

THE HELMS AMENDMENT

How U.S. Foreign Policy BLOCKS Access to Safe Abortion Overseas

THE WORLD'S MOST VULNERABLE PEOPLE are harmed by a U.S. law that restricts funding for safe abortion services—the **Helms Amendment**. The Helms Amendment bans the use of U.S. foreign assistance funds for “the performance of abortion as a method of family planning.” This amendment to the Foreign Assistance Act was introduced by its namesake, the late Senator Jesse Helms (R-NC), and enacted by Congress in 1973. The provision is also included in the annual State, Foreign Operations, and Related Programs appropriations bill.¹

The way that the law is interpreted and implemented denies people their reproductive rights and deprives them of the care they want and need. It reduces the availability of safe, legal abortion, denies health care providers life-saving equipment and training, censors critical health information, and interferes with other countries’ governments in places that have liberalized their abortion laws. U.S. assistance programs should provide access to quality, comprehensive sexual and reproductive health care services for all people, including access to safe, legal, and accessible abortion care.

THE HARM

Unsafe abortion is a global health crisis driven by stigmatization and criminalization of the procedure and an inability to access safe abortion care. Every year, roughly 35 million women and girls around the world have unsafe abortions, and millions suffer injuries and disabilities as a result.² The Helms Amendment puts lives at risk; when people can’t make their own reproductive health decisions, and have limited access to vital health care and information, there are dire and dangerous health consequences. This law has plagued abortion care in low- and middle-income countries for nearly five decades. If the Helms Amendment were to be repealed and U.S. support helped ensure that all abortions were provided safely in the countries where abortion is legal on at least some grounds and where the United States is already supporting family planning programs, there could be at least 19 million fewer unsafe abortions and 17,000 fewer maternal deaths each year.³ The Helms Amendment should be repealed to address this major cause of death and serious injury to people considering all options when faced with an unwanted pregnancy.

Over the last two decades, many countries have liberalized their abortion laws, magnifying the impact of the Helms Amendment as a significant barrier to patients receiving the care they want and need and to which they are legally

entitled. In the past few years alone, the Democratic Republic of the Congo has lifted restrictions on abortion, the Rwandan government has expanded the legal grounds for abortion and several countries in Latin America, including Argentina, Mexico and Columbia have taken steps to decriminalize and legalize abortion.⁴

The United States is the largest bi-lateral donor for reproductive health and family planning. Tens of millions of people around the world rely on U.S.-funded programs for their reproductive health care but are denied access to legal abortion services within these programs because of the Helms Amendment. When someone cannot have a safe abortion through a U.S.-funded program, they may feel that they have no option but to seek an unsafe abortion, which threatens their health, lives, and families. The Helms Amendment contributes to and widens global health inequities by adding to the significant barriers that folks face when seeking health care. We know that Black and Brown people, people living in rural areas, young people, survivors of sexual violence, and historically disenfranchised communities bear the brunt of this policy, particularly those in low and middle income countries. The Helms Amendment restricts the ability of individuals to make their own personal medical decisions and undermines U.S. goals to advance gender equity and address maternal health and gender-based violence around the world. As written, the Helms Amendment allows for the provision of abortion in cases of rape, incest and life endangerment and the Leahy Amendment allows for abortion counseling and information. However, the lack of clarity surrounding the restrictions has led to overinterpretation of the policy as a total ban on abortion-related services and information. This means that U.S. foreign assistance funds are not even being used to meet the needs of some of the world’s most vulnerable people, including those who are survivors of rape. Globally, one in three women will experience violence in her lifetime—a rate that is often higher in humanitarian crisis and conflict settings, where rape and other forms of sexual violence are used as tools of war and where displaced communities are particularly vulnerable.⁵

The Helms Amendment endangers people’s health and exacerbates the stigma around abortion by causing fear amongst providers and health system managers who worry that associating in any context with abortion services will jeopardize their U.S. funding. This, in turn, forces an artificial and unnecessary separation of services creating inefficiencies in resource-constrained settings.

The United States continues to stand alone among major donor governments in maintaining a law that prohibits funding for safe abortion. U.S. restrictions must not stand in the way of access to legal, essential health care. As the largest government funder of family planning and reproductive health services, the United States plays a vital role in improving public health around the world. The United States should use its foreign assistance to provide access to quality, comprehensive sexual and reproductive health care services for all people. This includes safe, legal, and accessible abortion. Congress should repeal the Helms Amendment and replace it with a policy supporting U.S. funding for safe abortion services worldwide targeted at saving lives.

GLOBAL GAG RULE VS. HELMS AMENDMENT:

The Helms Amendment is sometimes confused with another U.S. restriction on international reproductive health funding, the Global Gag Rule. While these policies are different, they both restrict U.S. funding for grantees that work on abortion and they both create a chilling effect that causes providers to avoid abortion all together. The collective effect of both policies together is a complete denial of abortion care for millions of people.

The Helms Amendment prohibits organizations from using any U.S. foreign assistance funds to provide abortions, while the Global Gag Rule, when in effect, requires foreign organizations to give up their right to use their own non-U.S. funds to provide information, referrals, or services for legal abortion or advocate for the legalization of abortion in their countries as a condition of receiving U.S. global health assistance. The Helms Amendment creates the conditions that allow the Global Gag Rule to exist, and unlike the Global Gag Rule, has remained in effect across administrations for almost 50 years.

Another key distinction is that the Helms Amendment exists in law and remains in effect until a change in the statute is enacted by Congress, while the Global Gag Rule is an executive branch policy imposed under presidential authority. President Biden rescinded the Global Gag Rule on January 28, 2021, so it is not currently in effect.

- 1 PAI. (2015). *No Exceptions: How the Helms Amendment Hurts Women and Endangers Lives*. Retrieved from <https://pai.org/wp-content/uploads/2014/07/PAI-Helms-PIB.pdf>
- 2 Sully, E., Biddlecom, A., Darroch, J. E., Riley, T., Ashford, L. S., Lince-Deroche, N.,...& Murro, R. (2020). Adding it up: investing in sexual and reproductive health 2019.
- 3 Sully, E.A. & Ahmed, Z. The Case for Ending the "Global Gag Rule" and the Helms Amendment. Retrieved from <https://www.guttmacher.org/article/2021/02/case-ending-global-gag-rule-and-helms-amendment>
- 4 See Blueprint for Sexual and Reproductive Health, Rights, and Justice (Pg.36-37) <https://reproblueprint.org/wp-content/uploads/2019/07/BlueprintPolicyAgenda-v14-PR-All-1.pdf>
- 5 World Health Organization. (2013) Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. Retrieved from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1

EXAMPLES OF HARM CAUSED BY HELMS

Case Study: Harm Caused by Helms Amendment in Ghana

Ghana has one of the most liberal abortion laws in Africa. However, unsafe abortion contributes to nearly one-third of maternal deaths. While social, cultural, and religious stigma remain a challenge, the Ministry of Health of Ghana has committed to increasing abortion access. Yet the Helms Amendment is a stubborn obstacle to progress, undermining the government's commitment to expanding abortion services and information countrywide. The dissonance between Ghana's commitment to expanding abortion access and the restrictions placed on US foreign assistance recipients due to the Helms Amendment leads to confusion at every level of care. In fact, key U.S.-funded reproductive health stakeholders, confused about U.S. policy, censor information on abortion and fail to provide abortion counseling and referral.

“The impact [of these restrictions is that] services are delayed for the woman...women are not getting the information they need when and how they need it, and at points where they need it...It's a great shame. Personally, I don't think it fosters the comprehensive approach to reproductive health that I would love to give every single one of our clients, which is what they deserve. But I can't do that.”

—Program Director of an international reproductive health organization in Ghana

“Unsafe abortion has eaten into our society, gradually destroying the lives of young women, as have closed their eyes at the issue hoping it would disappear.”

—Young woman in Nigeria

“This one client [first came to get comprehensive abortion care and I had to refer her to the hospital which is very far]. She came back after two weeks to seek postabortion care. She was bleeding and had an infection. She had inserted sticks inside her. She was 23 years old, married and had two children. She had no money and she couldn't travel. Her husband was in India, she was illiterate, a housewife...[If we cannot provide comprehensive abortion care and only postabortion care then] it will lead to more unsafe abortions and maternal deaths.”

—A provider in Nepal

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