STATEMENT
UPR Pre-Session on the United States of America
Geneva, April 1, 2020
Delivered by: Planned Parenthood Federation of America

Thank you to the chair, fellow speakers, Permanent Missions attending today, UN agencies, and colleagues from civil society around the world.

Presentation of the Organization
I am pleased to deliver this statement today on behalf of Planned Parenthood Federation of America (PPFA). For over a century, Planned Parenthood has been one of the United States’ leading providers of high-quality, affordable health care and the nation’s largest provider of sex education. Planned Parenthood health centers provide millions of people with contraception, testing and treatment for sexually transmitted infections, lifesaving cancer screenings, and safe, legal abortion. Globally, Planned Parenthood’s international arm supports local partners in nearly a dozen focus countries reaching communities with reproductive health information and services.

Plan of Statement
This statement will address sexual and reproductive health and rights, with a specific focus on U.S. policies which place unjust restrictions on abortion access. Additionally, it will address more recent regressive actions since the last Universal Periodic Review (UPR) cycle, which undermine access to comprehensive sexual and reproductive health care for individuals in the United States served by Title X, the nation’s family planning program, and those around the world who are served by U.S. global health assistance.

Issue: Sexual and Reproductive Health and Rights
A. Follow-up to the previous review
During the previous UPR in 2015, the U.S. received recommendations by the Netherlands, United Kingdom, Belgium, France, and Norway calling for the U.S. to revise policies to allow foreign assistance to support, at a minimum, safe abortion in the cases of rape, incest, and life endangerment. However, these restrictions remain in place.

While a policy known as the Helms Amendment states that no U.S. foreign assistance funds may be used for the performance of abortion “as a method of family planning,” the Helms Amendment continues to be erroneously interpreted as a complete ban on U.S. foreign aid for abortion, even in cases of rape, incest, or a life-endangering pregnancy. The policy restricts the ability of individuals to make their own personal medical decisions and undermines global goals to advance gender equity and address maternal health and gender-based violence around the world. Over the last two decades, many countries have liberalized their abortion laws, magnifying the impact of the Helms Amendment as a significant barrier to patients receiving the care they need and to which they are legally entitled.

Similar policies apply domestically within the U.S. A policy known as the Hyde Amendment has blocked federal Medicaid funding for abortion services; Medicaid provides affordable insurance coverage to people with limited incomes and resources. The policy has been extended to apply to everyone who gets health insurance through the federal government, including federal employees, members of the military, Native Americans getting health care through the Indian Health Service, and more. When insurance coverage provides for all pregnancy-related health care except abortion, it interferes with the private health decisions that are best left to an individual. Furthermore, these discriminatory restrictions
on public insurance coverage of abortion continue to severely limit abortion access for people with low or no incomes, as well as others who receive their health coverage or care through the federal government. The Hyde Amendment is particularly harmful to people of color and young people who disproportionately rely on Medicaid for their health care coverage and already face structural inequalities and barriers to care.

B. New developments since the previous review

While these long-standing policies impeding equitable abortion access continue to be in place, since 2017 the U.S. has implemented a number of policies aimed at putting not only abortion, but the full range of sexual and reproductive health care out of reach for millions of people in the U.S. and around the world.

In January 2017, the U.S. reinstated and significantly expanded the global gag rule (also known as the Mexico City Policy), which blocks U.S. global health assistance from going to foreign non-governmental organizations (NGOs) that advocate for or provide access to abortion information, referrals, or services, even if this is done with the NGO's own, non-U.S. funds. Under previous versions of the global gag rule, the policy resulted in increased unintended and high-risk pregnancies, unsafe abortions, and maternal deaths.

In its current iteration, the global gag rule is disrupting health care service delivery, silencing civil society, and stalling progress on universal access to sexual and reproductive health care. Recent research by amfAR demonstrates the global gag rule has resulted in many PEPFAR implementing partners altering the health services and information that they provide, including non-abortion related services such as contraception and HIV, and their partnerships. The Coalition to Stop Maternal Mortality Through Unsafe Abortion has lost several members who are complying with the global gag rule, which has hurt the group's efforts to end preventable maternal deaths in Uganda, where an estimated eight percent of maternal deaths are a result of unsafe abortion.

The global gag rule has led to discontinued programs and reductions in services from high-quality providers, including those who offer youth-friendly access to contraception, treat children for malaria and malnutrition, and support pregnant women with HIV prevention and treatment services. There may be a disproportionate impact on key and marginalized populations, such as adolescent girls, young women, and men who have sex with men, who are more reliant on outreach services and integrated care models that are adversely impacted by the global gag rule. That's because organizations who provide comprehensive reproductive health care are also often the ones best able to serve and reach key and marginalized populations.

Similar to this global gag rule, in 2019 the U.S. finalized a nationwide gag rule that is dismantling Title X, the nation's only federal program dedicated solely to the provision of family planning and related preventive health care in the U.S. This gag rule includes a number of harmful changes, including banning providers from giving referrals for abortion, removing the guarantee of factual and nondirective counseling on all pregnancy options including abortion, and making it impossible for Title X patients to obtain services from Planned Parenthood health centers and other providers who also offer or refer for abortion.

Services funded by Title X grants include contraception; STI education, counseling, testing, and referral; youth programs; preconception health; and reproductive life plan counseling. The program is a critical safety net resource that allows individuals to interface with necessary services, often providing an entry
point into the health care system. Yet the Title X gag rule prevents access to critical providers who put key services within reach for those who need them. Until forced to leave the program, Planned Parenthood health centers cared for over 40 percent of the program’s patients. Without access to affordable, comprehensive preventive services supported by Title X, health outcomes will worsen for the individuals who face the greatest systemic barriers to care, including people of color, people with low incomes, LGBTQ people, immigrants, and women.

C. Recommendations

The policies and actions outlined are in direct conflict with commitments to respect, protect, and fulfill the sexual and reproductive rights of all individuals and achieve universal access to sexual and reproductive health care. We therefore make the following recommendations to the government of the United States:

- Take immediate administrative action, and permanent legislative action, to reverse the global gag rule and allow recipients of U.S. global health assistance to use their own funding to provide counseling, referral, and services for abortion as well as engage in advocacy for safe, legal abortion access in their own countries.
- Take immediate action to rescind the Title X gag rule and protect the ability of highly qualified providers to participate in Title X, regardless of whether they also refer for or offer abortion, and further reaffirm that all providers receiving Title X funding must provide confidential care, access to and counseling on a broad range of contraceptive methods, and nondirective options counseling for pregnant patients, including referrals for abortion upon request.
- Permanently repeal the Helms Amendment through legislative action and allow use of U.S. foreign assistance funding to pay for abortion where legal. In the interim, immediately mitigate harm of the Helms Amendment by allowing U.S. foreign assistance to at a minimum be used for abortion in the cases of rape, incest, and life endangerment of the woman.
- End the Hyde Amendment and related restrictions through legislative action and ensure that everyone has abortion coverage, regardless of their income or source of insurance.

On behalf of PPFA, I would like to thank the organizers of this session for giving us the floor today and all attending delegates for your attention. PPFA’s full report is available with additional information, and I would be pleased to respond to any questions.