Venezuela Economic Collapse Creates Family Planning Crisis
President’s Note

“Half the truth is often a great lie.”
- Benjamin Franklin

By failing even to mention population growth in the thirty-three-page “Summary for Policymakers” of its new publication, *Global Warming of 1.5°C*, the Intergovernmental Panel on Climate Change (IPCC) offered less than the whole truth. This is despite the fact that a 2010 paper published in the *Proceedings of the National Academy of Sciences* concluded that by the end of the century, slower population growth could reduce total fossil fuel emissions by 37–41 percent.

The IPCC “Summary for Policymakers” finds room to call for ecosystem-based adaptation, ecosystem restoration, biodiversity management, sustainable aquaculture, efficient irrigation, social safety nets, disaster risk management, green infrastructure, sustainable land use, and water management. But not one single word about population stabilization.

Ignoring the impacts of soaring population growth on climate change is like failing to mention the Himalayas while describing Nepal.

Overpopulation remains the elephant in the room. Why the silence? The hard truth is that many experts worry they might offend someone, somewhere. This is a shameful betrayal of reason.

What will they tell hundreds of millions fated to become stateless environmental refugees, pushed to relocate due to climate change? What will they say to subsistence farmers forced to watch their families starve as meager plots become arid wastelands? And what about the countless, voiceless species doomed to extinction because so many authorities tremble at the very possibility of a negative reaction?

Benjamin Franklin, the redoubtable author of *Poor Richard’s Almanack*, warns, “You may delay, but time will not.”

There is no excuse for timid temporizing in the face of a global crisis. When climate experts fail to address population growth — arguably the single biggest driver of climate change — they place far more than their own reputations at risk.

What is so hard about letting the world know that if every woman and every couple had unfettered access to all reproductive health services, we’d see population challenges evaporate? Then maybe, just maybe, we’d have a fighting chance to save Earth as we know it. End this silence, now!

John Seager
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Four years ago, I had lunch in the San Francisco home of a hero. Dr. Thomas Hall was awarded that honor by Research!America in recognition of his lifelong leadership on reproductive health and other population-related issues. He shared some of those experiences with me along with tales of sailing adventures. A longtime member of Population Connection, Dr. Hall died last year at the age of 85. He graciously directed a posthumous donation of $250,000 to support our work. His legacy will enable us to reach many thousands of young people so they, too, might in some way help chart the course to a less-crowded future.
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I had tentative plans to travel to Venezuela in 2011 to visit the Turimiquire Foundation, co-founded and presided over by one of Population Connection's dedicated members, Steven Bloomstein. Turimiquire offers family planning, education, sustainable development opportunities, and humanitarian aid to the marginalized rural populations of northeastern Venezuela.

As Venezuela plunged into an economic crisis and the socio-political situation in the country grew increasingly unstable, visiting began to feel imprudent and ill-advised, and my trip was put on hold.

With the situation only getting worse, it seems a visit will not be in my near future, so I asked Steven Bloomstein himself to write a feature article about the foundation's work and the people it serves. Steven has lived in Venezuela since 1973, in the small coastal town of Cumaná, located about 200 miles east of the capital, Caracas. It's the regional base from which his organization does outreach to three rural municipalities in Sucre, the state where Cumaná is located.

In our messages back and forth about this issue of the magazine, Steven wrote, “What was originally conceived as a family planning and education NGO has become a de facto frontline responder to an authentic regional crisis. The demand for assistance is enormous and growing, and the people we serve have literally nowhere else to go. There is no longer a middle class to speak of. The consequences in reproductive health have been tragic. Unintended pregnancy, unsafe (illegal) abortion, infanticide, and maternal and infant morbidity and mortality are all on the rise here, one disturbing story after another. Years of progress are being rescinded.”

The situation in Venezuela is desperate, but Steven and his colleagues aren't wavering in their determination to make life better for their neighbors. We are inspired by him and his foundation's work, and are committed to being as steadfast in our advocacy in the United States, in the face of political opposition, as he has been in providing health care to the most vulnerable people in the region where he has lived his entire adult life.

This issue of Population Connection magazine includes two additional feature articles from Venezuela: one about women resorting to permanent sterilization and illegal abortion in the absence of reversible contraceptive options, and another about pregnant women crossing the border into Colombia to seek antenatal health care, which they can't get in Venezuela. We don't often do an entire issue of the magazine on one single country, but I believe that you'll see the value of a focused look once you've read these three articles.

Marian Starkey
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2018 marks our fiftieth anniversary! Fifty years of advocating for reasonable, voluntary solutions to achieve zero population growth. We owe it all to the 250,000 cumulative donors who have enabled us to educate millions of young Americans and to be strong, effective advocates for population stabilization. Thank you!
Letters to the Editor

I have now received a second issue of Population Connection and am ready to weigh in with my thoughts. The in-depth coverage is excellent, and the articles are informative and timely. I very much appreciate receiving this publication. Thank you for including me as a recipient!

Patricia Ryan

In the extensive discussion of childlessness by choice in the September issue, I noted that there was no mention of what I consider to be the most important reason to choose to remain childless: What thinking person, who is aware of the many calamities we face as a result of population growth, can, in good conscience, choose to add to the problem? To me, remaining childless, or at least not exceeding replacement fertility, is the most responsible and unselfish choice. This would certainly be the most immediate answer I would give to anyone who inferred that childlessness by choice was “selfish”!

Those of us who have been in the population movement for many years have no doubt heard the proposition that our potential child might turn out to be a great contributor to mankind. The odds of this would be infinitesimal and the additional environmental burden would be a certainty.

Don Gentry

To counter that, it would be helpful to have more examples of government ministers and leaders in high population growth countries who “get” that rapid population growth is a problem for their countries’ futures.

James Larson

Leilani Münter promotes environmental activism yet participates in professional auto racing, an industry with the carbon footprint of a brachiosaurus. Her advocacy of veganism and her choice to be childfree — even with a dream of race cars someday powered by hydrogen fuel cells or electricity — will not compensate for her profession’s current wasteful and CO₂-spewing consumption of fossil fuels.

In an era when conservation of resources and wise stewardship of the planet are more important than ever, driving round and round a track at the highest possible speed is no longer a form of entertainment we should be glorifying. The sport of car racing should long ago have been relegated to the scrap heap.

John Frank

I think you missed the single most important point that influences fertility decline: childcare costs. If economists are alarmed about not having enough future workers, they could support taxes and benefits sufficient for providing high quality childcare.

Pat Conover
Economic Crisis Wreaks Havoc on Venezuelans’ Health and Wellbeing

Stocks of contraceptives have fallen by 90% since 2015.¹

In June, in an online survey carried out by the local NGO AVESA, 72% of respondents had not been able to access any contraceptives during the previous 12 months, and 27% said that they could not afford to buy contraceptives from pharmacies.²

In 2016, there were 11,466 reported deaths of children under the age of one—an increase of 65.8% from 2015, when this figure stood at 456.³

In 2016, there were 11,466 reported deaths of children under the age of one—an increase of 30.1% from 2015, when this figure stood at 8,812.⁴
87% say they do not have money to buy enough food.\(^5\)

In 2017, there were an estimated 89 violent deaths for every 100,000 inhabitants, for a total of 26,616 violent deaths throughout the country —5,535 of them due to resistance to authority.\(^6\)

An estimated 1.6 million people have fled Venezuela since 2015, and UNHCR says an additional 5,000 are leaving every day.\(^7\)

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\(^1\) Venezuelan Pharmaceutical Federation
\(^2\) AVESA, as reported by Amnesty International
\(^3\) Venezuelan Ministry of Health
\(^4\) Venezuelan Ministry of Health
\(^5\) Simón Bolívar University survey on living conditions
\(^6\) Observatorio Venezolano de Violencia
\(^7\) UNHCR
China Reportedly Preparing to End Limits on Childbearing

China went from having a one-child policy to a two-child policy in 2016, and now appears poised to scrap all limits on childbearing in the country.

An early sign indicating that the end of the policy is imminent came when the design was unveiled for a stamp that will be released in 2019 for the Year of the Pig — it depicts two adult pigs and three piglets.

Even more telling, a draft of the civil code submitted for consideration at the 2020 annual meeting of the National People’s Congress omitted all references to family planning.

Although couples have been permitted to have a second child for three years now, the communist government has had little success in raising the birth rate.

In a country where forced sterilization and abortion were commonplace until recently, elective abortion and even divorce are becoming more difficult to obtain.

Argentina Narrowly Rejects Abortion Bill

Abortion in Argentina is currently only legal in cases of rape or threat to a woman’s health, dating back to a 1921 law. In June, Argentina’s Chamber of Deputies, the lower house of Congress, voted to legalize abortion up to 14 weeks of pregnancy. In August, however, the Senate rejected the measure, 38 to 31, with two abstentions.

The country’s health minister, Adolfo Rubinstein, said during his testimony in favor of decriminalizing abortion that 354,000 abortions occur each year in Argentina — most of them unsafe. Supporters of the bill claim that 45,000 – 60,000 women are hospitalized each year as a result.

FDA Approves 12-Month Contraceptive Ring

In August, the Food and Drug Administration approved a 12-month vaginal contraceptive ring, name brand Annovera. The ring is inserted for three weeks, removed for one week, and reinserted, following this pattern for up to one year. The ring is 96–98-percent effective, according to the FDA.

Annovera was developed by Population Council, a non-profit organization based in New York, New York.

Tanzania’s President Shames Women for Using Birth Control

Tanzanian President John Magufuli reportedly said the following at a rally in September:

Women can now give up contraceptive methods. Those going for family planning are lazy ... they are afraid they will not be able to feed their children. They do not want to work hard to feed a large family and that is why they opt for birth controls [sic] and end up with one or two children only.¹

Later in the month, the government told organizations receiving USAID funding for family planning to stop running ads in the media. Amnesty International’s Deputy Director for East Africa, the Horn, and the Great Lakes, Seif Magango, released a statement in response:

There’s no doubt that sexual and reproductive rights are coming under increasing attack in Tanzania. The government’s deplorable decision to pull these family planning ads comes less than two weeks after the President made derogatory remarks about Tanzanians wishing to exercise their fundamental right to make decisions about their bodies.

The Tanzanian authorities must immediately stop obstructing access to sexual and reproductive health services and end the intimidation of anyone providing information about such services — be they health workers, journalists, or activists.

¹ Side note: Magafuli has only two children.
Global Hunger Rises for Third Year

The 2018 State of Food Security and Nutrition in the World delivered some sobering news. According to the report, chronic food deprivation increased from 804 million in 2016 to nearly 821 million — approximately one out of every nine people in the world — in 2017.

The highest prevalence of undernourishment was in sub-Saharan Africa, at 23.2 percent of the population. The highest number of undernourished people was in Asia, at 515 million.

The number of stunted (low height/length for age) children under the age of five declined by 9 percent, to 150.8 million. Still, more than one in five children globally was stunted. And 7.5 percent of children — 50.5 million — under the age of five suffered from wasting (low weight for height/length).

Ireland to Offer Free Abortion Now That Procedure Is Legal

After only becoming legal in Ireland in September, abortion will now be accessible to all, free of charge. The procedure’s legalization was due to voters overwhelmingly supporting a referendum in May, with Irish expatriates returning home to vote in the thousands.

Health Minister Simon Harris told a reporter, “I’ve said from the start that I don’t want cost to be a barrier, because if cost is a barrier, you get into a situation where one of two things could happen: you see private clinics develop — we don’t want that to happen in Ireland, we want this to be part of an integrated public health service — and secondly, you can see people having to continue to travel.”

New Climate Report Reiterates Importance of Halting Global Temperature Increase

The Intergovernmental Panel on Climate Change (IPCC) issued its latest report in October. The report was prepared by 91 scientist authors and review editors from 40 countries, and contains over 6,000 scientific references.

The report explores the consequences of global atmospheric warming by 1.5°C above pre-industrial (1850 – 1900) levels (it has already warmed by 1°C). It also addresses the factors causing global warming (including population growth), and outlines mitigation options.

According to the report, “If the current warming rate continues, the world would reach human–induced global warming of 1.5°C around 2040.”

The one mention, in the 695-page report, of population-related measures as a mitigation strategy was disappointingly passive: “Reductions in population growth can reduce overall carbon demand and mitigate climate change, particularly when population growth is accompanied with increases in affluence and carbon-intensive consumption.”

In December 2015, 195 UN member states adopted the Paris Agreement to “[hold] the increase in the global average temperature to well below 2°C above pre-industrial levels and [pursue] efforts to limit the temperature increase to 1.5°C above pre-industrial levels.” The Agreement entered into force in November 2016. At this time, however, only 181 Parties of the 197 signatories have ratified the agreement. The United States, under Donald Trump, became the only country to officially withdraw from the agreement in June 2017, saying it was bad for the U.S. economy.

The full title of the report is Global Warming of 1.5°C, an IPCC special report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty, and it is available for download at ipcc.ch/report/sr15/.

Nicaragua signed on in October 2017 and Syria signed on in November 2017, bringing the total Parties to 197.
RECOGNIZING MEMBERS OF THE ZPG SOCIETY

Population Connection’s ZPG Society honors those who have established a Charitable Gift Annuity with us or who have included Population Connection in their estate plans. We are grateful to our ZPG Society members for their generosity and far-sightedness. Thank you!

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* Honorary Member
What Will Your Legacy Be?

If you aren’t yet a member of the ZPG Society, have you considered becoming one? The simplest way for you to ensure that your dedication to Population Connection’s mission continues well into the future is through a gift — a bequest — in your will. You can create a bequest by adding just one sentence to your will. And that sentence can make the difference of a lifetime!

Contact Shauna Scherer at shauna@popconnect.org or (202) 974-7730 for more information.

Sample Bequest Language:

After fulfilling all other provisions, I give, devise, and bequeath ___% of the remainder of my estate [or $___ if a specific amount] to Population Connection (Tax ID #94-1703155), a charitable corporation currently located at 2120 L Street NW, Suite 500, Washington, D.C. 20037.

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Darling was up at 4:30 a.m. on a warm and windy April morning, breastfeeding her one-year-old baby in the one-bedroom house she shared with her three children and her sick mother, in the El Junquito slum in western Caracas, Venezuela. From the top of her hill, she could see the city sparkling in the distance, its streets deserted since sunset. People rarely dared to venture out into the darkness anymore, in a city that has become notorious for being the most violent capital in the world.

Darling dropped her three sleepy children at her father’s house right below hers, climbed the hundreds of steps and steep dirt path leading to the main road, jumped in a bus, rode the subway, and finally, at 7:10 a.m., entered the waiting room of a private clinic in the upscale neighborhood of Sabana Grande, in central Caracas. At 8 a.m., doctors would cut a four-inch incision in her stomach and remove a piece of her fallopian tubes, sterilizing her for life at twenty-one years old. A thirty-minute surgery, which would last forever. But at least Darling knew she wouldn’t end up like her sister Jennifer, just twenty-three and with five children and no food to feed them.

An increasing number of young Venezuelan women are going to extreme lengths not to give birth to another child. They are in an impossible bind, in a country where abortion is forbidden by law and a box of contraceptive pills costs the equivalent of up to ten months’ salary at the minimum wage. Their determination illustrates the depth of Venezuela’s economic crisis, the worst in the country’s history, and its disproportionate impact on women.
On May 20, 2018, Venezuelan President Nicolás Maduro won a second term in an election that was boycotted by most opposition parties and denounced by a coalition of other Latin American countries. The minimum wage is currently 1 million bolivars per month, or the equivalent of $0.56, and inflation has skyrocketed an estimated 13,779 percent over the last twelve months, according to the opposition-led National Assembly (the government stopped giving an official figure last year). For most Venezuelans, that means contraception — and nearly everything else — has become either unavailable or unaffordable.

“Women’s power to decide whether they become mothers or not is violated,” said Magdymar León, psychologist and coordinator at AVESA, a local NGO focusing on sexual health. “It’s some sort of forced maternity.”

There are shortages of between 80 to 95 percent of all medications nationwide, according to local NGO Médicos por la
Salud, and contraceptives are especially affected. “Contraceptive methods are not considered essential medicines. So, in the crisis, the ministries and providers favor other kinds of medicines, like anti-hypertensives or cancer treatment,” León explained. “We consider that contraceptive methods should be included as well, because sexuality is now being pushed to the margins of public policies, which has a direct impact on women’s lives.”

So far, Maduro has consistently refused to open a humanitarian aid channel or recognize the depth of the crisis, condemning instead an “economic war” waged by the United States though sanctions. Indeed, President Donald Trump has issued sanctions that ban U.S. entities from buying bonds from the Venezuelan state or its oil company, PDVSA. There are concerns that since oil accounts for 95 percent of Venezuela’s export revenue, which is in turn used to import goods like food and medicine, oil-related sanctions only increase the suffering of the population.

The government’s positions on reproductive health are contradictory. On one hand, it offers stipends to pregnant women and for every new child born, even as Venezuela holds the highest rate of teenage pregnancy in Latin America. Inflation has rendered these already small stipends minuscule — 700,000 bolivars ($0.39) per pregnancy and 1 million bolivars ($0.56) per newborn — but León argues that they have contributed to a culture that encourages motherhood at any age. “It’s a cultural thing, more accentuated in lower-income areas: Maternity is not a choice, but part of your fate,” she said.

On the other hand, the government also funds periodic national campaigns for free sterilization days in public hospitals. There are no publicly available statistics on these campaigns or on the rates of sterilizations, but all factors indicate a rise in demand. Dr. Wilson Torrealba, surgeon and chief of the obstetrics and gynecology service at Altagracia de Orito hospital in Guárico state, was supervising the campaign in his hospital when it started in April 2017. “We knew it was a political move, but even so, we participated because we were going to help many patients who had a large amount of children,” he said. “We were solving a social problem.”

Before the crisis started, sterilizations in Torrealba’s hospital were only made available for women over thirty-five with three or more children, or for younger women suffering from an illness that made pregnancy a risk. The sterilization campaigns were supposed to follow those guidelines, but Torrealba said that at his hospital, it quickly spiraled out of his control.

“Some patients got sterilized at eighteen or nineteen years old with only one child, which shouldn’t have happened,” he said. For these reasons, Torrealba said he gave up coordinating the campaign after four months, during which he estimated around 400 to 500 women were sterilized.

Catherin, a medical student who interned in a public maternity clinic and the gynecology department of a public hospital for six months in 2017, said that she had to screen girls as young as 14 who were asking for a spot in the free sterilization days. It had become their only solution: “We wouldn’t have 18-year-olds asking to get sterilized if they weren’t desperate,” Catherin said. (She asked that her real name not be used out of concerns it could jeopardize her career.)

Doctors in private clinics also noticed an increase in demand. Rhayza Martinez, a gynecologist who worked in four different private clinics all over Caracas, said that five of the fifteen patients she received every day asked for sterilization.

“I am scared and I think about a lot of things, like the fact that later on, I would like to have another son,” said Krisbell, a twenty-seven-year-old mother of two girls who was planning on getting sterilized. (The Intercept is using only the first names of the women who spoke to us about their ordeals for this story, for their privacy and safety.) “But those are decisions that you have to think through, and given the current situation, it’s better to give comfort and security to the kids you already have than to think about having another one that you could be bringing into the world to suffer.”

Krisbell’s fears are well grounded: A recent government report showed that infant mortality rose by 30 percent in 2016.

Natalie, thirty-one, had just been through what the other women were doing all they could to avoid. She lived with her five children in a house on the edge of the “Punta Brava,” or “crazy hill,” a part of the Antímano slum that owed its nickname to regular shootings. Before the crisis, Natalie could feed her five children, but by the time her sixth child was born in the summer of 2017, the situation had deteriorated. “CLAP boxes” filled with subsidized food that Maduro introduced in 2016 had started arriving much more sporadically than they used to, and without essentials like milk or beans. Sometimes, Natalie ended up selling some of the sugar in the box to buy cigarettes to sell, and then buy a little more food from that money — often just chicken skin and bones, bananas, and
yucca. But it wasn’t enough, and her children often went to bed hungry.

In the fall of 2017, her baby got asthma. He started swelling and had a hard time breathing, becoming so weak that he couldn’t even cry. She tried to find medicine, but the treatment was too expensive and too intermittent. Not long after he was hospitalized, Natalie’s baby had two heart attacks and died at nine months old. “My son died because I didn’t have the money for his medicines,” Natalie said. Beyond the grief, Natalie was scared for two of her other children, who had also developed respiratory infections.

Because of equipment shortages, many public hospitals and maternities have also stopped offering sterilization days for now, local sources said. Women who can afford it go through PLAFAM, the country’s main family planning organization, or pricier private clinics. Krisbell and her husband saved up for three months in order to afford the 13 million bolivars (then $19) that the surgery would cost at PLAFAM, the equivalent of more than a year at minimum salary. They work as “bachaqueros,” an often derogatory term that designates people who buy food and medical supplies at the government-controlled price to then sell it at an inflated price on the black market. Like most Venezuelans and even more so because of her occupation, Krisbell spent a big part of her days standing in lines to buy food or medicine. There, she met Darling and other young women who bonded over their fear of getting pregnant and sharing tips on where to get sterilized.

On the day of Darling’s sterilization, Krisbell came along, relaxing the atmosphere with her wit and energy. Her own sterilization was meant to take place a week later, but as Darling’s anesthesia started wearing off in the clinic’s windowless room and she vomited on the floor, Krisbell wasn’t so sure anymore. “I’m gonna shit myself,” she said matter-of-factly to Darling’s stepmother, Maria. In the corner of the room, the sectioned pieces of Darling’s fallopian tubes had been thrown in a plastic bottle split in half, releasing a pestilential smell. Later, Maria would carry the bottle back home to Darling’s father.

Darling’s sterilization at a private clinic cost 78 million bolivars, she said, the equivalent of $118 at the time of the operation, and a fortune for most Venezuelans. She had received the money from family in Peru, and although her and her sister’s children barely had enough to eat, her family considered the operation to be a priority investment. “It’s much better for her. She won’t have the same problems I’m going through with the baby, not having diapers, not having milk or money to buy it,” said her sister Jennifer. She had gotten sterilized as well, right after she gave birth to her fifth child. The newborn was malnourished, as the lack of nutritious food during Jennifer’s pregnancy meant that her breasts didn’t produce milk, and she could rarely find baby formula.

For women who don’t have the kind of support Darling had and can’t afford sterilization, a last, and far more dangerous, option exists: home-induced abortion.

Venezuela, where 70 percent of the population identifies as Catholic, has among the strictest abortion laws in Latin America. Abortion is forbidden even in the case of incest or if the fetus displays life-threatening malformations, and is punished by six months to two years in prison. (Because of those penalties, The Intercept has changed the names of the women who shared their stories of illegal abortions.)

Despite this, Anna, a twenty-seven-year-old single mother of two who was a month-and-a-half pregnant, had decided to go through with it. “Imagine if I have another baby now in these conditions. There aren’t even diapers or anything. I don’t work. What can I do?” she said. “If the situation was different, I would have my baby.”

Anna went to her neighbor, Janine, who had been through an abortion herself and had been dedicated to helping other young women. Janine had instructed her on what to buy: four Cytotec pills — originally meant to treat stomach ulcers but widely used for abortions — for a total of 8 million bolivars ($12 at the

“We wouldn’t have eighteen-year-olds asking to get sterilized if they weren’t desperate.”

— Catherin, a medical student who has screened girls as young as fourteen who were asking to be sterilized
time) on the black market, as well as rue herb and a malt soda.

“If the government’s help is not enough, then who is going to help these girls? It’s not ideal and I don’t agree with it, because it’s murder, since a baby in the womb is a life already. But when you think about it, the baby would suffer,” said Janine, as she put the rue herb and the soda to boil. Once the mix was ready, Janine instructed Anna to drink four cups of it, along with two pills of Cytotec, and to insert the two remaining pills in her vagina.

The procedure wasn’t only illegal, it was also risky. “Most of them induce their abortions using pills like Cytotec or introducing foreign objects in the vagina,” said Torrealba, the hospital doctor. “We quite frequently get patients with severe hemorrhages that get their hemoglobin levels so low that they need blood transfusions.”

If anything went wrong, Anna said she would rather endure the pain at home than go to a hospital; she had heard stories of doctors mistreating women who had attempted abortion or refusing them care. (Torrealba denied this, saying that all emergency cases are treated as though they were spontaneous abortions, meaning the fetus died for some other reason.)

Magdymar León, the AVESA coordinator, said that many women shared Anna’s fear. “It’s not an isolated perception. Effectively, this happens and obviously since women think it will, they’d rather not go,” she explained. The consequences of not going to the hospital could be grave. “These insecure abortions add to maternal death rates,” added León. Ministry of Health bulletins indicate a 65.8-percent increase in instances of maternal mortality from 2015 to 2016.

Those numbers are a stark reminder that women have borne the brunt of Venezuela’s crisis. As she was waiting for Darling to wake up from her surgery, her stepmother Maria remarked, “We women suffer for everything. Having children, and stopping having them.” That sparked laughter from Krisbell. “Men couldn’t take this,” Krisbell said. “They really couldn’t.”

Originally published on The Intercept (6/10/18). Republished with permission. A video that accompanies the article is located here: theintercept.com/2018/06/10/venezuela-crisis-sterilization-women-abortion/
Exhausted but relieved, Yariani Flores lay next to her healthy newborn son, along with four other Venezuelan women who just gave birth in a hospital in Colombia’s border city of Cucuta.

Thousands of Venezuelan women have done the same over the past few years, as the health system in their home country has crumbled. They crossed the border, driven by fear that they or their babies could die.

Early in her pregnancy, Flores sought a prenatal checkup at a municipal hospital in Venezuela’s frontier state of Tachira only to be told that there was little point.

“The doctor said, ‘Don’t bother coming here, I can’t do much for you,'” said Flores, lying in the twelve-bed maternity ward at Cucuta’s Erasmo Meoz University Hospital. “She recommended I come to Cucuta and have the birth here.”

Venezuela’s economic crisis has laid waste to its health system. The numbers of babies and women dying during or after childbirth have soared, while medicines and supplies have become increasingly scarce.

“You have to bring everything to the hospital in Venezuela,” said Flores, a thirty-three-year-old mother of five. “There aren’t even any surgical gloves.”

A March survey of 137 hospitals, led by the opposition-dominated Congress, showed that they often lack basic equipment like catheters, as well as incubators and x-ray units.

As Venezuela’s Health System Crumbles, Pregnant Women Flee to Colombia

By Anastasia Moloney | Originally published by Thomson Reuters Foundation
Venezuelan hospitals are also plagued by water and electricity outages, and only 7 percent of emergency services are fully operative, the survey found.

Infant mortality in the oil-rich nation rose 30 percent last year, according to the latest government data. Maternal mortality — dying during pregnancy or within forty-two days of giving birth — shot up by 65 percent.

**Health Care Overwhelmed**

Venezuela’s economic meltdown, including hyperinflation, is now putting a financial strain on the health system in Cucuta and other Colombian cities.

Nearly 820,000 Venezuelans have left their homeland to live in Colombia during the last fifteen months, with arrivals expected to continue, according to Colombian authorities.

Cucuta, the largest city along the porous frontier and separated by a bridge that connects with Venezuela, has borne the brunt of the influx.

At the main hospital alone, Erasmo Meoz, about 14,000 Venezuelan patients have been treated in the past three years, most with no health insurance, said Juan Agustin Ramirez, director of the five-hundred-bed facility.

“This has created a financial crisis ... and there comes a time when we collapse,” he said.
Until recently, the hospital treated only a few Venezuelans, mostly for road injuries, Ramirez said.

But now, on any given day, up to one in five patients at the hospital is Venezuelan, and its crowded emergency ward is overwhelmed.

Many are children suffering skin diseases, diarrhea, and respiratory problems. Others are women who have high-risk pregnancies and arrive malnourished, having had few or no prenatal checkups.

“IT’s a sign that something serious is happening with public health in Venezuela,” Ramirez told the Thomson Reuters Foundation.

Ramirez said Colombia has a duty to help Venezuelans.

Colombians often refer to Venezuelans as their “brothers,” as they share close cultural and family ties.

In past decades, it was Venezuela that opened its doors to millions of Colombians fleeing civil war. Many found jobs and cutting-edge medical care in the once prosperous nation, Ramirez said.

“We can’t forget that during all these years of violence in Colombia, 4–5 million Colombians went to Venezuela where they were given services for free,” Ramirez said. “We have an immense debt with Venezuela.”

In the past year, about 54,500 Venezuelan migrants have received emergency care in public hospitals across Colombia, according to authorities, while nearly 200,000 have been vaccinated, many at border crossings.

But only patients needing emergency care, including pregnant women, get free treatment.

Those with chronic illnesses, like cancer, kidney failure, and HIV/AIDS, are turned away because of a lack of resources.
“For those poor people, the situation is catastrophic,” Ramirez said.

Earlier this month, the Organization of American States reiterated its call on Venezuela to allow international aid into the country, to ease what it has described a “humanitarian crisis.”

Many expect the migration to continue following the re-election of Venezuela’s socialist President Nicolas Maduro in May, which the United States called “a sham” and many countries refused to recognize.

“We are not prepared, nor are we going to be prepared, if there’s a bigger exodus of citizens from Venezuela as conditions deteriorate even more,” Ramirez said.

**Malnutrition**

Another casualty of Venezuela’s crisis was laid bare at the hospital’s children’s ward.

A severely underweight four-month-old baby from Venezuela’s Yukpa tribe slept, hooked up to an intravenous tube to help him recover from malnutrition.

About two-hundred Yukpas have fled hunger in their ancestral lands. They now live in ragged, makeshift tents just inside Colombia, near the border crossing.

Keila Diaz, twenty-three, who is heavily pregnant with her second child, came to the shelter with her husband in May. When the contractions start, she said, she will head to the hospital.

“I’m afraid to have my baby in Venezuela. Babies die, mothers die giving birth over there,” said Diaz, gently rubbing her bulging belly. “I have a better chance here.”

**Below:** Colombian police officers stand in front of people queueing to try to cross into Colombia from Venezuela through Simon Bolivar international bridge in Cucuta, Colombia, January 24, 2018. REUTERS/Carlos Garcia Rawlins

Across town at a shelter run by the Scalabrini International Migration Network, a Catholic organization for migrant aid, pregnant women are given priority while other Venezuelans sleep on cardboard outside, waiting for a bed and a hot meal.
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In the 1970s, I was part of a small group of North Americans, all recent college graduates, who relocated to the northeastern state of Sucre in Venezuela to pursue tropical fruit farming. The remote valley where we have lived and worked since then is typical of the impoverished hinterlands along the South American Caribbean coast. Far removed from public sanitation, medical care, and social services, our campesino (country) neighbors — while living in what many of us might consider a tropical paradise — were and are, by standard economic indicators, extremely poor, generating barely enough income to feed and clothe their large families. When we first arrived in our community, illiteracy was the norm. Girls often had their first child at fourteen or even younger, giving birth to a new baby every other year, so that it was not uncommon for a thirty-year-old woman to have seven or eight kids, with another on the way. Many women went for years from one pregnancy to the next without experiencing menstrual periods. Maternal and infant mortality and morbidity were prevalent facts of life.

In the early years, our crew did what we could to help local families get reproductive health care and family planning through our friendships with doctors and other professionals in the nearby city of Cumaná. The death of a campesina neighbor in childbirth in 1994 became our wake-up call to do more. Brunilde died from postpartum hemorrhaging after giving birth to her seventh child, at the age of thirty-one, in a small mud hut located a two-hour walk from the nearest road. She died while being carried down rocky foot trails and across mountain rivers in a blood-drenched hammock, in a desperate attempt to get her to the road and then to the local hospital in time to save her life. Her newborn died shortly thereafter. Brunilde’s death became a major impetus to create the Turimiquire Foundation, a non-profit organization registered in the United States in 1996 to seek tax-deductible funding in order to offer family planning and education to rural communities in Venezuela and prevent such tragedies in the future.

In the time that we have lived and worked in Venezuela, the number of inhabitants has grown from about 12 million in the 1970s to well over 30 million in 2018. Very few of the country’s public services have been able to keep up with this population growth. The public health system has been overwhelmed by the large and growing demographic that is — or soon will be — of reproductive age, and family planning services are limited in scope and rarely available. Electricity and water are frequently rationed, and to accommodate all the youngsters coming of school age, public schools now work on a double shift schedule, offering primary classes in the morning and secondary classes in the afternoon. Sadly, although Venezuela has great natural beauty and abundant natural resources, ranging from coastlines to mountains to jungles, the once-pristine environment has been degraded by unregulated human intervention. Primitive slash-and-burn agriculture and small-scale subsistence surface mining have led to deforestation, erosion, and contamination of topsoil and surface water, as well as decimation of the country’s remarkable biodiversity.

Turimiquire is based in the city of Cumaná, the capital of both our municipality and the state of Sucre. We focus primarily on family planning and secondarily on rural education and development, responding to the stated priorities of the communities we serve. From the beginning, working closely with the State Ministry of Maternal-Infant Health, supplementing its existing infrastructure, good policies, and willing staff with our personnel, logistics, and contraceptive supplies as needed, we were able to have a palpable impact in our largely rural county. Over time, responding to word-of-mouth demand, we extended our outreach to two additional rural counties. Through June 2018, on a shoestring budget, the Turimiquire Foundation had served over 45,000 low-income mainly rural women with more than 170,000 cycles of hormonal contraceptives, 8,000 IUDs, and 6,400 surgical sterilizations, and had conducted more than 3,000 reproductive health workshops for over 55,000 teens. We have cumulatively offered over 100,000 “couple years of protection,” the metric by which USAID measures family planning achievement, to the low-income populations that we serve.
Our experience strongly validates family planning as a powerful catalyst for prosperous families, thriving communities, and healthy ecosystems. We have directly witnessed how, as family size shrinks and maternal and infant morbidity and mortality decrease, each family’s modest resources go further, children grow up healthier, and families can afford to send their (fewer) children to school. Youth, especially girls, thrive with the educational opportunities that their parents never had, and isolated rural communities are invigorated. In the rural areas where population growth has slowed because of our family planning services, we have observed a reduction in slash-and-burn agriculture, leading to less erosion, reforestation, replenished watersheds, and returning wildlife.

But we have reached only a small percentage of the population in the vast rural hinterland that surrounds us. In many of these areas, the reproductive treadmill continues unabated as it has for the past centuries, bearing its quota of pain and tragedy. The enormous unmet need for family planning beckons to us from all sides, just beyond our current realm of influence. Scaling up to meet this demand is our ongoing dream.
The teenage pregnancy rate in Venezuela continues to be one of the highest in Latin America, and the world. Sixteen-year-old Maria came from the countryside to study and work in the capital city of Cumaná, the local magnet for rural immigrants. A sweet, vivacious girl, she grew up in a large family in a remote mountainous area. Maria and one of her brothers are the only literate members of their family. Her innocence was short-lived after she arrived in the city, however, and when she unintentionally became pregnant, she was mortified. She used her very thin physique to hide her pregnancy until almost the seventh month, though many of the experienced women in her milieu suspected the truth of her situation. Maria did not seek an (illegal) abortion, anathema to her rural culture, but she did everything she could to discourage the pregnancy from progressing. She stopped eating to flatten her abdomen, took folkloric “remedies,” exercised inappropriately, and followed whatever bizarre suggestions her peers and others gave her. When her family finally saved money for and insisted on an ultrasound, it showed not one fetus, but two. Even then, she continued in denial, refusing to eat or otherwise cooperate with a healthy pregnancy, until finally she had an extremely difficult, life-threatening, and frightening birth with poor medical support. One of her babies died immediately, and the other baby died shortly thereafter. After six months of painful recovery and feelings of shame, during which the father of the twins was nowhere to be found, Maria resumed her previous student and workaday life, sadly and decidedly wiser.

In another of so many similar stories, nineteen-year-old Gabriela was not so fortunate. She died in childbirth at the local hospital, following a difficult pregnancy that she resisted and denied as long as she could. Gabriela’s child just barely survived delivery and is being raised by her immediate family.

We also see cases of (sometimes fatal) illegal abortion complications, newborn abandonment, and even infanticide, but they are less common. What I have most painfully witnessed in my years of working in the field is the tragic human price paid by families when they do not have ready access to reproductive health education and family planning: The sad nobility of mature women forced to bear yet another pregnancy under impossible circumstances. The wrenching trauma of parents whose teenage daughter becomes pregnant and puts herself at risk to terminate the pregnancy, or drops out of school to care for the newborn under the same impossible circumstances. The frustrated love lives of couples who fear an unintended pregnancy. The intimate partner violence that occurs when parents can’t appropriately channel the stress of their reproductive situation. The children who face limited life prospects as scant resources must be spread thin.

And if life wasn’t already difficult enough for poor Venezuelans, everything has become much harder in the current economic crisis. The steep deterioration of the economy and associated social and political strife have led to the collapse of public family planning services and a severe scarcity of contraceptives at the national level. Families are more desperate than ever to control their fertility in a time when raising a child is formidably difficult.

The Turimiquire Foundation has responded to the decline of public health
services by strengthening and expanding its partnerships with the willing-and-able private health care sector. Working together through social marketing, we have been able to maintain and even increase our services in the face of the growing unmet need for family planning. Our biggest challenges are the extreme shortages and hyperinflationary costs of short-term contraceptives — condoms, birth control pills, injectables, and emergency contraceptive pills. Our existing inventory will not last through the end of this year, and there’s little hope of stock replenishment in sight.

Long Acting Reversible Contraception (LARC) offers an important alternative, and thanks to a grant from the Erik and Edith Bergstrom Foundation (which also supports Population Connection), we will be able to sustain our current delivery of IUDs, add implants as a hormonal alternative, and continue apace with surgical sterilizations into the coming year.

Since the late 1990s, we have provided remote rural populations with short-term contraception via the nurses who maintain the rural dispensaries throughout the state. But placing IUDs and implants requires doctors and medical infrastructure — not generally available in remote rural areas. To address this challenge, we are partnering with rural townships that can provide public buses to bring groups of eligible women to the clinics where we provide our LARC services and take them home afterwards, often an all-day enterprise.

Surgical sterilization (tubal ligation) is Venezuela’s most popular form of birth control. Traditionally, women have had the number of children they desired, often without physician-recommended spacing, and then sought sterilization. Over the past twenty years, the Turimiquire Foundation may well have become the most affordable provider of safe surgical sterilizations in Venezuela. Women come to us from all over the eastern half of the country, including from the capital city of Caracas, some 200 miles to the west. The average age of our patients is about thirty years old, and the average number of children they have is four. These measures are shifting to a younger average age with a smaller number of children, as we have already reached many of the older women in our purview and younger women are deciding earlier to have fewer children.

Over the years, Turimiquire has seen mothers and daughters come to the clinic together to be sterilized on the same day — a family event. Gleibys, forty years old with three children, and her daughter Girardine, twenty years old with two children, came together from their rural community to have their surgical sterilizations on the same day. Gleibys did not have her eldest daughter until she was twenty years old, but Girardine already had two children by that age.

In another example, Francis, forty years old with two children, and her daughter Francis Riva, twenty-five years old with three children, came into the clinic from a small coastal fishing village to have their sterilizations together. Francis gave birth to Francis Riva when she was fifteen (not uncommon in remote rural areas), used an IUD for many years, and recently had another baby. In order to avoid any future pregnancies, which at her age would be high-risk, she chose to be sterilized. Francis Riva already had three children and considered her family complete. Her children are the older niece and nephews of her mother’s baby boy. (In rural areas where childbearing typically begins in adolescence and ends in middle age, it is not unusual for nephews and nieces to be older than their aunts and uncles.)

At the Turimiquire Foundation, we have seen reproductive health in our target populations tangibly improve in the two decades since our founding. We have developed and demonstrated proven strategies to deliver our services, and our small local initiative has grown to become the only recognized reproductive health nonprofit serving three rural counties in our state of Sucre. We are proud of the positive impact that the Foundation has had in so many rural communities and urban barrios (neighborhoods).

When we started, our mission was to keep women like Brunilde from dying from preventable causes through access to family planning. Over the years, having seen for ourselves the multitude of benefits that family planning brings, we have learned that meeting reproductive health care needs is not only a cornerstone of family and community well-being, but the key to prosperity in poor rural environments. Our vision has expanded, and we are truly grateful to all our institutional and individual donors for giving us the opportunity to continue this critical effort throughout and beyond these tumultuous times.

The Turimiquire Foundation was formed in 1996 to help the poor rural communities in northeastern Venezuela. Turimiquire, pronounced Too-reed-mee-kee-ray, means “Seat of the Gods” in the indigenous Carib language, and refers to the mountain range that dominates this tropical coastal area. To learn more, please visit turimiquire.org.
Congress Funds Title X, Punts on International Family Planning

In late September, Congress approved a fiscal year 2019 spending package that extended current funding through early December 2018 for some programs and authorized full-year funding for others. Title X, the nation’s family planning program for low-income populations, was in the latter category, and was funded at the 2018 level of $286.5 million. Abstinence-only programs, meanwhile, saw a $10 million increase.

The State Department and Foreign Operations budget, which includes U.S. international family planning funding, was among those extended until after the election. The expectation is that this December, the 115th Congress will pass another extension to see the remaining programs through until after the 116th Congress is seated. As matters stand now, bilateral family planning programs are funded at $575 million and the U.S. contribution to UNFPA is $32.5 million — although the current Kemp-Kasten determination barring funding to the organization means that money has been “reprogrammed” to other women’s health initiatives.

Despite months of vague threats about shutting down the government unless he got funding for a border wall, Donald Trump signed the measure soon after it passed.

No Word on Domestic Gag Rule

As reported in our September issue, the Trump administration has indicated that it intends to alter the rules governing funding for Title X. Under the proposed change, no entity receiving Title X funding could “perform, promote, refer for, or support, abortion as a method of family planning, nor take any other affirmative action to assist a patient to secure such an abortion.”

Additionally, Title X-funded providers would not be required to offer all forms of FDA-approved contraception, nor be required to discuss all options with pregnant patients. The required “notice and comment” period — a rule-making procedure that ensures members of the public have an opportunity to weigh in on changes — ended on August 31. As yet, there has been no further information from the administration, though advocates do anticipate the rule being confirmed. Typically, such a change would only go into effect after a one-year “implementation period,” but whether the Trump administration will adhere to custom in this instance is yet to be seen.

Appeals Court to Rule on Abortion Rights for Minor Immigrants

In late September, a three-judge panel from the United States Court of Appeals for the District of Columbia Circuit heard arguments on whether the U.S. has the right to deny abortion access to pregnant minors in the custody of immigration authorities. The Justice Department claims it does, arguing that the government “has a strong, legitimate, and profound interest in the life of the child in the womb.”

The head of the Office of Refugee Resettlement, Scott Lloyd, is fervently anti-choice, and made headlines in 2017 when it was revealed that he personally visited young, pregnant detainees to attempt to persuade them to carry their pregnancies to term. During the hearing, the government revealed that 420 young, pregnant immigrants were in federal custody last year. Eighteen requested abortions. Eleven obtained the procedure, five withdrew their requests, and two were released to sponsors, so the outcome of those pregnancies is not known.

The court is hearing the case after a district court judge issued a preliminary injunction against the government in March, ruling that the Trump administration policy of attempting to block...
young immigrants’ access to abortion was probably illegal. No decision had been announced as of our print deadline.

**Kavanaugh Replaces Kennedy, Roe Hangs in the Balance**

After sailing through his initial confirmation hearings, Judge Brett Kavanaugh’s appointment to the U.S. Supreme Court was nearly derailed when multiple women came forward with allegations of past sexual misconduct. Dr. Christine Blasey Ford, a professor of psychology at Palo Alto University and a research psychologist at Stanford University, alleged that when she was fifteen, Kavanaugh and a friend assaulted her at a gathering of high school friends. Another acquaintance, Deborah Ramirez, claimed that at a drunken college party, Kavanaugh exposed himself and shoved his genitals at her face. A third woman, Julie Swetnick, described witnessing Kavanaugh and his high school friends deliberately targeting girls, encouraging them to drink heavily, and lining up outside of rooms where intoxicated girls were being assaulted by multiple boys. She claims she was later raped by a group of boys at just such a party, although she did not accuse Kavanaugh of being one of her attackers.

On September 27, the Senate Judiciary Committee held an additional hearing, at which Dr. Blasey Ford and Judge Kavanaugh both testified. Blasey Ford spoke first, telling the committee she was “100 percent certain” Kavanaugh was her attacker. The judge issued a flat denial of the assault, though the rest of his testimony was full of evasions and downright preposterous assertions (e.g. he and the other boys who called themselves “Renate alumni,” referring to a female acquaintance, obviously intended to signal only respect and friendship, and if you suspect otherwise you have a dirty mind).

On September 28, on a party-line vote, Kavanaugh’s nomination was advanced out of committee, although several Republicans agreed that further investigation of the allegations was appropriate before any final vote could be taken. The White House authorized a one-week, limited FBI investigation. On October 3, the FBI announced that it had completed the supplemental probe, though agents failed to interview either Dr. Blasey Ford or Judge Kavanaugh about her allegations. The FBI did interview Deborah Ramirez, although reports also indicate that they did not speak to any of the corroborating witnesses she named.

On October 6, despite massive public protests, Kavanaugh was confirmed to the Supreme Court, with the support of all Republicans except for Alaska’s Lisa Murkowski. Maine senator Susan Collins, who has frequently broken with her party on reproductive rights and women’s issues over the years, declined to do so in this instance. Collins said that while she believed Blasey Ford was telling the truth about having been assaulted, she must have been mistaken as to the identity of her attacker. Additionally, Collins said, she believed Kavanaugh was not a threat to *Roe v. Wade*. West Virginia’s Joe Manchin was the only Democrat to vote in favor of confirmation.

**Looking Ahead**

Washington View is frequently a challenging column to write. So often, our early print deadline means that things I write about have changed by the time the magazine arrives in readers’ mailboxes. This is never truer than with a column like this one, written before an election but read after. So much depends on what happens (happened, now, from your perspective) on November 6. The outcome will determine much of the trajectory for 2019 and beyond, not only for family planning, but also for so many other issues facing our nation and our world.
There is no question that 2018 has been a challenging year for reproductive rights and social justice. With the looming threat of a domestic gag rule on providers of Title X family planning, the unlawful detention of immigrant children, the continued denial that climate change is occurring and is caused by human activity, and the confirmation of partisan, vengeful Brett Kavanaugh to the Supreme Court, there is a lot to fight.

Our #Fight4HER campaign is doing just that! In Arizona, Colorado, Nevada, New Hampshire, North Carolina, Ohio, Pennsylvania, and Wisconsin, organizers, volunteers, and passionate defenders of reproductive freedom have been working tirelessly in their communities to fight back against attacks on reproductive rights, and to build support for the Global HER (Health, Empowerment, and Rights) Act.

In August, #Fight4HER organizers around the country rallied over 400 community members and volunteers for #Fight4HER Summits. Attendees learned about the Global Gag Rule, gained organizing skills and tips, and heard from other coalition groups in their communities.

#Fight4HER organized around days of action like International Safe Abortion Day, World Contraception Day, and National Voter Registration Day. We mobilized communities around the country to rally in support of access to reproductive healthcare and rights. We raised awareness about the importance of keeping abortion safe, legal, and accessible for all people.

#Fight4HER Summit partners included the ACLU of Wisconsin, NARAL Pro-Choice North Carolina, the National Jewish Women’s Council, NextGen Arizona, and Planned Parenthood Advocates of Ohio.

Ohio State University students gather on campus to honor International Safe Abortion Day.
Above: #Fight4HER Phoenix organizer Brittany MacPherson (right) and volunteer Jamila Rahim (left) collect petitions in Tucson, AZ. We’ve delivered thousands of petitions to members of Congress, asking them to “support the Global HER Act, and vote against any and all efforts to roll back access to safe, affordable, and accessible comprehensive reproductive health care for people around the world.”

Below: #Fight4HER Tucson organizer Kristen Godfrey (center) and volunteers Ashley Little (left) and Zoe Watchman (right) attend an International Safe Abortion Day speak-out at the University of Arizona

Around the country, Population Connection staff and volunteers raised our voices against the confirmation of Brett Kavanaugh to the U.S. Supreme Court. The common theme: We do not consent!

Left: Population Connection staff attend the Cancel Kavanaugh march in Washington, DC

Right: Marian Starkey protests outside Sen. Susan Collins’ office in Portland, ME
If everybody with goodness in their heart got up and did something to change the world, it would be a much better place. We just need to remember that we can do it, no matter how hard it may seem.

— Cameron Kasky, via Twitter (Class of 2019, Marjory Stoneman Douglas High School, Parkland, Florida)

A highly functioning democracy demands civic engagement. When too many citizens treat their democracy as a spectator sport, tyranny by the minority — where politicians and policies don’t represent the views of the majority of the people — can occur. Sound familiar?

So how do you get people to pay attention, think critically about important issues, and step up to be active and vocal citizens?

Not surprisingly, our PopEd team thinks citizenship education needs to start with young people. That’s why, this fall, we launched our World of 7 Billion Activism Toolkit. This new resource can be viewed at worldof7billion.org/activism-toolkit/.

Many students who take the time to learn about critical global issues and create educational videos for our World of 7 Billion student video contest are looking for additional ways to use their talents and enthusiasm to be change agents. Now, they’ll have some resources to help them get started.

Listening to Young People

Even before they are old enough to vote, kids and teens can be effective activists on issues that excite and motivate them. Consider the courageous students who survived the shooting last February at Marjory Stoneman Douglas High School in Parkland, Florida. Within days of experiencing the nightmare of having an active shooter in their school, and while mourning the loss of many of their friends, these students were speaking out against gun violence, confronting their lawmakers, taking social media by storm, and planning nationwide marches and rallies. Months later, they were still using their newly-honed civics skills to register young voters and inspire their peers.

But teens don’t have to lead national movements to make a difference. Our activism toolkit provides guidance on a range of activities small and large. Developed by our 2018 Duke University Stanback interns Nadia Thompson and Caroline Reents, the toolkit provides a wealth of background resources and “how to” ideas for affecting change in students’ schools, homes, and communities, as well as in society at large. Reents, an Environmental Management graduate student, sees the toolkit as a way to help students to “harness the passion they fostered through the video contest and teach them ways to turn that passion into concrete actions that make a difference.”

Polls show that today’s teens hold more progressive views than older generations on issues ranging from environmental protections to women’s reproductive rights to social justice. Though the voter turnout among young adults has been historically low (just 43 percent among
18–24-year-olds in 2016), there appears to be a new energy among youth to participate more fully in the democratic process.

**Knowing the Issues**
The first step in effective activism is to understand society’s pressing issues in order to be able to translate relevant information into persuasive messaging and projects. The toolkit provides background readings and resource links on a variety of population-related issues from climate change to wildlife to women's health and education. Eight issue areas represent topics that have featured prominently in students’ video entries over the past few years.

There’s also a section on being a critical consumer of information. With so much information just a click away, it’s important for students to know which websites are reputable and to be able to recognize bias when they see it (and how to fact check when they aren’t sure). We’ve included a link to Factitious, an online game that tests one’s ability to spot hoax news items.

**Taking Action**
Once students feel knowledgeable about the issues, they will find a variety of ways to get involved. The toolkit outlines six areas of activities for all degrees of engagement:

1. **“Practice What You Preach”**
   Ideas for daily changes for a sustainable future, including recommended apps to help track individual carbon output and make conscientious consumer decisions
2. **“Making Changes in Your School”**
   Starting environmental clubs, advocating for new class offerings (like environmental science or comprehensive sex education), tabling at school events, or hosting a speaker for a school-wide assembly
3. **“Making Changes in Your Community”**
   Tabling at community-wide events or hosting events like watch parties, park clean-ups, or food drives
4. **“Using the Media”**
   Writing letters to the editor, creating a social media following, hosting a podcast, and sharing *World of 7 Billion* contest videos on YouTube
5. **“Fundraising for Your Cause”**
   Tips for online fundraising and profiles of two former video contest participants who initiated effective fundraising around issues they care about — preventing child marriage and protecting coral reefs
6. **“Influencing Lawmakers”**
   Contacting legislators, attending public events (i.e., town halls), participating in rallies and marches, and, of course, voting

**Filling a Need**
Even though many agree that civic engagement is vital to a thriving democracy, civics education has not been a priority in school curricula for most of the country. In fact, only nine states and the District of Columbia require students to take a civics or government class to graduate high school. And very few of the available curricula include experiential education like the activities described in the toolkit.

With so many issues demanding urgent public action — from climate change to human rights to pollution to feeding a growing population — there’s no better time to encourage some of our youngest citizens to take an active role as advocates for a sustainable planet and human wellbeing.

*Find the Activism Toolkit, along with this year’s student video contest details at [worldof7billion.org](http://worldof7billion.org).*
It’s long been evident that the demonization of Planned Parenthood by the leaders of Texas government is depriving women of essential care. As the years roll by, new details emerge about the inadequacy of the providers struggling to fill the gap created when state officials effectively blackballed a century-old organization that women had long turned to for reliable, high-quality health services.

The disastrous consequences of the state’s reproductive health care policy — a festival of folly that began with the removal of Planned Parenthood as a provider in 2012 — have been documented in academic studies and in the work of journalists such as the Texas Observer’s Sophie Novack. Novack’s most recent article focused on the dismal performance of one provider: the Heidi Group, led by an anti-abortion activist with no experience running a family planning program.

State officials had acknowledged that the Heidi Group was falling short of its targets, but they had refused to provide details. Using the state open records law, Novack got the numbers: for fiscal 2017, the Heidi Group had pledged to cover 70,000 clients. In reality, it covered just 3,300 — meeting less than 5 percent of its obligation. How did the state respond? It renewed the group’s multimillion-dollar contracts for a third year.

It’s the most dramatic example of a broader problem of underperformance: Novack reported that while the Heidi Group got a reprieve, the state did pull funds from 30 other contractors in the state’s two reproductive health programs this year.

Reversing this misguided decision wouldn’t lead to a single additional abortion. What it would do is save taxpayers money and help prevent lots of unwanted pregnancies while restoring vital health services to thousands of Texas women.

The confirmation of Brett Kavanaugh was a setback to the legitimacy of the U.S. Supreme Court and the stature of the Republican-controlled U.S. Senate, and a threat to an array of Americans’ rights that have been barely preserved by a divided court in recent years.

Kavanaugh’s swearing-in leaves little mystery about the future direction of the court.

As a candidate, Donald Trump made plain that he would be nominating justices who would repeal the landmark 1973 Roe vs. Wade decision guaranteeing a woman’s reproductive freedom. It is now only a matter of time until that decision is tested with two Trump appointees, including the one he was gifted, Neil Gorsuch, by a Republican Senate that resolutely refused to allow even a hearing for President Barack Obama’s appointee, Merrick Garland.

It was the height of hypocrisy for Senate Majority Leader Mitch McConnell to complain about Democrats’ delay tactics because they reasonably insisted on seeing many thousands of withheld documents about Kavanaugh’s work in the George W. Bush White House, and then demanded a fuller investigation into multiple allegations of sexual assault against Kavanaugh.

The treatment of Christine Blasey Ford, the Palo Alto University professor who accused Kavanaugh of sexual misconduct when they were in high school, will not be easily forgotten. Many of the key Republicans were often dismissive when they were not being outright misogynistic — as if her poignant, credible testimony could be brushed aside for the partisan imperative of getting him on the court. Trump’s mockery of Ford at a Mississippi rally was repulsive even by the low standards he has set for his presidency.

— October 6, 2018
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