the effort to bring together so many stalwart supporters of Planned Parenthood—especially in the upcoming year of Planned Parenthood’s 75th anniversary.

Ideas and attitudes about family planning and women’s health have changed a lot in 75 years, never mind the past 3 years! But the thousands of women who continue to rely on Planned Parenthood, and the thousands of people, like you, who support Planned Parenthood, demonstrate how much our community values non-judgmental, accessible health care. Healthy women create healthy families—the building blocks of healthy communities, and society as a whole. Thank you for your continued support and involvement!”

—ELLEN LAKE

“Planned Parenthood does such amazing things, not just for women, but for men, families and society in general. I am immensely proud to be involved with Planned Parenthood and honored to serve as co-chair of the 2014 Luncheon. I urge all Planned Parenthood supporters (men and women, alike) to encourage their husbands, sons, dads, etc. to come to the Luncheon and support Planned Parenthood in whatever way possible. I should add that I think it’s going to be fun to hear a genuine movie star, Diane Keaton, at the event!”

—RICHEY WYATT
BROWNSVILLE HEALTH CENTER FINDS A NEW HOME

NOW LOCATED NEAR THE VALLEY REGIONAL MEDICAL CENTER

With women’s health care going through a tremendous amount of change in Texas, we are pleased to announce a new home for the Planned Parenthood health center in Brownsville.

“We are incredibly excited about our new health center on Alton Gloor, which will allow us to better serve our patients in Brownsville,” says Polin C. Barraza, RN, Sr. Vice President and Chief Operating Officer. “We’ve been working on making sure our health centers are the right size and that they located in communities where they will have the greatest impact. The relocation of the Brownsville health center is part of a larger organizational plan that ensures our facilities match the superior client experience our patients already receive.”

When the Planned Parenthood Trust of South Texas formally merged with the Planned Parenthood Association of Cameron & Willacy Counties (PPCWC), there were some difficult decisions that had to be made—namely the closure of two health centers. While these decisions were hard, they were correct, and they allowed the organization to preserve a Planned Parenthood health center in Brownsville and in Harlingen. Yet we knew our work was not over. Like some locations in San Antonio, the location of Planned Parenthood's health center in Brownsville needed rethinking. We were no longer in the most ideal location for our patients. Further, the building that housed the Brownsville health center was too large, and had space that was not used. An opportunity to sell the building emerged, and within a few weeks, the Brownsville health center had a new home.

The new health center has received accolades from both staff and patients. “This new location is centrally-located, easy to access, and already patients are raving about the clinic. The facility now matches the great customer service and experience our patients expect and deserve,” says Cyndi Contreras, Brownsville Health Center Supervisor and General Manager for PPCWC.

Like our health centers in San Antonio, the Planned Parenthood health center in Brownsville provides a full-range of comprehensive reproductive health services, including: Pap tests that screen for cervical cancer, follow-up care and treatment for abnormal Pap tests, clinical breast exams, birth control, emergency contraception, STD testing and treatment, HIV testing, among other services, including services for men.

EXHIBIT RUNS THROUGH NOVEMBER 22

AUDACIOUS CITY LIMITS REDUX BENEFITS PLANNED PARENTHOOD

As you know, this past year in particular has been devastating for women’s health. And yet, against considerable odds, Planned Parenthood keeps fighting back and moving forward. One of the reasons we are able to do this is YOU. Your support—however large, small, unique, or audacious—helps drive our work. Because of your support, Planned Parenthood is able to help thousands of women and men each year.

We are grateful to Darryl Mix, “Empresario” of Art SA Gallery, who is organizing an exhibition, Audacious City Limits Redux, to benefit Planned Parenthood and the people we serve. Through this exhibit Mix, who is well known for his unique and often unexpected curatorial approach, brings together a diverse group of artists who, while very accomplished in their respective mediums, appear to have little in common. According to Mix, the shared quality among these artists is the character of their expression. “They are audacious!” He further explains, “These artists have infused their work with the essence of ‘audacity’—which implies the creative results are to be best considered if the viewers remind themselves that the artists were under the influence of one or more of the following personality quirks: dare deviltry, hardihood, pluckiness, mettle, intrepidity. It isn’t weird . . . it’s AUDACIOUS!”

EXHIBIT RUNS THROUGH NOVEMBER 22

ART SA Gallery is located on 108 E. Mistletoe, San Antonio, TX 78212. For gallery hours visit: www.salocalart.com. For more information, please call or email Angela Koester at Planned Parenthood (210) 572-5278 or angela.koester@pptrust.org.

PARTICIPATING ARTISTS INCLUDE:
Daniel Armstrong, Mike Breidenbach, Darren Dirk, Daphid, Robert Dix, Mira Hnatyshyn-Hudson, Amy Jones, Lauri García Jones, Diana Kersey, Matthew McCoy, James Miller, Lenise Perez, Kari Roberts-Sackman, Daniel Saldaña, Justin Schneider, Katy Silva and Debra Sugerman.

Darryl and Darcy Mix are Patron level donors, and Darryl has very generously offered to contribute a portion of all sales to Planned Parenthood. So, in addition to thought-provoking art, this exhibition also gives you the opportunity to help support essential health care like life-saving cervical cancer screening and treatment, birth control, Pap and breast exams and STD testing and prevention.
PLANNED PARENTHOOD CHALLENGES NEW TEXAS ABORTION LAW

This issue is no longer about Democrats and Republicans, this is about respect. THIS IS ABOUT RESPECTING WOMEN AND FAMILIES, and the men who love them. – San Antonio Mayor Julian Castro on July 11, 2013

Stand with Texas Women Rally

The 83rd Texas Legislative session was devastating for women’s health. The regular session passed a budget that excluded Planned Parenthood from family planning funds. Additionally, Governor Rick Perry called two special sessions, in large part to ensure the passage of a bill (House Bill 2) that would virtually end access to abortion care for many women in Texas. The Governor and his allies succeeded and on July 18, Perry signed the bill into law. The provisions of the new abortion law require that:

1. All physicians have “active admitting privileges” at a hospital providing obstetrical or gynecological care services not further than 30 miles from the location at which an abortion is performed (the “admitting privileges requirement”).

2. Providers follow the now-outdated medication abortion regimen approved by the FDA in 2000 (the “medication abortion restrictions”).

3. No abortions to be performed after 20 weeks post fertilization (or 22 weeks from last menstrual period);

4. All abortions be provided in ambulatory surgical centers (ASC)—including medication abortion where there is no procedure (the woman takes medication orally).

The first three provisions go into effect October 29, 2013. The ASC provision becomes effective September 1, 2014. While proponents of the law argue that these provisions would make abortion “safer for women,” the reality is that none of these provisions make abortion safer. In fact, abortion is already a very safe procedure. During the first 13 weeks of gestation, complications1. Further, providers of abortion care already maintain a facility license, adhere to strict standards required by the license, and are subject to unannounced site inspections every year. This is why medical experts in Texas and across the country, including the American Congress of Obstetricians and Gynecologists, the Texas Medical Association and the Texas Hospital Association, opposed the law.

The real purpose of the new law is to make abortion inaccessible to women by imposing excessive, medically-unnecessary and sometimes impossible-to-meet restrictions on providers. At a press conference organized by Texas Right to Life in December of last year, Governor Perry said, “To be clear, my goal, and the goal of many of those joining me here today, is to make abortion, at any stage, a thing of the past.” Indeed, if enacted, the new law could force dozens of providers across the state to close their doors, severely curtailing access to safe, legal abortion in the state. As a result, these new restrictions will deprive many women of the ability to make personal decisions about their reproductive health care depending on where they live.

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- All physicians must have active admitting privileges at a hospital within 30 miles of the location where abortions are performed.
- Providers must follow the medication abortion regimen approved by the FDA in 2000.
- No abortions can be performed after 20 weeks gestation, or 22 weeks from the last menstrual period.
- All abortions must be performed in ambulatory surgical centers (ASCs).

The provisions of the new abortion law are not about improving women’s health or safety. They are about making abortion inaccessible. The real purpose of the new law is to make abortion inaccessible to women by imposing excessive, medically-unnecessary, and sometimes impossible-to-meet restrictions on providers. The provisions of the new abortion law require that:

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The provisions of the new abortion law are not about improving women’s health or safety. They are about making abortion inaccessible. This issue is no longer about Democrats and Republicans, this is about respect. This is about respecting women and families, and the men who love them. – San Antonio Mayor Julian Castro on July 11, 2013

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Hospitals in Texas have broad discretion to set qualifications in the granting of privileges, and can grant or refuse privileges on the basis of their own rules and regulations. Reasons unrelated to physician quality or credentials may include: a hospital’s ideological opposition to abortion; the religious affiliation of the hospitals; various hospital bylaw requirements; and requirements that all doctors with privileges reside close enough to the hospital to be available for call (which may not be possible if the physician does not live nearby).

Admitting privileges are not the ultimate measure of the caliber or capability of a physician; they can simply be a measure of how often a physician admits a patient to the hospital.

San Antonio Mayor Julian Castro.

Continued on next page

1. This statement is blatantly incorrect. The fact that abortion is a safe procedure that rarely requires hospitalization actually gets in the way of doctors obtaining privileges. Confused? Many hospitals require a minimum number of admissions per year for staff physicians. And because many abortion providers haven’t had to admit a patient in years (again, because abortion is safe), they typically won’t have the necessary number of admissions.

“Doctors have to have hospital admitting privileges”—FALSE. Many physicians do purely outpatient work—for example, some obstetricians who specialize in maternal-fetal medicine—and they don’t have admitting privileges. Even some inpatient specialists don’t, like E.R. doctors and anesthesiologists. (E.R. physicians do a preliminary workup, but another doctor admits and becomes the attending physician. Anesthesiologists have little need to directly admit.)

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Continued on next page
The physicians that provide abortion care at Planned Parenthood in San Antonio do currently have admitting privileges. However, the reality is that many other providers throughout the state, and especially in smaller communities, cannot meet the admitting privilege requirement. This new requirement will not improve women’s health.

RESTRICTIONS ON THE USE OF MEDICATION ABORTION

As with the admitting privileges requirement, it seems reasonable that administration of medications be done in strict accordance with FDA guidelines, right? After all, isn’t this how all medications are prescribed? Again, this is a common misconception. In fact, it’s standard medical practice for physicians to prescribe FDA-approved drugs in dosages and for indications that were not specifically approved or contemplated by the FDA, particularly when supported by adequate study. This is commonly referred to as “off-label use.” The FDA has repeatedly acknowledged that off-label use of medications is common and is sometimes required by good medical practice. Drug protocols often evolve after the FDA makes its original recommendations. And after years of practical experience, doctors often prescribe medicines for different uses and in different doses. For example, aspirin (a pain reliever) is now commonly used to prevent heart attacks. Beta-blockers are FDA-approved for the treatment of high blood pressure but are widely recognized by cardiologists as a standard of care for patients with heart failure. Even the birth control pill is sometimes prescribed off-label, to treat endometriosis. Take a look at your own prescription’s FDA approved “label use”—the actual final printed labeling, not the prescription from your doctor. You may be surprised to learn that your physician’s dosage and direction is different from the FDA label guidelines.

In the case of the medication abortion, the original FDA label limits the use of Mifeprex™ to the first seven weeks of pregnancy. After more than a decade of use, Mifeprex has been shown to be effective to end a pregnancy through nine weeks of pregnancy, and maybe even ten weeks.

There is a second medication used in medication abortion called misoprostol, to be administered 24-48 hours after the administration of Mifeprex. The original FDA-approved regimen for Mifeprex requires misoprostol to be administered in clinic. The practice of medication abortion has advanced and now supports allowing the patient to self-administer the misoprostol in the privacy and safety of her home, or a location of her choosing. It is safer for the woman to take the misoprostol when she is in a setting where the abortion can effectuate while she is not traveling. This also gives her greater control over the timing and privacy of the abortion.

This newer, evidence-based regimen is supported by years of research and it is why the overwhelming majority of providers in the United States offer their patients a regimen different from the original FDA labeling. It is important to note that the FDA has never required that prescribers of medication abortion follow any particular regimen and has never imposed a gestational age limit on its use.

According to Dr. Lisa M. Hollier, MD, MPH, FACOG, Chair, Texas District American Congress of Obstetricians and Gynecologists, the effect of banning the newer regimens for medication abortion would be to punish physicians “for striving to provide the highest quality of care for their patients.”

The medication abortion provision of the new law would force doctors to ignore their practical experience and go against years of research that have proven the current protocols for administering medication abortion are safer and more effective than those originally approved by the FDA more than thirteen years ago.

WHAT’S NEXT?

At the time of writing of this article, a hearing of the lawsuit has been scheduled for October 21 in Austin. If an injunction is granted, we expect the State would then appeal the decision to the U.S. Fifth Circuit Court of Appeals. Four courts have recently blocked admitting privileges requirements similar to the provision in this bill (Alabama, Mississippi, North Dakota, and Wisconsin). While an Ohio medication abortion restriction was upheld, in both North Dakota and Oklahoma, laws severely restricting medication abortion have been challenged and both were permanently blocked.

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2 The lawsuit, Planned Parenthood v. Abbott, was jointly filed by the Planned Parenthood Federation of America, the Center for Reproductive Rights, the American Civil Liberties Union, and the Texas firm George Brothers Kincaid & Horton.

3 Fletcher Stoeltje, Melissa, Abortion rights advocates sue over Texas law, San Antonio Express-News, September 27, 2013.

4 Under the evidence-based regimen. The FDA regimen is 36-48 hours.
The new health law makes health insurance more affordable for millions of people who are uninsured and provides new benefits for all Americans. It will mean that being a woman is no longer a pre-existing condition. Co-pays and deductibles for birth control have been eliminated, and millions of Texans will now be eligible for health insurance for the very first time.

However, while the new law is a huge step forward, it’s not perfect. The impact and scope of ACA have been severely limited due to political maneuvering in Congress and in Texas, leaving the fate of health insurance for many of our patients in limbo. While the new law is already benefitting millions of Americans, Governor Perry refused to expand Medicaid, leaving an estimated 1.5 million Texans without affordable health care. But they will still need access to basic preventive health care like birth control and cancer screenings. Heroic philanthropy will keep that essential care affordable and accessible.

It is heroic philanthropy that makes the critical difference which allows us TO STAND BY OUR CLIENTS AND PROVIDE A SLIDING FEE SCALE based on ability to pay. The need for that support is not going away.

Throughout South Texas, thousands of women, men and teens turn to us as a trusted reproductive health care provider. We welcome the opportunity to serve the newly insured. For those who don’t qualify for any government or private insurance program, we are committed to strengthening the health care safety net to make sure they receive the services they need. With your help, we will continue to deliver high-quality, affordable health care to women and men wherever we can.
We receive many requests for in-kind donations—condoms, in particular. We do our best to help when we can and provide Planned Parenthood Proper Attire® condoms to community groups, organizations, and schools as part of our outreach work to promote safer sex. Below is a letter we recently received from the UT San Antonio chapter of Global Brigades, a student led organization focused on health and sustainable development in underserved nations.

Dear Planned Parenthood,

The UT San Antonio chapter of Global Brigades was able to plan, organize and complete an extremely successful health service trip to Honduras two weeks ago. In the process of gathering the extensive materials on our mobile health clinic supplies list, the most generous contributor in the realm of family planning and sexual education supplies was the Planned Parenthood Trust of South Texas.

Our group was composed of 36 pre-medical and pre-dental students, two physicians from the US, and five physicians from Honduras. During our weeklong trip, we were able to provide health care services to over 750 individuals composing over 400 families in three rural communities: La Ciénega, Silisgualagua, and Liquidambos.

Each of the communities we visited was very difficult to access. It took roughly 2 to 2 ½ hours to reach the areas, and the dirt roads were not always in good condition. Certainly access to care is a major issue for all residents...over 80% of women had not received information about family planning or birth control.

We were able to provide gynecological services for women of reproductive age, and hold public health discussions (“charla”) with adults. Each session lasted 15-20 minutes, and included discussions about personal and environmental hygiene, sexual protection and family planning. Condoms were provided to young and adult men after each session to help address increasing birth rates and sexually transmitted infections in these communities—especially among teenagers.

Although we had been prepared to face potentially challenging situations with respect to differing cultural viewpoints on these sensitive issues, the response from the communities was overwhelmingly positive. One of the most encouraging signs of a significant impact I witnessed was that of mothers and even grandmothers requesting condoms for their sons and grandsons.

The UT San Antonio chapter of Global Brigades is greatly indebted to the Planned Parenthood for providing the resources we needed to make our trip a tremendous success. We hope to work with you again in the future, and sincerely thank you for enabling sustainable social and health empowerment in Honduras!

With greatest appreciation,

Jade Heverly-Campbell
President
Global Medical Brigades, UT San Antonio Chapter

For information on in-kind contributions or community presentations, please contact Mara Posada at (210) 572-5297 or mara.posada@pptrust.org.
DUDLEY DOES IT AGAIN!

STUDIO OPEN HOUSE ON DECEMBER 21

You’ll read elsewhere in this publication about *Audacious City Limits: Redux*, the benefit art exhibition organized by Darryl Mix. It seems this is the redux season, and we couldn’t be more grateful.

Dr. Dudley Harris, who with his late wife Carol Harris, has been supporting Planned Parenthood in clever as well as conventional ways for over 30 years, very kindly offered to organize a redux of his December 2011 benefit pottery sale. The first benefit was a great success, and led to Dr. Harris’ donation of the centerpieces for the 2012 Annual Luncheon. Not only did every centerpiece sell, all the works at his exhibition table were snapped up as well. Dr. Harris will once again support Planned Parenthood through sales of his pottery:

**SATURDAY, DECEMBER 21**
9a.m. - 5p.m.
Studio Open House • 219 Palo Grande • San Antonio

Dr. Harris is a master of his craft, and his pottery pieces are needful, beautiful, substantial works of art—and wonderfully practical. Amongst Dr. Harris’ fan is longtime Planned Parenthood supporter Linda Perez, “Dudley Harris’ love of pottery and life shows in the beautiful bowls he makes. Destined to hold good food and delight their owners, they also have the advantage of contributing to causes that match Dudley’s beliefs. I am the proud owner of several Dudley Harris bowls, so I know what I’m talking about.”

While you can purchase Dr. Harris’ pottery anytime from his website (www.dudleyharris.com/pottery) we hope you will decide to add to your collection, or acquire a piece as a gift for a friend on December 21.

**A FULL 100% OF THE SALES WILL BE DONATED TO PLANNED PARENTHOOD. INCREDIBLE!**

For more information, please call or email Angela Koester at Planned Parenthood (210) 572-5278 or angela.koester@pptrust.org.

ABOUT DR. HARRIS

Dr. Dudley Harris makes stoneware pottery in the Japanese style. But he makes it for the American table. This means that his bowls have a rather tall foot and that his glazes are quite subdued. The pottery is for food preparation and presentation. It is microwave and dishwasher safe. Recently, Dr. Harris completed a new studio that should be especially attractive to anyone with even a passing interest in Japanese architecture. Dr. Harris has an annual Studio Open House where his work can be purchased. He selects one or two good causes to receive all the proceeds from this annual event.