

# Study notes “devastating ramifications” of Trump’s anti-abortion “global gag rule”

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A new report cites the devastating impact of the Trump administration’s “Protecting Life in Global Health Assistance” policy. In January 2017 Trump instituted his version of the so-called Mexico City Policy, otherwise known by its critics as the “global gag rule,” or GGR, which essentially blocks US federal funding for international organizations that provide counseling, referrals or services for abortion in low-income nations.

The report, “Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018,” was released Tuesday by the Center for Health and Gender Equity (CHANGE). CHANGE President Serra Sippel wrote in a letter accompanying the report that Trump’s expanded policy “has had immediate, direct, and potentially devastating ramifications, not only for women’s health, but for all health services for women, men and children.”

The policy, which applies to \$9 billion in funds appropriated to multiple government agencies, is having the effect of shutting down funding to some nongovernmental organizations that served as the sole source of health care in developing countries especially hard hit by sexually transmitted diseases and unintended pregnancies.

Rather than limiting abortions, the policy will have the effect of increasing unsafe abortions as well as reducing access to contraceptives, wellness checkups and treatments for deadly diseases.

President Ronald Reagan originally imposed the gag rule in 1984 at the international conference on population in Mexico City. The policy dictates that all non-governmental organizations operating abroad who wish to receive federal funding from the US must refrain from performing, advising on or endorsing abortion as a method of family planning. Since Reagan imposed the policy, support for it has followed party lines. It was rescinded in 1993 by Bill Clinton, reinstated by George W. Bush in 2001, to be rescinded again by the Obama administration in 2009.

International organizations affected by the GGR are left in a predicament as future US administrations’ hostility to family planning leads to reluctance on the part of non-governmental organizations to enter into an agreement with the US, as they may be deemed ineligible for funding in the future.

## **Lack of access to contraception**

It is estimated that 225 million women worldwide want access to modern contraception, but lack the means to obtain it. There are 56 million annual abortions globally, and nearly half pose some threat to

the health or life of the woman. The majority of unsafe abortions are performed in low-income nations in Africa, Asia, and Latin America. According to Unparalleled Leadership and Impact (PAI), “No other donor can match the US’s longstanding leadership and technical expertise on family planning to easily fill the void left by the withdrawal of and restrictions on US assistance.”

In 1973, the Helms amendment to the Foreign Assistance Act banned all US assistance and funds for abortion services. The imposition of the GGR policy further restricted private organizations in other countries from engaging in discourse on public policy on the issue of abortions even though such actions would be considered legal in their country. Even if their country allowed for family planning assistance and permitted abortion referrals and services, the gag rule demands that these organizations abide by the restrictive US policies if they choose to accept US funds. Where previously non-US funds could be used to pay for such services, the Mexico City Policy prohibits such distinctions.

Such services are often needed in the poorest countries where access to health care and gynecologic services is most dire. Loss of funding leads to closure of family planning clinics, a cutback in services that can be provided, and an increase in fees for services and contraception. This inevitably leads to the rise in clandestine cottage abortion clinics, with the rise in procedural complications such as septic abortions, hemorrhage and a host of complications and sometimes death. Approximately 22,000 women die each year from complications of unsafe abortions. Over 8 million women suffer from injury or illness associated with the procedure.

Loss of services also impacts the broader need to educate the public on global health issues such as HIV/AIDS prevention, STD prevention, avoiding high-risk behaviors, and administering STD and cancer screenings and their treatment.

It has been estimated that providing contraception to 225 million women can prevent 52 million unintended pregnancies as well as 70,000 deaths. Family services can provide millions of women the necessary prenatal services, education and care, as well as train attendants to the pregnancies with necessary skills to make pregnancy and childbirth safer.

The Trump administration’s application of the gag rule has expanded the devastating impact to most US bilateral global health assistance, including funding for HIV under the US President’s Emergency Plan for AIDS Relief (PEPFAR), maternal and child health, malaria, tuberculosis and neglected tropical diseases, nutrition and other programs. This amounts to \$7.7 billion of potential funds in 2018, according to the Kaiser Family Foundation. Family planning accounts for only \$600 million of that total.

## Rise in unsafe abortions

The obvious impact of such a policy is that cuts to family planning services will raise abortion rates and the unintended consequences of unsafe practices in makeshift backroom abortion clinics and local remedies. Behind such policy measures are not the pious moral perspectives of pro-life and Christian values, but politically motivated coercion to suppress democratic rights in these countries and force them to acquiesce to US demands. The GDP of countries like Kenya, Uganda, and Ethiopia has more than quadrupled since 2000, but poverty and access to health care remain an urgent concern.

The World Health Organization reported in 2008 that Eastern and Middle Africa had the highest global rates of unsafe abortions, at 36 per 1,000 reproductive-aged women. These affect the poorest in these regions like Kibera, considered the largest slum in Nairobi and the largest urban slum in Africa.

Despite the 2009 Kenyan Housing Census report estimating the population in Kibera at 170,070, more accurate estimates place the population at 500,000 to 1 million. The United Nations states that 40 to 50 percent of Kenyans, approximately 16 million people, live in slums.

The World Bank estimates that Kenya's economy will grow 5.5 percent this year given the improved weather and decreased political risk providing improved business sentiments. However, higher oil prices, decreased investments in infrastructure building and weak credit growth curtail the optimism of investors.

These national developments, occurring within the broader context of global economic pressures, qualitatively impact the life of the people within these nations. From this perspective, a study published by Stanford University School of Medicine titled "A United States aid policy and induced abortion in sub-Saharan Africa in 2011," which looks at the impact of the Mexico City Policy on sub-Saharan African women, is revealing.

The study estimated the annual induced abortion rate in 20 sub-Saharan countries between 1994 and 2001 and then compared it to the period 2001 to 2008, after Bush reinstated the Mexico City Policy in 2001. They saw a significant increase in abortion rates from 10.4 to 14.5 per 10,000 woman-years. In countries that were more dependent on USAID disbursements, the rates of induced abortions were much lower from 1994-2001 than in those that did not use these funds. However, after 2001, the rates of induced abortion increased two to three times over in countries dependent on these funds, exceeding those countries not relying as much on USAID.

Modern contraceptive use, such as injectables, implants, Intrauterine Devices (IUD) and oral contraceptives, leveled off in the dependent nations. The authors concluded that when such services are reduced, women will be priced out of access to them. Currently, injectable contraception is the most commonly used method in Africa, as it is invisible to partners and reduces the risk of repercussion from partners or communities.

The International Planned Parenthood Federation (IPPF) and Marie Stopes International, global providers of sexual and reproductive health services, have refused to abide by the global gag rule. As a consequence, IPPF stands to forfeit \$100 million in USAID funds. The Guttmacher Institute, a research and policy organization for

sexual and reproductive health rights, noted that 39 out of 100 pregnancies in Africa are unintended, of which 35 are linked to unmet contraceptive needs.

Without these funds, national services like the Family Health Options Kenya (FHOK) can no longer subsidize contraception in Kibera and will close their clinics and terminate their outreach programs. It is estimated that 36,000 women did not receive family planning care last year.

The Ministry of Health in Kenya estimated that complications from unsafe induced abortions cost the public health system \$6.3 million. With the GGR in effect, these statistics are expected to increase in short course.

## Trump's domestic anti-abortion rules

On the domestic front, the situation for US women's access to safe abortions, contraception, and family planning is further strangled by the Trump administration's recent announcement of the new rules to the Title X Family Planning Program.

Trump's new rule would bar abortions at facilities that receive federal family planning funds. In particular, the move will punish low-income women from receiving family planning services, increasing the likelihood of unwanted pregnancies and births.

Trump's rule stands in direct contradiction to the 1973 US Supreme Court decision in *Roe v. Wade*, which said that states cannot ban abortions before viability of the fetus. Trump's new guidelines for Title X, the only federal program dedicated to paying for birth control, would require a "physical as well as financial separation" between entities that receive Title X funds and those that provide abortions.

Planned Parenthood, the women's health care provider that currently uses Title X funding to provide contraceptives to an estimated 40 percent of the 4 million people receiving Title X funds for family planning services, stands to lose an estimated \$50 million in funding.



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