THE GLOBAL GAG RULE

The Unintended Consequences of US Abortion Policy Abroad

By Emily Ausubel

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Approximately 55 million abortions take place each year globally.[1] In the United States, abortion is a deeply contentious issue, occupying a rift between religious and non-religious—and, often by proxy, conservative and liberal—Americans. In the 1970s, the US government started passing legislation to remove US funding from abortion-related services, both domestically and globally. While some policies have likely succeeded in eliminating direct US funding of abortions abroad, there is mounting evidence that they also have widespread negative effects on the lives of some of the most vulnerable women in the world. Under these policies, and especially with recent changes from the Trump administration, millions of women around the world are unable to access other crucial family planning and health services that ensure their wellbeing and, ultimately, *prevent abortions*. Under these policies, not only are women still having abortions, but also many more are now forced to pursue unsafe abortions, often at the risk of their own lives. Given these realities, the US government must rethink its policies for funding family planning and abortions abroad.

A HISTORY OF US FOREIGN POLICY TOWARD ABORTION

In 1973, Congress passed the Helms Amendment to the US Foreign Assistance Act, which prohibited direct US federal funding of abortion services outside of the United States. Under this policy, such organizations could use *other* funds for abortion services through separate accounts.[2] However, many pro-life Americans argued that even funding these organizations to provide other services was comparable to funding abortion (sometimes referred to as the "fungibility argument").[3] In response to this pressure, President Reagan announced the Mexico City Policy in 1984 at the 2nd International Conference on Population in Mexico City.[4] Beyond the Helms Amendment restrictions, the Mexico City Policy additionally prohibited the provision of any US federal family planning assistance to organizations that provide or promote abortion-related services, *even if they use funding from non-US government sources for those services*.

The Mexico City Policy has been a decidedly partisan issue ever since its inception, with each Democratic president rescinding it and each Republican president reinstating

it. Opponents of the policy dubbed it the "Global Gag Rule" for the extensive restrictions it institutes. (Note: I will refer to this policy by its original name, "the Mexico City Policy," instead of "the Global Gag Rule.") The restrictions under this policy apply to local, regional, and international NGOs but do not apply to foreign governments, public international organizations, multilateral organizations, or US-based NGOs that directly receive USAID grants.[5,6] However, US organizations receiving US government funding *are* obligated to sign contracts stating they will not sub-grant funds to foreign non-compliant organizations.[7] There are also notable exceptions for both the Helms Amendment and the Mexico City Policy: organizations are not prohibited from providing "advice and information about, performing, or offering referral for abortion in cases where the pregnancy has either posed a risk to the life of the mother or resulted from incest or rape."[8] These policies also do not prohibit provision of post-abortion care.[9]

On 23 January 2017, eight years after President Obama rescinded the Mexico City Policy, President Trump reinstated the policy once again and renamed it Protecting Life in Global Health Assistance. This new plan not only upheld most aspects of the original Mexico City Policy, but also expanded it: now, *all* US government global health assistance—totaling nearly $9 billion annually—is restricted to organizations that do not provide abortions. This change is further jeopardizing provision of crucial health services for millions of people around the world.

SUCCESSFUL ELIMINATION OF US FUNDING OF ABORTIONS

Before looking at the unintended impacts of these policies, we should first ask whether they achieved their stated aims thus far. The stated goal of both the Helms Amendment and the Mexico City Policy has been to prevent US government money from funding the provision of any abortion-related services (save the few aforementioned exceptions). While there is not comparable international data, studies show that the domestic counterpart of the Helms Amendment—the Hyde Amendment—*did* successfully reduce US federal funding of abortions in the US to almost zero: only 331 out of more than 1.1 million abortions in 2010.[10] This trend indicates that as a result of the Helms Amendment, the vast majority of US funding is not going toward direct provision of abortions abroad.

However, *beyond* these stated aims, the Helms Amendment and Mexico City Policy have had far-reaching consequences on the provision of family planning services in developing countries and could actually be *increasing* abortion rates (including unsafe abortions).

IMPACTS ON FAMILY PLANNING AND HEALTH SERVICES PROVISION

Globally, the unmet need for family planning is 12 percent; that is, 12 percent of women age 15-49 around the world want, but do not have, access to contraception. In the world's least developed regions, that percentage jumps to 21 percent, or more than 200 million women.[11] Despite this need, many organizations' experiences under the Mexico City Policy show how the limits on funding severely inhibit their ability to provide adequate family planning services. These impacts are seen clearly in the case of Planned Parenthood Association of Ghana, which lost $200,000 of USAID funding after choosing to continue providing abortion services: they had to lay off many of their staff, which consequently reduced use of family planning by 40 percent among their beneficiaries.[12] MSI Kenya similarly was forced to close 15 clinics between 2001 and 2005, leaving tens of thousands of Kenyans with no options for family planning or other health services, including HIV counseling and testing.[13,14] The United States also

refuses to provide non-compliant organizations with contraceptives and condoms or any other funding for family planning services.[15] Yet, most women have abortions because their pregnancies were unplanned, which is often due to a lack of access to modern contraception. The implications of this policy are clear: women who have a harder time accessing contraception can consequently face increased risks for unintended pregnancies.

DO US FUNDING RESTRICTIONS IN FACT *INCREASE* ABORTION RATES?

Some recent studies seem to indicate that these policies might even be associated with increases in abortion rates with fewer women receiving comprehensive family planning services. A 2011 WHO study compared abortion rates in 20 countries in Sub-Saharan Africa from 1994 to 2001 (when the policy was rescinded under President Clinton) and from 2001 to 2008 (when the policy was in place under President Bush). This study found that the Mexico City Policy was associated with reduced contraceptive use and *increased* abortion rates.[16] Another 2004 study conducted in Romania found that in locations where family planning services declined due to the Mexico City Policy, abortion rates increased.[17] A third study found that pregnancy rates increased by 12 percent and abortion rates increased by 50 percent among rural women in Ghana once the Mexico City Policy was in effect.[18] The WHO also explains the inefficacy of abortion bans on reducing abortion rates, showing how regions with more abortion bans (e.g. Latin America and Africa) in fact have higher rates of abortion than those regions without such bans (e.g. Western Europe).[19] While these studies do not make *causal* claims, at the very least they provide an indication that these policies may in fact be increasing abortion rates.

THE RISKS OF UNSAFE ABORTION

Policies that restrict abortions and other family planning services, instead of decreasing abortion rates, are more likely to increase unsafe abortion rates, endangering the lives of thousands of women. Studies show that women who do not have access to safe abortions usually resort to other unsafe methods.[20] In places that lack contraceptives and other family planning services or have bans on abortion, women—including adolescents and youths—have higher rates of unsafe abortions. Unsafe abortion is one of the leading causes of maternal morbidity and mortality in developing countries. Of the estimated 55 million annual abortions, approximately 45 percent, or 25 million, are unsafe—97 percent of which occur in developing countries.[21] Every year, it is estimated that between 22,000 and 47,000 women die from complications associated with unsafe abortions, a mortality rate of between 88 and 188 per 100,000.[22,23] In contrast, in the United States, the mortality rate from safe abortions is 0.7 per 100,000 procedures.[24]

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THE DANGERS OF INCONSISTENT IMPLEMENTATION

Another major concern is that both of these policies are implemented inconsistently. Many organizations are often confused about the details of the policies and are afraid of losing their US funding. Therefore, they stop providing *all* abortion-related services, even though the policies have specific exceptions. USAID itself has interpreted the Helms Amendment in the strictest sense; for example, they refuse to purchase manual vacuum aspiration kits used to treat incomplete abortions or misoprostol to treat postpartum

hemorrhage (the leading cause of maternal mortality in developing countries)—all because they both could also be used to induce abortions.[25,26] USAID's strict interpretation and the confusion surrounding correct implementation of these policies effectively make the exceptions to the policies irrelevant, since they are not observed in practice. This is a particularly serious failure for women who are the victims of rape, including rape used as a war tactic to wreak havoc in conflict-ridden communities.

PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE AND RECOMMENDATIONS LOOKING FORWARD

On 23 January 2017, President Trump not only reinstated the Mexico City Policy, but also expanded the restriction to all global health funding, a total of $8.8 billion a year.[27] This means that if any of the organizations that have historically received US health funding abroad also provide abortion services, they now risk losing that funding as well.[28]

Recognizing both the deep-seated sentiments about abortion on each side of the aisle and the extreme impact current US abortion funding policy is having around the world, the United States needs to find a path forward that is both sensitive and sensible. Given the current political climate and historical levels of intransigence on this issue, I present two recommendations that can move us forward in the short term in the spirit of compromise with the primary goal of ensuring the health and safety of women.

First, the US government could still maintain the Helms Amendment but permanently rescind the Mexico City Policy/Protecting Life in Global Health Assistance. The Helms Amendment successfully removes all direct US government funding from abortion services abroad, but it still allows funding from alternative sources. In recent years, other countries—such as Norway, Sweden, and the Netherlands—have stepped up to try to meet the gap in family planning and abortion funding created by the Mexico City Policy. However, such governments could never replace the $9 billion of global health funding at stake under Trump's amended policy. Rescinding Protecting Life in Global Health Assistance would return the United States to previous funding levels both for family planning and other crucial health services that improve and save millions of lives each year. The US government and pro-life Americans could plausibly *reduce* the number of abortions performed globally if they turned their resources toward *increasing* family planning and sexual and reproductive health support abroad. One of the surest ways to reduce rates of abortion is to provide contraception to adolescent and adult women. Since women find (often unsafe) ways to have abortions anyway, reducing the number of unwanted pregnancies is the most reliable way to reduce abortion rates. This solution would not make those on either side of the argument fully satisfied, but it would be a reasonable compromise in the short run to ensure the wellbeing of women around the world.

Second, new voices need to emerge to drive advocacy for these efforts forward. Planned Parenthood has largely shouldered this task and has unfortunately paid the price—it has been villainized by pro-life activists, even though the vast majority of the services it provides are unrelated to abortion. Different advocacy organizations might have a better chance of making headway without the automatic rejection that Planned Parenthood often receives. Crucially, these advocacy efforts need to explicitly disentangle the provision of abortion services from other family planning and health services (which, again, are shown to reduce both unplanned pregnancies *and* abortion rates). If advocacy efforts focus on increasing access to contraceptives separate from abortion services, it is possible we could

at least achieve the increase in family planning funding recommended above.

CONCLUSION

For those who support the Helms Amendment and the Mexico City Policy, President Trump's changes seem to show that the US government is taking the issue of abortion even more seriously. For those who do not support these policies, the president's expanded restrictions represent exactly the *opposite* type of shift they hope to see in US policy. Ultimately, the solutions proposed in this article strike a compromise between the above two camps, while aiming to prioritize the health and well-being of women around the world.

NOTES

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