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**Why the Global Protect Life Rule is Right  
for the U.S. and Nations Around the World**

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**Shea Garrison, Ph.D., M.S.**

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Comments and information requests can be directed to:

Charlotte Lozier Institute  
2800 Shirlington Rd, Suite 1200  
Arlington, VA 22206  
E-mail: [info@lozierinstitute.org](mailto:info@lozierinstitute.org)  
Ph. 202-223-8073/[www.lozierinstitute.org](http://www.lozierinstitute.org)

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*The United Nations Declaration of the Rights of the Child (1959) calls for legal protection for children before birth as well as after birth. In keeping with this obligation, the United States does not consider abortion an acceptable element of family planning programs and will no longer contribute to those of which it is a part. i*

## **I. Introduction**

In January 2017, President Donald Trump took a bold and unprecedented executive action<sup>ii</sup> to restore the Mexico City Policy and extend its reach through Protecting Life in Global Health Assistance (PLGHA), commonly known as the “Global Protect Life Rule.” With this action, President Trump updated and significantly expanded the scope of limitations on U.S. abortion-related funding, also significantly decreasing the amount of taxpayer dollars going to organizations who actively promote or perform abortion. U.S. foreign aid is now better funneled to alternative foreign organizations who are providing necessary healthcare in developing countries, while also respecting these countries’ cultural values and national sovereignty.

## **II. Background and History**

### **a. From Mexico City Policy to the Global Protect Life Rule**

The Mexico City Policy (MCP) was first introduced by the Reagan administration at the 1984 UN International Conference on Population Development (ICPD) in Mexico City. The MCP prohibits U.S. funds for family planning from going to any foreign nongovernmental organization<sup>1</sup> (NGO) that “performs or actively promotes abortion as a method of family planning.”<sup>iii</sup> The U.S. policy statement at the 1984 ICPD directs: “U.S. support for family planning programs is based on respect for human life, enhancement of human dignity, and strengthening of the family. Attempts to use abortion, involuntary sterilization, or other coercive measures in family planning must be shunned.”<sup>iv</sup>

Under the MCP foreign NGOs must agree, as a condition of receiving U.S. funds, that they will neither perform nor actively promote abortion as a method of family planning with *any* source of funding, including non-U.S. funds.<sup>v</sup> Before MCP<sup>2</sup>, a foreign NGO could still receive U.S. funds for family planning if they used non-U.S. funds to engage in certain voluntary abortion-related activities using a segregated account for U.S. funds. The MCP no longer permitted this.<sup>vi</sup>

An organization which “actively promotes abortion as a method of family planning”

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<sup>1</sup> HHS states: “Global health assistance to national or sub-national governments, public international organizations, and other multilateral entities in which sovereign nations participate is not subject to this policy. For example, this includes funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria; GAVI, the Vaccine Alliance; and United Nations organizations such as the Joint United Nations Programme on HIV/AIDS and the World Health Organization.” HHS. Protecting Life in Global Health Assistance Frequently Asked Questions. August 27, 2018. <https://www.hhs.gov/sites/default/files/hhs-interagency-plgha-faqs-august-2018.pdf>.

<sup>2</sup> Under the Helms Amendment of 1973

means a commitment of “resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.”<sup>vii</sup> This includes advising women that abortion is an available option or encouraging them to consider it, operating a family planning center that advises or gives information on the benefits and availability of abortion, conducting campaigns to inform the public about the benefits or availability of abortion, or lobbying a government to legalize or make abortion available.<sup>viii</sup>

Before the MCP, the 1973 Helms Amendment to the Foreign Assistance Act was instated to prohibit U.S. foreign aid from being *directly* used for abortion as a method of family planning or for encouraging the practice of abortion. However, with the Helms Amendment, U.S. funds can still be used indirectly to support organizations, clinics, and salaries connected with promoting or performing abortion. Eight years later, the 1981 Siljander Amendment was added to prohibit U.S. aid from being directly used to lobby for or against abortion. Unlike the Helms and Siljander Amendments, which are laws enacted by Congress and remain in place today, the Mexico City Policy has (for the most part) been implemented and or reversed through the executive branch. Since the Reagan administration, the MCP has been revoked during Democrat administrations and reinstated during Republican administrations,<sup>ix</sup> and has been in effect for approximately 20 of the past 35 years.<sup>x</sup>

As President Trump took office in January 2017, he reinstated the Mexico City Policy and updated it to further extend its provisions through Protecting Life in Global Health Assistance (PLGHA), commonly known as the Global Protect Life Rule. While the MCP only applies to family planning funds provided through the U.S. Agency for International Development (USAID) and the State Department, the Global Protect Life Rule extends funding limitations to include U.S. global health assistance provided by all U.S. government departments or agencies.<sup>xi</sup> This global health assistance is for programs<sup>xii</sup> such as “HIV/AIDS, maternal and child health, malaria, global health security, family planning and reproductive health.”<sup>xiii</sup>

PLGHA, or the Global Protect Life Rule, applies to approximately \$8.8 billion in annual funds appropriated to the State Department, USAID and the Department of Defense, of which \$6 billion is funding for HIV under the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) program. Before President Trump instated PLGHA, MCP applied to only approximately \$600 million, appropriated annually to the State Department and USAID for family planning assistance.<sup>xiv</sup> Created in 2003 as an emergency fund originally supporting only 50,000 people in sub-Saharan Africa, PEPFAR is now an ongoing international assistance program in 50 countries supporting more than 14.6 million people.<sup>xv</sup> Such a significant increase in foreign aid since 1984 created a need to expand the provisions of MCP to cover a broader scope of funding and programming. This has been accomplished through PLGHA, or the Global Protect Life Rule. Humanitarian assistance, however, is not affected by the updated and expanded policy.

This includes State Department migration or refugee-assistance programs, USAID disaster and humanitarian-relief programs, and Department of Defense disaster and humanitarian relief.<sup>xvi</sup>

In addition, Mexico City Policy and PLGHA funding limitations do not apply to:

- Performing or referring for abortion in the case of rape, incest or when the life of the mother is in danger.<sup>xvii,xviii</sup>
- Treating “injuries or illnesses caused by illegal or legal abortions, such as emergency treatment for complications from spontaneous or induced abortion...nor does it prohibit post-abortion care.”<sup>xix,xx</sup>
- Giving information in response to questions about abortion, or “passive” referrals for safe, legal abortion when “the question is specifically asked by a woman who is already pregnant (and) ... clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely.”<sup>xxi</sup>

Although U.S. NGOs are not directly affected by the Global Protect Life Rule, it does apply to subawards given to a foreign NGO by a U.S. NGO. Specifically, U.S. NGOs are prohibited from giving global health assistance to a foreign NGO if that foreign NGO performs or actively promotes abortion as a method of family planning, even with non-U.S. funding, or gives funding to another foreign NGO that does the same.<sup>xxii</sup>

### **b. PLGHA Six-Month Review**

In Early February 2018, the U.S. Department of State issued a six-month review of the implementation of the Global Protect Life Rule through September 2017, stating that, “With less than six months of policy implementation, it is too early to assess the full range of benefits and challenges of the PLGHA policy for global health assistance.”<sup>xxiii</sup>

However, the review showed that a majority of global health assistance grants were subject to the policy in 2017, and that almost all “prime partners” agreed to the policy and accepted new funding after the implementation date. Only four out of 733 awardees declined to accept the award. The review states that when a partner declines to agree with PLGHA, the U.S. agency (State, DoD, USAID, or HHS) reprograms funds to other organizations, and “the amount of funding directed to respective recipient countries will remain the same.”<sup>xxiv</sup>

### **c. Closing “Backdoor Loopholes” for Funding Abortion Overseas**

On March 26, 2019, Secretary of State Mike Pompeo announced<sup>xxv</sup> a “strict prohibition” on “backdoor funding schemes and end-runs” used by organizations to get

around the funding limitations of PLGHA. This prohibition meant that the U.S. would no longer fund foreign organizations who subcontract with or provide financial assistance (either with U.S. or non-U.S. funding) to other organizations in the global abortion industry. This action would protect “more unborn babies around the world than ever before” and enforce U.S. commitment to limit taxpayer funding of abortion overseas.

In addition, Sec. Pompeo announced the State Department would enforce the 1981 Siljander Amendment and prohibit tax dollars from being used to lobby for or against abortion. Once implemented, the enforcement directly reduced funding to the Organization of American States (OAS) in proportion to its expenditures on abortion-related activities.

### **III. Impact of the Global Protect Life Rule on Healthcare Funding, U.S. Taxpayers, and Developing Nations**

*‘This is a policy that is designed fundamentally to protect human beings ... this is decent, this is right.’ Sec. Mike Pompeo, March 2019<sup>xxvi</sup>*

#### **a. U.S. Global Healthcare Funding**

Along with its commitment to reject abortion as an acceptable element of family planning and no longer contribute funds to abortion-related programs,<sup>xxvii</sup> the U.S. has maintained its commitment to support necessary healthcare programming in vulnerable nations around the world.

Although the Global Protect Life Rule is applicable to a large amount of U.S. healthcare funding, the U.S. government has made clear that the amount of global health assistance made available through U.S. foreign aid will not be reduced. Instead, the government has officially stated that all U.S. departments and agencies “will reprogram to other organizations any funding they would have awarded to NGOs that do not agree to the conditions set on the acceptance of U.S. funding under Protecting Life in Global Health Assistance.”<sup>xxviii</sup>

Even so, the six-month review of PLGHA shows that the majority of prime partners eligible for PLGHA funding have agreed to and accepted the policy.<sup>xxix</sup> In addition, the U.S. remains the number one country donor of international family planning and reproductive healthcare, most recently providing \$575 million dollars per year.<sup>xxx</sup>

Two organizations who devote large amounts of time and resources to the promotion of abortion in developing nations, Marie Stopes International and International Planned Parenthood Federation, refused to comply<sup>xxxi</sup> with the Global Protect Life Rule. Since the rule was implemented, Marie Stopes International (whose core mission<sup>xxxii</sup> includes providing and legalizing abortion) has renounced approximately \$30 million in U.S. funds a year for family planning programs.<sup>xxxiii</sup> International Planned Parenthood

Federation has estimated a loss of \$100 million dollars in U.S. funding over the past few years.<sup>xxxiv</sup>

Opponents of MCP and the Global Protect Life Rule claim that the loss of funding to organizations which refuse to comply with the policy hurts the reproductive healthcare of women in developing nations. However, only two studies, both of them questionable, have been conducted to understand the effects of MCP/PLGHA on reproductive care. A study done by the World Health Organization 2011,<sup>xxxv</sup> and a subsequent expansion of the study in 2019,<sup>xxxvi</sup> claims to find “a substantial increase in abortions across sub-Saharan Africa among women affected by the US Mexico City Policy” due to foreign organizations’ reduced “ability to supply modern contraceptives.”<sup>xxxvii</sup>

According to the study, when the policy was in effect “coverage of modern contraception fell and the proportion of women reporting pregnancy and abortions increased, in relative terms, among women in countries more reliant on U.S. funding.” However, according to statistical sources used in the study,<sup>xxxviii</sup> total global use of modern contraception actually increased<sup>3</sup> by 8.5% after the MCP took effect and between the years of 1990 and 2010. In Africa, modern contraception use increased by 13.5%, with a 3.2% decrease in what has been described as an “unmet need for family planning” in less-developed countries.<sup>xxxix</sup> The study also showed that the use of contraception in sub-Saharan Africa doubled between 1995 to 2000, from 13.5% to 26.9%, and more than doubled by 2014 to 29.9%.<sup>xl</sup>

An increase in contraceptive use in sub-Saharan Africa would obviously negate the final claims of this study: that MCP causes a decline in contraceptive use leading to more abortions. In addition, although the study claims the MCP had a larger impact on African countries more dependent on U.S. family planning funds, contraceptive use rates increased in similar amounts in both sets of countries studied—those more reliant on U.S. funds and those less reliant on U.S. funds.

If, indeed, abortion rates climbed in time periods during which MCP was implemented, then better research needs to be done to see why and how this can be negated. However, according to statistician Michael New, Ph.D., who reviewed the 2011 study, “there are also legitimate concerns about the quality of the abortion data the study analyzes.” Out of the 300 potential data points used in the study, 42% are missing. In addition, large fluctuations in the incidence of abortion reported by the study are unlikely (and) “do not inspire confidence in the quality and reliability of public-health data from many of these African countries.”<sup>xli</sup>

The U.S. has shown it can continue to meet the most critical healthcare needs for

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<sup>3</sup> An increase in contraception use has been associated with a decrease in Maternal Mortality rates. See “USAID Family Planning and Reproductive Health Program Overview” 2019.

women while refusing to pay for the killing of unborn babies. With a shift of U.S. funding from abortion giants to organizations addressing basic healthcare needs, women can be better served— including in maternal health and mortality. The shift in U.S. funding away from abortion is consistent with the desires of American taxpayers, and with the moral, cultural and religious beliefs of the majority of people around the world, strengthening U.S.-foreign relations.

### **b. Why the Global Protect Life Rule is Good for America**

Americans, even those who self-identify as “pro-choice”, do not want to pay for abortions in other countries. According to a 2017 national survey, “there is significant opposition to using tax monies to fund abortion services internationally among Republicans, Independents, and Democrats.” Specifically, an overwhelming majority of Americans (83%) oppose or strongly oppose using U.S. tax dollars to support abortion in other countries. A majority opposition is evident across all political parties and regardless of views on abortion. Seventy percent of Democrats, 94% of Republicans, and 86% of Independents “oppose or strongly oppose” using U.S. foreign aid to fund abortions overseas. In addition, 73% of those who identify as “pro-choice” and 95% of those who are “pro-life” say they “oppose or strongly oppose” supporting abortion in other countries.<sup>xlii</sup>

### **c. Why the Global Protect Life Rule is Good for Countries U.S. Aid Aims to Help**

In addition, abortion is not morally or culturally acceptable within the cultures of most countries, particularly in countries targeted by U.S. foreign aid. A study<sup>xliii</sup> conducted by Pew Research Center in 2014 demonstrates that in 26 out of 40 countries surveyed, the majority of populations believe abortion is “morally unacceptable.” Most of the countries with this belief lie in sub-Saharan Africa, Latin America, and the Muslim-majority countries of Asia and the Middle East. In all six of the African countries surveyed, the vast majority of the populations believe abortion is morally wrong — 92% Ghanaians, 88% Ugandans, 82% Kenyans, 80% Nigerians, 61% South Africans, and 52% Senegalese.<sup>xliv</sup> In fact, almost 80% of countries in Africa have a law which prohibits or restricts abortion in some way.<sup>xlv</sup>

U.S. refusal to contribute to the promotion of abortion in these countries can be a boon for U.S. public diplomacy.<sup>xlvi</sup> In his 2015 address to the 70<sup>th</sup> UN General Assembly, Pope Francis warned against Western powers promoting values that are “alien” to citizens of developing countries, calling it “Ideological Colonialization,”<sup>xlvii</sup> a dangerous concept also referred to as “Imperial Culturalism”. Pope Francis reminded member states to recognize “a moral law written into human nature itself, one which includes...an absolute respect for life in all its states and dimensions.”<sup>xlviii</sup> Nigerian-born Obianuju Ekeocha echoed this in her speech<sup>xlix</sup> at the UN in 2016, saying, “at the core of my people’s value system is the profound recognition that human life is precious, paramount and supreme.” Unfortunately, the most marginalized and vulnerable nations sometimes feel coerced to accept Western



“progressive” social values in order to receive Western aid.

#### **IV. Three Facts About Abortion and Women’s Empowerment**

In spite of the fact that an overwhelming majority of Americans oppose international abortion funding, and in spite of the fact the U.S. continues to fully provide global healthcare assistance, abortion activists still demand that U.S. funds should go to organizations actively promoting or performing abortion. Western-based organizations such as International Planned Parenthood,<sup>i</sup> Marie Stopes International,<sup>ii</sup> Ipas,<sup>iii</sup> the World Health Organization,<sup>iiii</sup> the UN Population Fund,<sup>lv</sup> and the Gates Foundation spend millions of dollars toward the promotion of abortion under the premise of “ensuring rights and choices” and as an integral part of reducing maternal mortality rates<sup>lv</sup> in places such as Africa, Asia, and Latin America.<sup>lvi</sup>

##### **a. Abortion is Not an International Right**

Contrary to assertions of “pro-choice” advocates, abortion is not an international right. According to international consensus at the United Nations (UN) and at the Organization of American States (OAS), the legalization of abortion is under the discretion and national sovereignty of member states. As the 1994 UN ICPD Programme of Action<sup>lvii</sup> recognizes: “Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.” (8.25) The Programme also states that “governments should take the appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning.” (8.25 and 7.24)

In addition, U.S. presidents and other senior government officials have made it clear that the U.S. position, under both Democrat and Republican administrations, was not, nor has it ever been, to create an international right to abortion.<sup>lviii</sup>

##### **b. Abortion is Not Integral to Decreasing Maternal Mortality**

According to the United Nations Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016-2030), approximately 289,000 women died in 2013 in pregnancy or childbirth. Fifty-two percent (52%) of these deaths were attributable to one of the three leading causes of maternal deaths--hemorrhaging (the leading cause at 27%),<sup>lix</sup> sepsis, and hypertensive disorder; 28% died from indirect causes such as malaria, HIV, diabetes, cardiovascular disease, or obesity.<sup>lx</sup> Only 8% of maternal deaths were attributable to unsafe abortion.

However, according to the American Association of Pro-Life Obstetricians and Gynecologists, the promotion of legalized abortion under “the guise of ‘decreasing unsafe abortion’” is a “dangerous diversion of financial resources from interventions known to

reduce maternal mortality (such as) prenatal care, skilled birth attendants, antibiotics and oxytocics (drugs to reduce hemorrhaging).”<sup>lxi</sup> Two obstetricians who lead an NGO promoting maternal health in Africa say Western aid has failed to focus on the causes responsible for 90% of maternal deaths -- causes that “have been effectively treated in the developing world for nearly one hundred years”:<sup>lxii</sup>

*Vast resources, which should have been directed to...essential obstetrical care, have gone to a different agenda — so called “reproductive health.” Rather than focus on the real causes and solutions to maternal mortality, (we have) become entangled within a “reproductive rights” agenda, which emphasizes access to contraception and promotes abortion. In the middle of the night, a woman bleeding to death from a post-partum hemorrhage cannot be saved by a contraceptive device or a reproductive health mandate. An asphyxiated newborn cannot be resuscitated by the failed intent to prevent his or her conception. (p. 203)*

### **c. Abortion Does Not Empower Women and Girls in Developing Countries**

Kenyan-born Ann Mutave Kioko advocates at the UN for African women and girls, calling on foreign aid-donor countries to stop promoting abortion in developing countries and address the real needs of women.

At a UN panel during the 63<sup>rd</sup> Commission on the Status of Women,<sup>lxiii</sup> Kioko contradicted the premise that African women need or want abortion services: “...Contrary to what the negotiators of some countries argue here or... push on countries in the developing world, a young girl in a village like mine...does not need policies that prioritize abortion. ... It is time we brought the women in the grassroots to the table. They will tell you they don’t need abortion ... to be empowered. The women carrying water cans, the women carrying their daughters on their back to go to hospital or to get health care, they will never tell you they need such kind of priorities.” Kioko ended by summing up what African women believe the priorities of Western foreign aid should be: “(Women) need fully equipped health centers, they need good schools, they need clothing, they need food on their tables! They need electricity. And they need to be imparted with proper skills so they can be good career women. ... I keep looking forward to that day the UN and those who are speaking and working for the women of the world will get the priorities of the women at the grassroots correct.”

## **V. Conclusion**

In 1984, the Reagan administration took decisive action by instating the Mexico City Policy to respect human life and enhance human dignity, no longer contributing U.S. tax dollars to the indirect international funding of abortion as a method of family planning. Thirty-five years later, the Trump administration continues to uphold this commitment through Protecting Life in Global Health Assistance, or the Global Protect Life Rule, having

significantly expanded the scope of the policy from \$600 million in annual family planning funds to \$8.8 billion in annual global healthcare assistance.

The Global Protect Life Rule greatly decreases the amount of U.S. taxpayer dollars that are used for abortion-related services in foreign countries, redirecting U.S. aid to organizations providing necessary healthcare. At the same, the Global Protect Life Rule directly reflects the desires of U.S. taxpayers, upholds international consensus on abortion, and respects the cultural values of the countries that U.S. foreign aid seeks to help.

*Shea Garrison, Ph.D., M.S. is Vice President of International Affairs, Concerned Women for America and Affiliated Faculty & Policy Fellow, George Mason University, Schar School of Policy and Government*

i Policy Statement of the United States of America at the United Nations International Conference on Population (second session) Mexico, D.F. August 16-13, 1984. Web accessed February 22, 2020 at [https://www.uib.no/sites/w3.uib.no/files/attachments/mexico\\_city\\_policy\\_1984.pdf](https://www.uib.no/sites/w3.uib.no/files/attachments/mexico_city_policy_1984.pdf)

ii Presidential Memorandum. January 23, 2017. Web accessed February 25, 2020 at <https://www.whitehouse.gov/presidential-actions/presidential-memorandum-regarding-mexico-city-policy/>

iii Restoration of the Mexico City Policy, 66 Federal Register 17303 (Mar. 28, 2001) at 17306, Secs. I. (e)(1). Web accessed February 25, 2020 at: <https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy>

iv Policy Statement of the United States of America at the United Nations International Conference on Population (second session) Mexico, D.F. August 16-13, 1984. Web accessed February 22, 2020 at [https://www.uib.no/sites/w3.uib.no/files/attachments/mexico\\_city\\_policy\\_1984.pdf](https://www.uib.no/sites/w3.uib.no/files/attachments/mexico_city_policy_1984.pdf)

v HHS. Protecting Life in Global Health Assistance Frequently Asked Questions. August 27, 2018. <https://www.hhs.gov/sites/default/files/hhs-interagency-plgha-faqs-august-2018.pdf>, p. 18

vi Congressional Research Service, International Family Planning: The “Mexico City” Policy, updated April 2, 2001, RL30830, p.3.

vii Restoration of the Mexico City Policy, 66 Federal Register 17303 (Mar. 28, 2001) at 17306, Secs. I. (e)(10)(iii) web accessed February 25, 2020 at: <https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy>

viii Restoration of the Mexico City Policy, 66 Federal Register 17303 (Mar. 28, 2001) at 17306, Secs. I. (e)(10)(iii)(A) (I-IV). Web accessed February 25, 2020 at: <https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy>

ix Congressional Research Service. October 28, 2019. Abortion and Family Planning-Related Provisions in US Foreign Assistance Law and Policy. R4136. Found at: <https://crsreports.congress.gov/>

x KFF Factsheet. August 2017. <https://www.kff.org/global-health-policy/fact-sheet/mexico-city-policy-explainer/#> (table of years instated)

xi The Mexico City Policy. Presidential Memorandum. Federal Register/Vol. 82., No. 15/Wednesday, January 25, 2017. 8495. Web accessed February 23, 2020 at <https://www.federalregister.gov/documents/2017/01/25/2017-01843/the-mexico-city-policy>

xii “[For The Department of Health and Human Services (HHS), global health assistance at this time includes funding transferred to HHS from the Department of State, USAID, or the U.S. Department of Defense (DoD) for international health programs, such as those for HIV/AIDS, maternal and child health, tuberculosis, malaria, and global health security. PLGHA applies to global health assistance provided to, or implemented by, foreign NGOs, including those to which a U.S. NGO issues a subaward with such funds.] [For DoD, global health assistance applies to the Defense HIV/AIDS Prevention Program, which works around the world to reduce the transmission and impact of HIV/AIDS in partner militaries, in close coordination with the U.S. President’s Emergency Plan for AIDS Relief.]... This policy applies to awards for PEPFAR and PMI.” HHS. Protecting Life in Global Health Assistance Frequently Asked Questions. August 27, 2018. <https://www.hhs.gov/sites/default/files/hhs-interagency-plgha-faqs-august-2018.pdf>. p. 5

- xiii Protecting Life in Global Health Assistance. Fact Sheet. May 15, 2017. State Department Office of the Spokesperson.  
<https://www.state.gov/t/pa/prs/ps/2017/05/270866.htm>
- xiv Background Briefing: Senior State Department Officials on Protecting Life in Global Health Assistance. May 15, 2017. Web accessed February 22, 2020 at: <https://www.state.gov/background-briefing-senior-administration-officials-on-protecting-life-in-global-health-assistance/>
- xv HIV.gov. PEPFAR & Global AIDS. What is PEPFAR? Web accessed February 27, 2020 at: [www.hiv.gov](http://www.hiv.gov)
- xvi HHS. Protecting Life in Global Health Assistance Frequently Asked Questions. August 27, 2018. <https://www.hhs.gov/sites/default/files/hhs-interagency-plgha-faqs-august-2018.pdf>
- xvii Restoration of the Mexico City Policy, 66 Federal Register 17303 (Mar. 28, 2001) at 17306, Secs. I. (e)(10)(iii)(B).  
<https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy>
- xviii HHS. Protecting Life in Global Health Assistance Frequently Asked Questions. August 27, 2018.  
<https://www.hhs.gov/sites/default/files/hhs-interagency-plgha-faqs-august-2018.pdf>, p. 14
- xix Restoration of the Mexico City Policy, 66 Federal Register 17303 (Mar. 28, 2001) at 17306, Secs. I. (e)(10)(iii)(B).  
<https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy>
- xx HHS. Protecting Life in Global Health Assistance Frequently Asked Questions. August 27, 2018. <https://www.hhs.gov/sites/default/files/hhs-interagency-plgha-faqs-august-2018.pdf>, p. 14
- xxi Restoration of the Mexico City Policy, 66 Federal Register 17303 (Mar. 28, 2001) at 17306, Secs. I. (e)(10)(iii)(B) and (e)(10)(iii)(A)(II).  
<https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy>
- xxii HHS. Protecting Life in Global Health Assistance Frequently Asked Questions. August 27, 2018. <https://www.hhs.gov/sites/default/files/hhs-interagency-plgha-faqs-august-2018.pdf>, p.4
- xxiii Protecting Life in Global Health Assistance Six-Month Review. February 6, 2018. Web accessed via U.S. Dept of State website at:  
<https://www.state.gov/protecting-life-in-global-health-assistance-six-month-review/> Pp. 4-5
- xxiv Protecting Life in Global Health Assistance Six-Month Review. February 6, 2018. Web accessed via U.S. Dept of State website at:  
<https://www.state.gov/protecting-life-in-global-health-assistance-six-month-review/> Pp. 4-5
- xxv Remarks to the Press. Michael R. Pompeo, Secretary of State. March 26, 2019. Web accessed February 24, 2020 at  
<https://www.state.gov/remarks-to-the-press-7/>
- xxvi Remarks to the Press. Michael R. Pompeo, Secretary of State. March 26, 2019. Web accessed February 24, 2020 at  
<https://www.state.gov/remarks-to-the-press-7/>
- xxvii Policy Statement of the United States of America at the United Nations International Conference on Population (second session) Mexico, D.F. August 16-13, 1984. Web accessed February 22, 2020 at [https://www.uib.no/sites/w3.uib.no/files/attachments/mexico\\_city\\_policy\\_1984.pdf](https://www.uib.no/sites/w3.uib.no/files/attachments/mexico_city_policy_1984.pdf)
- xxviii Protecting Life in Global Health Assistance Six-Month Review. February 6, 2018. Web accessed via U.S. Dept of State website at:  
<https://www.state.gov/protecting-life-in-global-health-assistance-six-month-review/> Pp. 8
- xxix Protecting Life in Global Health Assistance Six-Month Review. February 6, 2018. Web accessed via U.S. Dept of State website at:  
<https://www.state.gov/protecting-life-in-global-health-assistance-six-month-review/> Pp. 8
- xxx Congressional Research Service. February 6, 2020. U.S. Bilateral International Family Planning and Reproductive Health Programs: Background and Selected Issues. R46215. Web accessed February 22, 2020 at: <https://crsreports.congress.gov/>
- xxxi <https://www.breitbart.com/politics/2018/02/08/planned-parenthood-and-marie-stopes-have-refused-to-comply-with-trumps-pro-life-policy/>
- xxxii Marie Stopes International. Who We Are. Website: <https://www.mariestopes.org/what-we-do/>
- xxxiii Congressional Research Service. Protecting Life in Global Health Assistance Policy. In Focus. October 26, 2018, p. 1.
- xxxiv IPPF.org. Global Gag Rule. Web accessed February 25, 2020 at <https://www.ippf.org/news/global-gag-rule-expansion-will-leave-fatal-legacy-generations>
- xxxv Benadavid, E. et al. (2011) United States aid policy and induced abortion in sub-Saharan Africa. World Health Organization. Found at:  
<https://www.who.int/bulletin/volumes/89/12/11-091660/en/>
- xxxvi Brooks, N., et al. (2019) US Aid Policy in Sub-Saharan Africa: An Analysis of the Mexico City Policy. The Lancet. June 27, 2019. Vol. 7 Issue 8. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30267-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30267-0/fulltext)

- xxxvii Brooks, N., et al. (2019) US Aid Policy in Sub-Saharan Africa: An Analysis of the Mexico City Policy. *The Lancet*. June 27, 2019. Vol. 7 Issue 8. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30267-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30267-0/fulltext). e1052.
- xxxviii UN Population Division's World Contraceptive Use dataset [https://www.un.org/en/development/desa/population/theme/family-planning/cp\\_model.asp](https://www.un.org/en/development/desa/population/theme/family-planning/cp_model.asp)
- xxxix Alkema, L. et. al, 2013. National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015; a systematic and comprehensive analysis. *The Lancet*. Vol. 381, Issue 9878, pp. 1642-1652, found on p. 1645.
- xl Brooks, N., et al. (2019) US Aid Policy in Sub-Saharan Africa: An Analysis of the Mexico City Policy. *The Lancet*. June 27, 2019. Vol. 7 Issue 8. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30267-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30267-0/fulltext). Appendix, p. 11 Table S1: Annual Summary Data.
- xli New, Michael. January 25, 2017. "World Health Organization's Study on Mexico City Policy is Flawed" *National Review*. Web accessed at <https://www.nationalreview.com/corner/mexico-city-policy-who-study-abortion-rate-africa-wrong/>
- xlii Marist College Institute for Public Opinion. Marist Poll. Americans' Opinions on Abortion. January 2017. Web accessed February 24, 2020 at: <http://www.kofc.org/un/en/resources/communications/american-support-abortion-restriction.pdf>, slides 6 and 8.
- xliii Pew Research Center. Global Attitudes & Trends. Global Views on Morality. Abortion. Web accessed February 25, 2020 at <https://www.pewresearch.org/global/interactives/global-morality/> (2014)
- xliv Pew Research Center. Global Attitudes & Trends. Global Views on Morality. Abortion. Web accessed December 2, 2018 at <http://www.pewglobal.org/2014/04/15/global-morality/table/abortion/> (2014)
- xlv Ekeocha, Obianuju (2018) *Target Africa*. Ignatius Press, San Francisco. p. 101
- xlvi Garrison, Shea. February 15, 2019. "Trump UN Social Policy Strengthens U.S.-Foreign Relations: Reject Neocolonialism and Uphold National Sovereignty". Counterpoint 002. Concerned Women for America. Web accessed at: <https://concernedwomen.org/trump-un-social-policy-strengthens-u-s-foreign-relations-reject-neocolonialism-and-uphold-national-sovereignty/>
- xlvii BBC News. September 2015. "Pope Frances Stresses 'right to environment' in UN Speech. <https://www.bbc.com/news/world-us-canada-34360928>
- xlviii Meeting with the Members of the General Assembly of the United Nations Organization. Address of the Holy Father. United Nations Headquarters, New York. Friday 25, 2015. Found at: [http://w2.vatican.va/content/francesco/en/speeches/2015/september/documents/papa-francesco\\_20150925\\_onu-visita.html](http://w2.vatican.va/content/francesco/en/speeches/2015/september/documents/papa-francesco_20150925_onu-visita.html)
- xlix United Nations panel (2016) "Best Practices for Maternal Health in Africa" found at: <http://webtv.un.org/www.unwomen.org/en/executive-board/watch/best-practices-for-maternal-health-care-in-africa-csw60-side-event/4807036245001/?term=&page=5>
- l <https://www.ippf.org>
- li <https://mariestopes.org>
- lii <https://www.ipas.org>
- liii World Health Organization (2012) *Safe Abortion: Technical and Policy Guidance for Health Systems*. 2nd Edition. See p. 1. [https://www.who.int/reproductivehealth/publications/unsafe\\_abortion/9789241548434/en/](https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/)
- liv <https://www.unfpa.org/about-us>
- lv Yoshihara, Susan (2013), "Lost in Translation. The Failure of the International Reproductive Rights Norm." (Spring 2013). *Ave Maria Law Review*, Vol. 11, No. 367. Web accessed January 9, 2019 at [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2992609&download=yes](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2992609&download=yes)
- lvi The Global Strategy for Women's, Children's, and Adolescents' Health, 2016-2030. *Every Woman Every Child* (2015). UN Sustainable Development Goals. <https://www.everywomaneverychild.org/global-strategy/>
- lvii Programme of Action (2014) Adopted at the International Conference on Population and Development Cairo, 5-13 September 1994. 20th Anniversary Edition. United Nations Population Fund.
- lviii President Donald J. Trump. 74th Address to the United Nations General Assembly. September 2019.; Vice President Al Gore. Speech at the National Press Club. August 26, 1994; Ambassador Michael Kozak. State Department Press Conference. March 11, 2019. <https://www.state.gov/ambassador-michael-kozak-bureau-of-democracy-human-rights-and-labor-on-the-release-of-the-2018-country-reports-on-human-rights-practices/>;

lix Say, Lale, et al. (2014) “Global Causes of Maternal Death: A WHO systematic analysis.” *Lancet Global Health* 2014. Web accessed January 7, 2019, at [https://ac.els-cdn.com/S2214109X1470227X/1-s2.0-S2214109X1470227X-main.pdf?\\_tid=af2283b3-8929-49af-ad60-2a8b55b6ebc5&acdnat=1546888486\\_e8460441a55c3897566214e60dbf5e3a](https://ac.els-cdn.com/S2214109X1470227X/1-s2.0-S2214109X1470227X-main.pdf?_tid=af2283b3-8929-49af-ad60-2a8b55b6ebc5&acdnat=1546888486_e8460441a55c3897566214e60dbf5e3a)

lx The Global Strategy for Women’s, Children’s, and Adolescents’ Health, 2016-2030. *Every Woman Every Child* (2015). UN Sustainable Development Goals. Web accessed <https://www.everywomaneverychild.org/global-strategy/>

lxi American Association of Pro-Life Obstetricians and Gynecologists. AAPLOG objection to inclusion of “Universal Access to . Reproductive Healthcare” as a part of MDG 5-Letter to UN High Commissioner on Human Rights. November 7, 2009. <https://aaplog.org/aaplog-objection-to-inclusion-of-universal-access-to-reproductive-healthcare-as-a-part-of-mdg-5-letter-to-un-high-commissioner-on-human-rights/>

lxii Mulcaire-Jones, George; Scanlon, Robert. (2011) “Safe passages Pro-Life Response to the Tragedy of Maternal Deaths.” *GWHR Symposium. The Linacre Quarterly* 78(2) (May 2011): 202-210. Pp. 202-203.

lxiii UN Web TV. March 19, 2019. “Protecting Femininity and Human Dignity in Women's Empowerment and Gender Equality Policies Today - CSW63 Side Event” Web accessed February 22 at: <http://webtv.un.org/watch/protecting-femininity-and-human-dignity-in-womens-empowerment-and-gender-equality-policies-today-csw63-side-event/6015807691001/>