UNDERSTANDING THE ORIGINS AND IMPACTS OF UNITED STATES FOREIGN POLICY ON FAMILY PLANNING AND REPRODUCTIVE HEALTH

by

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Abstract

How exactly did abortion, one small aspect of family planning and reproductive health, become the nexus of debate for US support of all family planning and reproductive health care services worldwide? This paper will analyze the implications that the interplay of U.S. foreign policies has on access to family planning and reproductive health (FP/RH) care and services across the globe. It will begin by providing an overview of what family planning and reproductive health entails, as well as an explanation of how the practice of abortion fits into FP/RH care. The benefits of FP/RH will be outlined with research-based support. Looking into the history of policy developments and partisan positioning on the topic within the US will then add depth and perspective to how such developments lead to a complete break-down of effective policy making. After delving into the historical origins of abortion politics in the United States, the focus will be turned outward to the web of policies dictating how US Foreign Assistance for FP/RH is allocated. One particular policy that will be analyzed is the Mexico City Policy. The following analysis seeks to determine the true impact of policies in place, in terms of effectiveness in achieving policy goals as well as the observed impact on FP/RH providers. Because the Trump Administration has enacted unprecedented extensions of restrictive foreign policies on FP/RH, a brief overview of the policies under President Trump will be provided as well. The paper will conclude by contemplating the far-reaching implications that American positioning on family planning and reproductive health has for the country's engagement with the wider world.

Key Words: Abortion, Family Planning, Reproductive Health, Mexico City Policy, Partisan Polarization

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Introduction

The United States of America has historically served as the global hegemon. The US exercises dominance in countless domains, be it economic strength, military prowess, and more. This dominance comes with an assumption of leadership and norm-setting both in policy and practice. Indeed, the United States possesses major influence over international affairs, and this influence is manifested in its foreign policy. American foreign policy is immensely influential and wide-reaching, and as a self-professed model of democracy, one may expect such policy to be strategic and effective in achieving goals. Unfortunately, this is not always the case. Domestic politics within the United States are becoming increasingly divisive and polarized within the two-party system, with highly partisan issues often infiltrating foreign policy and the country's subsequent engagement with the international community. The result is inconsistent and ineffective policy that is a direct reflection of the deep partisan rift within the United States, a rift that produces foreign policy lacking in both coherent strategy and global perspective.

One aspect of US policy that has created a continuous whirlpool of debate is funding for family planning and reproductive health (FP/RH) services. Debate on this topic encompasses the amount of funds that are to be allocated, which organizations will receive the funds, and which areas of FP/RH the state would like to concentrate on most. However, these debates are all overshadowed by an issue that has created perhaps one of the most persistent rifts in American politics; abortion. Abortion is defined as the induced termination of a pregnancy (Kaplan). While

abortion can at first seem to be a small, insignificant issue, the topic has created a split in American politics that has proven to have immense and lasting implications for the state's engagement with the wider world. Access to abortions in the United States is protected by Supreme Court precedent, and as a consequence the United States is not able to directly restrict abortion access at a global scale. American preferences are instead pursued through its funding policies and practices, and the wider debate on abortion has subsequently been diverted into a debate about funding.

Since the 1980s, the politics of abortion rights in the United States have deepened levels of polarization within the two-party system. Understanding how the topic got so polarized within American borders is an essential first step in grasping the origins of foreign policy on the matter. Abortion politics is a topic that engages diverse groups within the American civil society, be it the scientific community, faith-based organizations, or other constituencies. Today, historical developments have aligned the Republican conservative political party with pro-life or anti-abortion sentiment. On the other side of the debate is the Democratic liberal party that aligns more with pro-choice, pro-abortion rhetoric. In regards to foreign policy, it has been observed that a Democratic president will likely implement more liberal foreign policies on controversial domestic topics like abortion. When the administration changes and a Republican president is elected, within days of coming into office that President will likely completely reverse or alter the policies of their Democratic predecessor.

The United States is the largest donor for global family planning and reproductive health services, is one of the largest international purchasers and distributors of contraceptives, and has supported FP/RH programs for the past 50 years ("The U.S. Government and International

Family Planning & Reproductive Health Efforts"). For the 2018 fiscal year alone, the United States contributed a total of $608 million USD to family planning and reproductive health programs abroad. American foreign policy on global funding for family planning and reproductive health services is therefore undeniably influential and wide-reaching. Recipients of US FP/RH funds rely heavily on American aid to deliver services, without which they would suffer from a significant sacrifice in essential services. That is not to say that the United States is the sole provider for FP/RH programs, or that the United States is responsible for ensuring global access to FP/RH. Such goals can only be accomplished through strategic action and multilateral support. What can be argued is that the US has the power and influence to spur sustainable growth in FP/RH programs and access worldwide, yet seems unable to disentangle foreign policy options from divisive domestic politics. The domestic political rift on the topic has been consistently displayed in American foreign policy.

Like many other highly partisan issues, leaders in the American Federal Government have found that domestic action on abortion is an extremely slow, grueling process that is highly publicized and contested. Supreme Court precedent blocks most significant effort to bar access to abortions within the US, but even still there have been a series of civil disobedience movements and political efforts to find loopholes in court rulings. Because the debates on the topic are so clearly split along party lines, positions on abortions are often used as a platform for candidates running for office, thus exacerbating the issue of polarization. This is a quick strategy to rally support from a party and gain media attention, and has been used during smaller state and local elections as well as presidential elections.

However, once candidates are in office, promises made during election season to act on abortion policy seem like a hurdle at the domestic level. So, party leaders, notably the United States President, disheartened by their lack of progress at the domestic level, opt to instead focus on US foreign policy. American foreign policy offers the executive and legislative branches of the federal government the ability to act more autonomously, more swiftly than would be possible within its own borders, and without the same degree of oversight from the Supreme Court or public scrutiny. The use of abortion as a foreign policy tool provides each party with the opportunity to appeal to domestic constituencies that support either pro-abortion or anti-abortion platforms. However, in the context of family planning and reproductive health policy, American politicians have lacked global perspective when enacting policy and have instead seen it as a way to gain quick political points and project their party's influence at a global level.

Thus, the realm of US Foreign Policy has become the political battlefield in which American administrations have continuously fought a prolonged game of political tug-of-war over abortion access. The broader services provided under the umbrella of family planning and reproductive health have unfortunately been included in the debates on abortion access abroad, and their funding is held hostage by the US government as it enacts and retracts policies. In addition, the observed impacts of existing US policy on family planning and reproductive health have been contradictory to both global and national policy agendas. Is it not the essence of good policy making to ensure that the policies in place lead to the fulfillment of policy goals both in the short and long term? In this case, the American government is far too wrapped up in the divisive partisan rhetoric surrounding abortion to take a step back and ponder a few simple questions: Are these policies benefiting the demographic they were set out to benefit? Are these

policies contributing to global access of essential family planning and reproductive health services? It would appear as though the role of science and research in guiding American policymaking has been too often disregarded in favor of honoring partisan identity. This approach is also impeding practical policy evaluation, only adding to the incoherent strategy and lack of global perspective articulated in US foreign policy.

US foreign policy on FP/RH funding has also handicapped nongovernmental organizations seeking to provide services abroad, with US funding being unpredictable and too often tied into an ultimatum and a web of highly restrictive policies. In fact, these restrictive foreign policies have been dubbed "The Global Gag Rule" by its critics, and have drawn criticism from international bodies like the United Nations as well as the United States' close peers. The unreliable nature of US Foreign Policy acts as a deterrent to potential non-governmental partners seeking to obtain US foreign assistance to deliver services. The "Global Gag Rule" is hampering nonprofits from creating a sustainable model of service delivery because essential operating funds aren't dependable. To put it simply, US foreign policy on FP/RH has been observed to actually hurt the organizations they claim to support, and has threatened the access to FP/RH care on a global scale.

Today, the United States finds itself in a precarious position of "leading from behind". The dynamic of the increasingly polarized bipartisan politics within America, particularly concerning abortion, inhibits the state from producing strategic policy and reflecting its peers' more progressive policies surrounding the procedure. What policies the US has managed to implement on family planning and reproductive health have been remarkably inconsistent. The result is unpredictable, ineffective foreign policy from the United States Federal Government.

Policies are being enacted for short-term goals of gaining political leverage, with little or no real thought toward whether or not they are contributing to the achievement of goals. These ineffective policies are wide-reaching, and do not go unnoticed. US Foreign policy on FP/RH has been facing criticisms from the international community for quite some time, and these criticisms are gaining ground in light of the unprecedented extensions of restrictive policies enacted by the Trump Administration.

Unfortunately, abortion politics are symptomatic of the polarized debates that result in the failure to produce effective policy. The specifics of such policies, namely their origins and impacts, will be dissected later in this work. Abortion, one seemingly small aspect of family planning and reproductive health, has become the nexus of debate for the funding of all FP/RH care; a scope of essential services with wide-reaching benefits. For the past several decades, the United States Federal Government has been so deeply crippled by the partisan rift on the topic that it has repeatedly jeopardized women's' access to broader family planning and reproductive health services at a global scale. In sum, US foreign policy has acquired an image of limited concern for global population and health policy initiatives.

The immense rift in positions within the nation regarding abortion paired with past and present administration's repeated inability to unify its respective policies could very well be grounds for speculation on America's perceived status as the global hegemon. Inconsistent engagement with the wider world is creating a crisis of credibility for American foreign policy, with FP/RH policy being just one example of this trend. After all, global leadership signifies more than just economic or military power and dominance- areas in which the US is currently unrivaled. Being a global leader is also a matter of character, of social and cultural norm-setting.

An assumed hegemon willing to hold the global access of FP/RH services hostage as a means to project a dysfunctional partisan domestic debate raises questions about American commitment to global agendas as well as its competence to carry out these agendas through policy and practice. At the very least, it signifies that the United States lacks the capacity for strategic and effective policymaking and policy evaluation. Still, the following analysis of this issue raises the question: Can a global hegemon that is handicapped by its own domestic politics be seen as a competent and unifying world leader?

Family Planning and Reproductive Health: Explained

Before delving into the web of policies that dictate US Foreign Assistance toward family planning and reproductive health, it is important to first understand what FP/RH entails, as well as why access to such services is imperative. The following section of this paper is aimed at providing a practical understanding of the nature of FP/RH, as well as an overview of the observed benefits of such care. This explanation will be founded in science and research, and will attempt to provide an objective perspective on the multifaceted roles of FP/RH. Understand that ensuring global access to family planning and reproductive health care and services does not have to be a political issue. Rather, working toward global access to such care is a necessary step in achieving a wide array of global goals that already have multilateral support.

Reproductive health services seek to address the reproductive processes, functions, and system at all stages of life ("The U.S. Government and International Family Planning &

Reproductive Health Efforts"). Good sexual and reproductive health entails both physical and mental well-being, especially when individuals are enabled to make informed decisions about how to have a safe sex life and how to responsibly reproduce. The wide array of medical services associated with reproductive health include STD/STI screenings and treatment, infertility treatment, cancer screenings, gynecological exams, contraceptive distribution, pregnancy counseling, prenatal and postnatal care, and abortion ("The U.S. Government and International Family Planning & Reproductive Health Efforts"). Family Planning can be defined as "The ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of births" ("Family Planning/Contraception."). In short, family planning initiatives seek to enable people to determine whether, when, and how often to have children. Most often, family planning is delivered through education initiatives, the distribution of contraceptives, and even the treatment for infertility ("Family Planning/Contraception.").

Family Planning has proven to be an integral step in ensuring reproductive health, as it promotes healthy pregnancies and introduces strategies to prevent unwanted pregnancies that often would lead to unsafe abortions. Family planning has been shown to have wide reaching benefits in terms of the health, economic, and social well-being of recipient communities. The World Health Organization (WHO) lists the benefits of family planning as preventing pregnancy-related health risks in women, reducing infant mortality, helping to prevent HIV/AIDS, empowering people and enhancing education, reducing adolescent pregnancies, and slowing global population growth ("Family Planning/Contraception."). Addressing global population growth is becoming an increasingly salient topic in the international community, and creating a global framework for population planning to limit growth could allow for resource

planning and prevent resource exhaustion in turn. Empowering women with the ability to choose if and when to become pregnant is a vital step in securing a woman's autonomy over their own body and future prospects. Therefore, it can be argued that access to FP/RH care is a major step in the direction of gender equality. The WHO also stated that because family planning reduces the rates of unintended pregnancies, it also minimizes the need for abortions.

Together, family planning and reproductive health form a public health category that is aimed at providing services that promote and ensure reproductive health and empowers people to make informed decisions about growing their families. While family planning and reproductive health care encompasses a wide scope of services, all of which are vitally important components, the practice of abortion is the most hotly contested service provided beneath the FP/RH umbrella. Abortion is defined as the induced termination of a pregnancy (Kaplan). There are a variety of techniques used to perform an abortion, which are utilized at various stages of pregnancy. A medical abortion is actually the safest outcome of pregnancy for a woman, and most medical abortion-related deaths are actually associated with anesthesia errors (Kaplan). Unsafe abortions, on the other hand, are in the top three leading causes for maternal death, next to hemorrhage and sepsis from childbirth ("Preventing Unsafe Abortion.").

Abortion is one of the most common surgical medical procedures in the United States (Kaplan). In fact, a 2014 study found that 19% of all pregnancies in 2014 ended in abortion, placing the US at tenth place for highest abortion rate according to a 2013 UN report ("Induced Abortion in the United States."). A 2004 survey of American women who had abortions conducted by the Guttmacher Institute sought to determine the reasons women choose to have abortions. The study found that 75% of women mentioned how having a baby would interfere

with work or school, and 75% also said how they could not afford a child ("Induced Abortion in the United States."). Half of the women surveyed spoke of how they did not want to be a single parent. Young women under the age of twenty-five make up for 52% of abortions performed in America every year (Kaplan). Women living beneath the poverty line, regardless of religion, race, or ethnic background are more likely to have an abortion than middle-class women (Kaplan). For many women in developed countries, oftentimes young and economically disadvantaged, having a child after an unwanted pregnancy would threaten their career aspirations and slow their economic mobility- not to mention the social and cultural implications of having a child alone at a young age. In short, American women who chose to receive an abortion to end an unwanted pregnancy saw it as a way to take agency over their lives and protect their personal interests.

However, it is not only young single women who seek abortions as a method of family planning across the globe. While this may be the case in many developed countries, women and families in developing countries may seek an abortion for a multitude of reasons. Outside of the United States, socioeconomic concerns are also listed as the top reason women get an abortion ("Induced Abortion Worldwide."). However, in developing nations it can often be women and families who already have children that seek an abortion after an unintended pregnancy. These families may not be able to support an additional child, and another mouth to feed could push the family further into poverty (Dixon-Mueller 302). In this context, an abortion could be seen as a viable method of family planning to protect the well-being of the family. Also, in developing nations where ethnic tensions and conflicts are high, impregnation through rape is utilized as a war tactic. Systematic rape is often used as a weapon of war with the goal of "ethnic cleansing",

where impregnated girls are forced to bear the "enemy's child" (Sexual Violence as a Weapon of War). Take the Rwandan genocide for example, where in many raids virtually every adolescent girl who survived was raped (Sexual Violence as a Weapon of War). Many of these girls became pregnant as a result, and became ostracized by their family and community. With little access to FP/RH care or abortion services, these girls, who had suffered horrible sexual trauma and been cast out by their community, often abandoned their babies or committed suicide (Sexual Violence as a Weapon of War). Women and families in developing nations seek abortion as a means of family planning for a number of reasons that policymakers in developing countries like the US may lack the global perspective to be able to conceptualize.

Access to family planning and reproductive health services is critical to the health of men, women, and children across the globe. Within the span of a year, an estimated 303,000 women die from complications during pregnancy and childbirth worldwide, and almost all of these deaths occur in less developed countries ("Induced Abortion Worldwide."). Approximately 1/3 of those deaths were preventable, had those women had access to proper FP/RH care. Key contributors to these deaths include an unmet need for family planning services, high adolescent birth rates, lack of antenatal care, a lack of access to contraceptives, and the practice of unsafe abortions ("The U.S. Government and International Family Planning & Reproductive Health Efforts").

An estimated 47,000 women die each year solely from complications linked to unsafe abortions, which are performed by those lacking the necessary skills, tools, or sanitary environment (Taylor 44). This number stands in stark contrast to the 0.6 deaths per 100,000 legal medical abortion procedures, where technological advances and improved post-abortion care

have made the procedure safer than getting one's tonsils removed (Kaplan). Unfortunately, it is estimated that 40% of women in developing regions who experience complications from unsafe abortions never receive post-abortion care ("Induced Abortion Worldwide."). The World Health Institute estimates that as of 2012, twenty-two million of the forty-three million estimated abortions for the year were performed unsafely, leading to the preventable deaths of thousands of women ("Preventing Unsafe Abortion."). A similar study conducted by the Guttmacher Institute found that a staggering 49% of abortions performed in developing countries are unsafe, and that 6.9 million women are treated annually in developing regions for complications linked to unsafe abortions ("Induced Abortion Worldwide."). It has also been observed that almost all deaths associated with abortion occur in developing countries, where there are often more restrictive abortion policies paired with an unmet need for family planning and reproductive health services ("Induced Abortion Worldwide."). Note that these developing regions are also the target beneficiaries of US Foreign Assistance.

Attempts to stop abortion through restrictive laws or withholding aid fail to truly eliminate the practice of abortion because the need for abortion remains very present. What restrictive policies do accomplish is eliminating the safest option for the procedure. Safe and legal abortion is an important component of women's health and reproductive freedom. Studies on national abortion policies have found that even in countries with highly restrictive laws against abortion, abortion rates remain mostly the same. The difference is that in these restrictive contexts, women's only options are unsafe abortions that are associated with increased risks of post-abortion complications and maternal deaths. These deaths are entirely preventable, had the woman had access to safe and legal care.

Meeting sexual and reproductive health needs empowers individuals to make important decisions about their bodies and futures. When these needs are not met, there is a "cascading impact on their families' welfare and future generations" ("Family Planning/Contraception."). The World Health Organization also recognizes that because the brunt of the responsibility for raising children disproportionately falls to women, sexual and reproductive health issues cannot be separated from the wider issue of gender inequality ("Family Planning/Contraception."). The organization goes on to insist that the denial of sexual and reproductive rights "exacerbates poverty and gender inequality" ("Family Planning/Contraception."). Unfortunately, this intersectional understanding to the wide-reaching impacts of family planning and reproductive health does not seem to factor in to the American approach of policy-making.

There can be no debate that access to comprehensive family planning and reproductive health have proven to have an immense scope of benefits that are interconnected to several global goals. Not only does access to FP/RH have direct benefits for the health and well-being of recipients, access has wide-reaching benefits in the cultural, social, and economic sense. Indeed, FP/RH access has cascading beneficial effects for the individuals and communities involved, and is a crucial step toward sustainable development and combating gender inequality. Governments and non-governmental organizations in developing countries rely on foreign assistance from global powers like the United States, so policy dictating this assistance is extremely influential.

Historical Overview and Notable Policy Developments

Before delving into the perplexing web of policies that govern US action on abortion, it is important to have a baseline knowledge on the development of the issue as well as a firm grasp on concrete policies already in place. Perhaps the most important detail to keep in mind when analyzing this topic is that abortion is an especially polarized issue and decisions on the topic are generally made in a pattern that follows party lines. Since the 1980s, positions on abortions have

developed to align with one or the other political party, with pro-abortion/ pro-choice on the left, and pro-life/anti-abortion on the right. Political rhetoric on the topic can be quite inflammatory, as policy debate often places emphasis on the ethics and morals of the procedure without allowing for much input from scientific evidence or research.

Also imperative to keep in mind about US funding for family planning and reproductive health (FP/RH) services is that since 1973, the Helms Amendment to the Foreign Assistance Act has prohibited the use of U.S. funds to pay for the performance, coercion, or motivation of abortion as a method for family planning abroad ("Statutory Requirements and Policies."). Domestically, Supreme Court precedent established in the 1973 Roe v. Wade case protects the rights of Americans to access abortions. However, the 1976 Hyde Amendment to the Departments of Labor and Health, Education, and Welfare, Appropriation Act of 1977 prohibits federal funds from going toward abortion within the borders of the United States as well ("Statutory Requirements and Policies."). So, since the early 1970s, federal law has effectively prohibited US funds from going toward abortion at both the domestic and international level. Knowing this, one might assume that the matter of funding for abortion from the U.S. Federal government has been resolved since the 1970s. This is far from the truth, as both sides of the abortion debate have continuously fought to exploit loopholes in existing policy.

Understanding the historical developments of abortion access within America is an important first step in conceptualizing the origins of its foreign policies on the topic. Domestic US abortion policy has been shaped primarily through Supreme Court precedent and actual regulation on the procedure differs slightly among states due to the federal system in which they operate. Despite the fact that legal precedent affirms a woman's right to access safe and legal

abortions within the United States, there continues to be intense debate on how to properly regulate or restrict the procedure. Grievances concerning the legality and ethics of abortions have been a constant presence in America's history, especially since the prominent Supreme Court case of *Roe v. Wade* (1973); a case which resulted in the landmark decision that the fourteenth amendment to the constitution and the right to privacy extended to women the right to have an abortion. The ruling did however implement constraints on abortion, providing states with the ability to pass regulation after the pregnancy has reached the third trimester (Roe Et. Al. v. Wade, District Attorney of Dallas County 1973).

The Doe V Bolton Supreme Court ruling of 1973 is a companion case to the better known Roe v Wade, and was the first example of the Supreme Court overturning abortion restrictions in a US state (Kaplan). Reiterating the linkage of the right to an abortion with the constitutional right to privacy, the Doe v Bolton ruling further solidified the legality of abortion access at the federal level, and blocked American states from implementing unreasonable restrictions on the procedure. When challenged, The Supreme Court upheld its Roe v Wade ruling in the 1989 case Webster v Reproductive Health Services. However, the Webster case did lead to a ruling that forbade the use of public facilities and public employees from carrying out abortions, and did allow for states to ban funding for abortion counseling (Kaplan). As mentioned before, the Hyde Amendment of 1976 already prohibits federal funds from going toward abortions within the United States. These added restrictions act only to further separate the procedure from government entities.

In yet another Supreme Court case, *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992), a woman's right to abortion was reaffirmed, but with added regulations (Planned

Parenthood of Southeastern Pa. Et. Al. v. Casey, Governor of Pennsylvania Et. Al., 1992). After this ruling, states were granted with the power to regulate abortions after the point of fetal viability, or when a fetus would be able to survive outside of the woman's womb. Not all US states have gone on to introduce such regulations after the *Casey* hearing, but many have tried to work within the *Casey* framework to devise the highest levels of regulations allowable. The ruling in *Casey* "further legitimated the provisions of the Pennsylvania statute that it upheld by making clear that it would not simply rubber-stamp all state regulations" and also signaled to states that "laws outside the politically popular *Casey* template might be invalidated, leaving lawmakers to operate within the boundaries of *Casey* without risking voter backlash" (Devins 1323).

Some believed that the *Casey* case signaled an end to political abortion antics, as restrictions on the procedure had been repeatedly stuck down by the Supreme Court (Devins 1339). That's not to say that the ethical and moral debate was settled by any means, but pro-choice and pro-lifers were encouraged to shift away from legal means to settle their disputes. However, nearly thirty years after the Casey ruling, abortion access remains one of the most divisive topics in domestic American politics. States continue to test their limits by enacting their own restrictions on the procedure, and the nationwide debate has zeroed in on the topic of funding for organizations that provide abortion services as a back-alley way to restrict abortion access.

One such organization that is being targeted by these debates is the Planned Parenthood Federation of America, the leading provider of abortions in the United States. There have been a number of attempts, backed by pro-life civil society groups, to pass legislation that would

withdraw federal funding from Planned Parenthood. One such attempt was the introduction of Bill S.1881 to the senate floor back in 2015. At the time of the bill's introduction, the Republican Party held the majority in both the House and the Senate, with 54 of the 100 possible Senate seats. While the 2015 Yea-Nay vote on the bill in the 114th congress failed to reach the necessary 3/5 majority to pass, the vote count of 53-46 was significant in that it reaffirmed the notion that abortion antics is an extremely partisan issue (Ernst). All senators voted along party lines with the lone exception of one Republican Senator who abstained. In fact, another ultra-conservative group within the GOP was "hoping to tie the defunding bill to the must-pass federal budget legislation, effectively threatening a government shutdown over the issue" (Bassett). The threat of a government shut-down indicates the disturbing inability of party dynamics within the federal government to unify or to compromise. Currently, there is a bill on the US Senate floor ironically named "Protect Funding for Women's Health Care Act" which has been introduced by a Republican senator that is also aimed at defunding Planned Parenthood. This apparent consistent inability to settle domestic disputes could cast a shadow of doubt on America's assumed position as the global hegemon and model for an effective democracy. However, with Donald Trump openly promoting an anti-abortion agenda as President, pro-life interest groups and government officials are feeling bolstered in their hopes of successfully limiting the practice.

Now that an overview of developments that led to the extension of abortion access to Americans as a constitutional right has been provided, we can take a step back and ponder the political atmosphere leading up to, during, and after these court rulings. Up until the 1840s, abortion before "quickening", or the point in a pregnancy where a woman first senses movement in the womb, typically around four to six months, was legal in the United States (Kaplan). By

1841, ten states had passed legislation making abortion an illegal act, yet these laws were only loosely followed and weakly enforced. The pro-life or anti-abortion movement didn't really gain ground until it was spearheaded by the AMA, or the American Medical Association. In 1859, the AMA passed a resolution that condemned the practice of abortion as a criminal act (Kaplan). While this resolution had no legal authority of its own, it drew the attention of the public as well as government leaders, and in a matter of years every US state had declared abortion a felony. It wasn't until 1950 that the AMA reversed their position on abortion, citing concerns from medical professionals that the restrictions were causing thousands of women to suffer from complications and even death resulting from unsafe and illegal abortions (Kaplan). After this reversal from the AMA, seventeen US States passed legislation allowing for the access of legal abortions under certain conditions, yet access was still highly restricted (Kaplan). It wasn't until 1973 that the United States Supreme Court ruled that the constitutional right to privacy extended to Americans the right to access safe and legal abortions.

Abortion became generally legal in America, and available to pregnant women upon request. This landmark ruling was hailed as one of the "most liberalized abortion regimes in the western world", and this rings true even today (Shields 107). The United States remains one of the most legally permissive nations when it comes to abortion, along with Sweden, the Netherlands, and Canada. Because the right to an abortion was extended through Supreme Court precedent, abortion rights are nearly absolute and impossible to limit in the ways that many European countries have done (Shields 107).

Before the 1973 Roe v. Wade ruling, statistics on abortions in the United States can only be estimated. This is because abortions at the time were generally illegal save for a handful of

states, and numbers were not typically recorded and reported. That being said, it is estimated that during the nineteenth century, there was about one abortion for every four live births (Kaplan). Best estimates suggest that anywhere between a few hundred to several thousand women died every year in America as a result of unsafe illegal abortions (Kaplan). In 1970, the Center for Disease Control (CDC) started recording the annual legal abortion count, with about 200,000 legal abortions for 1970 and an unknown amount of illegal procedures performed for that year (Kaplan). By 1980, just ten years after the 1970 report and seven years after Americans were granted the right to access safe and legal abortions, the CDC counted 1.2 million legal abortions in that year alone (Kaplan). These numbers provide useful insight into the ever-present need for abortions among American women, as well as the extent to which illegal abortions played a role in family planning before being legalized at the federal level. Judging from these numbers, one can ponder the reality of the struggle for American women who had to maneuver around legal hurdles to find options to end their unwanted pregnancies with an illegal abortion, which were of course associated with higher risks.

America in the 1970s was a distinctive time for national culture and politics. Characterized by liberal ideals and the dismissal of constraints on day-to-day life, key themes of the ‘70s were personal liberation and rebellion against authority (Schulman). The American experience in Vietnam and the recent Watergate scandal generated skepticism toward the government at this time as well. There was also a sort of “sexual revolution” occurring during this time, primarily within the younger generation. Engaging in sexual activity outside of the traditional context of marriage became widely practiced and accepted. The 1970s also saw the expansion of women in the workforce, as well as the emergence of women as political players

and activists. America in the 1970s saw a dramatic increase in crime rates, substance abuse, increased accessibility to pornography, and increased abortion rates (Schulman). After the Roe v. Wade ruling in 1973, abortion rates in America continued to rise until peaking in 1981 (Shields 112).

Party dynamics within the United States have shifted and developed throughout the nation's history. One notable shift in popular American ideals was the emergence of grassroots conservatism in the 1980s. The introduction of this "Moral Majority" is considered a reaction from Americans dissatisfied with the "liberalism and moral leniency" that characterized America in the 1970s (Shields 103). This reactionary movement in the wake of "social changes that destabilized the moral order" criticized the 1970s as a period of "Libertinism", an extreme form of Hedonism characterized by the absence of moral principles, social responsibility, and sexual restraint (Shields 104).

Moralist movements, heavily influenced and supported by the Baptist Christian sect as well as Evangelicals to some extent, worked to reassert moral traditionalism in many areas of interest. Anti-abortion/Pro-life sentiment was but one of the multiple moralist movements to gain ground during the 1980s. A civil disobedience movement stemming from pushback to the sexual revolution of the 1970's and liberal policies introduced during this period like Roe v. Wade, this movement relied heavily on the moral and ethical dimensions of the abortion debate. The movement also rallied support from Christian organizations, namely Baptists, to "fight the excesses of libertinism" (Shields 105). Pro-life activism at the time was characterized by direct action and manifested in mass picketing, clinic blockades, and marches. It is estimated that between the years 1922 and 1994, pro-life activists participated in 634 clinic blockades and

7,768 pickets, and that pro-life activists were arrested 33,661 times during that same time period (Shields 106). Numbers for this movement were so impressive that the Pro-Life movement of the 1980s "ranks among the largest campaigns of civil disobedience in American History" (Shields 106).

Ever since the Pro-Lifers of the Moral Majority movement associated themselves with the conservative Republican Party in the 1980's, the party dynamic has become increasingly polarized when it comes to positions on abortion (Shields 111). Because this movement was supported by Baptists and other Christian groups, the abortion debate had been adopted into a religious framework of argument. This framing has mobilized many other Christian groups to reject abortion and rally behind the Republican Party. Religion remains an influential factor for women who have unwanted pregnancies in America, as a study found that "nonreligious women had abortions at four times the rate of religious women" (Kaplan). The Republican Party then became known for its pro-life rhetoric founded on the ethical and moral argument regarding the sanctity of life, as well as Christian religious support. The Democratic Party became the pro-choice party, often citing the socioeconomic factors in seeking an abortion as well as the rights of women having agency over their own bodies. Prior to this shift, Democratic presidential candidates had even run with pro-life platforms.

The rise of social and religious conservatism in the 1980s gave way to what became known as the "Reagan Revolution" (Shields 110). Given the political atmosphere at the time, it should come as no surprise that Ronald Reagan, a staunch Republican, was elected President in 1981. The first ever President elected on an anti-abortion party platform, Reagan reflected his

conservative base through countless policies across a broad scope of topics, and family planning and reproductive health was no exception.

In 1981, Reagan's first year as President, two provisions concerning abortion were enacted into law. The Biden Amendment to the Foreign Assistance Act prohibited U.S. aid to be allocated toward biomedical research related to methods or the performance of abortion as a means of family planning. In addition, the Siljander Amendment, first seen in 1981 annual appropriations, forbade U.S. funds from lobbying for abortion ("Statutory Requirements and Policies."). These amendments were early signs in Reagan's presidency that the administration was seeking out ways to stifle support for abortion as a method of family planning. Eliminating the possibility of support from the American government for biomedical research on the topic as well as political advocacy for the procedure abroad were effective strategies in cutting off support for abortion altogether, and worked to further separate political rhetoric on abortion policy from the scientific community.

During his second term, President Reagan attended the 2nd International Conference on Population held in Mexico City in 1984. It was at this conference that the Reagan Administration first announced the introduction of the "Mexico City Policy" (Shields 108). When in effect, Reagan's Mexico City Policy forbids non-governmental organizations from "performing or actively promoting abortion as a method of family planning", regardless of the source of the funds, as a condition for receiving U.S. global FP/RH assistance ("The Mexico City Policy: An Explainer."). The MCP policy goes on to prohibit NGOs from conducting public information campaigns, advocating or lobbying for change in a country's laws or policies on abortion, or providing advice, information, and referrals for legal abortions as a method of family planning

("The Mexico City Policy: An Explainer."). The Mexico City Policy, or MCP, is primarily put in effect through executive action.

Following the introduction of the Mexico City Policy, the Kemp-Kasten Amendment to the Foreign Assistance Act of 1985 was passed. This newest addition to the rapidly developing web of American foreign policy gave the United States President a new function within the decision making process on fund allocation for FP/RH foreign aid. The Kemp-Kasten Amendment "prohibits U.S. aid from funding any organization or program, as determined by the President, that supports or participates in the management of a program of coercive abortion or involuntary sterilization" ("UNFPA Funding & Kemp-Kasten: An Explainer."). This addition is significant because it leaves US FP/RH funding decisions for specific organizations up to the United States President. Kemp-Kasten does not, however, require the President to provide proof for their decision to defund any particular organization.

The Helms Amendment meant law already forbade any US funds from going overseas toward the practice of abortion since 1973. However, the Helms Amendment applies only to US funds, meaning organizations receiving money from the US could still provide abortion services so long as non-US funds were used. This seemingly small provision within the Helms amendment has proven to be a source of heavy debate about how FP/RH funds ought to be allocated, which to this day revolves around the enactment and rescindment of the Mexico City Policy, and to a lesser extent, the Kemp-Kasten Amendment.

Since the introduction of the Mexico City Policy under the Reagan administration in 1984, the policy has been in effect for 19 of the past 34 years ("The Mexico City Policy: An

Explainer."). For the most part, the policy has been adopted, rescinded, and reinstated primarily through executive action. Executive action concerning the Mexico City Policy has followed a clear pattern that follows party lines ("The Mexico City Policy: An Explainer."). This means that since 1984, the policy has been in effect when there has been a Republican Executive, and has not been in effect when there has been a Democratic Executive. One exception to this pattern was Bill Clinton's administration from October of 1999 to September of 2000, when congressional action enacted a modified version of the Mexico City Policy as a means to pay off American debt to the U.N. for that fiscal year ("The Mexico City Policy: An Explainer."). Thus far, any attempts to overturn the MCP through legislation have been unsuccessful. This pattern of executive action following party lines, accurately labeled the "Reagan Rule", illustrates just how deeply partisan the debate on abortion is.

Since the introduction of the Kemp-Kasten Amendment to the Foreign Assistance Act in 1985, the United States President has acted in a pattern that also follows party lines. Since its creation, the only organization that Kemp-Kasten has been applied to has been the UNFPA, the United Nations Populations Fund, which has been subject to the policy for 19 of the past 34 fiscal years ("UNFPA Funding & Kemp-Kasten: An Explainer."). The UNFPA is a United Nations agency that acts as the world's largest source of multilateral funding for population and reproductive health programs, and works closely with governments and nonprofits to deliver services and care. The United States is actually a founding member of the UNFPA, which happened under the Nixon Administration in 1969. However, by 1985 the Reagan Administration had turned against UNFPA and applied the Kemp-Kasten Amendment to the organization. As with the Mexico City Policy, the Kemp-Kasten Amendment is applied to

UNFPA when there is a Republican president in office, and support for the agency is reinstated when there is a Democratic President in office. For all the years that Kemp-Kasten has been applied to the UNFPA, it has never been proven that the organization has actually participated in coercive abortions or involuntary sterilization ("UNFPA Funding & Kemp-Kasten: An Explainer.").

Since the 1970s, federal law has prohibited US funds from going toward abortion services, both within the United States borders and regarding foreign aid. Supreme Court precedent, also dating back to the 1970s, extends the right to abortion access to women in America. Because debates on abortion remain heated, and because significant domestic action regulating abortion access is blocked by concrete Supreme Court precedent, US foreign policy has become the arena in which the intense and long-lasting partisan rift on the topic manifests.

Impacts of US Foreign Policy on Family Planning and Reproductive Health Access

Comprehensive family planning programs and effective reproductive health care have proven to have wide-reaching benefits to recipients, which align with broader goals. An intersectional approach to FP/RH would reveal the multi-level benefits of such programs. National policies on the topic differ greatly in scope and nature, but there have been a number of international initiatives concerning FP/RH that have received multilateral support as well. In 1994, the United Nations Population Fund (UNFPA) International Conference on Population and Development took an intersectional approach to the topic and concluded that reproductive health, human rights, and sustainable development are inherently linked ("Family Planning/Contraception."). In addition, the observed benefits of FP/RH services align with a number of United Nations Sustainable Development Goals (SDGs).

In developed countries, where access to family planning and reproductive health services is the norm, abortion rates are much lower. This is because women and families in these countries had the agency to make informed decisions about family planning, and had the access to care and services able carry out such decisions. For example, the abortion rates in Africa and

Latin America, where the procedure is mostly illegal, are 29 and 32 per 1,000 women of reproductive age, respectively. In contrast, the rate in Western Europe, where abortion is largely legal, is only 12 per 1,000 ("Induced Abortion Worldwide."). Where abortion is legally permitted, it is generally safer than where it is highly restricted (Taylor 51). Additionally, the more restrictive a country's abortion policies are, the higher the proportion of unsafe abortions ("Induced Abortion Worldwide."). It seems contradictory that the United States, a developed democracy where abortions are common and FP/RH is generally accessible, has been enacting foreign policy that both restricts access to abortion and overall FP/RH care, and stifles the voices of those seeking to engage in political advocacy and liberalize domestic policy on abortion.

Laws on abortion vary across countries, and fall into a sort of spectrum from outright prohibition to the allowance of abortion without restriction as to the reason. Many countries grant women access to legal abortions if the pregnancy poses a threat to the health and well-being of the mother or in the event of pregnancy by rape or incest, but the practice is generally not otherwise permitted ("Induced Abortion Worldwide."). It is important to mention that while law does serve as an indicator for abortion access within a country, there are additional influential factors that could bar a woman from receiving care. The accessibility and affordability of abortions play a major role in a woman's ability to obtain care, as do the social and cultural stigmas surrounding the procedure. That being said, not having the added stress of legal hurdles when seeking an abortion is certainly helpful both for women and the organizations looking to provide such services.

A staggering 93% of countries with highly restrictive laws on abortion are in developing regions, which as of 2017 accounts for 42% of all women of reproductive age ("Induced

Abortion Worldwide.”). These developing regions are also the target areas that US Aid hopes to benefit. To provide some context, for the 2016 fiscal year the United States provided 64 countries with bilateral global health assistance (Kates). Of these 64 countries, 37 allowed for legal abortion in at least one instance not permissible under the Mexico City Policy. For the remaining 27 countries receiving US assistance, abortion is not legal in any case beyond the MCP framework (Kates). So, when in effect, restrictive US policies on funding for family planning and reproductive health limit women's’ access to legal abortions in over half of the countries it assists, and further limits advocacy, research, and counseling for abortions in every country that receives American global health assistance (Kates). Generalizations about the magnitude of impact American policies like the MCP have on developing countries are difficult to quantify. This is because impact relies on factors like “the political economy of reproductive health in that country”, which includes factors like the role of NGOs in providing FP/RH care and advocacy, the role of government in reproductive health and the salience of abortion policy, and the presence of major FP/RH donors aside from the United States (Crane and Dusenberry 131).

Critics of the Mexico City Policy have labeled it a “Global Gag Rule” because of the fact that “prior to the policy, foreign NGOs could use non-U.S. funds to engage in voluntary abortion-related activities as long as they maintained segregated accounts for any U.S. money received. The Mexico City Policy no longer permitted them to do so if they wanted to receive any U.S. family planning assistance”(Cohen). Foreign non-governmental organizations that would have to adhere to this policy include international NGOs that are based outside the U.S., regional NGOs that are based outside the U.S., and local NGOs in assisted countries (“The

Mexico City Policy: An Explainer."). Foreign NGO recipients of U.S. global health assistance are required to certify they are in compliance with the MCP. In addition, any U.S. NGO recipient of global health assistance who provides for foreign NGOs will be required to ensure the foreign NGO has certified its compliance with the MCP ("The Mexico City Policy: An Explainer."). The Mexico City Policy gives fund recipients an ultimatum; which in summation makes the complete absence of abortion services a condition for receiving US foreign assistance.

When confronted with the funding ultimatum, NGOs are left with few choices. Organizations can choose to forego U.S. funding and continue providing abortion services, but without the substantial contribution of U.S. funds that these organizations have grown dependent on, they will have diminished resources and would be unable to provide adequate care, not only for abortion services but for other critical and essential aspects of FP/RH as well (Bendavid et. al. 878). Organizations choosing to comply with these funding conditions can continue to be recipients of U.S. aid, but the Mexico City Policy limits recipients even further. When in effect, the MCP forbids recipients of FP/RH funds from conducting public information campaigns on abortion, advocating/lobbying for change in a country's laws or policies regarding abortion, as well as providing advice, information, or referrals for legal abortions ("The Mexico City Policy: An Explainer.").

Under the MCP, organizations committed to providing family planning and reproductive health services are either tied up in restrictive policies hindering their ability to provide comprehensive care, or they choose to forego U.S. funding and rely on limited resources as a result. The inconsistency evident in U.S. FP/RH policy has stunted the growth of NGOs and has hindered them from maintaining sustainable FP/RH programs due to the sheer unpredictability of

funding. Because of the inconsistency in US policies and the high risk threat of an abrupt funding cut-off looming over head, the MCP has also been a deterrent for potentially valuable partner organizations, while making longtime partners increasingly wary of American support (Crimm 612).

Further research on the consequences of organizations that disagreed with the MCP and chose instead to forego U.S. funding which had previously supported their activities reported having fewer resources to support critical family planning and reproductive health programs (Crimm 596). One example of an NGO that has chosen to forego US funding in favor of continuing services related to the practice of abortion is Family Health Options Kenya, or FHOK. FHOK runs sixteen centers across Kenya that provide essential FP/RH care that the individuals served would not otherwise have access to. Because FHOK chose to go without US funds that are tied to such restrictive policies, the organization expects to lose 60% of its funding and will have to cut over half of its services as a result ("Trump's 'Mexico City Policy' or 'Global Gag Rule'."). By July 2017 alone, just half a year after President Trump reinstated the MCP, FHOK had already closed one clinic and cancelled over one hundred outreach events that would have provided services like cervical cancer screening, HIV testing, and family planning counseling ("Trump's 'Mexico City Policy' or 'Global Gag Rule'."). Another example of a nonprofit choosing to forgo US Aid and reject the Mexico City Policy is the Planned Parenthood Association of Ghana. The organization, Ghana's oldest and largest provider of FP/RH services, rejected the global gag rule in 2003. The loss of funding for one year alone equated to roughly 200,000 US Dollars. The significant loss of funds forced the organization to lay off 67 key staff

members, over 40% of their nurses, and reduce the quality and depth of care for over 1,300 communities (Wahiowak 14).

Choosing to forego US Foreign Assistance not only means the elimination of financial support, as this decision can also bar organizations from receiving USAID donated contraceptives, and the United States is a leading provider for contraceptives. For example, the Family Planning Association of Nepal refused to comply with the MCP and lost access to $400,000 worth of USAID donated contraception, equating to over two-thirds of the organizations total stock ("Access Denied."). This loss reduced the amount of recipients the organization was able to serve, and this freeze of resources causes organizations to cut services and raise fees. As recipients lose access to contraceptives, rates of unintended pregnancies increase. This also results in an increase in abortions, with clandestine abortions unfortunately being the only option for the procedure in communities under the MCP (Rubin). These are unfortunately just a few examples of NGOs suffering at the hands of inconsistent and contradictory US foreign policy of funding for FP/RH services.

Another study conducted to measure the observable impact of American FP/RH global funding policy has found results that the proponents of the MCP would most likely find surprising. A 2011 quantitative analysis examined the association between a country's exposure to the Mexico City Policy and changes in its induced abortion rate when the policy was reinstated (Bendavid et. al. 873). Exposure to the MCP was defined as "the amount of foreign assistance provided to the country for family planning and reproductive health by the United States during years when the policy was not being applied" (Bendavid et. al. 874). This research found that "the induced abortion rate in sub-Saharan Africa rose in high-exposure countries

relative to low-exposure countries when the Mexico City Policy was reintroduced" (Bendavid et. al. 879). In short, abortion rates actually rose within countries when the highly restrictive MCP was in place. Regardless of one's views about abortion, these findings may have important implications for policies governing the procedure.

Not only do restrictive policies like the MCP contradict stated policy goals by jeopardizing the health and well-being of would-be recipients, they also diverge from American democratic values like free speech. No other donor government for global FP/RH services has used donations to "overtly restrict activities that they themselves do not fund" (Crane and Dusenberry 133). Indeed, essential US funds for FP/RH are being wielded as an instrument of donor control by eliminating the possibility to advocate for liberalizing abortion policy and engaging civil society on the topic. This directly contradicts stated commitments from the US government to promote civil society and women's human rights in foreign development assistance (Crane and Dusenberry 129).

The US has a long-term global health goal of ending preventable child and maternal deaths by 2035 (Kates). Objectives listed for accomplishing this goal include: reducing high-risk pregnancies, allowing sufficient time between pregnancies, providing information, counseling, access to condoms to prevent HIV transmission, reducing the number of abortions, supporting women's rights, and stabilizing population growth (Kates). There is debate on whether or not the current policies in place regarding FP/RH funding has created a disconnect between these goals and the actual observed impact these policies have reaped when in effect. The Gag Rule's effect

may be the opposite of what its proponents say they want, as anecdotal data concludes that its only impact on abortion has been to make the procedure more likely and less safe (Cohen).

Some would argue that America's current policies may directly hinder the achievement of the state's long-term global health goals, as the continued dismissal of abortion services by the US as a legitimate family planning method handicaps non-profits and restricts access to FP/RH services. Pro-choice politics would dictate that the access to abortion, as an element of a well-rounded family planning and reproductive health care program, could stabilize population growth and contribute to women's rights - both of which are objectives that fall within US policy goals. If the long-term goal of a policy is to reduce the rate of abortions, the FP/RH policies enacted by the United States should be aimed at investing in comprehensive family planning and reproductive health initiatives that work to break the cycle of poverty and encourage reproductive autonomy among women. Globally, 56% of unwanted pregnancies end in induced abortion ("Induced Abortion Worldwide."). Fewer unwanted pregnancies as a result of well-rounded FP/RH care will lead to less abortions, legal or otherwise. Providing the option of a safe and legal abortion as part of a FP/RH curriculum can actually serve to reduce the rate of abortions over time.

Critics of American FP/RH policy could go on to argue that the impact seen from these policies directly contradicts the 2015 UN sustainable development goal (SDG) to "ensure universal access to sexual and reproductive health care services, including for family planning, information, and education, and the integration of reproductive health into national strategies and programs" (The U.S. Government and International Family Planning & Reproductive Health Efforts). With growing international emphasis on reducing maternal mortality, and the added

expectation of keeping in line with global goals, American policy regarding abortion is being called into question more and more.

Scrutiny from the international community will only grow if the American government fails to deliver strategic and effective foreign policy on the matter. As it stands today, restrictive American policy on FP/RH funding abroad can quite literally mean the difference between life and death for recipients of such services. If not life and death, the quality of life for would-be recipients of US funded FP/RH care abroad would be degraded. These policies are convoluted and lack global perspective as well as strategic planning for the achievement of both long-term and short-term policy goals. Why is the US government interfering in the domestic decision-making and legal activities in foreign countries in the first place? And, why would the United States tie such demands into essential FP/RH funds as a malicious instrument of donor control? Unfortunately, current policy remains a direct reflection of the highly partisan rhetoric encompassing abortion within the United States. In fact, Under President Donald Trump, the already restrictive policies dictating the allocation of US FP/RH funds abroad have been extended to an unprecedented level.

Overview of US Policy on FP/RH under the Trump Administration & Conclusion

Currently, the Trump Administration has taken extensive action on policy regarding abortion. President Trump, elected on an ultra-conservative platform, had already used abortion as a political tool in his presidential campaign before being elected into office. Domestically,

Trump has worked to rally support for actions to defund Planned Parenthood, using his pro-life rhetoric and conservative base to gain ground. At the international level, President Trump has taken unprecedented action to enact and extend restrictive foreign policy on funding for family planning and reproductive health. An executive memorandum put the Mexico City Policy in effect on the 23rd of January in 2017, just three days after being sworn into office (Trump). President Trump certainly continues to use abortion politics to his advantage when rallying supporters, and his inflammatory rhetoric on the issue has only deepened the existing partisan divide on the topic.

Under the Trump Administration, the Mexico City Policy has been renamed "Protecting Life in Global Health Assistance", but in this paper, it will continue to be referred to as the Mexico City Policy, or MCP ("The Mexico City Policy: An Explainer."). President Trump has extended the MCP to apply to all U.S. bilateral global health assistance as opposed to just funding streams dedicated to family planning and reproductive health. The extended policy now applies to bilateral global health assistance coming from all US agencies and departments. This means that in addition to foreign NGOs, the MCP will include the Centers for Disease Control and Prevention, the National Institutes of Health, the Department of Defense, and the Department of State, which includes the Office of the Global AIDS Coordinator that oversees and coordinates U.S. global HIV funding (Taylor 46). Now, all organizations subject to the policy's newly extended scope will be required to certify their compliance with MCP restrictions. The administration has also applied the MCP to grants, cooperative agreements, and contracts. Trump's policy extension is unprecedented and differs from past Republican administrations, which were careful to make the distinction that the MCP did not apply to

funding for global HIV/AIDS programs and that multilateral organizations that are associations of governments are not included among "foreign NGOs" subject to the MCP (Taylor 48).

In addition to the reinstatement of the MCP, President Trump has applied the Kemp-Kasten Amendment to the United Nations Population Fund, or UNFPA. Kemp-Kasten has actually only ever been applied to the UNFPA, and for 19 of the past 34 years, the same years that the MCP has been enacted, executive decisions have followed party lines on whether or not to bar funding from the UN organization. For the 2017 fiscal year, an estimated 32.5 million dollars were withheld from the UNFPA ("UNFPA Funding & Kemp-Kasten: An Explainer."). Thankfully, U.S. law dictates "any U.S. funding withheld from UNFPA is to be made available to other family planning, maternal health, and reproductive health activities" ("UNFPA Funding & Kemp-Kasten: An Explainer."). Trump justifies his application of the amendment to UNFPA on the grounds that the U.S. is concerned with China's population control policies and UNFPA's work in China. Kemp-Kasten continues to be applied to UNFPA despite the fact that evaluations by the U.S. government and others have found no evidence that the organization directly engages in coercive abortion or involuntary sterilization in China (Aizenman).

While UNFPA does not promote abortion as a method of family planning or fund abortion services, the organization has continued to take the brunt of American action that is a manifestation of U.S. strategies to undermine China's controversial family planning methods. UNFPA has been further regulated by U.S. policy in recent years, even when Kemp-Kasten is not in effect, and these additional measures noticeably target China. These measures include prohibiting UNFPA from funding abortion, forbidding the use of any U.S. funds in UNFPA programs in China, and perhaps the most aggressive of these restrictions has been "Dollar for

Dollar Withholding" (Aizenman). Dollar for dollar withholding reduces the U.S. contribution to UNFPA by one dollar for every dollar that UNFPA puts toward programs in China (Aizenman). In the past, China's One Child Policy included measures for coercive abortions or sterilizations as a method of family planning. China's policy arose from the country's need to regulate the overpopulation that was beginning to cause problems for the state, and regardless of the concerns surrounding the controversial methods used to enforce it, it is unquestionable that the policy achieved its goal of regulating China's population. China's One Child Policy was so successful in fact, that its necessity has passed and it was phased out in 2015 (Aizenman).

While both the US and China have faced criticism for their approaches to FP/RH, their approaches could not differ more. China used controversial methods, but their policies were remarkably successful in tackling the growing issue of population control. China was also able to maintain a clear and planned-out policy on the matter. In contrast, the United States has failed to adopt consistent policies regarding family planning and reproductive health, and domestic politics on the matter continue to worsen. The success of China's policies under an authoritarian government as opposed to the failure of American policy under a democratic regime could pose a threat the idea that democracy is the ultimate goal for effective government. Evidence shows the impact of US policies are counter-productive to their goals, yet there continues to be debate on whether or not certain US policies are helping or hindering the state in their pursuit of their national goals (Bendavid et. al. 878). There is also debate as to whether or not the policies comply with global goals for family planning and reproductive health continues, which continues to accentuate the partisan divide in American politics.

International reactions to policy enactments under the Trump Administration have generally been negative, and the already distrusted administration has been facing backlash from more progressive countries that have previously enjoyed good relations with America (Taylor 51). The U.S. is one of the largest contributors to the UNFPA, and U.N. spokesman Stephane Dujarric predicts the funding loss "could have devastating effects on the health of vulnerable women and girls and their families around the world" (Aizenman). Using the UNFPA as a scapegoat to undermine China could prove to have negative impact on the wider world's views on America. The United States' strategy of penalizing UNFPA does very little to hurt China. Rather, the other 150 countries in which UNFPA works have suffered as a result of the defunding.

In conclusion, the polarized party dynamics that have developed concerning abortion throughout the nation's history prevent the United States from implementing consistent foreign policy regarding family planning and reproductive health. America's fragmented domestic politics regarding abortion have gone on to influence the ways in which the state approaches the topic on an international level. Implementation of foreign policy pertaining to abortion has followed party lines, with decisions regarding policy generally falling to the executive branch. Because the United States is the assumed global hegemon, there is international pressure for the US to reflect progressive global trends regarding FP/RH. Research on the effects of existing US policy has found the observed impact of the highly restrictive Mexico City Policy to have the opposite of the desired effect of reducing abortions and ensuring access to FP/RH services worldwide. Policy that is contradictory to the goals of the nation is by every measure an ineffective policy, but is the United States government able to recognize this disconnect and

make lasting policy decisions that reflect global trends? When contemplating whether or not the US can secure its status as the global hegemon, one must also speculate upon the competency of the Trump Administration to act as a unifying force, both for domestic and for international matters.

Hegemony within the international order is founded upon more than just economic and military prowess; it is also founded on a state's character. America's character, image, and reputation could easily be called into question for a number of reasons. Not only does the MCP keep NGOs from maintaining a sustainable service delivery model due to the unpredictability of funds and resources, the policies also restrict such organizations from engaging in political advocacy to liberalize abortion laws. Also, applying Kemp-Kasten and using the UNFPA as a scapegoat in America's anti-China agenda not only has negative impact on the UNFPA's ability to provide FP/RH in China, but worldwide. Inconsistent engagement with the wider world in US foreign policy on funding for FP/RH is quite literally jeopardizing the lives and well-being of thousands of people in developing countries. This crisis of credibility in American foreign policy is also reflective of how the divisive domestic politics on abortion within the United States are being projected into its Foreign Policy, where policies can be more quickly passed by the party that has control at the time. If the pattern of polarization paired with inconsistent and inadequate policy continues, how can the American government expect to be a model for an effective democracy?

Works Cited

"Access Denied: 2005 – 2018 « PAI – Gag Rule." *Gag Rule*, PAI, trumpglobalgagrule.pai.org/access-denied-case-studies-2005-2018/.

Aizenman, Nurith. "Citing Abortions In China, Trump Cuts Funds For U.N. Family Planning Agency." *NPR*. NPR, 04 Apr. 2017.

Bassett, Laura. "Obama Threatens to Veto Planned Parenthood Defunding Bill." Huffington Post. September 17, 2015.

Bendavid, Eran, et al. "United States Aid Policy and Induced Abortion in Sub-Saharan Africa." *Bulletin of the World Health Organization*, vol. 89, no. 12, Dec. 2011, pp. 873-880C. EBSCO*host*, doi:10.2471/BLT.11.091660.

Cohen, Susan A. "The Global Gag Rule and Fights over Funding UNFPA: The Issues That Won't Go Away." *Guttmacher Institute*. Guttmacher Institute, 03 June 2015.

Crane, Barbara B., and Jennifer Dusenberry. "Power and Politics in International Funding for Reproductive Health: The US Global Gag Rule." *Reproductive Health Matters*, vol. 12, Jan. 2004, pp. 128–137. *EBSCOhost*, doi:10.1016/S0968-8080(04)24140-4.

Crimm, Nina J. "The Global Gag Rule: Undermining National Interests by Doing unto Foreign Women and NGOs What Cannot Be Done at Home." *Cornell International Law Journal*, vol. 40, no. 3, Fall 2007, pp. 587–633. *EBSCOhost*,

Devins, Neal. “How ‘Planned Parenthood v. Casey’ (Pretty Much) Settled the Abortion Wars.” *The Yale Law Journal*, vol. 118, no. 7, 2009, pp. 1318–1354. *JSTOR*, www.jstor.org/stable/40389508.

Dixon-Mueller, Ruth. “Abortion Policy and Women’s Health in Developing Countries.” *International Journal of Health Services*, vol. 20, no. 2, Apr. 1990, pp. 297–314, doi:10.2190/V08N-UE7N-TNBH-RA4P.

Ernst, Joni. "All Info - S.1881 - 114th Congress (2015-2016): A bill to prohibit Federal funding of Planned Parenthood Federation of America." Congress.gov. N.p., 03 Aug. 2015.

“Family Planning/Contraception.” *World Health Organization*, World Health Organization, 8 Feb. 2018, www.who.int/news-room/fact-sheets/detail/family-planning-contraception.

“Induced Abortion in the United States.” *Guttmacher Institute*, Guttmacher Institute, 14 Feb. 2019, www.guttmacher.org/fact-sheet/induced-abortion-united-states.

“Induced Abortion Worldwide.” *Guttmacher Institute*, Guttmacher Institute, 2 Aug. 2018, www.guttmacher.org/fact-sheet/induced-abortion-worldwide.

Kaplan, Clair, APRN/MSN, et al. “Abortion.” *Magill’s Medical Guide (Online Edition)*, 2018. *EBSCOhost*,

Kates, Jennifer. "What Is the Scope of the Mexico City Policy: Assessing Abortion Laws in Countries That Receive U.S. Global Health Assistance." *The Henry J. Kaiser Family Foundation*. KFF, 03 May 2017.

"Planned Parenthood of Southeastern Pa. Et. Al. v. Casey, Governor of Pennsylvania Et. Al." *505 U.S. 833 (1992)* No. 91-744 (1992).

“Preventing Unsafe Abortion.” *World Health Organization*, World Health Organization, 19 Feb. 2018, www.who.int/en/news-room/fact-sheets/detail/preventing-unsafe-abortion.

"Roe Et. Al. v. Wade, District Attorney of Dallas County." *410 U.S. 113 (1973)* No. 70-18 (1973).

Rubin, Erin. “A Shot Across the Bow on Abortion: The Mexico City Policy.” *Non Profit News*, Nonprofit Quarterly, 24 Jan. 2017, nonprofitquarterly.org/2017/01/24/shot-across-bow-abortion-mexico-city-policy/.

Schulman, Bruce J. *The Seventies : The Great Shift in American Culture, Society, and Politics*. New York : Free Press, c2001., 2001. *EBSCOhost*, search.ebscohost.com/login.aspx?direct=true&db=cat04042a&AN=app.b2200012&site=eds-live&scope=site.

"Sexual Violence as a Weapon of War." The State of the World's Children. 1996. UNICEF. <https://www.unicef.org/sowc96pk/sexviol.htm>.

Shields, Jon A. "Fighting Liberalism’s Excesses: Moral Crusades during the Reagan Revolution." *Journal of Policy History*, vol. 26, no. 1, Jan. 2014, pp. 103-120. EBSCO*host*, doi:10.1017/S0898030613000390.

Taylor, Jamila and Anu Kumar. "How Existing U.S. Policy Limits Global Health and the Achievement of Millennium Development Goals to Improve Maternal Health and

Promote Gender Equality." *Yale Journal of International Affairs*, vol. 6, no. 1, Winter2011, pp. 43-52. EBSCO*host*.

"The Mexico City Policy: An Explainer." *The Henry J. Kaiser Family Foundation*. KFF, 28 Jan 2019.

"The U.S. Government and International Family Planning & Reproductive Health Efforts." *The Henry J. Kaiser Family Foundation*. KFF, 28 Jan 2019.

“The U.S. Government and International Family Planning & Reproductive Health: Statutory Requirements and Policies.” *The Henry J. Kaiser Family Foundation*, 21 Mar. 2019

Trump, Donald J. "Memorandum on the Mexico City Policy." *Daily Compilation of Presidential Documents*, Jan 23, 2017, pp. 1*, Political Science Database*.

“Trump's 'Mexico City Policy' or 'Global Gag Rule'.” Human Rights Watch, HRW, 14 Feb. 2018.

"UNFPA Funding & Kemp-Kasten: An Explainer." *The Henry J. Kaiser Family Foundation*. KFF, 19 Jan 2019.

Wahowiak, Lindsey. “Reproductive Health Comes under Attack by Congress, New President. (Cover Story).” *Nation’s Health*, vol. 47, no. 2, Apr. 2017, pp. 1–14. *EBSCOhost*