

WIN IN THE NOW

The Alan Guttmacher Institute 2004 Annual Report

IN THE KNOW

Mission Statement

The Alan Guttmacher Institute advances sexual and reproductive health and rights in the United States and worldwide through an interrelated program of social science research, policy analysis and public education to encourage enlightened public debate, promote sound policy and program development, and inform individual decision making.

Dear Friends,

Last year, we promised that The Alan Guttmacher Institute would continue to “push back” against escalating threats to sexual and reproductive health and rights. We did. And we will do so again this year. We will give up no ground without a struggle.

In the past year, we fought removal of medically accurate information about the effectiveness of condoms from government Web sites, opposed new labeling for oral contraceptives that ignores health benefits and countered efforts to link abortion with breast cancer, infertility and suicide risk. We protested the FDA’s refusal (despite near-unanimous scientific support) to make emergency contraceptives available to women without a prescription. We challenged the dramatic increase in funding for marriage and abstinence promotion at the expense of comprehensive sex education and subsidized contraceptive services, and refuted “junk science” that purports to show that abstinence, by itself, is working to prevent teen pregnancy at home and HIV/ AIDS overseas.

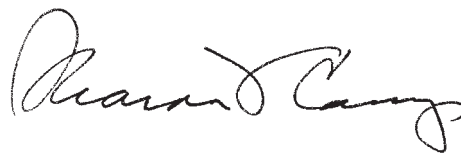
To confront these and other threats in the future, we will wield our irrefutable research and analysis to force policymakers to acknowledge and meet genuine needs. We know that around the world, whether within or outside of marriage, most people of reproductive age are sexually active. We know that most Americans have sex before marriage, that one in three U.S. women will have an abortion by age 45 and that six in 10 women having abortions are mothers.

We know that the publicly funded family planning clinic system in this country currently serves only four in 10 women in need of subsidized birth control services.

We know that efforts to meet the reproductive health needs of women in developing countries have fallen far short of commitments, and that if contraceptive services were available to all women who needed them, we could prevent 52 million unintended pregnancies, 22 million induced abortions and 142,000 pregnancy-related deaths every year. We know that countries that have successfully turned back HIV have used a comprehensive approach that includes encouraging condom use, abstinence and monogamy.

Progressive groups worldwide are forging new alliances and working to educate the public about the extremist nature of the social conservatives’ agenda. Already, our opponents have begun to overreach, arguing that condoms are responsible for HIV/AIDS, that abortion doctors should face the death penalty and that unmarried women and gay men and women should not be allowed to teach in schools. In the coming year and beyond, the Guttmacher Institute will use our leadership position to recapture the debate on these fundamental issues, mobilize alliances and inform policymakers, to the ultimate benefit of the individuals and families who will have the information and services they need to make sound choices about their own futures.

Cordially yours,



Sharon L. Camp, Ph.D.
President & CEO

On April 25, 2004, hundreds of thousands of men, women and children gathered in Washington, DC, to combat efforts to dismantle hard-fought gains in sexual and reproductive health and rights. This March for Women's Lives assembled a diverse coalition of people in support of women's ability to protect their reproductive health and determine whether and when to have children. The March was about the right to abortion, but it was also about access to birth control, prevention and treatment of sexually transmitted infections, and public support for mothers and children. It took place in the capital of a global superpower but focused on the needs of disempowered groups, including women in poor countries around the world and U.S. women who are disadvantaged because of race, ethnicity, age or income. And it drew the participation and support of men and women of all ages and backgrounds.

The broad agenda of the March for Women's Lives reinforces the position The Alan Guttmacher Institute and other advocates have taken all along: Reproductive rights are an integral part of a wider concern for social justice. We underscored this point in 2004 with *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health*, a report copublished with the United Nations Population Fund (UNFPA) that documented the many ways in which better sexual and reproductive health services improve the lives of women, children, couples and societies around the world.

Armed with relevant facts and intelligent analysis, the Guttmacher Institute and our colleagues are prepared to fight back against flawed policies and propose better ones—both in the United States and internationally. The invigorating experience of the March for Women's Lives was critical in 2004, as advocates for sexual and reproductive health and rights faced escalating threats. For example, U.S. state and federal government policies

- 1 allowed health professionals to deny women contraceptive prescriptions;**
- 2 put young people at risk by sponsoring ignorance;**
- 3 imposed gag rules on health care providers overseas;**
- 4 withheld funds from multilateral family planning efforts;**
- 5 threatened Medicaid support for family planning;**
- 6 blocked timely access to emergency contraceptives;**
- 7 passed over family planning clinics in the allocation of HIV/AIDS funds;**
- 8 stalled insurance coverage for contraception;**
- 9 attacked condoms; and**
- 10 substituted ideology for scientific evidence.**

The Guttmacher Institute challenged each threat, countering ideology and misinformation with scientific research and evidence-based policy recommendations. In defending against such attacks, we pushed on toward the ultimate goal: A world in which all women and men have the ability to exercise their rights and responsibilities—freely and with dignity—regarding sexuality and family formation.

Here's how we tackled just a few of the past year's challenges.



Government-Sponsored Ignorance Puts Young People at Risk.

In 2004, the Bush administration continued to threaten young people's sexual and reproductive health by denying them access to comprehensive sex education and services. Between 1996 and 2004, nearly \$1 billion in state and federal funds was spent on programs that promote abstinence until marriage and withhold information about (or denigrate) condoms and other contraceptive methods. Money continues to pour into abstinence-only education—\$137 million was spent in federal funds in 2004 alone, and Congress has since increased funding by another \$30 million—even though recent studies show that such programs fail to keep teens from having sex and in the long run actually increase teenagers' risk of unintended pregnancy and sexually transmitted infections.

of relevant policy and funding decisions, and studies of existing sex education programs into a concise, advocacy-oriented tool. The presentation is available for download from the Institute's Web site and has been shared with advocates as part of Institute-led training workshops at such conferences as the annual meetings of the American Association of Sex Educators, Counselors and Therapists and the National Organization for Adolescent Pregnancy, Prevention and Parenting.

In addition to reaching out to state-level educators and advocates through workshops, in 2004 the Institute organized a series of roundtable discussions with state stakeholders for in-depth conversations on their research and advocacy needs. Although topics varied depending on the needs expressed by local advocates, roundtables in Florida and Colorado focused on meeting the needs of the states' young people. These meetings helped establish priorities for research, strengthen existing coalitions and develop advocacy tools and strategies for providing better information and services to adolescents. Participants also discussed findings from a Guttmacher Institute study on how young

“We found that most teens talk to their parents about sexual health and birth control, which is great news. But that doesn't make it good public policy to force them to do it.”

Rachel Jones, Ph.D., is a sociologist and senior research associate at the Guttmacher Institute, where her work focuses on adolescent sexual health, male sexual and reproductive health, and abortion. In addition to “Adolescents' Reports of Parental Knowledge of Adolescents' Use of Sexual Health Services and Their Reactions to Mandated Parental Notification for Contraception,” recently published in the *Journal of the American Medical Association*, she has published articles in *Perspectives on Sexual and Reproductive Health*, *Social Forces*, *Sociological Inquiry* and *Sociological Perspectives*.

In response, the Guttmacher Institute has devoted public education, research and policy analysis efforts toward moving young people safely toward adulthood. For example, an interdivisional team developed a slide presentation, titled “Sex Education: Needs, Programs and Policies,” that draws together demographic and behavioral research on teens, tracking and analysis

women would react to laws requiring family planning clinics to notify their parents before prescribing them birth control.

This study, which was subsequently published in the *Journal of the American Medical Association*, shows that in the face of such laws, four in 10 teens would stop

going to a clinic, and one in five would engage in unsafe sex. Fewer than 1% said their only reaction would be to stop having sex. These findings suggest that mandating parental involvement in teens' contraceptive decisions—and thus denying services to teens who are unwilling or unable to discuss these issues with their parents—would likely lead to increased rates of teen pregnancy and sexually transmitted infections. Like withholding information, withholding services puts young people at risk.



Medicaid Support for Family Planning in Jeopardy.

Without public support, poor and low-income women may find it impossible to exercise their legal right to contraception or abortion. In the United States, more women than ever need publicly funded family planning; however, since 1994, funding for these vital services has declined or stagnated in 27 states and the District of Columbia. At the same time, President Bush has pro-

possibly including the guaranteed provision of family planning services.

Anticipating the president's proposal to slash Medicaid, in 2004 the Guttmacher Institute examined the availability and use of publicly funded family planning clinics. We found that clinics in states that extend Medicaid coverage of family planning services to more low-income women did a better job of serving women in need of subsidized contraceptive services. Policy analysts at the Institute helped state advocates and program administrators marshal the evidence to apply for these Medicaid expansions, while also using these findings to brief congressional staff on the potential of expansions to reduce unintended pregnancies—and to eliminate related costs for prenatal and obstetric care.

Although Medicaid succeeds in providing subsidized health care to many low-income women, access to services remains difficult for many women, particularly immigrants. Not only are new immigrants ineligible to receive Medicaid, they often face cultural barriers when seeking services. The July/August 2004 issue of *Perspectives on Sexual and Reproductive Health*

“In Congress and the states, we are facing a potential ‘perfect storm’ that could make it harder for women to get contraceptives, counseling and STI testing to protect their health. As we grapple with the future of Medicaid, we should consider how to encourage states to expand their investment in family planning because it makes for sound fiscal and public health policy.”

Rachel Benson Gold, M.P.A., is the Guttmacher Institute's director of policy analysis. Her expertise is in the role of the public and private sectors in financing reproductive health care. She has authored and coauthored many reports and articles, including *Medicaid Support for Family Planning in the Managed Care Era*, *Uneven and Unequal: Insurance Coverage of Reproductive Health Services* and *Abortion and Women's Health: A Turning Point for America?*

posed drastic cuts to the Medicaid program (which provides health care to one in three women of reproductive age), and the administration has been open about its desire to reduce Medicaid benefit guarantees,

focused on the diverse sexual and reproductive health needs of Latino teenagers and adults, emphasizing areas where Latino experiences or culture suggest different approaches to providing care. In an effort to

move efforts in this area forward and improve programs serving the Latino community, the Guttmacher Institute and the Latino Issues Forum convened a meeting of researchers and community experts to

In advance of Global AIDS Day in 2004, the Guttmacher Institute partnered with UNAIDS, UNFPA and the International Planned Parenthood Federation to explore the benefits of coordinating family planning services

“Our research shows that although many young people, especially young women, are more concerned with preventing pregnancy than with preventing sexually transmitted infections, the risk of both is real to them. We can—and must—serve them better by making it easy to get all the services they need in one place.”

Akinrinola Bankole, Ph.D., is the Institute’s associate director for international research. His work focuses on men’s sexual and reproductive behaviors and service needs, HIV prevention among young people, fertility, contraceptive use and abortion. Prior to coming to the Institute, he was a member of the research staff at Princeton University’s Office of Population Research. Dr. Bankole has extensive experience in undertaking comparative analyses of reproductive preferences and behavior in developing countries using large-scale data sets.

discuss sexual and reproductive health needs among Latina women in the United States. The meeting resulted in a plan of action for filling knowledge gaps, which was published in the March 2005 issue of *Perspectives on Sexual and Reproductive Health*. The goal is to ensure that all women have real access to the health care they need.

with HIV/AIDS prevention, testing and treatment. The resulting *Issues in Brief* analysis emphasized three key areas where reproductive health providers are particularly well positioned to deliver HIV-related services: offering HIV counseling and testing and condom promotion in a setting where many women and adolescents, in particular, are already comfortable; preventing, diagnosing and treating sexually transmitted infections that would otherwise increase the risk of HIV transmission; and helping HIV-positive women prevent unwanted pregnancies, thus reducing the chances of transmission to infants.

HIV/AIDS is an enormous threat to the lives of women, men and children around the world and has rightly become a focus of increased U.S. attention and funding. Yet, inexplicably, the epidemic is often addressed through structures, policies and funding streams wholly distinct from those that address other sexual and reproductive health needs. Although reproductive health providers offer a wide range of services to millions of women—and, increasingly, to adolescents and men—their role as frontline providers of HIV prevention services is largely untapped.

The Institute also played a key role in highlighting the connections between HIV/AIDS and sexual and reproductive health programs and strategies during the midterm review of progress toward the 1994 International Conference on Population and Development Programme of Action. In an article on “Women, Gender and HIV/AIDS” published in the review report, the Institute described the social, biological and economic factors that put women at particular risk for HIV infection and offered policy suggestions to help turn back the epidemic.



Family Planning Clinics Passed Over in Allocation of HIV/AIDS Funds.

Several reports published in 2004 as part of the Institute's work with adolescents in Sub-Saharan Africa further demonstrated the close linkages between halting the spread of HIV and improving sexual and reproductive health overall. In conjunction with collaborators in Burkina Faso, Ghana, Malawi and Uganda, the Institute published reports synthesizing what is known about adolescent reproductive health needs, what is being done to meet these needs and where further research, programs and policies should focus. This research shows that preventing the spread of HIV goes hand in hand with helping young people prevent unintended pregnancies and points the way toward better integrating these essential sexual and reproductive health services.



Ideology Trumps Scientific Evidence.

Exacerbating the challenges of 2004, the Bush administration repeatedly used ideological and religious positions to drive public policy. Attempts to undercut sexual and reproductive health care were grounded in misinformation and a lack of respect for the difficult decisions women and couples must make when forming a family. The Guttmacher Institute fought back by insisting that policies and programs be rooted in scientific evidence.

In 2004, we delivered the basic facts about sexual and reproductive health to an ever-widening audience. The Institute produced a series of brochures, posters, card decks and online quizzes designed to answer frequently asked questions about pregnancy, contraception and abortion. The series, "In the Know:

Questions and Answers About Pregnancy, Contraception and Abortion," helped to draw the public into the sexual and reproductive health debate and to raise awareness of the Institute's research and policy analysis within the United States and abroad. At the March for Women's Lives, the series provided advocates with an evidence-based resource that examines how abortion fits into women's overall reproductive lives. The materials continue to be distributed widely to journalists, family planning clinics and sex education teachers across the nation.

Of all these topics, abortion attracts the most intense controversy, often fed by false and misleading information. In 2005, the Institute will tackle some of these claims head-on as it prepares a new report on abortion and women's lives. Among other things, this report will refute false links between abortion and depression and breast cancer suggested by "think tanks" that manipulate and misuse data for political and ideological reasons. Like the "In The Know" series, it will also contextualize abortion choices and abortion services within the broader framework of women's experiences and health decisions.

Despite ongoing and increasingly brazen attempts to suppress reproductive and sexual rights, The Alan Guttmacher Institute marches confidently into 2005 with a clear and overarching goal: to empower women and men of all ages and socioeconomic backgrounds, in countries around the world, to make the best decisions regarding their bodies and their health. Armed with cutting-edge research and evidence-based policy analysis, we are ready to reclaim the political agenda by keeping key decision makers and those who influence them in the know.

1 Health Professionals Allowed to Deny Women Their Contraceptive Prescriptions A recent wave of state and federal legislation has expanded the ability of health care providers, including pharmacists, and insurers to refuse to offer or cover sexual and reproductive health services. This means that patients are not always able to access critical services, including fulfillment of prescriptions for emergency contraceptives and birth control pills. In 2004, seven states introduced, and Mississippi enacted, restrictive legislation allowing health care providers to refuse to provide services, including referrals, and similar action continues in 2005.

2 Government-Sponsored Ignorance Putting Young People at Risk Since 1996, nearly \$1 billion in state and federal funds have been spent on abstinence-until-marriage education that denies young people vital information and puts them at risk for unwanted pregnancy and sexually transmitted infections. Another \$170 million in federal funds is slated for FY 2005, despite a lack of evidence to support this approach, and President Bush's FY 2006 budget requests an additional increase of \$39 million for these unproven—and risky—programs.

3 Gag Rule Imposed on Health Care Providers Overseas On his first day in office, President Bush reinstated the Global Gag Rule, which requires nongovernmental organizations outside the United States to forgo use of their own funds to provide abortions or abortion counseling, or to engage in any advocacy related to their country's abortion laws, in order to be eligible for U.S. family planning assistance. Many organizations in poor countries have succumbed to the policy—sacrificing their freedom to

speak out as well as their ability to meet all their patients' needs. Poor women will continue to suffer the health consequences of this decision in 2005.

4 Multilateral Family Planning Efforts Defunded President Bush has, for three consecutive years, withheld \$34 million that Congress appropriated for UNFPA, an organization that provides family planning assistance to women worldwide. UNFPA estimates that this loss of funding will result annually in two million unwanted pregnancies, nearly 800,000 abortions, 4,700 maternal deaths and 77,000 infant and child deaths. Stay tuned this summer to see if the money is released to UNFPA or is withheld for a fourth year.

5 Medicaid Support for Family Planning in Jeopardy More than one in three low-income women of reproductive age depend on Medicaid. The program pays for nearly one in four births in the United States each year and is the largest funder of subsidized family planning services and supplies. Yet the Bush administration wants to reduce benefit guarantees under Medicaid.

6 Timely Access to Emergency Contraception Blocked Emergency contraceptives can prevent pregnancy, but they must be taken as soon as possible after unprotected sex—which is why the U.S. Food and Drug Administration's (FDA's) Reproductive Health Drugs and Nonprescription Drugs Advisory Committees overwhelmingly recommended that the pills be made available over the counter. Yet the FDA overruled this recommendation, thus making it harder for women and couples to avoid unintended pregnancies and abortions. The FDA continues to postpone its decision on whether emergency contraceptive pills can be made available over the counter to some women, although perhaps not to teenagers.

7 Family Planning Clinics Passed Over in Allocation of HIV/AIDS Funds Reproductive health providers are a major source of preventive health care and are important entry points for HIV prevention worldwide. Yet despite an existing client base and the knowledge and skills to implement prevention efforts, these providers' role on the front line of HIV prevention is largely untapped. U.S. global HIV/AIDS spending commits the majority of available funds to services for people living with HIV and to abstinence promotion. In 2005, keep an eye on the priorities in U.S. funding and the impact these decisions will have, particularly on women.

8 Insurance Coverage for Contraception Stalled Although federal employees are guaranteed insurance coverage for contraception, many women still have to pay for birth control out of pocket. Half of all U.S. women live in the 27 states that do not mandate insurance coverage for contraception, and about half of all Americans with employer-based insurance obtain coverage from employers who are exempt from state coverage requirements. In the past year, however, several states have introduced, and two have passed, legislation requiring many employers to provide contraceptive coverage. Look to the states for more action in 2005, and to the federal government for movement on a national mandate.

9 Condoms Under Attack In the process of promoting abstinence until marriage for our nation's youth, social conservatives in Congress have continued to disparage the effectiveness of condoms in preventing common sexually transmitted infections; these claims misrepresent scientific evidence and contradict the advice of mainstream public health prevention experts. Undermining confidence in

condom effectiveness decreases the likelihood that people will use condoms when they do have sex, which puts them at increased risk for a range of health problems. Newly available federal data show a decline in the number of people using condoms. In 2005, look for a discussion of what this trend means for public health.

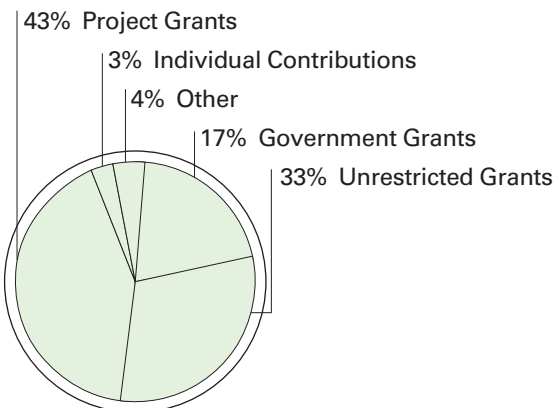
10 Ideology Trumps Scientific Evidence Over the last four years, the Bush administration has distorted scientific evidence and gone against the recommendations of mainstream prevention experts on a wide range of public health issues. Examples include the politicization of the scientific advisory committee appointment process and the replacement of medically accurate information on government Web sites with misinformation. This threatens the government's—and the public's—ability to rely on the expertise and independence of the scientific community in shaping health information and policy. This year will bring many new policies and programs on a variety of sexual and reproductive health issues. We will work to ensure that scientific evidence wins out over ideology as the basis for this critical decision making.

IN THE KNOW

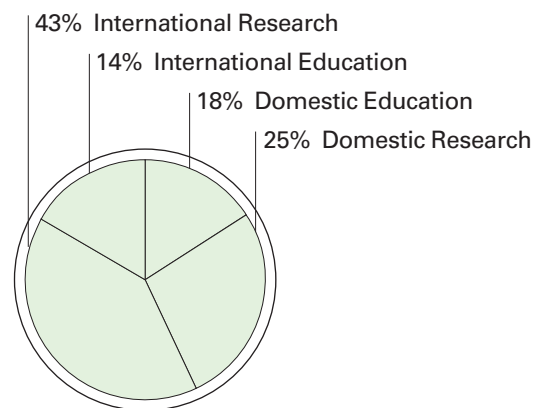
Statement of Financial Position

Assets	December 31, 2004
Cash and cash equivalents	\$ 538,056
Investments	12,504,478
Contributions and grants receivable	3,361,794
Other receivables	184,476
Prepaid expenses and other assets	54,301
Security deposits	88,502
Property and equipment, net	717,311
Total assets	\$ 17,448,918
Liabilities and net assets	
Accounts payable and accrued expenses	\$ 394,553
Deferred lease incentives	160,259
Deferred subscription revenue	42,373
Total liabilities	597,185
Net assets:	
Unrestricted:	
Undesignated, available for general activities	2,299,290
Designated by Board of Directors	2,799,236
Net investment in property and equipment	717,311
Total unrestricted	5,815,837
Temporarily restricted	8,745,959
Permanently restricted	2,289,937
Total net assets	16,851,733
Total liabilities and net assets	\$ 17,448,918

Revenues



Program Expenses



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Statement of Activities

Year Ended December 31, 2004

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue and support:				
Contributions	\$ 1,105,923		\$ 207,005	\$ 1,312,928
Grants and contracts from government agencies	1,742,212			1,742,212
Grants from private organizations	1,089,234	\$ 2,305,905		3,395,139
Investment income	437,545	186,270		623,815
Net realized and unrealized (losses) gains on investments	(122,487)	(112,741)		(235,228)
Publication income and other revenue	119,387			119,387
Total	4,371,814	2,379,434	207,005	6,958,253
Net assets released from restrictions	5,866,482	(5,866,482)		0
Total revenue and support	10,238,296	(3,487,048)	207,005	6,958,253
Expenses:				
Program services:				
Policy-relevant research/domestic	1,991,766			1,991,766
Policy-relevant research/international	3,359,504			3,359,504
Professional and public education/domestic	1,379,887			1,379,887
Professional and public education/international	1,093,948			1,093,948
Total program services	7,825,105			7,825,105
Supporting services:				
Management and general	1,936,427			1,936,427
Fund-raising	537,758			537,758
Total supporting services	2,474,185			2,474,185
Total expenses	10,299,290			10,299,290
Change in net assets	(60,994)	(3,487,048)	207,005	(3,341,037)
Net assets at beginning of year	5,876,831	12,233,007	2,082,932	20,192,770
Net assets at end of year	\$ 5,815,837	\$ 8,745,959	\$ 2,289,937	\$ 16,851,733

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Annual contributions of \$10,000 or more

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An Invitation to Join the Legacy Circle

What is the Legacy Circle?

The Legacy Circle exists to acknowledge those who have the foresight and dedication to include The Alan Guttmacher Institute in their estate plans. By honoring Legacy Circle members here, we hope to inspire others to follow suit.

Enrolling in this honorary society is simply a matter of advising us that the Institute is included in your will, no matter the size of your bequest. We do not need to know the specific details of your estate plan.

Legacy Circle members receive

- special recognition in our annual report and on our Web site (or the option to be anonymous);
- complimentary copies of our journals and special publications;
- an alliance with others who share your vision for a better future; and
- invitations to regional Guttmacher Institute events.

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Why include the Guttmacher Institute in your will?

For those who share our dream of a day when women and men worldwide are able—freely and with dignity—to exercise their rights and responsibilities regarding sexual behavior, reproduction and family formation, ensuring that evidence and sound analyses continue to guide policies and programs is paramount. By including the Institute in your will, you will be not only an integral part of the Institute’s present but also a key to its future and that of sexual and reproductive health and rights.

When you remember the Guttmacher Institute in your estate plans, you join other visionaries who recognize the importance of our unparalleled research and policy analysis that is at the forefront of protecting and advancing sexual and reproductive health worldwide.

To include the Guttmacher Institute in your will:

It is very important that your will clearly indicate the Institute as a recipient. The full and complete name to use is The Alan Guttmacher Institute. The address is 120 Wall Street, New York, NY 10005. Our tax identification number is 13-2890727.

The following examples are typical of language used in wills:

- **For a Bequest of Money:** I give the sum of \$_____ (or _____% of the value of my estate) to The Alan Guttmacher Institute.
- **Personal Property:** I give my (insert type of property, such as jewelry or artwork) to The Alan Guttmacher Institute.
- **Real Estate:** I give all my interest in the real property that I own at (exact address) to The Alan Guttmacher Institute.

- **Residuary Estate:** I give the residue of my estate to The Alan Guttmacher Institute.
- **Contingent Bequest:** If (the primary beneficiary) does not survive me, I give the property, real or personal, that said beneficiary would have received to The Alan Guttmacher Institute.

There are many ways to contribute to the Guttmacher Institute. No matter which way you choose to demonstrate your support of sexual and reproductive health and rights, you can make a difference now with

- a check payable to The Alan Guttmacher Institute;
- a Mastercard, VISA or American Express donation by mail, telephone or through our secure Web site at <http://www.guttmacher.org/support>
- a donation of stocks, bonds, real estate or other property;
- a grant from a family or community foundation or trust; or
- a matching gift from your employer.

Make one of the following gifts, and have an impact for years to come:

- **Charitable Remainder Trust**
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Endowment: Investing in the Institute's Future

A contribution to the Guttmacher Institute's **Founders Fund Endowment** is a gift that gives forever. Usually, only the income from the gift is disbursed for donor-designated purposes, while the principal remains untouched.

Recognizing the role of a permanent endowment in securing the Guttmacher Institute's future, the Andrew W. Mellon Foundation established an endowment matching gift program that began in 2001 and ends this year.

Each dollar you contribute during 2005 to the endowment of the Guttmacher Institute will be matched at 50%.

An investment committee of the Institute's Board of Trustees oversees the management of the endowment. Members include money management professionals.

Please take advantage of this year's final opportunity to contribute to the Founders Fund Endowment while the matching program is in effect.

For further information about any of these gift options, please contact

Kari Reynolds, Individual Giving Manager
 1-800-355-0244 ext. 2205
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 120 Wall Street, New York, NY 10005

Announcing the Darroch Award for Excellence in Sexual and Reproductive Health Research

Presented by the Guttmacher Institute

The Darroch Award, named after the distinguished former Senior Vice President of the Institute, Jacqueline E. Darroch, Ph.D., was initiated in 2004 to heighten recognition of emerging leadership in the field of sexual and reproductive health research, especially as it applies to public policy and programs.

The Institute established the award to honor Dr. Darroch's many contributions to improving sexual and reproductive health. In general, but especially in today's political climate, there is need to recognize scientific excellence in the field of sexual and reproductive health and the importance of evidence-based public policy and programs.

The first award, which includes a \$2,500 prize, will be made in October 2005.

To help support recognition of excellence in research and dedication to practical application of research in the field of sexual and reproductive health, please consider helping to support this and future awards. For more information, please contact Kari Reynolds, Individual Giving Manager, 800-355-0244 ext 2205 or kreynolds@guttmacher.org.

For more information on the Darroch Award, visit the Institute's Web site at www.guttmacher.org/media/nr/2005/01/31/index.html.

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