

2026

ANNUAL REPORT

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THEY TRIED TO SILENCE EXPERTS. TOGETHER, WE AMPLIFIED THEM.

MISSION

Physicians for Reproductive Health organizes, mobilizes, and amplifies the voices of medical providers to advance sexual and reproductive health, rights, and justice. Our programs combine education, advocacy, and strategic communications to ensure access to abortion care and equitable, comprehensive health care. We believe this work is necessary for all people to live freely, with dignity, safety, and security.

VISION

We envision a just and equitable world where all people are free to make their own decisions about their bodies, families, and futures.

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DR. JAMILA PERRITT

President & CEO

WE PERSISTED BECAUSE OUR PATIENTS COULD NOT WAIT

This year we witnessed the Trump administration and officials in many states manipulate and misuse governmental power this year to restrict abortion care, limit or eliminate protections for transgender people, facilitate and encourage immigration enforcement in or near hospitals and clinics, and compel family separation in response to cases of prenatal substance exposure. For our patients, these were not abstract policy debates. They shaped whether people could seek care safely, whether clinicians could practice according to medical evidence, and whether families received support or faced separation.

Physicians for Reproductive Health met these actions with something powerful: physicians willing to speak the truth.

Across courtrooms, congressional hearing rooms, statehouses,

newsrooms, and digital platforms, PRH physicians translated what they saw in exam rooms into public action. They explained how policy causes harm. They challenged false claims with evidence. They stood alongside movement partners and communities whose expertise is too often ignored. And they rejected the premise that abortion access, gender-affirming care, immigration justice, pregnancy criminalization, and racial justice can be separated from one another—or from the fundamental right to live with dignity and determine our own futures.

Our work has always been about more than placing physicians at microphones. It is about preparing them to lead responsibly: grounding their advocacy in reproductive justice, teaching them to wield their institutional power, and connecting them with organizers, lawyers, storytellers, and one another. In FY2026, that commitment reached a new generation through our Leadership Training Academy and deepened across an alumni network of more than 525 physicians practicing in 46 states.

We also brought medical facts directly to the public. One national visibility campaign reached millions with clear information about mifepristone. Our physicians contributed to legal briefs,

public comments, press coverage, op-eds, and advocacy days. In New Mexico, when a state directive required hospitals and child-welfare officials to separate certain newborns from their parents for at least 72 hours after prenatal substance exposure, PRH worked with reproductive justice advocates to mobilize hundreds of health professionals against the policy. Together, we made clear that punishment and family separation undermine—not improve—the health of parents and infants.

This annual report tells the story of that persistence. It also tells the story of community—donors, foundations, physician advocates, alumni, partners, board members, and staff choosing to build durable power in a deeply uncertain time. Your support enables physicians to show up prepared, connected, and courageous when the stakes are highest.

Thank you for persisting with us. The work ahead will demand even more from this movement. We are ready.

In solidarity,

Dr. Jamila Perritt
President & CEO

BUILD THE ORGANIZATION THIS MOMENT REQUIRES.

The accomplishments in this report reflect an organization confronting immediate threats while building for the future. That balance matters. The political environment changes quickly; the need for credible, values-aligned medical voices is constant. PRH's responsibility is not only to confront today's threats with clarity and conviction, but to develop the people, partnerships, systems, and resources that will sustain this work for years to come.

During FY2026, the Board saw PRH sharpen its public voice, deepen engagement with Leadership Training Academy alumni, strengthen relationships with supporters, and complete an intensive strategic planning process.

That plan will guide the next phase of PRH's growth beginning in FY2027. At its center is a commitment to expand the network of trained physician advocates, build greater political and narrative power, strengthen organizational infrastructure, and diversify the resources that make bold advocacy possible.

We enter this next chapter with clarity about what PRH uniquely contributes. Physicians can expose the human consequences of policy in a way few others can. But professional credentials alone are not enough. Effective advocacy requires training, humility, partnership, and accountability to the communities most affected. PRH brings those elements together and

“PRH’s responsibility is not only to confront today’s threats with clarity and conviction, but to develop the people, partnerships, systems, and resources that will sustain this work for years to come.”



DR. GHAZALEH MOAYEDI

Chair, Board of Directors

creates a lifelong home for physicians committed to sexual and reproductive health, rights, and justice.

On behalf of the Board of Directors, thank you to every physician who spoke out, every partner who welcomed collaboration, every staff member who moved this work forward, and every supporter who invested in PRH. Your trust is both a gift and a charge: to be ambitious, responsible, and unwavering in pursuit of our shared vision.

With gratitude,

A handwritten signature in blue ink, consisting of stylized, overlapping loops and strokes.

Dr. Ghazaleh Moayed
Chair, Board of Directors

A NATIONAL NETWORK,



LOCALLY ROOTED

PRH channels the expertise of physicians from diverse communities nationwide into a unified force shaping health policy locally and nationally.

PRH's impact cannot be captured by a single policy win or by advocacy limited to a handful of states. Our physician advocates practice in 46 states, including, Washington D.C. and Puerto Rico, and their leadership spans—from patient care to policy, from local coalitions to national media, and from one generation of advocates to the next.

In **Washington, DC**, the Leadership Training Academy Class of 2026 spent an intensive week building advocacy skills and meeting with policymakers about threats to gender-affirming care. In **New York City**, our Voices of Courage community gathered to honor physicians whose leadership demonstrates what principled public advocacy can achieve. In **Indianapolis, Houston, Boston, and Washington, DC**, supporters shared their communities with PRH through a growing series of house parties.

The network also gathered where connection could lead directly to action. **Pennsylvania** alumni convened for a

regional retreat and a public virtual summit on reproductive health, rights, and justice. Alumni and partners came together at national professional meetings in **Pittsburgh, Philadelphia, and Seattle**. In **Atlanta**, physicians representing eight states built relationships and shared strategies for navigating the policy and institutional barriers facing patients across the South and Southeast.

In **Albany, New York**, PRH and Leadership Training Academy alumni joined a lobby day and a press conference in support of the Maternal Health, Dignity and Consent Act. In **New Mexico**, PRH worked alongside reproductive justice advocates to oppose a directive that would require hospitals and child-welfare officials to separate certain newborns from their parents for at least 72 hours after prenatal substance exposure. Hundreds of health professionals signed the resulting provider letter, which was published in the Santa Fe New Mexican and later informed litigation challenging the policy.

35

Physicians in the
Class of 2026

PREPARING PHYSICIANS

23

Published pieces
or interviews

29

Fellows who took
media action



69

Media advocacy
actions



TO LEAD

THE LEADERSHIP TRAINING ACADEMY CLASS OF 2026

“I’ve done leadership fellowships and training programs in the past, but I feel so strongly that LTA is different from anything I’ve been part of before.”

Clinical expertise becomes public power when physicians have the tools, relationships, and confidence to act.

For the 2026 Leadership Training Academy, 35 physicians were accepted to join a community built for lifelong advocacy. The class included physicians in obstetrics and gynecology, complex family planning, family medicine, maternal-fetal medicine, adolescent medicine, urogynecology and reconstructive pelvic surgery, and general pediatrics. Their range of specialties reflects a central truth of PRH’s work: sexual and reproductive health is not one narrow field of medicine. It touches every stage of life and every part of the health care system.

During training week, LTA Fellows learned to translate clinical knowledge into compelling public communication, work in partnership with legal and movement advocates, and recognize the ways race, gender, immigration status, disability, geography, and economic inequality shape access to care. They practiced responding to the year’s most consequential narratives: the impact of abortion bans, attacks on mifepristone, stigma surrounding abortion later in pregnancy, the intersection of abortion and immigration, and political assaults on gender-affirming care.

Training moved immediately into action. On Advocacy Day, the class urged policymakers to resist the criminalization and defunding of gender-affirming care and to support the Transgender Healthcare Access Act. Throughout the year, Fellows completed 69 media advocacy actions, resulting in 23 published pieces or interviews. Twenty-nine of the 35 Fellows wrote or submitted a letter to the editor or an op-ed, participated in an interview, or took another public-facing media action—an early sign that the class was not simply learning about advocacy but putting it into practice.

CLASS OF 2026 FELLOW SPOTLIGHT

Dr. Tejasvi Gowda, MD

I’m Dr. Tejasvi Gowda, an Ob/Gyn in Baltimore and a PRH Fellow. This past November, the *New York Times* editorial board claimed abortion “continues to be accessible” despite the Dobbs decision—dangerously oversimplifying the devastation patients face every single day.



I had to speak up. So, I wrote them a letter setting the record straight. Here’s the truth they missed:

Yes, abortion numbers have increased nationwide—but not because access is easy. It’s because advocates, providers, and abortion funds are fighting an impossible uphill battle. Behind every statistic is a real person navigating crushing barriers just to receive basic care.

When trusted media outlets miss this reality, it gives cover to politicians spreading even more dangerous lies.

That is why I’m proud to work with PRH. They teach physicians to speak the truth loudly and advocate boldly at a time when our patients cannot afford silence.

OPINION LETTERS

A ‘Floor’ on Abortion Is Still a Limit

Nov 28, 2025

To the Editor:

The editorial board’s assertion that abortion continues to be accessible despite the devastation caused by the Dobbs decision oversimplifies the reality of abortion care in the United States.

Increasing abortion numbers reflect the grit of advocates who continue to make abortion available, from telehealth service expansion to assistance via abortion funds. This statistic, however, does not capture the intricacies of the emotional, financial and legal challenges that burden the accessibility of basic reproductive health care.



A NETWORK BUILT FOR THE LONG FIGHT

The Leadership Training Academy is not a one-time fellowship. It is an enduring community of practice.

Since the Leadership Training Initiative began in 2004 and the inaugural Leadership Training Academy class convened in 2009, more than 525 physicians have completed PRH training. Today, alumni practice in 46 states across obstetrics and gynecology, family medicine, adolescent medicine, pediatrics, internal medicine, psychiatry, maternal-fetal medicine, and other specialties. Their reach gives PRH the

Photos from PRH's first in-person **Southeast Alumni Retreat in Atlanta**. Sixteen alumni from eight states—and from class years spanning 2013 to 2026.



ability to respond nationally while remaining grounded in local clinical and political realities.

In FY2026, PRH invested in spaces where alumni could move beyond individual advocacy and build collective strategy. A Pennsylvania regional retreat brought together alumni and a current Fellow, followed by a virtual summit featuring reproductive justice organizers, legal advocates, abortion funds, trans-led organizations, and doulas. The free summit drew 155 registrations and offered continuing medical education credit, allowing physicians to deepen both professional knowledge and movement relationships.

PRH also created practical pathways for alumni to engage difficult issues. A continuing medical education webinar with If/When/How, Movement for Family Power, and Pregnancy Justice examined how health care providers can support the legal defense of people criminalized for pregnancy outcomes. Fifty people registered, and more than 15 alumni volunteered to support future legal cases, decriminalization work, or related PRH advocacy. An additional partnership with We Testify and

LTA alum Dr. Stacy Sun explored ethical storytelling—how physicians can help shift narratives without extracting, simplifying, or speaking over the people most affected.

Connection continued through community receptions at the Society for Family Planning, the Society for Adolescent Health and Medicine, and the National Abortion

Federation. These gatherings gave Fellows, alumni, staff, and partners space to exchange strategies, renew relationships, and find collaborators across institutions and regions.

The year culminated in PRH's first in-person Southeast Alumni Retreat in Atlanta. Sixteen alumni from eight states—and from class years spanning 2013 to 2026—spent a full day strengthening relationships, sharing approaches

to care and advocacy, and confronting regional policy and institutional barriers. Every participant reported that the retreat went beyond their expectations. The gathering also welcomed regional partners, including elected leadership and representatives from reproductive freedom, disability justice, and community-based organizations.

The most powerful network is not simply large. It is connected, responsive, and prepared to act together.

COURAGE



DR. CAITLIN BERNARD

2026 Tiller Advocacy Award Recipient



DR. SARAH PRAGER

2026 Rashbaum Leadership Award Recipient

IN PUBLIC

HONORING PHYSICIANS WHO CHANGED THE CONVERSATION



At Voices of Courage 2026, our annual gala in New York City, PRH honored two leaders whose careers exemplify what it means to persist.

Dr. Caitlin Bernard received the 2026 Tiller Advocacy Award for her extraordinary commitment to speaking publicly about the consequences of abortion bans, including the devastating impact on children who become pregnant as a result of rape. In a political environment that often punishes truth-telling, Dr. Bernard's courage has made the stakes of abortion policy impossible to abstract.

Dr. Sarah Prager received the 2026 Rashbaum Leadership Award. Since 2006, Dr. Prager has worked to expand abortion access at the

University of Washington and throughout the state. As a cofounder of TEAMM, she has paired clinical leadership with sustained work to strengthen the systems and communities that make care possible.

Voices of Courage brought together physicians, supporters, movement partners, and livestream viewers to celebrate abortion providers and invest in the work ahead. The evening's fund-a-need raised more than \$93,000, surpassing its \$80,000 goal. It was not only an awards program. It was a public affirmation that providers deserve celebration, protection, community, and resources—and that courage grows when people refuse to leave advocates standing alone.

\$93K+

Raised through
the fund-a-need

300

In-person attendees

45

Event sponsors

OUR IMPACT IN



ABORTION CARE

Medication abortion isn't going away, even if access to mifepristone is restricted

MAY 6, 2026

Defending access—and the truth

PRH confronted coordinated attacks on mifepristone, telehealth, and the legitimacy of abortion care with evidence and lived clinical experience.

Medication abortion remained a central target of the anti-abortion movement in FY2026. Opponents repeatedly recast ideological attacks as concern for safety, using congressional hearings, federal petitions, litigation, and public misinformation to create doubt about a medication with a well-established record. PRH's response was equally multidimensional: place physicians where decisions are made, intervene in legal and regulatory processes, and ensure the public encounters clear, medically accurate information.

When the Senate Committee on Health, Education, Labor, and Pensions convened a hearing framed around the alleged dangers of medication abortion, PRH worked with Dr. Nisha Verma, an obstetrician-gynecologist and LTA Class of 2021 alum, to serve

as the Democratic witness. Her testimony brought clinical reality into a hearing designed to amplify misinformation. PRH also responded to four citizen petitions seeking federal action against mifepristone, urging the Food and Drug Administration to reject unnecessary restrictions that would place additional burdens on patients.

In May, PRH filed a Supreme Court brief defending telehealth access to mifepristone as safe, essential care. Five of the eight physician signatories were members of the LTA Class of 2026: Drs. Olivia Manayan, Avanthi Jayaweera, Emma Trawick, Tal Lee, and Rachel Jensen. Their participation illustrated the model at the center of PRH's work—training physicians and moving their expertise rapidly into the venues where it can shape law and policy.

We also challenged misinformation at scale. In partnership with C+K and New Venture Fund, PRH launched a month-long visibility campaign using

humor and directness to expose false claims about mifepristone. Across Spotify, Facebook, Instagram, and YouTube, the campaign generated more than 6.1 million views or listens and 147,000 clicks. Behind those numbers was a simple goal: make credible information easier to encounter than fearmongering.

PRH physicians also engaged in public debate through commentary and rapid response. In a CNN report examining how medication abortion would remain available if access to mifepristone were restricted, Dr. Jamila Perritt explained that fear of criminalization can deter patients from seeking medical care. In an op-ed for The Nation, Dr. Perritt outlined the nationwide consequences of limiting access to mifepristone and helped patients understand the safe care options that would remain available. PRH also published an evidence-based primer on abortion later in pregnancy to address stigma, explain the barriers patients face, and provide advocates with more accurate language for policy conversations.

Together, these interventions did more than rebut individual falsehoods. They defended the principle that patients deserve care shaped by evidence, clinical judgment, and their own lives—not by political theater.

6.1M+

Campaign views
and listens

147K+

Clicks to learn more

5 of 8

Brief signers from
LTA 2026

OUR IMPACT ACROSS



SEXUAL AND REPRODUCTIVE HEALTH

Care without political barriers

PRH defended the full spectrum of care patients need—from gender-affirming care to pregnancy health and contraception.

The same forces working to ban abortion are attacking transgender people, weakening evidence-based care, and using government power to narrow who is allowed to make decisions about their own bodies. PRH responded by connecting these fights and ensuring policymakers heard from providers whose patients live at their intersections.

Defending gender-affirming care

PRH opposed federal actions designed to remove gender-affirming care from insurance coverage and put essential treatment out of reach. Alongside the Abortion Care Network and National Abortion Federation, we submitted comments opposing two proposed regulations targeting care for transgender young people. PRH also provided a formal statement to the Senate HELP Committee and made gender-affirming care the focus of the Class of 2026 Advocacy Day.

Our advocacy rejected the notion that politicians should substitute ideology for individualized medical care. Transgender, nonbinary, and gender-diverse



people deserve the same thing every patient deserves: access to accurate information, qualified providers, and treatment decisions made without coercion or political interference.

Correcting dangerous pregnancy misinformation

When the Trump administration promoted unsupported claims linking acetaminophen use during pregnancy to autism, physicians warned that misinformation could frighten pregnant people away from appropriate pain and fever treatment. PRH moved quickly to amplify clinical

context and challenge a message that risked creating harm under the guise of protecting health.

Supporting contraceptive autonomy

Contraceptive access is meaningful only when patients have accurate information and can choose the method that aligns with their bodies, circumstances, and goals. PRH's Thanks, Birth Control resource offered accessible facts while reinforcing a broader principle: contraception should expand autonomy, never become a tool of pressure or control.

OUR IMPACT IN



HEALTH CARE ACCESS AND EQUITY

Keeping policing and punishment out of care

Health care settings should be places of trust. Surveillance, immigration enforcement, and family separation make patients less safe.

In 2025, the Department of Homeland Security ended guidance that had generally limited immigration enforcement in or near hospitals, clinics, schools, places of worship, and other sensitive locations. The change transformed a policy threat into an immediate clinical concern: would patients delay care because seeking help might expose them or their families to detention, deportation, or separation?

PRH created resources to help providers prepare for the presence of Immigration and Customs Enforcement at health care facilities and supported physicians in speaking publicly about the consequences. In May, Dr. Josephine Urbina testified before the Democratic Women's Caucus during a hearing on the impact of ICE and

Customs and Border Protection. Her testimony reinforced that immigration policy is health policy—and that fear at the clinic door can lead to delayed diagnoses, interrupted treatment, and preventable harm.

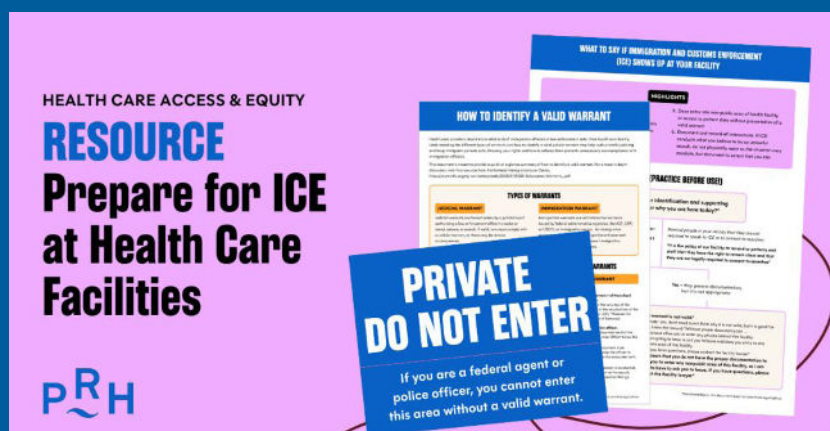
PRH also confronted pregnancy criminalization and family separation. After New Mexico directed hospitals to place infants born with substance exposure under a mandatory 72-hour hold, PRH connected with reproductive justice advocates to develop a provider sign-on letter grounded in medical evidence and the experiences of families. Hundreds of providers across the country signed. The letter was published in the Santa Fe New Mexican and supported by a paid digital campaign that generated approximately 200,000 impressions and 4,000 visits to the campaign page.

When the ACLU filed suit to block the directive, it cited the provider letter. Dr.

Jocelyn Wu, a member of the LTA Class of 2026 and a board-certified obstetrician-gynecologist and addiction medicine specialist, explained that punitive policies discourage people from seeking care and undermine recovery. Her experience caring for families in Albuquerque, Santa Fe, and the Española Valley gave the public and the legal challenge a clinically grounded account of what separation can do.

Elsewhere, PRH filed an amicus brief protecting postpartum parents who use Maryland's Safe Haven Law and continued to name pregnancy criminalization as a racial and economic justice issue. As Dr. Perritt argued in an op-ed on keeping police out of pregnancy care, these systems fall hardest on low-income, Black, brown, Indigenous, and rural communities—people already facing disproportionate policing and inadequate access to affordable care and counsel.

The through-line is clear: people are healthier when they can seek care without fearing punishment. Protecting patient-provider trust is not peripheral to reproductive freedom. It is essential to it.



PRH created practical guidance to help health care providers prepare for potential immigration enforcement at health care facilities.



Dr. Josephine Urbina testified before the Democratic Women's Caucus on the health consequences of ICE and Customs and Border Protection enforcement.

INTERSECTIONALITY IN PRACTICE

Our liberation is intertwined

Abortion access cannot be separated from transgender justice, racial justice, immigrant justice, or freedom from criminalization.

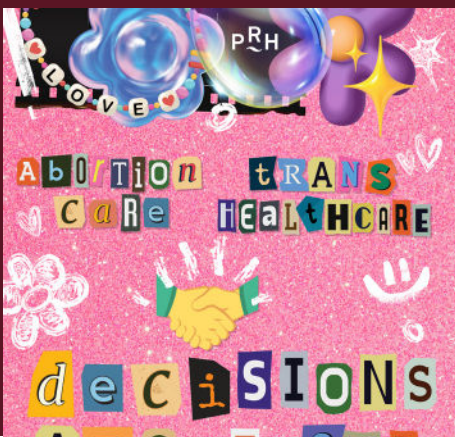
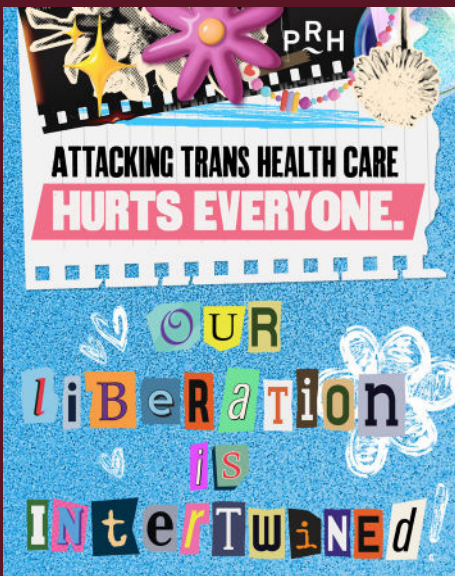
Throughout FY2026, PRH made the connections among these movements explicit. When the Supreme Court considered challenges affecting transgender students' participation in school sports—and later upheld states' authority to ban students from teams consistent with their gender identity—PRH named the decision for what it was: another use of state power to police bodies, enforce rigid gender roles, and exclude transgender people from public life.

In June, PRH launched Our Liberation Is Intertwined, a public education campaign urging supporters of abortion access to defend transgender freedom with the same urgency they bring to abortion rights. Through wheatpaste posters, mobile billboards, digital advertising, and physician voices, the campaign highlighted the

shared political strategies used to control bodies and restrict personal autonomy. Campaign materials appeared across **Washington, DC**, and **New York City**. Digital advertising brought thousands of new visitors to PRH's website, and an unexpected social media post featuring the campaign generated 1.7 million views on X alone.

But visibility was not the endpoint. PRH paired the campaign with practical education, including a gender-inclusive language guide and a webinar on queering reproductive medicine led by Dr. Emile Redwood. A Juneteenth reflection further situated reproductive health advocacy within the unfinished work of Black freedom.

This is what intersectionality means in practice: refusing to compete over whose freedom matters, recognizing shared strategies of control, and building a movement expansive enough for all of us.



THE COMMUNITY BEHIND THE COURAGE

GROWING THE RESOURCES AND RELATIONSHIPS THAT SUSTAIN ADVOCACY

Physicians persist because a community of supporters chooses to stand with them.

PRH's work depends on more than a moment of courage. It requires sustained investment in recruitment, training, policy expertise, communications strategy, legal partnerships, rapid response, and long-term relationships with physician advocates. In FY2026, supporters helped build that foundation while expanding the ways people can participate in PRH's mission.

House parties in Indianapolis, Houston, Boston, and Washington, DC, brought PRH into living rooms and local networks. These gatherings created space for candid conversation about the political landscape, introduced new supporters to PRH's model, and connected donors directly to the physicians and advocates moving the work forward.

The President's Council was relaunched as PRH's leadership annual giving community, offering supporters closer connection to organizational strategy, policy analysis, and the physicians they help prepare for public leadership. Voices of Courage reached a record number of sponsors and exceeded its fund-a-need goal. Together, these efforts strengthened not only revenue, but the circle of people who understand why physician advocacy matters and are ready to invest in it.

Foundation partners continued to provide the flexible and programmatic support that allows PRH to respond to emerging threats while investing in lasting capacity. Individual donors gave at every level, often in response to a physician's story, a critical policy moment, or a shared belief that medical truth must remain present in public life.

To every donor, foundation partner, sponsor, event host, and advocate: thank you. Your generosity turns expertise into action and makes it possible for physicians to speak when silence would be easier—but far more costly.

FUNDER SPOTLIGHT

Laura Arnold and Arnold Ventures

In June 2021, as states across the country accelerated efforts to restrict and ban reproductive health care, Physicians for Reproductive Health launched our State Advocacy Program, supported generously by Arnold Ventures. That early investment recognized both the urgency of state-level advocacy and the unique power of physicians to help lawmakers, advocates, and the public understand how policy decisions affect patients and the delivery of care.

Since then, this support has enabled PRH to mobilize physicians from our Leadership Training Academy network, alongside organizations and coalitions operating in some of the country's most restrictive environments. These physician advocates have educated lawmakers, responded to legislation affecting reproductive health care, challenged misinformation, and brought credible clinical experience to policy debates that are too often disconnected from the realities of patient care.

Today, Laura Arnold continues this commitment through her personal philanthropy, sustaining PRH's state policy and strategic communications work at a time when trusted medical voices are urgently needed. We are deeply grateful to Laura Arnold and Arnold Ventures for their foundational and ongoing support, which has strengthened this work.

FINANCIAL OVERVIEW

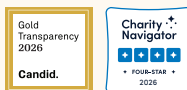
STEWARDED YOUR INVESTMENT

PRH is committed to using every contribution responsibly and transparently in service of its mission.

A NOTE ON ACCOUNTABILITY

PRH's accountability extends beyond financial stewardship. It includes measuring whether physicians are equipped to act, whether advocacy is grounded in community priorities, whether public education reaches the people who need it, and whether the organization is building the capacity to sustain impact. The stories and measures in this report represent different dimensions of that responsibility.

PRH has a four-star Charity Navigator rating and has been awarded the Gold Seal of Transparency on Candid.



Fiscal Year Ending June 30, 2026

Support & Revenue

Foundation Grants	FY2026
In-Kind Contributions	
Individual Contributions	
Signature Events	
Event Direct Benefits to Donors	
Investment Return, Net	
Other Revenue	
Total Support & Revenue	

Expenses

Program Services:

Public Policy & Community Support	
Strategic Communications	
Education Research & Training	
Fiscally Sponsored Programs	
Total Program Services	

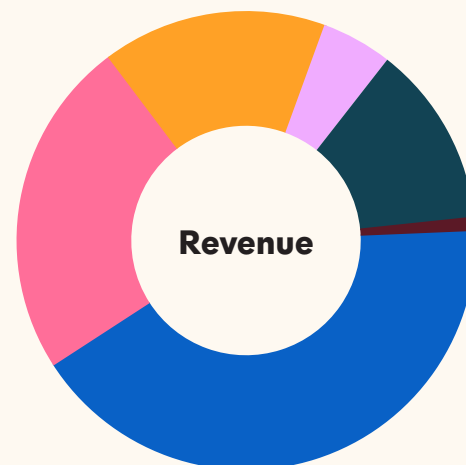
Support Services:

Management & General	
Development	
Total Support Services	

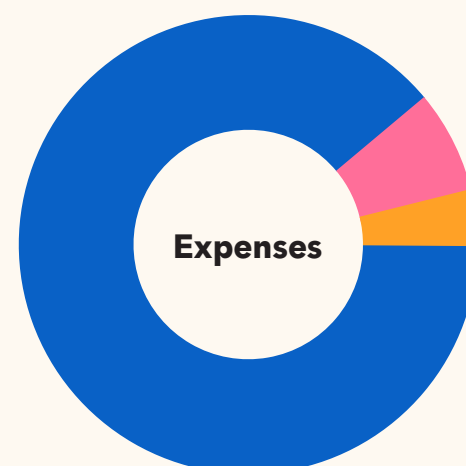
Total Expenses	
Change in Net Assets	

Net Assets

Beginning	
Ending	



Total Revenue	\$7,998,914
Foundation Grants	41%
In-Kind Contributions	24%
Individual Contributions	16%
Signature Events	5%
Investment Return, Net	13%
Other Revenue	1%



Total Expenses	\$7,352,850
Total Program Services	89%
Management & General	7%
Fundraising	4%

DONOR RECOGNITION

We are so grateful for the generous financial support of our donors and partners, and we are proud to recognize those who made gifts between July 1, 2025, and June 30, 2026.

\$1,000,000+

Anonymous

\$100,000 - \$999,999

AG Romney Giving Fund

Angie Lorayne Williams Trust

Anonymous

Benjamin M. Romney, MD

Collaborative for Gender and Reproductive Equity

The Bernard F. and Alva B. Gimbel Foundation

The Ford Foundation

The William and Flora Hewlett Foundation

\$50,000 - \$99,999

Anonymous

If/When/How: Lawyering for Reproductive Justice

The Ayudar Foundation

The Harnisch Family Foundation

The Scherman Foundation

\$25,000 - \$49,999

The Creatura Foundation

The WestWind Foundation

The Whitman Family Charitable Fund

The Winkel Family Charitable Fund

\$10,000 - \$24,999

Aaron Romney

Alison Block, MD

Anonymous

Charles and Ellen Cogut Family Foundation

Evan Ratner

Jeanne Donovan Fisher

Jerry and Diane Cunningham

Justine Stamen Arrillaga and John Arrillaga

Lopatin Family Foundation

Marjorie Stanzler

Naomi Feldman Donor Advised Fund

Rayna Rapp

Robin Scheman and Yigal Litvin

Steve Romney

The Charles and Margaret Clark Family Charitable Fund

The Cramer Poppema Family Fund

Suzanne Kriscunas

The Nulman Foundation

Wagging Tail Fund

\$5,000 - \$9,999

Carol Baker

Frederick G. Novy, III, MD

Gwen N. Harris, MD

Intrepid Philanthropy Foundation

Jan Prager

Jeffrey Waldman, MD

Jennifer Hau

JMJ Family Fund

Jonathan D. Weinberg

Julie and Brian Gulden

Katie Bolt Moore, MD

Lalor and Patricia Burdick

Linda Dieken

Liz and Greg Lutz

Liz Streicker Albertini, MD

McDermott Will & Schulte

Melanie Dorsey

Michael A. Gordon

Myers Family Foundation

Patience Browne

Peggy and Dick Danziger

Plan C

Reproductive Freedom For All

Sophia Yen, MD, MPH

Sophie Ratner Jewelry

Suzanne Tharpe

The Prentice Foundation

\$2,500 - \$4,999

American Medical Student Association (AMSA Reproductive Health Project)

Andreia B. Alexander, MD, PhD

Anonymous (2)

Ariel Witbeck

Bennett Romney

Berger Family Foundation

Birth in Color

Cynthia Farner, MD

Danco Laboratories, LLC

Danielle Knight

Faith Coleman

Florence Schreiberstein

Institute for Women's Policy Research

Ipas

Jed Weissberg, MD and Shelley Roth, MD

Jonathan M. Vapnek, MD

Katherine Funk

Kiwi Partners

Kristyn Brandi, MD, MPH and Joseph Oliver, MD

Liane and Michael Hulka

Marrus Family Foundation, Inc.

Mary Kay Huse

Mary Lubertozzi

Matthew F. Reeves, MD, MPH

National Abortion Federation

Patricia Pacelli

Patti Richard

Raquel and Jaime Gilinski
Department of Obstetrics,
Gynecology and
Reproductive Science

Renie Randall

Rima G. Kopelman, MD and
Roger G. Rosenstein, MD

S and L Litwin Family Fund

Samantha Woodruff

Shannon Carr, MD

Society of Family Planning

Steven B. Haas and Dorian
Brown Donor Advised Fund

Susie Baldwin, MD, MPH

URGE: Unite for Reproductive
& Gender Equity

Wendy Ziecheck

Yen Chuang Foundation

\$1,000 - \$2,499

Adam R. Jacobs, MD

Aisha Mays, MD

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Fiscal Year 2026 closed one strategic chapter and prepared PRH to begin another.

Over nine months, PRH engaged internal and external stakeholders in developing a strategic plan for FY2027–FY2032. The process asked what this political moment requires of PRH, where physician leadership can make the greatest difference, and what the organization must build now to remain effective over the long term.

The resulting plan begins with an ambitious commitment to expand PRH's network of advocates. Hundreds of thousands of values-aligned physicians have the potential to speak, organize, and lead—but many lack the training, relationships, or invitation to do so. PRH will strengthen recruitment, alumni engagement, data infrastructure, and pathways that help physicians move from initial connection to sustained advocacy and public leadership.

PRH will also deepen its policy and narrative work across abortion care, mifepristone, self-managed abortion, abortion later in pregnancy, contraception, gender-affirming care, maternal health, and the intersection of immigration and health care. Decriminalization and racial justice will serve as cross-cutting frameworks across PRH's Policy and Advocacy Platform, shaping how we understand each issue, choose strategies, and define success. The organization will invest in stronger technology, evaluation, communications, and fundraising systems to ensure that growth is strategic, measurable, and sustainable.

The lesson of FY2026 is not simply that physicians can withstand pressure. It is that, when trained and connected, they can change what is possible. They can interrupt misinformation, expose the consequences of harmful policy, strengthen legal arguments, support community demands, and invite others to act.

The next chapter is about turning that persistence into even greater collective power. We hope you will build it with us.

CONNECT WITH US

The need for clear, courageous physician voices will extend far beyond this year. Follow PRH, share our resources, and invest in the advocates who are working to ensure that every person can make decisions about their body, family, and future.

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