



# Reproductive and Sexual Health and Rights

## A New Opportunity for Leadership

By Jessica Arons and Shira Saperstein

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### Introduction

The United States was once at the forefront of advancing equal rights for women, including their reproductive and sexual health and rights, but we have fallen far behind over the past eight years. The White House and, too often, Congress have been extremely hostile to reproductive health policies and programs, despite overwhelming evidence that they are essential not only to women's health and rights, but to family wellbeing, economic security, and international development.

Our government has an obligation—and the new president, a historic opportunity—to establish conditions that ensure people are free from coercion and able to make complex, personal decisions about family, sexuality, and reproduction. America can rejoin the community of nations in recognizing human rights by respecting, protecting, and expanding autonomy, moral agency, individual conscience, and self-determination. It is imperative that the new president of the United States take immediate action to alter the direction of our nation's reproductive and sexual health policy, at home and abroad.

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### Support Women's Childbearing Decisions

In order to be able to make meaningful choices about childbearing and childrearing, women must be afforded the opportunity to become parents and parent with dignity, to determine whether and when to have children, to have healthy pregnancies, and to have healthy and safe families and relationships. The government should recognize women as competent, moral agents and respect their decisions about whether and when to have children. There is much more the new administration can do to support the full range of women's reproductive health needs, including contraception, abortion care, pre- and postnatal care, and delivery options.



This chapter is part of an online effort by the Center for American Progress Action Fund and New Democracy Project to offer expert advice to the new administration as part of its *Change for America* book project.

## Contraception

There are three ways for the new administration to quickly improve access to contraception. The first is to provide additional resources for Title X, our nation's critical but beleaguered family planning program. This program supports public health clinics that provide preventive health services to nearly 5 million low-income and uninsured women and men each year. It is severely underfunded, despite the fact that its services result in a 4-to-1 savings ratio.<sup>1</sup> If its budget had kept up with inflation since 1980, funding would be \$759 million, rather than the current level of \$300 million.<sup>2</sup>

A second option involves the Medicaid program, which also plays an important role in financing needed family planning services for low-income Americans. Currently many women who would be eligible for prenatal care if pregnant are not eligible for family planning services in order to avoid unwanted pregnancy. Removing bureaucratic barriers to states that want to expand access to family planning through Medicaid would allow them to reach 3 million more women and prevent 500,000 unintended pregnancies each year.<sup>3</sup>

Finally, a third way to increase contraceptive access is to correct a technical error in the Deficit Reduction Act of 2005, which caused the price of birth control at colleges and certain family planning clinics to rise to as much as \$40 to \$50 per month from \$10 to \$5 per month previously. The new administration's budget should call for fixes to the above bureaucratic impediments and increased funding for Title X.

## Abortion Care

Although abortion is legal in the United States, it often exists as a meaningful option only for wealthy women. Poor women—many of whom are women of color—too often are effectively denied this right because public programs such as Medicaid exclude coverage under the Hyde Amendment. Other government restrictions on funding also negatively affect American Indian women, women in the military and female dependents of servicemen, and many immigrant women.

As a result, these women must make a Hobson's choice, choosing between paying for rent, food, utilities, and childcare on the one hand or obtaining an abortion they need on the other. There can be no justice in a country where rights can be exercised only by the wealthy and when women must overcome extreme obstacles simply to do what they feel is best for them and their families under challenging circumstances.

The new president should strike such burdensome and discriminatory restrictions from his budget and work with Congress to ensure fair treatment of all women under the law. At the same time, the president should urge Congress to lift the ban on abortion at military

facilities when women use their own money to pay for the service. Finally, the president should protect the legacy of *Roe v. Wade*, which continues to be supported by the majority of Americans, by working with Congress to enact the Freedom of Choice Act.

## Pregnancy-Related Care

Low-income women and women of color of all incomes who want to continue their pregnancies to term face disturbing pregnancy-outcome disparities that are shocking in a country with so much wealth. The infant mortality rate for African-American women is 2.4 times the rate for non-Hispanic white women. Puerto Rican, American Indian, and Alaska Native women also experience elevated rates.<sup>4</sup> Caesarian sections are twice the rate that the World Health Organization recommends and account for nearly the entire increase in singleton preterm births in the United States.<sup>5</sup> And maternal mortality is on the rise for the first time in decades, again with black women at three times the risk of white women.<sup>6</sup>

The Maternal and Child Health Services Block Grant provides direct health services, screenings, education, needs assessments, and important support services such as transportation and translation—all of which improve maternal and infant health. It should be fully funded at currently authorized levels. In addition to new and ongoing medical research at the National Institutes of Health around maternal and child health, the Agency for Healthcare Research and Quality should conduct a systematic, evidence-based review of best practices for improving pregnancy outcomes.

The Bush administration recently denied federal Medicaid reimbursement for birth center facilities in several states, reversing a 20-year practice by the Centers for Medicare and Medicaid Services. This change denied a safe, reliable, and low-cost delivery option to 50 percent of birth center clients in the United States, a number that reaches 70 percent in rural areas. The Secretary of Health and Human Services should immediately reinstate this common-sense policy.

The needs of pregnant women in prison and those struggling with substance abuse also should not be overlooked. The president should issue an Executive Order directing all federal departments and agencies to end the dehumanizing and dangerous practice of shackling pregnant prisoners and detainees and should work with Congress to encourage states to do the same. In addition, the administration should urge Congress to reauthorize the Pregnant and Parenting Women program under the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment to increase the availability of family treatment programs that address the unique needs of pregnant and parenting women in recovery.

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## Promote Reproductive and Sexual Health

Good reproductive and sexual health is dependent on and a critical component of good overall health. Until everyone in America has access to affordable, quality health care, we will continue to see mediocre reproductive and sexual health outcomes. The new administration must not let narrow ideological interests interfere with good public health.

### Health Care Reform and Women's Health

The new president must make health care reform a top priority and work to ensure that coverage is comprehensive and includes the full range of necessary reproductive and sexual health care services. Input from women's health advocates will be critical and should be sought in any health care reform efforts to make sure that women's health needs are adequately addressed.

In addition, the president should immediately re-establish the Office of Women's Initiatives and Outreach. He also should encourage Congress to pass the Women's Health Offices Act to ensure permanent authorization for offices and positions of women's health in each of the federal health agencies and adequate funding for those offices.

### Sexual Health

The United States has the highest rates of sexually transmitted infections of any industrialized nation. Approximately 19 million new cases of STIs occur each year, and they take their heaviest toll on women, teenagers, and people of color. Data from the Centers for Disease Control and Prevention show that 1-in-4 teenage girls is infected with at least one STI. Chlamydia is the most common of these and is the leading preventable cause of infertility. In addition, half of all pregnancies in the United States are unintended, and AIDS remains the leading cause of death among black women between ages 25 and 34. The stakes are simply too high not to act.

To begin to address these issues, we must provide our youth with honest, medically accurate information about sex. Comprehensive sex education programs—those that teach about abstinence, contraception, safe sex, and healthy relationships—help young people delay sexual activity and avoid unintended pregnancy and STIs when they do have sex.<sup>7</sup> Currently, there are no dedicated federal programs for comprehensive sex education. The president can show his commitment to young people's health and lives by designating money for such a program in his first budget. In addition, he should expand funding for the CDC's STI prevention programs and direct the Surgeon General to renew the "Call to Action to Promote Sexual Health and Responsible Sexual Behavior."

Two communities in particular bear the greatest share of the U.S. HIV/AIDS epidemic: men who have sex with men and African Americans. Fifty-three percent of new HIV infections in 2006 occurred in gay and bisexual men of all races and ethnicities, while African Americans, who make up only 12 percent of the U.S. population, now make up more than 45 percent of new infections. Black women are now almost 15 times as likely to be infected with HIV and 23 times more likely to be diagnosed with AIDS as white women.

We have an HIV/AIDS crisis in the United States, and we need a commensurate plan from a new administration to address it. An adequate policy response should take into account treatment *and* prevention and be funded at the level necessary to reach *all* those affected by and vulnerable to HIV. An ideal approach would

- Fully integrate HIV/AIDS prevention, testing, treatment, and care with health care in general and with reproductive health services in particular
- Be evidence-based and remove ideological barriers that restrict federal funds from supporting strategies with proven effectiveness
- Be developed with the full participation and leadership of the communities most in need
- Address the taboo issues surrounding HIV/AIDS to get to the root causes of unsafe sexual practices, which include poverty, discrimination, sexism, homophobia, and violence
- Address the stark racial and gender inequities that allow the epidemic—and the stigma attached to it—to persist and flourish.

### Ideological Barriers to Health Care

Ideological restrictions also have impeded access to health care for immigrant women and children as well as for citizens who lack required documentation to prove Medicaid eligibility. We should not allow anti-immigrant sentiment to interfere with good health. The Centers for Medicare and Medicaid Services can immediately ease the burden of proving eligibility for health care services. And the president can work with Congress to repeal the unnecessary and bureaucratic documentation requirement under the Deficit Reduction Act. The president also can urge Congress to pass the Legal Immigrant Children's Health Improvement Act, which would restore access to health care for hundreds of thousands of immigrant children and pregnant women at a nominal cost.

Finally, the government must reverse the misguided “conscience” regulation proposed by the Department of Health and Human Services in August 2008. Although the Bush administration claimed the rule was needed to protect the conscience of health care employees who object to abortion, federal law has long protected the rights of health care professionals to refuse to provide abortion services while ensuring patient access to needed care. In reality, the regulation would obstruct access to a host of health care services, counseling, and referrals, including abortion, sterilization, contraception, HIV/AIDS screening and treatment, fertility treatments, end-of-life care, and any other services that may be deemed controversial.

This new, expansive interpretation of existing law by the Bush administration ignores the needs of patients, conflicts with accepted medical standards of care, contradicts federal and state law, sanctions a “culture of refusal,” and vastly understates the costs of implementation. If the Bush administration formally adopts this rule, the new Secretary of Health and Human Services should take immediate steps to reverse this harmful policy.

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## Restore Our Global Leadership on Reproductive and Sexual Health Rights

Next year marks the 15<sup>th</sup> anniversary of the groundbreaking International Conference on Population and Development in Cairo, at which 179 nations articulated a new international framework for addressing issues of population, development, and women’s rights. The Cairo conference ratified a holistic approach to sexual and reproductive health and rights, embracing voluntary contraception and comprehensive reproductive health services as well as efforts to advance women’s rights and foster sustainable economic development.

The Cairo consensus held that when women enjoy equal rights and have more control over their lives—including their reproductive destinies—they will have healthier, smaller families and invest more in each child. This has immediate benefits for women and families, and those benefits reverberate outward to communities, nations, and the world.

The United States was a leader in developing the Cairo Programme of Action, but since then our commitment has flagged. Indeed, the Bush administration has undermined the Programme in international meetings and through funding decisions and policies designed to satisfy socially conservative political constituencies rather than advance public health and gender equality.

The 15<sup>th</sup> anniversary of the Cairo meeting provides an opportunity for the new president to recommit the United States to achieving all of the objectives laid out in the Programme—including expanding access to family planning and other essential reproductive health services, ensuring education for girls, protecting individuals from gender-based violence, and advancing women’s legal and economic rights. Specifically, the new administration should focus on the areas described in the following paragraphs.

### International Funding

The United States should significantly increase funding for international family planning and reproductive health programs, expand resources for maternal and child health care, and allocate adequate resources to implement the reauthorization of the President’s Emergency Plan for AIDS Relief, known as PEPFAR II in foreign-aid parlance. The president should also remove bureaucratic and political obstacles to integrating these three areas so that they can work more effectively together to advance international health and development.

Funding should be geared toward increasing access to health services, preventing early marriage and sexual violence, and expanding access to educational and economic opportunities, especially for girls. The United States should place special emphasis on the needs of adolescents and should also ensure that the needs of the world's most vulnerable, including refugees and internally displaced persons, are met.

## Ideological Restrictions

The United States should remove burdensome, ideological restrictions that are hindering progress on key sexual and reproductive health challenges. A first step in this would be to rescind the “global gag rule,” which was established by Ronald Reagan, suspended under Bill Clinton, and reinstated by George W. Bush. This pernicious policy prohibits foreign recipients of U.S. funding from using their own money to refer women to abortion providers, counsel them regarding their options, or advocate for safe and legal abortion in their home countries.

The result has been a drastic cutback in the provision of reproductive health care services and contraceptive supplies as well as a muzzling of legitimate political debate.<sup>8</sup> The president should immediately reverse this harmful regulation and consider ways, including legislation, to prevent women's health, and this issue in particular, from being used as a political football in the future.

Under the Bush administration, U.S. officials have interpreted certain laws in an overly restrictive manner. For instance, the Helms Amendment blocks U.S. foreign assistance from being used for abortion care, referral, and advocacy, except in cases of rape, incest, and threats to the life of the woman, but the government has ignored these exceptions. The United States must comply with the law and provide the permitted training and services that are needed to address the crisis of nearly 70,000 women dying each year from unsafe abortion.

Likewise, despite annually appropriated funding from Congress, the Bush administration has refused to deliver essential family planning money because of trumped up and thoroughly debunked charges that the U.N. Population Fund promotes forced abortion in China, in supposed violation of the Kemp-Kasten Amendment. The new president should interpret the law literally, defer to fact-finding reports, and immediately restore funding for the U.N. Population Fund, which promotes voluntary family planning, pre- and postnatal care, maternal health, HIV/AIDS and STI prevention, and gender equity in 150 countries around the world.<sup>9</sup> The United States stands virtually alone in its failure to support this critical mission, and it is time to correct that failure.

## Women's Human Rights

The new president should once again recognize that “women’s rights are human rights” and make this central to his foreign policy priorities, policies, and plans. To this end, he should reaffirm the strong support of the United States for the Cairo Programme of Action and the Beijing Platform for Action, an agenda developed at the 1995 Fourth World Conference on Women that built upon and expanded the Cairo Programme. These reaffirmations will bring the United States back into the position of leadership for women’s health and rights that the nation enjoyed prior to the Bush administration.

In addition, he should resubmit the U.N. Convention on the Elimination of All Forms of Discrimination Against Women to the Senate for ratification without reservations. CEDAW provides a universal international standard for women’s human rights—a framework for governmental policy to combat gender inequality. Again, the United States stands out as the only industrialized nation that has failed to make this fundamental commitment to women’s rights.

It is also essential that the new administration make women’s rights and health prominent in all U.S. development assistance, trade, and human rights efforts. Specifically, as Congress prepares to reauthorize the 1961 Foreign Assistance Act, the president should recognize that human rights and gender equity are essential to long-term poverty alleviation and sustainable development. Indeed, the Millennium Development Goals, which seek to cut extreme poverty in half by the year 2015, cannot be achieved without these critical components. A revamped foreign assistance program should therefore eliminate the ideological and bureaucratic obstacles that prevent progress on women’s health and rights and should prioritize the wellbeing and rights of women across all program areas.

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## Restore Integrity to Offices and Processes Affecting Public Health

For democracy to work, the government must be open, transparent, and reliable. Yet the Bush administration has dealt heavy blows to government integrity, accountability, and evidence-based policymaking, especially in the area of sexual and reproductive health policy. It is imperative that the new president act quickly to restore Americans’ trust in the federal government and to safeguard the public’s health and wellbeing.

## Evidence-Based Policymaking

One early order of business should be to review federal government websites—especially those maintained by the Department of Health and Human Services, the Centers for Disease Control and Prevention, and the National Institutes of Health—and take immediate steps to remove inaccurate, biased, or incomplete statements and replace them with complete and accurate information about reproductive and sexual health options.

Two other areas also warrant special attention from an incoming administration: abstinence-only programs and emergency contraception. Since 1998, federal policymakers have allocated more than \$1.3 billion taxpayer dollars for dangerous, ideologically-driven abstinence-only programs that rely on distortions, stereotypes, and fear, despite overwhelming evidence that these massive expenditures have entirely failed to achieve the stated goals. The president should eliminate all funding for abstinence-only programs from his budget and remove any restrictions based on ideology rather than sound medical and scientific evidence.

With emergency contraception, in contrast, the Bush administration has ignored sound medical evidence and expert recommendations in an effort to deny Americans easier access to a safe and effective birth control option. There are a number of steps the new administration can take to improve access to emergency contraception, including adding it to the military's basic core formulary and to the U.S. Agency for International Development's Commodities Program, mentioning it as an option in Department of Justice guidelines for hospital treatment of sexual assault survivors, and reviewing the Food and Drug Administration's age restriction.

## Appointments and Nominations

The new president must put an end to the biased decision making characteristic of his predecessor. Instead, he ought to appoint leaders who respect the rule of law; will not distort, suppress, or manipulate information in order to advance a political agenda; and display a commitment to promoting the health and rights of women and men in the United States and throughout the world. Likewise, he should nominate fair and independent people to all levels of the federal court system who, in addition to meeting the requirements of honesty, integrity, character, temperament, and intellect, demonstrate a commitment to justice, civil rights, equal rights, individual liberties, and the fundamental constitutional right to privacy, including the right to abortion.

We must put an end to the divisive politics surrounding reproductive health care that have eroded access to the vital information and services that are basic to women's lives. The president can set a new tone with a common-sense agenda that honors, respects, protects, and advances all people's reproductive and sexual health and rights.

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## Endnotes

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