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Foreign Aid for Abortion

by DONALD P. WARWICK

Aid for abortion is the most sensitive subject in the entire field of nonmilitary foreign assistance. No topic will make a foreign aid official blanch more quickly, and none will be greeted with greater wariness in disclosing information. The question is so emotionally charged that virtually nothing has been written about it. Data on international abortion activities are typically not reported at all, are reserved for classified documents of restricted circulation, or are buried under such generic names and euphemisms as "surgical methods of family planning" or "menstrual regulation." As a consequence it has not been easy to gather data for this article, which is the first attempt to survey the field. Officials involved with foreign aid for abortion were generally willing to discuss their work, but were vague about details and wary of public attention. However, by combining information from interviews with scattered fragments of existing data one can begin to construct a composite picture of the international abortion scene.¹

The Current Scene: An Overview

Before considering the activities of specific agencies, it is worth noting the broad features of the terrain in which they operate. It is an environment marked by complexity, ambiguity, human misery, political tension, and bureaucratic trepidations.

First, apart from any outside intervention, induced abortion is a common practice in the developing countries. Not only is abortion frequent, but it is a prominent cause of death and illness among women of childbearing age. In Latin American countries illegal abortions often account for a third of maternal deaths; women whose abortions have been mishandled fill half or more of the country's hospital beds. And unlike the situation in the United States, where contraception is generally available to those who want it, many of the poor women who resort to this method are unaware of or do not have ready access to modern means of birth control. While the statistics cited are often used to argue for legalized abortion, they have also been a source of concern to those categorically opposed to abortion. They

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have led some Catholic bishops to soften their opposition to contraception, which they saw as the lesser of two evils for women faced with unwanted children. Whatever one's moral views on abortion, the figures point to a human tragedy that cannot be ignored.

Second, foreign aid for abortion is but a small proportion of the total aid for population activities. Despite occasional rumors that abortion is a mainstay of population assistance, foreign aid for this purpose adds up to less than a quarter of one percent of the total spent for population. On the supply side foreign donors have been prevented by law or inhibited by politics from pouring vast amounts into this controversial area. On the demand side, despite the widespread practice of abortion by individual women, it remains illegal in many countries and a point of moral and political debate in the domestic politics of these countries. Hence even if the total volume of funds available for abortion were increased tenfold, the money would not be quickly or easily spent.

Third, with the exception of United Nations agencies, most organizations supplying funds for abortions operate on a clandestine and usually illegal basis. As one expert commented, "Not even your best friends will tell you what they are doing overseas." In some countries, including the Philippines, aid for abortion is both against the law, and against the country's official population policies. This is not to deny that there are many ambiguities about what, precisely, is "legal," or that officials who speak publicly against abortion may give tacit support to clandestine foreign aid supporting it. The gap between rhetoric and reality is greater here than in most spheres of development, for understandable reasons. Nevertheless, severe legal and cultural restrictions on abortion create a climate in which private agencies providing abortion services may behave more like intelligence operatives than bearers of foreign aid.

Fourth, the most common type of foreign aid involves the technique known as uterine aspiration. This goes under various code phrases, especially "menstrual regulation" and "menstrual induction." The essential feature is that the womb is efficiently emptied without forceful dilation of the cervix.² The International Projects Assistance Service (IPAS) manufactures the required equipment, and almost all the organizations active overseas distribute kits for this purpose. In many countries doctors, nurses, paramedics, and midwives are being provided with such kits and trained in their use.

Fifth, abortion in the developing countries can be a profit-making proposition. Especially in urban areas and where a country has tasted the fruits of development, as in Taiwan

and Korea, women are willing to pay for abortion services. Where in the typical family planning clinic client fees meet only a small proportion of total costs, with abortion a small amount of money, even a loan, can go a long way toward expanding services. This point has not been lost on business-minded agencies seeking a maximum return on their investment. In several countries American donors have provided loans to one abortion clinic, which repaid the loan and generated enough profits to open new clinics.

Finally, the politics of abortion in the United States have had an overwhelming impact on foreign aid for abortion. The highly charged atmosphere in this country has led not only to the Helms Amendment of 1973 specifically banning the use of foreign aid monies for abortion, but to a series of indirect effects. Established philanthropic organizations will not fund abortion services for fear of jeopardizing their core activities. Federal officials, fearing violations of the law, abuse from Congress, or reprimands from their superiors, use their discretion to keep U.S. overseas involvement with abortion to a minimum. These repercussions extend to agencies that receive American funds, such as the International Planned Parenthood Federation. Faced with demands for tight accounting on abortion and anxious to avoid American reaction to visible initiatives in this field, recipient agencies walk a more narrow path than they would prefer. Hence the United States has become both the prime source of capital for abortion services and the foremost instigator of constraints on activism.

Agency Activities

As of 1979 only a handful of international donors were involved in direct support of abortion activities in the developing countries; others provided indirect assistance for research, meetings, and information activities. With most of the large donors shrinking from visibility much of the action has fallen to more intrepid and flexible smaller agencies.

The Agency for International Development (AID), the principal foreign aid organization of the U.S. government, was an ardent supporter of abortion until it was brought to a standstill by the Helms Amendment. From its beginnings in the 1960s until the Helms Amendment was passed in 1973 AID's Office of Population actively supported the development of new techniques for abortion, including the uterine aspirator. The Office Director at that time, Dr. Reimert T. Ravenholt, was a strong advocate of all methods of birth control, including abortion, and an international advocate for the aspirator. But even with his keenness for "postconceptive" methods of birth control, AID did not invest great amounts of money in abortion programs overseas, essentially because political leaders interested in family planning did not wish to jeopardize their other work. The prevailing sentiment was that contraception was sensitive enough without adding the complexities of abortion. Hence despite Ravenholt's strong support for improved abortion methods,

there were not, until 1973, many recipient nations.

In 1973, Senator Jesse Helms of North Carolina amended the Foreign Assistance Act by drastically curtailing AID's activities on abortion. The Amendment reads:

Section 114. Limiting use of funds for abortion—None of the funds made available to carry out this part (Part I of the Foreign Assistance Act of 1961) 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.

As this language was necessarily vague about operational implications, the Administrator of AID issued the following "policy determination" on June 10, 1974.³

1. No AID funds will be used to ". . . procure or distribute equipment provided for the purpose of inducing abortions as a method of family planning."

2. AID funds will not be used for the direct support of abortion activities in the developing countries.

3. "A.I.D. does not and will not fund information, education, training, or communication programs that seek to promote abortion as a method of family planning. A.I.D. will finance training of developing country doctors in the latest techniques used in OB-GYN practice. A.I.D. will not disqualify such training programs if they include pregnancy termination within the overall curriculum. However, A.I.D. funds will not be used to expand the pregnancy termination component of such programs, and A.I.D. will pay only the extra costs of financing the participation of developing country doctors in existing programs. Such training is provided only at the election of the participants."

4. "A.I.D. 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." [Hindsight methods, of course, are those involving some form of abortion.]

5. "A.I.D. funds are not and will not be used to pay women in the developing countries to have abortions as a method of family planning. Likewise, A.I.D. funds are not and will not be used to pay persons to perform abortions or to solicit persons to undergo abortions."

In short, AID could provide no funds for the direct support of abortion or motivation for abortion, but it could continue certain kinds of training and research involving abortion. It could also contribute to organizations, such as the Pathfinder Fund, which were involved in providing abortion services provided that AID's money was not used directly for that purpose.

In practice, this restriction has forced AID to withdraw from most abortion activities. In 1979 less than one-half of one percent of its population funds were spent on any aspect of abortion. A good part of these funds go to the International Fertility Research Program in North Carolina, which conducts studies on effective methods of birth limitation. Among these are various abortion methods, including different techniques of "menstrual regulation." Research on

these methods, which is conducted by collaborators in several countries, does involve abortion, but under the terms of the Helms Amendment it is permissible so long as there is no active promotion or provision of services. AID also supports training programs in which medical doctors are given instruction in abortion methods under the conditions outlined earlier.

Coupled with the political controversies surrounding abortion, the Helms Amendment has affected AID and its funding recipients in many ways. Most important, the overall level of monitoring and control in this field has increased at least fivefold. Sensitive to the political dangers at stake for themselves and the agency, administrators, lawyers, contract officers, and auditors in AID and elsewhere in the government keep a close watch on any activities even close to abortion. Within AID, officials must be exceptionally careful of what they do in the first instance and then clear all proposals through multiple levels of approvals. Needless to say, this process dampens the enthusiasm of those most committed to providing abortion services. Organizations receiving AID funds, most notably the International Planned Parenthood Federation (IPPF) and the Pathfinder Fund, are also under strong pressure to maintain detailed records showing that AID funds have not been used for abortion. Where there is doubt, the burden of proof is on the receiving organization. This is a classical case of the political context of administration constraining public officials to minimize controversy. Recipient organizations have also been forced to change their entire reporting system and add their own auditors to deal with the demands and questions of monitors from the government.

The only two major agencies that do operate openly in this field, though without publicity and on a small scale, are the World Bank and the United Nations Fund for Population Activities (UNFPA). The UNFPA's policy is to respond to country requests for assistance for all kinds of population programs, provided that they are within the organization's mandate and do not violate UN policies on human rights. The UNFPA places no restrictions on methods of fertility control, and is willing to entertain requests for abortion assistance. To date it has provided such assistance to India, Thailand, and Tunisia. It also contributes to the Special Program of the World Health Organization, which includes research on methods of abortion, and to university research programs investigating abortion methods. In 1979 UNFPA assistance for all activities in abortion came to less than one-quarter of one percent of its total budget. The World Bank operates under similar policies, and spends an even smaller proportion of its funds on abortion. While both organizations receive substantial funding from the United States for a wide variety of aid projects, their position is that the monies provided must come with no spending restrictions. They will thus resist any attempt by contributors to impose a curb on abortion expenditures.

Major philanthropic organizations, including the Ford

and Rockefeller Foundations, have always shied away from funding abortion projects. While Ford has long been a frontrunner in support for population activities, and for a time was the largest single contributor to the field, it has consistently turned down projects involving abortion services. The Rockefeller Foundation has been similarly inclined. Despite some urging from AID and other agencies to fill the gap created by the Helms Amendment, established foundations apparently decided to avoid abortion projects. Two reasons were cited by persons familiar with these organizations. The first is that association with abortion could touch off controversies that would impair work in less volatile areas of higher priority. The second is that the illegal nature of abortion in many countries and the common use of clandestine techniques to promote abortion services would cause considerable squeamishness among professional staff members at the foundations. Critics accuse these organizations of excessive caution springing from a desire to protect their image in the "establishment," while more sympathetic observers commend them for common sense and adherence to the law and to their basic institutional values. Whatever the case, the large foundations have given little more than moral support to international programs for abortion services.

The Population Council of New York falls somewhere between the foundations which help to keep it in existence and more activist agencies. Perhaps the single most respected professional organization in population studies, the Council has had a notable impact on population policies, programs, and research in many nations. In legal constitution, internal organization, staff composition, and institutional demeanor it is much like a large foundation. The word "professionalism" was cited by many staff members as a keynote of the Council's behavior, while the desire for cooperative relationships with governments has generally led to an "above board" approach in technical assistance. One might thus expect that it would have some of the same antipathies to abortion projects as the Ford and Rockefeller Foundations, with which it is in close contact. At the same time the Council has undertaken advisory assignments in the developing countries, including projects carried out in very delicate political environments. It also did not shrink from controversy when it developed and promoted the Lippes loop, and when it became a frank advocate of voluntary family planning programs. But from its inception in 1952 until 1976 its activities on abortion were confined to research and writing. During his presidency the late Bernard Berelson had serious ethical and prudential reservations about foreign aid for abortion, and his board seemed to share those misgivings.

In 1976 the presidency passed to George Zeidenstein, and in a report to the board that June, Zeidenstein made three recommendations related to abortion: (1) that the Council's purpose should be, *inter alia*, to "stimulate, encourage, promote, conduct, support . . . abortion;" (2) that its Bio-

Medical Center engage in “mission-oriented research” on abortion technology; and (3) that the organization add abortion to the “range of services” it provides.⁴ This recommended change drew a strong dissent from trustee John Noonan, Jr., who resigned in protest. Despite this shift in policy, over the past three years the Population Council’s involvement with abortion has been minimal, and not strikingly different from the period before 1976. Christopher Tietze continues to conduct statistical research on various facets of abortion and there are some small research efforts overseas, but on the whole the Population Council remains more like the Ford Foundation than more activist agencies. The reasons are probably the same as in the foundations—a fear that controversy over abortion will cripple the organization in other areas, problems of professional self-image for staff members, and difficulty in acting without breaking the laws of other countries.

The International Planned Parenthood Federation of London (IPPF) has been the most outspoken advocate of legal abortion services in the developing countries, though not the most ardent promoter of such services. The IPPF is the central office for several dozen semi-autonomous private national family planning associations. As a central body it receives funds from international donors, including AID, and passes money and supplies along to the local associations. It also tries to set policies and standards applicable to all associations, including policies on abortion. The IPPF’s stated position is that abortion should be legally available to those who desire it and that local associations, when possible, should assist in providing the necessary services. But while it has considerable leverage from its funding position, the IPPF must also respect the constraints and preferences of its local affiliates. In practice the central office can recommend, lobby, and cajole, but it cannot force a member association to take action on abortion.

Despite its frequent pronouncements on the need for safe and legal abortion services and its lobbying efforts in many countries, the IPPF spends only about one-third of one percent of its total funds on abortion. As of 1978 it had carried out specific projects in ten countries as well as various regional and global efforts, mostly in training.

In the Philippines, where abortion is both illegal and explicitly against official population policy, the IPPF provided 200 “menstrual regulation” kits for demonstration purposes. IPPF also conducted a local seminar that set off sharp controversy. Beginning in 1974 the IPPF affiliate, the Family Planning Organization of the Philippines (FPOP) organized a series of meetings under the title of “Symposia on Advances in Fertility.”⁵ The topics 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 laws specifically 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. Since the FPOP did not take a public stand favoring abortion, and since it did not use these devices in its own clinics, the Commission felt that its regulatory powers were limited. Other observers concluded that POPCOM officials were *de facto* not opposed to such underground activities so long as they generated no public uproar. These examples show the potential of the IPPF and its collaborating organizations for circumventing national laws and policies, and also suggest that officials responsible for enforcing those policies may themselves not be totally opposed to their violation.

One of IPPF’s largest projects, totalling about \$62,000, was in Bangladesh, where 5,000 vacuum aspiration kits were provided to the local family planning association. These kits have also been supplied to Korea, Singapore, Hong Kong, Thailand, Vietnam, and India. Although most of these projects have been relatively small—usually under \$30,000—the IPPF has not provided details of its activities in its published reports, even in its main report to donor agencies.⁶ One reason, apart from the illegal and controversial nature of these activities, may be that the federation is under constant scrutiny from the U.S. government to insure that it is not violating the Helms Amendment.

Another activist agency, and one that has been more willing to “go public” with its activities, is the Pathfinder Fund of Boston. Pathfinder was founded in 1929 by Dr. Clarence Gamble to find new ways of promoting birth control. Its characteristics have been innovation, small size and quick action. In recent years innovation has meant activities in abortion, particularly the promotion of the uterine aspirator. A Pathfinder flyer issued around 1975 states:

Abortion—safe, legal, and available—is important as a backup for contraceptive failure, and as a way to bring women into programs of contraception at the moment they are most susceptible to persuasion. But because of the Helms Amendment to the foreign-aid law, no AID money can be spent to promote abortion. Therefore we do this important work with money raised from the private sector.

Pathfinder is encouraging the establishment of abortion as a woman’s right. We are promoting the early-abortion procedure known as “menstrual induction”—through publications, distribution of instruments, and direct grants. And Pathfinder has sponsored a major conference.⁷

In recent years Pathfinder has engaged in two 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 activities 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. A staff member further commented: "Where abortion is culturally acceptable we don't think that the law is restrictive in an ethical sense. We are also concerned at the practical level—will it be enforced or not." He likewise raised a crucial point about legality: the difference between the laws on the books and the laws as interpreted by the government. In Bangladesh, abortion is still technically illegal in most cases, but the government has instructed medical schools that by 1981 the country's 420 local health centers should offer "menstrual regulation" services. There is thus a difference between the law and executive regulations, with the latter taking precedence in Bangladesh.

The Pathfinder Fund, which receives over 90 percent of its funds from AID, has been hard hit by the Helms Amendment. The net effect has been to force the organization to choose between providing family planning services without abortion or abortion without broader services. If Pathfinder wants to help establish a family planning unit without abortion, AID will cover all or most of the costs. But if abortion is included, AID will provide only the contraceptives. As a Pathfinder official put it, "The Helms Amendment has disastrously affected population programming by destroying all the linkages between abortion and contraceptive recruiting." Pathfinder has also been forced to change its accounting and auditing system in order to convince government monitors that no federal funds are being spent for abortions.

One of the most influential and yet anomalous organizations in this field is the Population Crisis Committee, which has been a powerful lobbyist for birth control in Washington. This organization has been very much "up front" on the United States domestic scene. With its board made up of retired ambassadors and generals, prominent businessmen, and other notable public figures, it would seem an unlikely supporter of illegal abortion activities overseas. And yet that is precisely what it does outside the United States, though never under its own name. A recent UN document on population programs and projects contains this description of the Population Crisis Committee/Draper Fund:

PCC/DF works to generate support for reducing world population growth in two basic ways: through high-level advocacy at home and abroad to increase government commitment to strong, effective family planning programmes; and through its highly selective support of innovative, cost-effective private family planning projects in developing countries . . . Through arranging private support of special projects overseas, PCC

makes possible indigenous activities that can be readily expanded or replicated.⁸

While abortion is not specifically mentioned in this description, closer checking reveals that this is its major form of "innovative, cost-effective, private family planning projects." Abortion activities account for about one half of the Committee's "Special Projects" and about one-fourth of its international budget. The organization works as follows:

PCC has no overseas operations. Instead, it funds or finds funding for selected high-leverage projects initiated by or recommended to PCC by IPPF and other family planning/population organizations that have a proven track record in overseas operations. Projects are undertaken in collaboration with indigenous leaders and groups . . . Projects selected for support are those that promise exceptional return in lowered birth rates per dollar invested. Typically such projects involve one of the ten most populous Third World countries; they demonstrate or extend an approach to delivery of family planning services that has proven cost-effective in lowering birth rates in similar conditions elsewhere; they require private money because the government is not ready to accept a new approach until it has been proven successful; and they include a sensible plan for expansion or replication.⁹

At present the Population Crisis Committee leans strongly toward programs involving the participation of local businessmen. In abortion programs they speak of a three-legged stool involving a doctor, who provides the services, the woman, who receives them, and the businessman, who organizes them to generate a profit. In practice, PCC looks for projects in which a small amount of seed money can be used by local entrepreneurs to launch self-funding abortion activities on a much larger scale. PCC officials offer as an example a project in Taiwan in which a loan for one clinic ultimately led to a total of nineteen, all patterned exactly after the first. PCC prefers projects in which abortion services are closely linked to contraception so that the experience is not repeated. The following are some of its projects:

Philippines: Menstrual Regulation Training. To train and equip doctors to perform menstrual regulation on the island of Mindinao. \$34,000 committed for two years beginning May 1978 to International Projects Assistance Services.¹⁰

Colombia: Bogota Pregnancy Clinic. To provide inexpensive, humane treatment for incomplete abortions using the new technology developed for simple first-trimester abortion, to train doctors throughout Latin America in these abortion clean-up techniques, and to reduce the incidence of abortion in Colombia by using the occasion of botched abortion to involve women in appropriate family planning practices.¹¹

Bangladesh: (1) Abortion Training and Supplies. Training for doctors from government health centers, mobile camps and health districts in the use of the latest abortion techniques and supply of non-electrical vacuum aspirators. \$8,356 committed for one year to International Projects Assistance Services. (2) Abortion training. To train new doctors and qualified paramedics in early abortion, menstrual regulation and the treatment of incomplete abortions as well as contraceptive

counseling in 6 regional and 2 Dacca medical colleges. \$35,000 committed for one year to the Pathfinder Fund.¹²

The agencies most often chosen for project execution are the Pathfinder Fund and International Project Assistance Service (IPAS). PCC officials feel that private abortion services have a bright future in the developing countries, mainly because they are profitable and thus appeal to the entrepreneurial instincts of local people. They also feel that the Helms Amendment may have been a blessing in disguise, for it has forced abortion advocates to rely less on large donors and the public sector and make productive explorations into abortion as a business venture. Beyond its catalytic role in stimulating abortion activities, the PCC is the American purchasing agent for the IPPF and supplies it with vacuum aspiration kits manufactured by the IPAS. Though unobtrusive in its international operations, the PCC is undoubtedly one of the most influential agencies in this field. And besides its own indirect funding of abortion and other projects, PCC takes an active role in fundraising.

The most aggressive organization in this arena is the International Projects Assistance Service (IPAS), formerly known as the International Pregnancy Advisory Service. This is an organization that is disreputable and proud of it. Its policy is to move in wherever it can to promote abortion. As a former staff member said, "Our policy is that the more abortion is illegal, the more attractive it is because it is necessary. If it is legal other organizations can handle it." At present IPAS works in three areas: (1) providing loans for the establishment of abortion clinics; (2) manufacturing vacuum aspiration equipment for sale to other organizations, such as Pathfinder and the IPPF; and (3) direct abortion services. Their strategy on this last front is to identify doctors who are interested in abortion, whether it is legal or not, and then help them to initiate new services. They are now supporting clinics in some twenty countries, including Mexico, Brazil and Indonesia, where abortion is illegal. They are also training midwives in the Philippines to use the vacuum aspirator, even though this technique is specifically banned by the government. In Bangladesh, Pakistan, Sri Lanka, Thailand, and Mexico, IPAS offers vacuum aspirator kits through a direct mail program, and provides training in their use. They find themselves handicapped in raising funds, mainly because their direct action tactics leave potential donors uncomfortable about supporting a "pariah." Foundations such as Ford and Rockefeller are unwilling to support them, while AID is unable to do so. Hence they must depend on grants from the PCC and other private sources as well as on the revenues generated by their loan program and manufacturing operations. Although, as they put it, "our response is always yes," the Executive Director claims that the funds available are much smaller than the interest they find in expanding abortion services.

Other organizations involved in some aspects of abortion are Family Planning International Assistance, the interna-

tional division of the Planned Parenthood Federation of America; Population Services International; and Johns Hopkins University, which provides training in techniques of abortion. But the most critical actors are IPPF, Pathfinder, the Population Crisis Committee, and IPAS.

Toward New Ground for Ethical Debate

Foreign aid for abortion raises a host of ethical questions. The most basic is, of course, the morality of abortion itself. Debate on this issue is not simple within the United States, but it becomes immensely more complicated when the scene of action involves two or more nations. The root problem is that there is no universally accepted ethics, nor even a common language for debating moral issues across countries and cultures. Thus when we ask what ethical principles should guide the UN in aid for abortion, we quickly stumble over the questions of what and whose moral views should prevail. Should we opt for a frank national relativism, allowing each government to announce its moral standards and then having the UN respect those judgments? This position is appealing in its simplicity, but it clashes with the concept of universal human rights also endorsed by the UN. And where governments have unequivocally stated their opposition to abortion on religious, moral, or political grounds, should pro-choice advocates try to claim that their conceptions of individual rights take precedence over national sovereignty? These are tough questions that will not be resolved with instant absolutes or ready relativisms. And the debate is not likely to progress very far without much more systematic work on a cross-cultural and cross-national ethics. At this time our poverty of principles is outdone only by the richness of rhetorical flourishes in the abortion debate.

While the morality of abortion will remain the paramount question in evaluating foreign aid for that purpose, it is not the only issue at stake. Other questions arise from the objectives, processes, and composition of international assistance in this field. There may well be situations in which the most staunch pro-choice advocate would concede that certain kinds of foreign aid for abortion are unjustified, and where equally ardent pro-life representatives might grant that aid for problems related to abortion is ethically acceptable. To stake out some new ground for ethical debate it will be helpful to begin with three working principles.

The first is that *the overarching goal of foreign aid should be individual and family welfare*. All assistance to the developing countries should aim to promote such universally sought goods as health, education, a decent level of living, self-respect, and the ability to control significant aspects of one's existence. While this principle has been used by pro-choice as well as pro-life groups to support their respective claims, there are questions transcending the usual debates. The broadest implication of the welfare principle is that foreign aid should be used to remove or reduce the

conditions leading poor women to seek abortions in the first place. Basically, these conditions are poverty and ignorance. A welfare orientation would argue strongly against foreign aid for abortion that does nothing to change the socio-economic conditions leading to high fertility. A single-minded concern with the fertility variable seems inconsistent with the promotion of individual and family welfare. The same criticism would apply to pro-life groups that seem more intent on stopping foreign aid for abortion than on increasing the amounts spent on general development activities. Indeed, if pro-life forces align themselves with anti-UN lobbies to cut off all American funds to the World Bank and the UNFPA, as has been threatened in the past, they would join their antagonists in an obsession with fertility to the detriment of economic justice.

The welfare principle further suggests that foreign aid for abortion would not be justified if its sole or primary aim was to bring down the birth rate. It would seem a flagrant violation of welfare to use the desperation of women for population control while doing nothing to remove the conditions producing such desperation. Specifically, programs providing *only* abortion services, with no assistance for health or contraception, would be ethically suspect on welfare grounds, and doubly so when they yield a profit. The welfare criterion might also argue for foreign aid to treat incomplete abortions. Human compassion calls for helping women who incur the risk of death or serious illness from badly performed abortions, even if one disapproves of the sources of that risk. Many physicians of pro-life sympathies have no moral qualms about providing medical services in these circumstances, although they would reject the preventive step of medically supervised abortions. In short, raising the question of welfare may help to take the debate about foreign aid to at least a few steps beyond the polarization that has been its hallmark to date.

A second principle is that *foreign aid for population should respect national autonomy*. The World Population Plan of Action, approved in Bucharest in 1974, sets forth the following guideline: "The formulation and implementation of population policies is the sovereign right of each nation. This right is to be exercised in accordance with national objectives and needs and without external interference. . . . The main responsibility for national population policies and programs lies with national authorities."¹³ Adherence to this principle would seem a *prima facie* obligation for international donors. According to this norm the UNFPA and the World Bank would be justified, on procedural grounds, in supplying aid for abortion to countries requesting their help. By the same token the clandestine activities reviewed earlier would be unjustified, particularly when abortion is not only technically illegal but directly contravenes a country's official population policy.

Three overlapping arguments have been raised against respect for national autonomy. The first is that in many countries laws about abortion have no moral force since they are

merely vestiges of colonialism and are not observed in practice. One pro-choice physician compared them to the antiquated laws on the books in many states, such as those governing the positions of men and women walking together. A specific case cited was Bangladesh, where laws and executive edicts were patently contradictory. This example does suggest that there are legitimate grounds for debate about what really constitutes a country's policies. Where the government itself openly requests aid for abortion, donor agencies would obviously not be violating its autonomy by providing such assistance. But where the government is manifestly and forcefully on record as being opposed to abortion, as in the Philippines, and assures its critics that abortion is not being practiced with the consent of national authorities, covert foreign aid for abortion to nongovernmental recipients would violate autonomy.

A second argument is that foreign aid programs should honor not the laws that are on the books, but the laws of cultural preference as expressed in citizen's behavior. Thus when large numbers of women by their actions show a clear preference for abortion, donors should respect their wishes rather than outmoded laws restricting safe abortions. Sometimes this argument is premised on the notion of universal human rights for women, sometimes on the principle that culture is a higher law than legislation. The problems with this argument are both substantive and procedural. On substantive grounds one would want to know if all cultural preferences, including the execution of minority groups, cannibalism, and female circumcision, should override a country's laws, or if a universal right to life of the fetus should be cited as a basis for subverting laws permitting abortion. From a procedural standpoint the critical difficulty lies in deciding who should make decisions about the relative merits of a country's laws vis-à-vis competing sources of legitimacy. It hardly seems justifiable for donor agencies to take it upon themselves to make this judgement, since their own bureaucratic or political interests are usually at stake in the decision. At the very least one would want the matter to be adjudicated by some neutral court of appeals.

A third argument against respect for laws restricting abortion is that governments themselves are often divided on this question. In such pluralistic settings some groups are in favor of action and others opposed. Under these conditions, donor representatives have argued, foreign agencies have a right to work with supportive officials, even if abortion is illegal and against the country's official policy. In other words, when opinion is split on abortion policy there is nothing wrong with donors taking sides since there will also be nationals on that side. But here, too, there are ethical difficulties. By taking sides, particularly when support is accompanied by a generous infusion of foreign monies, the donors are, in fact, infringing on national autonomy in a particularly delicate area. Foreign intervention becomes especially questionable when external financing is used as a bargaining chip in negotiating what is fundamentally a

moral and political question on the national scene. Second, international agencies supplying aid for abortion under conditions of secrecy are themselves being hypocritical and aiding governmental double-dealing. This approach seems highly unjustified if the government simultaneously denies taking aid for abortion and accepts funds for that purpose. In such circumstances domestic critics of abortion, such as the Roman Catholic hierarchy in the Philippines, are being deliberately deceived about the government's intentions and the donor's actions, and are thus deprived of their right to comment on population activities. The ethical problems of covert intervention are compounded when, as is often the case, the donor's aim is to establish a beachhead of services which will be extremely difficult to dislodge even when they are made public. While such issues arise in other spheres of foreign assistance, they are of particular significance here because of the deep moral and religious values at stake in abortion.

A great drawback to violations of national autonomy is that they cannot be turned into a workable universal principle. One "categorical imperative" might read: "Whenever a donor agency considers national autonomy subservient to its own conception of human rights or public policy, its conception should prevail." According to this criterion foreign organizations opposing the U.S. Supreme Court's 1973 decision on abortion would have a moral warrant to use clandestine means in supporting the proposed constitutional amendment against abortion. Hence Saudi Arabia and other conservative Islamic countries would be justified in supplying the United States Right to Life movement with, say, \$100 million for undercover activities in support of this amendment. Most of us would find this a horrifying prospect, yet this is very close to what is being done on a smaller scale to promote abortion in developing countries.

A third guiding principle is that *foreign aid for abortion should not jeopardize foreign aid for socioeconomic development*. The great bulk of economic assistance today goes for activities other than population, including agriculture and nutrition, education, health, and public works. Most aid programs try to improve human welfare by finding better ways of producing rice and wheat, by increasing access to schooling for the rural poor, by experimenting with low-cost methods of delivering health care, and through similar means. To work well in promoting development, foreign aid requires an atmosphere of mutual trust and collaboration, not only between the donor agency and the government but with other segments of the society as well. The greatest risk of covert aid for abortion is that it will pollute this environment and place all foreign assistance under a cloud of controversy and doubt. There are already suspicions in some quarters, particularly in Latin America and Africa, that donors bootleg as much birth control as possible into countries that do not want it. These suspicions are abetted by evidence that a decade ago, when family planning programs were coming into their own, donors im-

ported the Lippes loop under the billing of "Christmas tree ornaments" and other contraceptives as "fungicides." The point here is that fears about hidden agendas and surreptitious activities on abortion can undercut the efforts of agencies that operate completely above board, even in areas seemingly unconnected to birth control. And in the population field itself doubts about donor integrity can make a government reluctant to open the door for assistance to family planning services or even research. If an African Minister of Health fears that a family planning program will be taken over by abortion advocates and later cause a political explosion, he may be reluctant to move down that path at all. No program is an island in foreign aid.

In the end we must ask what constitutes ethical foreign aid. Is assistance to other countries primarily a means to help governments attain their own purpose, or is it an instrument for subverting those purposes? The issues raised here can fruitfully be debated by persons who differ on the morality of abortion but who share a common commitment to the promotion of national development and international cooperation. It is a debate that is badly needed.

REFERENCES

¹This article is based on several interrelated sources: the author's own research on foreign aid agencies; unpublished country studies prepared for the Hastings Center's Project on Cultural Values and Population Policies by scholars in several of the developing countries; and recent interviews dealing specifically with foreign aid for abortion. Persons contacted included present or former staff members of the Population Council, the Office of Population of the Agency for International Development, the Population Crisis Committee, the Pathfinder Fund, the International Projects Assistance Service, the International Fertility Research Program, and the U.S. Senate.

²H.R. Holtrop and R.S. Waife, *Uterine Aspiration Techniques in Family Planning* (Chestnut Hill, Mass.: The Pathfinder Fund, 1976), p. 1.

³U.S. Department of State, Agency for International Development, "A.I.D. Policies Relative to Abortion-Related Activities." Policy Determination, PD-56, June 10, 1974.

⁴George Zeidenstein, "Future Directions of the Population Council." Report prepared for the meeting of the Board of Trustees of the Population Council, June 8-9, 1976.

⁵Material describing this incident is contained in M.E. Lopez, A.M.R. Nemenzo, L. Quisumbing-Baybay, and N. Lopez-Fitzpatrick, *Cultural Values and Population Policy: Philippines. The Sociological Study* (Quezon City: Institute of Philippine Culture, Ateneo de Manila University, 1978).

⁶The information summarized here was obtained from an informal report on abortion prepared by IPPF in 1979.

⁷The Pathfinder Fund, "Pathways in Population Planning." Promotional flyer issued circa 1975.

⁸United Nations Fund for Population Activities, *Population Programmes and Projects. Vol. I: Guide to Sources of International Population Assistance* (New York: United Nations Fund for Population Activities, 1979), p. 297.

⁹*Ibid.*

¹⁰United Nations Fund for Population Activities, *Population Programmes and Projects. Vol. II: Inventory of Population Projects in Developing Countries Around the World 1977/78* (New York: United Nations Fund for Population Activities, 1979), p. 303.

¹¹*Ibid.*, p. 71.

¹²*Ibid.*, p. 31.

¹³United Nations, World Population Conference, *Action Taken at Bucharest* (United Nations, New York: Center for Economic and Social Information/OPI for the World Population Conference, 1974), p. 10.