C-Fam Written Statement for the HHS World Health Assembly Listening Session
11 May 2018, Washington, D.C.

Item 24. Management, legal and governance matters (in general)

C-Fam is concerned at how the WHO is being manipulated to promote controversial partisan agendas at the expense of sound medical science and established international norms. We recommend that the Administration use all possible tools at its disposal to reign in these abuses that endanger the health of the most vulnerable among us, undermine science, international law, and U.S. foreign policy.

1. WHO's database on abortion laws and policies oversteps international consensus

The database[1], launched last year, explicitly states its goal to "eliminate the barriers that women encounter in accessing safe abortion services." It further reveals a political stance by using the domain "SRHR.org," referring to the concept of "sexual and reproductive health and rights," which is not accepted by the General Assembly and had repeatedly been rejected from nonbinding UN resolutions as well as all binding treaties. To the extent that international consensus on abortion exists, it maintains that the legal status of abortion is for individual sovereign states to determine.

The database ostensibly presents itself as an effort to measure progress on targets 3.7 and 5.6 of the Sustainable Development Goals, but it does a lot more than measure progress on the targets. It re-defines the targets without adequately taking into account the UN consensus that produced the targets in the first place.

The notion of so-called safe abortion is highly controversial and not at all to be considered internationally agreed. While the World Health Organization, the UN secretariat, and UN agencies routinely use the term as a positive term, this undermines and erodes what states agreed at the International Conference on Population and Development in 1994.

Paragraphs 7.24 and 8.25 of the ICPD agreement make it clear that international consensus sees abortion in negative terms, agreeing that (1) it is something to be left exclusively to national legislation, and therefore by implication it is not an international right, that (2) governments should help women avoid abortion, that (3) abortion should never be promoted as a method of family planning, and that (4) wherever abortion is legal it should also be made safe. These

[1] http://srhr.org/abortion-policies/ See also https://c-fam.org/friday_fax/new-un-database-pressures-countries-abortion/

caveats on the inclusion of abortion under the rubric of "sexual and reproductive health" in the ICPD agreement presume that in a great number of countries abortion not only is illegal in all or most circumstances and during the majority of the period of gestation of a child in the womb, but that it is also presumptively unsafe.

UN agencies and the UN secretariat have turned these caveats on their heads to promote the notion of "safe abortion." This must be contested by re-asserting all the caveats in the ICPD agreement, and by strengthening them even more to further cast abortion in a negative light. One way of doing this is for the United States to continue to express on the record in official WHO and UN meetings that abortion is not part of U.S. foreign assistance programming because of Congressional and executive mandates, and that the only way abortion should be mentioned in any UN agreement or by UN agencies is within this normative framework, expressly repeating these caveats from Paragraphs 7.24 and 8.25 of the ICPD.

To create an abortion law and policy database with the explicit intent of targeting advocacy efforts toward liberalizing national abortion laws is outside the mandate of the WHO or any UN agency.

2. WHO's Guidance on Abortion endangers the lives of women, and advocates for legalizing abortion.

The present WHO technical guidance on abortion recommends using methods that would be considered malpractice in the United States, Furthermore, it prioritizes access to "safe" abortion over women's health by promoting methods of abortion that are already substandard in contexts where complications would likely be difficult if not impossible to treat, and where abortion in most cases would likely be illegal. In a further effort to maximize access to abortion, WHO publications advocate for a broadening of the pool of providers to nurses, midwives, and other mid-level medical personnel, without adequate concern for their rights of conscience, which are often already subject to less protection than those of licensed doctors.

The drug misoprostol (also known as Cytotec) has been listed by WHO as an "essential medicine" for many years, and is promoted in WHO's abortion guidance as a method of abortion, with or without mifepristone. Misuse of this drug has led to its withdrawal from the French market in the past year after multiple reported complications to women in labor resulting from incorrect dosing.[2] In light of the potentially fatal results of misuse of misoprostol, and the presence of black markets for the drug to procure abortions, WHO should reconsider any advice that could be seen as giving legitimacy to the misuse of drugs by for illegal purposes.

Perhaps the most problematic aspect of the guidance is that it advocates for accessibility to abortion regardless of the legal situation.

For a more detailed review and critique of the guidance please consult the C-Fam Briefing Paper, "Eleven Problems with the 2012 WHO Technical Guidance on Abortion" by Susan Yoshihara, Ph.D. and Rebecca Oas, Ph.D.[3]

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[2] https://c-fam.org/friday_fax/dangerous-abortion-drug-pulled-france-still-pushed-global-south/
[3] available at: https://c-fam.org/wp-content/uploads/11-PROBS-WITH-WHO6.pdf

The guidance, reflected also in subsequent WHO papers and publications directly undermines the Mexico City Policy and the Helms Amendment. While these do not apply to the WHO, it is essential to ensure the WHO does not undermine U.S. Foreign Policy in regards to protecting children in the womb.

3. WHO should avoid placing politics over proven science in its diagnostic manual update.

The WHO will revise its diagnostic manual in 2018, and there is a plan to move gender identity issues from the chapter on "mental and behavioral disorders" to a new chapter on "conditions related to sexual health" using the term "gender incongruence."[4]

This would make "transgender" a medical condition and not treat "gender dysphoria" as a mental health condition. This has become a special focus in scientific literature[5] yet disregards existing medical evidence, and the lack of medical evidence, about the possible effects on adults and children.

Aside from the scientific difficulties of overlooking biology and anatomy in determining a person's sex or gender, it is dangerous from a medical ethics perspective, especially for children who experience gender dysphoria. An entire industry has emerged to place children who manifest confusion about their own gender on powerful drugs to delay puberty with little thought to the lifelong negative side effects of these drugs.

A review of the medical and other scientific evidence for doing this concludes that it is premature to prescribe medical treatment of children who have trouble identifying with their biological and anatomical identity.[6] Dr. Paul McHugh, who formerly was head of psychiatry at John Hopkins University has demonstrated that eighty percent of children who experience these difficulties eventually grow out of them.[7]

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[4] See the C-Fam report by Dr. Rebecca Oas, available at: https://c-fam.org/friday_fax/transgender-health-experts-contradict-new-publication/.
[5] See the special Lancet series on this topic, available at: http://thelancet.com/series/transgender-health
[6] Lawrence S. Mayer, M.B., M.S., Ph.D. and Paul R. McHugh, M.D., "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," The New Atlantis, Fall 2016.
[7] https://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120