

House Foreign Affairs Committee
Hearing: Unique Challenges Women Face in Global Health
Representative Nita M. Lowey Testimony
February 5, 2020

Chairman Engel, Ranking Member McCaul, and my fellow colleagues, thank you for allowing me to testify during this important hearing on the unique challenges women face in global health.

As my fellow witnesses will outline, the number of obstacles women around the world face in their pursuit of health services is almost too many to list. But instead of tackling these obstacles, President Trump simply created more barriers when he quickly imposed the dangerous, ill-informed Mexico City Policy, also known as the Global Gag Rule, in 2017.

During previous Republican administrations, this policy cut off U.S. family planning funds to any foreign nongovernmental organization that provided services for, information about, or referrals for abortion, or advocated for abortion access, even where it was legal, and even with its own private funds. But this Administration radically expanded the policy to apply these restrictions to all global health funding, affecting approximately \$8.8 billion in U.S. assistance to programs tackling HIV/AIDS; family planning and reproductive health; tuberculosis; malaria; maternal and child health; water, sanitation, and hygiene (WASH); and more. And just this year, the Administration announced it was expanding the policy once again, changing the definition of “providing financial support” contained within the executive order’s standard provisions.

When the Global Gag Rule was simply applied to family planning programs, we saw disastrous impacts, not just for women, but also for their families and their communities. Fewer women were able to access family planning services, resulting in more unintended pregnancies and unsafe abortions. Some of our most trusted implementation partners overseas were forced to choose between receiving U.S. funding or providing comprehensive health care, often leaving thousands of women without access to the most experienced providers.

This Administration’s unprecedented expansions, which were implemented with no analysis of the potential impacts, now risks multiplying the damage. We have heard of numerous HIV/AIDS, maternal and child health, nutrition, and WASH programs that were forced to cut services or close because of this policy. Meanwhile, implementers have tied themselves in knots trying to comply or, even worse, just walked away from partnering with the U.S. altogether. And mass confusion about the policy has led to a chilling effect, causing organizations to unnecessarily change or eliminate vital health services. Simply put, this policy hurts the very people we’re trying to help.

We should be building on our global health successes, not reversing the gains we’ve made. That is why I introduced H.R. 1055, the Global Health, Empowerment, and Rights (HER) Act, which would permanently end this devastating policy once and for all. This bill, which I am hopeful the Committee will consider in the near future, sends an important message to international global health partners and has a record number of cosponsors and support from a long list of diverse organizations that know the Global Gag Rule is bad for global health, bad for human rights, and bad for gender equality. Passing this legislation would restore our country’s

role as an international leader and ensure that women, men, and children around the world are able to access the health care they so desperately need. Thank you.