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 formal review of the Program of Action to promote abstinence and to insufficiently promote abortion.

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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 Obeid—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.
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.”

The 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.”

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 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 to disparage the effectiveness of condoms.

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 renge 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.”