



Abortion Access & “Gag Rules” Factsheet

Our vision

PWN’s vision is full reproductive justice, including the right to pleasurable sex, for all people of all genders and any HIV status. Reproductive justice is more than reproductive health. It includes the human right to bodily autonomy, to have children, not have children, and to parent our children in safe and sustainable communities. One aspect of reproductive justice is easy access to safe, affordable, respectful, and non-stigmatizing abortion care. In the U.S. and globally, restrictions on abortion access take many forms. This factsheet addresses one tool that the state uses to chip away at abortion access: “gag rules.”

What are “gag rules”?

In U.S. policy, there are two major abortion-related gag rules: the global gag rule (GGR) and the domestic gag rule (DGR). These rules literally “gag” or silence providers by preventing them from delivering certain abortion-related services and information to their clients or patients. The gag rules force health care providers to make a cruel choice: Accept restrictions that jeopardize the health of their patients and destroy the integrity of the doctor-patient relationship or lose vital funds that enable them to provide those patients with quality care.

The global gag rule does three things. It prohibits foreign nongovernmental organizations (NGOs) that receive certain U.S. funds from:

1. **providing abortion services except in the case of rape, incest, or to save the pregnant person’s life;**
2. **counseling patients about, or referring them to, abortion services; and**
3. **advocating for the liberalization of abortion laws.**

The domestic gag rule is a domestic version of the global rule, stripping federal funds from health care providers who support abortion access. The DGR applies to Title X funding, which is the nation’s only federal program specifically dedicated to ensuring access to family planning and reproductive health services like contraception, breast and cervical cancer screening, STI testing and treatment, and HIV education and testing for low income communities.

The domestic gag rule:

1. **requires any clinic that gets Title X funds be totally physically and financially separate from any organization that provides or refers to abortion services. This will make it impossible for health care providers who provide abortion care, like Planned Parenthood, to stay on the program.**
2. **eliminates the requirement that Title X sites provide comprehensive counseling about pregnancy options.**
3. **prohibits Title X health care providers from referring patients to abortion services.**

Why is abortion a human rights concern?

Health care is a human right, and abortion care is health care. Laws that restrict access to abortion discriminate against people who can become pregnant; they also deny our dignity and autonomy by taking away our ability to make fundamental decisions about our health and reproductive futures.

Some facts about barriers to abortion access in the U.S.:

1. Not everyone who needs an abortion can get one. Over 75% of women who were denied abortions by a clinic because of abortion restrictions carried unwanted pregnancies to term.
2. Being forced to give birth has long-term mental and physical health consequences. People denied abortion are more like to:
 - experience pregnancy complications such as pre-eclampsia, hemorrhage, and death.
 - stay with an abusive partner.
 - suffer anxiety, stress and loss of self-esteem after the denial.
3. Abortion restrictions fuel the cycle of poverty and deepen social inequity. Compared to people who can obtain an abortion, those denied one have:
 - three times higher chance of unemployment.
 - four times higher chance of living below the federal poverty line.

What are we now?

The Trump Administration has expanded the scope of the global gag rule more than any administration before.

1. It extends to all U.S. global health assistance, an estimated \$8.8 billion. Almost \$6 billion, or about two-thirds, of the impacted funds are specifically dedicated to HIV/AIDS assistance.
2. NGOs can no longer use their own, non-U.S. funds to provide abortion-related services.
3. NGOs cannot receive U.S. global health assistance dollars if an NGO partner they've given money to engages in abortion-related work, even if that work is done with non-U.S. funding.

The GGR shows how the politicization of essential health care spills outside of U.S. borders to harm the life and health of women, girls, trans and gender-nonconforming (TGNC) people around the world. It has had a devastating impact on local health care infrastructure and makes it impossible for people to make informed decisions about their reproductive lives.

Trump's expanded GGR is the most devastating in U.S. history. 92% of foreign NGOs directly impacted by Trump's GGR would not have been impacted under previous iterations. Beyond applying to 15 times more funding than any previous administration's GGR, ambiguities in the new policy and fear of lost funding has led organizations to err towards over-applying the terms of the rule.

Organizations have already reported:

1. withdrawing from partnerships and shutting down operations in countries that receive U.S. global health assistance, causing weakened coalition networks, lost funding, and abandoned projects;
2. forgoing U.S. funding, resulting in more clinic closures, reduced staff, disruptions in antiretroviral viral therapy (ART) for people living with HIV and the discontinuation of contraceptive services;
3. discontinuing adolescent pregnancy consultations; and
4. taking information materials on abortion out of circulation.

The DGR would apply restrictions similar to the GGR to providers that receive Title X funds -- and it is projected to have many of the same devastating impacts on sexual and reproductive health and rights.

In June 2019, the DGR went into effect in all states except Maryland. It is too soon to assess what the full impacts will be, but it threatens access to sexual and reproductive health care for millions.

Policy recommendations

At the federal level:

1. **Support repealing the global gag rule by passing the Global HER Act.** The Global Health, Empowerment and Rights (HER) Act would end and prohibit future iterations of the GGR. It would allow foreign NGOs receiving U.S. funds to use non-U.S. funds to pay for any legal medical service, including abortion, and would allow abortion-related advocacy. It does not repeal the Helms amendment, an appropriations rider that prohibits U.S. foreign funds from being used for abortion services, but it is a step in the right direction.
2. **Support ending the domestic gag rule.** Congress should immediately and permanently prohibit current and future iterations of the DGR. The House of Representatives is trying to use the appropriations process to block funding for the Trump Administration's expanded DGR. However, the bill is short of a total fix: it still contains the Hyde Amendment, an appropriations rider that prohibits federal funding of abortion care.

At the state level:

1. **Support strengthening state-level public reproductive health programs.** Black and Latinx women, LGBT people, and people in rural areas -- communities that are also most heavily impacted by HIV because of deep-seated racism and structural inequity -- rely most heavily on the Title X program for care and will be disproportionately harmed by the DGR. States can prevent the negative impact by ensuring comprehensive health care clinics remain fully funded through state programs without dangerous DGR restrictions.

Find more information about sexual and reproductive health, rights, and justice for people living with HIV at pwn-usa.org/sexual-reproductive-health-rights-and-justice/

This factsheet is available with additional information and more resources on our website at

pwn-usa.org/abortion-factsheet-2019