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TO: U.S. Department of State

FROM: Greg Schleppenbach, Associate Director

Secretariat of Pro-Life Activities

United States Conference of Catholic Bishops

RE: Comments in support of Protecting Life in Global Health Assistance

DATE: October 13, 2017

On behalf of the United States Conference of Catholic Bishops ("Conference"), I submit the following comments in support of the Presidential Memorandum reinstating the Mexico City Policy (renamed Protecting Life in Global Health Assistance) and Secretary Tillerson's guidance for its implementation.

Interest of the United States Conference of Catholic Bishops

The Conference is a nonprofit corporation organized under the laws of the District of Columbia. The Catholic bishops in the United States are members of the Conference. The Catholic Church, the largest religious denomination in the United States, has over 68 million adherents in over 17,000 parishes throughout the country. The Conference advocates and promotes the pastoral teaching of the bishops in such diverse areas as education, family life, health care, social welfare, immigration, civil rights, the economy and the right to life of every human being from conception to natural death. The Conference participates in policymaking of importance to the Catholic Church and its people in the United States. Policymaking that concerns the protection of unborn human life is of paramount concern to the Conference.

In the Conference's view, the dignity and inviolability of human life at every stage of development is a foundational principle of any truly civilized society. It is in light of this moral conviction that we offer the following comments.

General Comments

We strongly commend President Trump's action to restore and expand the Mexico City Policy, now aptly named Protecting Life in Global Health Assistance (PLGHA). The original Mexico City policy, first announced at the United Nation's 1984 Conference on Population in Mexico City, required foreign non-governmental organizations receiving U.S. family planning funding to certify that they will not perform or actively promote abortion as a method of family planning in developing nations. Protecting Life in Global Health Assistance applies this policy beyond family planning funding to "all

global health assistance furnished by all departments or agencies."¹

The PLGHA is one of the most significant policy initiatives on abortion ever taken by the United States in the area of foreign assistance. The vast majority of Americans reject abortion as healthcare and do not want their tax dollars used for programs that promote or provide abortion as a method of family planning. The PLGHA simply brings American foreign aid policy back in line with the views of the American people and with other long-standing federal policies like the Helms and Kemp-Kasten amendments.

Abortion proponents assert that this policy is nothing more than powerful U.S. politicians forcing their policies on poor nations. But, frankly, the opposite is true. First, the policy forces nothing: Foreign non-governmental organizations (NGOs) may choose to apply for U.S. tax funds, and to be eligible, they must refrain from abortion activity. On the other hand, NGOs may choose to do abortions or to lobby foreign nations to change their laws which restrict abortion, and if they choose that path they render themselves ineligible for U.S. money. As we saw each time the policy has been in place, only a handful out of hundreds of organizations elected to forfeit the U.S. money for which they were otherwise eligible. But it was and will be entirely their choice.

Far from forcing a policy on poor nations, PLGHA ensures that NGOs, as grantees of U.S. funds, will not themselves force their abortion ideology on countries without permissive abortion laws.

Second, as we have learned from our experience in international conferences on population, it is not the PLGHA but the United States' promotion of permissive abortion attitudes through funding of such programs that is likely to cause resentment.² This is especially true when it is perceived as a means by which the West is attempting to impose population control policies on developing nations as a condition for development assistance.

The PLGHA is needed because the agenda of many organizations receiving U.S. population aid has been to promote abortion as an integral part of family planning – even in developing nations where abortion is against the law.³ So, far from being perceived as an imposition on developing nations, this policy against funding abortion programs has been greeted by those nations as a welcome reform. The vast majority of these countries have legal policies against abortion, and virtually all forbid the use of abortion as merely another method of birth control.⁴

Some opponents of the PLGHA are fond of using the slogan "Global Gag Rule" to refer to the policy. While that may be a clever public relations move, it doesn't reflect reality. The truth of the

¹ Presidential Memorandum Regarding the Mexico City Policy, 23 January 2017. https://www.whitehouse.gov/the-press-office/2017/01/23/presidential-memorandum-regarding-mexico-city-policy.

² In 1985, the U.S. Agency for International Development told Congress: "Abortion is a controversial issue in many countries, especially those with large Catholic or Muslem populations. The U.S. has been criticized in developing countries for its funding of groups (such as IPPF and some of its affiliates) which perform abortions with their own funds . . . The Administration believes that it is important to avoid the damage to U.S. interests which results from the belief it supports abortion." The Program of Action of the 1994 United Nations International Conference on Population and Development held in Cairo reaffirmed the position first adopted by United Nations delegates at the 1984 Mexico City population conference: "In no case should abortion be promoted as a method of family planning."

³ Perhaps one of the most striking examples of this was seen in a 1983 resolution signed by then-PPFA President Faye Wattleton: "Family Planning Associations and other nongovernmental organizations should not use the absence of a law or the existence of an unfavorable law as an excuse for inaction; action outside the law, and even in violation of it is part of the process of stimulating change."

⁴ In 1984 the laws of only 5 of 126 less developed nations permitted abortion upon request, and only 8 permitted abortion for socio-economic reasons. Concise Report on the World Population Situation in 1983, Department of International Economic and Social Affairs, United Nations (Population Studies No. 85)(New York 1984). In 1994 the United Nations reported that abortion upon request and abortion for socio-economic reasons was legal in only 12 of 133 developing nations. Today, approximately half of the developing nations allow abortion only to protect the mother's life or in cases where the pregnancy resulted from rape or incest. Virtually all prohibit the use of abortion as a method of birth control. A. Rahman, L. Katzive and S. Henshaw, "A Global Review of Laws on Induced Abortion, 1985-1997," International Family Planning Perspectives, vol. 24 no. 2, June 1998.

matter is: Poor women in developing nations are not calling for help to abort their children. They are calling for food, housing, and medicine for themselves and their children so that they can lead lives of full human dignity. They resent the suggestion that they must accept the abortion policies of developed nations as a condition for receiving development assistance. With the PLGHA in place, the United States can best respond to their pleas, and respond with respect for their personal dignity and their humanity.

Finally, past experience in implementing this policy provides little to no credible evidence to support claims that the policy will lead to increased maternal and infant mortality rates. In 2001, President George W. Bush moved to reestablish the policy, which had been rescinded during the Clinton years. That move was greeted with the same dire predictions that it would damage overseas health care programs and cause irreparable harm to women. Testifying before Congress that same year, Nicholas Eberstadt, an authority on demographics, noted that the United States had "run a sort of 'controlled experiment' with restrictions on its international population assistance." Part of that "experiment" was the implementation of the Mexico City Policy between 1984 and 1993.

He concluded that "the fear that these restrictions will lead to palpably higher levels of maternal and infant mortality can be assuaged. There is no reliable evidence to suggest that this will be the case, reasonable though that apprehension may seem to some. Claims of dramatic adverse health consequences from the 'Mexico City Policy' are undocumentable and unsupportable."⁵

In sum, there are persuasive grounds for the PLGHA and we urge the government to retain it and fully enforce it.

⁵ Statement of Dr. Nicholas N. Eberstadt, scholar, American Enterprise Institute, Washington D.C., https://www.gpo.gov/fdsys/pkg/CHRG-107shrg75604/html