

POPULATION CONNECTION

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A photograph of a woman with short, dark hair holding a young child. The woman is looking directly at the camera with a serious expression. The child is looking slightly to the side. They are in front of a window with multiple panes, some of which are tinted red. The woman is wearing a dark-colored shirt with a logo that partially reads 'WRL'.

**TRUMP'S DISGRACEFUL
GLOBAL GAG RULE
THREATENS LIVES
WORLDWIDE**



President's Note

Say what you will about Donald Trump, but the man knows how to dominate the news. It's been "All Trump, All the Time" since the day he entered the fray. While we must pay attention to the profound perils of his presidency, there really is more to life than Trump's trash-talking tweets. Every newscast might consider a segment called "Meanwhile, Back on Planet Earth." Here are some current items worth noting:

- The UN reports that world population has tripled since 1950. Nigeria, Africa's most populous nation, is expected to see its population increase 20-fold between 1950 and 2100.
- An iceberg the size of Delaware has broken from the Antarctic shelf. It was helping to hold back ice covering that continent. If that continental ice were to melt into the ocean, it would cause global sea levels to rise by 17 feet. Even a more modest rise would devastate hundreds of coastal cities.
- Melting ice in the Arctic and elsewhere may surface ancient pathogens for which modern humans lack immunity.
- War, famine, and climate disruption have resulted in a record number of refugees and displaced people — mostly in places with rapid population growth.
- A study in the *Proceedings of the National Academy of Sciences* refers to loss of wildlife as "biological annihilation" and a "frightening assault on the foundations of human civilization."

Population is the "connection" between these and so many other seemingly disparate stories. It took our species about 170,000

years to reach one billion. Now we add an additional billion humans to our beleaguered planet every dozen years. Anyone who thinks this simple truth does not carry enormous consequences needs to look at the facts.

Ironically, the very same mental and physical tools that enabled our species to survive and thrive now threaten the planet. It's possible for a dominant species to be too dominant and too prolific. When it comes to fragile ecosystems, we're using sledgehammers to perform microsurgery.

I'm regularly asked when we'll reach a "tipping point." The fact is that we're already past the point of "no return." At current rates of species extinction, thousands will disappear forever no matter how hard we work.

But this planet is not a lost cause. The three million young people we reach each year are learning about what works and what they can do. We do our best to inspire them, but the truth is that they inspire us to press harder every single day.

We're able to do this vital work thanks to 40,000 members who support Population Connection. We neither seek nor accept any governmental support. We're a proudly independent voice that will keep telling the truth day-in and day-out, as best we understand it.

Will we succeed? Stay tuned. And, please, stay involved.

John Seager
john@popconnect.org

A Cautionary Note

Lisa Shannon minces no words in her article (page 20) in explicitly depicting the nightmarish reality of daily existence for many women in the poorest places on Earth. To call it disturbing is a vast understatement. Yet failing to report it would be a disservice to our mission and to our members who expect us to provide the unvarnished truth.

The contrast between Trump's preening puffery and the real world impact of his devastating policies couldn't be more striking. While Donald Trump did not create the horrific conditions Lisa describes, he is seeking to eliminate the 0.01 percent of the federal budget that has been invested in international family planning. It is callous, cruel, and counterproductive.

— John



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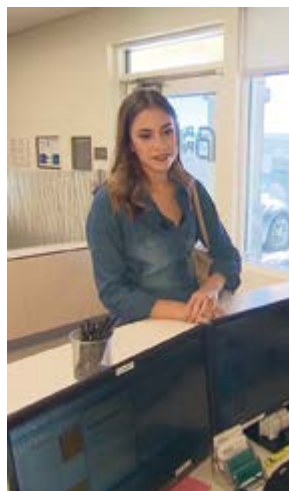
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Cover Image: A woman and her baby visit Family Health Options Kenya in Kibera, a massive urban slum in Nairobi. Photo by Lisa Shannon



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Editor's Note

There was good news out of the [Guttmacher Institute](#) in July: Namely, that despite the fact that the number of women of reproductive age in the developing world continues to grow by an estimated 12 million every year, the number of women who have an unmet need for family planning in those regions has decreased from 225 million to 214 million since 2014. That's due to the increased use of contraception among women who had an unmet need just three years ago.

The report outlines what we could achieve with an increased investment in international family planning (from the current \$6.3 billion a year to the target of \$11.9 billion — from all sources: developing country governments, development assistance, etc.):

- Unintended pregnancies would decline from 89 million to 22 million,
- unplanned births would decline from 30 million to 7 million, and
- abortions would decline from 48 million to 13 million.

But instead of investing *more* in international family planning, the Trump administration is taking funding *away*, and placing expanded restrictions on which organizations can receive our aid, based on whether they acknowledge abortion as an option.

By cutting all funding to the United Nations Population Fund (UNFPA), which provides family planning and other crucial reproductive healthcare to people in over 150 countries, the United States sent a message to the world that we care more about erroneous accusations of participation in coercive programs in China than we care about people's lives — or the truth.

And by imposing an expanded version of the Global Gag Rule on all foreign global health organizations, potentially affecting

up to \$8.8 billion, we are telling organizations abroad that we don't trust them to provide the care that's right for the patients they see in their own countries, with their own funding, and within their own laws.

This issue of *Population Connection* magazine takes a look at some of the effects — international and also domestic — that Trump's callous policies are having on real people around the world. From a woman in California who will have to drive to Mexico to get timely reproductive healthcare if the Planned Parenthood clinic in her town loses funding to the women in the largest slum in sub-Saharan Africa who won't have access to any healthcare at all if their provider is refused U.S. funding, the stories you will read in the pages ahead will likely disappoint, embarrass, and infuriate you.

I urge you to take that disappointment, embarrassment, and fury and turn it into action. Ask misguided (or misogynistic) members of Congress why they support the Global Gag Rule and the ban on funding to UNFPA over the phone or at their next town hall. Demand that they explain what poor people in this country are supposed to do if the Title X family planning program for low-income Americans is cut. Or how we'll continue to make gains in reducing teen pregnancy rates if the federal Teen Pregnancy Prevention program is eliminated. And make sure to ask them how any of those measures is pro-life, if that's their bogus justification.

We will not allow the anti-woman zealots in Congress — or the White House — to get away with imposing these horrible policies without exposing them for what they really are: cowards, hypocrites, and reprobates.

Marian Starkey
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Letters to the Editor



It was from the late Dr. Raymond B. Cowles, teaching a graduate class in Human Genetics at UCLA, that I first heard about the dangers of world population growth, in 1953. I was thunderstruck. Ever since then, during my 41 years of teaching college-level Introduction to Biology, I have dedicated at least one lecture to overpopulation in every class.

What worries me the most is the deaf ear all politicians and news commentators have for any notion that there is a world population problem. They all seem to be mesmerized, rather, by the symptoms caused by too many people on Earth: civil war, corruption, religious conflict, climate change, and political disagreements.

In general, people simply do not understand that the size of the world population is of any concern. People seem to confuse density with carrying capacity. They believe such nonsense that the entire world population can fit into the state of Texas! I feel like a voice in the wilderness. The only people who seem to understand are my fellow colleagues in biology.

Charles W. Brown, Ph.D.

And fellow readers of [Population Connection](#), I hope!

– Marian

I am extremely concerned about an unscientific misrepresentation of facts in your June 2017 article, “[Nomads No More: Why Mongolian Herders Are Moving to the City](#).”

You implied — or, at a minimum, over-emphasized — that climate change was the primary cause of the degradation of grazing conditions for the traditional grazers. But then you touched on the primary cause — that the regulation of the number of livestock by the Soviet Union ended, which then jumped 250 percent.

I know human-caused climate change is one of the most enormous challenges facing us, and I certainly am not a supporter of the former Soviet Union; however, I also do not appreciate the mischaracterization of this situation for the purposes of hyperbole.

Kim Forrest

*The article in question was not about the degradation of grazing conditions in Mongolia, per se. It was about the climate changes that have triggered particularly harsh *dzuds* over the past three decades, killing millions of livestock and leading hundreds of thousands of herders to abandon their nomadic lifestyles for the capital city, Ulaanbaatar, out of pure necessity.*

I printed this article to demonstrate how climate change, combined with increased population (human and livestock) is wreaking havoc on traditional lifestyles. To that end, I maintain that the article was worth sharing.

– Marian

Correction from the June 2017 issue: Tom Hawkins lives in Fort Bragg, California, not Carter Lake, Iowa. Apologies for the error.

TIMELINE OF THE GLOBAL GAG RULE



08.06-14.84

Original policy imposed by Ronald Reagan at second International Conference on Population in Mexico City

01.20.89

Left in place by George H.W. Bush

01.22.93

Rescinded by Bill Clinton

1984

1989

1993

Some version of the **Global Gag Rule** (known by supporters as the Mexico City Policy) has been imposed by every Republican president since Ronald Reagan. Responsible for so much misery in its original form, it has been vastly expanded under Donald Trump, from applying only to family planning grants to applying to all global health assistance. The consequences will be deadly for women in the poorest parts of the world, as clinics that cannot comply with the new rules lose U.S. aid and are forced to close.

The Global Health, Empowerment, and Rights (HER) Act ([S. 210/H.R. 617](#)) would repeal the Global Gag Rule and prevent any future president from reinstating it — congressional action would be required to put it in place again.

Introduced by Sen. Jeanne Shaheen (D-NH) in the Senate and Rep. Nita M. Lowey (D-NY) in the House, the Global HER Act would:

- restore privacy to the doctor-patient relationship,
- enable free speech,
- promote democracy, and
- show respect for the laws of sovereign nations as well as for the laws of the United States (the Gag Rule would be illegal if it were applied to American organizations receiving federal funding).



"President Trump's executive order to reinstate the Global Gag Rule is extremely short sighted and shows his willingness to ignore decades of research in favor of ideological politics."

– Sen. Jeanne Shaheen

01.23.17

Reinstated by Donald Trump, with promise to expand to all global health assistance

03.02.17

Went into effect for new USAID family planning grants; existing awards amended for compliance

05.15.17

Implementation plan announced — expanded to include all global health foreign assistance, as promised; renamed "Protecting Life in Global Health Assistance"

01.22.01

Reinstated by George W. Bush

01.23.09

Rescinded by Barack Obama

2001

2009

2017





IN THE NEWS

HHS Appointees Threaten Americans' Birth Control

Trump has appointed three anti-choice, abstinence-only crusading leaders — Charmaine Yoest, Teresa Manning, and Valerie Huber — to positions at HHS, which oversees Medicaid, Medicare, the Affordable Care Act, and the Title X family planning program.

Yoest, the new assistant secretary of public affairs, was the president of Americans United for Life until last year. She's also a senior fellow at American Values, an organization "deeply committed to defending life, traditional marriage, and equipping our children with the values necessary to stand against liberal education and cultural forces."

Manning, the new deputy assistant secretary for population affairs, has worked with the National Right to Life Committee and the Family Research Council, two vitriolic ultraconservative organizations. She has stated publicly that "contraception doesn't work," that "family planning is something that occurs between a husband and a wife and God, and it doesn't really involve the federal government," and that "[contraception's] efficacy is very low."

Huber, the new chief of staff to the assistant secretary for health, is the cofounder and president of Ascend, an abstinence-only education association. She managed Ohio's abstinence program from 2004-2007.

Calculating the Extent of Trump's Gag Rule Reach

Researchers at the [Kaiser Family Foundation](#) calculated just how many countries Trump's Global Gag Rule will affect. (Since abortion is illegal in many of the countries receiving our bilateral aid, the Gag Rule won't affect every country that we assist with global health funding. One of the requirements of the Gag Rule, however, is that no organizations receiving our aid lobby on behalf of more lenient abortion laws in their own countries with their own funding.)

The study found that abortion is legal in 37 of the 64 countries that received our bilateral global health assistance in 2016, in at least one circumstance (to preserve a woman's physical health or in the case of fetal impairment) that the Global Gag Rule does not permit.

Four Planned Parenthood Clinics in Iowa Close

Planned Parenthood was forced to close four of its 12 clinics in Iowa on June 30 because of a measure imposed by Gov. Terry Branstad that blocks funding for family planning services obtained at clinics that also provide abortion. Over the past three years, the four clinics that closed served 14,676 patients.

Obama Era Birth Control Benefit Threatened

A draft rule by the Trump administration gives any employer who has a religious or moral objection to contraception the right

to refuse to cover it in their employees' insurance plans. This takes the compromise that the Obama administration offered — to allow privately held companies and houses of worship to request an exemption — much further.

The Office of Management and Budget says that it is reviewing the "interim final rule," which typically means there will be a period for public comments, after which the rule could be revised based on those comments.

More States Require Insurers to Provide Year's Supply of Birth Control

Washington Gov. Jay Inslee signed a bill that requires any health plan issued or renewed on or after January 1, 2018, to cover a full year's supply of birth control at a time.

Maine Gov. Paul LePage didn't sign a similar bill that passed the state legislature, but he didn't veto it either, so after 10 days it became law without his signature.

In both states, patients can currently only receive three months of birth control at a time, elevating the risk of missing doses in between refills.

Six states — California, Hawaii, Illinois, Ohio, Vermont, and Virginia — and the District of Columbia already have extended supply laws. Maryland has a 12-month supply law that goes into effect in January 2018.

A 2011 University of California at San Francisco survey found that women who received a year's supply of birth control were 30 percent less likely to experience an unintended pregnancy.

Navy Improves Birth Control Access for Sailors

The Navy is making it easier for its sailors to get birth control when on land at the Naval Station in Norfolk. In April, it started offering same-day contraceptive services at the OB/GYN department of the Branch Health Clinic. Similar clinics operate in San Diego and Mayport, Florida.

Pregnancy-Related Complications Leading Cause of Female Adolescent Mortality

In 2015, pregnancy-related complications were the leading killer of adolescent girls ages 15-19 worldwide, according to a new [World Health Organization \(WHO\)](#) report. Maternal causes, including hemorrhage, sepsis, and obstructed labor, accounted for 10.1 deaths in every 100,000 girls in that age group. In African lower- and middle-income countries, the rate was much higher, at 35.7 deaths per 100,000 young women.

“Pro-Life” Hypocrisy in MD

Maddi Runkles, daughter of the board chair at the small Christian school she attended in Hagerstown, Maryland, is pregnant. As a result of this, and because she decided not to terminate the pregnancy

(as she says she considered doing), she was not allowed to march in her high school graduation. She was also removed from the student council and punished with a two-day suspension.

Her family praised her decision to continue the pregnancy and called upon the school's Students for Life group to help. They weren't able to sway the school's hypocritical administration, however.

Heritage Academy has a nine-point “statement of faith,” which declares that “no intimate sexual activity be engaged in outside of the marriage commitment between a man and a woman.” Because that's realistic for an entire school full of teenagers.

Number of Undocumented Immigrants Dropped in 2016

Since peaking at 12.2 million in 2007, the number of undocumented immigrants in the United States has been in decline. The figure was estimated at 11.3 million in 2009, and in 2016 it was down to 11 million, according to the [Pew Research Center](#).

Half (5.6 million) of all undocumented immigrants in 2016 were Mexican, down from 6.9 million in 2007. The populations of undocumented immigrants from Central America and Asia were both up by about 200,000 in 2016, to 1.8 million and 1.5 million, respectively.

Millions of New People Internally Displaced in 2016

Nearly seven million people were newly displaced (forced to live away from home, but within their own countries) in 2016, according to the [Internal Displacement Monitoring Center and Norwegian Refugee Council](#), with conflict, criminal violence, and natural disasters cited as the driving forces. Three times more people were displaced by storms, floods, drought, wildfires, and other natural disasters in 2016 than in 2015.

The countries with the largest number of new IDPs due to conflict were the Democratic Republic of the Congo (922,000), Syria (824,000), Iraq (659,000), Afghanistan (653,000), Nigeria (501,000), and Yemen (478,000).

The total number of people internally displaced totaled more than 31 million in 2016.

Delaware Codifies *Roe v. Wade* Provisions

Delaware became the first state to codify the provisions of *Roe v. Wade*, in case the ruling is overturned at the federal level. Gov. John Carney, Jr, signed the bill into law after it passed the legislature by a comfortable margin.

The Illinois legislature passed a similar bill in May, but Gov. Bruce Rauner has vowed to veto it. The New York Assembly also adopted similar legislation, but it's currently stalled in the Senate.

Trump Abortion Crackdown Risks Stoking Nigeria's Population Boom

Article and photos by Ruth Maclean | Originally published by [The Guardian](#)

Cuts to U.S. Foreign Aid Enacted by the U.S. Administration Mean that Supplies of Contraception Are Dwindling in Nigerian Family Planning Clinics.



Nurse-midwife Zainab Malut (right) sorts out supplies with a colleague at their family planning clinic in Maiduguri

A Nigerian nurse-midwife allows herself a small smile as she injects a tiny piece of plastic into a young woman's arm. In a way, Zainab Malut is doing herself out of a job through this intervention at a family planning clinic in northern Nigeria. The contraceptive implant she persuaded her patient to get will mean she won't need to deliver the woman's babies

for the next four years. But for the many women she sees each day, it means fewer mouths to feed and a degree of freedom.

A few miles away, at a camp for people who have fled Islamist militants Boko Haram, Gambo Abdul Aziz is trying to

convince a recent arrival who has been using traditional contraception — a belt with charms sewn into it — that she should try the pill instead.

Determined as they are to help women access contraception, the midwives of Maiduguri have a tough job. Their clients and their husbands are often suspicious of modern methods; in the wake of Boko Haram, the population of their city, the capital of Borno state, has doubled to two million people, and many people commute to work in the aftermath of bomb attacks.

But their task has been made even harder by one man thousands of miles away: Donald Trump.

The American president's decision to reinstate the Mexico City Policy [Global Gag Rule] and invoke the Kemp-Kasten amendment, which cut U.S. government funding to organizations deemed to promote abortion, means that Malut's clinic could run out of supplies, and Abdul Aziz's may have to close down.

Neither clinic has any link to abortion, but both are supported by the UN Population Fund (UNFPA). Under Barack Obama, the U.S. government was one of the agency's biggest funders, giving it \$69 million in 2016. Now UNFPA, along with other organizations, has to scramble for cash from elsewhere to keep its programs going.

The situation in northern Nigeria demonstrates just how many ominous knock-on effects Trump's move could have. The population is growing so fast that Nigeria looks set to overtake the U.S. to become the third largest country in the world by 2050, a demographic dynamic with huge implications for migration, social stability — and even terrorism.

WHAT IS THE GLOBAL GAG RULE?

The rule, otherwise known as the Mexico City policy, requires NGOs to certify that they will not perform or promote abortions anywhere in the world as a condition for receiving U.S. family planning funds. Every Republican president since 1985 has implemented it. But Donald Trump has adopted a stringent version of the rule, under which NGOs that refuse to sign will be refused all health assistance, including for HIV, primary care, nutrition, tuberculosis, and malaria programs. As much as \$8.8 billion in U.S. funding could be affected — money that developing world health budgets can ill afford to do without.

Nearly two million unwanted pregnancies and 10,000 maternal deaths would have been prevented by Marie Stopes International alone, had it got funding for another three years, according to its country head, Effiom Effiom. Last year, Marie Stopes estimated that it prevented 240,000 unsafe abortions by helping women in Nigeria control when they get pregnant.

"This is going to be really huge," Effiom says of the U.S. decision to pull funding. "They've been key in strengthening healthcare. It's their funding that allowed us to reach 500,000 women in the past three years. Who will bridge that gap?" he asks.


The woman on Malut's medical bed getting her implant, 25-year-old Sakina Sani, has two children, wants two more eventually, and intends to put them all through school. She knows from experience that what she can earn selling fried yams will not stretch to educating a big family, such as the one she grew up in (Sani has seven siblings).

"If I had a daughter, I'd only want her to get married after school — at 20, at the earliest," she says. "She would choose her own husband — I wouldn't choose him. My daughter should have a choice. What I went through has influenced me. I would not allow my daughter to be subjected to that."

What Sani went through was forced marriage at the age of 12: something not unusual in Nigeria, where 43 percent of girls are married off before their 18th birthday. Terrified of her 25-year-old husband, she managed to avoid him for the first two years of marriage. Eventually, though, he had his friends tie

Under Barack Obama, the U.S. government was one of the agency's biggest funders, giving it \$69 million in 2016. Now UNFPA, along with other organizations, has to scramble for cash from elsewhere to keep its programs going.





Gambo Abdul Aziz, a nurse-midwife who herself had to flee her home because of Boko Haram, persuades women in the same position to use contraception by pointing out how hard it is to feed and raise children far from home.

her to the bed and raped her so violently that she was admitted to the hospital for days.

He later apologized to her and her family, and she forgave him. “But what else could I do?” she says.

She is no longer afraid of him; in fact, he suggested getting the implant, and accompanied her to the clinic, waiting on a wooden bench outside. But she will not allow her own daughters to be sold off for marriage. She is resolute to have only as many children as she can support and put through school.

“Things have to change,” Sani says.

Her implant means she can stick to her resolution for another four years. But after that, she admits that if the clinic had no supplies, she’d be stumped.

“I would just give up. What could I do? I’d have to have more children. All I could do is pray harder for God to help feed them.”

Things will change, but for the worse, according to Effiom.

“It’s going to roll back the clock for us,” he says, pointing out that the cuts threaten to make government targets to increase contraceptive use from 10 percent in 2013 to 36 percent in 2018 impossible to achieve.

Some say that the large numbers of children born to Nigerian families even affect the country’s precarious security situation.

The emir of Kano, a highly influential Muslim leader, recently claimed that the neglected children of poor, polygamous men become recruitment fodder for the likes of Boko Haram.

“Those of us in the north have all seen the economic consequences of men who are not capable of maintaining one wife, marrying four,” the emir, who, as a rich man, has four wives, said earlier this year. “They end up producing 20 children, not educating them, leaving them on the streets, and they end up as thugs and terrorists.”



This page: Sakina Sani and her husband. **Opposite:** Sakina Sani gets her implant — known informally by some young Nigerians as a “tattoo.”

“This is going to be really huge,” Effiom says of the U.S. decision to pull funding. “They’ve been key in strengthening healthcare. It’s their funding that allowed us to reach 500,000 women in the past three years. Who will bridge that gap?” he asks.

Thoughtlessly having children is something that Malut sees all the time. “Our culture doesn’t like family planning,” she

says. “They say that if he wants to, God will stop the babies coming, but then they have 12 or even 20 children.”

While the emir tackles the men, Malut does whatever she can to get contraception to women, including those who fear being seen at her clinic and labeled promiscuous, or of news getting back to their disapproving husbands. Studies have found that men in northern Nigeria often determine whether or not their partners use contraception.

“See, no one can tell it’s there,” she tells Sani, running her patient’s finger over the skin of her arm. “You can feel the bump, but nobody else will have a clue unless they know what to look for.”

She puts the needle in the bin and gets ready to close the clinic, putting her hefty register in her bag to take home, along with some supplies, paid for with U.S. money.

“Women in my area know I’m working on family planning, so they’ll meet me at my house and I’ll give them pills and injectables,” she says. Until they run out, that is.

“Americans have so much. Can’t they help us with this?” she asks.



“Trumpcare” Would Send Her to Mexico for Birth Control

By Elizabeth Cohen | Originally published by [CNN](#)



All Ariana and Kevin Gonzalez want is birth control. As far as healthcare needs go, that's pretty simple. But the California couple says that if the Republican alternative to Obamacare becomes law, they'll be driving over the border to Mexico to get it.

It's not that the Gonzalezes don't have insurance; they have very good insurance through Ariana's job as a high school teacher.

The problem is that "Trumpcare," as Ariana calls it, would probably run her health clinic out of town. It's Planned Parenthood, which the Republican healthcare proposal defunds because it performs abortions.

The Gonzalezes live in the Imperial Valley, an agricultural area two hours east of San Diego, with a severe doctor shortage. On average in California, there's one primary care physician for every 1,341 people. In the Imperial Valley, there's one physician for every 4,170 people, according to the University of Wisconsin Population Health Institute.

For Ariana, that means it takes well over a month to get an appointment with her gynecologist and then four or five hours in the waiting room to see him, which means she has to take the day off work. At Planned Parenthood, she gets an appointment the next day and is in and out in about 30 minutes.

If the Republican plan passes and Planned Parenthood leaves town, Ariana says, her best option would be to cross the border, where she can see a gynecologist immediately. It's an option she doesn't want to take but will if she has to.

Ariana has a message for senators as they contemplate whether to pass the law, also known as the American Health Care Act.

"If [Planned Parenthood's] doors are shut, you'll be driving your own constituents to an entirely different country in search of healthcare, and that's not America," she says. "I don't think that's who we are as a country."

Pregnant at 15

Ariana, 23, knows what life would be like without Planned Parenthood in her town because she's lived it.

Before Planned Parenthood opened in the Imperial Valley two years ago, she became pregnant when she didn't want to, and then later she couldn't get pregnant when she did want to.

Without easy access to birth control, Ariana became pregnant at 15. A doctor tried to convince her to have an abortion, saying she was one of countless teen moms he'd seen just that week.

"He said it would be better for me, and we could have it done in ten minutes if I just said the word," she remembers.

But Ariana, now 23, says her "maternal instinct kicked in," and she never considered termination.

In the summer of 2011, when her son, Oliver, was 18 months old and she was 18 years old, Ariana met her future husband.

She wasn't looking for love — in fact, she'd shunned dating to focus on caring for Oliver and preparing to study at San Diego State University in the fall.



But one day, she was visiting a friend when Kevin and his brother showed up to visit. They were hanging out in the front yard, and she excused herself to go inside and check on her napping son.

“I was expecting, ‘You have a child?!’” she remembers. “But he just said, ‘OK, no problem.’ He didn’t blink an eye.”

Kevin proposed a few months later and adopted Oliver. They tried to have another child so Oliver would have a sibling close in age, but Ariana suffered three miscarriages, including one with twins. Then, an ectopic

pregnancy permanently damaged one of her fallopian tubes, and she was unable to get pregnant for nearly two years.

With each medical failure, Ariana sought advice from her gynecologist, and each time, the wait for an appointment was about six weeks. The Gonzalezes’ hope for another child seemed to be stuck in an endless cycle of complications and long waits to see the doctor.

They say they wish Planned Parenthood had been in their town then, as the clinic, unlike her gynecologist’s office, treats infertility without long waits.

Finally, after nearly four years of miscarriages and infertility, Ariana's doctor prescribed steroids, and she became pregnant with their daughter, Bailey. She wanted to see her obstetrician immediately, but again she faced a six-week wait.

"We needed to make sure that this pregnancy was going to stick and it was going to be healthy, and in order to do that, off to Mexico we went," she says.

A Ride Across the Border

It was about a 20-minute drive from the Gonzalezes' home in El Centro, California, to Avenida Francisco I. Madero in Mexicali, Mexico. The busy thoroughfare is lined with doctors' clinics that await Americans like the Gonzalezes who face a shortage of doctors back home.

The doctors at Almater Hospital wouldn't take Ariana's health insurance, but it didn't really matter, because the care was so inexpensive. For just \$25, a blood test and an ultrasound confirmed her healthy pregnancy.

After the appointment, Ariana and Kevin sat in line at the border for three hours to get back home to California, but they said still it was faster than waiting a month for her gynecologist and then waiting four or five hours in his waiting room.

Ariana's pregnancy with Bailey went well, but the birth didn't. She hemorrhaged so much blood during the cesarean section that she needed several blood transfusions.

When her obstetrician discharged Ariana from the hospital, he urged her to follow up with him shortly. But when she called to make an appointment, she was told she'd have to wait a month.

That's when Ariana started going to Planned Parenthood.

She says it scares her to think what will happen if her clinic closes.

"I don't think this is the direction that our country needs to be going. I think we're taking steps backward," she says.

She thinks about a photo that made the rounds on social media in March. It showed Vice President Mike Pence and a group of congressmen discussing the passage of the GOP plan, called the American Health Care Act.

"I see a bunch of men sitting around a table, discussing what I should be allowed to do with my body," she says. "My husband and I can decide what's best for us."

Proposal "Devastating" to Planned Parenthood

Although Ariana's not on Medicaid, 87 percent of patients going to Planned Parenthood in California are on the government health program.

The Republican plan calls for the federal government to stop paying Planned Parenthood when a patient on Medicaid comes in for care.



The effect would be “devastating,” according to Planned Parenthood Affiliates of California Action Funds.

“If these health centers do not get federal reimbursement for the care they provide, Planned Parenthood health centers will close,” according to the group.

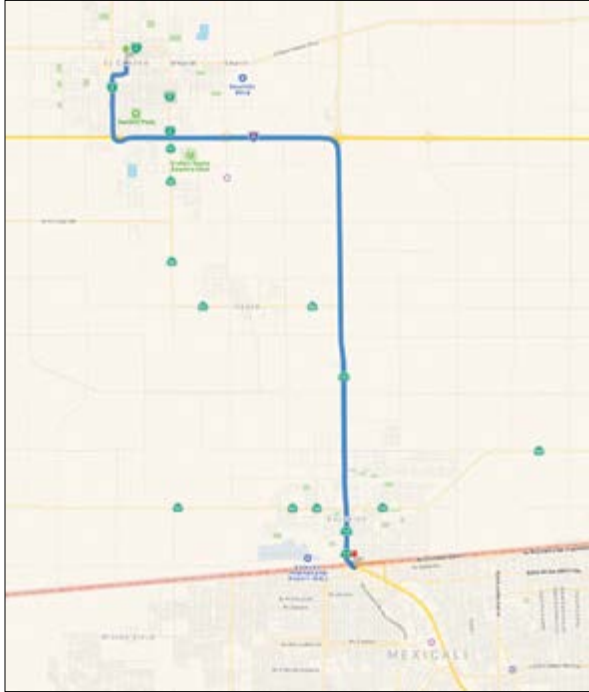
But Republicans say a network of federal community health centers can care for Planned Parenthood patients.

At a CNN town hall in January, House Speaker Paul Ryan pointed out that there are many more community

health centers than there are Planned Parenthood clinics, and community health centers don’t provide abortions.

“For every Planned Parenthood, there [are] 20 federal community health centers,” Ryan said. “They’re vastly bigger in network, there are so many more of them, and they provide these kinds of services without all the controversy surrounding this issue.”

But many experts say community health centers can’t easily absorb the nearly five million patients who visit 600 Planned Parenthood clinics annually, even with the



The route for the 13-mile trip from El Centro, CA to Avenida Francisco I. Madero in Mexicali. The thoroughfare lined with doctors' clinics is just over the Mexican border. Source: Google Maps

additional \$422 million that the GOP bill would provide to the community health centers.

An analysis by the Guttmacher Institute shows that in 27 states, community health centers would have to at least double their contraceptive client caseloads to absorb Planned Parenthood's patients, and in nine of these states, they would have to triple their caseloads.

California community health centers would be put under "untenable stress" if Planned Parenthood centers were defunded, according to a group representing the centers.

"We do not have the capacity for such an increase in care," Carmela Castellano-Garcia, president of the CaliforniaHealth+ Advocates, wrote to Sen. Dianne Feinstein in February. "We strongly believe enactment of [the GOP proposal] would negatively impact the health of our community."

As for Ariana, she doubts that the community health center in her town could meet her needs. She remembers going there to get care for Oliver when he was a baby, and she had to wait four hours to get in to see the doctor.

Now, Oliver is seven, and Bailey is almost two. Busy with them and her full-time job, all Ariana wants is a place to get regular birth control without having to take a day off work.

That brings her back to her plans to go to Mexico if "Trumpcare" passes. She places her faith in senators to stop a plan that she says would send her out of her own country to get healthcare, a plan she calls un-American.*

"I think it's shameful, and I think that they should be embarrassed," she says.

CNN's John Bonifield and Debra Goldschmidt contributed to this report.



* The Senate failed to pass its "skinny" repeal of the Affordable Care Act on July 28, after voting against two previous amendments to repeal and replace Obamacare earlier in the week. The relentless attacks are sure to continue, but for now, the Affordable Care Act is safe, along with the Planned Parenthood clinic in El Centro, California.

WHO DIES? THE SINGULAR EQUATION


By Lisa Shannon



Mercy has a contraceptive implant from Family Health Options Kenya. She wants to prevent pregnancy for at least five more years so that she can focus on raising her 3-year-old daughter.

UNDER TRUMP'S GLOBAL GAG RULE

Warning: This article is a highly disturbing recounting of conversations the author had with real girls and women in three different sub-Saharan African countries. These include graphic stories of sexual abuse, exploitation, and violence.



I use the implant,” 19-year-old Mercy says, firmly tapping two fingers on her upper arm, as though pointing out a military rank. We are sitting in a reproductive health clinic surrounded by cheery blue-washed walls and health posters encouraging cervical cancer screenings and warning against HIV. Mercy speaks in crisp English, her quick smile and bright eyes framed by bouncy curls. “They are for three and five years. I took the five. So by that time, my daughter will have grown a little bit. Even after five years, I’ll come again and replace it.”

Beyond these clinic walls lies Kibera, the largest urban slum in Africa, where Mercy grew up and is now raising her own daughter. Here in Kibera — a maze of rusting metal sheets patched together to form narrow corridors, weaving around open sewers clogged with garbage and human waste in Nairobi, Kenya — 50 percent of the residents are unemployed. Though 99 percent of girls in Kibera begin school, few finish. Between ages 11 and 14, one out of every three girls experience domestic or sexual violence. And nonprofit Kibera UK reports, at any given time, about 50 percent of 16–25-year-old girls are pregnant. “Most of these pregnancies are unwanted.”

“I was a naïve girl,” Mercy says. Like so many girls in Kibera, Mercy had little knowledge of or access to reproductive health services. At age 16, she became pregnant. At that time, Mercy faced a choice: seek an unsafe — and potentially deadly — abortion in a local “curtain clinic,” named after the curtain-only doorways, or drop out of school to become a single mother. She chose the latter.

Most teen moms find themselves quickly trapped in a brutal game of survival: sex for money, pregnancy, malnourished babies, disease, and extreme poverty. But for Mercy, things took an unexpected turn. In 2014, with support from the United States Agency for International Development (USAID), Family Health Options Kenya (FHOK) opened a free reproductive health clinic a few hundred yards from Mercy’s home. Established in 1962, FHOK offers a range of reproductive health services: free contraceptives, cervical cancer screening, sexually transmitted infection testing and treatment, rape kits, primary care for children, and — in accordance with Kenyan law — referrals for safe abortions.

Mercy seized this support, securing long-acting birth control, allowing her to care for her daughter while making plans to go to beauty school. “I’m not willing to make that kind of mistake again. So that’s why I seek family planning — so that my daughter can have the best. I want to be a responsible mother.”

Teen mom Aisha agreed to speak with me only after I shared my own family history that touched on her experience. Tucked inside a single-room hut, she speaks in hushed tones as her friends wait outside: Even her best friends don't know the most painful chapters of her life.

Aisha was only 16 when her mother became ill and the family ran out of funds for her school fees and meals. The family's survival fell on Aisha. "There was some guy who..." She pauses a long while, burying her face in her hands, searching for the words, "...liked me." Sex with the 32-year-old married father for \$1.50 per encounter became Aisha's last-ditch routine.

Aisha became pregnant. The man disappeared, leaving her with no means of supporting her child or her family. She birthed the baby, and slipped into Kibera's no-choice track for girls. Locally, they call it "the hustle": odd jobs, alcohol, and clubs where older men linger, looking for teen girls. The going rate per condom-free "shot" is about \$1. Aisha made about \$20 on Saturday nights.

Soon, Aisha again became pregnant. This time, her mother pushed her to get a curtain clinic abortion. For \$30, she was given a pill and a suppository. The bleeding was intense. Armed with a story of miscarriage, Aisha went to the hospital. But upon examination, the medical staff found the half-dissolved suppository inside of her. "They kicked me out," Aisha says, dabbing away tears. "Told me to just go."

Aisha went to another hospital that did treat her. The fetus had gotten stuck on expulsion from her womb, and her incomplete abortion went septic — a



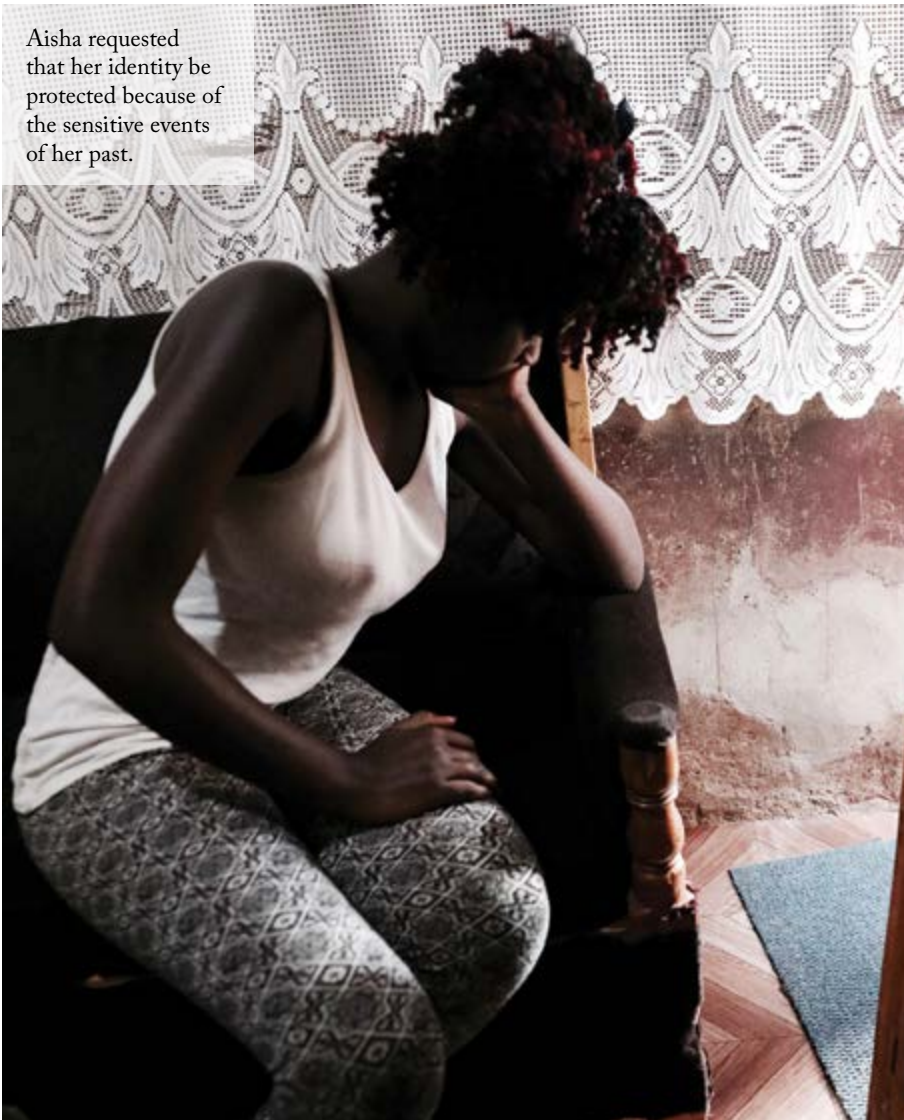
A typical curtained doorway in Kibera



Mercy, Tery, and friends wait for appointments at FHOK in Kibera



Faith carries medicine she got at FHOK



Aisha requested that her identity be protected because of the sensitive events of her past.

life-threatening complication. At home, it took her a month to recover.

Around that time, friends told Aisha about FHOK's clinic. She is now on long-acting birth control, and, anxious to leave behind clubs and sexual exploitation, has enrolled in culinary school.

Aisha's story is common among those who frequent the FHOK Kibera clinic.

"I have so many friends who did abort, but I've been talking with them to come to the clinic to get family planning," says 22-year-old Tery, who supports herself and her 3-year-old son on an income of \$36 per month. A proud smile spreads across her face, "They have done so...they are doing well."

FHOK's work has steadily supported young women in making life-affirming choices, allowing them to create their own narrow pathways out of extreme poverty. But this fragile success is on the edge of collapse, thanks to the Trump administration's re-imposition and expansion of the Global Gag Rule. The policy requires any organization receiving funding from USAID to sign a pledge that they will not offer abortion services, nor refer clients to those that do. The ban extends beyond services offered with U.S. funding to all services supported by any funder.

FHOK has no illusions about the grave costs of this lethal policy. They've been through it before. In the early 2000s, FHOK would not agree to the requirements of the Global Gag Rule as instituted under the Bush administration. They lost funding, and subsequently closed six clinics.

But between 2009 and 2017, with USAID support, FHOK reopened

clinics and expanded services. In 2016 alone, they provided patients with three million instances of reproductive health services at 17 clinics.

This time, as the Global Gag Rule is imposed under Trump, FHOK estimates they will lose 60 percent of their funding. They are currently making plans to close about half of their clinics.

The results to come are well documented from past impositions of the Global Gag Rule: When women have no birth control options, rates of unwanted pregnancy spike. Unsafe abortions, like the one that nearly cost Aisha her life, skyrocket. Women die.

“The Kibera clinic will be our first casualty,” explains Amos Simpano, Director of Clinical Services for FHOK. “Expect this to translate to many young women dying.”

And the looming threat is not limited to maternal health...

In a garment factory district on the outskirts of Nairobi, 30-year-old Faith lives alone. With only a third-grade education, Faith migrated here from eastern Kenya in search of a job, but has never found formal work. Like many women who live in this area — including those employed full time at the garment factories — Faith has sex for money. “I have done it. It’s not like I go out looking for men. But I have responsibilities, like house rent, and once in a while I won’t have money to pay. So, I’ll tell a man. And he’ll say, ‘I can help with that.’ If I tell a man about my rent issues, he will say, ‘Would you accept \$2?’”

Staff at FHOK’s garment district clinic estimate that 90 percent of their clients who have sex for money are HIV

positive. Faith is no exception, though she stares at the floor for a long while after I ask about her HIV status, silent, before she can bring herself to say the words out loud, “It’s true.” Faith manages her viral load through medication she receives at the FHOK center.

Faith invites me to visit her home, but on one condition: I must hold her hand in front of neighbors. “So they’ll think we’re friends, I’m someone important.” I oblige, wrapping my arm around her shoulder when introduced to those I can only assume are judging neighbors, declaring, “Any friend of this wonderful lady is a friend of mine!”

Walking away, I think back to what she said when I asked what she will do when they close the clinic. Her self-worth so shaky, Faith responded, “I will feel ashamed to go to another clinic.”

I believe her. She likely won’t go elsewhere at the risk of ridicule. That means a spiking viral load, mixing HIV strains, and perhaps death. “Our focus is to prevent any new infections, and to manage people who are living with HIV,” Amos Simpano explains. “Once we are unable to provide [antiretroviral medication], they will die. They will die.”

While the repercussions of the expanded Trump Global Gag Rule loom heavy on the Kenyan horizon, the Democratic Republic of the Congo (DRC) and Somalia both serve as sharp warnings of what life — and far too much death — looks like without reproductive healthcare.

For more than a century, DRC has been ruled by an unbroken lineage of kleptocrats. Decades of civil war wiped out any existing infrastructure, and government services





Melvine Ouys, Director
of FHOK Kibera Clinic

“The Kibera clinic will be our first casualty. Expect this to translate to many young women dying.”

— Amos Simpano

are now next to non-existent. The nation is also known as the rape capital of the world.

Julie wears smudged, hard-stenciled eyebrows, ratted and pulled hair extensions, and a lacy yellow top that looks like lingerie — her attempts to manufacture sexy. I've rarely met someone so visibly worn by indignity layered upon indignity, never mind at only age 15. She speaks in a raspy voice, as she starts from the beginning. Julie was 12 when she was orphaned. She worked as a house servant, and was on her way home from collecting water when four men gang raped her. "I cried so hard so people would come. I screamed for help, but the men just added volume to the music."

After hours of rape, Julie was so badly injured she literally had to crawl on her hands and knees back through the slum. Her employer wouldn't let her back inside the house.

Since that day, Julie has found only one means of survival: a daily routine of sexual exploitation — child rape, really — for which she pays \$6 per day just to cover the costs of a room in a brothel. It takes seven "clients" just to net \$1 a day.

Julie is now two months pregnant. Her "madame" has set a limit: Men will only pay for sex up until seven months of pregnancy. After that, Julie is no longer welcome at the brothel. She is at a loss as to how she will survive. "My friends are encouraging me to terminate my pregnancy," Julie says. The unsafe abortion method of choice in the area is a fistful of the malaria medication quinine, from which Julie recently witnessed a friend overdose and die. "I refused. I am afraid of dying."



Julie is 15 years old and two months pregnant. She works at a brothel as a sex worker to earn money to survive.



Darlene considered suicide after being raped at age 13.

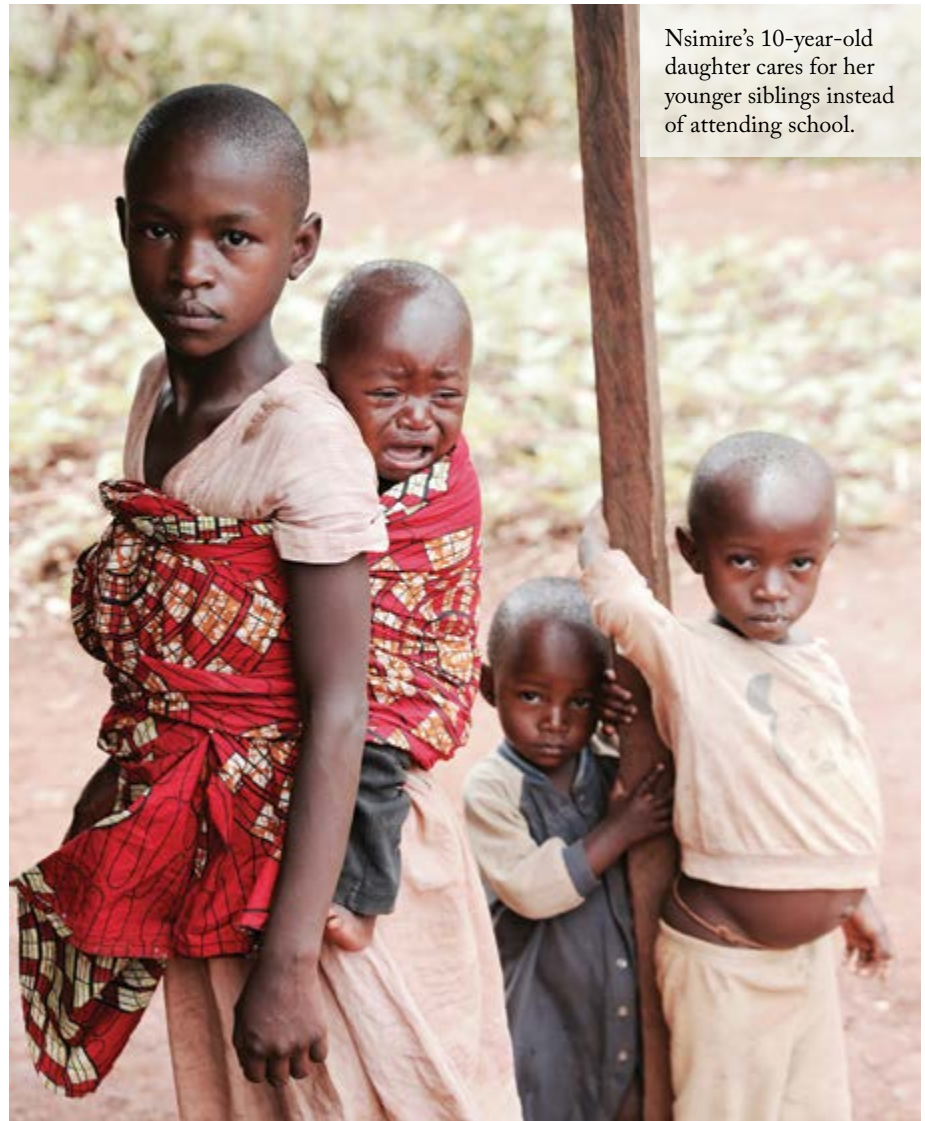
Julie's fear is legitimate. According to Dr. Neema Rukungh of Panzi Hospital in Bukavu, a city in eastern DRC, the demand for abortion following rape is high. "If they could have the choice, at least 80 to 90 percent would say, 'We need to abort.' Because even when the law doesn't agree, many try to make an abortion one way or another. They arrive here at the hospital bleeding, with strokes and severe infections. Young girls who couldn't make abortion, they tried suicide."

Suicide was Darlene's first thought. At age 13, following a rape over a school break, Darlene was told she was pregnant. "That day, I felt worthless. My decision was to end my life. My plan was to go and throw myself in the Ruzizi River or the lake," Darlene recounts. "So I didn't have to continue to witness how my life became nothing."

When asked if she would have taken an emergency contraceptive pill to prevent pregnancy in the 72 hours following the rape, if given the option, she says, "I would take it. I would take it and keep my life."

Instead, as the community learned of her pregnancy, Darlene was summarily rejected. "My friends abandoned me. My family did not continue to love me the way they did before I was pregnant. So everything changed. They isolated me, and saying I am raped. So I'm dirty. Everybody. Everybody."

For married women, too, the reproductive landscape in the DRC is dire. Despite widespread family planning education programs, birth control supplies are low, prohibitively expensive, and limited to urban centers.



I am not happy. My youngest child is only eight months," says Nsimire. She is 29 years old and now pregnant with her eleventh child. "I am four months pregnant. I want this to be my last child, to have this baby be the youngest forever. I am afraid I can die, or I'll not be able to take care of these children."

There is a government clinic in Nsimire's village, with a new maternity ward. But the center can't afford a trained midwife. The center's only income is from patient fees — about \$150 per month, split between five staff members. To deliver with a midwife, women must

walk three hours to the nearest hospital while in active labor. If it's after dark, the clinic recommends eight or more people accompany her, to prevent militia attacks. Because of this, Nsimire has given birth at the hospital only two of ten times. The other deliveries happened at home, or while walking to the hospital. "I gave birth on the road. Several times."

Nsimire's village is also a half-day walk from the nearest supply of contraceptives, which are prohibitively expensive. "We need contraception. I can't afford it, otherwise I would have gotten it."

So I ask her the obvious — if intrusive — question: If having so many children is a problem, why not just abstain from sex? “I don’t have the power to say no. He will not accept, he will go run after other women.”

In the meantime, a visit to Nsimire’s home reveals the heavy toll paid by her children: Instead of school, Nsimire’s 10-year-old daughter takes the burden of care for younger siblings. The youngest child, an 8-month-old baby, wails, her hair white from malnutrition.

On the heels of two decades of state collapse, rule by Islamic militants, and civil war, Somalia has routinely been labeled the most dangerous place on Earth, the world’s most failed state, and one of the worst countries on the planet for women.

In a private house, tucked into a dusty residential neighborhood in Mogadishu, 23-year-old Jamilah holds a 9-month-old baby girl dressed in pink lace. Jamilah gave birth for the first time at age 13. Since then, she has delivered eight times in ten years. After watching three of her babies die, Jamilah wants no more children.

But even in urban areas like Mogadishu, women like Jamilah have no birth control options. Somali gynecologist Dr. Asha Omar explains, “If you are Somali woman, and you don’t want to have more kids, you have nothing to do. You don’t have access to contraceptives or other alternatives. You can’t. You can’t.”

Jamilah tried street-bought contraceptive pills, recommended by her aunt. Both women conceived while taking the pills. That’s how she came to be pregnant with the baby resting on her lap. Her daughter’s eyelids grow heavy and she



Nsimire and her children in front of their home

“I am four months pregnant. I want this to youngest forever. I am afraid I can die, or I’ll



be my last child, to have this baby be the not be able to take care of these children.”

slips into a nap as Jamilah speaks softly. The family’s sole breadwinner, Jamilah returned to work immediately following the most recent birth. One day, when her baby was four months old, her husband went out on an errand and a neighbor broke into the hut and raped the baby girl, who was left alone. When the father came home, the baby was hysterical, covered in blood.

Now terrified for her children’s survival, Jamilah begged her husband to not ejaculate inside of her during sex. He did anyway. So, she threw him out.

I gathered a focus group at the Elman Peace and Human Rights Center in Mogadishu to talk in more depth about the reproductive health challenges facing Somali women. In a shady backyard, community outreach workers, mothers, small business owners, and sexual violence survivors broke it down: “If the girl is pregnant before she’s married, it is considered the duty of the nearest male relative to kill her.”

The stories abound. A schoolgirl being intimate with a classmate, a video of the act posted online, her father burning her to death. A mother of seven, raped and impregnated by African Union soldiers, receiving death threats from al-Shabaab: Kill the newborn, or we will kill you.

But young women have figured out a gruesome escape: Under layers of Muslim *chadors* — a covering draped loosely over the body — it is relatively easy to hide a pregnancy bump, even at full term. Girls deliver in secret. As long as they return without a baby, family and community are often none the wiser.

What happens to the newborns? Sometimes, they are abandoned on doorsteps or in hospitals. More often,

they are thrown out — in open latrines or garbage piles, strangled with their own umbilical cords. According to Ilwad Elman, Program Director for the Elman Peace and Human Rights Center in Mogadishu, it happens about three or four times a week in Mogadishu alone. So common is the practice that one focus group member passed around a photo on her phone, taken only a week or so before the meeting, of a dead infant she found wrapped in a clear plastic bag, thrown out among beer bottles and candy wrappers.

As Dr. Asha Omar explains, “They hide the pregnancy, they hide, they deliver, and they throw the baby. That is what mostly happens. Instead to do abortion, they wait until the delivery, and then they throw.”

A woman named Ismael relayed how she came to adopt her infant son resting beside her, including the birth mother’s admission: Yes, she suffocated her first newborn, and attempted to kill this second baby with his umbilical cord before Ismael intervened. But, the girl apparently told her, it was self-defense. Murder or be murdered. “If you knew my father, you wouldn’t ask why.”

These are the horrific ends in a world with no reproductive healthcare. Without support, for millions of women, the options are reduced to a singular equation: Who dies?

In the coming four years, Trump’s Global Gag Rule will snare millions of women, babies, and barely pubescent girls in a web of death-only choices.

Some, perhaps many, of the women I spoke with will not outlive this policy. Under a moralistic banner of “life,” this



Focus group participants look at a photo of a dead infant who was left out with the trash



Focus group participants at the Elman Peace and Human Rights Center in Mogadishu

Dr. Asha Omar



policy will blot out the lives of thousands of Mercys, the would-be creator of sassy hair-dos, thousands of Darlenes, future human rights attorney, thousands of Faiths, happy just to hold a hand.

This policy is tantamount to an arms-length mass stoning.



Lisa Shannon is an author, activist, and speaker. Earlier this year, she traveled to DRC, Kenya, and Somalia on behalf of Population Connection and Population Connection Action Fund to talk to people most affected by Trump's Global Gag Rule. Learn more about her work and background at lisajshannon.com.

Ismael with the baby boy she adopted after his birth mother attempted to strangle him with his umbilical cord



MEMBER ENGAGEMENT



ST. LOUIS, MO:

Dane Kamin, a dedicated activist and member since 2016, held three tables at local Earth Day events. He spoke to more than 1,000 people about the connection between a stable population and the availability of family planning services.



SAN FRANCISCO, CA:

Janet Parks, a member since 1996, sponsored a table at San Francisco Earth Day. As a science teacher, Janet also used our Population Education materials, such as the *World Population* video, in her classroom.



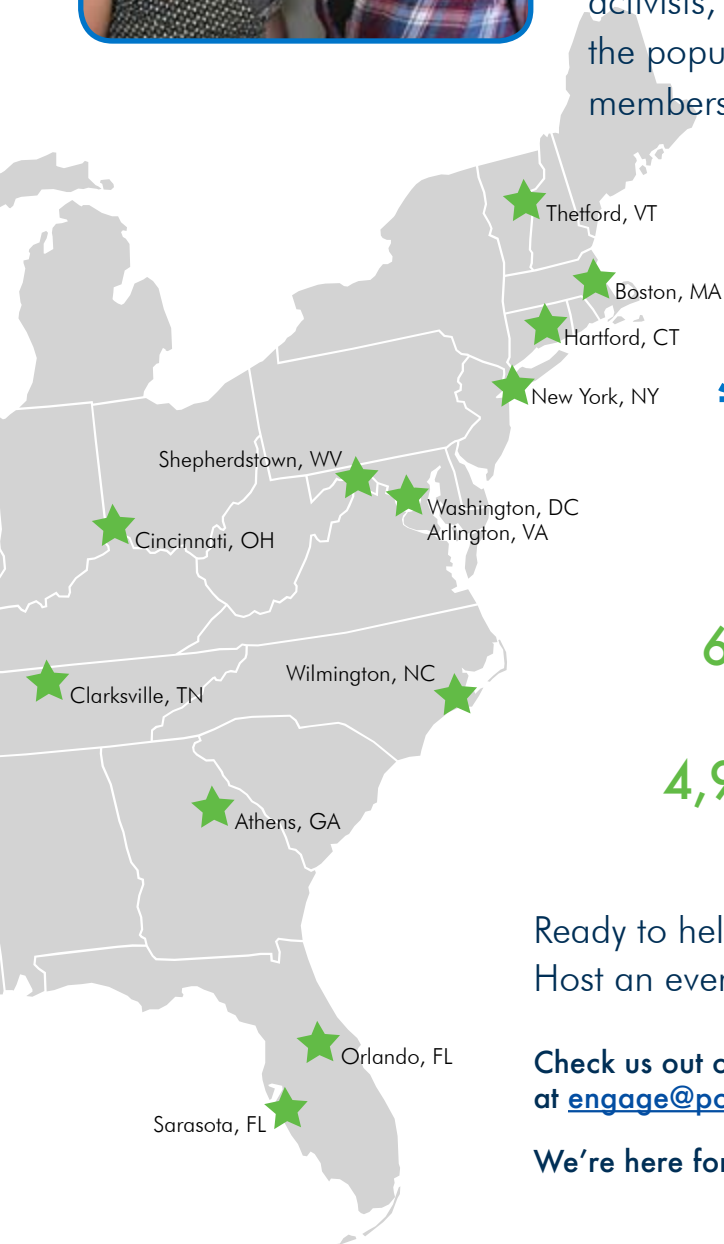
DALLAS, TX:

Paul Rodgers, a longtime population activist and member since 1992, spent three days at the massive Dallas Earth Day festival. He collected more than 150 signatures on our statement supporting international family planning. He continues to share the importance of population stabilization with his community.



Hi there!

Heaven and Maeve here, Population Connection's membership relations team. We're here to support members who want to help spread the word from coast to coast. We help our members table at community events, host film screenings, network with other population activists, speak to local groups, and more — all to push the population movement forward! Here's what our members have been up to this year.



JUST THE NUMBERS

- 71 members participated
- 33 events
- 21 states
- 680 people signed our statement of support for increased investment in international family planning
- 4,915 people learned about our mission through our members' community outreach

Ready to help your community make the Population Connection?
Host an event? Table at a farmers' market or festival?

Check us out online at popconnect.org/getinvolved or email us at engage@popconnect.org.

We're here for you!

Heaven and Maeve

★ Location where members participated in a rally or community event



The Fight's Not Over Yet, and We're Not Giving Up

By [Stacie Murphy](#), Policy Director

Trump's Global Gag Rule

On his first work day in office, Donald Trump signed an executive memorandum imposing a radically expanded version of the Global Gag Rule. The language in that memorandum, however, was vague enough that for several months it was unclear exactly what impacts the expansion would have.

In mid-May, when the State Department released additional details about the policy, we finally learned more about what it is going to mean for our global health programs.

Previous versions of the Gag Rule have applied only to family planning funding controlled by the United States Agency for International Development (USAID). It has always been a stupid, counterproductive policy, cutting off funding to effective, experienced providers of family planning around the world — and, according to the research, actually resulting in higher abortion rates in a lot of places.

And in that respect, this new version of the Gag Rule is no different. We're already seeing significant harm from the restrictions. Family Health Options Kenya, for example, will likely have to close half its clinics. In Nepal, experts are

worried about a collapse of the health-care system. In Colombia, public health outreach to rural communities trying to recover from decades of war will likely be eliminated.

These sorts of outcomes weren't enough for Donald Trump and Mike Pence though. The Trump administration went out of its way to make this already disastrous policy even more destructive, applying it not only to family planning programs, but to an estimated \$8.8 billion in overall global health funding. Programs that have never been subject to the Gag Rule before are now scrambling to assess how the policy is going to impact them. In many cases, there's a real risk that the expansion may undermine the effectiveness of their efforts. A grantee that receives money to do work on HIV/AIDS, for example, might not offer family planning services, but may partner with a provider that does. If that family planning clinic offers any kind of abortion-related services, the HIV/AIDS group may have to sever the relationship, perhaps leaving them with nowhere to send clients who want birth control.

It's impossible to know right now exactly how many such programs could be impacted. But it's clear that this expanded

Gag Rule could prove catastrophic for global health efforts. Programs combating HIV/AIDS, tuberculosis, malaria, Zika, and even child hunger may be under threat.

2018 Budget Fight Gets Underway

Ever since the Trump administration released a Fiscal Year 2018 budget blueprint calling for the complete elimination of international family planning funding, supporters of these programs have held their breath, waiting to see if Congress would go along with this dramatic cut. On July 12, the House released its draft of the State Department/Foreign Operations Appropriations bill. The best thing we can say about it is that at least it doesn't zero out family planning. It does, however, cut the program by nearly \$150 million, capping it at \$461 million. It also codifies both Trump's expanded Global Gag Rule and his ban on funding for the United Nations Population Fund.

During the mark-up of the bill in the House Appropriations Committee, Ranking Member Nita Lowey (D-NY) offered an amendment to eliminate the Gag Rule and UNFPA provisions. Rep. Barbara Lee (D-CA) offered an amendment to strike the Gag Rule and UNFPA provisions, as well as increase

the amount of money directed to family planning programs.

Despite strong statements of support from multiple committee members, both amendments failed 23–29. Every Democrat voted in favor. Only Rep. Charlie Dent (R-PA) crossed party lines to join them.

It's a disappointing outcome, but it's not the end of the line. The Senate still has to do its version of the bill, so we're going to get another chance at the fight. It's not over yet, and we're not giving up.

Zombie Healthcare Bill Rises Again. And Again. And Again.

Activists celebrated on March 24, when House Speaker Paul Ryan withdrew the American Health Care Act (AHCA) without a vote. Despite intense pressure from leadership, he was forced to admit that the bill, which included \$880 billion in cuts to Medicaid, simply lacked the support to pass. But only a week later, the bill was back. And it was worse.

The original bill already cut coverage for the poor, ended funding to Planned Parenthood, and allowed insurance companies to charge much higher premiums for older people. But to win the support of the ultra-conservative House

Freedom Caucus, Ryan altered the bill to overturn regulations that guarantee that certain health benefits are covered and that people with preexisting conditions can still get insurance.

With these changes in place, the bill squeaked by, earning 217 votes, the absolute minimum required to pass. Multiple House members admitted to voting for the bill only because they believed that the Senate would “fix” the legislation.

The House took the wholly unprecedented step of voting for the bill without waiting for a score from the Congressional Budget Office (CBO). That score, when it came, was brutal. The CBO estimated that the bill would lead to 24 million more Americans without health insurance, as well as undermining protections for people with preexisting conditions.

And then it was the Senate's turn. Rather than taking up the House bill, Majority Leader Mitch McConnell (R-KY) created a group of 13 (all male) senators and set them to coming up with a plan behind closed doors.

The first version of the Better Care Reconciliation Act (BCRA) was initially far more of a tax cut than a healthcare

bill. It gave a giant tax cut to the 400 richest American families and paid for it by taking health insurance away from more than 725,000 people. Yes, really.

There was enough outcry against the measure to scare multiple senators from all across the ideological spectrum away from supporting it. After having promised a vote before the July 4 recess, McConnell was forced to back down.

In late July, McConnell finally held a series of votes on multiple versions of the bill. The final, decisive vote was on a stripped down version of the bill dubbed a “Skinny Repeal.” In a dramatic midnight vote, Sen. John McCain (R-AZ) joined Sens. Lisa Murkowski (R-AK) and Susan Collins (R-ME) in voting against it, killing the bill and ensuring that, for now, the Affordable Care Act remains the law of the land.

At our press deadline, the White House and some members of Congress were still pushing for another attempt at repeal. However, the essential conundrum for Republicans remains: Pushing the bill far enough to the right to win the support of conservatives alienates the more moderate members, and the GOP has almost no room for error.

#Fight4HER Bolsters the Resistance with Events Across the Country

By [Lindsay Apperson](#), Field Organizer

On January 23, just three days after taking office, Donald Trump set the tone for his administration's approach to reproductive rights by imposing an expanded version of the Global Gag Rule. Since then, Trump has waged an unprecedented attack on international reproductive health and rights. He pulled funding for the United Nations Population Fund (UNFPA), cut Planned Parenthood reimbursements for care from his proposed budget, and spearheaded a movement to overturn the Affordable Care Act (ACA), which provides crucial access to affordable contraception and reproductive health services for millions of Americans.

We know that unrestricted access to voluntary family planning saves lives. So, in response to this administration's dangerous policies, we launched our #Fight4HER campaign to push back.

Resistance in the Trump era has not been an easy task, but our grassroots activists across the nation have stood up to tell the world that they will not tolerate deadly policies that threaten people's lives and reproductive futures.

Here are some of the things #Fight4HER has done so far:

- We joined together with activist Lisa Shannon to collect stories of women in sub-Saharan Africa whose lives are threatened by the Trump administration's dangerous policies. These stories are included in Lisa's feature article, beginning on page 20 of this issue.
- We photo petitioned Sens. Jeff Flake (R-AZ) and John McCain (R-AZ) to stand up against policies that undermine the reproductive health of people around the world.



- We hosted silent demonstrations in North Carolina to protest the deadly impacts of the Global Gag Rule and cuts to international family planning. Activists at UNC-Chapel Hill and Duke University educated their peers on the harmful effects of the Global Gag Rule and collected petitions to send to Sens. Richard Burr (R-NC) and Thom Tillis (R-NC).



- We awarded Sen. Cory Gardner (R-CO) the "Worst Women's Advocate Award" for refusing to stand up for the health and rights of women and girls here in the United States and around the world. Activists presented his staff in Fort Collins with the award, accompanied by petitions they had collected over three months that asked him to support the Global HER Act.



- We joined together with coalition partners at Ohio State University in Columbus to host a teach-in — which drew over 1,000 participants — on International Women's Day to discuss

reproductive rights, transnational feminism, and women worker's rights.

- Our activists delivered 22,000 petitions, in partnership with Planned Parenthood, to the Allentown office of Sen. Pat Toomey (R-PA). Activists met with his staff — since he was nowhere to be found — to urge him to stand with Planned Parenthood and support the Global HER Act.



- Sen. Jeanne Shaheen (D-NH), sponsor of the Global HER Act and champion of international reproductive

rights, met with #Fight4HER activists in New Hampshire. Sen. Shaheen thanked them for their work on the #Fight4HER campaign and urged them to continue advocating for international reproductive rights and health.



- We stormed the nation's capital with 333 activists from 34 states at our annual Capitol Hill Days event. Participants attended informational sessions, engaged with speakers in panel discussions, and — in meetings on Capitol Hill — urged their members of Congress to support the Global HER Act and international family planning funding.
- We joined a progressive coalition of organizations to make Congress hear our message: Healthcare is a human right. We rallied outside the Capitol, asking our elected officials to do what is best for the American people and protect our care.



- We trained activists from Pennsylvania to Arizona to get them ready for July recess resistance activities. Activists asked questions at empty-chair town halls, discussed international family planning with their representatives at constituent BBQs, and shared their stories at healthcare hearings.



When we all fight together, our power is amplified and our voices are too loud to go unheard. Join #Fight4HER today. To learn more, text FIGHT to 52886 and visit IWillFight4HER.org.



Population Education in “The Natural State”

Arkansas’ Winthrop Rockefeller Institute Hosts Leadership Institute

By [Pamela Wasserman](#), Senior Vice President for Education | Photos by Wesley Hitt, <http://photography.com>

“Every citizen has the duty to be informed, to be thoughtfully concerned, and to participate in the search for solutions.”

– Gov. Winthrop Rockefeller (Arkansas 1967-1971)

These words grace the foyer of the Show Barn Hall, part of the Winthrop Rockefeller Institute (WRI) in Morrilton, Arkansas, and site of our 26th Annual Summer Population Education Leadership Institute (July 14-16, 2017). Once the governor’s cattle farm, WRI is now a gathering place for groups of educators and thought leaders. The pastoral setting atop Petit Jean Mountain was an excellent venue for our group of PopEd facilitators-in-training to engage in hands-on activities, share classroom experiences, and discuss the importance of preparing young people for a sustainable future.

While participants traveled from as far as Puerto Rico and Phoenix to join us in central Arkansas, most of the participants represented campuses, school districts, and county governments in the southeast and south-central states (Arkansas, Georgia, Kansas, Kentucky, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, and Texas).

Two-thirds of the attendees were teacher educators at colleges and universities, large (University of Arkansas and Ole Miss) and small (Point University, a

Christian college in Georgia, and Texas A&M University-Texarkana). The others were committed middle and high school science and social studies teachers, administrators, and non-formal educators.

By way of introduction, we asked each person to share a “fun fact” about themselves. We soon learned that our 28 participants brought a wealth of experience from within and out of the classroom: Samantha teaches at a university that was once her grandmother’s alma mater when it was the Cherokee National Female Seminary. Eliezer worked in national parks from Alaska to the Caribbean. Robert is a Ugandan prince. Mike is certified to operate a cotton gin. What they all shared was the enthusiasm of life-long learners and the desire to help their students search for solutions to big global challenges.

These new trainers will now join our network of over 600 PopEd facilitators across the United States and Canada. Volunteer trainers present three-quarters of all PopEd workshops and serve as important local resources for their communities and state associations. Last

year, network members gave \$327,600 in contributed services of their time and expertise. More information about our trainers’ network, workshops, and upcoming Leadership Institutes is available at PopulationEducation.org.

“Words cannot express how energizing and inspiring the weekend was for me! Thank you for the opportunity.”

– Anita Lewis, 6th grade social studies teacher, Friendswood, TX

“I thoroughly enjoyed getting to be a part of the training, and I look forward to sharing the knowledge I gained by hosting Population Education workshops in Northwest Arkansas and beyond.”

– Leah Saffian, Washington County Environmental Affairs, Fayetteville, AR

“I am looking forward to working with Population Education. The people your organization attracts are truly inspiring.”

– Cherry Watts, Ph.D., The University of Tennessee at Martin



Top left: Isabelle Rios (staff) introduces an ice-breaker activity



Top right: Participants work through a forest supply and demand simulation



Below: Sheliah Durham "pollutes" a river



Above: Kate Anderson (staff) introduces the activity "Population Circle"

Right: Brian Shmaefsky and Robert Kagumba "pollute" a river



Above: Cherry Watts, Robin Koerber, and Rachel Askew in a break-out discussion

Right: Group photo in front of the Winthrop Rockefeller Institute



CARTOON

McCONNELL'S ALL-MALE HEALTH CARE
COMMITTEE GETS TO WORK...



The Washington Post

The “Mexico City Policy,” labeled by critics as the “Global Gag Rule,” will now also be known as “Protecting Life in Global Health Assistance.” That is an incongruous name for a policy likely to result in at least tens of thousands more deaths.

Under previous Republican presidents, the Mexico City Policy, which withholds U.S. funding from foreign organizations that provide or promote abortion, applied only to the approximately \$600 million the United States furnishes annually in family-planning funding. President Trump’s version affects almost all global health assistance — a full \$8.8 billion.

The consequences will be catastrophic. Studies show that when the rule was last in place, under Mr. Bush, in many countries it resulted in more unintended pregnancies and abortions, not fewer.

Sen. Jeanne Shaheen (D-NH) introduced legislation* in January that would permanently repeal the Mexico City Policy. The bill, which has only two Republican co-sponsors (both women) among a slew of Democratic supporters, seems unlikely to gain traction. But perhaps it could spark other action in Congress to counter the damage Mr. Trump’s policy is sure to do. For years, the United States has led the way in building a healthier world. It is up to lawmakers to stop the president from reversing that progress.

– May 16, 2017

* The Global Health, Empowerment, and Rights (HER) Act ([S.210/H.R.617](#))

Los Angeles Times

It is not surprising but it is deeply depressing that the Trump administration is reviving the “Global Gag Rule” — so called because it bans U.S. financial assistance to non-governmental healthcare organizations in foreign countries if they provide abortions or even utter the word to their patients in counseling them or referring them elsewhere.

The rule was bad enough in its earlier form, when it barred aid to family planning organizations that offered abortion or abortion counseling.

But the new Trump administration incarnation of the rule is far more expansive. Instead of applying specifically to family planning programs, it will now cover approximately \$8.8 billion in funds given out to healthcare providers of all sorts through the Department of State, the U.S. Agency for International Development, and the Department of Defense.

For healthcare organizations to stop providing abortions would be neither easy nor the right thing to do. In many places, one clinic serves multiple functions — taking care of women and children, treating HIV, testing for sexually transmitted diseases, offering family planning and contraceptives, and sometimes abortions or abortion counseling — all extremely important functions.

So providers are faced with a horrible choice: either refuse to provide patients with necessary information or important reproductive rights services or sacrifice desperately needed funding from the U.S.

The Global Gag Rule will hamper the delivery of desperately needed healthcare in the developing world. If the administration truly cares about protecting life, it should scrap this policy immediately.

– May 22, 2017



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CHARITY NAVIGATOR
★★★★ Four Star Charity

WAYS TO GIVE

OUTRIGHT GIFTS

- Make a one-time gift of cash, stocks, bonds, or mutual funds
- Join our Leadership Circle by becoming a monthly supporter
- Give a gift membership
- Honor a loved one with a tribute gift

ESTATE AND LIFE INCOME GIFTS

- Remember Population Connection in your will or living trust
- Leave a portion of your life insurance or retirement plan assets to Population Connection
- Give through a Population Connection Charitable Gift Annuity to receive income for life and leave a legacy for our planet



WORKPLACE GIVING

- Ask your HR department about your employer's possible matching-gift program
- Combined Federal Campaign for federal employees—Population Connection's designation number is 11632



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There are many ways to support Population Connection and end rapid population growth.
To learn more or to make a donation, please contact us at 877-319-9880 or popconnect.org/give.