



May 31, 2017

The Honorable Lindsay Graham
United States Senate
Chairman, State, Foreign Operations, and Related Programs
290 Russell Office Building
Washington, DC 20510

RE: Requests for the Fiscal Year 2018 Appropriations Bill

Dear Chairman Graham,

We applaud Congress for their continued support of the world's most disadvantaged and vulnerable populations. Each year, the appropriation bills drafted by both chambers affect critical sectors like education, humanitarian assistance, peace and security. We also recognize that the global health sector faces particular challenges—as do the intervening organizations—and, therefore, we make the following requests for the FY'18 Appropriations Bill to help mitigate those challenges. We are confident these requests will undoubtedly yield the greatest impact on the international community. A brief explanation for each request follows this letter.

- **Request 1:** Eliminate obsolete population control policies by significantly reducing family planning/reproductive health funds and redirecting those funds to maternal and child health.
- **Request 2:** Permanently codify the Mexico City Policy (MCP), including the language in President Trump's executive order that extends the requirements of the MCP to global health assistance furnished by all departments or agencies.
- **Request 3:** Eliminate funds to UNAIDS and redirect those same funds to PEPFAR.
- **Request 4:** Restrict funding for post-abortion care (PAC) to cases when PAC is medically indicated and employed in a hospital setting.
- **Request 5:** Extend MCP to grants awarded to prevent and combat human trafficking.

Less than four months ago, President Trump signed an executive order reinstating the Mexico City Policy, thereby impeding the agenda of the previous administration that included--among others things--an assault on the unborn through foreign assistance to international non-government organizations that perform and promote abortion. The reinstatement of the Mexico

City Policy, however, is only the first step among many needed to reverse the metastasis of progressivism firmly rooted at the State Department and USAID. We ask you and your fellow members of Congress to continue to take measured steps, following our President's lead, and unequivocally refuse to cooperate in abortion, either intentionally or materially. We are confident the requests contained in this letter will do just that while ensuring the greatest impact on the health and well-being of all men, women and children throughout the developing world.

REQUESTS FOR THE FISCAL YEAR 2018 APPROPRIATIONS BILL

Request 1: Eliminate obsolete population control policies by significantly reducing family planning/reproductive health funds and redirecting those funds to maternal and child health. Funding increases to FP/RH have been justified by citing misleading data about unmet need and disingenuous claims of drug safety. The United Nations still claims 225 million women in the developing world have an unmet need for contraception. That figure is quoted by United Nations Population Fund (UNFPA), Alan Guttmacher Institute, Marie Stopes International, Population Council, and even USAID. However, that figure is misleading. According to 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." Since the market for contraceptives is increasingly saturated, and knowledge of family planning methods is near universal, it is time for a reassessment of the justification for U.S. spending on international family planning.

Further, the various methods of contraception proliferating in the developing world are marketed as safe and effective. However, that is disingenuous at the very least. *Depo Provera* packaged as *Sayana Press* is a key example that counters that narrative. Since 2000, USAID has spent \$360,067,652 on injectable contraceptives 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. Likewise, the use of *Depo Provera* may increase the risk of acquiring the human immunodeficiency virus (HIV) by nearly fifty percent. Evidence supporting this increased risk recently drove the World Health Organization (WHO) to replace its previous guidance with a more cautionary one. Tragically, WHO continues to promote the injectable in areas with high HIV prevalence, arguing the advantages of preventing pregnancy outweighs the possible increased risk of HIV infection.

A reduction in FP/RH funding will inevitably lead to an outcry from reproductive rights advocates, who will use the tactic of fear mongering by claiming a global catastrophe will

occur should the United States withdraw from population control programs. However, losing US support does very little to the bottom line of such programs. For example, after the defunding of UNFPA, initiatives like the Dutch-led *She Decides* counteracted the loss. Reducing funds for FP/RH affirms the principles of our Nation and eliminates complicity with agencies who act contrary to the American ethos. Furthermore, one frequently cited 2011 study claims that the MCP increased abortion rates, however, this study contains serious methodological flaws, specifically in its “exposure index” as well as numerous data gaps in general.

Finally, family planning groups ineligible for funding under the MCP frequently argue that contraception reduces maternal and child mortality. While deaths in childbirth and infancy remain a critical problem, especially in sub-Saharan Africa, women and children do not die from a lack of contraceptives, but from insufficient basic health care and a lack of nutrition, hygiene, transportation, and other essential services. Averting pregnancies may drive down the numbers of deaths, but it does not make birth safer for a mother or child. Increased U.S. funding for maternal and child health would send a powerful message in favor of saving lives, rather than averting their existence.

Request 2: Permanently codify the Mexico City Policy (MCP), including the language in President Trump’s executive order that extends the requirements of the MCP to global health assistance furnished by all departments or agencies. President Trump’s executive order reinstating the Mexico City Policy and expanding it to global health funding is extremely necessary given the insidious practice of integrating abortion with ethical programs and services. For example, there continues to be an incessant push to integrate family planning/reproductive health with HIV prevention. In a 2011 edition of *Guttmacher Policy Review*, Heather Boonstra reflected on the Obama Administration’s endorsement of FP/RH-HIV integration. She wrote, “As a matter of policy, PEPFAR under the Obama administration has come very far in encouraging linkages between HIV services and family planning services. The United States now should go all the way to ensure that every woman has access to critical HIV prevention, care and treatment services, including access to the contraceptive services she wants and needs.”

We strongly support the current extension of the MCP, though we recognize that future administrations can choose to rescind and undo the protections the President has afforded to the unborn. Therefore, we urge you to include the request of Senator Mike Lee and eighteen of your senate colleagues, “...we urge you to include language codifying the important pro-life actions that President Trump has taken on foreign assistance as you draft the FY18 State and Foreign Operations Appropriations Bill.”

Further, over 82 U.S. representatives sent a similar request to Chairman Hal Rogers in a letter dated March 30, 2017.


Request 3: Eliminate funds to UNAIDS and redirect those funds to PEPFAR. The United States provides tens of millions of dollars annually to UNAIDS. For example, in 2016 the State Department awarded forty-five million dollars to UNAIDS. Although awarded to UNAIDS, those funds may benefit organizations that partner with the agency, such as International Planned Parenthood Federation (IPPF) and United Nations Population Fund (UNFPA). IPPF joined UNAIDS in an effort to fast-track access to HIV services by the year 2020. 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. Coincidentally on a separate report, IPPF pledges to deliver, “quality, rights-based integrated sexual and reproductive health services, including for family planning, safe abortion and HIV...” by the same year - 2020. 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].” Furthermore, UNAIDS supports the decriminalization of prostitution.

Request 4: Restrict funding for post-abortion care (PAC) to cases when PAC is medically indicated and employed in a hospital setting. It is abundantly clear that many abortion proponents use PAC as an entry point into countries with pro-life laws. Misoprostol, for example, is prescribed for PAC to treat postpartum bleeding. However, that drug is commonly paired with mifepristone to induce a chemical abortion. Likewise, a manual vacuum aspirator (MVA) is employed for PAC to empty the uterus of the deceased child. Yet, an MVA is also an effective method to empty the uterus of the child who is still very much alive. The revelation that abortion proponents seized PAC to further their progressive agenda was revealed in October 2016 at a Washington event. At that time and later in print, Pathfinder International – the current Chair of the PAC Consortium – revealed, “Broadening the focus of the [PAC] Consortium to include comprehensive abortion care reflects our collective efforts to help even more women access the information and care they need...” In addition to Pathfinder International, Consortium members include International Planned Parenthood Federation, Ipas, and Population Council. Rather than funding these organizations, we request all PAC funds be redirected to the maternal and child health sector of USAID with an emphasis on holistic interventions that have proven to prevent maternal and infant mortality, e.g., access to the following: educational initiatives, skilled birth attendants, prenatal care, clean water and sanitation, emergency obstetric care, vaccinations and pediatric care, and adequate nutrition.

Request 5: Extend MCP to grants awarded to prevent and combat human trafficking.

Multi-year grants awarded for preventing and combating human trafficking under the previous administration may implicitly promote abortion. That implication is based on President Obama’s 2009 rescission of the Mexico City Policy, and his administration’s bias for awarding grants to

anti-trafficking organizations that refer victims for abortion. This bias was demonstrated by the rejection of a grant proposal from the United States Conference of Catholic Bishops despite efficacy confirmed by an independent review board. This was due to its Migration and Refugee Services refusal to pay for abortion or contraception, or make referrals for certain reproductive health services. As the grant announcement stated, "...preference will be given to grantees under this [funding opportunity announcement] that will offer all victims referrals to medical providers who can provide or refer for provisions of treatment for sexually transmitted infections, family planning services and the full range of legally permissible gynecological and obstetric care..." George Sheldon, acting assistant secretary of HHS, confirmed this when he told the House Oversight and Government Reform Committee, "We believe it necessary that the one federally funded social service organization in charge of implementing and overseeing case management in any area is willing to provide the full scope of services that trafficking victims can learn about through the program."

Sincerely,

Austin Ruse
President