





# Political Perils

## Reproductive Health Risks—at Home and Abroad

By **Meril Cullinan**  
Interviews by **Alla Katsnelson**

Photo by **Martin Seck**

Maternal health creates conditions for well-being that echo through the generations. Yet the U.S. government's foreign policy has alternately supported and impeded women's health since 1973. The latest chapter starts with the Helms amendment to the Foreign Assistance Act. Passed just months after the Supreme Court struck down domestic anti-abortion laws in *Roe v. Wade*, the Helms amendment outlaws—to this day—U.S. funding for abortions abroad.

President Ronald Reagan extended the amendment's reach in 1984 with his Mexico City Policy, also known as the Global Gag Rule. To receive family planning assistance from the U.S., recipient organizations must pledge to neither provide nor promote abortions as a method of family planning—even if they use non-U.S. funding. Easy for the White House to modify—without congressional approval—the policy has been rescinded by Democrats and reinstated by Republicans ever since.

As one of his first acts in office, President Donald Trump reinstated and dramatically expanded the rule. In its latest iteration, the policy applies to all U.S. healthcare assistance of any kind. The move affects fully \$8 billion in foreign aid disbursed by the State Department, U.S. Agency for International Development (USAID), and the Department of Defense—a radical expansion from the \$600 million previously affected.

The ongoing policy ping-pong has furnished a case study in unintended consequences. The World Health Organization analyzed abortion data across 20 countries, comparing rates during the Clinton and George W. Bush administrations. Their findings, published in 2011, are stark: Where the Mexico City Policy had the greatest impact, the number of abortions—both safe and unsafe—rose, while contraception use fell.

Other studies have shown that where abortion is illegal or highly restricted, the number of unsafe abortions rises, in turn exacerbating maternal and infant mortality rates. WHO estimates that currently there are 21.6 million unsafe abortions a year, which account for about 13 percent of global maternal mortality. The NGO Marie Stopes International, one of the biggest recipients of USAID family planning funds, projects an additional 2.1 million unsafe abortions due to the current version of the policy.

This year, representatives of advocacy organizations and 138 deans of schools of public health—including Mailman School Dean Linda P. Fried, MD, MPH—signed on to a coalition statement opposing the Mexico City Policy because it “seriously hinders the effectiveness of U.S. global health investments and the growing global progress that we, as a global community, have made in expanding access to family planning for couples worldwide and in reducing maternal mortality.”

We asked three Mailman School faculty members to discuss the current policy environment. Professor of Epidemiology and of Population and Family Health Carolyn Westhoff, MD, heads the Division of Family Planning and Preventive Services in the Department of Obstetrics and Gynecology of the College of Physicians & Surgeons. Terry McGovern, JD, chair and professor of Population and Family Health, has served as a senior program officer of both the Women’s Health and Human Rights Advocacy Project and the Gender, Rights, and Equality unit of the Ford Foundation. Lynn Freedman, JD, MPH ’90, professor of Population and Family Health, directs the Mailman School’s Averting Maternal Death and Disability (AMDD) Program.

*“These are big public health issues that affect who lives and who dies.”*

*“Everyone is focused on contingency planning, which takes away from the real work of providing care.”*

*“If citizens have a real voice ... you can improve services for anyone.”*

#### **How does the current political climate affect existing challenges in family planning?**

**CW:** Every dollar spent on contraception saves multiple dollars in direct healthcare costs. What we’re doing has been proven to work extremely well, with excellent health outcomes. Yet people are looking for multiple ways to disrupt it.

#### **What issues are you monitoring in the U.S.?**

**TM:** We’re obviously watching Congress and the Affordable Care Act (ACA). People may lose no-copay birth control. There is uncertainty around OB-GYN care, cancer screening, and pre-existing conditions. If the ACA is curtailed, we’ll see many more women uninsured, disparately impacting African-Americans and Latinas.

**CW:** The legislative and administrative changes in the works at the federal level are enormous, and so is the resulting uncertainty around how it will all play out. Clinics, many already struggling financially, have very concrete decisions to make around space, staff, supplies. But it’s impossible to do rational planning and budgeting; everyone is focused on contingency planning, which takes away from the real work of providing care. Providers are

