

## Bush Administration Isolates U.S. At International Meeting to Promote Cairo Agenda

By Susan A. Cohen

Following the November 2002 elections, the Bush administration wasted no time in exercising its foreign policy authority to reward its antiabortion and increasingly anti-family planning domestic political constituency. Having already imposed a gag rule on U.S. international family planning assistance and blocked a congressionally authorized contribution to the United Nations Population Fund (UNFPA), the administration used the opportunity of an obscure United Nations (UN)-sponsored population meeting in Bangkok last December to send a message that it is only stiffening its resolve to promote an antiabortion, proabstinence agenda overseas. That the administration's agenda also might be fundamentally anticontraception was given credence not just by its statements in Bangkok but also by its actions in Washington only a few weeks later.

### Washington vs. Cairo

The Bangkok meeting was one of a series being held in the various regions of the world leading up to the 10th anniversary next year of the 1994 United Nations International Conference on Population and Development (ICPD) in Cairo. The Cairo ICPD, and the Program of Action finalized there, had been a major breakthrough for the governments of the world—the first official expression of a new consensus that population stabilization and development strategies are inextricably linked, that women's economic and social empowerment lie at the center of both and that women's reproductive health and rights are fundamental to their empowerment. The pur-

pose of the Bangkok meeting was to formally review progress made in the Asian and Pacific region since 1994 and to set future program directions under the Program of Action framework, with a special emphasis on reproductive health and HIV/AIDS prevention.

The United States, however, which was a participant at Bangkok by virtue of Guam and its other Pacific territorial holdings, had apparently arrived to bury the Cairo framework, not to praise it. Its delegation to a preparatory meeting only a few

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weeks before had stunned the gathering by stating that the United States could no longer reaffirm its support for the ICPD Program of Action because it construes the Program of Action to promote abortion and to insufficiently promote abstinence.

That pronouncement caused a firestorm at home as well—so much so that Secretary of State Colin L. Powell instructed Richard Boucher, State Department spokesman, to clarify that “[t]he United States remains committed to providing assistance to help achieve the three principal goals adopted in the 1994 International Conference on Population and Development concerning reproductive health, maternal mortality, and education.” The “clarification” raised more questions

than it answered, however, since it did not address whether the administration continued to support the programs and policies agreed upon in Cairo to achieve those goals.

By the December meeting, when the 40 or so country delegations got down to the business of agreeing to a final report, there was little doubt where the administration stood. Led by Assistant Secretary of State Arthur E. Dewey, the U.S. delegation lodged a formal objection to the terms “reproductive health” and “reproductive rights,” which emanate from the Cairo Program of Action and have been incorporated in every health-related UN conference since, alleging that they imply promotion of abortion. Similarly, the delegation balked at the inclusion of a paragraph on adolescent reproductive health, especially the fact that it called for “consistent condom use” as a key HIV/AIDS prevention strategy.

What had also become clear, however, was that the administration had garnered no visible support for its position—notwithstanding the fact that other countries represented at the meeting ranged from the predominantly Catholic and culturally conservative Philippines to conservative Islamic Indonesia and Iran. In her plenary address, UNFPA Executive Director Thoraya Obaid—herself from Saudi Arabia—responded directly to the stated concerns (see box, page 4), but the U.S. delegation nonetheless took the highly unusual step of pushing for votes. First, it moved to delete or at least redefine the terms “reproductive health” and “reproductive rights” and then to drop the paragraph pertaining to adolescent reproductive health.

While Dewey chose to blame the defeats that ensued on “a deplorable disinformation campaign,” the extent to which the United States had isolated itself at the meeting was clear: The terms “reproductive health” and “reproductive rights” were retained

on a vote of 31–1; similarly, the paragraph on adolescent reproductive health needs was approved, 32–1. “It is sad to see the U.S. move from being a leader on these issues to that of a minority voice,” commented Ninuk Widyantoro of the Women’s Health Foundation in Indonesia. “Sexual and reproductive health is one of the most important social

issues of the millennium.” Widyantoro went on to say, “We know that the U.S. delegation does not even represent the views of the majority of the American people.... We hope that in the future, U.S. delegations at such conferences will more accurately represent the humanitarian values of the women and men of their nation.”

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### What the ICPD Program of Action Says and What It Does Not: UNFPA’s Thoraya Obaid Speaks Out\*

On the meaning of reproductive health and rights: *The language of the ICPD Programme of Action is extremely clear. There is no hidden agenda, nor any secret codes. The ICPD Programme of Action states, and I quote: “In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion... Any measures or changes related to abortion within the health system can only be determined at the national or local level according to national legislative process.” This paragraph means exactly what it says, no more, no less.*

*Let me also state once more, since it has been called into question: the meaning of the phrases “reproductive health” and “reproductive rights” are not in doubt. The components of reproductive health are safe motherhood; voluntary family planning; protection from and treatment of sexually transmitted infections, including HIV/AIDS, and protection from gender-based violence.*

*On adolescents: This is the first youth generation to grow up with the threat of HIV/AIDS and the looming ghost of death as part of their everyday lives. We must therefore join forces to ensure that this young generation has a fighting chance, not only to survive, but also to a quality of life and to an active contribution to the well being of their families and their societies. Young people need education, information, counselling and reproductive health services to protect them from unwanted pregnancy, HIV/AIDS and other sexually transmitted infections.”*

*[T]he Programme of Action recognizes clearly the reproductive health needs of adolescents and stipulates that they should be provided with information “that helps them attain a level of maturity required to make responsible decisions.” It further states: “Recognizing the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescents, appropriate direction and guidance in sexual and reproductive matters, countries must ensure that the programmes...do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse.”*

\*Plenary Address, Fifth Asian and Pacific Meeting on Population and Development, December 16, 2002

### Campaign Against Contraception?

In the end, the United States formally joined the consensus at Bangkok after all—but in the same way that the Vatican joined the Cairo consensus in 1994, by inserting a long articulation of its dissenting views into the record. Regarding abortion, the formal U.S. “reservation” makes clear that nothing in the United States’ agreement to sign onto the document “should be interpreted to constitute [its] support, endorsement, or promotion of abortion or abortion-related services or the use of abortifacients.” With regard to HIV/AIDS prevention and family planning services for adolescents, it says the United States is committed to programs that “stress the practices of abstinence, delaying sexual initiation, monogamy, fidelity and partner reduction in order to reduce the spread of sexually transmitted diseases including HIV/AIDS” and that “any promotion of the use of condoms or other methods of family planning for adolescents in this or other UN or UN Conference documents should be interpreted in the context of [the United States’] continued support for, and promotion of, abstinence as the preferred, most responsible, and healthiest choice for unmarried adolescents.”

Perhaps the administration’s most stunning policy pronouncement, however, has gone almost unnoticed. In a formulation bearing remarkable similarity to that used by the Vatican, the reservation puts the United States on record as supporting “innocent life from conception to natural death,” once again stressing its opposition to “the use of abortifacients.” Leaving aside how this pronouncement is supposed to comport with the constitutional right of U.S. women to abortion, the statement would seem to call into question the administration’s position on contraception itself.

The debate over when a contraceptive is actually an “abortifacient” is

not new. In 1998, Rep. Chris Smith (R-NJ) and then-Rep. Tom Coburn (R-OK) sought to define “abortifacients” out of the contraceptive coverage requirement under the Federal Employees Health Benefits Program, but the House rejected their amendment when it became clear that the amendment could exclude the most common forms of birth control (“What Methods Should Be Included in a *Contraceptive Coverage Insurance Mandate?*” *TGR*, October 1998, page 1). Earlier this year, Family Research Council President Kenneth L. Connor renewed the

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challenge, asserting that “the IUD is an abortifacient that prevents the human embryo from implanting in the wall of the uterus.” Once again, a statement attacking the IUD because of its “mode of action” implicates virtually all systemic birth control methods, including not just emergency contraceptive pills but also regular oral contraceptives, which also sometimes act after fertilization but before implantation.

Nor is the debate merely academic. The increasingly open hostility toward common birth control methods dovetails with a campaign already well underway to disparage the effectiveness and value of condoms (see related story, page 1). Now, even as the Bush administration continues to protest its support for family planning and reproductive health, it appears to be moving to define those terms so broadly as to include almost anything *but* contraception.

Early in January, six months after the administration announced its refusal to allocate the \$34 million in FY 2002 funds Congress appropriated for UNFPA, the State Department finally sent Congress its plan to redirect the money. But the proposal was radically different from what was expected. In July, Powell assured Congress that the \$34 million would be redirected to the U.S. Agency for International Development (USAID) for “family planning and reproductive health care as originally envisaged” when slated for UNFPA. At the time, Boucher elaborated that through USAID “these funds will enable programs in [19 countries, 13 of which are in Africa] to expand and improve access to family planning services, enabling couples around the world to make free and responsible decisions about the number and the spacing of their children.”

Instead, the State Department’s current proposal is that the funds be used for “maternal reproductive health.” Boucher now says the money will be used to “train midwives and help improve birthing; pre-, post- and neo-natal care; nutrition and health education; and [to build] health facilities....” Afghanistan would receive \$25 million while the remainder would go to Pakistan.

“It is bad enough that the funds will not be transferred to UNFPA,” wrote Tom Lantos (D-CA), ranking Democrat on the House International Relations Committee, in response. “[I]t adds insult to injury for the Administration to renege on its promise to spend the entire \$34 million on family planning and [reproductive] health care programs.” A champion of greater aid to this important region, Lantos told the administration it should

“find other foreign aid funds to support general health care programs in Afghanistan and Pakistan, not rob the family planning and reproductive health care program to fund these worthy initiatives.” And he warned that the administration’s decision to “back away from its promise to spend all of the UNFPA money on bilateral family planning and reproductive health care programs will undoubtedly cause Congress to question the veracity of future written and oral promises given by the Administration related to key foreign aid and family planning matters.”

House and Senate Foreign Operations Subcommittee Chairmen Jim Kolbe (R-AZ) and Mitch McConnell (R-KY), along with ranking members Nita M. Lowey (D-NY) and Patrick Leahy (D-VT), have exercised their authority to nix the administration’s plan at least for now. They await further word from the administration about its intent regarding funding for UNFPA in 2003 and its plans for the future of contraceptive services in the U.S. international family planning assistance program. ☉