

How U.S. Foreign Policy  
**BLOCKS**  
—Women's Access to—  
Safe Abortion Overseas

**THE WORLD'S MOST VULNERABLE WOMEN** are harmed by a U.S. law that limits funding for abortion—the Helms Amendment. The way the Administration applies this law denies women their reproductive rights. It reduces the availability of safe, legal abortion, denies health-care providers life-saving equipment and censors information. The Administration should immediately cease its restrictive application of the law and allow funding for abortion in certain cases.

Each year, an estimated 22 million women and girls have an unsafe abortion, almost all in the developing world. As a result, 47,000 lose their lives, and millions more suffer serious injury. In places where women cannot get a safe abortion, they end their unwanted pregnancies unsafely.

### **THE HARM**

The **Helms Amendment** was appended to the U.S. Foreign Assistance Act in 1973, restricting U.S. funds for the performance of abortion “as a method of family planning” or to “motivate or coerce any person to practice abortions.”<sup>1</sup> Under the law, U.S. foreign assistance can support abortion services in cases of rape, incest, or where a pregnancy threatens a woman’s life. However, relevant U.S. government agencies will not fund safe abortion services in these cases, even where local laws allows it.

**Several developing countries have liberalized their abortion laws in the last decade to address the problem of unsafe abortion and to promote women’s human rights. The Helms Amendment hinders implementation of these laws.**

U.S. law allows U.S.-funded providers to give women information and counseling about all pregnancy-related options, including legal abortion.<sup>2</sup> However, the Administration applies the Helms Amendment as a complete ban on all abortion-related information. In these programs, information for women with unwanted pregnancies about legal abortion is often censored. Communications funded by the U.S. government do not provide information on safe abortion. These communications include training materials, technical publications, websites, and meeting agendas. Censorship of information on women’s health contradicts U.S. policies that aim to support women’s rights and empowerment abroad.<sup>3</sup>





## Harm in Ghana

Ghana has one of the most liberal abortion laws in Africa. However, unsafe abortion contributes nearly one-third of maternal deaths. While social, cultural, and religious stigma remain a challenge, the Ministry of Health of Ghana has committed to increasing abortion access. Yet the Helms Amendment is a stubborn obstacle to progress, undermining the government's commitment to expanding abortion services and information countrywide. Key U.S.-funded reproductive health stakeholders, confused about U.S. policy, censor information on abortion and fail to provide abortion counseling and referral.

And despite USAID's investment in postabortion care programs for emergency treatment of unsafe abortions,<sup>4</sup> the Agency **refuses to purchase essential life-saving medical equipment and medicines for its programs.** These include manual vacuum aspiration instruments and misoprostol, both of which can also be used for induced abortion.

## POLICY RECOMMENDATIONS

The Administration must correctly apply the Helms Amendment and allow foreign assistance for:

- » **Abortion services in the cases of rape, incest, or if the life of the woman is in danger due to pregnancy.** This would bring foreign assistance policy in line with other federal law and policy, including domestic laws such as the Hyde Amendment governing Medicaid, the Federal Employees Health Benefit Program, and the Children's Health Insurance Program (CHIP).
- » **Purchase of manual vacuum aspiration (MVA) equipment and medicines for life-saving postabortion care and induced abortion in permitted cases.**
- » **Counseling and information on all legal options for women with unwanted pregnancy,** as permitted by the Leahy Amendment.

Additionally, U.S. government agencies should issue clear, detailed guidance to all overseas missions and all grantees explaining which abortion-related services, training, technical assistance, commodity purchases, research, and communications are permitted.

## RESOURCES:

1. 22 U.S.C. § 2151b(f)(1). The same restriction is also echoed in foreign operations appropriations, including the most recent appropriations act signed into law on March 26, 2013. See "Consolidated and Further Continuing Appropriations Act, 2013," Pub. L. No. 113-6. Also see Pub. L. No. 112-74, at § 7018 ("None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions.").
2. P.L. 103-306 (108 Stat. 1612), approved on August 23, 1994. In 1994, Congress added a statutory provision clarifying that the term "motivate" as used in the Helms Amendment does not extend to "the provision, consistent with local law, of information or counseling about all pregnancy options." This statutory clarification is known as the Leahy Amendment.
3. President George W. Bush, Memorandum of March 28, 2001: Restoration of the Mexico City Policy, 66 Fed. Reg. 17303, at 17311, <http://www.gpo.gov/fdsys/pkg/FR-2001-03-29/pdf/01-8011.pdf>, accessed August 16, 2013; "USAID Policy on Gender Equality and Female Empowerment." March 2012, Washington, DC [http://transition.usaid.gov/our\\_work/policy\\_planning\\_and\\_learning/documents/GenderEqualityPolicy.pdf](http://transition.usaid.gov/our_work/policy_planning_and_learning/documents/GenderEqualityPolicy.pdf), accessed August 16, 2013; "U.S. Department of State Policy Guidance: Promoting gender equality to achieve our national security and foreign policy objectives," March 2012, Washington, DC. <http://www.state.gov/documents/organization/189379.pdf>, accessed August 16, 2013.
4. Corbett, M., Turner, K. (2003). Essential Elements of Postabortion Care: Origins, Evolution and Future Directions. *International Family Planning Perspectives*, 29(3): 106-111.



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