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United States Department of State

Washington, D.C. 20520

March 12, 1998

TO: G - Ambassador Sherman

FROM: L/FO - William D. Kissinger

SUBJECT: Miscellaneous Questions regarding International Population Programs

At our meeting the other day you asked me to track down the answer to two questions. Your first question was whether the World Health Organization (WHO) was one of the "multilateral organizations" referred to in the Smith language. The answer appears to be yes. WHO has a "small" family planning program as does the Pan American Health Organization (PAHO) -- without contacting AID or PRM, I do not know what the magnitude of the programs are. In any event, the language of the Smith Amendment would, if enacted, extend the certification requirement to these programs as well.

The second question you tasked me with was whether (pre-abortion) counseling was required as a condition for receiving USG funding under the International Population program. There does not appear to be a legal requirement for such counseling -- presumably because USG funds are not used to provide abortions except in very limited circumstances, i.e., in cases of rape or incest or where the mother's life is in jeopardy. That said, AID's contracts may require that any procedures carried out at facilities funded in whole or in part with USG funding be preceded by counseling in order to obtain informed consent. I could not determine this without contacting AID.

In any event, making pre-abortion counseling a legal precondition to receiving USG funding would be a new legal requirement. (It might be controversial, however, because it would impose restrictions on activities that are not funded, at least directly, with USG funds.)

It bears noting that the law requires counseling before any sterilization procedure can be performed using USG funds. Current law requires that NGO's providing sterilization services using USG funds ensure that the individual has voluntarily come to

the treatment facility and has given an informed consent to the procedure. 48 C.F.R. section 752.7016. Informed consent is defined to include voluntary assent after being advised of:

> the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the fact that the consent can be withdrawn at any time prior to the operation.

Id. A copy of the entire provision is attached.

Drafted:L/FO: WKissinger

3/10/98 Word # 47408

'015 Use of pouch facilities.

r use in all USAID non-commercial racts exceeding the simplified ac- ition threshold and involving per- ıance overseas.

USE OF POUCH FACILITIES (JULY 1997)

ι of diplomatic pouch is controlled :e Department of State. The Department ate has authorized the use of pouch fa- es for USAID contractors and their em- ɔes as a general policy, as detailed in ɣraphs (a)(1) through (a)(7) of this ıe; however, the final decision regarding ɔf pouch facilities rests with the Em- r or USAID Mission. In consideration of of pouch facilities as hereinafter d, the Contractor and its employees ɜ to indemnify and hold harmless the rtment of State and USAID against loss ımage occurring in pouch transmission. Contractors and their employees are au- of the pouch for transmission t pt of up to a maximum of 2 pounds shipment of correspondence and docu- ɛs needed in the administration of for- assistance programs.

U.S. citizen employeed of U.S. contrac- are authorized use of the pouch for per- l-mail up to a maximum of one pound hipment (but see paragraph (a)(3) of this ɜe).

Merchandise, parcels, magazines, or ɒapers are not considered to be personal for poses of this clause, and are not ɔ: to be sent or received by pouch.

Official mail as authorized by paragraph) of this clause should be addressed as ws: Individual or Organization name, wed by the symbol "C", city Name of , U.S. Agency for International Develop- t, Washington, DC 20523–0001.

Personal mail pursuant to paragraph) of this clause should be sent to the ad- s specified in paragraph (a)(4) of this se, but without the name of the organi- ɔn.

Mail t via the diplomatic pouch may be in violation of U.S. Postal laws and not contain matorial ineligible for h tranamission.

USAID contractor personnel are not au- of military postal facilities O/FPO). This is an Adjutant General's de- ɔn based on existing laws and regulations ɜrning military postal facilities and is g enforced worldwide. Posts having ac- to APO/FPO facilities and using such for ıtic pouch dispatch, may, however, ɒpt official mail from Contractors and er from their employees for the ch, provided of course, adequate postage ffi

) The Contractor shall be responsible for lsing its employees of this authorization and these guidelines and limitations on use of pouch facilities.

(c) Specific additional guidance on use of pouch facilities in accordance with this clause is available from the Post Communication Center at the Embassy or USAID Mission.

[49 FR 13259, Apr. 3, 1984, as amended at 56 FR 2699, Jan. 24, 1991; 57 FR 5237, Feb. 13, 1992; 62 FR 40471, July 29, 1997; 62 FR 45334, Aug. 27, 1997]

752.7016 Family planning and population assistance activities.

The following clause is applicable to all contracts involving any aspect of family planning or population activities.

FAMILY PLANNING AND POPULATION ASSISTANCE ACTIVITIES (AUG. 1986)

(a) *Voluntary Participation.* (1) The Contractor agrees to take any steps necessary to ensure that funds made available under this contract will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the Contractor agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this contract, shall provide a broad range of family planning methods and services available in the country which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

(b) *Prohibition on Abortion-related Activities.* No funds made available under this Contract shall be used to finance, support, or be attributed to the following activities: (i) Procurement or distribution of equipment intended to be used for the purposes of inducing abortions as a method of family planning; (ii) special fees or incentives to women to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; (v) 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 (epidemiologic or descriptive research to assess the incidence, extent or consequences of abortion is not precluded); or (vi) lobbying for abortion.

(c) *Voluntary Participation Requirements for Sterilization Programs.* (1) None of the funds

made available under this contract shall be used to pay for the performance of involuntary sterilizations or to coerce or provide any financial incentive to any person to practice sterilizations.

(2) The Contractor shall insure that any surgical sterilization procedures supported in whole or in part by funds from the contract are performed only after the individual has voluntarily come to the treatment facility and has given an informed consent to the sterilization procedure. Informed consent means the voluntary knowing assent from the individual given after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the fact that the consent can be withdrawn at any time prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress or other forms of coercion or misrepresentation.

(3) Further, the Contractor shall document the patient's informed consent by: (i) A written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately a written certification signed by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of the oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of the witness who shall be of the same sex and speak the same language as the patient.

(4) Copies of the informed consent forms and certification documents for each voluntary sterilization (VS) procedure must be retained by the performing Contractor or subcontractor for a period of three years after the performance of the sterilization procedure.

(d) The Contractor shall insert the substance of this clause in any subgrants, subcontracts, purchase orders, and other subordinate agreements hereunder whenever appropriate to the goods and services to be provided under such agreements.

[49 FR 13259, Apr. 3, 1984, as amended at 49 FR 33669, Aug. 24, 1984; 51 FR 34985, Oct. 1, 1986]

FORMING SEPARATE ORGANIZATIONS FOR ABORTION ACTIVITIES

Issue: To deal with the restrictions in the Smith amendment, should the U.S. require that foreign nongovernmental organizations (NGOs) establish separate NGOs through which they use their own funds to perform lawful abortions or engage in lobbying?

Comment: During the Reagan and Bush administrations, HHS adopted regulations for programs in the U.S. that required NGOs which received federal funds to conduct any abortion activities through separate NGOs. U.S. NGOs, which have more institutional capability and resources than foreign NGOs, found that these requirements created serious financial, administrative and operational problems. Shortly after taking office, President Clinton ordered HHS to suspend these requirements. Forcing foreign NGOs to establish separate NGOs would cause serious operational and implementation problems for them and would expose the Administration to criticism in the U.S. and overseas.

- Many recipients of U.S. assistance are small NGOs which do not have the administrative or financial resources or numbers of trained personnel to create separate, effective NGOs with different boards, officers, employees, facilities and books and records.

- Foreign NGOs often receive small amounts of U.S. funds, and the cost of creating and operating separate organizations in many cases would be more than the assistance USAID provides them.

- NGOs often receive assistance from other donors as well as USAID, and a U.S. requirement for separate NGOs could interfere in an artificial way with the programs of other donors.

- Women who resort to abortion are the very people who need family planning information and services to avoid future abortions, and providing this information to them at facilities where NGOs perform legal abortions is an important way to reduce the incidence of repeat abortions.

- The requirement to operate through separate organizations and the difficulties involved with doing that would have a chilling effect on many organizations which would forego lawful abortion activity and the opportunity to participate in the country's democratic process rather than chance the loss of U.S. funding.

- The restriction on activity to alter the laws of a country with respect to the circumstances under which abortion is permitted, regulated or prohibited, is so broad that establishing a separate organization probably would not satisfy the requirement.

- Creating a separate NGO would not always avoid the restrictions in the Smith amendment because it attributes to a foreign NGO the abortion activity of the NGO's subgrantees and subcontractors.

12/17/1997
12:30 p.m. Draft

DRAFT

MEMORANDUM

December 17, 1997

TO: The Secretary

THRU: C- Ms. Sherman
USAID - Administrator Atwood

FROM: PRM - Julia V. Taft

Executive Summary

The IMF, UN arrears, reorganization of the foreign affairs agencies and international population assistance are all important foreign policy priorities for this Administration. In the 105th Congress, the House of Representatives held national security hostage by bizarrely linking these separate but critical issues. Redressing this shortsighted Congressional action will require a major push by the entire Administration, both in public articulations of the issue as well as in the development of a legislative resolution.

Representatives from State and USAID, with some input from NGOs, recommend a two tiered approach in seeking a resolution of the current appropriations impasse. First, we recommend that the Administration wage a full-scale public affairs campaign on funding the IMF and UN, de-linking these issues from international population assistance, preserving the integrity of the population assistance program and using current world events to focus just how important these commitments are. The public affairs bureaus of State, USAID, Treasury and NSC are all working together in crafting this strategy.

We recommend a second tier effort to develop and, if necessary, eventually offer legislative and Executive solutions that will provide political cover to sufficient members of the House without grossly compromising existing programs or the Administration' position on international family planning efforts. To that end, we have developed a series of options that conceptually address previously stated Congressional concerns (Annex B).

From this comprehensive listing of options, we have prepared a set of the least onerous items to meet Congressional concerns. This set is attached as Annex A. The six specific proposals noted therein could be proposed individually, in combination of

two or more, or as a "package", depending on which issues emerge as the most critical and how much compromise is required of the Executive.

Briefly stated, the policy options speak to five elements which reflect Congressional concerns. The first addresses what appears to be the primary concern of Representative Chris Smith and others: that USAID funds support lobbying on the issue of abortion (notwithstanding the existing ban). Our recommended proposal is legislation that imposes the same lobbying limitations on USAID grant recipients that are place on domestic 501(c)(3) nonprofit organizations i.e. that they not "have a substantial part of their activities involve carrying on propaganda or otherwise attempting to influence legislation." (Our proposal would focus only on abortion.) In addition, we propose that such organizations be ineligible for funding if they are found to illegally lobby on abortion.

Second, we propose a similar prohibition on funding to organizations that illegally perform abortion. Although this proposal does not directly respond to Rep. Smith's assertion that USAID funds free up existing funds for organizations to perform abortion, it dispels any assertion that the United States is subsidizing organizations that are violating local abortion laws.

Third, we propose language to address Congressional opposition to funding for the United Nations Population Fund (UNFPA) in the event it begins family planning programs in China.

Fourth, we propose the inclusion of legislative language underscoring that it is the Administration's policy to reduce the demand for abortion by funding expanded and improved family planning services.

Finally, we propose that USAID retain an independent audit firm to conduct an in-depth analysis of the agency's program. This audit should reveal that USAID funds are not indirectly subsidizing abortion and/or lobbying.

As previously stated, these policy options represent the least onerous way to address continuing Congressional concerns. They also provide political cover for crucial swing votes while being protective of existing policy priorities and programs. As noted in Annex B, there are other more burdensome policy options available to the Administration but many of these options would undercut the Administration's promise to stand behind its international family planning program commitments.

The following attached documents provide a detailed exposition and analysis of the current situation and possible public affairs, legislative and Executive Order resolutions.

Annex A: Recommended International Population Assistance Policy Options
Annex B: Comprehensive Analysis of All Policy Options
Annex C: Memo from Administrator Atwood to Chief of Staff Erskine Bowles.
Annex D: Letter from Speaker Gingrich to the President

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12/17/97 Annex A
12:30 p.m. Draft

Recommended International Population Assistance Policy Options

The legislative options set forth below represent the collaborative efforts of State and USAID with some input from NGOs. The goal of advancing one or more of these options would be to win support on the Hill while doing the least violence to the Administration's policy commitments on international family planning.

Each of the items below is drawn from the attached document and represents the least onerous response to the arguments raised by Congressional opponents. Although each carries at least some negative consequences for Administration principles and programs, they are significantly less damaging than the Smith Amendment. Depending on how negotiations with the Hill proceed, some or all of these proposals could be put forward as a legislative compromise.

The pros and cons of each option are presented in the attached document, along with the pros and cons of other less desirable options. (Parenthetical reference for each item refers to its placement in the attached document.)

- Prohibit funding to foreign non-governmental organizations that "lobby" for abortion using tax-code treatment U.S.501(c)(3) organization rubric to govern the issue in combination with a reasonable threshold based on the amount of federal funds received. (Option 1-A)

- Prohibit funding to any foreign non-governmental organization that, using its own funds, lobbies on the issue of abortion and is found by national authorities to have done so illegally. (Option 1-B)

- Prohibit funding to any foreign non-governmental organization that is found by national authorities to perform abortions illegally. (Option 2-A)

- Establish affirmative language in law that if UNFPA has a program in China, U.S. funding will continue if the President determines that the program promotes voluntarism and reduces abortion. (Option 3-A)

- Establish by Executive Order or legislative language an explicit strategic objective oriented towards the reduction of the demand for abortion in USAID's family planning assistance program. (Option 4-A)

- Establish by Executive Order a requirement for USAID to retain a well-known, independent audit firm to conduct an in-depth analysis of the issues raised in the on-going debate surrounding the U.S. international population program. (Option 4-B)

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12/17/97 Annex B
12:30 p.m. Draft

Introduction and Background:

The IMF, UN arrears, reorganization of the foreign affairs agencies and international population assistance are all important foreign policy priorities for this Administration. In the 105th Congress, the House of Representatives held national security hostage by bizarrely linking these separate but critical issues. Redressing this shortsighted Congressional action will require a major push by the entire Administration, both in public articulations of the issue as well as in the development of a legislative resolution.

In reshaping the debate, the Administration needs to address two fundamental misconceptions about USAID's population program. The first is that USAID funding enables organizations to become more active in the provision of abortion and abortion-related services than they might otherwise be in the absence of such funds. The second is that such funds enable these organizations to become intensely involved in pro-abortion lobbying.

Both misconceptions proceed from the assumption that any type of support to international family planning organizations, through a process of "fungibility", frees up resources to carry out such campaigns. Thus, although existing law precludes USAID funds from being used to lobby or perform abortions (except in cases of rape, incest or the life of the mother), critics contend that the fungible nature of money allows foreign non-governmental organizations (NGOs) to use their own funds to perform abortion, lobby to make it (more) available, or to do both. Moreover, the critics contend that organizations that engage in either of these activities (lobbying or performance) are given enhanced legitimacy because they carry the imprimatur of the USG by the virture of receiving U.S. federal funds. This is simply not true.

One goal of the legislative options discussed below is to meet the "fungibility" argument head on by prohibiting most lobbying for abortion by U.S. supported foreign NGOs and calling for an independent audit to examine (and disprove) these assertions. These proposed policy options aim to directly rebut the misconceptions held by Congressional critics. In fact, USG programs reduce the frequency of abortion by providing the means to avoid unwanted, mistimed pregnancies. The last two options discussed below would highlight this essential fact.

This memorandum suggests a two-tiered approach. First, it recommends that the Administration wage a full-scale campaign focused on funding international organizations and preserving population assistance. Second, it outlines a series of new options and modifications of previously considered options. This

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two-tiered approach set forth below represents the collaborative efforts of State and USAID with input from NGOs.

Approach I: Administration-wide, full-scale campaign focused on funding international organizations and preserving U.S.population assistance.

Initially, the question of population funding for FY98 should be presented as decided and not as a subject to be revisited in connection with the funding of UN arrears and the IMF. It is critical that the President and the Secretary, among others, make forceful public statements in support of the essential functions of both organizations in light of current world events.

In addition, the Administration must emphasize that international population assistance is not about domestic abortion politics; moreover, it serves to prevent abortion. We must stress the critical importance of unrestricted population funding to our foreign policy objectives, emphasizing that the issues of funding international institutions and U.S. population assistance are not linked. The PRM-proposed speech by the Secretary to the American Academy for the Advancement of Science in early 1998 may be an opportunity to make this public pronouncement.

Approach II: Legislative/Executive options that address concerns of Rep. Chris Smith and others about U.S. population policy.

Despite any of the above efforts by the Administration to raise the level of debate and de-link the issues, Congressional opponents are likely to insist that additional abortion-related restrictions be included in any supplemental legislation.

In the 105th Congress, Rep. Smith introduced a legislative amendment that went far beyond the original "Mexico City" restrictions imposed under President's Reagan and Bush.[1] Smith's language embraces three restrictive elements:

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[1] The original Mexico City restrictions were issued as a White House policy statement at the UN Conference on International Population Order in 1984. They prohibited population funds for foreign non-governmental organizations (NGOs) that "performed or actively promoted abortion as a method of family planning" with funding from any source. The Smith amendment would differ in several ways: (1) It would be a law rather than an Administration policy and could not be implemented with the same kind of Executive discretion as the 1984 policy. (2) It has broad language to describe prohibited activities, including "any activity or effort" to alter the laws, policies or regulations relating to abortion whereas Mexico City restrictions were applied specifically to "lobbying" (undefined) or "conducting a public information campaign." (3) The Smith Amendment could apply to "multilateral" organizations, presumably UNFPA, as well as all foreign NGOs receiving USAID contracts or grants, whereas the Mexico City policy was applied only to foreign

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1. A prohibition on foreign organizations using their private funds to "lobby" to alter abortion laws;

2. A prohibition on foreign organizations using their private funds to perform abortion; and

3. A prohibition on funding of UNFPA unless the President certifies that UNFPA has terminated all activities in China.

The first and second proposed restrictions are inconsistent with the Administration's policy and have been rejected. A price for this position has already been paid over the past three years with the imposition of unprecedented and damaging restrictions in the form of delay and monthly metering of population funds. Ideally, any negotiations should seek to assure the ending of this burden on the program.

Below we have identified legislative and Executive approaches that would to some degree meet each of the concerns raised by Rep. Smith and others with the least damage to the Administration's objectives. The options under each heading are all potential solutions, arranged in order of preference, ranging from the most to the least acceptable. It bears noting that in many instances the least acceptable option would impose high political costs.

We recognize that none of the options, either alone or in combination, will fully satisfy Rep. Smith. Our belief is that some combination of these options could provide sufficient political cover for swing members of the House and Senate to produce a satisfactory resolution.

1. POSSIBLE RESPONSES TO A PROHIBITION ON FOREIGN ORGANIZATIONS USING THEIR PRIVATE FUNDS TO "LOBBY" TO ALTER ABORTION LAWS.

Lobbying currently appears to be the principal concern of House leadership (rather than organizations' actual performance of abortions).[2] Addressing this issue directly may win support from House leadership and move the issue away from Rep. Smith's language. Important matters of principle are involved, however, as using U.S. funds to restrict lobbying by foreign NGOs with private funds could be seen as limiting their free speech, interfering with the democratic process in the country, and the U.S. intervening in a country's internal affairs. There could be some loss in the leadership role that the U.S. has resumed in the international population community under the Clinton Administration.

NGOs receiving grants (including the International Planned Parenthood Federation).

[2] See Speaker Gingrich letter to President Clinton (11/13/97)(Annex 4)

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The issue is further complicated by competing definitions of the term "lobby". The Smith amendment speaks of lobbying expansively and includes "any activity or effort to alter the laws or government policies of any foreign country concerning the circumstances under which abortion is permitted, regulated or prohibited." Under this broad construction, organizing a conference or even attending one might constitute "lobbying".

The options outlined below are premised on a narrower and more traditional view of lobbying, e.g. buttonholing a legislator. Thus, none of these options goes as far as Rep. Smith and other like-minded individuals would want.

Option 1-A:

> **Prohibit funding to foreign non-governmental organizations that "lobby" for abortion using tax-code treatment U.S. 501(c)(3) organization rubric to govern the issue in combination with a reasonable threshold based on the amount of federal funds received.**

Pros:

- This is based on an approach to dealing with lobbying by non-profit organizations in the U.S. It does not prohibit lobbying altogether but applies only when a substantial part of an organization's activities involve lobbying. The restriction could be justified as an effort to preserve U.S. support to organizations which also use most of their other resources for family planning purposes and not abortion lobbying.
- Preserves funding for most, if not all, organizations because even the large organizations receiving funds spend only a de minimis amount on lobbying.[3]
- Uses a definition of lobbying based on existing U.S. law governing 501(c)(3) organizations that is both readily understandable by Congress and U.S. organizations and limited in scope.

Cons:

- Codifies the principle that abortion rights are somehow different from other reproductive rights (i.e., it is okay to

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[3] For example, local affiliates of the International Planned Parenthood Federation (IPPF), one of the largest organizations in the field are estimated to spend less than $75,000 per year on lobbying (out of a total expenditures by local affiliates of $60 million). As noted above, however, one of the battles is the scope of the term. Conservatives on this issue draw the term broadly so as to encompass advocacy in addition to lobbying. Use of the 501(c)(3) language cleaves closely to the traditional model of lobbying.

lobby for the elimination of female genital mutilation but not on the risks of unsafe abortion).

- Would contribute to the "chilling effect" on debate concerning abortion policy in developing countries because organizations will not understand the nuances of U.S. law and act conservatively, conceivably not engaging in appropriate advocacy efforts.
- May risk cutting off USAID support to the International Planned Parenthood Federation (IPPF) and its affiliates if they decide to reject U.S. funding as a matter of principle, resulting in the loss of USAID support for the affiliated organizations that serve over 10 million couples with service in 140 countries.
- Because of the difficulty and ambiguity in applying the language, USAID may be vulnerable to lawsuits by disgruntled grant applicants.
- Congress could amend the term "lobby" to include advocacy activities, such as having or attending meetings where abortion is discussed.
- If the threshold were removed, there is a danger of having a provision that would be difficult or impossible to implement and monitor for the many small foreign NGO grantees and sub-grantees supported by USAID.
- Ignores the differing context in which the 501(c)(3) status arises, i.e. to confer tax exempt status on domestic organizations. This model likely does not have an analogue in developing countries.

Option 1-B:

> **Prohibit funding to any foreign non-governmental organization that, using its own funds, lobbies on the issue of abortion and is found by national authorities to have done so illegally.**

Pros:

- Respects national sovereignty.
- Likely preserves funding for most, if not all, organizations.
- Establishes the principle that the U.S. does not want to support any organizations promoting access to abortion through illegal methods.

Cons:

- Unlikely to address the major concerns of supporters of Smith Amendment-type restrictions who want to prevent *all* lobbying, legal or not.[4]

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[4] For this reason, we propose that options 1-A and 1-B be combined, thereby meeting the concern at least part way. (Option 1-A limits most lobbying.)

- Would penalize organizations trying to communicate about abortion issues in countries that prohibit or restrict free speech and/or other democratic processes.
- Ambiguity on what exactly it means to "lobby" and what would constitute a violation.

Option 1-C:

Prohibit funding to any foreign non-governmental organization that, using its own funds, is found by national authorities to have engaged in an illegal 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.

Pro:

- More closely mirrors Smith language but requires host government law enforcement action as the triggering mechanism for cutting off funding thereby allowing local activities consistent with national laws.

Cons:

- Subject to abuse or manipulation by national authorities.
- Potentially ambiguous (e.g., a pro-choice parade that is cited for not having a parade permit).

Option 1-D:

A dollar-for-dollar reduction of funding for foreign organizations that use their private funds to lobby to alter abortion laws.

Pros:

- Would have de minimis effect on existing programs due to very limited budgets actually devoted to lobbying on changes in abortion laws.[5]
- Would be a concession and would not make organizations entirely ineligible for U.S. population assistance.

Cons:

- More than any of the above options, this one symbolically suggests *any* lobbying is inappropriate and punishes the organization accordingly.
- High administrative burden associated with identifying the portion of an organization's budget that is devoted to lobbying on abortion and reducing the funding accordingly.

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[5] See Memo from Administrator Atwood to E. Bowles (Annex 3); see also note 3.

- Ambiguity on what exactly it means to "lobby" and what would constitute a violation.

Option 1-E:

Omit Smith Amendment-type language, but prohibit certain organizations from receiving U.S. funds, such as the International Planned Parenthood Federation (and/or other targeted foreign organizations).

Pros:

- IPPF is a key target of the anti-abortion groups; this option would therefore represent a political victory for conservatives that might make it attractive.
- Support for individual family planning associations would continue, as occurred under the Mexico City policy, but without intruding on their privately funded activity.

Cons:

- Singling out IPPF would be seen as "caving in" by family planning supporters in the international community and the U.S., particularly Planned Parenthood Federation of America (PPFA) and its local state affiliates.
- If other organizations were also to be defunded, drawing the line would be difficult.
- Effective providers of family planning information or services could be defunded both now and in the future given the tendency to reenact the prior year's appropriations language.

Option 1-F:

No funding to foreign non-governmental organizations that lobby using private resources in countries where abortion (as a method of family planning) is illegal.

Pros:

- Is a limited gag order, but would affect fewer countries than the Smith Amendment restrictions. This would only cover countries where the law on abortion is proscribed except in circumstances involving rape, incest or health of the mother.

Cons:

- This is contrary to current Administration policy as it curtails free speech in such countries as Nigeria or Mali where we are actively trying to promote democracy, as well as countries in Latin America and the Middle East.
- Abortion is still heavily restricted in most developing countries, but it is also increasingly on the policy agenda. Thus, this would have the same problems as the Smith Amendment language, resulting in termination of support to groups that

are effective family planning providers and are attempting to influence national democratic processes.

- Although affecting fewer countries, these are the ones where it is more likely that there will be lobbying with respect to abortion.

2. POSSIBLE RESPONSES TO A PROHIBITION ON ORGANIZATIONS USING THEIR PRIVATE FUNDS TO PERFORM ABORTIONS.

This has traditionally been the heart of Smith Amendment restrictions, although the ban on lobbying has supplanted the issue somewhat. These options seek to meet the concerns of Congressional opponents that USAID funds are indirectly being used to support abortion. (Existing law prohibits the direct use of such funds). None of the options suggested below, however, addresses the fungibility issue head on. To do so requires a solution of the sort advocated by Rep. Smith, a step the Administration is unwilling to take. Our hope is that these options create the right atmospherics for a compromise.

Option 2-A:

Prohibit funding to any foreign non-governmental organization that is found by national authorities to perform abortions illegally.

Pros:

- Demonstrates that the U.S. does not subsidize organizations that are violating local law.
- If no other Smith Amendment restrictions were incorporated, it would maintain U.S. support for organizations performing legal abortions with private funds.

Cons:

- Could be subject to abuse given the ambiguous legal status of abortion in some developing countries that have antiquated laws in place, do not enforce existing abortion laws, or that officially sanction different interpretations of existing laws to allow abortions.

Option 2-B:

Prohibition of funding of foreign non-governmental organizations involved in performance of abortion with private funds with provision for Presidential waiver.

Pros:

- Appears to give something to both sides, codifying part of the Smith Amendment into law while giving the President the opportunity to waive enforcement. Although enactment of this provision into law could be construed as a political loss, the

waiver authority would preserve the ability to continue existing programs.

Cons:

- Family planning and abortion rights supporters may see incorporation of the Smith language into law as a major defeat even though it would not impede programs (assuming a pro-choice Administration). Given the tendency to reenact the prior year's appropriation language, would likely make Smith language a permanent feature of USG law.
- May not be sufficient. In the 105th Congress, the House offered language that codified a prohibition on performance with a Presidential waiver. This was rejected by the Administration.[6] Rep. Smith has since said that he would no longer find a waiver acceptable. (Others in Congress, however, may feel otherwise.)

Option 2-C:

> **Prohibit funding for any activities or organizations in countries where abortion (as a method of family planning) is legal.**
>
> E.g., *"No population planning funds may be used to assist activities in countries where abortion is legal as a method of family planning."*

Pros:

- Such an amendment would distance the United States from the whole issue by taking the U.S. out of countries where abortion as a method of family planning is legal.

Cons:

- This would result in more rather than fewer abortions.
- Would cut off U.S. population assistance in countries that need contraceptive services most to avoid widespread use of abortion as a method of family planning, such as Russia and other former Soviet republics, South Africa, India and Bangladesh as well as in other countries where abortion is allowed as a health measure or under circumstances other than rape, incest, or danger to the life of the woman.

---

[6] Albeit other language included in this offer was equally unacceptable if not more so, e.g. $356 million funding cap, extremely restrictive lobbying language, etc.

3. POSSIBLE RESPONSES TO A PROHIBITION OF FUNDING TO UNFPA UNLESS THE PRESIDENT CERTIFIES THAT UNFPA HAS TERMINATED ALL ACTIVITIES IN CHINA.

Option 3-A:

Establish affirmative language in law that if UNFPA has a program in China, U.S. funding will continue if the President determines that the program promotes voluntarism and reduces abortion.

Pros:

- UNFPA is making real efforts to work with the Chinese on reducing their reliance on abortion and eliminating coercive practices in China's population program. U.S. policy should encourage such positive policies and programs.

Cons:

- Likely to draw political heat from both parties given concerns on the Hill about human rights abuses in China.

Option 3-B:

Eliminate funding to UNFPA

Pros:

- UNFPA funding is frequently a Congressional sore point given UNFPA's anticipated re-initiation of their China program.
- Preventing UNFPA from receiving U.S. funds may be a bargaining chip.

Cons:

- Although Congressional opponents may not view this as a huge concession on the part of the Administration, the population and women's NGOs will.

4. POSSIBLE ADDITIONAL RESPONSES TO ALLEVIATE OPPONENTS CONCERNS REGARDING "FUNGABILITY" AND PROGRAM OBJECTIVES.

These are legislative or Executive fixes that could be offered to assist in reshaping the political debate and provide additional credibility and clarification regarding USAID's family planning program priorities. In addition, Option 4-B provides the one viable approach identified so far that meets the "fungibility" argument regarding abortion. In concept, it is meant to expose the faulty premise of the argument by revealing that facts do not support it and, hopefully, dispels it once and for all

Option 4-A:

Establish by Executive Order or legislative language an explicit objective oriented towards the reduction of the demand for abortion in USAID's family planning assistance program.

E.g., *"A primary and explicit objective of population planning funds is to reduce the demand for abortion and abortion-related maternal morbidity and mortality through expanded and improved family planning services and other measures such as treatment of complications from unsafe abortion.*

Pros:

- This is a cost-free statement of what USAID's programs already do, but might strike a chord with swing votes.
- This kind of provision could appeal to those who generally support the family planning program but who oppose abortion.
- Would put the Administration in an offensive rather than defensive posture on abortion policy.

Cons:

- By putting this language into play, conservative members of Congress may seize the opportunity to refocus USAID's program to emphasize primarily abstinence, natural family planning, "pregnancy crisis" counseling, etc. This runs a risk of further stigmatizing abortion while not effectively offering women real alternatives.

Option 4-B:

Establish by Executive Order a requirement for USAID to retain a well-known, independent audit firm to conduct an in-depth analysis of the issues raised in the on-going debate surrounding the U.S. international population program.

Pros:

- Would provide independent analysis and approval of USAID's monitoring and compliance with current abortion restrictions.
- Could serve to dispel some Members assertions regarding "fungibility" of program resources.
- Would provide greater assurance to individuals concerned that recipients of USAID funds are not in full compliance with current funding restrictions.
- Represents a proactive, bold response to diverse Congressional concerns.

Cons:

- Would be a new, significant and expensive additional burden for USAID.

- Would take time to develop and implement this study.
- Could provide a new mechanism for family planning opponents to attack USAID.

United States Department of State

Bureau of Population, Refugees, and Migration

Washington, D.C. 20520-5824

INFORMATION MEMORANDUM

(SENSITIVE BUT UNCLASSIFIED)

December 18, 1997

TO: The Secretary

THRU: C - Ambassador Sherman
USAID - Brian Atwood

FROM: PRM - Julia V. Taft

SUBJECT: Policy Options on International Population Assistance

The IMF, UN arrears, reorganization of the foreign affairs agencies and international population assistance are all important foreign policy priorities for this Administration. In the 105th Congress, the House of Representatives held national security hostage by strategically linking these separate but critical issues. Redressing this shortsighted Congressional action will require a major push by the entire Administration, both in public articulations of the issue as well as in the development of a legislative resolution.

Based on the meeting chaired by White House Chief of Staff Erskine Bowles last week, representatives from State and USAID, with limited input from NGOs, recommend a two-tiered approach in seeking a resolution of the current appropriations impasse. First, we recommend that the Administration wage a full-scale public affairs campaign on funding the IMF and UN, de-linking these issues from international population assistance, preserving the integrity of the population assistance program and using current world events to focus on just how important these commitments are. The public affairs bureaus of State, USAID, Treasury and NSC are all working together in crafting this strategy. We are also developing a public affairs strategy to tell our story as to why family planning is important and exactly why the President was not willing to abandon his principles.

We recommend a second tier effort to develop and, if necessary, eventually offer legislative and Executive solutions that will provide political cover to sufficient members of the House while doing the least violence to either existing programs or the Administration's policy commitments on international family planning. To that end, we have developed a series of options

that conceptually address previously stated Congressional concerns (Tab 2).

From this comprehensive listing of options, we have selected a set of the least onerous proposals to meet Congressional concerns. This set is attached as Tab 1. The specific proposals noted therein could be proposed individually, in combination of two or more, or as a "package", depending on which issues emerge as the most critical and how much compromise is required of the Executive Branch.

Briefly stated, the policy options speak to four elements which reflect Congressional concerns. The first addresses what appears to be the primary concern of Representative Chris Smith (R-N.J.) and others: that USAID funds support lobbying on the issue of abortion (notwithstanding the existing ban on the use of USG funds for lobbying). Our recommended proposal is legislation that imposes the same lobbying limitations on USAID grant recipients that are placed on domestic 501(c)(3) nonprofit organizations in exchange for their tax-exempt status, i.e., that they not "have a substantial part of their activities involve carrying on propaganda or otherwise attempting to influence legislation." While our proposal would focus only on abortion, it could be viewed as a possible first step down the proverbial slippery slope towards further restrictions on what organizations do or say with their own funds (which is at the heart of the Administration's rejection of the so-called Mexico City policy). In addition, we propose that such organizations be ineligible for funding if they are found to lobby illegally on abortion.

Second, we propose a similar prohibition on funding to organizations that illegally perform abortion illegally. Although this proposal does not directly respond to Rep. Smith's assertion that USAID funds free up existing funds for organizations to perform abortion, it dispels any assertion that the United States is subsidizing organizations that are violating local abortion laws.

Third, we propose language to address Congressional opposition to funding for the United Nations Population Fund (UNFPA) in the event it begins family planning programs in China.

Fourth, we propose the inclusion of legislative language underscoring that it is the Administration's policy to reduce the demand for abortion by funding expanded and improved family planning services.

Finally, we propose that USAID retain an independent audit firm to conduct an in-depth analysis of the agency's program. This audit should reveal that USAID funds are not indirectly subsidizing abortion and/or lobbying.

As previously stated, these proposals represent the least onerous way to address continuing Congressional concerns. They also provide political cover for crucial swing votes while being protective of existing policy priorities and programs. It should be noted, however, that these concessions will not be enough to satisfy Rep. Smith and his allies and will not end the perennial conflict over this subject. In fact, our willingness to make these concessions may backfire or indicate to Smith what he will perceive to be a weakness of our commitment to the President's principles. As noted in Tab 2, there are other more burdensome policy options available to the Administration, but many of these options would undercut the Administration's promise to stand behind its international family planning program commitments.

Attachments:

Tab 1 - Recommended International Population Assistance Policy Options
Tab 2 - Comprehensive Analysis of All Policy Options
Tab 3 - Memo from Administrator Atwood to Chief of Staff Erskine Bowles.
Tab 4 - Letter from Speaker Gingrich to the President

Info Memo to S: Policy Options (Pop Aid)
Drafted: WKissinger, L; SCraven, PRM/POP
12/17/97; x75036; x31048

Clearance:
H: MDonovan
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PRM/POP: MPollack
USAID/GC: STisa
USAID/LPA: JBuckley
USAID/G/PHN: DGillespie
USAID/G/PHN/POP: EMaguire
USAID/G/PHN/POP/P&E: EStarbird

Attachment 1:

Recommended International Population Assistance Policy Options

The legislative options set forth below represent the collaborative efforts of State and USAID with limited input from NGOs. The goal of advancing one or more of these options would be to win support on the Hill while doing the least violence to the Administration's policy commitments on international family planning.

Each of the items below is drawn from Tab 2 and represents the least onerous response to the arguments raised by Congressional opponents. Although each carries at least some negative consequences for Administration principles and programs, they are significantly less damaging than the Smith Amendment, which includes restrictions more severe that those rejected by the President when he overturned the so-called Mexico City policy. Depending on how negotiations with the Hill proceed, some or all of these options could be put forward as a legislative compromise.

The pros and cons of each option are presented in Tab 2, along with the pros and cons of other less desirable options. (Parenthetical reference for each item refers to its placement in Tab 2.)

- Prohibit funding to foreign non-governmental organizations that "lobby" for abortion using U.S. tax-code treatment of 501(c)(3) organizations as a model in combination with a reasonable threshold based on the amount of federal funds received. (Option 1-A)

- Prohibit funding to any foreign non-governmental organization that, using its own funds, lobbies on the issue of abortion and is found by national authorities to have done so illegally. (Option 1-B)

- Prohibit funding to any foreign non-governmental organization that is found by national authorities to perform abortions illegally. (Option 2-A)

- Establish affirmative language in law that if UNFPA has a program in China, U.S. funding will continue if the President determines that the program promotes voluntarism and reduces abortion. (Option 3-A)

- Establish by Administrative action or legislative language an explicit strategic objective in USAID's family planning assistance program oriented towards the reduction of the demand for abortion. (Option 4-A)

- Establish by Administration directive a requirement for USAID to retain a well-known, independent audit firm to conduct an in-depth analysis of the issues raised in the on-going debate surrounding the U.S. international population program. (Option 4-B)

Attachment 2: Comprehensive Analysis of All Policy Options

Introduction and Background

The IMF, UN arrears, reorganization of the foreign affairs agencies and international population assistance are all important foreign policy priorities for this Administration. In the 105th Congress, the House of Representatives held national security hostage by strategically linking these separate but critical issues. One school of thought is that the House Leadership may be too locked into its promise to Mr. Smith and the House Pro-Life Caucus that the abortion and foreign-policy issues will remain linked "in perpetuity". However, if the Administration makes a major push to highlight how this shortsighted Congressional action jeopardizes U.S. global leadership in terms of the UN and IMF, and couples this with a legislative strategy with respect to international family planning, it may be possible to find a resolution --- or at least to isolate the extremists and appeal to (or provide sufficient cover to) more moderate Members in order to forge an agreement.

At the core of the debate is the fundamental difference between the Administration's strong support for international family planning and free speech as opposed to Rep. Smith and his supporters who seek to condition U.S. family planning assistance by placing unnecessary and excessively broad restrictions on the program. One aspect of the debate is the charge leveled by Congressional critics of international family planning that USAID funding enables organizations to become more active in the provision of abortion and abortion-related services than they might otherwise be in the absence of such funds. The second is that such funds enable these organizations to become intensely involved in lobbying to legalize abortion.

Both aspects of the debate proceed from the allegation that any type of support to international family planning organizations, through a process of "fungibility", frees up resources to carry out such campaigns. Thus, although existing law precludes USAID funds from being used to lobby or perform abortions (except in cases of rape, incest or the life of the mother), critics contend that the fungible nature of money allows foreign non-governmental organizations (NGOs) to use their own funds to perform abortion, lobby to make it (more) available, or to do both. Moreover, the critics contend that organizations that engage in either of these activities (lobbying or performance) are given enhanced legitimacy because they carry the imprimatur of the USG by the virtue of receiving U.S. federal funds.

One goal of the legislative options discussed below is to meet the "fungibility" argument head on. If this perception can be altered, the core criticism of USAID's program would be

undermined. In fact, USG programs reduce the frequency of abortion by providing the means to avoid unwanted, mistimed pregnancies. The last two options discussed below would highlight this essential fact.

Approach: We suggest a two-tiered approach. First, we recommend that the Administration wage a full-scale campaign focused on funding international organizations and preserving population assistance. Second, we outline a series of new options and modifications of previously considered options. This two-tiered approach set forth below represents the collaborative efforts of State and USAID with limited input from NGOs.

Tier I: Administration-wide, full-scale campaign focused on funding international organizations and preserving U.S. population assistance.

Initially, the question of population funding for FY98 should be regarded as decided and not as a subject to be revisited in connection with the funding of UN arrears and the IMF. It is critical that the President and the Secretary, among others, make forceful public statements in support of the essential functions of both organizations in light of current world events, as the President did in his press conference on 12/16/97.

In addition, the Administration must emphasize that international population assistance prevents abortion. We must stress the critical importance of unrestricted population funding to our foreign policy objectives, emphasizing that the issues of funding international institutions and U.S. population assistance are not linked. The PRM-proposed speech by the Secretary to the American Academy for the Advancement of Science in early 1998 may be an opportunity to make this public pronouncement as are the Secretary's testimonies before Congress in the defense of the Presidents' FY 1999 budget submission.

Tier II: Legislative/Executive options that address concerns of Rep. Chris Smith and others about U.S. population policy.

Despite any of the above efforts by the Administration to raise the level of debate and de-link the issues, Congressional opponents are likely to insist that additional abortion-related restrictions be included in any supplemental legislation.

In the 105th Congress, Rep. Smith introduced a legislative amendment that went far beyond the original "Mexico City" restrictions imposed under Presidents Reagan and Bush.[1] Smith's language embraces three restrictive elements:

[1] The original Mexico City restrictions were issued as a White House policy statement at the UN Conference on International Population in 1984. They prohibited population funds for foreign non-governmental

1. A prohibition on foreign organizations using their private funds to "lobby" to alter abortion laws;

2. A prohibition on foreign organizations using their private funds to perform abortion; and

3. A prohibition on funding of UNFPA unless the President certifies that UNFPA has terminated all activities in China.

The first and second proposed restrictions are inconsistent with the Administration's policy and have been rejected. A heavy price for this position has already been paid over the past three years with the imposition of unprecedented and damaging delays and monthly metering of population funds. Ideally, any negotiations with the Hill should seek to assure the ending of this burden on the program.

Below we have identified legislative and Executive approaches that would, to some degree, meet each of the concerns raised by Rep. Smith and others with the least damage to the Administration's objectives. The options under each heading are all potential solutions, arranged in order of preference, ranging from the most to the least acceptable. It bears noting that in many instances the less acceptable options would impose high political costs.

We recognize that none of the options, either alone or in combination, will fully satisfy Rep. Smith and his allies and will not end the perennial conflict over this subject. In fact, our willingness to make these concessions may backfire or indicate to Smith what he will perceive to be weakness of our commitment to the President's principles. Rep. Smith aside, however, our belief is that some combination of these options could provide sufficient political cover for swing members of the House and Senate to produce a satisfactory resolution.

---

organizations (NGOs) that "performed or actively promoted abortion as a method of family planning" with funding from any source. The Smith amendment would differ in several ways: (1) It would be imposed in statute rather than an Administration policy and could not be implemented with the same kind of Executive discretion as the 1984 policy. (2) It has broad language to describe prohibited activities, including "any activity or effort" to alter laws, policies or regulations relating to abortion, whereas Mexico City restrictions were applied specifically to "lobbying" (undefined) or "conducting a public information campaign." (3) The Smith Amendment would apply to "multilateral" organizations, presumably UNFPA, as well as all foreign NGOs receiving USAID contracts or grants, whereas the Mexico City policy was applied only to foreign NGOs receiving grants (including the International Planned Parenthood Federation).

1. POSSIBLE RESPONSES TO A PROHIBITION ON FOREIGN NON-GOVERNMENTAL ORGANIZATIONS USING THEIR PRIVATE FUNDS TO "LOBBY" TO ALTER ABORTION LAWS.

Lobbying currently appears to be the principal concern of the House leadership (rather than organizations' actual performance of abortions).[2] Addressing this issue directly may win support from the House leadership and move the issue away from Rep. Smith's language. Important matters of principle are involved, however, as conditioning U.S. funds to restrict foreign NGOs from lobbying with private funds could be seen as limiting their free speech, interfering with the democratic process in the country, and the U.S. intervening in a country's internal affairs. It could also be viewed as "Mexico City" in a different form since it does limit what foreign NGOs can do with their own money. There could also be some loss in the leadership role that the U.S. has assumed in the international population community under the Clinton Administration, as well as a chilling effect on foreign NGOs legal activities.

The issue is further complicated by competing definitions of the term "lobby". The Smith amendment speaks of lobbying expansively and includes "any activity or effort to alter the laws or government policies of any foreign country concerning the circumstances under which abortion is permitted, regulated or prohibited." Under this broad construction, organizing or even attending a conference where abortion is discussed one might constitute "lobbying", and in fact, the House Republicans proposed language to ensure that such activities were covered.

The options outlined below are premised on a narrower and more traditional view of lobbying, e.g. buttonholing a legislator. Thus, none of these options goes as far as Rep. Smith and other like-minded individuals would want.

Option 1-A:

> **Prohibit funding to foreign non-governmental organizations that "lobby" for abortion using U.S. tax-code treatment of 501(c)(3) organizations as a model in combination with a reasonable threshold based on the amount of federal funds received. (Option 1-A)**

Pros:

- This is based on an approach to dealing with lobbying by non-profit organizations in the U.S. who receive tax-exempt status. It does not prohibit lobbying altogether but applies only when a substantial part of an organization's activities involves lobbying. The restriction could be justified as an

[2] See Speaker Gingrich letter to President Clinton (11/13/97) (Tab 4)

effort to preserve U.S. support to organizations which use most of their other resources for family planning purposes and not abortion lobbying.

- Preserves funding for most, if not all, organizations because even the large organizations receiving funds spend only a de minimis amount on lobbying.[3]
- Uses a definition of lobbying based on existing U.S. law governing 501(c)(3) organizations that is both readily understandable by Congress and U.S. organizations and limited in scope.

Cons:

- Codifies the principle that abortion rights are somehow different from other reproductive rights (i.e., it is okay to lobby for the elimination of female genital mutilation but not on the risks of unsafe abortion), and of appropriateness of limiting NGO participation in the democratic process.
- Would contribute to the "chilling effect" on debate concerning abortion policy in developing countries because organizations will not understand the nuances of U.S. law and will act conservatively, conceivably not engaging in appropriate advocacy efforts.
- Acknowledges that what NGOs do with privately-raised funds is fair game (precisely opposite of the President's statement in 1993.)
- May risk cutting off USAID support to the International Planned Parenthood Federation (IPPF) and its affiliates if they decide to reject U.S. funding as a matter of principle, resulting in the loss of USAID support for the affiliated organizations that serve over 10 million couples with service in 140 countries.
- Because of the difficulty and ambiguity in applying the language, USAID may be vulnerable to lawsuits by disgruntled grant applicants.
- Congress could amend the term "lobby" to include advocacy activities, such as having or attending meetings where abortion is discussed.
- If the threshold were removed, there is a danger of having a provision that would be difficult or impossible to implement and monitor for the many small foreign NGO grantees and sub-grantees supported by USAID.

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[3] For example, local affiliates of the International Planned Parenthood Federation (IPPF), one of the largest organizations in the field are estimated to spend less than $75,000 per year on lobbying (out of total expenditures by local affiliates of $60 million). As noted above, however, one of the battles is the scope of the term. Conservatives on this issue draw the term broadly so as to encompass advocacy in addition to lobbying. Use of the 501(c)(3) language cleaves closely to the traditional model of lobbying.

- Ignores the differing context in which the 501(c)(3) status arises, i.e., to confer tax exempt status on domestic organizations. This model likely does not have an analogue in developing countries.

Option 1-B:

Prohibit funding to any foreign non-governmental organization that, using its own funds, lobbies on the issue of abortion and is found by national authorities to have done so illegally.

Pros:

- Respects national sovereignty.
- Likely preserves funding for most, if not all, organizations.
- Establishes the principle that the U.S. does not want to support any organizations promoting access to abortion through illegal methods.

Cons:

- Unlikely to address the major concerns of supporters of Smith Amendment-type restrictions who want to prevent *all* lobbying, legal or not.[4]
- Would penalize organizations trying to communicate about abortion issues in countries that prohibit or restrict free speech and/or other democratic processes.
- Ambiguity on what exactly it means to "lobby" and what would constitute a violation.

Option 1-C:

Prohibit funding to any foreign non-governmental organization that, using its own funds, is found by national authorities to have engaged in an illegal 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.

Pro:

- More closely mirrors Smith language but requires host government law enforcement action as the triggering mechanism for cutting off funding thereby allowing local activities consistent with national laws.

Cons:

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[4] For this reason, we propose that options 1-A and 1-B be combined, thereby meeting the concern at least part way. (Option 1-A addresses lawful lobbying.)

- Subject to abuse or manipulation by national authorities, particularly in oppressive or undemocratic countries.
- Potentially ambiguous (e.g., a pro-choice parade that is cited for not having a parade permit).

Option 1-D:

A dollar-for-dollar reduction of funding for foreign non-governmental organizations that use their private funds to lobby to alter abortion laws.

Pros:

- Would have de minimis effect on existing programs due to very limited budgets actually devoted to lobbying on changes in abortion laws.[5]
- Would be a concession and would not make organizations entirely ineligible for U.S. population assistance.

Cons:

- More than any of the above options, this one symbolically suggests *any* lobbying is inappropriate and punishes the organization accordingly.
- High administrative burden associated with identifying the portion of an organization's budget that is devoted to lobbying on abortion and reducing the funding accordingly.
- Ambiguity on what exactly it means to "lobby" and what would constitute a violation.

Option 1-E:

Omit Smith Amendment-type language, but prohibit certain organizations from receiving U.S. funds, such as the International Planned Parenthood Federation (and/or other targeted foreign organizations).

Pros:

- IPPF is a key target of the anti-abortion groups; this option would therefore represent a political victory for conservatives that might make it attractive.
- Support for individual family planning associations would continue, as occurred under the Mexico City policy, but without intruding on their privately funded activity.

Cons:

- Singling out IPPF would be seen as "caving in" by family planning supporters in the international community and the

[5] See Memo from Administrator Atwood to E. Bowles (Tab 3); see also note 3.

U.S., particularly Planned Parenthood Federation of America (PPFA) and its local state affiliates.

- If other organizations were also to be defunded, drawing the line would be difficult.
- Effective providers of family planning information or services could be defunded both now and in the future given the tendency to reenact the prior year's appropriations language.

Option 1-F:

No funding to foreign non-governmental organizations that lobby using private resources in countries where abortion (as a method of family planning) is illegal.

Pros:

- Is a limited gag order, but would affect fewer countries than the Smith Amendment restrictions. This would only cover countries where the law on abortion is proscribed except in circumstances involving rape, incest or health of the mother.

Cons:

- This is contrary to current Administration policy as it curtails free speech in such countries as Nigeria or Mali where we are actively trying to promote democracy, as well as countries in Latin America and the Middle East.
- Abortion is still heavily restricted in most developing countries, but it is also increasingly on the policy agenda. Thus, this would have the same problems as the Smith Amendment language, resulting in termination of support to groups that are effective family planning providers and are attempting to influence national democratic processes.
- Although affecting fewer countries, these are the ones where it is more likely that there will be lobbying with respect to abortion.

2. POSSIBLE RESPONSES TO A PROHIBITION ON FOREIGN NON GOVERNMENTAL ORGANIZATIONS USING THEIR PRIVATE FUNDS TO PERFORM ABORTIONS.

This has traditionally been the heart of Smith Amendment restrictions, although the ban on lobbying has supplanted the issue somewhat. These options seek to meet the concerns of Congressional opponents that USAID funds are indirectly being used to support abortion. (Existing law prohibits the direct use of such funds.) None of the options suggested below, however, addresses the fungibility issue head on. To do so requires a solution of the sort advocated by Rep. Smith, a step the Administration is unwilling to take. Our hope is that these options create the right atmospherics for a compromise.

Option 2-A:

Prohibit funding to any foreign non-governmental organization that is found by national authorities to perform abortions illegally.

Pros:

- Demonstrates that the U.S. does not subsidize organizations that are violating local law.
- If no other Smith Amendment restrictions were incorporated, it would maintain U.S. support for organizations performing legal abortions with private funds.

Cons:

- Could be subject to abuse given the ambiguous legal status of abortion in some developing countries that have antiquated laws in place, do not enforce existing abortion laws, or that officially sanction different interpretations of existing laws to allow abortions.

Option 2-B:

Prohibit funding to foreign non-governmental organizations involved in performance of abortion with private funds, with provision for Presidential waiver.

Pros:

- Appears to give something to both sides, codifying part of the Smith Amendment into law while giving the President the opportunity to waive enforcement. Although enactment of this provision into law could be construed as a political loss, the waiver authority would preserve the ability to continue existing programs.

Cons:

- Family planning and abortion rights supporters may see incorporation of the Smith language into law as a major defeat even though it would not impede programs (assuming a pro-choice Administration). Given the tendency to reenact the prior year's appropriation language, would likely make Smith language a permanent feature of USG law.
- May not be sufficient. In the 105th Congress, the House offered language that codified a prohibition on performance with a Presidential waiver. This was rejected by the Administration.[6] Rep. Smith has since said that he would no longer find a waiver acceptable. (Others in Congress, however, may feel otherwise.)

[6] Albeit other language included in this offer was equally unacceptable if not more so, e.g. $356 million funding cap, extremely restrictive lobbying language, etc.

MEMO

To: Martha Foley
From: Brian Gunderson
Subj: Lobbying Activities and Population Aid
Date: October 3, 1997

Per your request, here is a packet of materials demonstrating the IPPF and its affiliates are engaged in efforts to liberalize abortion laws around the world. Most of these are *their* documents and contain phrases that we regard as euphemisms. Campaigning against "unsafe abortion," for example, means making abortion legal where it is now illegal. After the necessary translations, these materials suggest a widespread abortion-lobbying effort that is being indirectly subsidized with US taxpayer funds.

If one purpose of our population policy is to decrease the need for abortion by providing contraceptive services--as AID and others argue--it makes sense to restrict the aid to groups that are not at the same time lobbying to expand abortion.

Let me know if you need anything else.

Unsafe abortion must be tackled now

by Fred Sai, President of IPPF

The issue of unsafe abortion has far too long been buried by IPPF and the international community. In part, this has been due to the notorious Mexico City Policy announced by the US Government in 1984, which effectively cut off USAID funding to IPPF and other non-governmental organizations which refused to wash their hands of 'abortion-related activities'.

In recent years, many FPAs have shied away from the issue, often reasoning that they risk losing money for essential services should they be seen to be involved in active dialogue on the issue of abortion. Happily this situation is now changing, and the new US Administration has already reversed the Mexico City Policy. Hopefully, at last, we can be ruled by our conscience, not our budgets.

For too long now the issue of unsafe abortion and women's reproductive health has been clouded by cultural, religious and political opposition to safe abortion. In many developing countries abortion is illegal, and yet, as we know, this does not prevent it occurring. The laws against abortion are mainly old laws, and it is worth recalling that part of the rationale for most 19th century abortion laws was to save women from quacks and unsafe and experimental surgery. That these same laws or their derivatives should now lead to the very opposite situation, given the safety and efficacy of currently available technologies, is a cruel irony.

Yet until the issue was raised by me at the 1991 IPPF Central Council meeting in Marrakesh, IPPF had not addressed the issue openly since 1972. At that meeting I made a strong plea for IPPF to take another look at its stand on abortion and revise its position in line with the realities of women's reproductive health in the 1990s. Two years on, I can happily say that progress is being made within the Federation.

We in IPPF and family planning associations should not and cannot stand back and watch this situation continue any longer, if we are to live by our commitment to the equal rights of women to reproductive and sexual health care choices. The issue of women's reproductive health is inextricably bound up with women's rights and freedoms. Now in the 1990s IPPF must be at the forefront of these rights, and those who are not prepared to stand by this in practice as well as in theory must ask themselves whether they still belong to the IPPF family.

IPPF also views the issue of unsafe abortion as a major public health issue; we believe that its management should encompass all levels of prevention – education, contraception, safe services, and proper treatment for the unfortunate ones who have recourse to unsafe abortion. This does not imply lack of respect for the potential of life: it derives from the belief that the actual life of the woman has to come first.

In 1991, the International Medical and Programme Advisory Panels issued a new statement on Unsafe Abortion which was adopted by the Central Council. This urged the Secretariat and FPAs to maintain a constant positive dialogue on the issue and to work constructively for health care services to be made available to women suffering from the complications of abortion, to advocate reform in restrictive legislation, defend safe abortion services against unjust criticism, and help provide safe services where legally permitted.

Now for the first time, the IPPF Strategic Plan, unanimously adopted at the Members' Assembly in Delhi last October, outlines activities at both the Secretariat and FPA level to further IPPF's explicit goal of eliminating the high incidence of unsafe abortion and increasing the right of access to safe, legal abortion.

This has not come a moment too soon, and I hope that this issue of *Planned Parenthood Challenges* will help raise awareness of the dangers of unsafe abortion and promote action to reduce it. This second stage of action is vital, as it is only in the process of implementation that the lives of women will be saved.

International Planned Parenthood Federation

The material that follows has been provided by IPPF

Tackling unsafe abortion in Mauritius

by Dorothy Nyong'o and Geeta Oodit

Family planning has been established in Mauritius for nearly 40 years, and the programme has been very successful in lowering fertility and in improving maternal health. But despite a high contraceptive prevalence rate of 75 per cent, there is a still serious problem of unwanted pregnancy and unsafe abortion. The Mauritius Family Planning Association (MFPA) has campaigned to have the abortion problem discussed more openly by the public and parliament and to address the causes of unwanted pregnancy.

The Minister of Women's Rights, Mrs Sheila Bappoo, speaking at the Mauritius Conference on Unsafe Abortion.

Many of the young unmarried women attracted to the rapidly expanding industrial sector get involved in sexual relationships and some end up pregnant. Most of them have had little or no education on sexuality. In Mauritius abortion is currently not permitted on any grounds. But of course this does not prevent often dangerous backstreet abortions taking place.

The MFPA recognized this as an important issue because it poses a threat to women's health and women's lives. One emerging phenomenon is the increasing incidence of infertility which may be closely linked to unsafe abortions.

In 1993, MFPA decided to tackle the unsafe abortion issue, a bold step in a country where not only is abortion illegal, but there is also strong religious pressure against modern family planning methods, especially from the Catholic Church. A study commissioned by the FPA showed that many women are not using available health services, either because these are not readily accessible, or because they are not happy with the quality of the services. They therefore rely on less effective and traditional methods of family planning such as withdrawal or calendar methods. In fact, between 1985 and 1991 contraceptive prevalence surveys revealed that while the overall contraceptive prevalence rate had increased, so too had the reliance on withdrawal as a method.

The study also revealed that women were resorting to all kinds of dangerous means to abort, and many of these women were married and did not want any more children. Others were young unmarried women.

The FPA organized a symposium in 1993 to publicize and discuss the results of the abortion study. Key people from different backgrounds, with different views, feelings, beliefs, and traditions, were invited to come and speak openly about the issue. The major outcome of the symposium was that the research findings spoke for themselves, and even the most vocal opponents, the most conservative personalities, admitted that there was indeed a problem to be considered.

Despite their relatively small numbers, Catholics have exerted strong influence on policy-making in Mauritius, and represent the main opposition to modern contraception and abortion. When MFPA

Meetings

Family planning law reform meeting

A symposium on 'The removal of legal barriers to sexual and reproductive health in francophone African countries', is being held in Cotonou, Benin, from 24-26 March, 1997. It aims to make recommendations on strategies for the repeal of the 1920 law, affecting many francophone African countries, on contraception and abortion, as well as all other laws that present a barrier to sexual and reproductive health.

Organized by IPPF Africa Region, participants include representatives from the World Health Organization, the United Nations Population Fund (UNFPA), Francis Ekon, President of IPPF's Africa Region, government officials and all 18 francophone family planning associations. The aim is also to draw up a framework of replacement specimen laws and concrete strategies for action to undertake and adopt a declaration on all obstacles to sexual and reproductive health in Africa.

Contact: Guy Kpakpo, Association Beninoise pour la Promotion de la Famille (ABPF), Carr No 791, Immeuble Affogbolo, BP 1486, Cotonou, Benin. Tel: (229) 320 049. Fax: (229) 323 234.

Health promotion conference

The first international conference of the European Network of Health Promoting Schools (ENHPS), The Health Promoting School, an investment in education, health and democracy, will be held in Thessaloniki, Greece, from 1-5 May, 1997. Its aim is to establish plans for European policies for Health Promoting Schoolkes a more optimistic view of the achievements of the Cairo Conference, pointing to the international consensus on sensitive issues such as adolescent sexuality, female genital mutilation (FGM) and unsafe abortion. Increased NGO involvement and South-South co-operation are two other positive outcomes of Cairo.

UNFPA Executive Director Nafis Sadik, in an interview with the magazine, is also "optimistic that the momentum of Cairo is being maintained". The issue entitled 'Reproductive health: an achievable ragers, trainers, planners and practitioners, is being run by the Education and International Development Group of the Institute of Education, University of London, between 12 May and 6 June, 1997. Its units comprise: participatory learning and action interpersonal communication skills using drama-related approaches and the use of visual materials. The course aims to equip participants with a sound understanding and skills in participatory approaches. It is non-residential and the course fee is £1,600.

Contact: Course Secretary, Education and International Development Group, Institute of Education, 20 Bedford Way, London WC1H OAL, UK. Tel: (+44 171) 612 6621. Fax: (+44 171) 612 6632.

Indonesian policymakers' course

The Indonesian National Family Planning Coordinating Board (BKKBN) is organizing a course, Planning and managing a community-based national family planning/reproductive health programme: the Indonesian experience - a course for policymakers, from 2-15 July, 1997, in Jakarta.

Aimed at high-level policy personnel, it will cover management, planning and coordination systems; IEC programmes; community participation; integration with health activities and other development programmes. About two-thirds of the course will be conducted at sub-district and village field sites with

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[redacted]

International Services

The year 1996 marks the 25th anniversary of Family Planning International Assistance (FPIA), the international service division of PPFA. What began as a special Planned Parenthood project in 1971 has developed into a world-renowned model of innovation and excellence, accountability, and integrity. More than 3,600 agencies in 70 countries have received FPIA assistance, and FPIA management systems and project development techniques are used the world over. Many senior staff in other national and international family planning agencies began their careers with FPIA, and project staff have gone on to become high-ranking government officials in their own countries.

FPIA has demonstrated that despite daunting obstacles to program development and implementation, it is possible to succeed. And FPIA has shown that it is possible to oppose even U.S. government attempts to deny reproductive health services to impoverished women in developing nations, and to thrive after the loss of U.S. government funding.

FPIA works with hard-to-reach people in hard-to-reach places, such as the Tarahumara Indians, the Maasai, and Thai hill-tribe peoples, with people bypassed by the technological revolution, with unstable countries with fragile infrastructures. Yet, from the altiplano of Bolivia to the slums of Kinshasa, Zaire, and from the hills of Nepal to the factories in Russia, FPIA has made it possible, even with limited resources, to break new ground, build institutional capacity, expand access to services, promote behavioral changes leading to better reproductive health practices, and to make life better for people who often live in almost unimaginable conditions.

Africa

Over the past year, FPIA's Africa projects reached populations without, or with little access to, reproductive health services, including refugees and the displaced; concentrated on community-based services with back-up clinic facilities; promoted safe abortion; and enhanced grantees' institutional capability in data analysis to improve program management. New projects were developed in Ethiopia and Sudan.

Sudan -> [redacted]

Zenat Jumar, 35 years old, had given birth 12 days earlier to her tenth child, but her husband is against family planning. He says she has to compensate for the children his first wife could not have. She said that she has had enough, and whether he accepts it or not, she has decided to use a family planning method.
— from an FPIA Report, Sudan Project

The Nicaragua adolescent project operates in Barrio San Judas, one of the poorest and most violent in Managua, Nicaragua. The comments of the youth promoters provide the most vivid description of what life is like for young women and men in their community:

> "We live with drug addiction ... alcoholism and violence against women ... There is much prostitution ... I'm a very young person who is already a mother ... I started having sex when I was 14 ... My parents live without love ... My father detests me ... I need to leave home ... I wish my mother would take care of me ... The worst thing that has happened to me was meeting my husband and getting married ... My grandfather had 45 children with four women."

FPIA looks forward to the next 25 years, and to a world where women and men have the information and means to have the number of children they want, when they want them; where there is access to safe abortion and the number of unsafe abortions is dramatically reduced; and where sexually transmitted infections, including HIV, are rare.

In Beijing: U.N. Fourth World Conference on Women

FPIA Project in Dire Dawa, Ethiopia

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TRANSLATION OF EXCERPT FROM "SEX EDUCATION MANUAL"
Published by the Dominican Association for the Well-Being of the Family:

9. Abortion.

General Objective:

That the young person have general ideas about abortion and the law about abortion in our country.

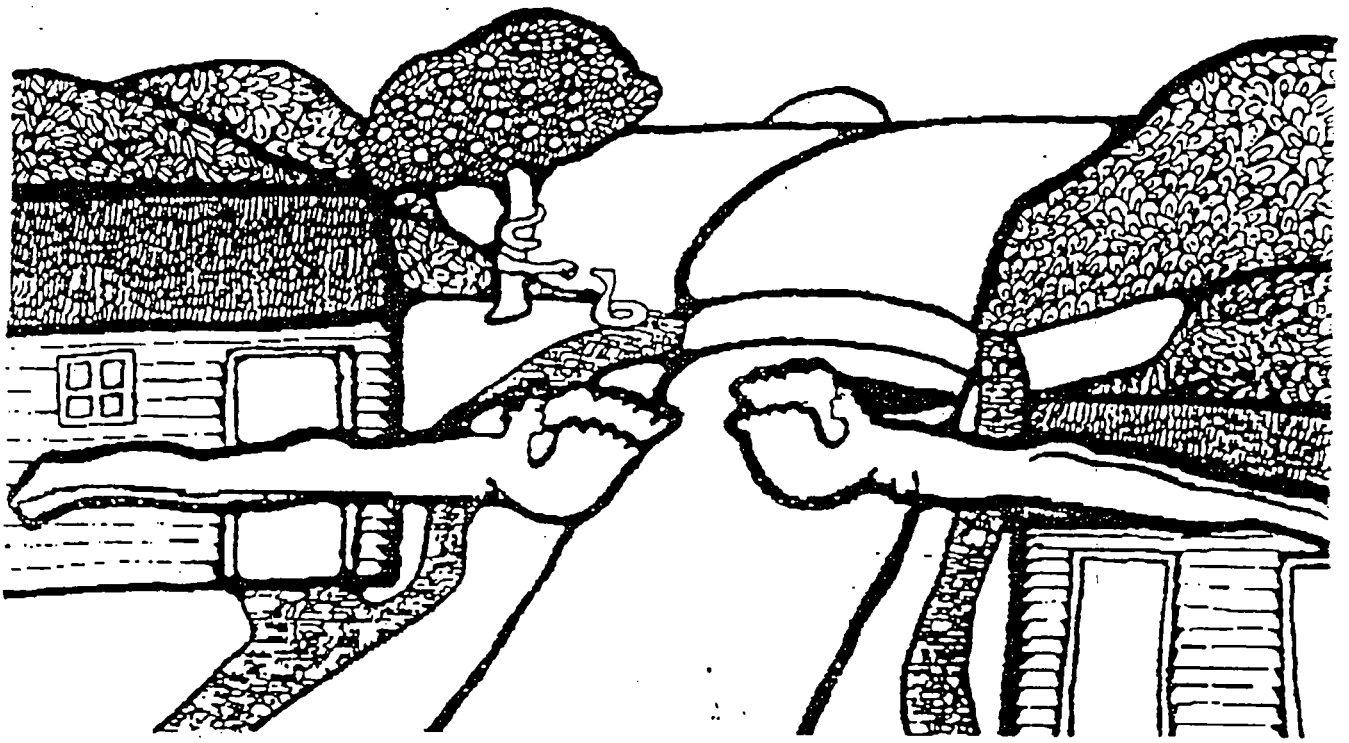
Specific Objectives:

The young person should:

. . . .

4.--- Become aware of the need to change the Dominican legislation about abortion.

[The Dominican Association for the Well-Being of the Family (Association Dominicana Pro-Bienestar de law Familia) is the **International Planned Parenthood Federation (IPPF)** affiliate for the Dominican Republic.]



Manual de Educación Sexual

Asociacion Dominicana Pro Bienestar de la Familia.

9

EL ABORTO

OBJETIVO GENERAL:

Que el joven tenga nociones generales sobre el aborto y su legislación en nuestro país.

OBJETIVOS ESPECIFICOS:

El joven deberá:

1.— Definir el aborto.

2.— Describir los diferentes tipos de aborto, sus causas y consecuencias médicas y psicosociales

3.— Conocer sobre la legislación del aborto en nuestro país.

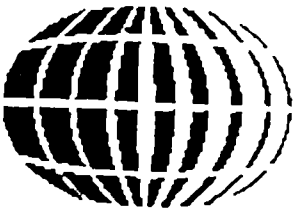
4.— Tomar conciencia de la necesidad de cambiar la legislación dominicana sobre el aborto.

CONTENIDO:

1.— Explicar en qué consiste el aborto.

2.— Explicar el aborto espontáneo e inducido; sus causas y consecuencias médicas y psicosociales.

3.— Dar a conocer las leyes sobre el aborto en nuestro país.



ANNUAL REPORT SUPPLEMENT 1995 - 1996

International Planned Parenthood Federation
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October 1996

VISION 2000 TASK FORCE

IMPLEMENTATION OF THE IPPF STRATEGIC PLAN, VISION 2000

A three-member Working Group was set up in mid-1996 by the Secretary General to design and implement a monitoring and evaluation plan for the Federation's ***Strategic Plan Vision 2000.*** A systematic way of assessing Vision 2000 is needed for feedback to the different parts of the Federation and its donors on progress made in FPA programmes towards meeting the six challenges of Vision 2000 (Family Planning: the Demand, an Unmet Need; Sexual and Reproductive Health; Unsafe Abortion; Empowerment of Women; Youth, and Quality of Care).

The Development of Evaluation Plans

The development of evaluation plans will be conducted through a participatory process involving various sectors both within and outside IPPF. A draft evaluation plan for each of the challenges will be developed by a Technical Working Group including FPA representatives with the required evaluation expertise, and internal and external evaluation specialists. The activities of the Technical Working Group, along with those of three Task Forces (one for every two challenges), will be overseen and co-ordinated by the Core Group which is responsible to the Secretary General for this effort.

Each evaluation plan will include the following components:-

1. description of the problem(s) addressed by each challenge, quantifying the problem(s), when possible;

2. clarification of the goal(s) of the Federation embodied in each challenge;

3. identification of up to five objectives per goal for each challenge;

4. definition of terminology and concepts of the challenges, goals and objectives;

5. establishment of expected outcomes for each objective;

6. identification of key indicators for measuring outcomes, and

7. guidelines concerning appropriate methodologies and evaluation designs to assess the success of the challenges.

Field testing the evaluation plans, finalising them, and proposing implementation plans will be the responsibility of the Task Forces. They will take into consideration other Federation initiatives relevant to the evaluation plans, such as the proposed revision of the PPBR system. The Task Forces will also make recommendations concerning any modifications or changes required to the Programme Performance Manual.

Steps to be Taken

The first step will be a literature review and preparation of background documents on evaluation as it relates to each challenge, as well as examples of documents being prepared by other agencies. When these have been completed and shared with the Core Group, the Technical Working Group and the Task Forces, a series of meetings of the different groups will be held to agree each group's assigned tasks.

When the draft evaluation plan for each challenge is approved by the corresponding Task Force, the Technical Working Group will ensure that the feasibility of collecting the appropriate data is tested in the field. At the same time, the draft plan will be informally reviewed by selected FPAs and regional programme staff.

After the results of the field studies have been obtained, the Technical Working Group will make whatever changes are needed to finalise the document. It will then be submitted to the chair of the corresponding Task Force who, in turn, will submit the final product to the Core Group. The Core Group, with assistance from the Technical Working Group, as necessary, will produce a Vision 2000 monitoring and evaluation protocol that integrates the six separate evaluation plans in a logical and consistent manner.

Six FPAs, from different regions, will be selected to serve as test sites for each Evaluation Plan.

Final Products

The final product from each Task Force will be a document of up to 15 pages for each challenge, plus attachments, bibliography, and literature search. The document will be divided into sections, such as: executive summary, statement of purpose, background (including literature review and statement of the problem), goal(s) and objectives, concepts and terminology, indicators and methodologies. The Technical Working Group will agree on a common document format which will be followed for each challenge.

Once the plans are completed, they will then be incorporated into a Federation-wide Vision 2000 monitoring and evaluation protocol. The protocol is to be used by the international and regional offices and FPAs to identify the outcomes (effectiveness and/or impact) of the Federation programmes and projects to implement the Strategic Plan.

The production of each draft evaluation plan, field testing and submission of the final version to the Task Forces and the Core Group is expected to take a year.

VISION 2000 CHALLENGE: UNSAFE ABORTION

FAMILY PLANNING ASSOCIATION OF NEPAL (FPAN)

Project Title: ***The Pregnancy Protection Bill***

1. Contribution to IPPF's Vision 2000

The reality of the dangers of unsafe abortion is recognised by IPPF and identified as the third challenge in its Vision 2000 strategic plan. IPPF and its member associations seek to "take an active role in publicising the nature and extent of the problem, ...advocate sound government policy...and increase the right of access to safe, legal abortion". The role played by FPAN in registering the Pregnancy Protection Bill directly addresses this challenge of Vision 2000, and contributes to the fulfilment of its objectives.

2. Project Milieu

The majority of women in Nepal have limited access to contraception. The rugged terrain of much of the country is a major obstacle and many remote areas remain completely inaccessible by road. The unmet need for contraceptive services in these areas is therefore great. Whilst 88 per cent of women in the mountain and hill districts have heard of contraception, the percentage actually practising is as low as eight per cent in many districts. Many women facing unplanned, unwanted pregnancies resort to abortion; an estimated 11,000 abortions are performed every year.

Nepal has one of the harshest legal attitudes to abortion in the world. Not only is abortion illegal, but women who have had an abortion are charged with infanticide - or attempted murder if it was unsuccessful. Sentences range from 18 months to three years in prison. Seventy per cent of women tried for murder in Nepal are indicted for abortion/infanticide; most are poor women, unable to pay the high fees of private clinics where their "crime" is less likely to be detected. The unhygienic conditions of these unprofessional abortions results in severe morbidity and mortality. For every 1,000 deliveries in Nepal, eight women die of pregnancy-related causes, and as many as half of these deaths may result from unsafe abortion. Abortion is a tremendous risk to the health and liberty of poor Nepali women.

3. Project Implementation

Until recently the public mood strongly opposed open discussion on abortion. A law drafted by the Law Commission in 1975, proposing legalised abortion under certain situations, met with ambivalence among most Nepalese. However, in the course of a case-study for the South Asia Regional Bureau (SARB) carried out in 1995 to ascertain the local appropriateness of the Vision 2000 document, FPAN discovered a new openness. In focus group discussions of sexual and reproductive health, the issue of abortion was raised spontaneously by many in communities concerned at the plight of teenage girls and women who sought illegal abortions and suffered the consequences. FPAN concluded that the public mood was now ready for a renewed attempt to address the abortion question.

At a FPAN workshop in 1996 on the Reproductive Rights of Women, attended by MPs, doctors, lawyers, representatives from women's advocacy groups, and officials from the Ministries of

Health and Population & Environment, participants passed a resolution in favour of legalising abortion in certain conditions: a pregnancy resulting from rape or incest; a severely handicapped foetus; danger to the mother's life; or a pregnancy still in the first trimester.

This evidence that opinion makers in Nepal were ready to consider reforming the abortion law encouraged FPAN to begin drafting a bill to this effect. A hospital- based abortion study and a small study conducted in seven rural districts of Nepal provided baseline data as to the incidence of unsafe abortion in the country, and of complications arising as a result.

In March 1996 FPAN, with support from SARB, contracted a reputable law firm to draft the bill, to be named the Pregnancy Protection Bill, which would legalise abortion under the conditions agreed at the workshop. The lawyers consulted with doctors, government judiciary officials and other opinion makers in the process of drafting the bill, which took two and a half months.

4. Results Achieved

On July 9th, 1996, the FPAN President, a member of the Upper House of Parliament, registered the bill as a private bill in the Upper House. There is still much work to be done to win the support of enough MPs to ensure that the bill is passed, however, and FPAN is working tirelessly towards this end through planned press conferences, television talk shows, newspaper articles and dissemination of documents and other information on abortion in Nepal and elsewhere. The media have been responding very positively and are playing a major role in sensitising the public. The bill will be discussed and voted on in Parliament during the second half of 1996, and FPAN is confident that it will be adopted.

5. Obstacles Overcome and Lessons Learned

The President of FPAN had originally raised the issue of abortion in parliament in early 1994, seeking to persuade the Government to bring out a bill legalising it. That attempt was met with opposition from many parliamentarians unwilling to face up to the problems surrounding the current law. Undeterred, the FPA continued to work to make public the need to reduce the incidence of unsafe abortion. The gradual change in public attitudes towards this issue must in large part be attributed to these efforts.

VISION 2000 CHALLENGE: EMPOWERMENT OF WOMEN

FAMILY PLANNING ASSOCIATION OF KENYA (FPAK)

Project Title: ***Options for Improving the Status of Women***

1. Contribution to IPPF's Vision 2000

The project is consistent with Vision 2000 in that it works actively for equal rights for women to enable them to exercise control over their own reproductive and sexual health choices. More specifically, the project aims to eliminate, or at least to minimise, the incidence of Female Genital Mutilation (FGM), commonly known as female circumcision, in the Nyambene district of the Eastern province of Kenya and to encourage later marriage in Kilifi district in the Coastal province.

Introduction

International Planned Parenthood Federation (IPPF)

IPPF
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Zambia has one of the most liberal abortion laws on the African continent, safe abortion services are still largely inaccessible to women choosing to have an abortion who still have to rely on the consent and decision of three doctors.

f. The supply of contraceptives does not satisfy demand, and the policy requirement in many countries that contraceptives be given only on prescription further lowers this accessibility.

The study concluded with concrete recommendations calling on governments to review and amend existing legislation to respond to women's reproductive health concerns and give women the legal authority to exercise their rights by:

- Providing an enabling environment for the full enjoyment of sexual and reproductive health through an appropriate legal framework.
- Prioritizing access to information on sexual and reproductive health, among others.
- Addressing the dual nature of the law that creates confusion and tension - removing customary and religious laws which subordinate women and codifying customary law rather then leaving it unwritten.
- Addressing the issue of unsafe abortion from a legal, political, economic and health perspective so as to put the final decision in the hands of the woman at risk.

Sexual and Reproductive Health

In accordance with both *Vision 2000* and the ICPD Programme of Action, FPAs implemented numerous activities and drew up their own strategies and programmes to help people to lead socially and economically productive lives and to take control of their own destinies.

In Eritrea, the Planned Parenthood Association of Eritrea has been involved with the National Union of Eritrean Women, in training TBAs to provide reproductive health services.

In Cameroon, recently introduced pap smear and breast examination services at the FPA were provided to 84 and 253 women respectively, in addition to contraceptive and counselling/health education services. The FPA, CAMNAFAW, hopes to acquire STD screening equipment and encourage more adolescents to visit the clinic.

In Sierra Leone, where most tribes practice female genital mutilation, the FPA has been working with other NGOs to sensitise and raise awareness among leaders, traditional practitioners, religious groups, teachers and young people on the harmful effects of these practices.

Unsafe Abortion

Sexual activity among adolescents is very common in Africa, as are early marriages. A study conducted in Eastern Uganda among adolescent mothers indicates that 70 per cent had their first sexual experience before the age of 14. Most adolescent pregnancies are unwanted, giving rise to high numbers of backstreet abortions (unsafe abortions) with all the attendant risks and consequences. Following the unsafe abortion conference held in Mauritius in 1994, a number

IPPF affiliate Family Planning Association

of the 20 participating countries, including Tanzania, have commenced implementation of their country action plans to reduce the rate of maternal mortality and morbidity linked to unsafe abortion. In Mauritius activities by the Association have led to greater awareness within the Government of the seriousness of the problem; a parliamentarian has tabled a motion for the legalisation of abortion in cases of incest and rape and the Government has included within the National Development Plan an undertaking of action which would lead to the elimination of unsafe abortion.

Empowerment of Women

"In the village, you must wake up very early in the morning (4 or 4.30am) if you want to finish all the work in time. I must prepare breakfast for the family, then prepare the children for school. As soon as I finish with the children, I take the livestock out to eat and it is only after that that I go down to the fields with my husband. Sometimes when I am too tired, I call on other villagers to help my husband" - such is the life of Rosoamalala Berthine, a Malagasy woman with four children, who makes her living from agriculture (rice and cassava) and livestock rearing (cattle, pigs, chickens).

The FPA of Madagascar, Fianakaviana Sambatra (FISA) having set up a women's Task Force in 1993, has been working with rural women to identify obstacles in family planning, leadership and initiative, finding solutions to these obstacles and implementing programmes to enable women to play a full role in society. FISA has provided leadership training and information to its members. Information has focused on family health, highlighting disease prevention. To meet the costs of these activities, the Task Force has raised funds by developing brochures, organising dinner concerts, dressmaking workshops, sales exhibitions and fabric sales.

By April 1995, 19 FPAs had established National Women's Advisory Panels to work under the guidance of the Regional Women's Advisory Panel (established in 1993) to take forward the strategic objective of empowering the African woman. The national panels have been providing guidance to the FPAs on interventions to ensure integration of gender sensitisation and activities to empower women in the FPA programme. National Women's Advisory Panels have been established in Benin, Burkina Faso, Cameroon, Chad, Central African Republic, Congo, The Gambia, Ghana, Guinea Bissau, Guinea Conakry, Madagascar, Mali, Mauritius, Senegal, Sierra Leone, Swaziland, Uganda, Zambia and Zimbabwe. These panels are involved in a range of activities for women's empowerment, such as building networks and collaborating with other NGOs, reviewing regulations governing reproductive health rights, holding workshops, seminars and encounters with grassroots women, and reviewing women's position in decision-making in the FPA.

The Regional Women's Advisory Panel for its part in 1994 was involved with an IPPF/AR delegation on the health task force at the Dakar NGO Forum of the Preparatory Conference for the Fourth World Conference on Women. The delegation also contributed to the NGO Forum Draft Platform of Action. The panel further coordinated preparatory activities for the Beijing meeting. These activities, which included analysis of gender equality and equity advancement in the region, culminated in an orientation workshop in June 1995, for the Africa Region delegation to the NGO Forum and the Beijing Conference.

The gender analysis indicated that although men still occupied most of the decision-making positions, there had been an overall improvement in gender equity among both staff and volunteers.

Unsafe Abortion

Abortion-related studies, particularly on the extent and circumstances of pregnancy wastage and termination of pregnancy, will be undertaken in Malaysia with the aim of addressing family planning and maternal health needs of women. In Thailand, PPAT is providing safe quality services for low income groups. Emphasis is placed on a client-centred approach with a strong counselling component.

PPAT = Planned Parenthood Association of Thailand

Empowerment of Women

Activities are undertaken for women in slums, estates, plantations and rural under-served areas of Malaysia to raise their awareness on reproductive health and to promote their development in the social, cultural and economic spheres. FFPAM's women's development sub-committee is currently working on a policy paper on gender equity for review by their Executive Council and approval at the Biennial Delegates Conference in 1995. In conjunction with this development, FFPAM is going through the process of defining in operational terms and within the context of Malaysia concepts such as women's empowerment, women's development, male participation, and reproductive health and rights for women. It is hoped that this will help the FPA sharpen its programme focus for women.

In 1994, IPPA imparted knowledge on women's reproductive health and rights to selected grassroots women in Indonesia, especially those from low-income families with a medium level of education.

Youth

Family Life Education (FLE) and training activities for youth and teacher trainers in Malaysia have focused mainly on family planning and responsible living. Target groups include in-school youths, factory workers and youth with disabilities, both in urban and rural areas. In 1995, FFPAM will introduce its peer counselling programme, update its FLE curriculum and produce a series of handbooks in various languages for wider dissemination and use for young people. In view of the conservative social climate in the country, FFPAM considers that it is important to respond to current social problems among the youth that have to do with sexual behaviour and lack of information on sexuality and reproductive health.

PPAT is the only NGO in Thailand addressing the needs of youth in private schools and it has developed a teachers' manual for teaching skills to prevent HIV/AIDS. Presently its efforts are shifting to industrial workers and youth in slum areas.

IPPA scored a success in 1994 by gaining recognition from the Department of Education and Culture for introducing FLE to schools and universities. The FLE is integrated with skills training and is found to be more effective. Telephone counselling services provided to youths at the Youth Centres of IPPA have been very successful; face-to-face counselling is less popular, largely due to embarrassment on the part of youth to discuss such matters openly. Youth in slums, especially in East Java, were given information and testing on HIV/AIDS. Set up under the Vision 2000 Fund, Lentera reached out to high-school and college youth through workshops and telephone hotlines. Youths at risk, including female and transvestite sex workers, gay men and tour guides, were also reached by this project. Lentera youth programmes have become a model

production of a booklet in local languages. Each programme and booklet is being produced by local people, with substantial input from the FPAs. Each FPA will also be able to re-use the programmes in their own educational and advocacy activities.

Unsafe Abortion

Throughout the Region up to 20-50 per cent of maternal deaths are estimated to result from complications from unsafe abortions, which are believed to number five million per year. Abortion is illegal or severely restricted in all South Asian countries except India, although early menstrual regulation is permissible in Bangladesh.

In this context, current activity combating unsafe abortion in Nepal, Pakistan and Sri Lanka is limited to advocacy, counselling and research. The FPAs of Bangladesh and India provide safe menstrual regulation and abortion services, respectively, as well as counselling and post-abortion contraception services. In India, post-abortion care has resulted in 97 per cent of women selecting a contraceptive method after the procedure.

In the face of the highly restrictive regional situation, the Region is actively seeking ways in which the FPAs can address and prevent the tragedy of unsafe abortion. The Regional Programme Committee, supported by the SAR Women's Task Force, is undertaking an exercise with the FPAs to identify starting points for strengthening advocacy, research and the provision of post-abortion care.

The FPA of Nepal has initiated efforts aimed at liberalizing abortion law, with the involvement of senior volunteers who are members of Parliament. The FPA of Sri Lanka's recent research into attitudes towards abortion was a major factor in the successful lobbying of the Government to change the law to permit abortion for victims of rape and incest in 1994, a major step forward for the Region. The FPA is continuing to push for further liberalization.

Empowerment of Women

FPA = Family Planning Association

The low status of girls and women in South Asia impacts heavily on all aspects of their lives. Discrimination in food allocation and health care, along with early and frequent childbearing, results in lower life expectancy for females than males in all countries except Sri Lanka. Although women spend more time actually working than men, they have very little control over resources, leaving them dependent on brothers and husbands and limiting their life choices.

In addition to providing reproductive choice for women in the region, SAR FPAs are increasingly ensuring women's involvement in the development and implementation of projects, as well as at policy-making levels within the FPAs. New community participatory strategies strive to include equal representation of men and women at all decision-making levels and to increase collaboration with local women's groups. For example, the FPA of Pakistan's 'Women in Development' project supports grassroots women's groups in the development and management of their own income-generating and educational activities, such as development projects, handicraft skills, primary health care skills and literacy training. The FPA's Girl Child project provides girls and young women with information on nutrition, sanitation and other subjects to improve their standard of living, and informs them of their rights and of the benefits of education and skills. These workshops have already succeeded in improving attitudes towards females in the girls' families and communities. All FPAs facilitate the empowerment of women through

Contraceptive Retail Sales revenue increased by 12 per cent and its network expanded. Depo Provera sales were introduced through private practitioners, supported by five training workshops covering 140 medical officers in five regions. The programme recovered 89 per cent of its costs in 1994.

The FPA's sexual and reproductive health education project, which expanded from four to eight districts in 1994, reached 103,000 in and out-of-school youth through 1,041 programmes in 990 colleges. Special programmes for youth at risk reached 1,250 young male sex workers around tourist resorts, hotel employees and prison inmates. The FPA's advocacy and IEC activities were very successful in 1994. FPASL produced films on 'How to Wear a Condom' and on 'Oral Pills', which are shown in all its adult programmes. Its feature film 'Yuwathipathi', about a young married couple dealing with sexual health problems, was released to critical and popular acclaim, and will run in cinemas for three years.

ASSESSMENT OF FPA'S IMPACT

As free family planning services are well established within the government sector, the FPA continues to shift its focus and strengthen its role in IEC, education and advocacy. It continues to provide quality, comprehensive family planning and reproductive health services at two clinics, but the majority of its contraceptive provision occurs through contraceptive retail sales and community-based distribution nation-wide, with 90 per cent of its CYP achieved through these non-clinical outlets. Meanwhile, visits for counselling and advice increased by 13 per cent over 1993 and now constitute the majority (64 per cent) of all clinical visits.

The FPA has been very successful in strengthening its provision of family planning and reproductive health education, one of its major strategic goals. As described above, its Sexual and Reproductive Health Education project has gained considerable support from the Government which has asked the FPA to train state school teachers to provide sex education themselves. The FPA trained 200 teachers in 1994 (reduced from the programmed 400 due to election disturbances).

The FPA is also focusing on advocacy for family planning and the liberalization of abortion law, which until 1994 was the strictest in South Asia. In 1994, following pressure from the FPA's Medical Committee, the Government approved abortion for victims of rape and incest; the FPA continues to press for the legalization of abortion in cases of fetal malformation and contraceptive failure.

To support its educational and advocacy efforts, the FPA opened a new Family Health Research Centre for clinical and non-clinical studies in family planning and reproductive health.

Family Planning Association of Sri Lanka
(FPASL)

The Uruguayan Family Planning Association (AUPF)

FPA STRENGTHS AND WEAKNESSES

Strengths:

AUPF has wide coverage of family planning services throughout the country. The FPA has services in all major cities and has a network of nearly 90 clinics.

The high quality services offered by the FPA have led to a steady flow of contented clients.

Uruguay is not a priority for donors, but AUPF has had remarkable success in increasing its local income. Since 1991, AUPF has managed to generate locally more than 55 per cent of its entire budget.

Free time on television and radio is given to the FPA on a regular basis. Newspapers, radio and television stations are generally on good terms with the FPA.

Weaknesses:

AUPF has few national or international donors since most donors do not see Uruguay as a high priority.

AUPF needs to improve its relations with other NGOs working in reproductive health.

AUPF also needs to improve its relations with certain government offices such as the Office of Planning and Budget. This would improve the chances of UNFPA funding coming into Uruguay.

PROGRAMME PERFORMANCE IN 1994

In 1994, AUPF launched its new commercial venture called "Producton", which included the marketing and distribution of condoms, gloves, IUDs, and pregnancy kits. Points of sale included kiosks, small retail stores, supermarkets, and service stations. This project represents a victory over the pharmacist lobby groups in the Congress who have been against the sale of family planning methods over the counter. Due to the persistence of the FPA and, with the support of a group of congressmen and a certain group within the Ministry of Health, the Government is allowing (on a pilot basis) the over-the-counter sale of some contraceptives. Preliminary results are encouraging, with good sales reported so far.

The adjustment of the phase-out of USAID funding included the evaluation of each AUPF project for impact, cost, and potential. The performance of all clinics was evaluated, resulting in the relocation of the Canelones clinic to an area with greater needs and population (Lagomar) within the same department. The clinic in Florida was closed and a new one opened in Maldonado.

Under the project "Motivation of Leadership," AUPF held several meetings with parliamentarians from different political parties interested in promoting a law to legalize abortion. It is likely that a new attempt to liberalize the abortion law may succeed before the end of 1995.

In addition, the FPA is going to have to realign some of its services in the coming years, given its new private commercial venture and some new government programmes. The National AIDS programme distributes condoms free of charge and the government-owned hospitals and health posts have recently added gynaecology to their services. Consequently the FPA has lost some

users in the past year and this is an issue of concern. The FPA has begun carrying out workshops on quality of care and conducting site visits to all its clinics in order to seek alternative ways to increase the demand for services.

ASSESSMENT OF FPA'S IMPACT

AUPF continues to maintain its niche as the only NGO in the country with services aimed at the lower socio-economic groups and to adolescents. Their work in educating these groups in reproductive health remains important. Also, the FPA's work to liberalize government laws on over-the-counter sales and on abortion plays an important role in Uruguay's reproductive freedom.

INTERNATIONAL PROGRAMME ADVISORY PANEL (IPAP)

Two meetings of IPAP have been held in the past year, on 12-14 October 1994 and on 11-13 April 1995.

Quality of Care

At the October 1994 meeting, following a joint working session with members of IPAP, IWAP and IMAP, a joint statement on quality of care was finalised and presented to Central Council. It will be circulated to Regional Councils in 1995 for their views, and reviewed by IPAP in the autumn.

Abortion

Abortion was discussed at both meetings. The October meeting recommended that a discussion paper be prepared and this was discussed at the April meeting. The need to clarify the fact that IPPF was not 'pro-abortion' but 'pro-choice' was emphasised by the Panel. Family planning, it was underlined, was a basic human right. Couples should have full access to services in order to enable them to prevent abortion, but where method failure occurred or supplies were unavailable, a safe and humane back-up method was *also* necessary. The range of activities that could be carried out at country, regional and international levels were debated at some length, together with the possibilities for action in very different legal settings. While the nature of the action open to FPAs would vary considerably in those countries where abortion was available on request/partially available or restricted it was stated, *something* could be done, in each and every situation. Members recommended that where it was suspected that abortion was likely to be made illegal/or delegalized in a country, FPAs should act immediately to raise awareness and, with IPPF regional and international support, lobby where possible to prevent this from occurring. IPAP's comments on the background paper, it was agreed, would be incorporated into a revised edition and shared with the Chairs of the other IPPF Panels.

Reproductive Health Services for Refugees

At the October meeting the issue of responding to the family planning needs of refugees and displaced persons was discussed at the request of Central Council. The Panel recognized that working with refugees was complex, expensive and likely to be fraught with political difficulties and agreed that FPAs should decide for themselves whether they had the infrastructure to enable them to do this. At the subsequent April meeting, the Panel was updated on IPPF's involvement with the 'United Nations Inter-agency Symposium on Reproductive Health in Refugee Situations', scheduled for 28-30 June 1995 in Geneva. The primary aim of the Symposium, it was explained, was to facilitate co-operation and co-ordination between potential partners and to develop a technical guidance manual for implementing agencies. It was suggested that this practical, refugee-specific tool, would be an invaluable resource for IPPF, when it came to developing programmatic guidelines for FPAs. The Panel agreed that a 1-2 page paper laying down some IPPF policy guidelines for the provision of reproductive health services for refugees would be produced for discussion at the next IPAP meeting and transmission to the IPPF Central Council.

2ND STORY of Level 1 printed in FULL format.

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February 27, 1989, Monday, Late City Final Edition

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LENGTH: 1024 words

HEADLINE: Abortion-Aid Cutoff Still Being Judged

BYLINE: By TAMAR LEWIN

BODY:

Family-planning groups predicted a dramatic rise in unwanted births and unsafe abortions abroad when the United States announced in 1984 that the American agency that administers foreign aid abroad would not finance projects abroad that promoted abortions. But five years later, even the most fervent opponents of the policy say its impact is difficult to gauge.

Only one group, the International Planned Parenthood Federation, has actually lost its money from the Agency for International Development, and the $12 million the federation received in 1984 was quickly made up by donations from other other sources.

For 10 years before the policy change, Congress prohibited the use of the agency's money to pay for abortions, but groups that received separate financing for abortions could continue to receive A.I.D. money for other activities.

Under the policy change, groups that receive funds from the A.I.D. agency must agree that neither they nor the projects they support will perform abortions, refer or counsel for abortion, or lobby for less restrictive abortion laws.

Some Changes Are Subtle

Abortion is illegal in most third world countries, so activities promoting abortion were never a large part of the A.I.D. agency's work. But those who work with family planning groups overseas say the five-year-old policy has contributed to more subtle problems: a silence about unsafe abortions; a lack of information about the number of women maimed or killed as a result of clandestine abortions; a reluctance to train technicians who work in family planning clinics, helping handle unwanted pregnancies and botched abortions, and a near halt in the liberalization of abortion laws in third world countries.

The World Health Organization, a specialized United Nations agency, has estimated that 125,000 to 200,000 women worldwide die every year because of complications from abortions, and many health experts say that the numbers are rising as women in the third world become aware of the advantages of smaller families.

Family planning experts say abortion complications account for about 20 percent of maternal deaths in third world countries, about the same proportion as in the United States before abortion was legalized, at which point abortion-related deaths droppd to less than 2 percent of maternal mortalities.

'It Is a Terrible Situation'

Dan Weintraub, the vice president for international programs of the Planned Parenthood Federation of America, said: ''There is a disagreement about the actual number of deaths in third world countries each year from incomplete abortions and no way of finding exact data. But whether it's 300 women dying every day or 1,000 women dying every day, it is a terrible situation.''

Mr. Weintraub's group and other family planning organizations have filed lawsuits challenging the American policy as an unconstitutional infringement on free speech. The suits are pending in Federal courts in New York and Washington. Planned Parenthood is also waging an advertising campaign to persuade President Bush to change the policy.

Deploring the lack of information being gathered about abortions, Joan Dunlop, president of the International Women's Health Coalition, said, ''There has been self-censorship in many countries that has led to a loss of communication between the established family planing organizations and the abortion providers they used to provide referrals to.'' And she said there has also been ''a widespread reluctance to gather data on abortion or to study abortion for fear that it will lead to ostracism.''

'The Bodies Are Piling Up'

Deborah Maine, a maternal mortality expert at the Columbia University School of Public Health. said the policy's effect on unsafe abortions was unclear. ''But you can say,'' she said, ''that one out of every 60 adult women in Addis Ababa is going to die as a result of an induced abortion, and because of the policy, we are not doing anything to help remedy that. We don't have the data on sins of commission, but we know the bodies are piling up, and the sins of omission are serious.''

Some experts say the concern over losing A.I.D. financing led some family planning clinics to stop treating women who arrived with severe bleeding or infection after a self-induced abortion.

In Bangladesh, where early abortion is legal under the guise of ''menstrual regulation,'' Dr. Sharon Camp, vice president of the Population Crisis Committee, reported finding an organization that not only stopped performing early abortions in 1985, but now turns away women suffering the after-effects of self-induced abortion, even when they might die without medical treatment.

'The Topic Is Off-Limits'

In many countries people now receiving training as technicians in family-planning clinics are often given no information at all on how to handle complications from abortions.

Elizabeth Coit, a senior program officer at the International Women's Health Coalition, said, ''The topic is off-limits, even though it's so much a part of the reality of women's lives that people in Ivory Coast even have a phrase that would translate to 'two-practitioner procedure,' which means that someone starts the abortion and gets you to the point where you're in bad enough shape so you have to go somewhere else to get medical help.''

A paper published last summer by the Population Council, a New York-based group concerned with population growth, said that Kenyatta National Hospital in Nairobi, Kenya, and Mama Yemo Hospital in Kinshasa, Zaire, which each reported 2,000 to 3,000 admissions a year for complications from abortions in the late 1970's and early 1980's, now report a five-fold increase. And a 1986 study of maternal mortality in Addis Ababa disclosed that 54 percent of all maternal deaths were related to abortions.

The Pan American Health Organization said that abortion is now the leading cause of pregnancy-related deaths in Latin America. Health experts estimate that although abortion is illegal in Latin America, with the exception of Cuba, about 20 to 25 percent of all pregnancies are deliberately aborted.

LANGUAGE: ENGLISH

Against Mexico City Policy

Abortion and Speech

To the Editor:

Representative Chris Smith's bill to deny United States aid to any foreign group that provides, with its own money, abortions and abortion counseling or that lobbies for changes in abortion law shackles more than family planning services; it also shackles the democratic process ("Shackling Family Planning Abroad," editorial, Sept. 4).

In more than half of the 60 countries that receive United States family planning money, abortion is illegal; where abortion is illegal, however, there should be open dialogue about the health effects of abortion laws.

Increased democratic participation has led to the softening of laws restricting abortion in many countries that receive United States aid, including Peru, Romania and South Africa.

It is also misguided to deny United States aid to those foreign groups that spend their own money to provide abortion information to democratic parliaments that need it for lawmaking. The Smith legislation would stifle the speech of such groups, which are working to save women's health, in a way that United States law forbids with respect to American organizations.

JANET BENSHOOF
President, Center
for Reproductive Law and Policy
New York, Sept. 4, 1997

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← pro-abortion