

**"Critical Issues Affecting the Future of Choice"
for the Session on Population, Environment and Reproductive Health
at Planned Parenthood of New York City's
Unconventional Convention
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**Adrienne Germain
President, International Women's Health Coalition**

Of all the scenes I've witnessed in 25 years of international work, one is particularly haunting:

- three women, who had attempted to abort unwanted pregnancies, lay on bare wooden shelves, one above the other -- in a space the size of a closet;
- they had no light, no air, and virtually no care;
- one was thirteen, raped by the man who gave her a ride to school everyday;
- one was a mother of four, desperate not to have another child;
- and the third? I don't know. She was in a coma, abandoned by those who had left her there.

The place, an emergency ward in Yaounde, the capital city of Cameroun, was a decaying mud brick hulk, floors riddled with potholes and walls covered with mold. One extraordinarily courageous doctor worked there -- with no equipment, no blood transfusion, and, clearly, no beds.

In stunning contrast, not 50 yards away, up the hill out of the swampy area, was a sparkling white, new maternity hospital, fully equipped and staffed -- with plenty of empty beds. The difference between these two places speaks volumes about the stigma and fear that surround abortion -- not only in Cameroun, but around the world.

What is the connection between the women in Cameroun's abortion wards, reproductive health,

population, and the environment? For 30 years – 1965 to 1994 – U.S. proponents of population control, including environmentalists, pursued a "technical fix" approach to population growth in Asia, Africa and Latin America. They focussed on promotion of modern contraception to the largest possible number of married women of reproductive age. This approach undoubtedly contributed substantially to major increases in the availability of contraceptives and women's use of them around the world. But, the technical fix approach ignored all other aspects of reproductive health.

In 1994, in Cairo, at the United Nations International Conference on Population and Development, women – and like-minded men – reshaped the population agenda. The Cairo conference defined population policy to encompass the reproductive health and rights of all, in a broader context of women's empowerment, poverty alleviation, respect for human rights, and sustainable development. Some have attempted to dismiss the Cairo agreement as a feminist

utopian vision. In fact, its purpose is the fundamental social transformation that Carol Gilligan so eloquently described this morning. The Cairo approach is also a global necessity. Why?

Most future population growth will be generated by today's young people as they become sexually active – some one billion of them by the year 2000, an unprecedented number. Even if these young people have only one or two children, population will continue to grow substantially in absolute terms. If the world's population is to level off at 9 or 10 billion – instead of 12 or 15 billion – population policy must change dramatically. These young people need protection from sexually transmitted diseases, not just unwanted pregnancy; they need education on sexuality, sexual relationships and gender equality, not simply the standard biology-based sex education; they need to know that men do not have the right to abuse, beat and rape women; they have a right to good quality health services; and they must have education, job training and real job prospects, so that they can delay marriage and childbearing, and so that a woman's status does not any longer depend largely or solely on the number of sons that she bears.

This "sexual and reproductive health and rights" approach to population could have helped protect the women I saw in Cameroun from rape, unwanted pregnancy and botched abortion. It is a just and expedient approach to population. It was agreed by 184 governments and most demographers. Yet, there is strong political resistance to implementing this agenda – much of it from the same forces that oppose reproductive rights in this country.

Why are the women in Cameroun – and the opposition to the Cairo agreement – relevant to mapping the future of choice in the U.S.? Why should we, as Americans, care?

- First and foremost, because unsafe abortion is a humanitarian crisis of enormous proportion, too often hidden, ignored, or obscured by inflammatory anti-abortion rhetoric and photographs. We don't photograph women dying from botched abortion, but let me

draw a picture in numbers. Of the 40-50 million abortions in the world every year, half are illegal, clandestine and unsafe. As many as 100,000 women die annually from botched abortions, and uncounted hundreds of thousands are maimed, many for life. During our time together here today, some 200 or more women in Asia, Africa and Latin America will die due to botched abortion, most in agony, many alone.

- The second reason we all must care about the Camerounian women, and millions like them elsewhere, is that U.S. foreign policy and foreign aid could substantially change this abortion picture – and help ensure reproductive freedom worldwide -- were it not for a handful of Congress people. Thanks to men like Jessie Helms, no U.S. foreign assistance funds can be used to provide safe abortion services. And now, through another set of legislative initiatives, abortion opponents are attempting to use the global power of the U.S. to stifle pro-choice advocacy and action everywhere.
- The third reason we all should care is that abortion restrictions on U.S. foreign assistance programs are powerful weapons used by anti-abortionists in their assault on U.S. domestic policy. Abortion opponents play international and domestic policy initiatives off against one another – when thwarted or successful in one initiative, they turn to the other. How many of you here today know or remember, for example, that when Roe vs. Wade made abortion legal in the U.S., that same year the foreign assistance act was amended to prohibit U.S. funding of abortion internationally? Recall also that, while the right wing was promoting a domestic gag rule, in 1984 President Reagan imposed a global gag rule, the so-called "México City Policy."

President Clinton's first major act on entering office was to overturn that policy. Anti-abortionists have pursued him relentlessly ever since. Theirs is a global campaign of intimidation – even the United Nations and the IMF are not immune, as we saw last fall when Chris Smith held them hostage in an attempt to legislate a global gag rule. Thus, we also must act globally – we must be as concerned about U.S. foreign policy as we are about domestic legislation.

As I see it, there are two major obstacles on the roads we are mapping in the U.S. and internationally. These are political power and money. What do these two issues look like in the international arena, and what do they mean for all women – in Yaounde, Shanghai, São Paulo, and Prague; in the villages of Pakistan, Kenya, Egypt and México; and in New York City? First, political power: the international situation is unnervingly similar to that in the U.S.:

- well-mobilized and well-funded reactionaries oppose reproductive rights and women's autonomy in the name of religion, culture or tradition;

archaic and regressive laws, often inherited from colonial governments – France, England, Portugal – give men and the state dominion over women's bodies;

- medical doctors refuse to allow other health professionals to provide abortions, even where doctors are a rare luxury, as in Cameroun – and in much of the U.S. today!

That brings me to, money, the other side of the power coin:

- the U.S. government has been the single largest funder of international family planning programs and has enormous influence both on other donor governments and on recipient governments. Anti-abortion restrictions on U.S. foreign assistance have thus cast a global chill on access to safe abortion. The UN system, including the World Health Organization and the World Bank, non-governmental organizations, and even sovereign governments, are now afraid to undertake research, publish, debate or advocate access to safe abortion services, for fear of losing U.S. funds.

The assault on foreign assistance will resume when Congress convenes later this month. Three actions are imperative:

- Let us ensure that the global gag rule, the "México City Policy," is not reimposed. We must inform and mobilize voters' understanding of the domestic-international policy link: loss or success in one arena inevitably leads to an assault on the other arena.
- Let us not accept the boundaries that the anti-abortion movement has set – we must push for federal money for reproductive rights and health, including safe abortion services at home and abroad.
- As important, let us make sure that young women and men know that women die when access to abortion is restricted. Those anti-abortion rock groups that Ellen mentioned earlier today need to know that, before Roe vs. Wade, 5,000 women died annually in this country from botched abortion. It can happen again – already a parental consent requirement has resulted in death.

We need to strengthen and broaden alliances between domestically-oriented activists and those who work internationally.

And we must inform our friends, our neighbors, and our communities about the realities of

women's lives overseas, and the connection between these realities and their own lives and rights.

All of us here know -- but let us remind everyone in this country -- that restrictive laws are not a matter of culture or religion, but of power. They do not eliminate abortion or save "unborn children." They kill and maim women. They drastically curtail women's autonomy and cast women as criminals. If this happens anywhere, it is a threat everywhere -- including here. I believe, as Faye Wattleton does, that we have the moral high ground -- it is women's lives, our being, our relationship, as Carol said, to our bodies, our voices.

We should not waste energy arguing with fanatics, persuading or cajoling them. Whatever compromises we make, they just take more -- today they restrict access to safe abortion; tomorrow they will restrict contraceptive choices, then day care, or women's rights -- and so the dominoes will fall.

Rather, let us mobilize a broad-based coalition, here, and abroad. As in Cairo, women have the most at stake. Our voices will be heard. We must support women everywhere to organize and advocate on our own behalf, and on behalf of our families and communities. My organization, the International Women's Health Coalition, does just that. Our colleagues around the world watch U.S. law and practice closely. At least four are here today.* They know that, if we lose our struggle here, they will suffer severe consequences. They stand in solidarity with us, and we with them. This solidarity is not one collective voice. It is solidarity of voices across our diversity.

But, these days, to stand still -- even in solidarity -- is to lose ground. We must move strongly forward -- beyond the confines of this room, and beyond the borders of this country -- to rid the world of scenes like the one I witnessed in Cameroun.

Mapping the future of choice is a global task. It requires global mobilization -- now.

*Carmen Barroso from Brazil

Frescia Carrasco from Perú

Lucía Rayas from México

Reena Marcelo from the Philippines

All leaders in the struggles for women's dignity and autonomy in their countries and around the world.