



## **United States Foreign Policy Harms Women’s Reproductive Rights Around the World: The Impact on Latin America**

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### **The United States Government Reinstatement of the Mexico City Policy**

With the inauguration of U.S. President Donald Trump on January 20, 2017, new challenges have emerged in the fight for women’s reproductive rights around the world; specifically, Washington’s decision to reinstate the Mexico City Policy on January 23. The Mexico City Policy, or the “global gag rule”, as many NGOs refer to it, is an executive order that prohibits federal funding institutions such as the United States Agency for International Development (USAID), the Department of Defense, and the Peace Corps from funding non-governmental, non-profit organizations that “provide or promote” abortions or abortion related services around the world.<sup>i</sup>

Historically, the enforcement of this policy has been a partisan issue, dependent on presidential executive orders. Since the conception of the policy in 1984 under President Ronald Reagan, the Mexico City Policy has been rescinded by Democratic Presidents Bill Clinton in 1993 and Barack Obama in 2009, and re-enforced by former Republican President George W. Bush in 2001 and now President Donald Trump in 2017.<sup>ii</sup> Despite this history, the most recent decision to reinstate the policy bears great weight on the operations of humanitarian efforts around the world, especially in Latin America and the Caribbean. According to *Forbes*, over the next four years, “international care organizations expect to lose \$600 million in U.S. support,” drastically limiting the scope of their operations.<sup>iii</sup>

In a January report from *The Guardian*, shortly after Trump’s announcement to reinstate the global gag rule, a spokeswoman for the International Planned Parenthood Federation (IPPF), which conducts

family planning and maternal health services in a number of Latin American countries, including Guatemala, Ecuador, Nicaragua and Peru, announced that the group “will not abide by the Mexico City Policy” and “stands to lose up to \$100 million USD” in federal benefits.<sup>iv</sup> As a result, the organization predicts that it will be increasingly difficult to supply women with services such as safe and effective contraception, which are paid for largely by the \$100 million dollars in U.S. foreign aid. As Amu Singh Sijapati, president of the Family Planning Association of Nepal, a member of IPPF, noted, without U.S. funding abroad, IPPF operations around the world “would not be able to run community clinics or mobile health days or train healthcare workers. The impact also means we would lose essential medical staff like nurses, doctors and health experts.”<sup>v</sup>

Ms. Singh is not alone in her firm position that the Mexico City Policy is detrimental to the work of the IPPF. In a statement provided to the Council on Hemispheric Affairs (COHA) by Giselle Carino, Regional Director of International Planned Parenthood/Western Hemisphere Region, Carino further explained why the organization refuses to abide by the global gag rule. “We refuse to sign a law that is anti-democratic, a law that undermines national sovereignty, limits the right to free speech and the ability of our providers to provide the best care to all. Finally, we refuse to sign a law that plays with women’s lives and flies in the face of public health research that shows that banning the procedure leads to more death and injury for women, particularly the poorest women. We will continue to stand with women worldwide in condemning this unfair and dangerous policy.”<sup>vi</sup>

The IPPF is not the only NGO that stands to suffer at the hand of the global gag rule. Population Services International (PSI), an international organization based in Washington, D.C. and operating in a number of Latin American countries, including Honduras, Guatemala and El Salvador, which fights for women’s reproductive rights not only by providing post-abortion care, but by providing contraceptives, sexual education and STI prevention services, has historically depended on grants from the federal government to fund its operations. In 2014, two of PSI’s donors were USAID and the United States Department of Defense. Together, these federal funds suppliers provided the organization a combined total of more than \$120,000 in grant money, but now, PSI may be forced to make a difficult decision about the future of its operations if it wishes to receive the same level of funding.<sup>vii</sup>

From past implementations of the Mexico City Policy, a 2011 quantitative analysis by Stanford University researchers Eran Bendavid,

Patrick Avila and Grant Miller demonstrated that the restrictions have historically led to the inverse effects of the policy's theoretical goal of limiting abortions in developing countries. Abortion rates were found to be higher in countries with high exposure to the Mexico City Policy (countries that received humanitarian aid from non-governmental organizations) compared to those with low exposure. Focusing their analysis on 20 sub-Saharan African countries, the researchers found that between 1994 and 2001, while the Mexico City Policy was not in effect, the induced abortion rate was about 10 per 10,000 women, while between 2001 and 2008, with George W. Bush's reinstatement of the policy, the rate jumped to 14.5 per 10,000 women.<sup>viii</sup> Additionally, the use of modern contraceptive techniques declined over the same period of time in high exposure countries compared to low exposure countries.<sup>ix</sup> The reason for this trend is likely that the NGOs that were barred from federal funding had fewer resources at hand to support maternal and family planning services. Without resources to provide important contraceptives, which reduce unintended pregnancies and ultimately limit the need for abortions, NGOs are unable to assist women in the developing world as they have been in the past, leading to an increase in abortion, both legal and illegal. Additionally, in the impoverished and indigenous regions of Latin America, where contraception and reproductive services are scarce, without NGO's offering safe and sufficient support, women are put at a dangerous disadvantage.

The rescinding of the Mexico City Policy does not suddenly stop direct United States funding for abortion internationally, as that has already been the case for decades. In fact, direct government funding for abortion has been restricted since the 1970s, when the Helms Amendment of 1973 prohibited the use of United States aid in paying for the abortion as a method of family planning. Furthermore, in 1981, the Biden Amendment prevented federal funding for biomedical research related to methods of or the performance of abortions overseas, which makes this kind of restriction a bipartisan issue.<sup>x</sup> In the face of the Mexico City Policy, then, these provisions remind us that the policy itself is not only a reflection of a U.S. policy to push a pro-life global agenda, but is instead an overreaching step by the executive branch that has curbed the efforts of non-governmental agencies and harmed the health of women in the most disparate regions around the world.

## **Looking Ahead: the Mexico City Policy's Impact on Latin America**

To understand the implications of Trump's Mexico City Policy in the

Latin American context, it is important to first recognize the increasingly high demand for abortion-related health services in the region and the key role that international NGOs have historically played in providing them. According to a 2016 analysis from the Guttmacher institute, a research and policy organization committed to advancing global sexual and reproductive health, in Latin America and the Caribbean, the number of abortions performed between 2010 and 2014 was 6.5 million, while two decades earlier, between 1990 and 1994, the abortion rate was only 4.4 million.<sup>xi</sup> Given this increase, which likely corresponded with overall population growth, in 2015, researchers Susheela Singh and Isaac Maddow-Zimmer found that roughly 760,000 women in Latin America and the Caribbean are treated annually for complications as a result of to unsafe abortions.<sup>xii</sup> With such great demand for abortion related health services and stringent regional policies in place that limit sufficient access to such services, it is necessary that the proper providers are in place and are prepared to serve those in need. With the reinstatement of the Mexico City Policy, however, these services will only become harder to render, especially in the poorer, indigenous communities of places such as Guatemala and Peru.

## **Guatemala**

In Guatemala, abortion is legal, but only to save the life of the woman. This law is significant because its window for legal abortions allows organizations such as the IPPF, PSI and other NGOs to offer family planning services with minimal restriction from the government. With this freedom, NGOs have come to fill a great void in health care service for the women of the region. In Guatemala, it is estimated that less than one third of women are taught about basic sexual and reproductive health, while only 25 percent receive information about contraception.<sup>xiii</sup>

In 2015, a satellite of IPPF, the Association for Family Well Being of Guatemala (APROFAM) was the largest NGO providing sexual and reproductive health care in Guatemala, operating 27 clinics and 5 mobile health units. In the same year, the organization provided 1.6 million services for Guatemalan women, including gynecological care, contraceptives and STI prevention and testing.<sup>xiv</sup> With aid from USAID, which is now on the verge of ceasing such funds, APROFAM has been able to push for an increase in national awareness for basic reproductive health and access to contraception through its peer education program, which “disseminates information and encourages young people to seek its subsidized care.”<sup>xv</sup> Without the funding that APROFAM needs to continue

the same level of service, the women of the region will be at a great loss.

## **Peru**

In Peru, like Guatemala, abortion is only legal in cases in which the mother's life is in danger, but this still allows for the presence of NGOs and health providers that provide family planning and post abortion care. In a country where more than 50 percent of the rural population lives below the poverty line (over 3 million people) and relatively conservative reproduction laws keep women from being able to access basic reproductive health coverage (in 2015, the Peruvian Congress voted against a bill that would legalize abortions in the case of rape), there is great demand, even if not publicized, for maternal health care, sexual education and abortion related care.<sup>xvi xvii</sup>

Given this immense demand, the Peruvian Institute of Responsible Parenting (INPPARES), the IPPF's satellite organization in Peru, has been a reliable care provider. In 2015, the organization ran 17 clinics nationwide and had 7 mobile health units, providing 400,000 individual services over the course of the year.<sup>xviii</sup>

In Peru, direct health care is not the only service at risk of being lost as a result of the United States' defunding of organizations such as IPPF. In fact, some of the most impactful measures taken by sexual and reproductive rights-centered NGOs overseas are their partnerships with local grassroots organizations that seek to promote basic human rights. In Lima, Peru, the IPPF has done just that with Promsex, a women's and reproductive rights group that has been fighting to repeal the country's stringent reproductive laws since the organization's conception in 2005. In 2015, Planned Parenthood and IPPF gave \$648,000 USD to Promsex to fund its advocacy and research efforts, aiding in the organization's mission to "promote and defend equality in diversity and the full exercise of sexual and reproductive rights."<sup>xixxx</sup>

According to the Promsex website, data and advocacy provided by the organization has played an important role in the drafting of Congressional bills in Peru since 2005, covering a range of issues, including "hate crimes, decriminalizing consensual sex in people under 18 years of age, civil unions between people of the same sex, the decriminalization of abortion by causal rape, compliance of therapeutic abortion and access for adolescents to sexual and reproductive health."<sup>xxi</sup> While not all bills have passed, the work

that Promsex has accomplished to advance the basic rights of Peruvian citizens has been a beacon of hope for those who wish to see a more progressive and equitable society.

Ultimately, the situation in Guatemala and Peru demonstrates that the effects of the United States' reinstatement of the Mexico City Policy are likely to trickle down to affect the most vulnerable citizens of Latin America. Much like the less fortunate citizens of Guatemala who have come to rely on the services of health care providing organizations like APROFAM for maternal and post abortion care, Peruvian women now find themselves in a position of uncertainty, unaware of how much help they may be able to expect from organizations like INPPARES and Promsex in the future.

### **Global Responses to the Mexico City Policy:**

In the wake of the decision to reinstate the global gag rule, other countries have stepped up to address the cessation of funds to humanitarian efforts by the United States. Most notably, the Dutch government has led a charge for global fundraising, in hopes of offsetting the deficit that will undeniably impact the work of NGOs around the world. Lilianne Ploumen, the Minister for Foreign Trade and Development Cooperation for the Netherlands, has launched the new "She Decides – Global Fundraising Initiative" program, which seeks to garner worldwide support for the organizations that will no longer benefit from the estimated \$600 million USD aid from the U.S. government.<sup>xxii</sup>

The Dutch government has pledged 10 million euros (\$10.7 million USD) to the cause, and continues working to encourage other countries to make pledges of their own. In an interview with the Guardian, Minister Ploumen said that: "As well as contacting a number of European countries that we work with on these issues, we're also in touch with countries in South America and Africa."<sup>xxiii</sup> On the program's website, [shedecides.eu](http://shedecides.eu), users are invited to make donations as well.

Minister Ploumen's efforts offer great encouragement to non-profit organizations and indigenous women alike, but they also set an important precedent that governments must not turn their backs on the lives of those in need. As Ploumen urged, "we cannot let women and girls down. They should have the right to decide if they want to have children, when they want to have children, and with who they want to have children."<sup>xxiv</sup>

However honorable Pluomen's stance may be, in light of the United States' seemingly limited perspective on humanitarian efforts around the

world, her message requires more action now than ever if progress for women's rights around the world is to be attained.

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