

***Françoise Girard, President, International Women's Health Coalition
Testimony for House Appropriations Public Hearing
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Madam Chairwoman, thank you for this opportunity to present facts and evidence to the Committee about the impact of US foreign assistance funding on the lives of women and girls around the world.

The International Women's Health Coalition has, for nearly thirty-five years, worked to protect and promote the health and human rights of women and girls globally. We do this work, in large part, through close, long-term partnerships with grantee organizations around the world. It is our great honor to help amplify the voices of the women we partner with, and their lived experiences, here in Washington.

The Global Gag Rule is a discriminatory, dangerous, and devastating policy. As enacted by the Trump Administration, it prohibits foreign NGOs from receiving US global health funds if they perform, counsel, or refer patients for abortion care, or if they advocate for the liberalization of abortion laws. This rule applies to what they do with their own, non-US government funding, and it applies irrespective of national laws. The Global Gag Rule denies women healthcare, undermines our global health investments, and forces providers to make heartbreaking choices.

Shortly after the Trump Administration announced the latest version of the Gag Rule in January 2017, IWHC launched a documentation effort to capture many of these consequences. In partnership with local organizations, IWHC has, over the last two years, interviewed those affected by the policy in South Africa, Kenya, Nigeria, and Nepal.

IWHC's research confirms prior findings that the Global Gag Rule decimates health care services and harms women. It forces providers to choose between taking critical funding for a wide range of health initiatives, and providing the full spectrum of legal reproductive health care to women. As clinics lose their funding, contraception, maternity care, and care for cancer and HIV, among other critical services, become out of reach. These impacts fall disproportionately on the most vulnerable and marginalized.

In Kenya, one organization reported having to eliminate their community outreach programs due to loss of funding under the policy, noting that many patients could now no longer afford to seek health care – including antenatal care and HIV testing. An organization in Nigeria told us they were no longer able to provide free contraception and that, in a country where over half the population lives below the poverty line, the cost was now prohibitive for many people. A South African NGO described the trade-off facing providers as “very unethical,” since people needing healthcare services will lose services, whether or not providers sign the Gag Rule. In Nepal, a long-term project focused on strengthening health systems to deliver family planning services in remote areas, was forced to end early - because the only two organizations capable of implementing this project could not sign the policy.

The Global Gag Rule will have long term impacts on health systems. In South Africa, where one in five women of reproductive age is HIV positive, our interviews surfaced major concerns about the policy's impact on HIV/AIDS programming. There, the Gag Rule threatens to fragment services that the US had invested in integrating. In Kenya, we heard last year that the integration of services was already breaking down. In Nigeria, the policy is making it more difficult for victims of gender-based violence to access services.

One of IWHC's partner organizations, the Kisumu Medical and Education Trust (KMET), based in Western Kenya, detailed their dilemma. With USAID funding, KMET has grown its health network from 50 to 122 clinics, serving rural areas of Kenya where people often need to travel long distances to access even the most basic health services. Many of these clinics are the sole healthcare provider in their communities. The Global Gag Rule puts KMET, and organizations like it, in an untenable position: do they forgo US funding and scale back medical services and close clinics, or do they no longer offer rural Kenyan women the full range of reproductive health services to which they're legally entitled? Either way, women will be left without other options, and will suffer the health consequences.

Throughout our interviews, we have also heard a lot of anger. Anger at the US government, for forcing an ideologically driven policy on recipients of foreign aid, often in contravention of their own national policies. Anger that the US would make abortion – a medical service that is legal in the United States – harder to access for women in other countries. In Nigeria, where maternal mortality rates remain extremely high, one interviewee told us: "It is not American women dying, it is Nigerian women that are dying." We heard time and again that medical providers object to the US government interfering with their ability to provide legal services to their patients.

Chairwoman Lowey, your legislation, the Global HER Act, would end this deadly policy. It would ensure that US funding decisions are based on facts and best practices, rather than ideology. It would make sure that organizations cannot be disqualified from receiving US funding because they provide legal abortion services with their own, non-US government funding. Passing this language as part of an appropriations bill would mean that organizations like KMET can focus on meeting the medical needs of their community, rather than on US politics and the whims of Washington. IWHC strongly urges this committee to act to end the Global Gag Rule's restrictions on US global health funds.

Thank you very much for the opportunity to testify today. IWHC's full findings are available on our website, IWHC.org, and our office is happy to provide you with additional information.