

The Campaign to Save Family Planning The Campaign to Save Family Planning

Bush's Foreign Policy: Coming to a Health Clinic Near You

by Lori Metcalf, Senior Fellow

Throughout the past several issues of the reporter, we've kept you up-to-date on the continuing policies the Bush administration, and his allies in Congress, are forcing on reproductive health facilities throughout the world—from the Global Gag Rule, to defunding the UNFPA, to tying health care aid money to abstinence-only education. Now we turn to an even more ominous situation— Bush's attempt to enact some of his most troubling foreign-policy initiatives domestically.

As political debate around the country heats up preceding next year's presidential election, candidates will address a variety of issues, including reproductive rights. What will likely fail to come up as a campaign issue is the hypocrisy of the current administration's policy, both foreign and domestic; the counter-intuitive nature of restricting or banning abortion, while simultaneously cutting funding for sex education and pregnancy prevention programs. Even more, we can bet that no candidate will talk about the essential link between reproductive rights and population issues.

The contradictory policy to erode abortion rights while decreasing funding for sex education and pregnancy prevention will have far-reaching negative effects. It endangers women's health, impedes women's empowerment and produces unwanted children in unstable family environments—none of which are healthy for the future of our society. One of the underlying principles of population advocacy is the belief in the necessity of reproductive choice. Throughout the world, we have seen that when women have reproductive health options, fertility rates go down—through choice, not coercion. As Bush continues to plow ahead with his anti-choice, anti-health initiatives, we can't forget the effect this legislation will have on future fertility rates.

Bush's Policies are Anti-Women

The Bush administration must hear that citizens, especially women, across the country will not stand for a government that is both anti-abortion and anti-family planning. We will not let the administration cut off all options for women, and then tell the nation and the world that they care about women. If the administration will not support a woman's right to choose an abortion, then it must devote increased support and funding for accurate and comprehensive sex education, contraception, contraceptive research and other family planning options.

The Bush administration is doing none of the above—instead it is dismantling and defunding education and health programs. In fact, one of President Bush's pet projects is the push for “abstinence-only-until-marriage” sex

All in the Numbers

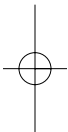
Almost half of all pregnancies are unintended. Of those unintended pregnancies, nearly half are terminated in abortion.ⁱ Since *Roe v. Wade*, there has been a general decrease in the number of abortions across the U.S. The number of women who die as a result of complications from abortions declined dramatically after legalization, from around 200 a year in 1965 down to fewer than 10 a year in 1997.ⁱⁱ

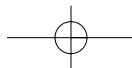
The U.S. abortion rate is lower than the abortion rate of the world as a whole. Interestingly, almost half of the abortions occurring in the world take place where abortion is illegal. Statistics show that laws criminalizing abortion do not eliminate instances of abortion; they only make them less safe and pose a grave danger to women's health. The rate of women dying as a result of abortion is hundreds of times higher in developing countries where abortion is often illegal or heavily restricted.ⁱⁱⁱ

ⁱ PRCH & AGI, “An Overview of Abortion in the U.S.,” 2003. <http://www.agi-usa.org>

ⁱⁱ AGI, “Trends in Abortion in the U.S.,” 2003.

ⁱⁱⁱ PRCH & AGI, *op cit*.





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education—which does not provide comprehensive information about sex, sexually transmitted diseases, or pregnancy, and has been known to include incorrect information on contraceptives.* At the same time, he is promoting legislation that slowly chips away at reproductive choice.

If the administration's policies are closely examined, it is clear that

the overall effect is entirely anti-woman, anti-healthcare and anti-education. The Bush administration is steering the state of women's reproductive rights in a direction that lacks thought, policy guidance and sound judgment. When so many women's lives are on the line, it is morally wrong to heed the desires of fringe groups on the reli-

gious right who would prefer to turn back the tide of women's rights altogether.

On the international front, the Bush administration has stopped funding the United Nations Population Fund (UNFPA), which provides reproductive health services, including voluntary family planning in over 140 countries worldwide. UNFPA works to reduce infant and maternal mortality, eradicate obstetric fistula, a devastating injury that is fully preventable by having a trained medical attendant during labor and childbirth, and reduce incidents of the harmful practice of female genital mutilation (FGM). President Bush also reinstated the Global Gag Rule, which, among other things, prevents doctors and health practitioners overseas who receive U.S. funding from exercising free speech and informing women of abortion options.

While many find it logical that the best way to reduce the numbers of women seeking abortion is to prevent unwanted pregnancies, President Bush has taken an opposite, self-defeating tack. It is past time for U.S. citizens to realize that the foreign policy we are exporting to the rest of the world is slowly and methodically starting to become a reality at home.

Legislative Actions

According to the latest analysis from NARAL Pro-Choice America, over 350 pieces of anti-choice legislation have been introduced on the state level since 1995. Among the anti-choice bills introduced and/or passed are some that would grant unprecedented legal rights to embryos and fetuses, impose biased counseling and mandatory waiting periods on women seeking abortion, restrict minors' access to

Background: Reproductive Choice and the Population Connection

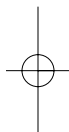
At the United Nations Conference on Population and Development (ICPD) almost 10 years ago in Cairo, Egypt, representatives from 179 countries agreed that "population and development are inextricably linked, and that empowering women and meeting people's needs for education and health, including reproductive health, are necessary for both individual and balanced development."ⁱ Conference attendees further acknowledged that eliminating violence against women and ensuring women's ability to control their own fertility were cornerstones of population and development policies.

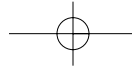
As a population organization concerned with promoting policies to further these goals, both in the U.S. and around the world, Population Connection is pro-choice, and believes that every child should be a wanted child, to prevent the suffering of families and the social problems that often follow the births of unwanted children. Population Connection always favors the prevention of unwanted pregnancy over abortion. However, since unintended pregnancies and contraceptive failure are inevitable, and because some women will decide they cannot continue a pregnancy, we feel that access to abortion should be safe, legal and available to all women. Evidence from around the world shows that women who do not want to carry a pregnancy to term will seek abortion, whether it is legal or not, leading to abortions that are unsafe and unsanitary, crudely self-induced or performed by poorly trained providers. As a result, an estimated 80,000 women die each year due to complications from unsafe abortion.ⁱⁱ

In addition to supporting reproductive rights as an issue central to women's empowerment and health, Population Connection believes that the fate of the people of the U.S. cannot be separated from the fate of the other peoples of the world. We believe that our government should support and promote policies abroad that reflect the rights that we have at home. We are extremely troubled by the policies that the Bush administration is exporting abroad that affect women's reproductive rights. Taking a closer look at the attack on family planning here at home makes it crystal clear that the administration is trying to push us in the same direction.

ⁱ UN Population Fund, <http://www.unfpa.org/icpd/>

ⁱⁱ Unsafe Abortion Around the World, Planned Parenthood, 2000. <http://www.plannedparenthood.org/library/abortion/unsafeab.html>





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reproductive health services and impose targeted regulation of abortion providers (TRAP).ⁱ

Several bills have also been introduced on the national level that could have far-reaching negative effects on reproductive rights and women's health. Contributing to the anti-choice atmosphere are some amendments whose existence, while not passed or even formally introduced, provide further insight to the precarious state of reproductive rights in our country, and the direction in which some would like to move.

Here's a sampling of some of the ways the administration's foreign

policy on reproductive health is making its way into domestic legislation:

• Life-Protecting Judicial Limitation Act of 2003

Introduced in the House by Rep. Ron Paul (R-TX), this bill would prohibit inferior courts—U.S. district courts, as well as the U.S. Court of Federal Claims—from hearing cases related to abortion. Rep. Paul's self-stated reason for introducing this bill is to “restore freedom of conscience and the sanctity of human life.”ⁱⁱ While this bill is sure to be unsuccessful, and currently has no cosponsors, its existence is frightening and

shows the maneuvers that some in Congress will use to roll back women's reproductive rights.

• Abortion Ban for Military Women

Currently, women in the military are banned from obtaining an abortion, even using their own funds, whether or not abortion is legal in the country where they are serving. The ban on public funding of abortion at military medical facilities, except in cases of rape, incest or severe health consequences, has been in place since 1978 when Congress included it in the

Myths and Misunderstandings: Understanding Partial Birth Abortion

What is partial birth abortion? What does it mean, and why does it pose a critical risk to abortion rights?

The first and most important thing to know is that there is no medical procedure known as a “partial-birth abortion.”ⁱⁱⁱ The term was created by abortion rights opponents in an attempt to ban a particular second-trimester abortion procedure known as dilation and extraction (D&X). This procedure, also known as a post-viability abortion, might take place late in a woman's pregnancy.

Despite the fact that a vast majority of states already have laws prohibiting most post-viability abortions, anti-choice activists have gone to great length to pass state and federal “partial birth abortion” bans. These bans, while publicized as efforts to curb D&X procedures, have neither targeted the specific procedure nor limited themselves to those abortions that occur late in pregnancy. In Nebraska, proponents of a partial birth abortion ban attempted to argue that the ban was limited to D&X, but the Nebraska legislature rejected an amendment that would have limited the law to only one narrowly defined procedure or to abortions performed late in pregnancy.^{iv}

In June 2000, in *Stenberg v. Carhart*, the Supreme Court ruled that the Nebraska abortion ban was unconstitutional because it posed an undue burden on a woman's right to choose and lacked a health exception. What did the Court mean by “an undue burden” on women?^v Because the language of the Nebraska (and

subsequent state) bills is broadly worded and does not specifically address one procedure, the door is opened for all abortion procedures, including the most common method of dilation and evacuation (D&E), to be categorized as illegal. For any abortion ban to be constitutional, it must contain a health exception that would allow the procedure in the event the life of the mother is at risk.^{vi} Thus far, none of the proposed bans have contained such an exception.

So-called “partial-birth abortion” bans and similar laws have been passed by 31 states. Legal challenges to these laws have been brought in 21 states, and no fewer than 50 federal and state court judges have found them to be unconstitutional.^{vii} Most of those statutes use language identical or comparable to the Nebraska law struck down in *Carhart*.

In 2002, Congress (ignoring the Supreme Court ruling) introduced a federal abortion ban, with the exact same language as the overturned Nebraska statute. The Partial Birth Abortion Ban Act (HR 760) has passed both the House and Senate and President Bush is virtually certain to sign it into law.^{viii}

—Amy Leipziger

ⁱ http://www.reproductiverights.org/pub_art_pba.html

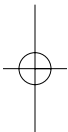
ⁱⁱ *ibid.*

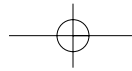
ⁱⁱⁱ According to *Planned Parenthood v. Casey* (505 U.S. 833), states can regulate a woman's access to abortion as long as it does not place an undue burden on her constitutional right to choose.

^{iv} http://www.reproductiverights.org/pub_art_pba.html

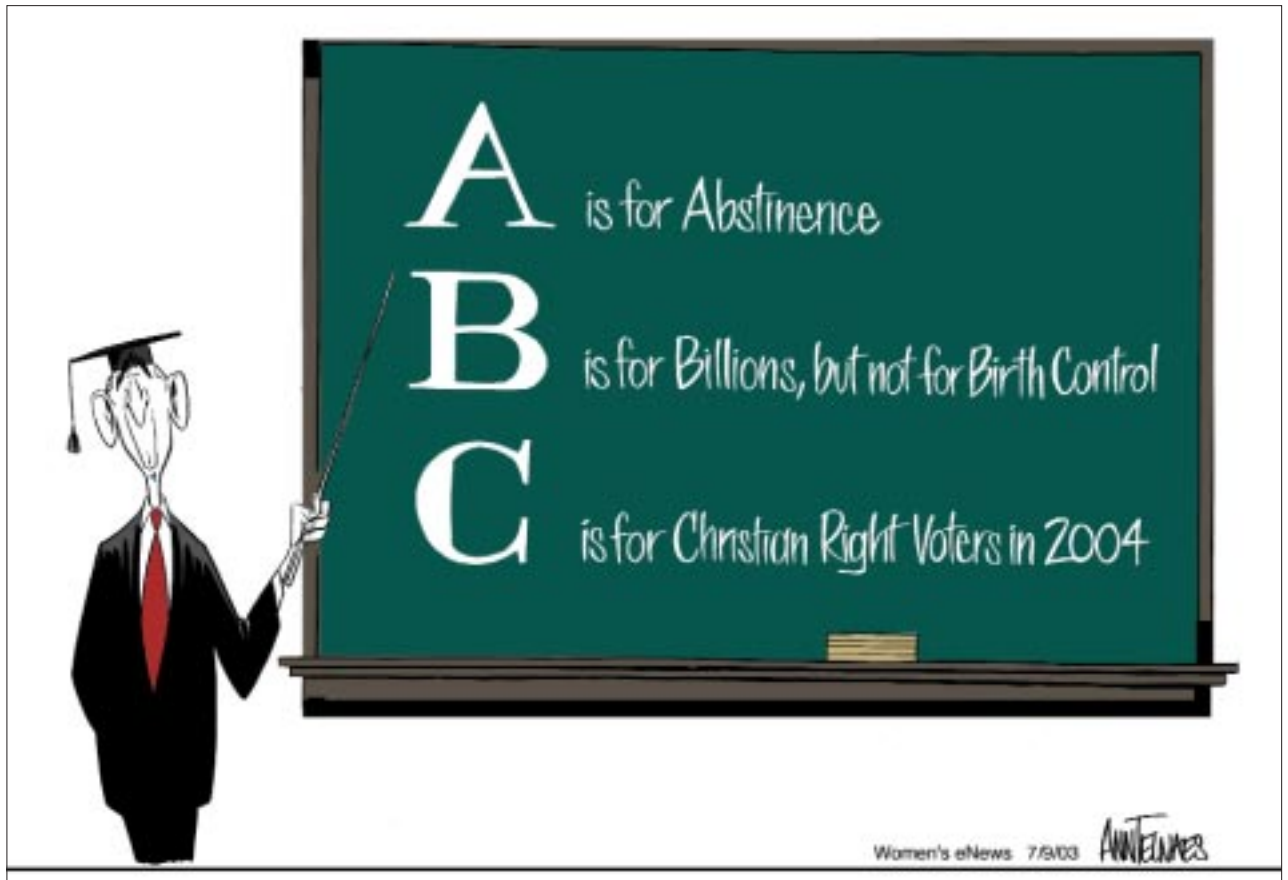
^v http://www.reproductiverights.org/crt_bans_car_pbastate.html

^{vi} http://www.kaisernet.org/daily_reports/rep_index.cfm?DR_ID=18664





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Department of Defense (DoD) authorization bill for 1979. New limitations were placed on the ban over several years and by 1988 a memo was issued from DoD, without Congressional consultation, that extended the ban on funding to include prohibiting servicewomen from receiving an abortion at an overseas military medical facility even if the woman used her own funds.ⁱⁱⁱ

While abortion is a constitutional right for women here at home, those serving their country abroad do not have that right, putting them at the same risk as those in the rest of the world where abortion is illegal and rates of death from abortion are higher.

• Keeping Contraception from Teens Who Need It Most

Earlier this year the House Education and the Workforce Committee defeated Rep. Marilyn Musgrave's (R-CO) amendment to H.R. 1925, *The Runaway,*

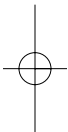
Homeless, and Missing Children Protection Act, which would have forbidden the use of federal program funds for the distribution of contraceptives. The Musgrave amendment was a harmful attempt to deny essential, sometimes lifesaving, contraceptive services to runaway and homeless teens, who are at severe risk for unintended pregnancy and STD infection, including HIV/AIDS. Street outreach programs funded under H.R. 1925 are aimed at getting teens off the streets and into care. In some cases, though, it may be necessary to first provide young people the services they need to protect themselves. Contraceptive use, especially condoms, is essential to protecting the life and health of such teens.

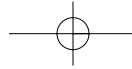
• Administrative Attacks on Choice

On top of chipping away at reproductive rights in federal and state legislation, the administration

has also tried to rewrite federal agency regulations. In a recent change to the State Children's Health Insurance Program, (SCHIP), the Department of Health and Human Services (HHS) classified a fetus as an "unborn child" and expanded insurance coverage to "an individual in the period between conception and birth up to age 19."

Not only does HHS not have the legal authority, nor Congressional mandate, to write this regulation in such a way, it is not necessary to apply insurance coverage to an unborn fetus when the same coverage would be available were it applied to pregnant women. The language was created to set a legal precedent that could be used to restrict choice in future court proceedings. In addition, HHS defines a fetus as a "child" from the moment of conception in the SCHIP regulations, making it inconsistent with constitutional law.^v





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• Banning Contraception at Universities

The board of James Madison University recently implemented a new policy banning the distribution of Emergency Contraception (EC)—a high dose of birth control pills taken the morning after sex to prevent conception (see sidebar below)—on campus after state Delegate Robert Marshall (R) criticized the practice in a letter to the board. After receiving Del. Marshall's letter, Board of Visitors member Mark Obenshain filed a motion with the board to ban the distribution of EC. The board voted

to stop dispensing EC on campus even though state Attorney General Jerry Kilgore (R) told assistant attorneys general representing state colleges not to make decisions on the provision of EC until a statewide policy had been crafted; Obenshain claimed that he was unaware of this communication. JMU students are protesting the new policy, and have met with Obenshain to ask him to change his decision. Obenshain opposes a revote and Del. Marshall vowed to bring the issue to the Virginia General Assembly's Health Welfare and Institutions Committee. He indicated that if he cannot pass

legislation to prevent EC dispensation in Virginia schools that he will "clamp down" on university health procedures."

Change is Possible

While these lowlights of anti-choice legislation draw a clear picture of current political attitudes towards reproductive rights, there are some proactive pieces of legislation that will help women prevent unwanted pregnancies. Unfortunately, many of these bills are receiving tough resistance from the anti-choice community. Among the proactive measures being implemented in the states are

Q&A: Emergency Contraception

What is it? Emergency contraception (EC) is sometimes known as the "morning after pill." In the event of unprotected intercourse or contraceptive failure, emergency contraceptive pills taken within 72 hours can prevent unwanted pregnancy.ⁱ EC prevents pregnancy the same way a daily contraceptive pill might: by delaying or inhibiting ovulation, inhibiting fertilization, or preventing implantation of a fertilized egg in the uterus.ⁱⁱ Though EC is frequently characterized by anti-choice activists as an abortifacient (a drug or device that causes abortion), it does not in fact interrupt a pregnancy nor will it work if a woman is already pregnant. EC should not be confused with RU-486, sometimes called "the abortion pill." EC should be regarded as a successful means of preventing unwanted pregnancy.

Why would a woman need it? There are approximately 3 million unintended pregnancies each year in the United States.ⁱⁱⁱ About half of these happen to women who are using a regular method of contraception. But accidents happen—a condom breaks, a woman forgets to take her pill, or in the worst case, a woman is the victim of a sexual assault. EC is proven to be one of the most effective methods to back up birth control and prevent pregnancy. In 2000, an estimated 51,000 abortions were averted by the use of EC and a report suggests that widespread use of EC could prevent an estimated 1.7 million unintended pregnancies and 800,000 abortions each year.^{iv}

Where is it available? EC is currently available in the U.S. only by a doctor's prescription. However, some states

have recognized that increasing access to EC promotes responsible family planning. In 1998, Washington became the first state to allow women to obtain EC directly through a pharmacist. Since then, California, Alaska, Hawaii, New York and New Mexico have followed suit.

With an estimated 32,000 women becoming pregnant each year because of rape or incest, the need to make EC available to sexual assault victims is crucial. So far only a handful of states (New York, California, New Mexico, Illinois and Washington) have recognized such a need and begun dispensing it in emergency rooms.

Family planning organizations are encouraging the Food and Drug Administration to change the status of EC and make it available over the counter. EC is a nontoxic drug with no serious health risks, and several European countries have made EC available without a prescription and have reported positive results. With knowledge and access, emergency contraception could prevent thousands of unwanted pregnancies for women across the United States.

For more information, including nearby clinics that offer EC, call 1-888-NOT-2-LATE or go to: www.not-2-late.com

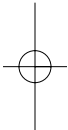
—Amy Leipziger

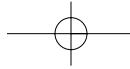
ⁱ The efficacy rate of preventing pregnancy is between 75% and 89%. Because EC pills come in two formulations, the rate of success depends on the regimen taken. Recent studies have shown that EC can reduce the risk of pregnancy when taken within 120 hours of unprotected intercourse, but the sooner it is taken, the more effective it tends to be.

ⁱⁱ <http://www.backupyourbirthcontrol.org/toolkit/print/ec-factsheet.htm>

ⁱⁱⁱ *ibid.*

^{iv} Heather Boonstra. "Emergency Contraception: Steps Being Taken to Improve Access." *The Guttmacher Report on Public Policy*, 5 (5), December 2002.





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contraceptive equity bills (see inside front cover), emergency contraception (EC) laws requiring EC to be available over-the-counter, and laws protecting abortion providers and patients from violence.^{vi}

These bills will help increase preventative measures in order to have fewer unwanted pregnancies, and therefore fewer abortions.

In order to improve women's health, and by extension the health of our planet, we must push for greater access to family planning, including contraception and sex education, in order to give women and families the power to decide when and if to have children. When all women are

empowered with these basic tools, countless unwanted pregnancies will be prevented, leading to lower fertility rates and fewer abortions.

Population Connection has always worked on issues of environmental degradation, over consumption, social justice and the quality of life for all individuals. Access to reproductive health care underlies all of the other issues we care about. With an anti-choice, anti-contraception, anti-sex education president and Congress, we are forced to direct all of our attention to their constant attacks. If we don't put up a fight, the policies of their crusade will lead to another population bomb. We'll have

more people, using more resources, taking a larger toll on the environment. The first step in all population advocacy is securing reproductive choice and education—if we don't win this battle, all of our other challenges grow ten-fold.

Sources

- ⁱ "Anti-Choice Legislative Trends," NARAL/Pro-Choice America, Memo, July 17, 2003.
ⁱⁱ Rep. Paul's Speech to the House of Representatives on April 2, 2003. <http://www.house.gov/paul/congrec/congrec2003/cr040203.htm>
ⁱⁱⁱ "Penalized for Serving Their Country," Center for Reproductive Rights, June 2003.
^{iv} Center for Reproductive Rights, "Pregnant Women's Rights/SCHIP," October 2002.
^v Kaiser Family Foundation, Daily Reproductive Health Report, April 30, 2003.
^{vi} "Pro-active Trends Update," NARAL/Pro-Choice America, Memo, July 8, 2003.

Reproductive Health in the Courts

Reproductive health rights in the U.S. were created through a series of court decisions—*Griswold v. Connecticut*, *Roe v. Wade*, etc.—and these rights could potentially be dismantled by future court decisions. While the president does not have the ultimate authority to reverse decades of progress in this arena, he does have the opportunity to appoint the judges who will shape the future of our reproductive rights. A look at the current trends in the Bush administration's court nominees shows that the opposition to reproductive choice and women's health is widespread and creeping throughout our political system.

A study done by NARAL Pro-Choice America found that judges appointed by anti-choice presidents make anti-choice decisions four times more often than other judges.ⁱ Looking at several nominees' past rulings, as well as their stated antagonism toward *Roe v. Wade*, one wonders whether these nominees could be at all objective in determining the constitutionality of reproductive rights cases. Here are a few of the most egregious anti-choice statements and positions taken by recent nominees.

• **Charles Pickering Sr.** (nominated to 5th Circuit Court of Appeals): Voted for a Mississippi Senate resolution calling for a constitutional convention to create an amendment to ban abortion.ⁱⁱ

• **Priscilla Owen** (nominated to 5th Circuit Court of Appeals): Tried to rewrite Texas law to make it virtually impossible to grant a minor the right to choose with privacy.ⁱⁱⁱ

• **William Pryor** (nominated to the 11th Circuit Court of Appeals): In 2002, stated "Abortion is murder, and *Roe v. Wade* is an abominable decision."^{iv}

• **Carolyn Kuhl** (nominated to 9th Circuit Court of Appeals): Supports a domestic "Gag Rule" to prevent public health care facilities that receive Title X funds from counseling women regarding abortion, or even informing women that abortion is a legal option.^v

• **James Leon Holmes** (nominated to the U.S. District Court for the Eastern District of Arkansas): Dismissed concerns of rape victims regarding the effects of a total ban on abortion by inaccurately stating, "concern for rape victims is a red herring because conceptions from rape occur with the same frequency as snowfall in Miami."^{vi}

ⁱ NARAL Pro-Choice America Study Detailing the Growing Threat to Right to Choose by Bush Judicial Nominees, NARAL Pro-Choice America, 2003.

ⁱⁱ NOW fact sheet on Charles Pickering, Sr.

ⁱⁱⁱ NARAL: Pro-Choice America fact sheet on Priscilla Owen.

^{iv} NARAL: Pro-Choice America fact sheet on William Pryor.

^v NARAL: Pro-Choice America fact sheet on Carolyn Kuhl.

^{vi} NOW fact sheet on James Leon Holmes. And to set the record straight — according to NOW, over 32,000 women a year in the U.S. become pregnant as a result of rape and about half of these pregnancies end in abortion.

