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MESSAGE:

per your request - issues in brief is attached. thx.

Prepared by USAID

The Role of Family Planning in Preventing Abortion

A growing body of evidence supports the common sense assumption that preventing unintended pregnancies leads to a reduction in pregnancy terminations. **Experience shows that contraceptive services provided through family planning programs, including those funded by USAID, provide the means for avoiding unintended pregnancies and therefore play an essential role in reducing abortions.**[1]

This briefing note reviews data from many countries collected by different analysts over a long period of time. These findings point to the following main conclusions:

- Use of abortion is closely associated with unmet need for contraception and with reliance on less effective methods.
- In some countries, desire to have smaller families may increase faster than availability of family planning services and effective use of contraception, resulting in a short-term phenomenon in which use of contraception and abortion rates both rise simultaneously.
- Over the longer term (15-20 years), as contraceptive use becomes the norm, abortion rates fall substantially.
- Abortion rates are lower in countries where more effective modern methods of contraception are used than in countries where less effective methods predominate.
- Family planning programs are beginning to have a pronounced impact on abortions in Eastern Europe and the former Soviet Union, as well as in some Latin American countries where abortion rates have historically been extremely high.
- Providing access to contraception (along with life-saving care where needed) to women who have had abortions will help in preventing repeat abortions.

Abortion and Unmet Need for Contraception

Abortion rates are high in many developing countries and in countries of Central and Eastern Europe and the former Soviet Union.[2] A 1995 survey in Russia shows an abortion ratio of about two induced abortions for every live birth.[3] Overall, about 32 million abortions are estimated to take place in developing countries every year, more than half of which are unsafe or clandestine, resulting in more than 70,000 preventable maternal deaths.[4]

The large number of abortions is closely associated with unmet need for contraception. As desire to have smaller families increases, and as the number of women of reproductive age also increases, programs must work hard to keep up with growing demand for contraception. A large "unmet need" for contraception exists among women who have stated that they would like to delay or avoid another birth but are not using a method of contraception. Surveys estimate that at least 120 million couples in developing countries have an unmet need for contraception by this definition, and millions more are using methods that are relatively less reliable or effective.

- In **Turkey**, recent data show that among married women who reported having had an abortion in the past five years (14 percent of the respondents), 34 percent were not using any contraceptive method at the time they became pregnant, and 45 percent were using withdrawal, which has a high failure rate.[5]

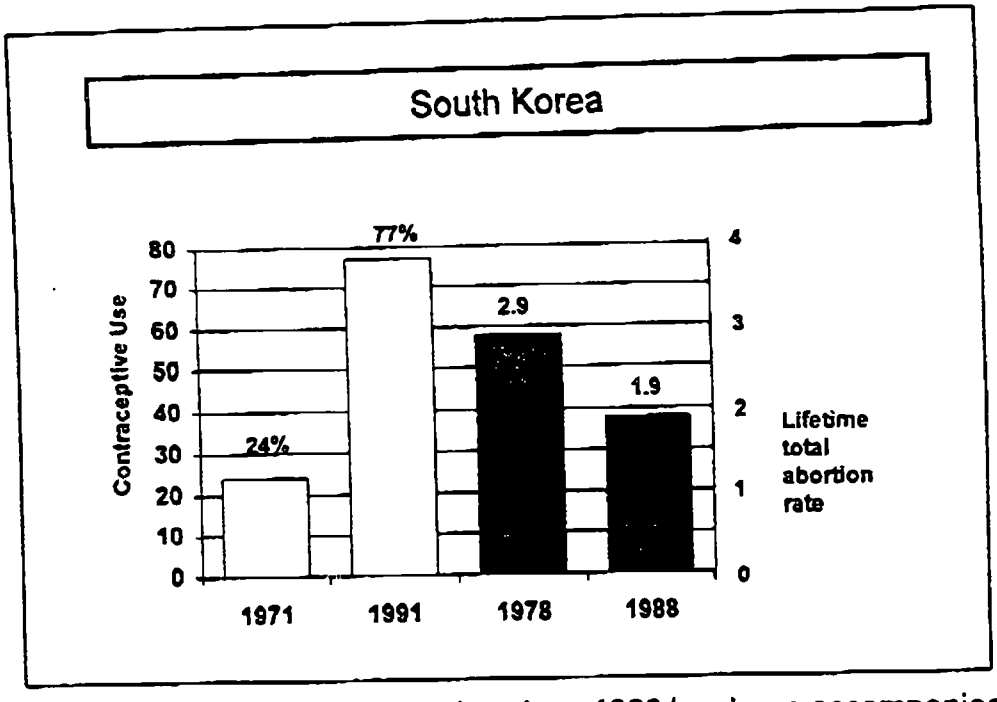
- In a large-scale study in four Latin American countries (**Bolivia, Colombia, Peru** and **Venezuela**), 73 percent of women hospitalized for abortion reported that they were not using a contraceptive method at the time they became pregnant.[6]

The Impact of Contraceptive Use on Abortion: Research Findings

The short-term phenomenon of simultaneous increases in contraceptive use and abortion. In some circumstances, use of contraception and abortion rates may both be rising at the same time. This phenomenon may occur because the desire to have smaller families may be increasing faster than the availability of contraceptive information and services and the consistent use of effective contraceptives. A decline in abortion rates for some countries therefore does not become evident until contraceptive methods are both widely available and effectively used. In countries where high rates of abortion coexist for a period of time with expanding family planning programs, it is likely that even more abortions would occur without the protection from unintended pregnancies provided by family planning services.

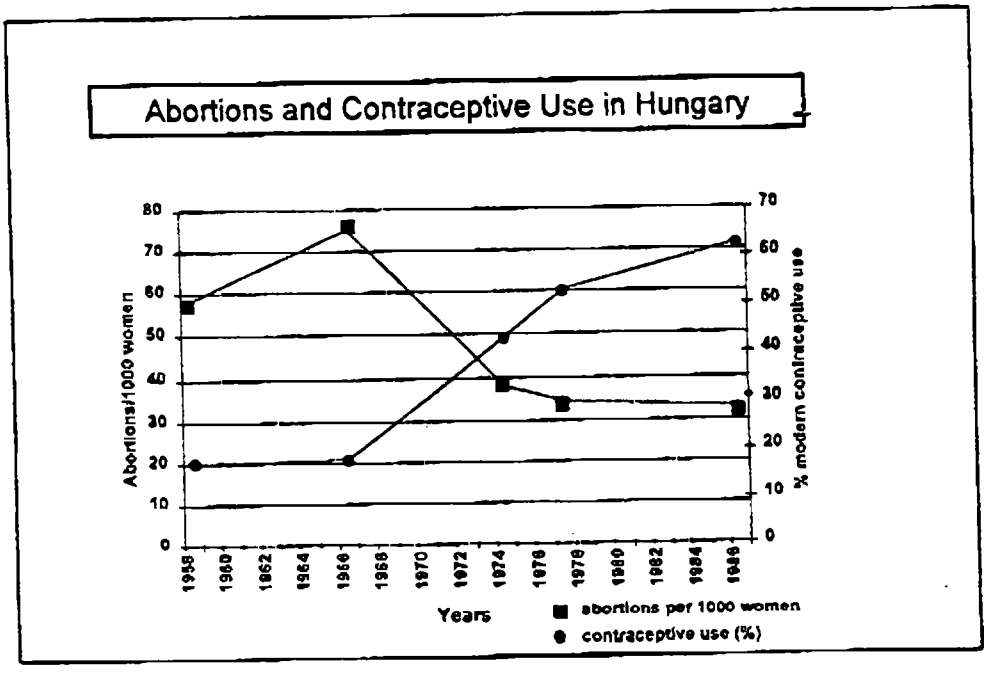
Historical data. A number of studies, drawing on experience in a wide range of countries where data on both abortion and contraceptive use are relatively reliable, support the conclusion that use of effective modern methods makes a significant contribution over time to reducing unintended pregnancies and abortions.

- In **South Korea**, contraceptive use increased from 24 percent in 1971 to 77 percent in 1988. Lifetime total abortion rates per woman continued to increase to a peak of 2.9 in 1978, after which there was a nearly one-third decrease to 1.9 by 1991.[7]



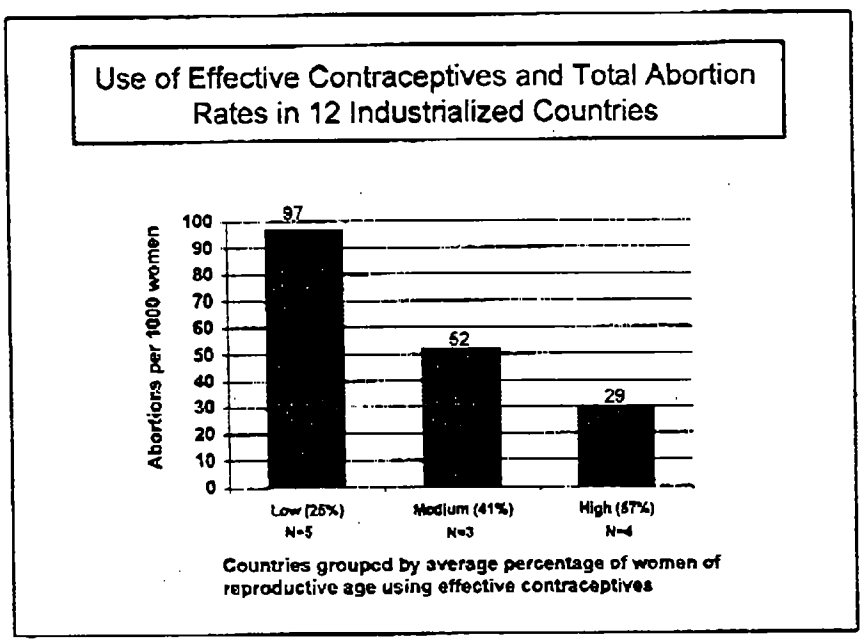
- In **Chile**, increased use of contraception since 1960 has been accompanied by a dramatic decline in abortion rates, which were estimated to drop from 77 per 1000 married women of reproductive age in 1960 to 45 in 1990.[8]

- In **Hungary**, abortion rates were increasing, reaching a peak of close to 80 per 1000 women in the late 1960's, while contraceptive use remained at a low level (around 20 percent). Subsequently, a dramatic increase in contraceptive use, to over 50 percent of couples in 1978, was accompanied by a sharp drop in abortion rates, to just over 30 per 1000 women in 1986.[9]



Comparative data. Comparisons of abortions and patterns of contraceptive use across countries also help to demonstrate the close connection between use of effective methods and lower abortion rates.

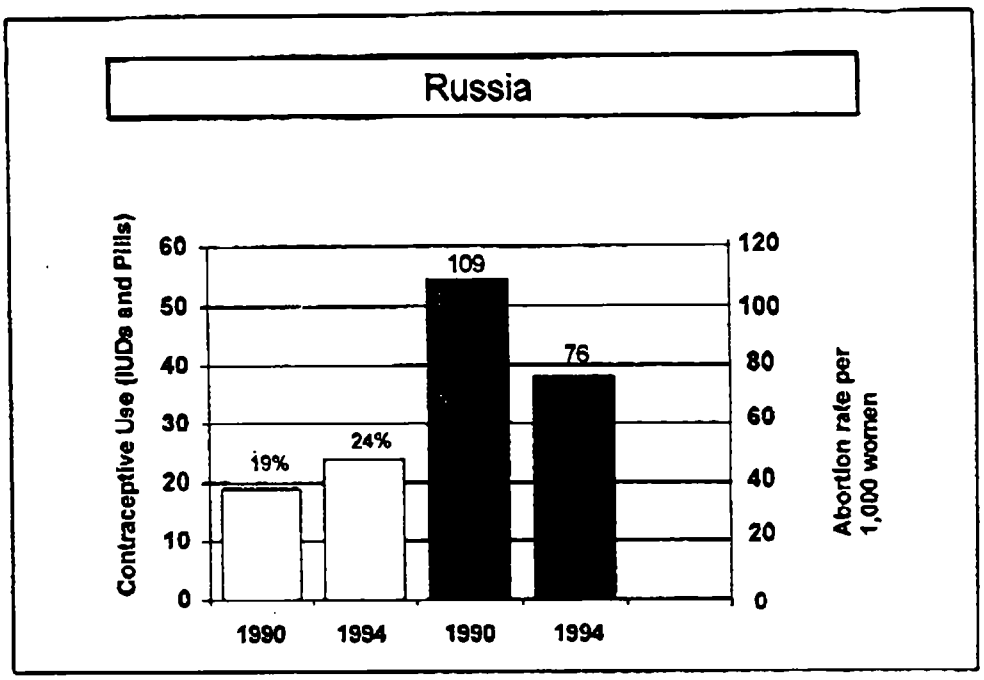
- A study of industrialized countries, including the United States, Canada, and all of Western Europe, using data from surveys between 1975 and 1984 found that "[t]he principal effect of using a highly effective method of contraception is to reduce the incidence of abortion." Abortion rates were lower in countries where the proportion of women relying on three effective methods (pills, IUDs, and sterilization) was higher.[10] Grouping countries by levels of effective method use highlights this relationship. The "low" category of countries had a group average of 25 percent effective method use and an average abortion rate of 97 per 1000, whereas the "high" category of countries had a group average of 57 percent effective method use and an average abortion rate of only 29 per 1000.



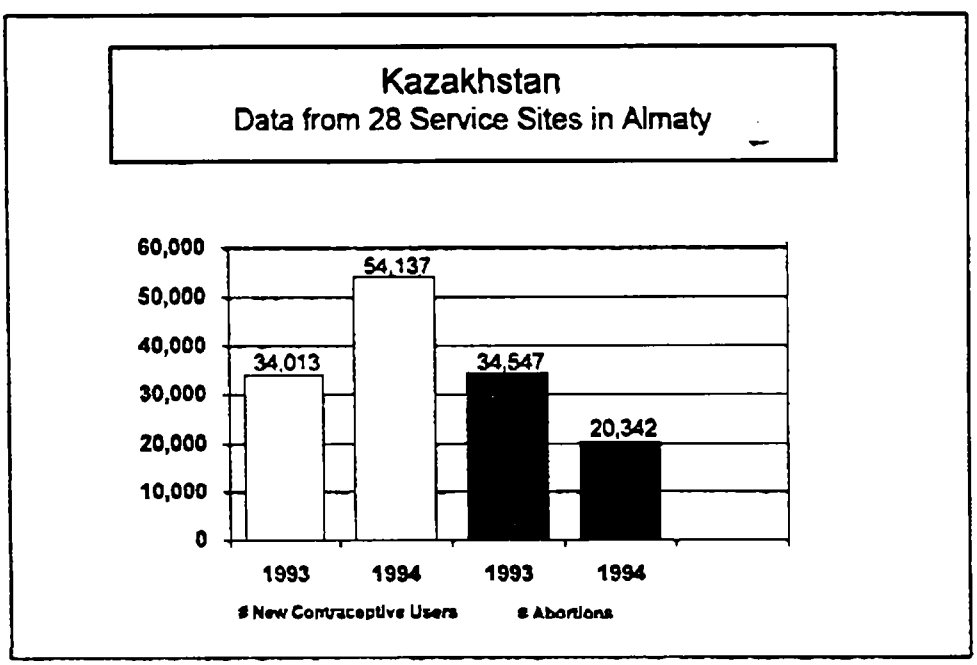
Central and Eastern Europe and the Former Soviet Union: Recent Data

In the countries of **Central and Eastern Europe and the former Soviet Union**, abortion rates have been extremely high for many years, in large part due to the lack of access to effective, modern methods of contraception. Results of recent efforts to increase availability of contraceptive services are already evident:

- The IPPF affiliate in **Russia**, founded in 1991, now has 50 branches across the country. According to the Russian Ministry of Health, from 1990 to 1994, contraceptive use (IUDs and pills) increased from 19 percent to 24 percent. During this same time period, the number of abortions performed dropped from 3.6 million to 2.8 million. The abortion rate per 1,000 women dropped from 109 in 1990 to 76 in 1994.[11]



- In the city of Almaty, in **Kazakhstan**, USAID has provided assistance to train doctors and nurses and to increase contraceptive supplies for 28 clinics. Contraceptive users served by these clinics have increased by 59 percent from 1993 to 1994, from 34,013 to 54,137. During the same period, abortions declined by 41 percent, from 34,547 to 20,342.[12] The 1995 Demographic and Health Survey in **Kazakhstan** shows a 15 percent decline in the total lifetime abortion rate per woman from 2.0 in the 1988-91 period to 1.7 in the 1992-1995 period, during which the modern contraceptive use rate increased by 21 percent.[13]



- The Ministry of Health in the **Ukraine** reported a significant decrease in abortions from January to June 1996, which it has directly attributed to the women's reproductive health program which began in 1995 with USAID funding. The abortion ratio fell 8.6 percent in this six month period, from 150 to 137 per 100 live births.[14]

Latin America

Between 3 and 5 million abortions take place in Latin American countries each year, causing roughly one-third of maternal deaths in the region.[15]

- A recent comparative study concluded: "In **Colombia** and **Mexico** the level of abortion stabilized once contraceptive use began to rise....In Colombia,...most regions are now showing declines in the abortion rate since the mid-1980s...suggesting that the culture of effective contraception is beginning to take hold."[16] From the same study, data from Bogota, the capital city of Colombia, showed a one-third increase in use of all forms of contraception between 1976 and 1986, accompanied by a 45 percent drop in the abortion rate, from 49 to 27 per 1000. For Mexico City and the surrounding region, use of all forms of contraception increased approximately 24 percent between 1987 and 1992, while the abortion rate fell 39 percent, from 41 to 25 per 1000.

Significantly, Colombia and Mexico have had very effective programs to expand availability of contraception -- in which USAID has long been a major donor.

Africa

In **Africa**, there are over 3 million unsafe abortions annually, leading to approximately 21,000 maternal deaths.[17] Researchers and public health leaders point to a strong connection between programs that provide contraceptives and prevention of abortion and maternal deaths.

- A study conducted in **Tanzania** among women hospitalized for complications of induced abortion found that less than 19 percent were using any type of contraceptive method, including traditional methods, at the time they became pregnant. The investigators concluded that "unsafe abortion is a serious health problem in our country...costly to the individuals concerned and to the country's health system. One solution is increased accessibility and availability of family planning information, education and services for all eligible couples and individuals."[18]

- According to a physician from the Ministry of Health in **Ethiopia**, where USAID is the key donor helping to launch the national family planning effort: "Like other developing countries, Ethiopia has a lot of abortions, and from the studies in the capital's five hospitals, 30 percent of bed capacity is due to abortion. It is mostly younger women...coming in with complications after having an illegal abortion. Many young women are dying.... The government doesn't have any intention of using abortion as a family planning

method. So we are trying to have an excellent program in family planning in our country. We are just getting started, and within the next five years we will definitely depend on donors."[19]

Saving Lives and Preventing Repeat Abortions

Providing women who have had abortions with life-saving medical care accompanied by access to contraceptive information and services is an approach which will both reduce maternal deaths and prevent repeat abortions. With USAID support since 1993, the feasibility of assuring availability of family planning services to women receiving treatment for abortion complications is being tested and evaluated in studies underway or nearing completion in seven countries.

- In **Turkey**, pilot projects are dramatically increasing use of contraception among women who have had abortions, including a project in the largest maternity hospital in Ankara, where 98 percent of clients adopted a contraceptive method.[20]

- In **Egypt**, USAID supported a pilot study in two hospitals, in which providers were trained to provide improved treatment for complications as well as to discuss contraception with postabortion patients and provide a referral for services. The proportion of patients intending to begin using a contraceptive method increased from 37 percent in the pre-test to 62 percent in the post-test.[21]

Conclusion

USAID is committed to helping couples meet their reproductive goals through the provision of safe and effective methods of family planning. Increasing access to high quality contraceptive services and a wide range of effective methods is an effective strategy to reduce reliance on abortion by preventing the unwanted pregnancies that lead to abortion.

Prepared by:

Office of Population
Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support and Research
U.S. Agency for International Development
August 1996

ENDNOTES

[1] As a matter of law and policy, USAID does not promote abortion as a method of family planning, and USAID funds cannot be used to fund abortions except in cases of rape, incest, or if the life of the woman is in danger. USAID, "USAID Policy on Abortion," April 1994.

[2] In most developing countries, data on the extent of abortion are unreliable. Women are often reluctant to report abortions. Official data from governments are of variable quality, and data from hospitals or doctors who treat women for abortion complications provide only partial information. In collaboration with other donors, USAID is supporting efforts in selected countries to improve collection of data on the incidence of abortion as well as further analyses of the impact of family planning on unintended pregnancy and abortion. Country cases with quantitative data in this paper represent those for which relatively accurate data are available. Several different measures of abortion are used: Abortion rates refer to the number of abortions per 1000 women of reproductive age in the population. Abortion ratios refer to the number of abortions per 100 or 1000 live births. The lifetime total abortion rate is a measure of the number of abortions that an average woman is likely to have in her lifetime.

[3] Preliminary data from 1995 Russia Reproductive Health Survey assisted by the U.S. Centers for Disease Control (CDC).

[4] World Health Organization, "Abortion: A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion" (Geneva: WHO Document No. WHO/FHE/MSM/93.13, 1994); and Susheela Singh and Stan Henshaw, "The Incidence of Abortion: A Worldwide Overview," Paper presented at the IUSSP Seminar on Socio-Cultural and Political Aspects of Abortion from an Anthropological Perspective, Trivandrum, India, March 25-28, 1996.

[5] Ministry of Health, Hacettepe University, and Demographic and Health Surveys, Demographic and Health Survey 1993 (Calverton, Md.: Ministry of Health and Macro International Inc., 1994). Overall, 63 percent of women in Turkey are using family planning, but only 35 percent use modern methods, and the remainder rely on periodic abstinence, withdrawal, or other less effective methods.

[6] S. Singh and D. Wulf, "The Likelihood of Induced Abortion Among Women Hospitalized for Abortion Complications in Four Latin American Countries," International Family Planning Perspectives, Vol.19, No. 4 (1993):134-141.

[7] Jeanne Noble and Malcolm Potts, "The Fertility Transition in Cuba and the Federal Republic of Korea: The Impact of Organised Family Planning," Journal of Biosocial Science, Vol. 28 (1996): 211-225. A nearly identical pattern to that of Korea was also found for Cuba.

[8] John Paxman, et al., "The Clandestine Epidemic: The Practice of Unsafe Abortion in Latin America," in Studies in Family Planning, Vol. 24, No. 4, July/August 1993, pp. 206-214; and The Alan Guttmacher Institute, Clandestine Abortion: A Latin American Reality, New York,1994.

[9] Hungary data reported here are drawn from Adam Balogh and Lazlo Lampe, "Hungary," in Bill Rolston and Anna Eggert, eds., Abortion in the New Europe: A Comparative Handbook (Westport, Connecticut: Greenwood Press, 1994): 139-156; and United Nations, World Contraceptive Use (New York: United Nations Data Diskettes, 1992).

[10] Elise F. Jones, et al., Pregnancy, Contraception, and Family Planning Services in Industrialized Countries (New Haven: Yale University Press, 1989), p. 218. Data on contraceptive use and abortion rates are from Belgium, Canada, Denmark, Finland, France, Great Britain, Greece, Italy, Netherlands, Norway, Sweden and the United States.

[11] International Planned Parenthood Federation, "Fighting Russia's 'Abortion Culture,'" Annual Report, 1995-1996 (London: IPPF, 1996), p. 11.

[12] M. Babamuradova, et al., Evaluation of AVSC-Supported Programs in Kazakhstan, Kyrgyzstan, Turkmenistan, and Uzbekistan (New York: AVSC International, March 1995).

[13] J.M. Sullivan, "Trends in Induced Abortion and Contraceptive Use by Time Period, Kazakstan 1984-1995," (Calverton, Maryland: Demographic and Health Surveys Project, Macro International, Inc., 1996).

[14] USAID/Ukraine mission report, July 1996.

[15] John Paxman, et al., "The Clandestine Epidemic," op. cit.

[16] Susheela Singh and Gilda Sedgh, "Trends in Abortion, Contraception and Fertility in Brazil, Colombia, and Mexico," forthcoming in International Family Planning Perspectives (1997).

[17] World Health Organization, Abortion: A Tabulation of Available Data, op.cit.

[18] G. S. Mpangile, et al, "Factors Associated with Induced Abortion in Public Hospitals in Dar es Salaam, Tanzania," Reproductive Health Matters, No. 2 (November 1993): 29-30.

[19] Statement made at the Centre for Development and Population Activities, Management Training Workshop, Washington, D. C., July 1996.

[20] Cable from Ambassador Grossman to the Secretary of State, "Emerging Population Trends in Turkey: Shifting From Abortion to Contraception?" (State Department Cable No. Ankara 02219) March 4, 1996.

[21] The Egyptian Fertility Care Society and the Population Council, Improving the Counseling and Medical Care of Post Abortion Patients in Egypt, Final Report. (Cairo: EFCS, May 1995).

Issues in Brief

The Role of Contraception In Reducing Abortion

Following the 1994 election, which gave social conservatives a majority in the U.S. House of Representatives for the first time in 40 years, emboldened leaders of the antiabortion movement began to campaign openly against government-subsidized family planning programs. In a preview of the legislative assaults to come against both the international and domestic programs, House Pro-Life Caucus Chairman Christopher Smith (R-NJ) declared in January 1995 that he opposed U.S.-supported family planning efforts abroad because they lead to "abortion activism" and, by implication, result in more rather than fewer abortions.

The "evidence" for his claim derives in part from a misunderstanding of the data. Following the introduction of family planning programs, contraceptive use and abortion rates in some countries have initially risen simultaneously; in other countries—including the United States—contraceptive use is nearly universal, but abortion rates have only recently begun to decline significantly. These data have been used to legitimate the assertion that the availability of contraception itself causes more abortions.

In the two and a half years since Smith's comment, the proponents of this view have sowed sufficient doubt among enough policymakers about the role of family planning programs domestically and internationally to disrupt a decades-long political consensus. Previously, all but a very small minority considered self-evident the view that better access to and more effective use of contraceptives are necessary to reduce the incidence of abortion.

Common sense still leads most people to the conclusion that more effective contraception means fewer abortions—and research results point to that conclusion as well. Individual women who use an effective method of contraception simply are much less likely to face an unintended pregnancy and the decision of whether to have an abortion than women who do not. Similarly, the advent of high-quality contraceptive services, both in the United States and elsewhere, has been shown over time to be associated with lower levels of abortion.

Fundamentally, the relationship between contraceptive use and abortion is explained by a single phenomenon: the inexorable and universal trend toward couples' wanting, and having, smaller families and trying to time the birth of their children to best advantage. Acknowledgment of this reality is important, since an individual's decision to practice contraception or to have an abortion stems from this same goal.

This *Issues in Brief* seeks to explain the statistical trends in the context of women's lives, their reproductive goals and the choices available to them. A great deal of information exists, largely from research in the United States, on the likelihood that an *individual* can avoid an unintended pregnancy, and abortion, by practicing effective contraception. Analyses of the effectiveness of contraceptive *programs* in reducing abortion rates come from the experiences of many countries, including the United States.

Contraception Works For Individuals

As more and more couples feel strongly about limiting the number of children they have, and about having those children when they want them, the demand for contraception will be great: in its absence or in the event of its failure, so will the demand for abortion. The choice for societies is whether to facilitate access to contraception or to leave women and their families with abortion, legal or not, as the only means of achieving their childbearing goals.

American women typically want two children, as do women in European countries and many parts of Asia. In Latin America, the average preference is for two or three children. Women in Sub-Saharan Africa still want large families, five or six children on average, but indications are that, as in more developed countries, their desired family size is beginning to decline, too. These numbers represent women's goals, but not necessarily their experience. In most countries of the world, a significant proportion of women reveal that they have actually had more children than they had intended.

To succeed in having the number of children she wants when she wants them, a woman must use contraceptive methods properly for a long time. The

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fewer the desired number of children, the longer the period of time. For example, if a woman marries or becomes sexually active at 20, remains sexually active through her reproductive years (roughly until age 45) and wants only two children, she must practice contraception for approximately 240 months, or 20 years (see Chart A).

Data from the United States illustrate how contraception reduces abortion on a personal level. Virtually all American women who are sexually active but wish to avoid becoming pregnant use some form of birth control, since they have concluded that contraception is the most effective way to reduce the likelihood of a crisis pregnancy and the possibility of an unwanted birth or abortion. The facts support them: Women using a method of contraception are only 15% as likely as women using no method to have an abortion. In other words, contraception reduces the probability of having an abortion by 85%.

Yet, because of the enormous effort involved in practicing contraception continuously and effectively for more than two decades, almost half of all American women will have had at least one abortion by the time they are 45. It might seem contradictory to some and appear to be the "smoking gun" to others that the U.S. abortion rate (26 abortions per 1,000 women of reproductive age) is high by industrialized-country standards, even though 90% of women use a method. The explanation is that most of the unintended pregnancies and a disproportionate share of the resulting abortions occur among the 10% of women who use no method of birth control (such as teenagers having early sexual experiences) or use one only sporadically. The remaining abortions result among women trying to prevent an unwanted pregnancy whose contraceptive fails.

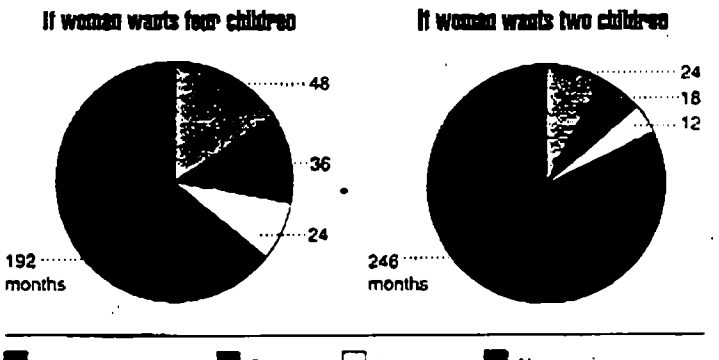
Some of the failure is due to the methods themselves, but most is a result of the difficulties that individual women confront in incorporating the task of contraceptive use into their everyday lives; over half of all women practicing contraception use a method that requires ongoing attention (as opposed to surgical sterilization). They include women who rely on oral contraceptives as well as those using intercourse-related methods such as the condom and the diaphragm. Practicing the prevention of pregnancy, therefore, is at least as difficult as other such preventive health strategies as maintaining a proper diet, exercising and quitting smoking. In this light, perhaps what is surprising is how many women manage to use birth control well.

chart a

The Reproductive Years

The fewer children women want, the more time they spend in need of contraception.

Distribution of 300 months between ages 20 and 45



Note: Distributions assume that women marry at age 20 and remain sexually active between ages 20 and 45. *Source:* Alan Guttmacher Institute, *Hopes and Realities*, New York, 1995, p. 39.

Reducing Abortion Rates Takes Time

Individual countries have had very different histories in attempting to attain a balance between contraceptive use and reliance on abortion to control fertility. Some of the variation is associated with cultural and socioeconomic differences, but much of it relates to the disparity between actual and desired family size and the extent to which women were relying on abortion—regardless of its legal status—to limit childbearing before the introduction of family planning programs.

Russia's experience presents a stark and contemporary example of a situation where abortion has been legal for a long time, and because modern methods of contraception were unavailable for many years, abortion became the predominant method of controlling fertility for most women. According to the Russian Ministry of Health, the official abortion rate hovered around 109 abortions per 1,000 women of reproductive age in 1990, with only an estimated 19% of Russian women relying on modern contraceptives. By 1994, however, the health ministry reported that contraceptive use had risen to 24%, while the abortion rate had plummeted to 76 abortions per 1,000 women. Even taking into account the possibility of incomplete reporting, there is no doubt that the number of abortions is on the decline.

The desire of Russian women for small families is well established, intense and pervasive. Until now, a typical Russian woman who wanted only two children would have up to four abortions in her lifetime (although it would not be unusual for some women to have more). Even though the Russian abortion rate remains among the world's highest, Russian women are quickly seizing the opportunity they have been given to use modern birth control methods and are doing so relatively successfully.

Unlike Russia, both legal abortion and access to contraception have been available in Hungary, South Korea and the United States. Each country has had a different experience over time, but all have arrived at a point where abortion rates are on the decline.

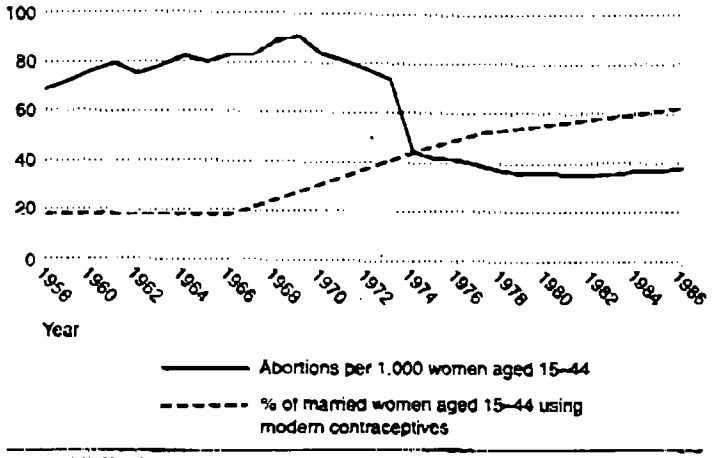
Data from Hungary show the trend in contraceptive use and abortion over a 30-year period. In the late 1950s, most women were relying on abortion rather than contraception to limit the size of their families. Then, in the mid-1960s, an increase in the availability of contraceptives led to a sharp rise in their use, which continued through the mid-1980s. At almost the same time, the levels of abortion began to drop sharply (see Chart B).

In South Korea, the transition took another route but

chart b

Trends in Hungary

As contraceptive use rose, abortion rates dropped.



Sources: S.K. Henshaw and E. Morrow, *Induced Abortion: A World Review, 1990 Supplement*, The Alan Guttmacher Institute, 1990, and United Nations, *World Contraceptive Use*, data diskettes, New York, 1992.

had the same result. When the desire for small families became a cultural norm in the 1960s, both abortion and use of contraceptives initially rose together, creating a period of rapid fertility decline. In the decade between the late 1970s and the late 1980s, however, the abortion rate, which had peaked at 83 abortions per 1,000 women, declined to 54 per 1,000. Meanwhile, contraceptive use tripled, from 24% of married women of reproductive age to 77%.

The number of abortions has not yet dropped further, primarily because a sizable number of South Korean women who practice contraception still rely on some of the less effective methods. In the meantime, the motivation for smaller and smaller families has intensified, and increasingly through use of contraceptive methods, but also abortion, the average number of children per woman has fallen from six to less than two over a 20-year period.

The pattern in the United States is somewhat similar to South Korea's, although less dramatic. Here, the cultural norm of having a small family was well established by the 1960s. Contraceptive use was relatively high also, although so were contraceptive failures, unintended pregnancies, unplanned births and clandestine abortions. With the legalization of abortion nationwide in 1973, the abortion rate increased for a brief time as services became available; by 1980, however, the rate had peaked and then began a gradual decline. The rate has dropped more quickly since 1990, accompanied by an increase in the number of women using contraceptives, using them better and shifting to more effective methods.

In some countries, the provision of abortion remains illegal but the desire for smaller families is rapidly becoming stronger and more widespread, outpacing the availability of the means to achieve family-size goals. Research on the number of Latin American women who obtain clandestine abortions highlights the effect on the abortion rate of the relatively recent introduction of contraceptive services in that region.

By 1990, contraceptive use had risen dramatically throughout Colombia and Mexico, while abortion rates had essentially stabilized at their mid-1970s levels of about 34 and 23 abortions per 1,000 women, respectively. Abortion appears to have played a significant role in containing family size throughout the region, as Latin American women began to shift from having 6–7 children each to only 3–4. Abortion rates in many areas initially rose or were already fairly high—despite laws against the practice of abortion—because contraceptive services were scarce. Although contraceptive use has risen, abortion rates are declining only gradually, partly because of the time it takes for contraceptive services to become widely accessible. Even more difficult is the development of the necessary cultural and behavioral shifts to successfully prevent unintended pregnancy—a goal that still remains elusive for many women in the United States.

A look at the major urban areas in Colombia and Mexico City clearly reflects the underlying trends. Between 1976 and 1990, the abortion rate in Bogotá fell by 40%, while contraceptive use doubled. During the same period, the abortion rate in Mexico City first climbed to a high of about 40 abortions per 1,000 women and then dropped to the mid-20s, while contraceptive use doubled (see Chart C). If the strong family planning programs in these cities can be replicated in small towns and rural areas, the national abortion levels, which have plateaued, are likely to show unmistakable signs of declining soon.

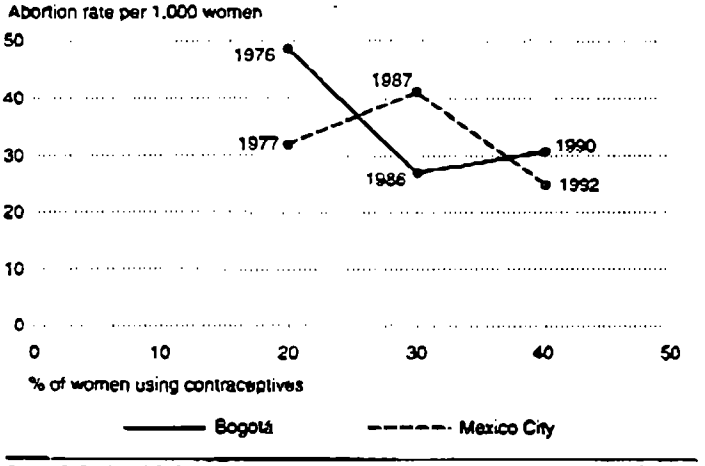
Abortion Laws And Abortion Rates

The data clearly demonstrate the dampening effect of contraceptive use on abortion rates, even though it often

chart c

Trends in Two Cities

The abortion rates in Bogotá and Mexico City fell as contraceptive use doubled.



Source: S. Singh and G. Sedgh, "The Relationship of Abortion Trends to Contraception and Fertility in Brazil, Colombia and Mexico," *International Family Planning Perspectives*, 23:4–14, 1997, Figures 2 and 3.

table 1
Abortion Legality and Rates

Country	Abortion rate per 1,000 women aged 15–44*	Maternal deaths per 100,000 live births
Where abortion is legal		
United States	26	12
England/Wales	15	9
Netherlands	6	12
Finland	10	11
Japan	14	18
Australia	17	9
Where abortion is illegal		
Brazil	38	220
Colombia	34	100
Chile	45	65
Dominican Republic	44	110
Mexico	23	110
Peru	52	280

*Data are for 1990; age-group is 15–49 in countries where abortion is illegal. *Sources:* Abortion rates are from S. Singh and S.K. Henshaw, "The Incidence of Abortion: A Worldwide Overview Focusing on Methodology and on Latin America," paper delivered at International Union for the Scientific Study of Population Seminar on Socio-Cultural and Political Aspects of Abortion from an Anthropological Perspective, Trivandrum, India, Mar. 25–28, 1996; maternal death rates are from P. Adamson, "A Failure of Imagination," *The Progress of Nations: 1996*, United Nations Children's Fund (UNICEF), New York, 1996.

takes time for the impact to be seen. Skeptics remain, however, largely among those whose main strategy for reducing abortion is to criminalize it. But while it may seem paradoxical, the legal status of abortion appears to have relatively little connection to its overall pervasiveness. In some parts of Latin America, for example, the abortion rate is as much as twice that of the United States. Worse, mainly because the procedure must be done clandestinely, it is associated with a high incidence of maternal death and disability. By contrast, in many countries where abortion is legal and performed under safe conditions, abortion rates are among the world's lowest (see Table 1).

The World Health Organization estimates that about 20 million clandestine abortions occur each year, the vast majority in South and Southeast Asia, Sub-Saharan Africa, and Latin America and the Caribbean. Any serious efforts to reduce either the overall number of abortions in these countries or the almost 600,000 maternal deaths each year—about 80,000 as a direct result of unsafe, illegally performed abortions—cannot succeed by making abortion there "more illegal."

If the main effect of abortion's legal status is on its safety, not its likelihood, then abortion rates of various countries must be explained by other factors. The two most important ones are the extent to which women are at risk of unwanted pregnancy (which depends largely on how many children they want and how strongly they feel about it) and the prevalence and effectiveness of contraceptive use. Abortion rates are believed to be low in some Islamic countries, for example, because couples there still want to have large families and because the consequences of sex outside marriage are very severe for women. At the opposite end of the legal and cultural spectrum, the abortion rate is low in the Netherlands, but for completely different reasons. Dutch women want very small families and high rates of premarital sexual activity prevail, but because of widespread reliance on effective contraception, abortion is uncommon.

A Critical Juncture

In much of the world, abortion rates have already declined or are beginning to do so. In most cases, the declines have been made possible by the increased availability, greater acceptance and more effective use of contraceptive services. Sub-Saharan Africa, with the world's fastest growing population, is at a crucial turning point. Although women there still want relatively large families, they too are increasingly expressing the desire to have fewer children than their mothers did. These beginnings of a desire for fewer children and a nascent shift from traditional family planning methods to more modern ones are driving a rising need for contraceptive services. In the absence of stronger contraceptive programs, however, African women may turn more frequently to abortion, even unsafe abortion, if it is the primary means available to limit their childbearing. To avoid this situation, better and more contraceptive services are essential.

Contraception, even under the best of circumstances, cannot end the need for abortion entirely. Contraceptive methods will never be perfect, and women and men will never be perfect users of them. What common sense and research show, however, is that the most effective means of reducing abortion is preventing unintended pregnancies in the first place. No serious effort to achieve this end, and thus reduce abortion, can succeed without contraception.

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This report was written by Susan A. Cohen. It was prepared with the support of The Pew Charitable Trusts/Global Stewardship Initiative.

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International - ~~restrictions~~ anti-choice language. (House lang.)

AMENDMENT BY MR. WICKER TO H.R. ____:

1) On page 52, line 14, insert the following new section:

FOREIGN ORGANIZATIONS THAT PERFORM OR PROMOTE ABORTION OVERSEAS; FORCED ABORTION IN THE PEOPLE'S REPUBLIC OF CHINA

SEC. 518A. (a) Section 104 of the Foreign Assistance Act of 1961 is amended by adding at the end the following new subsection:

'(h) RESTRICTION ON ASSISTANCE TO FOREIGN ORGANIZATIONS THAT PERFORM OR ACTIVELY PROMOTE ABORTIONS-

'(1) PERFORMANCE OF ABORTIONS-

'(A) Notwithstanding section 614 of this Act or any other provision of law, no funds appropriated for population planning activities or other population assistance may be made available for any foreign private, nongovernmental, or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, perform abortions in any foreign country, except where the life of the mother would be endangered if the pregnancy were carried to term or in cases of forcible rape or incest.

'(B) Subparagraph (A) may not be construed to apply to the treatment of injuries or illnesses caused by legal or illegal

accepted #5

abortions or to assistance provided directly to the government of a country.

`(2) LOBBYING ACTIVITIES-

'(A) Notwithstanding section 614 of this Act or any other provision of law, no funds appropriated for population planning activities or other population assistance may be made available for any foreign private, nongovernmental, or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, violate the laws of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited, or engage in any activity or effort to alter the laws or governmental policies of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited.

`(B) Subparagraph (A) shall not apply to activities in opposition to coercive abortion or involuntary sterilization.

`(3) APPLICATION TO FOREIGN ORGANIZATIONS- The prohibitions of this subsection apply to funds made available to a foreign organization either directly or as a subcontractor or subgrantee, and the certifications required by paragraphs (1) and (2) apply to activities in which the organization engages either directly or through a subcontractor or subgrantee.

'(4) DEFINITION.-As used in this section, the term "activity or effort to alter the laws or governmental policies of any foreign country concerning the circumstances under which

'gag' provision →

abortion is permitted, regulated, or prohibited" includes not only overt lobbying for such changes, but also such other activities as sponsoring, rather than merely attending, conferences and workshops on the alleged defects in the abortion laws, as well the drafting and distribution of materials or public statements calling attention to such alleged defects.'.

(b) Section 301 of the Foreign Assistance Act of 1961 is amended by adding at the end the following new subsection:

'(i) LIMITATION RELATING TO FORCED ABORTIONS IN THE PEOPLE'S REPUBLIC OF CHINA- Notwithstanding section 614 of this Act or any other provision of law, no funds may be made available for the United Nations Population Fund (UNFPA) in any fiscal year unless the President certifies that—

'(1) UNFPA has terminated all activities in the People's Republic of China, and the United States has received assurances that UNFPA will conduct no such activities during the fiscal year for which the funds are to be made available; or

'(2) during the 12 months preceding such certification there have been no abortions as the result of coercion associated with the family planning policies of the national government or other governmental entities within the People's Republic of China. As used in this section, the term 'coercion' includes physical duress or abuse, destruction or confiscation of property, loss of means of livelihood, or severe psychological pressure.'.

(c) The President may waive the provisions of section 104(h)(1) of the Foreign Assistance Act of 1961, as amended, pertaining to population assistance to foreign organizations that perform abortions in foreign countries, for any fiscal year; Provided, that if the President exercises the waiver provided by this subsection for any fiscal year, not to exceed $356 million may be made available for population planning activities or other population assistance for such fiscal year; Provided further, that the limitation in the previous proviso includes all funds for programs and activities designed to control fertility or to reduce or delay childbirths or pregnancies, irrespective of the heading under which such funds are made available.

but cannot waive "gag" provision

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S.2334

Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1999 (Engrossed in Senate)

PROHIBITION ON FUNDING FOR ABORTIONS AND INVOLUNTARY STERILIZATION

SEC. 518. None of the funds made available to carry out part I of the **Foreign** Assistance Act of 1961, as amended, may be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions. None of the funds made available to carry out part I of the **Foreign** Assistance Act of 1961, as amended, may be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations. None of the funds made available to carry out part I of the **Foreign** Assistance Act of 1961, as amended, may be used to pay for any biomedical research which relates in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning. None of the funds made available to carry out part I of the **Foreign** Assistance Act of 1961, as amended, may be obligated or expended for any country or organization if the President certifies that the use of these funds by any such country or organization would violate any of the above provisions related to abortions and involuntary sterilizations: *Provided,* That none of the funds made available under this Act may be used to lobby for or against abortion.

existing law restricts what can be done with US population assistance but not what NGOs can do with their own funds

FUNDING FOR FAMILY PLANNING

SEC. 519. In determining eligibility for assistance from funds **appropriated** to carry out section 104 of the **Foreign** Assistance Act of 1961, non-governmental and multilateral organizations shall not be subjected to requirements more restrictive than the requirements applicable to **foreign** governments for such assistance.

NORTH KOREAN NARCOTICS REPORT

SEC. 520. Reporting Requirements Regarding North Korean Narcotics Activity. (a) IN GENERAL- Not later than 3 months after the date of enactment of this Act, the President shall transmit to the **appropriate** committees a report on the cultivation, production, and transshipment of opium by North Korea. The report shall be based on all available information.

Weekly Report
June 25, 1998

Abortion: On Wednesday, the House passed a Coburn amendment to the Agriculture Appropriations bill which would prohibit the use of FDA funds for the approval or study of RU-486. The amendment, which passed by a vote of 223-202, represents the first time that Congress has interfered with the drug approval process at the FDA. In response to press inquiries about this vote, we responded that it is appalling that Congress would decide to intervene in the drug safety practices of the FDA, and that Congress should not substitute political ideology for sound science nor restrict scientific research that can protect women's lives and offer them safe medical choices. We will reach out to the pharmaceutical industry and scientific community during the upcoming recess in the hope that they will work to defeat any similar amendment offered in the Senate.

On another note, Representative Lowey included language in the Treasury-Postal Appropriations bill which requires insurance plans participating in the Federal Employees Health Benefits Program to provide coverage of prescription contraceptives. When the House returns from recess, we expect a vote on the House floor to strike this provision.

Foreign Ops

7/16

Hs Subc met yesterday

mcp → floor fight

Rule will allow our spot an alternative

doubt about... whether bill will ever meet the floor

Sen For Ops subc → next Tues

mcConnell / Leahy standoff

floor → drama (no vote yet in Senate on this Cg →

Gordon Smith is question;

Warner has switched to our side;

Campbell is questionable)

50/50 if lose Campbell + Smith

(writing off Ted Stevens)

Lang is same Chris Smith "compromise" lang in state dept. bill

- would allow Pres to waive restrictions if they use their own funds for abortion
- but funding cut ($40 m)
- lobbying/advocating will be restricted regardless. [gag rule → can't mention word abortion in public domain]

clearly unconst'l if applied to US groups.

Secret plan (Nancy Pelosi) Hs-down by 8 votes or so

peeling off members on 1 by 1 basis.

alternative would be offered by non-Pelosi/Lowey individual.

7/16

Lowey → Obey - may offer to strike all (authorizing) non protected lang. if someone strikes Lowey, Want up or down vote, not procedur

Title X - Porter will ask Rules to offer a substitute. Rules will probably say no. So it will be a motion to strike (no cover). Admin needs to weigh in - never have in past.

In past, there was both Istook + Porter vote on the floor. won by 15-20 votes in past 2 years.

CCPA passed HS 276-150 (67 D's voted yes)

Markup in Senate today -

Feinstein offered amendment re close family members + other caring adults - failed

passed 9-10/6. Only D to vote for the bill was Kohl.

Labor HHS (HS) - 7/22

Late Term (HS) - 7/23

Groups think that Senate will consider CCPA this month.

CCMC
Communications Consortium
MEDIA CENTER

UNFPA info

FAX TRANSMITTAL COVER LETTER

Please deliver the following pages to:

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From: Sarah Craven Tel: 326-8713

Date: 7/22/98 Faxed by (initials): _____

Comments/Message:

Cynthia: ~~Here~~ As peomised – more than you ever wanted to know about UNFPA including a recent letter from Nafis Sadik to Chris Smith. Please let me know if I can provide any additional information. Thanks – Sarah

If you do not receive all the pages as indicated, please call 202/326-8700.

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The Executive Director

UNFPA
United Nations
Population Fund

2 July 1998

Dear Mr. Smith,

I have been informed of comments you made during the June 10 subcommittee hearing on China's population programme. I am very concerned that your comments contained serious misstatements of fact concerning the United Nations Population Fund (UNFPA) and UNFPA's role in China. I would like to bring to your attention the correct information.

As is well known, UNFPA's mandate is to promote quality reproductive health services, gender equality, improvement in the health and status of women and the universally-accepted principle that women and men should have the right to choose the size and spacing of their families and the information and the means to do so -- in other words voluntary family planning.

As we have stated publicly and brought to your attention on several previous occasions, UNFPA does not support abortion services and does not promote abortion as a method of family planning. UNFPA does not under any circumstances condone coercion. Coercion is a violation of human rights, and I have explicitly and publicly condemned it, notably in Beijing, at the Fourth World Conference on Women in 1995.

No organization has done more to promote human rights in the area of reproduction and childbearing than UNFPA. Your accusation that UNFPA supports abortion and coercion in China ignores pertinent reviews and evaluations by the US Government and other authorities. Our programmes have no abortion components and have always supported the principle of voluntary decision-making by individuals.

Accordingly, we have done a great deal to widen the choice of contraception available to China's people, to train service providers in managing fully voluntary programmes and to empower women to make their own decisions. We have brought to the attention of the authorities every instance of deviation from human rights norms that has come to our attention, and we have conveyed to China's policy-makers the long-term effectiveness of a policy which allows full and free choice.

In January UNFPA's 36-nation Executive Board, of which the United States is a member along with countries form every region (including France, Germany, Japan and the United Kingdom) approved a new sharply focused four-year programme for China. It is expressly designed to demonstrate that free choice, access and information are the basis for effective reproductive health programmes, and to advance the voluntary principle.

/...

The Honorable Christopher H. Smith
Chairman, Sub-Committee on International Operations and Human Rights
2370 Rayburn House Office Bldg.
Washington, D.C. 20515

220 East 42nd Street
New York, N.Y. 10017

The Executive Director

It will operate in 32 of China's 2,700 counties. The programme will offer a full range of modern, safe and effective family planning methods, adapted to the age, family and personal circumstances of the individual concerned. It will also offer maternal health services, assisted delivery, pre-natal and post-partum care, counselling and treatment services for sexually-transmitted diseases with a focus on HIV/AIDS prevention. The programme will include activities designed to enhance women's status such as literacy, training in the management of small enterprises, loans for economic activities and advocacy for gender equality. China's Government has given assurances that all vestiges of the one-child policy will be removed in these 32 counties.

We consider this programme to be a significant achievement. This is an internationally agreed approach which will afford the best chance to provide women and men with the opportunity to make their own reproductive decisions.

We all share common values for the improvement of the health and wellbeing of women and men, the promotion of human rights, and the goal to eliminate the need for abortion. Women do not want to have abortions: they want not to be pregnant. The best way to help them achieve their aims is to help them avoid unwanted pregnancies. To foster these aims women need reproductive health services, including a full range of modern, safe, effective and appropriate means of contraception.

Women also need the power to use these services. Women need men's support, including your support, for their choices. They need to be free from sexual violence; they need to be free from coercion of all kinds, including the kind that puts pressure on them to become pregnant against their will. We should be in daily contact with governments and opinion leaders in every country, advocating for the norms and standards we share, and which are widely accepted by the whole international community.

My belief, based on 30 years of experience and backed by all experts on reproductive health is that the best way to end coercion and other forms of violence towards women is to ensure that they are free to make their own choices. In that we need your support.

Every 45 seconds, a woman dies from causes related to pregnancy. Every seven and a half minutes, a woman dies from an unsafe, often self-induced abortion. These women do not need to die. But they will go on dying unless action is taken to give them choices other than abortion. That is exactly what UNFPA is attempting to do 24 hours a day, 365 days a year.

Women in many countries, including the United States, take it for granted that they can limit and space their pregnancies. They take it for granted that no-one will force them to terminate a pregnancy, or start one. These are rights which all women should be able to take for granted. It is the purpose of UNFPA to ensure that they can. We urge your support for this mission.

/...

The Executive Director

UNFPA's programme in China will be monitored by our office in China, by members of our Executive Board, including the United States, by outside experts and selected non-governmental organizations. The Government of China stated at the Executive Board that they are open to any independent monitoring of the programme.

I trust that this accurate factual information reassures you as to the aims and conduct of UNFPA's work. I hope you will join the consensus in the international community, that human rights are respected in all of the important work carried out by the UNFPA, and that women, and men, everywhere are benefitting accordingly.

Yours sincerely,

Nafis Sadik
Executive Director
and Under-Secretary-General

FACT SHEET: THE UNITED NATIONS POPULATION FUND AND CHINA

WHAT IS UNFPA?

UNFPA, the United Nations Population Fund, is the largest internationally funded source of population assistance to developing countries. The Fund, which began operations in 1969, is a subsidiary body of the United Nations General Assembly.

WHO FUNDS UNFPA?

UNFPA is funded from voluntary contributions by member states – not from the UN's regular budget. The Fund has 88 donors; the major donors are Japan, the Netherlands, the US, Germany, Norway, Denmark, Sweden, the UK, Canada, Finland, Switzerland, France, Belgium, Australia and Italy. UNFPA's total income in 1996 was $308 million.

WHAT IS THE SCOPE OF UNFPA OPERATIONS?

UNFPA provides support to 150 countries, 45 in sub-Saharan Africa, 34 in Latin America and the Caribbean, 42 in Asia and the Pacific, and 29 in the Arab States and Europe. UNFPA directly manages the majority of the world's multilateral population assistance. Since 1969, UNFPA has provided almost $4 billion for voluntary family planning in developing countries.

WHAT IS UNFPA'S POLICY ON ABORTION?

UNFPA does not provide support for abortions or abortion-related activities anywhere in the world. It is the policy of the Fund not to provide assistance for abortions, abortion services, or abortion-related equipment and supplies as a method of family planning. Neither does the Fund promote or provide support for involuntary sterilization or any coercive practices. In accordance with the 1994 ICPD Program of Action, UNFPA does urge that the issue of unsafe abortion be addressed as a matter of public health.

WHAT IS THE DIFFERENCE BETWEEN UNFPA'S AND USAID'S PROGRAMS?

UNFPA funds a broader range of activities in more countries than USAID. UNFPA has activities in 150 countries, about triple the number served by AID. These efforts include support for family planning, including contraceptive supplies; maternal and child health services; STD prevention, including HIV/AIDS prevention; population science, including data collection and analysis; and policy formulation activities. UNFPA is also a powerful advocate for gender equality and women's empowerment through literacy training, credit programs and access to reproductive health services.

IS UNFPA CURRENTLY OPERATING IN CHINA?

As is its right as a UN member, China requested additional assistance from UNFPA. After several years of discussion, UNFPA and the Chinese Government agreed upon activities UNFPA can undertake in accordance with the principles set at the International Conference on Population and Development (ICPD) in 1994 (including those associated with human rights, gender equality, and individual liberty).

In January 1998, UNFPA's 36-nation Executive Board approved a new, sharply focused four-year program for China. The program, which will operate in 32 selected counties, was designed to advance voluntary family planning and to demonstrate that free choice, access and information can be the basis for effective reproductive health programs.

HAS UNFPA EVER PARTICIPATED IN THE MANAGEMENT OF THE CHINESE GOVERNMENT'S POPULATION PROGRAM?

Absolutely not. UNFPA does not help manage China's population program, nor has it ever engaged in any act of coercion – in China or anywhere else in the world. UNFPA has not and will not participate in the management of China's population program. Assistance from UNFPA amounts to less than one-half of one percent of the total cost of China's national program (estimated to be more than $1.3 billion annually, compared to UNFPA's $5 million). Similarly, UNFPA has a staff of four in China, as compared to the host government's 160,000 family planning workers. UNFPA is no more able to "manage" Chinese activities than any other nation or entity that deals with China – including countries like the United States that have important bilateral relations and high level interactions with China.

UNFPA has ultimate control over its funds and requires that they be expended in a manner consistent with the highest standards for human rights, voluntarism and health care. If approved by the Executive Board, UNFPA funding in China can only be expended in a manner consistent with voluntarism, respect for human rights, and the elements contained in the agreed country program.

HAS UNFPA EVER BEEN SUBJECT OF A COMPLAINT, IN CHINA OR ELSEWHERE, REGARDING COERCIVE ACTIVITIES?

No. Never. There is not any instance anywhere in which UNFPA efforts have supported coercive activities or compromised international standards of human rights.

DOES UNFPA CONDONE COERCIVE ACTIVITIES IN CHINA?

UNFPA has not, does not and will not ever condone coercive activities in China or anywhere else. UNFPA is committed to the realization of the UN's Charter and the Universal Declaration on Human Rights, and condemns coercion in all its forms. UNFPA funds in China, as elsewhere, can only be used in a manner consistent with the organization's objectives. Moreover, UNFPA does not support China's one-child policy, and is unequivocally opposed to targets and quotas.

WHAT POSITIVE CHANGES HAVE OCCURRED AS A RESULT OF UNFPA ASSISTANCE TO CHINA?

UNFPA's efforts in China between 1980 and 1995 have advanced the availability of quality, voluntary family planning, improved maternal health, reduced infant mortality and advanced human rights.

UNFPA has maintained a constant dialogue with Chinese officials about abuses of human rights, especially those attributable to rigid enforcement of China's one-child policy. The Fund has purposefully designed projects to demonstrate the practical advantages of

voluntary efforts and has successfully done so. UNFPA has also requested China to review and moderate provincial and local regulations that are not in conformity with international human rights standards.

UNFPA has also:

- supported the development and modernization of 23 contraceptive productive facilities. As a result, a wider variety and safer contraceptives are available in China today. This kind of progress is a critical predicate to informed consent and reproductive choice;

- provided assistance to moderate the single-minded pursuit of numerical targets, emphasizing instead that interpersonal counseling underscores individual choice and informed consent;

- supported, with WHO and UNICEF, training of health care workers in 300 poor, rural counties to enhance provision of high quality maternal, child health and family planning care;

- initiated projects in 11 provinces in China to promote women's status through enhanced literacy training, house-hold and small business financial management training, credit opportunities, day care and improved maternal/child health and family planning care. These projects aim to improve women's status in a culture where women have traditionally been valued less than men.

COULD UNFPA DECIDE ON ITS OWN NOT TO OPERATE IN CHINA?

No. UNFPA is governed by an Executive Board, comprised of 36 nations, which must authorize all programs undertaken by the organization. Additional programming in China can be provided if, and only if, the members of the Executive Board authorize such activities.

WHY DO OTHER COUNTRIES SUPPORT A UNFPA PROGRAM IN CHINA?

Historically, almost all of the nations on UNFPA's Executive Board have strongly supported the proposition that, by providing assistance to China, UNFPA is in a unique position to positively influence China's population policies and to promote human rights.

UNFPA is in constant dialogue with Chinese officials at every level on matters pertaining to human rights. UNFPA's projects require strict adherence to human rights and insist on approaches to service delivery that are grounded in informed consent.

WHAT ARE THE KEY ELEMENTS OF THE NEW CHINA PROGRAM?

The new program represents a breakthrough. UNFPA insisted on strict adherence to the principles contained in the ICPD Program of Action in the 32 counties where UNFPA will provide assistance. For example, the Chinese authorities have agreed to abolish all quotas and targets in those counties.

The 4-year program totaling $20 million – less than half the average annual expenditure of UNFPA's previous programs in China – will involve activities in 32 counties designed to improve the delivery of voluntary family planning information and services. Specifically, the program will focus on improved counseling services; expanding the range of available contraceptive methods; improving pre- and post-partum care and assisted births; training health workers about the methodologies and advantages of informed consent, and emphasizing the international requirement to do so; and enhancing efforts to prevent and treat sexually transmitted diseases. In addition, the program includes components to enhance the status of women and encourage exchanges with voluntary programs in other developing countries.

IN A 1996 LETTER TO VICE PRESIDENT GORE, DR. SADIK SAID THAT ANY FUTURE ACTIVITIES IN CHINA WOULD BE PREDICATED ON CHINESE ACCEPTANCE OF THE HUMAN RIGHTS PRINCIPLES ESTABLISHED IN CAIRO, AND CHINA'S AGREEMENT TO SUSPEND QUOTAS IN COUNTIES WHERE UNFPA OPERATES. HAVE THESE STIPULATIONS BEEN AGREED TO?

Yes. UNFPA insisted on strict adherence to the principles contained in the ICPD Program of Action. Consequently, China has agreed to renounce the use of quotas and targets in each of the counties where UNFPA will work. Moreover, the proposed activities in the draft program for China reflect the high standards for voluntarism and human rights outlined at the ICPD.

HOW CAN WE BE SURE THAT U.S. FUNDS WON'T BE USED IN CHINA OR TO FREE UP ADDITIONAL FUNDS FOR USE IN CHINA?

Over the past five years, UNFPA has taken the highly unusual step – at the request of the United States – of segregating the US contribution and providing accounting information that irrefutably demonstrates that no US taxpayer funds are used in China. In addition, US funds can not be used to allow additional funds to be spent in China because the program allocation for China ($20 million over 4 years) is set in the project documentation and cannot be changed.

IS CUTTING OFF FUNDING TO UNFPA A MEANS FOR THE UNITED STATES TO ADDRESS CONCERNS ABOUT CHINA'S POPULATION PRACTICES?

Absolutely not. UNFPA is a positive force for change in China. UNFPA has helped to prevent large numbers of unwanted pregnancies in China by making safe and more effective contraceptives available as a replacement for unsafe and failure prone methods. Millions of improved IUDs have been produced with UNFPA support, resulting in hundreds of thousands fewer unwanted pregnancies, fewer abortions, reduced maternal and infant mortality.

If the United States wants to influence China's population practices, it can pursue these concerns vigorously through its bilateral agenda and human rights dialogue with China. UNFPA withdrawal from China would warrant serious consideration by the Executive Board if UNFPA were not effectively promoting sound, voluntary family planning in all its efforts --which it clearly is doing.

DO OTHER ORGANZATIONS HELP ADMINISTER FUNDS IN CHINA?

Historically, more than 99 percent of UNFPA's assistance in China has been administered by other multilateral organizations or international NGOs. Administering agencies have included the World Health Organization (WHO), the United Nations Childrens Fund (UNICEF), and the UN Food and Agriculture Organization (FAO), all of which have an immovable commitment to international human rights standards.

WHAT WILL HAPPEN IF THE US DEFUNDS UNFPA?

The United States withdrew from UNFPA funding for seven years -- with absolutely no effect whatsoever on Chinese conduct. UNFPA's program in China will be implemented according to the decision of the Executive Board. Because the United States accounts for approximately 7 percent of UNFPA's budget, US withdrawal will result in a 7 percent reduction in UNFPA's available funding for programs in developing countries, particularly funding available for some of the poorest countries in Africa.

sheet

WHY THE UNITED STATES SHOULD SUPPORT UNFPA

The United Nations Population Fund (UNFPA) provides international leadership on population issues and is a key source of financial assistance for family planning programs in poor countries. The United States played an important role in UNFPA's creation, but since 1985 has been inconsistent in its financial support. Yet increased funding for UNFPA programs is crucial to solving world population problems.

A GLOBAL LEADER

The United Nations Population Fund is the principal United Nations (UN) organization in the population field. The Fund is the second largest source of grant assistance to population programs in developing countries. UNFPA has helped many countries adopt national population policies and initiate and strengthen their family planning programs. It has also become an important advocate for improving the status of women.

UNFPA provides global leadership on population issues. As a UN organization, the Fund is a politically neutral source of funds and advice. The UN has a worldwide presence and is a stable source of long-term assistance to developing countries. In contrast, many donor country aid programs often respond to short-term political interests. UNFPA organized the 1994 International Conference on Population and Development and is a natural lead agency to advance the goals agreed on at the conference.

UNFPA is an important channel for donor country contributions to population programs. UNFPA funds come from voluntary contributions made by countries beyond their regular assessed UN dues. A total of 95 countries, including many in the developing world, contributed to UNFPA in 1996. However, a few wealthy countries provide most of UNFPA's funds. Some donor countries, lacking field offices or expertise to manage their own programs, channel almost all their population assistance through UNFPA. Japan, Denmark, and the Netherlands are UNFPA's largest donors. In 1995, the United States was the fourth largest contributor, providing $35 million of UNFPA's total income of $312 million. In 1996, the United States slipped to eighth largest donor, contributing only $7.6 million, owing to congressionally-mandated budget cuts and restrictions imposed on the release of $22.8 million in approved funds.

BROAD SCOPE OF ASSISTANCE

■ **The magnitude of financial assistance provided by UNFPA is substantial.** The Fund accounts for a quarter of all grant assistance to population programs. Over the past 28 years, it has provided $3.7 billion for projects in 171 countries. In 1996, the Fund provided $232 million for country-level population projects, a decline from the high in 1995 of $274 million.

■ **UNFPA provides population assistance to about 150 countries, more than any other donor agency.** In comparison, only about 60 countries currently receive U.S. population assistance. In addition, UNFPA is an important source of funds for many countries: according to a 1993 analysis, UNFPA funding accounted for more than two-thirds of total population assistance in roughly one-quarter of the countries it assisted that year. UNFPA has played a key role in countries where few other donors provide population assistance—for example, Iran, Vietnam, and a number of small African countries.

SUPPORT FOR VOLUNTARY FAMILY PLANNING

■ **UNFPA is committed to freedom of individual choice in family planning.** UNFPA's assistance is grounded in the principle, affirmed at international conferences, that "all couples and individuals have the right to decide freely and responsibly the number and spacing of their children.

and to have access to the information and means to do so." The Fund opposes coercion in any form. UNFPA does not support abortion services, but recognizes unsafe abortion as a major health problem. It seeks to reduce abortions and related deaths by improving access to contraception and to treatment for complications of unsafe abortion.

■ **Over half of UNFPA assistance supports maternal and child health programs, including contraceptive services.** The Fund is a major source of donated contraceptive supplies and also purchases contraceptives on behalf of other donors. UNFPA has purchased contraceptives valued in excess of $50 million in each of the past three years. The Fund also supports data collection and research aimed at encouraging appropriate population policies, as well as activities to improve the status of women, promote better health among youth, and prevent the spread of HIV/AIDS.

AN EFFICIENT AND INNOVATIVE AGENCY

■ **Compared to some other UN organizations, UNFPA is lean, dynamic and field oriented.** The Fund is widely considered to be better managed than most other UN agencies. It is relatively small, with a total staff in 1996 of 919 in its New York headquarters and 98 field offices. Three-quarters of UNFPA staff are overseas, one-half of them in Africa. In recent years, UNFPA has taken a number of steps to improve its effectiveness and impact. The Fund also recognizes the importance of nongovernmental organizations (NGOs); in 1996, about 15 percent of UNFPA funds went to projects carried out by NGOs.

U.S. SUPPORT INCONSISTENT

■ **The United States helped establish the Fund in 1969 and has played a leadership role in UNFPA ever since.** With its substantial expertise in the population field, the United States has been an active participant on the Executive Board made up of 36 UN member states, which provides oversight for UNFPA. Until 1985, the United States was the largest donor, providing nearly one-third of total annual funding for UNFPA.

■ **In recent years, however, the United States has been an unreliable source of financial support for UNFPA.** Between 1986 and 1992, the U.S. Administration withheld all contributions to UNFPA approved by the Congress in response to attacks on UNFPA by abortion opponents. These attacks were prompted by reports of human rights abuses in China where UNFPA has provided assistance, even though an official U.S. review concluded that UNFPA did not fund abortion or support coercive family planning practices. In 1993, President Clinton restored funding on condition that no U.S. funds are used in China. Since 1996, however, the U.S. contribution has declined dramatically.

■ **Inconsistent funding has undermined UNFPA's program and diminished U.S. leadership and influence.** The uncertainty surrounding the annual U.S. contribution makes long-term planning difficult for UNFPA and countries receiving assistance. A significant U.S. contribution remains essential if UNFPA is to meet the growing needs for family planning in developing countries, especially since the U.S. foreign aid program is providing population assistance to fewer countries. In addition, efforts by U.S. family planning opponents to link human rights abuses in China to funding for UNFPA penalize all other countries in need of assistance.

UNFPA AND CHINA

■ **There are important reasons why UNFPA should work in China.** Roughly 20 percent of the world's women live in China. UNFPA is an important window on the world for China—a source of contact with international family planning experts who can provide perspective on alternative approaches to China's compulsory family planning program. UNFPA's most recent country program in China ended in 1995, and any new proposed program of assistance would be subject to approval by UNFPA's Executive Board. Many members of the Board view UNFPA as a positive influence on China.

■ **UNFPA's relatively modest assistance has focused on improving family planning services in China and is in no way connected to abuses.** The Fund has helped modernize the production of contraceptives, upgrading their quality and reliability and reducing contraceptive failures and resulting abortions. It has also helped improve the quality of family planning counseling. A joint UNFPA and UNICEF program has strengthened maternal and child health services in China's 300 poorest counties. UNFPA and other UN agencies have also worked together to improve the status of Chinese women.

U.S. SHOULD SUPPORT UNFPA

■ **The U.S. needs to support and strengthen UNFPA.** The world looks to the United States for leadership in solving global problems. Moreover, polls show substantial support for the UN among Americans—especially in improving health, stabilizing population, and conserving the environment. UNFPA remains the only intergovernmental institution with a mandate to address the crucial challenge of population growth facing our planet and its people.

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Smith Mexico City "Compromise" Would Cut International Family Planning, Thwart Free Speech, Impede the Promotion of Democratic Values

Like the original Smith proposal, this latest version still would disqualify foreign nongovernmental organizations (NGOs) from receiving U.S. family planning assistance if they – with their own funds – perform legal abortions or if they "engage in ... effort[s] to alter the laws or government policies of any foreign country concerning the circumstances under which abortion is permitted, regulated or prohibited."

The "compromise" would allow the President to waive the ban on the performance of abortions, but should he do so, funding for family planning assistance from *all* USAID sources (as stipulated in Smith language) would be cut by $44 million to $356 million overall. Both the funding cap and the policy restrictions would be written into permanent statutory law.

The "lobby" ban could not be waived. Using the power of the federal purse to prohibit the use of private funds for advocacy activities raises serious questions involving free speech and the ability to participate in the democratic process. Further, it is important to note that the statement of managers accompanying H.R. 1757 makes clear that efforts to "alter laws" is defined to "include not only overt lobbying for such changes [in abortion laws], but also such other activities as sponsoring...conferences and workshops on the alleged defects in the abortion laws, as well as the drafting and distribution of materials or **public statements** [emphasis added] calling attention to such alleged defects"

- This proposal can only lead to more, not fewer, abortions, since it would result in cutting the funding for family planning, therefore diminishing access to the single most effective means of reducing abortion.

- According to Secretary of State Madeleine Albright, the "lobby" ban "is basically a gag rule that would punish organizations for engaging in the democratic process in foreign countries and for engaging in legal activities that would be protected by the First Amendment if carried out in the United States."

- The "lobby" ban could cause a foreign NGO to lose its U.S. family planning support if, *with its non-US funds*:

  it produces a paper observing that more than 20% of all maternal deaths throughout Latin American and the Caribbean are due to illegal abortion, thus calling attention to the "defects" in abortion laws;

the president of an NGO gives a radio interview making a "public statement" in which she gives her opinion about her own country's abortion law;

a physician at a Russian NGO offers advice to the Russian government on how to "alter policy" to make abortion services, already legal in that country, safer.

- The Gag Rule is **anti-democratic** because a foreign NGO's eligibility for U.S. funds would be conditioned on its willingness to be silent concerning a difficult but legitimate public policy debate in its own country. Stifling the public debate -- regardless of the subject -- would directly undermine the widely-supported effort to promote democracy by empowering NGOs.

- The Gag rule represents the **ultimate in cultural imperialism** since it would have the U.S. government dictate to foreign NGOs what "public statements" they may make, which conferences they may sponsor, and what materials they may create and distribute – all with non-U.S. funds.

- The Gag Rule is **anathema to basic American** values that rest on the principles of self-determination, pluralism and participation. Using the leverage of federal funds to prevent NGOs from engaging in advocacy with their private funds was rejected by the 104th Congress when some sought to impose it on U.S. organizations. The "Mexico City" Gag Rule, then, would amount to exporting a policy that has been deemed to be intolerable in our own country.

The defenders of the Mexico City Gag Rule maintain it is simply an antiabortion policy. In fact, it is much more than that. It is antithetical to the most basic American values: free speech, access to the political process, and the right, in the words of our own Constitution, "to petition the government for a redress of grievances." As such, it would also undermine a fundamental tenet of U.S. foreign policy: encouraging democracy and popular participation, especially through NGOs.

3/19/98

disseminated to
3900 journalists

May 14, 1998

President William J. Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

We, the undersigned, represent millions of Americans who care deeply about the United States' international obligations and responsibilities. Many of our organizations work overseas, in partnership with the U.S. government, as well as U.N. agencies, to further worldwide humanitarian goals and U.S. interests. We strongly support the United States meeting its full financial obligations to the United Nations. And, we especially regret that we must strongly urge you to veto H.R. 1757, the Foreign Affairs Reform Act, because of the global gag rule provision that would severely undermine a core principle of U.S. foreign policy.

Secretary of State Albright said it best at a recent Congressional hearing: It is a "gag rule. . . that would punish organizations for engaging in the democratic process in foreign countries and for engaging in legal activities that would be protected by the First Amendment if carried out in the United States."

The measure's restrictions on freedom of speech are unacceptable as a matter of principle and policy. It would muzzle private, nonprofit, nongovernmental organizations in other countries, barring them not only from lobbying but also, as the bill's Statement of Managers in Congress states: from sponsoring "conferences or workshops on the alleged defects of the abortion laws, as well as drafting and distribution of materials or public statements calling attention to such alleged defects," with their own money. This policy violates democratic principles and would be firmly rejected as unconstitutional if applied in the United States. It is not a policy that should be foisted on other nations. Many of our organizations have direct experiences with the implementation of public health programs in the United States and overseas.

The facts are:

- USAID resources do not fund abortions;
- Levels of funding approved by Congress for family planning have been drastically cut since 1995; and
- The practical impact of the global gag rule is enormous.

Proponents claim the gag rule will have little effect. This is simply not true.

If a family planning organization in Bolivia is receiving U.S. support for its programs and, for example, published a paper noting that Bolivia has the highest maternal mortality rate in all of Latin America, largely as the result of illegal, unsafe, botched abortions, it would amount to drafting a paper "calling attention" to "defects" in Bolivia's abortion law.

If the head of a group receiving U.S. aid that offers only natural-method family planning gave a radio interview urging opposition to her country's plan to liberalize its abortion law, she would be violating the ban on a "public statement."

In South Africa, where safe, legal abortions were available to white women but beyond the reach of most black women under apartheid, President Nelson Mandela in 1996 asked Dr. Helen Randera-Rees, director of the Planned Parenthood Association of South Africa (PPASA), for her help. He wanted to draft a law easing such administrative hurdles as a requirement for approval by two doctors, one of whom must have been in practice for at least four years. She helped to draft that law, and it was enacted. Under the pending U.S. measure, PPASA would have lost its U.S. support because Dr. Randera-Rees responded to Mandela's request.

We believe that the bill as enacted would lead to more, not fewer, abortions worldwide, because it would cut $44 million in funding for family planning, which has proved repeatedly to be the single most effective means of reducing the number of abortions.

The measure imposes a minority American political position on other nations' private organizations, rather than letting them decide what is best for their own country. It tramples upon those countries' medical standards, their political practices and their right to decide their own futures, and it drastically narrows the reproductive health options available to hundreds of millions of women.

Some of us who have signed this letter are pro-choice while others take no position on the question of abortion, but we all stand firmly behind family planning, safe motherhood, and child and maternal health programs.

Equally important, we are Americans who take very seriously our country's deeply held democratic values. The pending measure directly contradicts the most basic of those values: free speech, access to the political process and the right to petition the government for a redress of grievances. The global gag rule turns its back on 222 years of U.S. history and the Universal Declaration of Human Rights.

For these reasons, we urge you to stand firm and veto this measure that would deprive people worldwide of the fundamental rights Americans cherish at home.

Sincerely,

James Wagoner
President
Advocates for Youth

Sandy Bernard
President
American Association of University Women

Laura W. Murphy
Director, Washington National Office
American Civil Liberties Union

Richard A. Levinson, M.D.
Associate Executive Director for Programs and Policy
American Public Health Association

Amy E. Pollack, M.D.
President
AVSC International

Peter Bell
President
CARE

Frances Kissling
President
Catholics For a Free Choice

Janet Benshoof
President
Center for Reproductive Law and Policy

Peggy Curlin
President
Centre for Development and Population Activities

Fred Krupp
Executive Director
Environmental Defense Fund

Jill Sheffield
President
Family Care International

Ward Cates
President
Family Health International

Adrienne Germain
President
International Women's Health Coalition

Phyllis T. Piotrow
Professor and Director
Center for Communication Programs
Johns Hopkins University

Joel Lamstein
President
John Snow, Inc.

Ron O'Connor, M.D.
President
Management Sciences for Health

Kate Michelman
President
National Abortion and Reproductive Rights Action League

Joan E. Bertin
Executive Director
National Coalition Against Censorship

Nan Rich
National President
National Council of Jewish Women

Judith M. DeSarno
President & CEO
National Family Planning and Reproductive Health Association

Judith L. Lichtman
President
National Partnership for Women and Families

Marcia Greenberger
Co-President
National Women's Law Center

Daniel E. Pellegrom
President
Pathfinder International

Carole Shields
President
People For The American Way

Gloria Feldt
President
Planned Parenthood Federation of America

Amy Coen
President
Population Action International

David J. Andrews
President
Population Communications International

Margaret Catley-Carlson
President
Population Council

Werner Fornos
President
Population Institute

Elenora Giddings Ivory
Director
Presbyterian Church (U.S.A.), Washington Office

Gordon W. Perkin, M.D.
President
Program for Appropriate Technology in Health

Rabbi David Saperstein
Director
Religious Action Center for Reform Judaism

The Reverend Carlton W. Veazey
President and CEO
Religious Coalition for Reproductive Choice

Carl Pope
Executive Director
Sierra Club

Jeannie Rosoff
President
The Alan Guttmacher Institute

Howard Ris
President
Union of Concerned Scientists

Dr. Thom White Wolf Fassett
General Secretary
General Board of Church & Society
United Methodist Church

Susan Davis
Executive Director
Women's Environment and Development Organization

Prema Mathai-Davis
CEO
YWCA of the U.S.A.

Peter Kostmayer
President
Zero Population Growth

The Mexico City Policy: A 'Gag Rule' That Violates Free Speech and Democratic Values

By Susan A. Cohen

Rep. Chris Smith (R-NJ) says President Clinton "should listen to his foreign policy and economic advisors—and not his abortion advisors—in deciding what he perceives to be most important for the country." With the active support of the House Republican leadership, Smith is holding hostage the administration's "urgent requests" for $1 billion to repay U.S. arrears to the United Nations (UN) and $18 billion to underwrite support for the International Monetary Fund's (IMF) program designed to deal with global financial crises. The price? Near-absolute prohibitions on abortion-related activities—privately funded and entirely legal—of nongovernment organizations (NGOs) in developing countries as a precondition for their receipt of U.S. family planning assistance.

Smith is incredulous that, for the past three years, the president has refused to accede to one or another version of the so-called Mexico City policy (named for a Reagan administration antiabortion pronouncement in that city in 1984) and will not yield even now, when major foreign policy priorities are at stake. To him, the president's intransigence indicates that he essentially cares more about abortion than his own foreign policy.

But Secretary of State Madeleine Albright, the nation's chief foreign policy officer, sees the matter differently. At a recent congressional hearing, Albright articulated why—*as a foreign policy matter*—the president finds Smith's scheme unacceptable. It is a "gag rule," she said, "that would punish organizations for engaging in the democratic process in foreign countries and for engaging in legal activities that would be protected by the First Amendment if carried out in the United States."

With that, the debate over the Mexico City issue began to transcend the politics of abortion and enter the realm of deep-seated principles of U.S. foreign policy.

Smith's 'Compromise'

When it became clear at the end of last year that the president would not yield, Republican leaders pressured Smith to offer something new. In his latest self-styled "compromise," Smith would see each of the two central restrictions of the Mexico City policy—relating to abortion provision and abortion "advocacy"—enacted. The president would be permitted to waive that portion disqualifying a foreign NGO from receiving U.S. family planning funds if, with its own funds and consistent with its own country's laws, it provides abortion services. A funding penalty of $44 million below the current level would be levied against the international family planning program, however, should the president exercise this waiver authority. (Moreover, Smith's proposal to withhold a U.S. contribution to the United Nations Population Fund if the fund resumes a program in China—which it recently has done [see box]—would remain unchanged.)

The president would *not* be allowed to waive the so-called advocacy ban, however. Under that portion of the Smith "compromise," foreign NGOs and UN-affiliated organizations would be ineligible for U.S. family planning aid if, again with their own funds, they "engage in any activity or effort to alter the laws or governmental policies" of their own or any foreign country on abortion—in either direction.

The official committee report accompanying Smith's language explicates how broad the ban is intended to be. "Such practices," it explains, "include not only overt lobbying for such changes [in the abortion laws or policies of any foreign country] but also such other activities as sponsoring...conferences and workshops on the alleged defects in abortion laws, as well as the drafting and distribution of materials or public statements calling attention to such alleged defects."

Democratic Values

The president has been consistent and forceful in his prochoice position and in his defense of the value and importance of U.S. involvement in family planning assistance. For these reasons, he has issued numerous veto threats against Smith's various Mexico City policy incarnations. Now that Smith is narrowing his sights on what he chooses to term abortion "lobbying," however, much more than the integrity of the family planning program is implicated.

Promoting democracy is an explicit U.S. foreign policy objective reflecting core American values such as free speech, access to the political process and the right, in the words of the United States Constitution itself, "to petition the government for a redress of grievances." By silencing NGOs in terms of what "public statements" they may make, what materials they may "draft and distribute" and what conferences or workshops they may "sponsor," the gag rule would undermine the larger U.S. government priority of encour-

aging these groups to participate in and thereby foster the democratic process.

In a recent editorial echoing the secretary of state's concerns, *The Washington Post* characterized the gag rule as "a rank intervention into other countries' domestic business." Observing that "the anti-lobbying provision intrudes...egregiously...into the political practices of aid recipients," the *Post* said that "the Clinton administration is right to want no part of a compromise...that interferes in the development policies of other countries and invades the public space they maintain for policy debate."

Opposition to Smith's policy also is beginning to mount from a wider range of interests. OMB Watch and the Alliance for Justice—neither of which takes a position on abortion or even family planning but together are at the core of a broad-based coalition to protect the advocacy rights of U.S.-based nonprofits—recently marshaled their free speech coalition to oppose Smith's proposal "because of the precedent it sets for using the power of the federal purse for clamping down on free speech by charities and service providers."

Through the 3,000-member Let America Speak Coalition, OMB Watch and the Alliance helped spearhead a successful effort in 1995 to fend off concerted attempts by House conservatives to prohibit domestic nonprofit recipients of federal grants or contracts from engaging in privately funded advocacy. In their call to action last month to the same coalition members, they say that "it is essential to protect the ability of charities to communicate with policymakers, to offer guidance and expertise on important local and national issues, and to give a voice to and empower the people we serve. That ability is equally necessary in the developing world, where the voices of the poor and NGOs are crucial to improving the quality of life in their countries."

High Stakes

Until this year, Smith's inability to work his will on the international population aid program spurred him to retaliate against the program itself. He persuaded Congress to impose deep funding cuts, long delays in the availability of funds, and a requirement that once released, the funds could be spent only in small monthly increments.

Hoping to "up the ante," Smith now has moved beyond hurting the program to stymieing the administration's foreign policy priorities. With the full support of the ultraconservative House leadership (but only the barest majority of the full House), he is committed to forcing the administration to accept his antiabortion policy restrictions in exchange for releasing the UN and IMF funds.

The battle will be played out over the course of the year on a range of legislative vehicles. While the outcome, of course, is uncertain, two things are clear at this point. The president so far has shown no signs of backing down on what he, himself, has labeled a matter of principle. And, perhaps ironically, Smith's "linkage" strategy has helped increase awareness and understanding that the principles involved go far beyond family planning or abortion politics to promoting free speech and democratic values, central tenets of U.S. foreign policy.

New UNFPA Program in China Stresses Free, Informed Choice

After a three-year hiatus, a new United Nations Population Fund (UNFPA) program is underway in China. Formulated in the wake of the 1994 International Conference on Population and Development, its explicit goal is to serve as a model for the value and effectiveness of free and informed choice in the delivery of family planning services.

A main feature of the four-year, $20 million program is that UNFPA will provide assistance in Chinese counties only where county leaders commit in writing to abandon birth quotas and family planning targets. Projects will be subject to regular monitoring visits by UNFPA and independent consultants to ensure compliance; where violations are discovered, UNFPA will suspend operations until the problems are corrected. Aid will focus on improving interpersonal counseling services, expanding the range of available contraceptive methods, providing prenatal and postpartum health care, training health workers about the full range of family planning methods and the advantages of informed consent, and enhancing efforts aimed at preventing sexually transmitted diseases.

The political impact of the unanimous decision by the 36 governmental representatives of UNFPA's executive board is uncertain. As an expression of U.S. disapproval of coercive family planning practices in China, current law provides for a dollar-for-dollar reduction in the U.S. contribution to UNFPA should UNFPA resume working in China. Rep. Chris Smith (R-NJ) and other family planning opponents would go further, to withhold a U.S. contribution to UNFPA entirely. On the other hand, UNFPA's supporters are asking, if the underlying purpose of the U.S. policy is to promote voluntary family planning in China and make a strong statement against coercion, given the nature of UNFPA's new program, what more could anyone want?

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Promoting democracy is an explicit U.S. foreign policy objective reflecting core American values such as free speech, access to the political process and the right, in the words of the United States Constitution itself, "to petition the government for a redress of grievances." By silencing NGOs in terms of what "public statements" they may make, what materials they may "draft and distribute" and what conferences or workshops they may "sponsor," the gag rule would undermine the larger U.S. government priority of encour-

aging these groups to participate in and thereby foster the democratic process.

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New UNFPA Program in China Stresses Free, Informed Choice

After a three-year hiatus, a new United Nations Population Fund (UNFPA) program is underway in China. Formulated in the wake of the 1994 International Conference on Population and Development, its explicit goal is to serve as a model for the value and effectiveness of free and informed choice in the delivery of family planning services.

A main feature of the four-year, $20 million program is that UNFPA will provide assistance in Chinese counties only where county leaders commit in writing to abandon birth quotas and family planning targets. Projects will be subject to regular monitoring visits by UNFPA and independent consultants to ensure compliance; where violations are discovered, UNFPA will suspend operations until the problems are corrected. Aid will focus on improving interpersonal counseling services, expanding the range of available contraceptive methods, providing prenatal and postpartum health care, training health workers about the full range of family planning methods and the advantages of informed consent, and enhancing efforts aimed at preventing sexually transmitted diseases.

The political impact of the unanimous decision by the 36 governmental representatives of UNFPA's executive board is uncertain. As an expression of U.S. disapproval of coercive family planning practices in China, current law provides for a dollar-for-dollar reduction in the U.S. contribution to UNFPA should UNFPA resume working in China. Rep. Chris Smith (R-NJ) and other family planning opponents would go further, to withhold a U.S. contribution to UNFPA entirely. On the other hand, UNFPA's supporters are asking, if the underlying purpose of the U.S. policy is to promote voluntary family planning in China and make a strong statement against coercion, given the nature of UNFPA's new program, what more could anyone want?

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FACSIMILE TRANSMISSION

Date: July 16, 1998
To: Cynthia Dailard
From: Susan Cohen
Fax #: 456-5581
Number of pages (including cover sheet):

COMMENTS:

It was great talking with you!

Smith Mexico City "Compromise" Would Cut International Family Planning, Thwart Free Speech, Impede the Promotion of Democratic Values

Like the original Smith proposal, this latest version still would disqualify foreign nongovernmental organizations (NGOs) from receiving U.S. family planning assistance if they – with their own funds – perform legal abortions or if they "engage in ... effort[s] to alter the laws or government policies of any foreign country concerning the circumstances under which abortion is permitted, regulated or prohibited."

The "compromise" would allow the President to waive the ban on the performance of abortions, but should he do so, funding for family planning assistance from *all* USAID sources (as stipulated in Smith language) would be cut by $44 million to $356 million overall. Both the funding cap and the policy restrictions would be written into permanent statutory law.

The "lobby" ban could not be waived. Using the power of the federal purse to prohibit the use of private funds for advocacy activities raises serious questions involving free speech and the ability to participate in the democratic process. Further, it is important to note that the statement of managers accompanying H.R. 1757 makes clear that efforts to "alter laws" is defined to "include not only overt lobbying for such changes [in abortion laws], but also such other activities as sponsoring...conferences and workshops on the alleged defects in the abortion laws, as well as the drafting and distribution of materials or **public statements** [emphasis added] calling attention to such alleged defects"

- This proposal can only lead to more, not fewer, abortions, since it would result in cutting the funding for family planning, therefore diminishing access to the single most effective means of reducing abortion.

- According to Secretary of State Madeleine Albright, the "lobby" ban "is basically a gag rule that would punish organizations for engaging in the democratic process in foreign countries and for engaging in legal activities that would be protected by the First Amendment if carried out in the United States."

- The "lobby" ban could cause a foreign NGO to lose its U.S. family planning support if, *with its non-US funds*:

  it produces a paper observing that more than 20% of all maternal deaths throughout Latin American and the Caribbean are due to illegal abortion, thus calling attention to the "defects" in abortion laws;

the president of an NGO gives a radio interview making a "public statement" in which she gives her opinion about her own country's abortion law;

a physician at a Russian NGO offers advice to the Russian government on how to "alter policy" to make abortion services, already legal in that country, safer.

- The Gag Rule is **anti-democratic** because a foreign NGO's eligibility for U.S. funds would be conditioned on its willingness to be silent concerning a difficult but legitimate public policy debate in its own country. Stifling the public debate -- regardless of the subject – would directly undermine the widely-supported effort to promote democracy by empowering NGOs.

- The Gag rule represents the **ultimate in cultural imperialism** since it would have the U.S. government dictate to foreign NGOs what "public statements" they may make, which conferences they may sponsor, and what materials they may create and distribute – all with non-U.S. funds.

- The Gag Rule is **anathema to basic American** values that rest on the principles of self-determination, pluralism and participation. Using the leverage of federal funds to prevent NGOs from engaging in advocacy with their private funds was rejected by the 104th Congress when some sought to impose it on U.S. organizations. The "Mexico City" Gag Rule, then, would amount to exporting a policy that has been deemed to be intolerable in our own country.

The defenders of the Mexico City Gag Rule maintain it is simply an antiabortion policy. In fact, it is much more than that. It is antithetical to the most basic American values: free speech, access to the political process, and the right, in the words of our own Constitution, "to petition the government for a redress of grievances." As such, it would also undermine a fundamental tenet of U.S. foreign policy: encouraging democracy and popular participation, especially through NGOs.

3/19/98

07/13/98 Statement of Administration Policy

Bill No: HR1757 (Click for Introduced Bill) = = >
Title: A bill to consolidate international affairs agencies
Date Sent: 06/04/97
To Whom: HOUSE
Type: Non-Appropriations SAP

June 4, 1997
(House)

H.R. 1757 - Foreign Relations Authorization Act, Fiscal Years 1998 and 1999

(Gilman (R) New York)

The Administration strongly opposes Division A of H.R. 1757, as reported by the Rules Committee, which would micromanage the planned reorganization of the foreign affairs agencies. Moreover, under the open rule for the bill, several very objectionable amendments, which are described below or in the attachment, may be considered. Of particular concern are amendments that would: (1) authorize foreign affairs programs at levels below those provided for in the 1998 Budget Resolution; (2) establish unreasonable conditions and restrictions on the payment of arrears to international organizations; and (3) impose unwarranted restrictions on international family planning programs. In addition, there are other amendments, as well as provisions of the bill, which would restrict the President's ability to conduct foreign relations. If Division A or any of these amendments are included, alone or in combination, in the bill presented to the President, his senior advisers would recommend that H.R. 1757 be vetoed.

Foreign Affairs Reorganization

H.R. 1757 should permit bipartisan movement towards the common goal of reorganizing and reinventing the State Department, ACDA, U.S. Information Agency (USIA), and the Agency for International Development (AID). The Administration strongly opposes the reorganization provisions that were added to the bill without hearings, debate, or consideration by the International Relations Committee. These provisions would mandate many of the details on how to implement such a complex reorganization, thereby prejudging how the foreign affairs agencies are to be restructured. Such a directive would be incompatible with the flexibility needed by the President to reorganize the foreign affairs agencies to meet the challenges of the 21st century. The Administration, however, supports the Hamilton amendment on reorganization, which will achieve our common objective.

In addition, statutory requirements to create certain positions and specify criteria for personnel positions and bureaus (sections 1301, 1303, 1304, 1305, and 1306) undermine the Administration's ability and authority to organize the Department of State and manage U.S. foreign affairs. These and other restrictions on foreign service staffing levels, (particularly section 1326) along with proposed amendments which would require counterproductive reductions in AID staffing levels, are particularly problematic. This is especially true at a time when the Administration is working to implement the President's plan to restructure

foreign affairs agencies.

Foreign Affairs Appropriation Authorization Levels

The appropriation authorization levels in H.R. 1757, in the aggregate, are consistent with the Budget Agreement for fiscal year 1998. The Administration, therefore, would strongly oppose any amendments to reduce foreign affairs authorizations below those levels or, in the case of the Arms Control and Disarmament Agency (ACDA), to delete the Agency's entire authorization for fiscal years 1998-1999. The Administration also urges the House to provide appropriation authorization levels in FY 1999 consistent with the Budget Agreement.

International Organizations (IO) Arrears

The Administration is pledged to reforming the United Nations (UN) and other international organizations while enhancing U.S. credibility by paying arrearages -- a top priority of the Administration. The Administration has been working with the Congress to identify specific reform benchmarks, but there is a limit to what can reasonably be negotiated with other sovereign member states. While the Administration supports the Hamilton UN reform amendment, it strongly opposes the other amendments which may be considered that could actually undermine the ability of the United States to exercise leadership, achieve significant reform, and to work effectively with the UN.

International Family Planning

The Administration strongly opposes the Smith amendment's restrictions on international family planning programs, which go far beyond those contained in current law. These restrictions would severely undermine U.S. leadership in international population assistance efforts. The result of the amendment's provisions would be an increased incidence of unintended pregnancy, maternal and infant death, and abortion. These restrictions would put in jeopardy funding to the most experienced and qualified family planning and maternal-child health care providers working at the grassroots level to meet the growing demand for family planning and other critical health services in developing countries. The amendment, in effect, would impose in statute, limitations on international family planning assistance that were rejected by the Administration when it overturned the so-called Mexico City policy. The Administration remains adamant in its opposition to both the intent and the effect of this unacceptable amendment.

Foreign Relations Restrictions

H.R. 1757 also contains additional highly objectionable provisions that would restrict the President's ability to conduct foreign policy. For example, there are restrictions related to Jerusalem, which the Administration strongly opposes. The Administration's concerns are described further in the attachment. The Administration will seek to modify or delete these provisions as the legislative process continues. Finally, other objectionable amendments have been proposed that would severely restrict the President's authorities and make it harder for

any Administration to react to unanticipated contingencies.

The Administration is continuing to review H.R. 1757 and may seek further changes to the bill as the legislative process continues.

H.R. 1758, "The European Security Act of 1997"

The Administration welcomes congressional support for enlargement of the NATO Alliance, as reflected in H.R. 1758. This "open door" approach to NATO enlargement will allow Alliance membership to remain open to other Central and Eastern European democracies after the first state or states are invited to join. Conversely, the Administration would oppose amendments requiring the President to differentiate among prospective members and rate publicly their relative preparedness to join the Alliance.

Pay-As-You-Go Scoring

H.R. 1757 could increase direct spending; therefore, it is subject to the pay-as-you-go requirement of the Omnibus Budget Reconciliation Act (OBRA) of 1990. OMB's preliminary scoring estimate is that the PAYGO effect of this bill is zero. Final scoring of this legislation may deviate from this estimate.

Attachment

07/13/98 Statement of Administration Policy

Bill No: HR2159 (Click for Introduced Bill) = = >
Title: Foreign Operations, Export Financing, and Related Programs Appropriations, FY 1998
Date Sent: 07/23/97
To Whom: HOUSE
Type: Appropriations SAP

July 23, 1997
(House Floor)

H.R. 2159 – FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED OPERATIONS APPROPRIATIONS BILL, FY 1998 (Sponsors: Livingston (R), Louisiana; Callahan (R), Alabama)

This Statement of Administration Policy provides the Administration's views on H.R. 2159, the Foreign Operations, Export Financing, and Related Programs Appropriations Bill, FY 1998, as reported by the House Appropriations Committee.

While the Administration is deeply concerned about funding reductions made by the Committee, we do not oppose House passage of the Committee bill. The Administration would strongly oppose any amendments that would further reduce the funding provided or that would restrict the President in carrying out U.S. foreign policy.

The Administration strongly opposes the "Mexico City policy" amendment proposed by Representative Smith of New Jersey, which would prohibit foreign non-governmental organizations from receiving U.S. population funds if the organization uses any of its own funding from non-U.S. Government sources for abortion-related services. The Administration continues to oppose these restrictions, which would deny funding to the most experienced and qualified family planning and maternal-child health care providers. Should this language be included in the final bill presented to the President, the President would veto the bill.

Funding Reductions

The Administration is deeply concerned about the insufficient overall funding level provided by the Committee bill. Assuming funding at requested levels for International Affairs (function 150) programs outside the jurisdiction of the Foreign Operations Subcommittee, the bill is more than $700 million below the amount that is consistent with the total for function 150 programs provided by the Bipartisan Budget Agreement (excluding arrears payments). This reduction would seriously undercut U.S. leadership abroad in achieving foreign policy objectives that will significantly benefit the American people.

The Bipartisan Budget Agreement specifically details agreed-upon levels of spending for function 150, and this legislation clearly fails to comply with the agreement. The overall Committee level is unacceptable to the Administration and cannot be made acceptable within

the current House 602(b) allocation. While the Administration is not actively opposing passage of this bill by the House, we will strongly urge that funding be restored to the budget request level in conference. Should the conference version of this bill contain the reduction proposed by the Committee, the Secretary of State, the Secretary of the Treasury, and the National Security Advisor would recommend that the President veto the bill.

Multilateral Programs

The Committee's $598 million reduction to the Administration's $1.5 billion request for multilateral development banks (MDBs) would cause a severe disruption in U.S. participation in several institutions. These institutions are playing a vital role in assisting the growth of the world's poorest countries, particularly in Africa, and addressing serious international environmental problems. In cutting $284 million from contributions scheduled to be made to three institutions in FY 1998, the Committee bill would add to the $862 million in arrears the United States now owes to the MDBs. Also, the bill fails to provide the requested $315 million to pay a portion of the arrears even though the Bipartisan Budget Agreement would permit the Committee's 602(b) level for the Foreign Operations Subcommittee to be increased by that amount. By deepening the arrears crisis, these actions would undermine U.S. credibility, policy influence, and international economic leadership.

Multilateral Bank Funding for the Poorest Countries. More than two-thirds of the total MDB reduction is accounted for by cuts in the scheduled FY 1998 payment to the International Development Association (IDA) and the failure to provide the proposed arrears payment to IDA. IDA's lending will support the adoption of market-oriented economic reforms to revitalize the economies of many countries in Africa and elsewhere. The reductions could cause a collapse in funding arrangements agreed upon with other donor countries covering the next two years, and they would completely undercut progress made in allowing U.S. firms to participate in projects financed by a special IDA fund, an action urged by the Congress. The poorest countries of Africa and Asia would also be adversely affected by the 50 percent cut in funding for the African Development Fund and the denial of arrears payments to the Asian Development Fund. Major reforms in the management of the African fund, including new senior managers and a 20 percent staff reduction, call for a clear show of U.S. support.

Global Environment Facility (GEF). The Administration's $100 million request for the Global Environment Facility has been cut by two-thirds. The GEF supports efforts of developing countries in areas such as biodiversity, rainforest preservation, and the reduction of ocean pollution and greenhouse gas emissions. At the upcoming Kyoto conference, U.S. efforts to encourage an assumption of greater responsibility to reduce emissions by these developing countries would be threatened by this action.

New Arrangements to Borrow (NAB). The bill contains no authorization for the New Arrangements to Borrow, a set of emergency credit lines for use by the IMF in the event of serious threats to global financial stability. The NAB was conceived in response to calls from many quarters, including key voices in Congress, for greater multilateral resources to combat systematic shocks after the 1995 Mexico peso crisis. The NAB is a vital tool for the

safeguarding of international financial stability, and it will not be established without U.S. participation. Willingness to support the NAB represents a clear test of U.S. financial and political leadership in the post-Cold War world. The requested U.S. participation of $3.5 billion has no outlay impact, and, therefore, no impact on the deficit. Moreover, the Bipartisan Budget Agreement provides for the necessary adjustments to budget authority caps for the NAB to accomplish this important action.

Bilateral Economic Assistance

Assistance for the New Independent States of the Former Soviet Union. The Committee's mark of $625 million for the New Independent States (NIS), nearly one-third below the request, would cripple the President's Partnership for Freedom initiative. The initiative is intended to promote democratic and market reform at the regional and grassroots level, where it has the greatest impact. Cutting aid in this fashion would, in particular, damage our national interest in supporting economic reform in Russia at a time when reform is moving ahead. The initiative would also make available increased resources for two key areas, Central Asia and the Caucasus, that are of great geopolitical and commercial importance to the United States. For all NIS countries, the initiative supports economic growth and private enterprise, building on the macroeconomic progress these countries have achieved.

Economic Support Fund (ESF). The Administration is concerned that the Committee mark reduces ESF by $78 million below the President's request. The Committee has recommended that Egypt and Israel receive full funding and has established a separate ESF account for Ireland. Thus, $385 million would remain available to meet requests totaling $463 million. Important country and regional programs such as the Middle East Development Bank, Cyprus, Haiti, Jordan, Lebanon, and the Human Rights and Democracy Fund would have to be reduced, thereby undermining U.S. economic and political foreign policy interests. In addition, the Committee bill would limit ESF to Turkey to a level below the President's request.

Export and Investment Assistance

Overseas Private Investment Corporation (OPIC). The Administration strongly supports the reauthorization of the Overseas Private Investment Corporation and the full appropriations request. We recognize that authorization action is pending, which led the Committee not to provide the requested $60 million for OPIC's credit programs. We look forward to working with the Appropriations and Authorization Committees to address each Committee's concerns.

The Administration strongly opposes the Royce Amendment, which would cut OPIC's administrative budget by 35 percent, $11 million below the President's request. This amendment would severely undermine OPIC's stewardship role in protecting government financial resources. OPIC's operating costs are offset by program user fees. This amendment would seriously hamper OPIC's ability to manage its finance and insurance contingent liabilities, to monitor existing projects for environmental and worker rights compliance, and to

ensure positive U.S. jobs and exports. The Administration supports the Committee bill which, as requested, would freeze OPIC's administrative expenses at the FY 1997 level of $32 million.

Other Reductions

In addition, the bill cuts requested amounts for other important programs: the Trade and Development Agency, debt restructuring, AID operating expenses, foreign military financing loans, peacekeeping operations, and voluntary contributions to international organizations and programs. The bill also does not include the President's request to allow up to $10 million in available development assistance funds for a new development credit authority, nor the requested $7 million for a contribution to the Enhanced Structural Adjustment Facility of the International Monetary Fund.

The Administration would strongly oppose any amendment that seeks to reduce or eliminate funding for the Korean Peninsula Energy Development Organization (KEDO).

Other Issues

Support for Needed Flexibility. While deeply concerned with the funding reduction, the Administration strongly commends the Committee for continuing its policy of great restraint in imposing funding earmarks. The Committee's recognition that flexibility is needed for the conduct of effective diplomacy in situations of rapid political and economic change is most welcome. Beyond limiting earmarks, the Committee has also generally avoided imposing foreign policy strictures that would micro-manage diplomatic activity. This is another commendable aspect of the bill. Three exceptions to this trend must be noted, however.

Restrictions on Aid to Russia. The Administration strongly opposes restrictions on assistance to Russia. The vast majority of our aid to that country does not go to its government, but instead supports reformers at the grassroots level and is critical to Russia's democratic transformation. It would be a mistake to suspend this aid, which is so clearly in the U.S. national interest. Meanwhile, the limited technical assistance we provide to the Russian Government is targeted to key areas, such as tax reform, that are of great concern to U.S. investors in Russia. Suspension of these programs would undercut our efforts to support the American business community there.

Restrictions on Aid to Ukraine. The Administration recognizes and shares the serious concerns Congress has about Ukraine's lack of progress in developing the necessary economic and legal institutions required to enable U.S. investors to overcome the serious problems they confront and the pervasive corruption that exists there. We have repeatedly raised these issues with senior Ukrainian government officials and have suspended some aid to the Ukraine due to lack of progress in implementing reforms. However, the Administration also opposes the restrictions on assistance to Ukraine contained in the bill. Ukraine is a country of great geopolitical importance whose continued independence the U.S. strongly supports. New restrictions on aid to Ukraine would remove the flexibility the Administration needs to respond