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Abortion and American Foreign Policy

by Patrick A. Trueman *

Population growth in Latin America, as well as in the rest of the world, is not considered to be in the interests of the United States. Thus, as a matter of foreign policy, population control of foreign lands is given a high priority both by the United States government and by publicly and privately funded nongovernmental agencies in the United States.

Foremost among the abortion-promoting organizations in the U.S. is the Agency for International Development (AID), part of the Department of State. Even during the 1960's — before abortion was legal in the United States — AID promoted abortion worldwide. Its involvement has expanded steadily since that time.

Through its distribution of abortifacients, through its grants to multilateral population organizations which promote abortion, and through its abortion research, AID has had a profound influence on the spread of abortion as a means of population control throughout the world today.

There have been few attempts to curtail AID abortion activities. In 1973 the first attempt was made, but the abortion efforts of AID were only partially restricted, and not seriously so. In that year, the same year as the legalization of abortion in the U.S., Senator Jesse Helms (R. North Carolina) proposed an amendment to the Foreign Assistance Act of 1961 intended to rid AID of *any*

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involvement in abortion-related activities.¹

In introducing the amendment, Senator Helms described AID abortion programs intended to be prohibited by the amendment, as follows:

At the present time, A.I.D. supports abortion in at least three major ways. First, A.I.D. supports, in many individual countries, population programs in which abortion is one of the approved methods of population control. Second, A.I.D. is a major supporter of international organizations and funding mechanisms which provide training programs, hospital facilities and equipment for performing abortions, and propaganda programs to make abortions culturally acceptable in foreign countries. Third, A.I.D. funds research both in the United States and abroad aimed at developing cheap methods of abortion, principally through so-called abortifacient drugs, that is, chemicals which induce abortion. The research in this third category is envisioned by A.I.D. as developing a pill or simply self-administered drug which will become the primary method of population control throughout the world. (Cong. Rec. S18272 - 18273, Oct. 1, 1973.)

The Helms amendment as proposed did not pass. A shortened version of it did:

Sec. 114. None of the funds made available to carry out this part shall 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.

In a memorandum of law interpreting Section 114, the general counsel of the Agency for International Development, Arthur Z. Gardiner, Jr., acknowledged that had the original language of Senator Helms been enacted "it is clear that AID direct support for abortion programs and the financing of abortifacient drugs or devices would have been prohibited."² In addition, Gardiner noted that AID grants to multilateral organizations which support abortion programs, abortion training programs, or research designed to develop methods of abortions also would have been prohibited.

1 The language of the original Helms bill is as follows:

Sec. 116. *Prohibiting Use of Funds for Abortions:*

None of the funds made available to carry out this part shall be used in any manner, directly or indirectly, to pay for abortions, abortifacient drugs, or devices, the promotion of the practice of abortion, or the support of research designed to develop methods of abortion. The provisions of this section shall not apply to any funds obligated prior to the date of its enactment.

2 U. S. Department of State, Agency for International Development, *Memorandum of Law on the Meaning of Sec. 114, FAA of 1961, As Amended*, by Arthur Z. Gardiner, Jr., p. 2.

The general counsel found that the change in language "substantially limited" the effect of the amendment and that the language finally adopted ". . . is not intended to prevent the training of doctors or others in medical techniques [of abortion] or the furnishing of equipment useful in such techniques." Also because of the absence of a definition of abortion in the language the general counsel concluded that Section 114 does not prohibit funding for "support of programs which use intrauterine devices and the methods for use *prior to implantation*, as methods of family planning" (emphasis added).³

Finally, the general counsel concluded that the language as adopted did not limit AID funding of abortion research "except that research subjects may not be paid special fees or benefits or otherwise be motivated to practice abortion as a method of family planning." This interpretation by the AID general counsel provided the means for AID to circumvent the spirit, if not the letter, of Section 114, and to remain in the abortion business.

The truncation of the original Helms language was a clear victory for the abortion promoters at AID and their support of abortion continues virtually unhindered.

A review of AID activities in the promotion of Depo-Provera⁴ and the Dalkon Shield provides an insight into the methods which AID employs in circumventing the Helms Amendment. The promotion of these contraceptive/abortifacient agents also demonstrates the double standard which the U.S. government has applied in the utilization of these drugs.

Depo-Provera⁵ has a special appeal to the population control planners for three reasons: 1) it is long lasting; one injection is effective for three to six months; 2) since it is injected it requires no effort on the part of the individual; and 3) in the developing countries injections are associated with safe, effective, modern medicine. These reasons may account for the substantial use of the drug. According to Upjohn Company, developer of the drug, six

3 That Senator Helms, in introducing his amendment, intended it to apply to abortifacients is clear:

"The laymen needs only to learn that the zygote is the fertilized egg cell — the cell with the complete pattern of determinants that make up an individual human being — to understand that abortion is the process of bringing death to the individual. Abortion ends the life of a human being who has done no wrong and has made no choice." *Cong. Rec.* S18273, Oct. 1, 1973.

4 Medroxyprogesterone acetate.

5 This injectable drug acts as both a contraceptive and an abortifacient. Carol Levine, "Depo-Provera and Contraceptive Risk: A Case Study of Values in Conflict," *Hastings Center Report*, August 1979, p. 9.

million women in 70 countries have used Depo-Provera.⁶ An estimated 1.25 million women currently use the drug.⁷

Depo-Provera is considered by the U.S. Food and Drug Administration (FDA) to be unsafe to use for birth control in the United States. The Upjohn Company first applied to the FDA for approval of Depo-Provera in 1976. The FDA has never approved it. Depo-Provera has been found to cause cancer in laboratory animals (breast cancer in beagle dogs).⁸ Upjohn and National Cancer Institute statistics demonstrate that women on Depo-Provera develop cervical cancer-in-situ, a localized cancer that eventually spreads, at up to 9.1 times the national rate.⁹

Permanent sterility is another possibility faced by users of Depo-Provera. The Food and Drug Administration says that some Depo-Provera users will suffer "possibly even permanent infertility,"¹⁰ while the authors of the leading American medical textbook in pharmacology sanction Depo-Provera "only if the possibility of permanent infertility is acceptable to the patient."¹¹

There is also evidence that suggests that Depo-Provera may increase the possibility of birth defects. "Like most steroids, Depo-Provera probably has a teratogenic effect if given early in pregnancy," according to one observer, who noted, "A few studies have shown a slightly higher than normal rate of abnormalities in the infants of women who have previously taken Depo-Provera; other studies have shown no difference."¹² Other side effects of Depo-Provera have been reported.¹³

Yet the fact that substantial hazards have been reported from use of the drug has not deterred AID from distributing it to developing countries. Nor has AID been deterred by the fact that existing law prohibits the U.S. government from exporting a drug not approved for use at home. The Helms Amendment has had no effect on the promotion of the drug by AID despite the fact that

6 Barbara Ehrenreich, Mark Dowie and Stephen Minken, "The Charge: Gynocide," *Mother Jones*, November 1979, p. 35. (This article is a part of a series of articles that won the 1979 National Magazine Award for Excellence in American Journalism sponsored by the Columbia School of Journalism.)

7 Daniel Zwerdling, "Depo-Provera: Risky Birth Control," *The New Republic*, 8 November 1974, p. 7.

8 *Ibid.*

9 Levine, p. 8.

10 *Ibid.*

11 Louis S. Goodman and Alfred Gilman, *The Pharmacological Basis of Therapeutics*, (New York: Macmillan Publishing Co., 1975), p. 1442.

12 Levine, p. 8.

13 According to Zwerdling, side effects from Depo-Provera include irregular and/or vaginal bleeding, headaches, vomiting and blood clots.

it is, at least in part, abortifacient in character. This is so because, as mentioned earlier, the abortion restriction is interpreted by AID not to apply to drugs and devices prior to implantation.

AID's distribution of Depo-Provera has been carried out through both covert and overt programs. According to an article in the December 1979 issue of *The Progressive*,¹⁴ AID grants to the International Planned Parenthood Federation (IPPF) in London are used to buy Depo-Provera from Upjohn's subsidiary in Belgium, thus bypassing the FDA's ban on the drug. Even if AID money does not directly provide or promote abortion through multilateral population organizations, it remains that AID support frees up other funds for use on abortion-related projects. AID also funds the United Nations Fund For Population Activities which recently announced it will continue to supply Depo-Provera.¹⁵

In addition to its direct or indirect promotion of Depo-Provera through multilateral population agencies, AID has continued to supply the drug under the guise of research and thus sidestep, although questionably, the U.S. ban on exportation of non-approved drugs.

AID documents reveal that it is now supplying Depo-Provera in three of its research projects. One in San Pablo, Autopan, Mexico involves a population of 8,000; another in Sri Lanka involves 120,000 people; and a third in Matlah Thana, Bangladesh involves a quarter of a million people.¹⁶

Despite the medical evidence indicating Depo-Provera may be unsafe, the drug was defended by the former head of AID's Office of Population, Dr. R.T. Ravenholt, until the time he left office in mid-1979. Ravenholt reportedly explained, "You don't really know anything until you have a very, very large number of people who have used it. You might have one kind of impression from 10,000 people, another from 100,000. You might need a million — 10 million — before you really know."¹⁷

Ravenholt's attitude toward women, reflected in his remarks, would not be tolerated if he were speaking of women in the United States. But he was not, of course. He was speaking of women in developing countries and, as a matter of official U.S.

14 Michael Bader, "Hustling Drugs to the Third World: 'Let the buyer beware,'" *The Progressive*, December 1979, p. 46.

15 UNFPA Newsletter, December 1979.

16 U.S. Department of State, Agency for International Development, Office of Population, *Operations Research Projects*, October 1979.

17 Ehrenreich, et al., p. 30.

government foreign policy, such women are of far less concern.

Depo-Provera is not the first hazardous birth control device promoted by AID. In 1972 AID began distributing the Dalkon Shield, an IUD, in developing countries despite reports of its hazardous side effects — side effects which later caused a worldwide recall of the device in 1975.

Hazards from the Dalkon Shield include pelvic inflammatory disease, sterility, miscarriages and — in 14 cases — death to women who use them.¹⁸

One of the greatest hazards associated with the use of any IUD is the possibility of introducing bacteria into the uterus. Because of this, in the U.S. IUDs are sold to doctors in individual sterilized packages. AID purchased the Dalkon Shield from the manufacturer, A. H. Robins, at a 49 percent discount. The discount was possible because the Shield was to be in bulk packages and *unsterilized*.

The salesman for Robins reportedly wrote AID that the offer of the unsterilized Dalkon Shields "is for the purpose of reducing price, and thereby attaining wider use [and] is intended for restricted sale to family planning/support organizations who will limit their distribution to those countries commonly referred to as "less developed."¹⁹ Robins intended that the Shields be individually sterilized prior to use.

In 1974, because of reports of infection, septic abortions, and emergency hysterectomies from the Shield, the U.S. Food and Drug Administration opened hearings on the safety of the device. At that time the FDA did not have authority to ban devices like the IUD but, because of the evidence presented at the hearings, the manufacturer suspended its domestic sale.

AID soon followed suit and began an international recall of the Dalkon Shield. One can only imagine the difficulties in such a recall. How for example, in developing countries, could AID possibly notify women using the dangerous device? Then too, AID could recall only the device and not its effects.

The promotion of IUDs in developing countries by AID is particularly troublesome in light of the fact that recipient women are undoubtedly not informed of the fact that the IUD is an abortifacient. The informed consent of the woman is apparently con-

18 Jeanie Kasindorf, "The Case Against IUD's," *New West*, 5 May 1980, p. 31.

19 Ehrenreich, et al., p. 29.

sidered unnecessary.

An illustration of this can be found in the recent book *Pregnancy Termination*,²⁰ supported in part by AID. In that book, contributing author Benjamin Viel discusses his experiences in the distribution of IUDs at a family planning clinic in what he describes as "a working-class district" of Santiago, Chile. Throughout his discussion Viel consistently refers to the IUD as a "contraceptive" despite the fact that it is well-known to be an abortifacient. Viel reports that after five years of the program, 27.2 percent of the women of fertile age in the district (36,418) had accepted the IUD.

The mischaracterization of the IUD coupled with the extraordinarily high acceptance of this abortifacient lead me to believe that women, at least in the Santiago experience, are misinformed or not informed about the nature of the IUD.

In his essay Viel further demonstrates his lack of concern for the informed consent of women patients. He argues for coercion in the employment of the IUD for women who have abortions. "[I]t would seem highly logical," he argues, "to complete all treatments of abortion complications by inserting an IUD." He notes that out of respect for the rights of the patient, many doctors who are willing to insert the IUD consider it necessary to ask the patient whether or not she wants this form of protection. "This author," he states, "believes this is an extreme interpretation of individual rights" in Latin America.

Viel estimates that his policy of inserting IUDs into unsuspecting women would add another 2,000,000 IUD "acceptors" or more in Latin America each year.

* * * *

By far AID's most important impact on worldwide abortion has been through its support of abortion research. The official policy of AID on research, as set forth in a "Policy Determination" memo dated June 10, 1974,²¹ states:

20 Benjamin Viel, "The Health Consequences of Illegal Abortion in Latin American," in *Pregnancy Termination*, eds. Gerald I. Zatuchni, John J. Sciarra, and J. Joseph Speidel (Hagerstown, MD: Harper & Row, 1979), pp. 353, 360.

21 U.S. Department of State, Agency for International Development, *A.I.D. Policies Relative to Abortion-Related Activities*, 10 June 1974, PD-56, p. 2.

AID will continue to support research programs designed to identify safer, simpler, and more effective means of fertility control. This work includes research on both foresight and *hindsight methods of fertility control*. (Emphasis added.)

"Hindsight methods of fertility control" is, of course, but one of the many euphemisms for abortion employed by the population planners. It is far easier, I am sure, to convince an individual or a country to embrace "hindsight methods of fertility control" than it is to convince them to embrace "abortion". Rhetoric has always played a major role in the promotion of abortion, and its importance has not been lost on AID staff members.

In 1978, AID clarified this statement of policy, declaring that the financing of drugs and equipment for abortion-related research is permitted.

Three AID-funded University research projects, in part devoted to abortion-related research, provide examples of AID's substantial support in this area. A total of \$39.1 million AID dollars have been expended on these three major fertility research programs since 1971.²²

One of these is located at Northwestern University Medical School, Chicago, Illinois, which, with \$7.7 million of AID money has worked to draw medical researchers into the area of fertility regulation. In 1978, its Program on Applied Research in Fertility Regulation sponsored an international conference in the Bahamas entitled "Pregnancy Termination," blending updates on abortion technique with thinly veiled abortion advocacy. Out of this conference came one of the few medical textbooks on abortion practices and procedures, *Pregnancy Termination*, edited by Gerald Zatuchni, John Sciarra, and J. Speidel (Hagerstown, MD: Harper & Row, 1979).

Another program, entitled "Simplified Techniques in Fertility Control and Related Research," is based at the Johns Hopkins University in Baltimore. Researchers in this program, receiving over \$5 million from AID, generated more than 60 abortion-related professional papers between 1972 and 1978.

But by far the largest beneficiary of AID largesse has been the International Fertility Research Program, an independent, non-profit agency based in North Carolina which has received \$26.4

22 Figures supplied by AID in a telephone conversation on July 15, 1980.

million since 1971. The program claims to have produced 16 important findings in its abortion research, 11 more concerning "menstrual extraction," and 13 more regarding IUDs. The impact on the propagation of abortion in the U.S. and the rest of the world of these three programs alone is incalculable.

These research programs and others implement AID's stated position that "improved abortion techniques are essential to the resolution of the world population problem."²³ The importance of AID abortion research investment should not be underestimated. By its own admission, "almost no funds other than [those from AID] are being spent on research to improve abortion."²⁴ It seems reasonable to conclude that, because of AID's considerable abortion research commitment, the development of many sophisticated abortion techniques such as self-administered abortion drugs will be greatly accelerated.

* * * *

A major source of AID's influence on the worldwide abortion scene flows from its ability to work with multilateral population organizations. Since 1968 AID has given the London-based International Planned Parenthood Federation \$126 million, the Planned Parenthood Federation of America's Family Planning International Assistance program \$69 million, the Boston based Pathfinder Fund \$50 million and \$204 million to the U.N. Fund for Population Activities.²⁵

A review of some of the abortion-related activities of these AID funded groups is essential to understanding the considerable impact on abortion AID is having worldwide. Examples from two such groups will suffice. The International Planned Parenthood Federation of London (IPPF) is perhaps the leading nongovernmental international birth control agency. It is the most outspoken advocate of abortion services in developing countries. IPPF has a network of affiliates throughout the world for which it acts as a central office.

In the book *Abortion Parley*, edited by James Burtchaell, C.S.C. (Kansas City: Andrews and McMeel, Inc., 1980), Harvard Professor Donald P. Warwick writes of the "illegal and controversial" nature of IPPF activities. According to Warwick, in the

23 U.S. Department of State, Agency for International Development, "Action Memorandum for the Administrator," by Fred O. Pinkham, December 1976, p. 1.

24 Ibid., p. 4.

25 Betty Booker, "U.S. Programs Sterilized 'Millions' in Third World," *Richmond (Va.) Times-Dispatch*, 30 March 1980, p. A-15.

Philippines, where abortion is both illegal and explicitly against the national population policy, the IPPF on one occasion provided 200 "menstrual regulation" (another euphemism for abortion) kits for demonstration purposes.²⁶

Other lessons may be gleaned by reviewing the activities of the Boston-based Pathfinder Fund, whose purpose is "to find, demonstrate, and promote new and more effective programs leading to lower rates of population growth in developing countries." Pathfinder, which receives over 90 percent of its funds from AID, is described by Warwick as an organization engaged in two main kinds of abortion activities:

helping to establish clinics in countries where abortion services are illegal but tolerated by the government; and distributing vacuum aspiration kits to clinics and private practitioners who wish to use them. Thus it has recently worked with a local doctor to open a private abortion clinic in Colombia, and has similar operations elsewhere in Latin America. When asked about the legality of this move in Colombia, an individual familiar with the project said that the clinic was indeed illegal, but that prosecution was unlikely, if only because the children of public figures were using its services.²⁷

Conclusion

This paper presents little more than a thumbnail sketch of AID's involvement in the spread of abortion. The Helms Amend-

26 Warwick relates further IPPF's activities in the Philippines:

Beginning in 1974 an IPPF affiliate, the Family Planning Organization of the Philippines (FPOP) organized a series of meetings under the title of "Symposia on Advances in Fertility." The topics discussed included medical and legal aspects of abortion, procedures and techniques of abortion, and the dangers and attendant health risks of abortion. The first meeting touched off a storm of protest from religious and civic leaders, and led the government to reaffirm its official opposition to abortion. Nevertheless, the FPOP continued its symposia, which were clearly aimed at legitimizing discussion of abortion in the Philippines and which were made possible by funding from IPPF.

Further controversy arose when the FPOP distributed "menstrual regulation" kits to local doctors. Although the government had law prohibiting the importation of abortive devices, these kits were brought into the country as "medical instruments" to obtain "sample tissue for examination." While aware that the vacuum aspirators had been imported and were being distributed to private doctors, the government's official body in this field, the Commission on Population, chose not to take action.

Warwick, Donald P. "Foreign Aid for Abortion: Politics, Ethics and Practice," *Abortion Parley*, ed. Burtchaell, James T., CSC (Kansas City: Andrews and McMeel, Inc., 1980), pp 310 - 11.

27 Ibid., p. 311 - 312.

ment as applied is only being enforced to prohibit AID from direct performance of abortions, from the provision of materials which would be used for abortion, and from coercing women into having abortions. Thus, despite the congressional restriction, the influence of the Agency for International Development on the propagation of abortion continues to be monumental.

Why does it continue? In my opinion, it does so only because the citizens in the United States, particularly those who are part of the prolife movement, are unaware of AID's abortion activities. The prolife movement is now a powerful force in the United States and it has the ability to drive AID completely out of the abortion business. Today in the right to life movement there is undoubtedly the strength that was absent in 1973 when Senator Helms proposed his amendment.

Every year since 1976, the right to life movement has been successful in persuading the U.S. Congress to pass the Hyde Amendment, a law prohibiting use of federal funds for abortion in the United States. In 41 of the 50 states the movement has been the driving force behind the implementation of laws prohibiting the use of state funds for abortion. The people in the United States do not want their tax dollars spent for abortion and the prolife movement has transformed this sentiment into public policy in the United States. Once informed of AID's promotion of abortion, I am confident the prolife movement will act to transform United States foreign policy into one that is also prolife.