



February 20, 2018

The Honorable Hal Rogers (R-KY)
Chairman
Subcommittee on State, Foreign Operations, and Related Programs
U.S. House of Representatives Committee on Appropriations
2406 Rayburn House Office Building
Washington, DC 20515

RE: Requests for the Fiscal Year 2019 Appropriations Bill

Dear Chairman Rogers,

The Center for Family and Human Rights (C-Fam) is grateful for the progress that was made this past year and we applaud your continued efforts to support the world's most disadvantaged and vulnerable populations. We find the *Protecting Life in Global Health Assistance*, for example, most encouraging. However, there remains a vast number of challenges ahead. We call on you to further the Administration's foreign agenda and enact policies that affirm life and family. For years, the United States has invested billions of dollars in idiocentric legislation rather than person-centric legislation. Now is the time to refocus our efforts on strategies that not only accomplish project goals but more importantly uphold the inherent dignity of every man, woman, and child served. That is our responsibility as a nation. To assist you in your efforts, we make the following requests for the FY'19 appropriations bill. We are confident these requests will undoubtedly yield the greatest positive impact on our brothers and sisters abroad.

- Request 1: Reduce funding by half for family planning and reproductive health and redirect the \$300 million that is saved to maternal, newborn and child health programs.
- Request 2: Discontinue funding UNAIDS and redirect through PEPFAR.
- Request 3: Discontinue funding UN Women and redirect to programs that eliminate the causes of violence against women and girls such as human trafficking.
- Request 4: Mandate reporting from United Nations agencies that are awarded US funds.

Requests for Fiscal Year 2019 Appropriations Bill

Request 1: Reduce funding by half for family planning and reproductive health and redirect the \$300 million that is saved to stand alone maternal, newborn and child health programs.

Some policymakers have justified increasing funds to family planning and reproductive health programs by citing misleading data about "unmet need" and disingenuous claims of drug safety. The "unmet need" claim remains the clarion call of the very organizations that stand to lose millions in US funds should Congress enact policies that mitigate the actual causes of maternal mortality and morbidity. Those organizations include United Nations Population Fund

(UNFPA), Alan Guttmacher Institute, Marie Stopes International, Population Council, and even USAID under the former administration, all of whom purport 225 million women and girls in the developing world have an “unmet need” for contraception. Yet, according to C-Fam’s associate director of research Rebecca Oas, Ph.D, “When married women in Africa, Asia, Latin America, and the Caribbean with ‘unmet need’ are asked why they do not use modern contraceptives, only 4–8% of them cite lack of access. Therefore, self-reported lack of access to contraceptives by all married women is 1.88% in Africa, 0.9% in Asia, and 0.5% in Latin America and the Caribbean. Many more women reported concern about side effects, personal opposition to using contraceptives, current breastfeeding, or infrequent sex as reasons for non-use.”^{vi} Based on data collected in USAID’s Demographic and Health Surveys, actual unsatisfied demand for family planning in developing regions is very low compared with the “need” claimed by family planning groups. The rationale behind U.S. funding for family planning should therefore be revisited in line with women’s actual demands on the ground.

Further, the United States continues to cooperate either formally or materially with the global influx of dangerous contraceptives that are falsely marketed as safe and effective. The injectable contraceptive Depo Provera is one of the many examples. Since 2000, USAID has spent over one quarter of a billion dollars on injectable contraceptives like Depo Provera - \$12.4 million in 2016 aloneⁱⁱ - despite scientific evidence that women and young girls risk serious side effects that include a two-fold increased risk of breast cancer, bone density loss, and increased risk of cervical cancer as well as an increased risk of acquiring the human immunodeficiency virus (HIV) by nearly fifty percent.ⁱⁱⁱ Concern over bone density loss caused by Depo Provera is so great that it carries a Black Box warning – the strictest warning given by the Food and Drug Administration.^{iv}

Reducing funding to family planning and reproductive health programs will inevitably lead to an outcry from reproductive rights advocates, specifically fearmongering of global catastrophe should the United States withdraw funding from population control programs. History, however, has proven that is not the case. Following the Administration’s expansion of the Mexico City Policy last year, the Dutch-lead *She Decides Initiative* established a fund to ensure money will continue to flow without interruption to abortion providers. To date, *She Decides* has raised \$560 million, with nearly 20% coming from Bill and Melinda Gates Foundation. As founder of *She Decides*, Lilianne Ploumen announced at the annual Lancet Lecture at University College, London, “[I]f the US government is going to take away the 600 million dollars, we will need to find a way to find 600 million dollars somewhere else.”^v

If that is the case, then we request you redirect a large portion of the 600 million dollars appropriated to family planning and reproductive health to programs that are much more effective at safeguarding the health and wellbeing of women and girls in the developing world. Two exemplary program areas are fertility awareness and menstrual hygiene management. The latter – menstrual hygiene management – deserves special mention since its impact on young girls is tragically underreported. An article from IPS news agency identifies that impact where in Kenya as many as 50% of school-aged girls lack access to sanitary pads, where in Nepal and Afghanistan 30% of young girls miss school during their menses, and where in India over 20% of young-girls leave school once they reach puberty.^{vi} In addition to menstrual hygiene products; private bathroom facilities, clean water, and sanitary disposal containers are lacking across the developing world.^{vii}

Another place is maternal and child health. Some may argue that additional funding is unnecessary since \$1.4 billion was spent on maternal and child health in 2017,^{viii} especially as other programs are stretched thin. However, the large sum of \$1.4 billion is misleading because it also includes contributions to the Vaccine Alliance (GAVI), the United Nations Children’s Fund (UNICEF), as well as support for polio activities.^{ix} Further, maternal and child health is now more of a cooperative program rather than a program with a distinct, standalone focus. In the 1960s, the program was established for maternal and child health. Since then, we have seen maternal, newborn, and child health (MNCH); reproductive, maternal, newborn, and child health (RMNCH); reproductive, maternal, newborn, child, and adolescent health (RMNCAH); and finally sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH). Even as progress toward achieving maternal and child survival goals lags behind other global priorities, this critical area of work is being buried in increasingly complex acronyms that risk siphoning away needed resources, and, worse, making this universally acceptable work controversial by association with far more contentious issues like abortion.

As the funds increase, so do the number of sub-programs staking claim to those funds. We need a well-funded stream dedicated solely to maternal and newborn health so that the specific causes of maternal mortality (hemorrhage, hypertension, sepsis, abortive outcomes including miscarriage and ectopic pregnancy, and embolism)^x and newborn mortality (infection, premature term, and birth asphyxia)^{xi} are addressed. With regard to newborn mortality, Susan Yoshihara, Ph.D., Senior VP of Research for C-Fam wrote about the international stillborn scandal.^{xii} The tragic trend whereby babies are delivered stillborn has now reached 7,100 deaths per day. Yoshihara claims the fact that the causes of stillbirth are knowable and manageable only adds to the tragedy. For too long reproductive rights proponents have ignored the real causes of maternal and child mortality.

Request 2: UNAIDS is ineligible to receive funds; rather, those funds previously awarded to UNAIDS will be redirected through PEPFAR to recipients who meet the criteria outlined in the expanded Mexico City Policy.

The United States appropriated \$6.6 billion to combat the global threat posed by HIV/AIDS in the last fiscal year.^{xiii} Those funds are awarded both bilaterally and to multilateral organizations through the President’s Emergency Plan for AIDS Relief (PEPFAR). We are gravely concerned that one bilateral partner - the Joint United Nations Programme on HIV/AIDS (UNAIDS) - is associated with egregious international agencies who are disqualified from receiving US funds under the Helms Amendment, Kemp-Kasten Amendment, or the Mexico City Policy.

Two examples of those egregious agencies are International Planned Parenthood Federation (IPPF) and the United Nations Population Fund (UNFPA). In 2015, IPPF joined UNAIDS in an effort to expedite access to HIV services by the end of the decade.^{xiv} In a press release, UNAIDS writes that “integrating HIV and sexual and reproductive health services and ensuring that people can realize their sexual and reproductive rights” are among the specific areas of collaboration.^{xv} Coincidentally on a separate report, IPPF pledges to deliver, “quality, rights-based, integrated sexual and reproductive health services, including packages that address family planning, safe abortion...and HIV...” by that same year of completion - 2020.^{xvi} That integration of services minimizes the accuracy of funding. According to a UNFPA report, “Trends toward [the] integration of services, consistent with ICPD [International Conference on

Population and Development]...makes it increasingly difficult to distinguish among the four categories of population activities [STD/HIV/AIDS; family planning services; basic reproductive health services; and research, data, and policy analysis].^{xxvii}

The office for PEPFAR maintains, “The United States is one of the largest contributors to the all-voluntary budget of UNAIDS... Through its collaboration and engagement with UNAIDS, the United States further enhances its relationship with the individual UNAIDS cosponsors...”^{xxviii} However, are International Planned Parenthood Federation and the United Nations Population Fund the kind of relationships we wish to enhance? Certainly not given the President’s expansion of the Mexico City Policy and his instruction to Secretary Tillerson to “take all necessary steps” to enforce Kemp-Kasten.^{xix}

Request 3: Funding for UN Women is discontinued, in favor of funding programs that eliminate one of the most egregious causes of violence against women and girls: human trafficking.

UN Women claims to be “the UN organization dedicated to gender equality and the empowerment of women.”^{xx} Unfortunately, UN Women believes two ways to realize that vision of equality and empowerment is to advocate for abortion and the decriminalization of prostitution. With regard to the former, a new draft strategic plan signals the organization may soon promote abortion.^{xxi} C-Fam’s legal director Stefano Gennarini, J.D., writes the draft strategic plan indicates UN Women may attempt to set itself up with a mandate to promote abortion and to lobby to change abortion laws. In addition, UN Women has chastised pro-life policies enacted here in the United States while publicly endorsing pro-abortion campaigns like *She Decides*. With regard to the latter, there are scores of organization who oppose the decriminalization of prostitution. Rachel Moran, who was prostituted for years in Ireland and who now advocates for the Nordic approach to prostitution, argues prostitution is “never truly compatible with consent and is always a human rights abuse.”^{xxii} Moran identifies one of the many terrible effects of decriminalization, citing evidence from New Zealand shortly after it amended the law. She argues “decriminalization of prostitution decriminalizes everything. Pimps, brothel keepers, management structure, third-party exploiters, every last person in the system, including the man paying for sex, is decriminalized.”^{xxiii}

Rather than partnering with UN Women thereby funding activities contrary to the values of the American people, the \$8.5 million in annual funds is better spent on organizations who work tirelessly to eliminate one of the most egregious causes of violence against women and girls: human trafficking.

Request 4: All United Nations agencies that receive funds are mandated to report expenditures.

Recently, the Administration welcomed the appointment of Henrietta Holsman Fore as the new executive director of the United Nations Children’s Fund (UNICEF). We, however, are hesitant to applaud the appointment until we see the direction she takes the organization. The reason for the hesitation is threefold. First, Fore has a seemingly supportive position on abortion. From 1998-2000, she donated to The Wish List, an organization that strives to promote pro-choice Republican candidates. The Wish List also opposes the Mexico City Policy, the same policy she was tasked with enforcing while serving as USAID Administrator under President George W. Bush. Second, UNICEF promotes controversial policies on life and family. In recent years, UNICEF has endorsed contentious interpretations of the Convention on the Rights of the

Child and the Convention on the Elimination of All Forms of Discrimination against Women. As Dr. Yoshihara reports, “UNICEF intervened with Nicaragua’s national assembly to keep abortion legal in that country, and to liberalize abortion in the Dominican Republic, it has advocated for the right of children to have confidential sexual health services without parental knowledge, advocated that children have genders outside the male-female binary, and has partnered with the world’s largest abortion providers and advocates to hold conferences which promote abortion of children in the womb.”^{xxiv} Finally, UNICEF continues to be embroiled in scandal. Within the past few weeks, UNICEF has admitted to failing the very children in the Central African Republic who they were tasked to support. Those children allege they were sexually abused by French peacemakers.^{xxv} Three days following that report, former UNICEF consultant and children’s rights campaigner was imprisoned for raping a thirteen year old boy.^{xxvi}

Given the hundreds of millions of US dollars awarded annually to UNICEF - \$867 million in 2015 alone^{xxvii} - we are gravely concerned that they continue to receive US funds and freely spend those funds with virtually no oversight. And UNICEF is only one of many organizations that may be misappropriating those funds. Therefore, all UN agencies must undergo intense scrutiny and are mandated to report annual expenditures.

ⁱ Rebecca Oas, “Needs without Wants,” *Center for Family and Human Rights: Flyer* (April 2015), web: www.c-fam.org/.

ⁱⁱ UNFPA Procurement Services, “Global Quantity Survey, United Nations Population Fund (2017), web: www.unfpaprocurement.org/.

ⁱⁱⁱ CWPE, “Depo Provera Fact Sheet,” *Committee on Women, Population, and the Environment* (2007), web: www.cwpe.us/.

^{iv} For more information, see the package insert by following: https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/020246s0361bl.pdf.

^v Rebecca Oas, “Lecture on ‘She Decides’ Fund Reveals Effectiveness of U.S. Mexico City Policy,” *Friday Fax 20* (November 22, 2017), web: www.c-fam.org/friday-fax/.

^{vi} Tharanga Yakupitivage, “Menstrual Hygiene Gaps Continue to Keep Girls from School,” *Inter Press Service News Agency* (May 27, 2016), web: www.ipsnews.net/.

^{vii} Ibid.

^{viii} Kaiser Family Foundation, “The U.S. Government and Global Maternal & Child Health Efforts,” *The Henry J. Kaiser Family Foundation* (August 2017), web: www.kff.org/. See: <http://files.kff.org/attachment/fact-sheet-the-u-s-government-and-global-maternal-child-health>.

^{ix} Ibid.

^x Veronique Filippi, Doris Chou, Carine Ronsmans, Wendy Graham, and Lale Say, “Chapter 3: Levels and Causes of Maternal Mortality and Morbidity,” *Reproductive, Maternal, Newborn, and Child Health: Disease Control Priorities*, 3rd edition, volume 2 (2016), web.

^{xi} The Partnership for Maternal, Newborn & Child Health, “Newborn death and illness,” *The World Health Organization* (2011), web: www.who.it/.

^{xii} Susan Yoshihara, “Editorial: The International Stillbirth Scandal,” *Friday Fax 20* (December 15, 2017), web: www.c-fam.org/friday_fax/.

^{xiii} Global Health Policy, “U.S. Federal Funding for HIV/AIDS: Trends over Time,” *The Henry J. Kaiser Family Foundation* (November 2017), web: www.kff.org/.

^{xiv} UNAIDS Press Release, “UNAIDS and IPPF join efforts to Fast-Track the response to HIV,” (December 2015), web: www.unaids.org/.

^{xv} Ibid.

^{xvi} FP2020, “International Planned Parenthood Federation: Program & Service Delivery,” *Family Planning 2020* (January 2016), web: www.familyplanning2020.org/.

^{xvii} UNFPA, “Financial Resource flows for Population Activities in 2011,” *United Nations Population Fund* (2011), web: www.unfpa.org/.

^{xviii} PEPFAR, “Collaboration with UNAIDS,” *The United States President’s Emergency Plan for AIDS Relief* (accessed January 2018), web: www.pepfar.gov/.

^{xix} See endnote #1.

^{xx} UN Women, “Work and Priorities,” *UN Women* (accessed January 2018), web: www.unwomen.org/.

^{xxi} Stefano Gennarini, “UN Women Ramps up Abortion Advocacy,” *Friday Fax*, 20 (June 22, 2017), web: www.c-fam.org/friday_fax/.

^{xxii} Joyce Hackel, “After seven years in the Dublin sex trade, Rachel Moran says prostitution is always abuse,” *PRI’s The World* (October 1, 2015), web: www.pri.org/.

^{xxiii} That comment was made by Ms. Moran at the special two-day event held in September 2017 on the margins of the High-level General Assembly Meeting to review the Global Plan of Action to Combat Trafficking in Persons. We organized that event with Group of Friends United against Trafficking.

^{xxiv} Susan Yoshihara, “New UNICEF Chief Raises Hopes, Questions about Pro-life Stance,” *Friday Fax* 21 (January 4, 2018), web: www.c-fam.org/friday_fax/.

^{xxv} Karen McVeigh. “Unicef admits failings with child victims of alleged sex abuse by peacekeepers,” *The Guardian* (13 February 2018), web: www.theguardian.com/global-development/.

^{xxvi} James Fielding, “Exclusive: Top UNICEF children’s rights-campaigner – who led UK’s anti-smacking campaign – is jailed for rape of boy, in latest charity sex scandal,” *DailyMail.com* (16 February 2018), web: www.dailymail.co.uk/.

^{xxvii} UNICEF, “UNICEF Annual Report 2015,” *United Nations Children’s Fund* (2016), 47.