

An Honest Conversation about the Mexico City Policy

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Abstract

With the reinstatement of the Mexico City policy following the presidential administration change in January, non-governmental organizations (NGOs) lost funding for providing abortion services and counseling abroad. This policy affects millions of women globally and the ramifications of its reinstatement are difficult to comprehend. Through a panel discussion with experts, we identified and reviewed several questions about the Mexico City policy through the perspective of medical students: an explanation of the policy itself, how it affects NGOs, how NGOs prepare for a loss in funding, how the policy influences women's health abroad, and what US-based medical students can do to expand health care access abroad. This discussion helps students consider the challenges of international health and explored ways of thinking globally, but acting locally, to make a difference to underserved populations.

Introduction

A recent discussion between experts and students at the Johns Hopkins University School of Medicine brought attention to the reinstatement of the Mexico City policy. The dialogue was dissected, analyzed, and complemented by research to highlight the importance of US funding for non-governmental organizations. A special focus was placed on international family planning and women's health, how non-governmental organizations prepare for the Mexico City policy reinstatements, positives to extract

from the reinstatement, and what medical students can do now to help people's access to medical care abroad and locally.

What is the Mexico City policy?

The Mexico City policy, or better known as the Global Gag Rule, plays a game of "hot potato" between democratic and republican administrations, where it is struck down and reinstated, respectively. The policy was born out of a 1984 United Nations population conference in Mexico City, where President Reagan brought it forward. Simply put, the

bill prohibits the use of American taxpayer money given to non-governmental organizations (NGOs) that provide, talk about, or assist in abortion care abroad. To be clear, currently no taxpayer money goes toward providing abortion care in the US, but this bill would stop the work of many NGOs that are in countries where abortion is legal¹. This rule even prohibits NGOs from using their own countries' funds to provide abortion care if they want to continue to receive money from the US. The bottom line is that many NGOs, like United States Agency for International Development (USAID) and the Population Council (PopCouncil), are restricted from working with family planning organizations and lose access to a large population of women abroad. This means that if an NGO provides health care, HIV care, maternal and child health, malaria care, and happens to provide abortion care or counseling, they would lose US aid if they do not remove abortion services from their mission.

What is the importance of government assistance for NGOs?

Government assistance is extremely important for NGOs, nearly half of the budget for the PopCouncil comes from USAID. Since the reinstatement of the Mexico City policy, several private organizations have stepped in to fill in the gap. By placing contingencies on funding, the US is compelling NGOs and governments abroad to follow its regulations. Many governments, especially in the Francophone-region of Africa, an area of high need, rely on outside

assistance to provide their citizens with healthcare.

How does this repeal affect women abroad?

Of the \$600 million budget of USAID, \$140 million goes toward family planning, highlighting the importance of preventative care and people's choice of when they would like to start a family. In the last eight years, more women than ever before are using contraception, without assistance from NGOs, many of those women are now not getting access to the same contraception they rely on². This lack of access affects their empowerment and ability to make decisions about their own health.

How is this reinstatement different than the ones before?

When the policy was last implemented in 2001, when President Bush took office, many organizations were affected, however, in the eight years that the policy has been lifted numerous additional organizations now work in family planning. A recent figure has shown about fifteen times more organizations would be affected since many HIV/AIDS clinics also provide comprehensive family planning services⁵.

How do NGOs prepare for the reinstatement of the Mexico City policy?

When NGOs that provide family care must comply with a re-instated Mexico City policy they are required to first and foremost stop offering abortion services and counseling.

They no longer can advise or direct families to organizations that provide abortions. If an NGO decides that it will not stop providing these services, they must look toward outside funding from other countries, such as the Department for International Development from the UK, or private funding sources, such as the Gates' Institute. When the Mexico City policy is lifted, there is a lag in time before NGOs that provide abortion services receive funds.

What are some positives to look for?

It can be difficult to find “the bright side” in politicized issues, however, when there is opposition to a new law there is much greater scrutiny in examining the associated policies that come along. The truth is that not many comprehensive studies have been completed on the Mexico City policy's effects on women's health abroad. Now with the reinstatement, more rigorous studies will be completed to truly understand its effects and whether the rule is as detrimental as some NGOs are saying it is. Ultimately, better research and better data will come out of this so we can truly understand the impact on people, the problems that arise in practice, and what some tangible solutions might be.

What can we do now as medical students?

The Mexico City policy places many restrictions on women abroad who become disenfranchised in their health choices. As a medical student based in the US, seemingly far from the affected countries, there are still many ways to get involved and make an impactful difference for women worldwide.

The first thing to do is to “fall in love” with the problem – become passionate about women's health and global health and become an informed advocate. Here are some ideas about what your next steps could be:

1. Reach Out to Your Representative

Advocacy works from the ground up: an act as simple as reaching out to your state's elected official can influence politicians' viewpoints and even how they vote on legislation. Political action committees centered around increasing access to women's health, including [National Women's Political Caucus](#) and [EMILY's list](#), are looking for enthusiastic volunteers and interns to propose legislation, help fundraise, and be a part of campaign teams. You can mobilize a team on your own of equally keen students, neighbors, or friends to make phone calls or write emails or letters to raise awareness on cutting funds and access to reproductive health abroad and can influence how your representative votes on similar bills.

2. Intern, Research, or Volunteer with Non-Governmental Organizations

Organizations such as the [Population Council](#), [PAI](#), and [Planned Parenthood](#) do great work for women overseas through research to understand and address women's health abroad, particularly access to safe, reliable reproductive care. A collaborative research experience with an NGO to analyze health outcomes in an area no longer served by a comprehensive reproductive health clinic can become a summer project. The evidence generated through these organizations further

bolsters the need to fund women's health abroad and illustrates the need to change public perception about the necessity for reproductive health. Interns can play a variety of roles: from advocacy and grant-writing to becoming the head of the group's social media platform and crafting legislation.

3. *Think Globally, Act Locally*

Although the Mexico City policy predominantly affects women's health abroad, the same restrictions are in place domestically. There is an incredible amount of work to be done for women's health in the US. Become acquainted with your state's [abortion and family planning restrictions](#) to recognize the health hurdles women must overcome in your own district. Volunteer with your local [doula programs](#) and support women during an important time in their lives. Within your medical school, you can work on drafting legislation through the American Medical Association or even start your own club (or project) that raises funds for NGOs and recognition of women's health and reproductive health concerns. Thinking even more locally, by writing an op-ed piece, a blog post, or having a scheduled discussion, you can inspire people to think about the Mexico City Policy and its ramifications.

4. *Mindful Medicine*

Regardless of how you decide to become involved, helping women receive the care they need can start with you. As you transition into the wards, approach each patient's bedside with an open mind. Be aware of the inequalities of family planning

each woman has faced and understand their cultures and hurdles to healthcare. Practice [respectful maternity care](#): treat each mother with confidentiality, privacy, dignity, and respect.

Embrace your passion for women's health and become engaged with the issues surrounding access to reproductive health care in any way you can. Summative small steps make a difference and help those who need access to medicine.

Works Cited

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