



Global Gag Rule: A Flawed Policy That Sacrifices Women's Lives

On January 23, 2009, during his first week in office, President Barack Obama repealed the global gag rule,¹ a policy that prohibited the U.S. Agency for International Development (USAID) from granting family-planning funds to any overseas health center unless it agreed not to use its own, private, non-U.S. funds for: (1) abortion services, (2) abortion-related advocacy, or (3) abortion counseling or referrals. The policy effectively blocked funds from organizations that provide family-planning services, as well as other critical health services, to some of the poorest women in the world.

History of the Global Gag Rule

The global gag rule, also known as the "Mexico City policy," was first imposed by the Reagan administration.² The policy was introduced in 1984 and carried through the end of the first Bush administration. Upon taking office in 1993, President Clinton signed an executive order repealing the policy.³ However, by 1999, after years of fighting to reinstate the global gag rule, anti-choice lawmakers forced President Clinton to reinstate the policy by linking it to the release of nearly \$1 billion in U.S. back dues to the United Nations.⁴ This marked the first time the global gag rule was written into law. President Clinton vowed that the provision would not be extended beyond the one-year duration of the funding bill.⁵

In October 2000, the House and Senate passed a final FY'01 foreign-aid bill that repealed the global gag rule but postponed the release of any FY'01 funds until February 15, 2001 – effectively leaving the fate of the global gag rule in the hands of the next president.⁶ On January 22, 2001, the first business day of the new administration, President George W. Bush reimposed the policy by executive memo. The global gag rule remained in effect for eight years, until President Obama rescinded it.⁷

The Global Gag Rule is Flawed Policy

- Since at least 1973, no taxpayer dollars have been spent to provide or "promote" abortion services overseas. The Helms amendment to the Foreign Operations appropriations bill, renewed annually by Congress, explicitly forbids such activities,⁸ and no violation of this law has been reported.
- Many of the clinics subjected to the global gag rule provide a wide range of family-planning services, not just abortion services. Access to international family-planning services is one of the most effective means of reducing the need for abortion. Anti-choice members of Congress say that they are in favor of reducing the number of abortions, but restricting funds to health centers that provide safe and effective family-planning services can only lead to more, not fewer, abortions. Voluntary family

planning can also prevent maternal and child deaths, unintended pregnancies, unsafe abortions, and the spread of HIV/AIDS and other sexually transmitted infections.

- A 2011 Stanford University study found that following the reinstatement of the global gag rule by the Bush administration in 2001, abortion rates rose by 2.5 times in countries that were most reliant on U.S. foreign assistance as compared to countries with lower levels of U.S. involvement in their health programs.⁹
- Women in developing countries want to plan the number and spacing of their children, a goal that leads to healthier mothers and children. However, limited access to family planning results in higher rates of unintended and high-risk pregnancy, unsafe abortion, and maternal deaths.
- The World Health Organization estimates that more than half a million women – more than one woman every minute – die each year from pregnancy- or childbirth-related causes. Ninety-nine percent of these women live in developing countries.¹⁰
- Among adolescents, lack of access to contraception and its consequences is particularly severe. A 2004 report found that complications from pregnancy and childbirth are the leading cause of death for teenage girls in the developing world.¹¹ An estimated 70,000 adolescent mothers – and more than 1 million infants – die each year because they are not physically ready for childbearing.¹² Yet only 17 percent of sexually active adolescents in developing nations use any form of contraception.¹³
- The global gag rule not only dictated how health centers spend their private, non-U.S. funds, it prohibited organizations from engaging in the democratic process – a restriction that would be unconstitutional in the United States.

Recent Congressional and Executive Action

FY'11

- February 1, 2010: President Obama proposes \$666 million in funding for the U.S. Agency for International Development (USAID) population-assistance program in his FY'11 budget request – a \$73 million increase from the FY'10 funding level.
- June 30, 2010: House Appropriations Subcommittee on State, Foreign Operations passes the FY'11 spending bill. The bill includes \$675 million in funding for the USAID population-assistance program, a \$82 million increase from the FY'10 funding level and a \$9 million increase from the president's FY'11 request.
- July 29, 2010: Senate Appropriations Committee passes the FY'11 spending bill. The bill includes \$645 million for the USAID population-assistance program. In addition, the committee approves, in a 19-11 vote, an amendment offered by Sen. Frank Lautenberg (D-NJ) stating that no restrictions may be placed on a USAID grant solely based on any legal health services that a facility provides, as long as they would also be legal in the United States. The amendment would, in effect, block a future global gag rule from

being imposed.

- February 19, 2011: House passes a spending bill intended to fund government programs through the end of the fiscal year; the legislation reinstates the global gag rule. The bill fails in the Senate, and Congress passes several short-term continuing resolutions over the next several months to avert a government shutdown.
- April 14, 2011: House and Senate pass a continuing resolution for the remainder of FY'11. The bill includes \$575 million for the USAID population-assistance program, a cut of \$18 million from FY'10 levels and well below numbers proposed by both chambers earlier in the year.
- April 15, 2011: President Obama signs the bill into law. P.L. 112-10.¹⁴

FY'12

- February 14, 2011: President Obama proposes \$722 million for the USAID population-assistance program in his FY'12 budget request – a \$56 million increase from his FY'11 recommendation and \$147 million more than the final amount appropriated for FY'11.
- July 27, 2011: House Appropriations Subcommittee on State, Foreign Operations passes the FY'12 spending bill. The bill includes \$461 million for the USAID population-assistance program, a cut of \$114 million from the FY'11 level and a full \$261 million below the president's FY'12 request. The bill also proposes reinstating the global gag rule.
- September 21, 2011: Senate Appropriations Committee passes the FY'12 spending bill. The bill includes \$660 million for the USAID population-assistance program, a \$85 million increase from the FY'11 level. In addition, the committee approves, in a 18-12 vote, an amendment offered by Sen. Frank Lautenberg (D-NJ) that would, in effect, block a future global gag rule from being imposed.

January 1, 2012

Notes:

¹ White House, *Memorandum for the Secretary of State and for the Administrator of the Agency for International Development: Mexico City Policy and Assistance for Voluntary Population Planning*(January 23, 2009) at http://www.whitehouse.gov/the_press_office/MexicoCityPolicy-VoluntaryPopulationPlanning/ (last visited Oct. 26, 2011).

² *U.S. Policy Statement for the International Conference on Population*, 10 POPULATION AND DEVELOPMENT REVIEW 574, 578 n. 3 (1984).

³ Press Release, White House, *Memorandum for the Acting Administrator of the Agency for International Development: AID Family Planning Grants/Mexico City Policy* (January 22, 1993).

⁴ P.L.106-113, 106th Cong. (1999).

The global gag rule that was in effect from November 1999 until October 2000 differed from the original Reagan/Bush era policy in two respects. First, the 1999-2000 global gag rule did not include a ban on health centers' ability to counsel or refer patients to legal abortion services elsewhere. Second, the policy allowed a small percentage of funds – a mere \$15 million, representing less than four percent of the entire USAID family-planning account – to be made available to organizations that declined to accept the policy's restrictions on the use of private funds. However, once the president invoked the waiver, which he did soon after the bill was signed into law, \$12.5 million immediately would be transferred from the family-planning program to the USAID child survival account.

Further complicating matters, these groups were forced to “certify” as a waiver group, effectively identifying and segregating them from other organizations that accepted the restrictions. Non-governmental organizations and pro-choice advocates feared these groups would be exposed to anti-choice violence and harassment. Interestingly, anti-choice Sen. Jesse Helms (R-NC) repeatedly requested the names of the “waiver” groups, dismissing USAID's concerns about confidentiality and safety.

⁵ *Congress Pays U.N. With Women's Lives*, Toronto Star, Nov. 21, 1999.

⁶ P.L.106-429, 106th Cong. (2000).

⁷ White House, *Memorandum for the Secretary of State and for the Administrator of the Agency for International Development: Mexico City Policy and Assistance for Voluntary Population Planning* (January 23, 2009) at http://www.whitehouse.gov/the_press_office/MexicoCityPolicy-VoluntaryPopulationPlanning/ (last visited Oct. 26, 2011).

⁸ 22 U.S.C. §2151b-f1.

⁹ Eran Bendavid, et. al, *United States Aid Policy and Induced Abortion in Sub-Saharan Africa*, BULLETIN OF THE WORLD HEALTH ORGANIZATION (Sept. 2011) at 1 at <http://www.who.int/bulletin/11-091660.pdf>

¹⁰ Mathai, Matthews, *Reviewing Maternal Deaths and Complications to Make Pregnancy and Childbirth Safer*, 9 REGIONAL HEALTH FORUM 27, 27 (2005).

¹¹ Press Release, Save the Children, *Pregnancy and Childbirth the leading cause of death for teen girls in the developing world* (May 5, 2004).

¹² Press Release, Save the Children, *Pregnancy and Childbirth the leading cause of death for teen girls in the developing world* (May 5, 2004).

¹³ UNFPA Interactive Population Center, *Women's Empowerment and Reproductive Health: Links Throughout the Life Cycle: Adolescence and the Transition to Adulthood*, at <http://web.unfpa.org/intercenter/cycle/adolescence.htm> (last visited Oct. 26, 2011).

¹⁴ P.L. 112-10, 112th Cong. (2011) at <http://thomas.loc.gov/cgi-bin/query/z?c112:H.R.1473.ENR/> (last visited Oct. 26, 2011).