POPULATION CONNECTION

Volume 52, Issue 1
March 2020

Trump's Global Gag Rule Threatens Recent Reproductive Health Successes in Nepal

President's Note

While global population growth continues to soar unsustainably, a handful of nations are experiencing declines. Often, this is pounced on as evidence that population growth is a thing of the past. That's just not true in a world that adds more than 80 million people annually.

We want to see more places reach population stabilization and decline—through progressive, voluntary measures that prioritize human rights.

While population decline brings many advantages, it does entail making some adjustments. Our friendly neighbors to the north have come up with a sound approach: paying residents of shrinking communities to relocate.

Last year, only 54 residents remained in the Newfoundland and Labrador community of Little Bay Islands. They had numbered in the hundreds until the early 1990s, when the local economy was decimated by the collapse of the North Atlantic fishery and the resulting moratorium on commercial cod fishing. This left the Canadian government burdened with providing ferry transportation, snow removal, and electricity for too few residents vis-à-vis the high cost of reaching the remote community with these services.

Rather than just wringing its hands, Ottawa offered between $250,000 and $270,000 to each property-owning household in Little Bay Islands to relocate, with the proviso that 90 percent of the voting residents must approve the plan. This cost would be more than offset by the elimination of all services provided by the national government. The measure passed by the required margin. As of December 31, 2019, all government services in Little Bay Islands have ceased. One couple has elected to stay and are investing in their own solar power; no one is being forced to leave, but those who choose to remain must fend for themselves.

Here in the United States, there are dwindling farming communities facing similar fates even as our national population continues to mushroom. Dairy farms have been particularly hard-hit. Per capita milk consumption in the U.S. has plummeted by 40 percent since 1975, partly due to the proliferation of more sustainable dairy-free milk alternatives.

It's often hard to leave hearth and home behind. But it's part of the life cycle for almost all of us, one way or another. We might do well to follow the example set by those thoughtful Canadians as one small step toward transitioning to a less crowded future.

As for the broader issue of the employment needs of our national economy, if we face shortages of workers in our increasingly technological world, let's lift up the 13 million American children trapped in poverty. With access to good health care and sound education, they stand a far greater chance of being productive citizens and workers.

We have no people shortage, period. But we could use more creative approaches to show people that population stabilization and reduction can be positive outcomes for people as well as for our beleaguered planet.

John Seager
john@popconnect.org

Volume 52, Issue 1
March 2020

POPULATION CONNECTION

Features

12 Nepal, Gagged
By Lisa J. Shannon

20 The Nepali Women Who Deliver Birth Control by Hiking
By Atul Bhattarai

Board Chair
Estelle Raboni, MPH, MCHES

Board of Directors
Aaron S. Allen, PhD
Rodrigo Barillas, MD, MBA
Andreea Creanga, MD, PhD
Amy Dickson
Katie Ferman
Bryce Hach, MS (Secretary)
Mark Hathaway, MD, MPH
Padgett Kelly, PhD
Nejla Liias, MPP
Bob Pettapiece, EdD
Dara Purvis, JD (Vice Chair)
The Hon. Tom Sawyer (Treasurer)
Mary Beth Weinberger
Kevin Whaley, PhD

President and CEO
John Seager
john@popconnect.org

Editor
Marian Starkey, MSc
marian@popconnect.org

Population Connection (ISSN 2331-0529)

Population Connection is the national grassroots population organization that educates young people and advocates progressive action to stabilize world population at a level that can be sustained by earth's resources.

Annual membership ($25) includes a one-year subscription to *Population Connection* magazine. Population Connection is a 501(c)3 non-profit organization. As such, contributions, bequests, and gifts are fully tax-deductible in accordance with current laws.

Population Connection
2120 L Street, NW, Suite 500
Washington, DC 20037
(202) 332-2200 • (800) 767-1956
info@popconnect.org
populationconnection.org
populationeducation.org
popconnect.org/magazine-archives

Cover Image: Babita Bist, a nurse at Family Planning Association of Nepal (FPAN), on her last day with the USAID mobile outreach program. The program was cut due to Trump's Global Gag Rule. Photo: Lisa J. Shannon

Departments

2 Editor's Note
3 Letters to the Editor
4 Pop Facts
6 In the News
8 President's Circle
28 Washington View
30 Field & Outreach
32 PopEd
36 Cartoon
37 Editorial Excerpts

Editor's Note

We've been fortunate to work with Lisa Shannon of Every Woman Treaty over the past few years, collecting stories from around the world about the impacts of Trump's Global Gag Rule on real people with real health care needs. We know that without the stories, the data and statistics and foreign aid appropriations can seem cold, unfeeling, and hypothetical. But the outcomes of the Trump administration's cruelty are anything but hypothetical.

One of the places Lisa visited, in the fall of 2018, was Nepal. Recently, there have been many news articles and agency reports about the reproductive health care situation in that mountainous country, so we decided that it would be interesting to dedicate an entire issue of our magazine to those stories.

Lisa's article begins on page 12 and it's a troubling read. She describes how Trump's Global Gag Rule has brought an end to mobile outreach providers who venture, often on foot, to the most remote regions of the Himalayas. The article that follows Lisa's is a reprint from *Outside* magazine (page 20), and it tracks two mobile outreach workers who hike through treacherous terrain to bring contraception and other health services to women living far from health posts. Without their brave dedication to ensuring access to reproductive health care for all—urban and rural, educated and illiterate, wealthy and poverty-stricken—thousands of women would go without.

Nearly half (44 percent) of women in Nepal have an unmet need for family planning. That is, they do not want to become pregnant in the next two years (20 percent of women with unmet need) or ever again (80 percent), but are not using modern contraception.

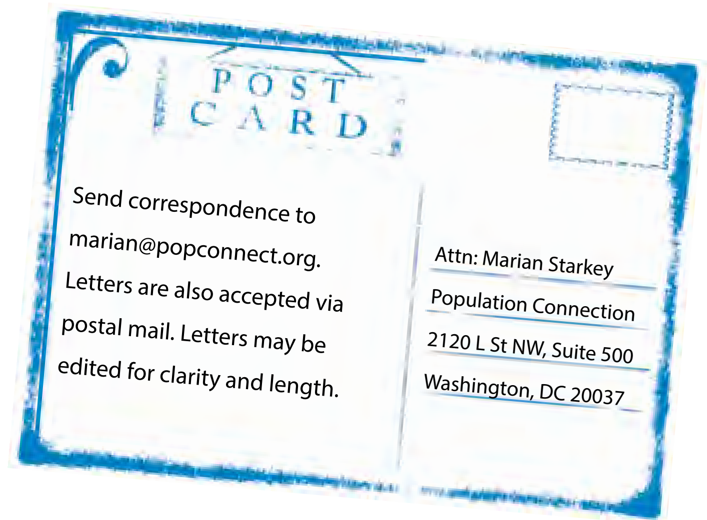
The government of Nepal has been increasing its family planning budget by 7 percent each year since 2015, in order to help raise the rate of contraceptive use. But Nepal is a poor country, with a per capita GDP of only $1,034. Donor assistance is critical to scaling up family planning initiatives and continuing to work toward improving reproductive health indicators.

Over the course of 20 years (1996–2016), Nepal's fertility rate halved, from 4.6 births per woman to 2.3. Progress like that doesn't happen on its own. It happens because of health care providers at hospitals, clinics, and mobile outreach events. It happens because of funding from Nepal's government, from the United States, from the United Nations, and from other international donors such as the UK's Department for International Development (DFID).

One of my biggest work-related pet peeves is when people say that fertility rates are coming down on their own. They're not. They're coming down because women who want to plan their pregnancies are able to do so thanks to modern contraception and the education to properly use it and manage side effects. And don't be fooled into thinking that the momentum of past fertility decline is powerful enough to continue on its own after funding is cut. It's not. Couples continue having sex regardless of what's happening in Washington, DC, and regardless of whether they have birth control at their disposal.

Marian Starkey
marian@popconnect.org

Letters to the Editor



Your June and December issues, emphasizing the connection between population levels and climate change, were brave and impressive. You are setting a fine example, not followed, alas, by many environmental NGOs, which still seem intimidated by the taboos surrounding population questions. All their great work to save species and habitat is threatened.

Congratulations on your work establishing the population/environment connection.

Merloyd Lawrence

Thank you for helping connect the big dots between population growth and climate change. I am saddened but unsurprised you could find only three topical articles to reprint; as the articles note, the topic is sensitive. Some sensitivities come honestly from religious beliefs, or from the horrific history we all must remember and resist ever repeating: eugenics, Nazis, and sterilization abuse of African Americans. But these historical realities are also daily manipulated to whip up outrage by activists from the alt-right to mainstream anti-abortion conservatives to some on the left who have been misled into opposing Planned Parenthood, for instance, due to deliberate distortion of Margaret Sanger's historical record (ironically, often distortions funded and spread by the alt-right).

When responsible advocates of access to voluntary family planning are silenced by distorted references to history, we all suffer. Dorothy Roberts—who wrote brilliantly in 1997 on America's history of eugenics in *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*—points out that today's abortion bans are similar to 20th-century eugenics laws: "[B]oth seek to control reproductive decision making for repressive political ends. Thus, if you oppose eugenic birth control, you should also oppose abortion bans as forms of reproductive oppression."

And as Sebastien Malo's article ("Fewer children, fewer climate risks? Niger ponders a controversial option") highlights, the communities hurt worst by lack of family planning access are also often those least protected from climate change and other consequences of population growth.

Kudos to Population Connection for walking this sensitive ground with a sensible and informative special issue!

Rebecca Weiner

Thank you for the article "Good Women." I appreciated this in-depth profile of a very troubling situation and the solutions that are starting to make a difference.

Brendan Miller

I heartily endorse and appreciate your efforts at educating the public on the dangers of unsustainable human population expansion. However, you are missing one very key element: the unsustainable philosophy of perpetual financial expansion that goes hand-in-hand with population increase. More people, more customers. It's as simple as that.

We cannot continue to deal with real physical limitations in terms of a non-physical value system. We must adopt an economy that is in sync with the real world. The monetary profit system must go, in favor of a more responsible and equitable economy.

Stephen L. Doll

Nepal:

Unmet Need for Contraception Drives Unintended Pregnancies and Maternal Deaths

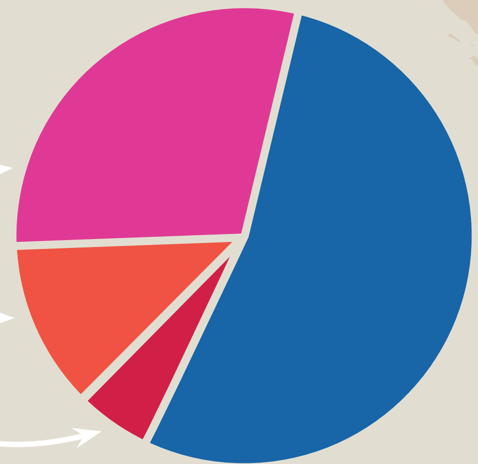
Women in Nepal have an estimated 1.2 million pregnancies each year, of which 539,000 (45%) are **unintended**.

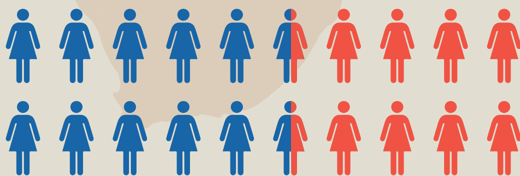
Two-thirds end in **induced abortion.**

Nearly a quarter of these unintended pregnancies end in **unplanned births.**

The remainder end in **miscarriage.**

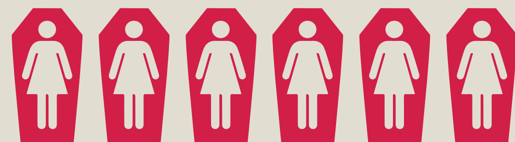
1.2 million
pregnancies / year





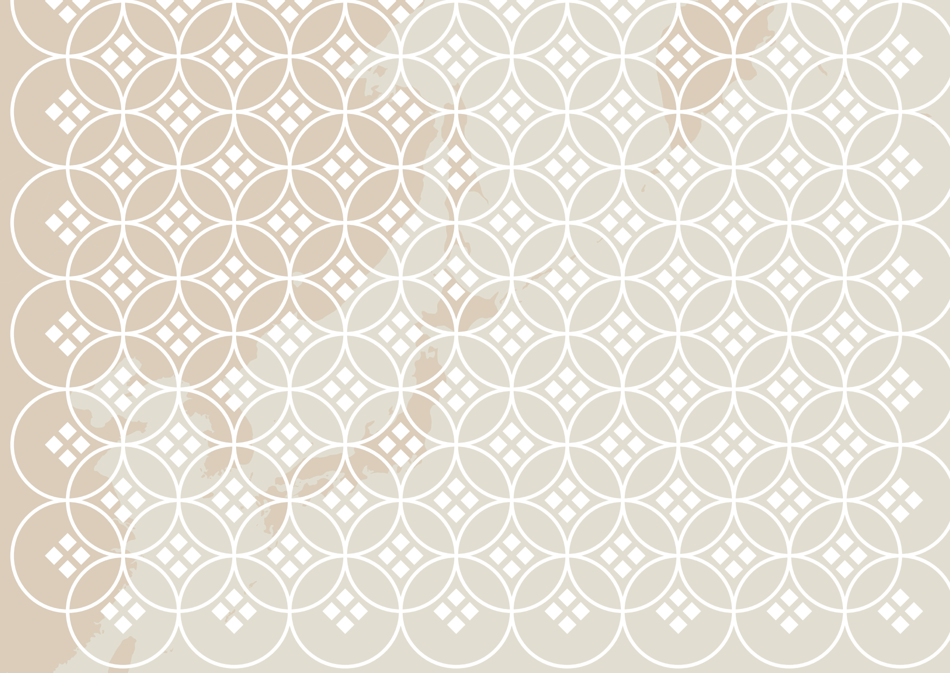
About **44% of women ages 15–49** who want to avoid a pregnancy have an unmet need for modern contraception.

Maternal mortality in Nepal is estimated at 239 maternal deaths per 100,000 live births—totaling approximately 1,600 deaths each year.

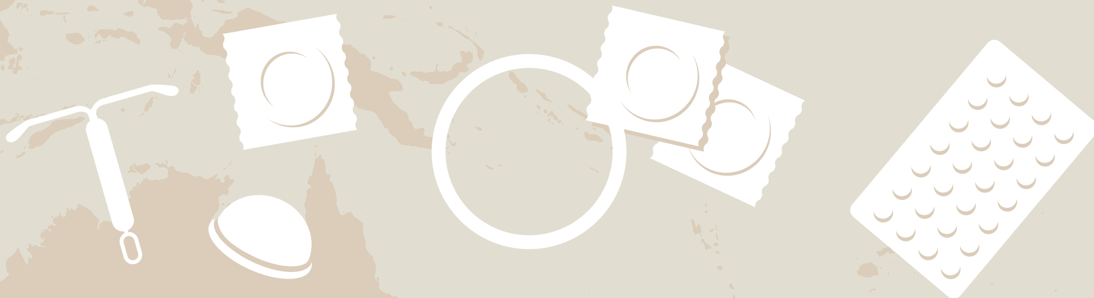


1,600 deaths / year

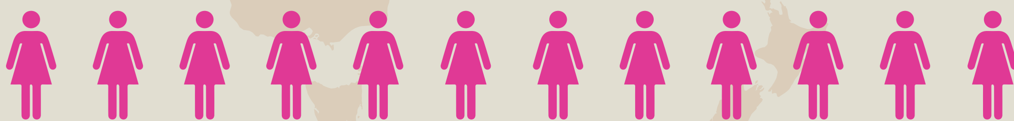
Design by Mali Welch



Satisfying all women's need for modern contraception would increase the annual cost of services from an estimated $18 million (in 2017 U.S. dollars) to $33 million. This total would include contraceptive commodities, staff salaries, health infrastructure upgrades, contraceptive counseling, communication activities, and improvements to programs and systems.



If all unmet need for modern contraception were met, unintended pregnancies would be reduced by 87%, or 469,000 annually. Fully meeting women's need for contraception would **reduce maternal deaths by nearly 300 annually**.



Source: Sundaram A et al., "Adding It Up: Costs and Benefits of Meeting the Contraceptive and Maternal and Newborn Health Needs of Women in Nepal," New York: Guttmacher Institute, 2019.

In the News

By Stacie Murphy, Director of Congressional Relations

World Population Tops 7.75 Billion

Germany's Foundation for World Population estimates that global population reached 7.75 billion by the end of 2019. According to their calculations, the world grows by 156 people every minute, or 83 million annually—the rough equivalent of adding a new Germany each year. Looking ahead, they project that global population will surpass 8 billion within the next four years, and that by 2027, India will have overtaken China as the world's most populous country.

Report: Nearly 900 U.S. Clinics Have Lost Funding Due to Domestic Gag Rule

According to a new report from Power to Decide, 876 clinics across the United States have lost federal Title X funding for refusing to comply with Donald Trump's Domestic Gag Rule.

The rule, which went into effect last year, prohibits Title X providers from using their own, non-federal dollars to offer abortion services. It also prohibits them from referring patients to other providers for abortion services and from counseling patients with complete and accurate information about their pregnancy options.

Planned Parenthood, which had served 41 percent of Title X patients, exited the program, as did many independent clinics. Five states—Maine, Oregon, Utah, Vermont, and Washington—currently have no remaining Title X providers.

Planned Parenthood Awarded $2.2 Million in Lawsuit Over Fraudulent Videos

On November 15, 2019, a federal jury in San Francisco awarded up to $2.2 million to Planned Parenthood in its suit against David Daleiden, president of the anti-choice Center for Medical Progress. In 2015, Daleiden posed as a representative of a biotechnology company and secretly recorded Planned Parenthood employees talking about reimbursements for handling of fetal tissue used in scientific research. The recordings were edited to make it sound as though the group was profiting from the practice, sparking conservative outrage and multiple state and congressional investigations.

Planned Parenthood was later cleared of any wrongdoing. Daleiden, through his attorney, vowed to appeal the decision.

Planned Parenthood Partners with 50 Los Angeles High Schools

Planned Parenthood has announced that, in partnership with the Los Angeles County Health Department and Board of Education, it will open 50 school-based clinics designed to offer the full range of birth control options, STD testing and treatment, and pregnancy options counseling to up to 75,000 teens. Two Planned Parenthood-trained public health officials will be stationed at each location, and a nurse practitioner or other medical provider will visit at least once a week. The initiative will also train several hundred teens as "peer advocates."

Studies Debunk Claims of Abortion Regret, Increased Suicide Risk

A pair of new studies contradict claims from anti-choice advocates that abortion often leads to negative long-term emotional consequences, including an increased risk of mental health problems and suicide.

In November, a University of Maryland study of 520,000 Danish women spanning 17 years found no link between abortion and attempted suicide. According to Julia R. Steinberg, the study's lead author, "The view that having an abortion leads to suicidal thoughts, plans, or even suicide attempts has been used to inform abortion policies in some regions of the world. The evidence from our study does not support this notion." The strongest risk factor, instead, was the presence of pre-existing mental health problems.

In January, researchers from the University of California San Francisco released results from their study of 667 women who were asked about their feelings about their abortions one week after the procedure and twice a year after that. At one week, 51 percent of participants reported feeling mostly positive emotions about their decision, while only 17 percent expressed negative feelings. One-fifth said they had few or no feelings about the experience. After five years, 84 percent reported either positive or no feelings, while only 6 percent reported negative feelings. Nearly all (99 percent) respondents reported that

they felt they had made the right decision for themselves. "I in no way want to reduce the struggles of those who regret their abortions," said Corinne Rocca, the study's lead author, "but it is misguided to take away the options for everyone based on this minority."

The study's authors said the results "challenge the rationale for state-mandated counseling protocols … and other policies regulating access to abortion premised on emotional harm claims (e.g. waiting periods)."

"Abortion Reversal" Study Halted After Safety Concerns

Researchers at the University of California, Davis, ended a study of so-called "abortion pill reversal" after several participants developed bleeding heavy enough to require hospital visits. Medication abortion typically consists of two drugs given 24 hours apart. The first part of the process involves taking a dose of mifepristone, which blocks the hormone progesterone, causing pregnancy tissue to die. A later dose of misoprostol causes uterine contractions, which expel tissue.

The study was intended to examine the anti-choice claim that large doses of the hormone progesterone can preserve a pregnancy if administered after the mifepristone. Researchers planned to enroll 40 pregnant people who had scheduled surgical abortions. After taking a dose of mifepristone, the volunteers would either be given a dose of progesterone or a placebo, then have their pregnancies monitored by ultrasound. Ultimately, only 12 participants were enrolled before the study was stopped. Three participants—one who had received progesterone and two who had gotten the placebo—experienced heavy bleeding. Two others dropped out of the study due to side effects. Four patients who had received progesterone showed evidence of continued pregnancy, along with two who had received the placebo.

At least seven states require the inclusion of information about the potential for reversal as part of their informed consent guidelines.

Monthly Birth Control Pill in the Works

Researchers at the Massachusetts Institute of Technology (MIT) are developing a once-a-month birth control pill. Based on earlier work on long-acting HIV/AIDS and malaria drugs, the new pill contains the same hormones as other pills, but uses a novel mechanism. A star-shaped delivery device is folded inside a gelatin capsule. The user swallows the capsule, which dissolves in the stomach and allows the arms of the star to unfold. Each arm dissolves at a different rate, dispensing the medication over time. Tests in pigs show that the level of hormones in the blood remains constant. Although the daily pill is a highly effective form of birth control when used correctly, studies show that up to 9 percent of people using it will become pregnant over the course of a year, largely as a result of missed doses.

New Argentine President Promises Legal Abortion

Calling it "a public health issue," Argentina's new president, Alberto Fernández, has vowed to push for the legalization of abortion during his administration.

Less than a month before the end of his term, Fernández's predecessor, Mauricio Macri, revoked a protocol put in place by the Minster of Health which would have broadened the criteria under which abortion was available. The move led to the health minister's resignation.

Currently, abortion is only legal in cases of rape or when the life or health of the pregnant person is threatened. However, critics claim that those exceptions are not always honored. Fernández's new Health Minister, Ginés González García, has already released a new protocol aimed at ensuring rape victims have the access to which they are legally entitled.

Moroccan Journalist Pardoned after Abortion Conviction

Morocco's King Mohammed VI has pardoned journalist Hajar Raissouni, who was sentenced to a year in jail for having an abortion—a charge she denied. Raissouni was convicted, along with her fiancé, two doctors, and an office assistant, of violating Morocco's draconian laws against premarital sex and abortion. Supporters maintain that the prosecution was nothing more than retaliation for her criticisms of the government.

RECOGNIZING MEMBERS OF THE PRESIDENT'S CIRCLE

Individuals

Robert & Kerstin Adams
Audra Adelberger
George Ainslie
Bob & Susan Allen
Mariette Allen
Richard Allen
Janet Allison
Porter Anderson
Steven Anderson
Todd & Shari Anderson
Earl Appel
Randall Arnold & Patricia Fair
Dana Aswad
Judith Avery
Kent Bach
Ford Ballantyne
George & Nancy Barker
Mary Barkworth
Jill Barnes
Kitty Barr
Thomas & Mary Bartlett
Marie Barton
Bill Battagin
Edward & Cynthia Behrman
Donald & Pamela Bell
Phoebe Bender
Nancy Benedetti
David Benefiel
James Bennett
Janetha Benson
Elodie Bentley
Bill Berg
Robert Berg & Carol Emerson
John Bermingham
Eleanor & Richard Berry
Jeanne Berwind
Kaye Beth
Marcia Bieber
Leslie & William Biggs
Diane Bigler
Rex Bigler
Roger & Edith Binkley
Norbert & Inger Bischofberger
James Blankenship
Gail Bliss
Joseph Blum
Michael Bobroff
David Bogart
Pirkko Borland
Barry & Adriane Bosworth
Kimberly Bradley
Janice Lee Brannon
Ralph Bristol
Christopher Brown & Susan Urquhart-Brown
John Brown
T. Wistar & Emma Brown
Judith Buechner
Charles & Judith Burch
John & Mary Burkhart
Russell & Sally Burmester
Glenn Calkins
Michele Calos
Catherine Cameron
Rosemarie Carbino
Joann Cardiff
Jerry Carle
Charles Carpenter
Candice Carson & George Banker
Catherine Carter
John & Theresa Cederholm
Marshall Lee Chambliss
Wallace Champeny
Charles Chapin
Ralph Chapuis
David & Susan Clark
Hilary Clark
James Clouser
Cindy Cobb
Clifford & Carolyn Colwell
Janet Conn
Richard & Perry Cook
James & Pauletta Copenheaver
Walter Crager
David & Christine Crain
Tiffany Cunningham
Tom Curran
Grace Curry
Christine Curtis
Charles Dahl
Richard Daly
Paul Damond
Gene & Linda Daniels
Eugene Davis
George & Joel Dawson
Steve De Maeyer
Robert & Linda DeLap
Edward DeMartini
Jeffrey Dennis
Paul Deutsch
Elzbet Diaz De Leon & Joe Connett
Caroll Dickinson
Pam Dickson
Donald Dodd
Evelyn & Earl Dolven
Julian & Katharine Donahue
William Donnell
R. H. Downes
Margaret Rose Draeger
Ellen Dryer
Daniel & Victoria Dubina
Kenneth Dubke
Colleen Eden
John Eder
Mary Eiseman
Donald & Janice Elliott
Thomas Emmons
Herb Engel
Christopher & Joan Ennis
Gale Epstein
Don & Nancy Erman
Nancy Escoffier
John Estes
Thomas & Sarah Faulkner
James Feit
Elaine Felde
Celia Felsher
Norborn Felton
Rodney Ferguson
Eric Filseth & Tina Peak
William & Jullia Findley
Richard Fish

The President's Circle is Population Connection's leadership society, whose members contribute annual gifts of $1,000 or more, providing the financial foundation for our advocacy and educational efforts. We are deeply grateful to members of Population Connection's 2019 President's Circle. Your generous support inspires us and propels us forward every day. Thank you!

Donald Fitch
Barbara Fite
Gael Fitzmaurice & Fred Dortort
Gilbert Flanagan
Cameron & Diane Fowler
Kathleen Fowler & Jeffery Pfeffer
Michael Fox & Deanna Krantz
Karin Frazer
Curtis Fritz
E. Marianne Gabel
Pamela Jo Garrison
Michael Gendler & Jessica Teich
Don Gentry
Paul & Barbara Gerhardt
Anthony Gilbert & Laurel Wroten Gilbert
Sarah Gilbert & Carl Wieman
Joan Gildin
Duff & Joanne Gillespie
John Gilpin
John Giurgevich
Pete Glasier
Charles Glatt
David & Alena Goeddel
Rolf & Julie Anne Goetze
Ira Goldstein & Tessa Flores
Elmer Leroy Grable
Ileana Grams-Moog
Julia Gregory
Leora Gregory
Charles & Jane Greyson
Gay Gullickson
Carol Gunther-Mohr
Carol Guze
Jason Gwinn
Bryce Hach
Deborah Halliday
Sheila & Michael Hannah
David Harder & Deborah Greenwald
Lelia Harriman
Jessie Harris
Kriss Hart
Robert & Rosemary Heil
Charles Heimstadt
Larry Henderson
Donald Henley
Dennis & Jane Henner
Theodore & Margie Henning
Donald Henninger
Stanley Henshaw
Francis Herbert
John Hering
Judith Herman
Richard & Beverly Rae Hermsen
Jerry Herst & Julie Dorfman
Kenneth & Karen Heuer
William Hildreth
Dale Hillard
John Hirschi
Eric Hirst
Jerre Hitz
Janice Hixson
Noel & Patricia Holmgren
Scott & Andrea Holtzman
Joyce Homan
Scott Austin Hunter
Robert & Jean Huston
Roger Ibbotson
Gary Jacobson & Martha Blake-Jacobson
Robert Janes
Jerry Jedlicka
C. Bradford Jeffries
Maureen Johannigman
Peggy Johnson
MaryAnne Johnston
Muirl & Joyce Johnstone
Dawn Jones
Irene Jones
Kenneth Jones
Paul Kaplan
Sally Kaplan
Janice & Marshall Karibian
Richard & Diana Kasper
Meryl Katz
Dennis & Joanne Keith
Vicky & Grant Kemp
Susan Kennedy
Frederick Kenyon
Elizabeth Kilb
William & Marilyn Kincaid
Robert King & Anne Faulkner
Philip Kislak
Terry Kitson & Paula Sherman
Edward & Susan Klenner
Ralph & Marjorie Koldinger
Paul Konka
Hunt Kooiker & Linda Whinnery
Melodee Kornacker
Hannah Kramer
James Krasno
Karl & Mary Ann Krause
Marion Krause
Stephen Kunkel
Peter Kunstadter
George & Elisabeth Kurz
Keith & Patricia Kusunis
William Lafranchi
Max Lagally
Judy Lamana
Paul Lampert
Jim Lampl
Alma Lantz
Ann Larimore
Kenneth & Nancy Larner
Dinah Larsen
Brian Larson
Merloyd Ludington Lawrence
Robert & Linda Lawrence
William & Emmy Lawrence
Kenneth & Priscilla Laws
Anna & Thomas Lawson
William Layton & Nuria Rodriguez
Nancy Leavens
Edward & Kathryn Lee
Dorothy & Andy Leong
Lois Levine
Ronald Libby & Janene Miller
Chun Liew
James & Susan Lindsay
Wendell Lindsay
Sherri Little
Joanna London
David & Carla Low

Alaire & Tom Lowry
Perry Luke
Bryan MacPherson & Pamela Van Hine
Ernest & Helen Madsen
George & Mary Maenchen
John Magnani & Linda Martin
Bernard Magnussen
Norman Mandelbaum
Donald Mank
John Manley
Jeffrey Marcous
William & JoJean Marks
Diane Marschke
George & Sheila Marshall
William Marshall
David Martin & Miriam Lezak
Wayne Martinson
William Mashburn
David Massey
T. D. Mathewson
Clark & Sari Maxfield
Rick & Linda Maxson
Dorothy Mayer
Nancy Maze
Richard McCabe
James McClelland & Heidi Feldman
Gary McCormick
Robert McDonnell
Peter Mele
John Mesching
Jeff Messerschmidt
Rosalie Migas
Christopher Miller
Lincoln & JoAnne Miller
Frederick Millhiser
Carolyn Minskoff
Suzanne Moffat
Russell & Illa Moffett
Dian Moore
Simona & Jeffrey Morris
Ruth Morton
Eva Moseley
Sandra Moss
Denny Mullen
Edward Munyak
Brady Murphy
Robert Murphy & Anna Shortall
Jan Musial
Sacheen Nathan
Jeffrey Nelson
John Nelson
Kathy & Alvin Neumann
Donald & Sylvia Nevins
Paul & Antje Newhagen
Rebecca Newland
Roger Newman
David Nichols
Steven Nierlich & Tienne Lee
Karen Nixon & Clark Searle
Austin & Martha Nobunaga
Robert & Nita Norman
Gregory Norton
Wallace Notley
Elizabeth Novak Millliken
Leslie O'Loughlin
Lorrie Odom
William Oettmeier
George Oleyer
Helen Olson
George Orr
Charles Owen
Neela Patel
G. Wesley Patterson
Mary & Mel Pearlman
Bob Pettapiece
Lois Pettinger & Dianne Erickson
Frank & Judy Pezzanite
Sue Phelps
Michael Philips
Margaret Phillips
Arthur Piccinati
Robert Pickering
Richard Pillmore
Jo Lynn Pine
John Pitcairn
Roger Pitman
Joseph Pittman
Barbara Planck
Paul & Ellen Popenoe
Stuart Porteous
Ken Powell
Martin Prince
Warren Pruess
Cory Pulfrey
Vivian Pyle
Garrett Quinn
Jerry Radinoff & Paula Siegel
Joelle Raichle
Judith Randal
Leonard Rappe
Rita Rausch
Rebecca Rawls
Ralph & Arlene Reed
George Reeke
Thomas Reifsnyder
Glenn & Joyce Reynolds
Arthur & Jane Riggs
Susan Rittenhouse
Deborah Roach
Robert Robinson
Larry & Alice Rodgers
George Rohrmann & Louise Meadows
William & Sandra Rosen
Paul Rosenberger
Steven & Maren Ross
Allan & Mearle Roy
Donald Royer
Beverly Rubin
Claudia Ruchar
K. C. Ruesink
JoAnn Sivley Ruppert & Steve Rupert
John Ryan & Margaret Silliker
Milton & Jeanne Saier
Kevin & Susan Salisbury
Carole Salman
Robert Sargent
Mary Lou Sayler
Richard Schablowsky
James Schacht
Michael Scher
Henry Scherer
Robert & Elizabeth Schlechter
Ray & Leola Schreurs
Allan Schuehle
Donald Schuman

Leanne Seeger
F. Peter Seidel
Preston Dow Seu & Donna Shaver
Timothy Sherck
Pamela Shillam
Michael Shoop & Joyce Prudden
Walton Shreeve
James Shultz
Linda Siecke
Emily Slowinski
Cole Smith
Edwin Thomas Smith
Francis Smith
Penelope Smith
Ross Smith
Samuel & Julie Smith
David Snoeyenbos & Elizabeth Jeffery
Laura Somerville
Zig Sondelski
George & Maradel Sonnichsen
Sha & Patricia Spady
Nyasha Spears & Brian Capps
Stuart & Shirley Speyer
Morton & Jo Ellen Spitz
Mary Sprague & William Hassler
Cyrus & Joanne Spurlino
Jean Stanfield
Norton Starr
Theodore Steck & Yvonne Lange
William & Diane Steen
John Steinberg & Jill Pliskin
Bruce & Julie Steiner
Tara Stevens
K. Martin Stevenson
Lawrence & Harriett Stone
Mary Lee Strebl
Jon & Barbara Stroud
John Stuelpnagel
Edwin & Dorothy Sved
Bill Swanson
J. David Swift
Susan Talbot
Francoise Tamres
Perry & Karen Taylor
Michael Tetreault & Neera Harmon
David & Eudora Tharp
Peter Thomas
Victor & Lizbeth Thomas
Les Thomassen
Kay Thornton
Suzanne Thweatt
Alma Tuchman
Ariana Tuggle
Jonathan & Nicole Ungar
George Vacek & Jessica Saxton
Gloria Valdespino
Mary Van Voorhees
Jonathan Vapnek
Dave & Christine Vernier
David Von Seggern
Benjamin Wagner
Arthur Wahl
Irene & Robert Wakeland
Brooke Walker
Carol Wandres
William Warburton
Sharran Warren
Carol Weale
Marian Weaver
Denis & Barbara Webb
Mary Beth Weinberger
Michael Weissman & Amanda Mardon
Gene Werden
Richard Wertz
Henry Weyerhaeuser
Carolyn White
Wayne Whitmore
Rankin & Sandra Whittington
Tom Wiard & Emily Schneider
Rodney Wicklander
Catherine Wiehe
Jeffrey & Marta Wilde
Alan Wilkinson
Michael & Angel Williamson
Roe & Helene Willis
Aletta Wilson
William John Wilson
Dorothy Winkey
Theodore & Gertrude Winsberg
Linda Wolcott
William & Janet Wolvin
Charles Woods
Marie Jose Woodward
James Worth
S. Paul Wright
Caryn Wunderlich
Georgiana Yap
Frances Yuhas
John & Melissa Zapp
Chuck Zierdt

Organizations

Alchemy Foundation
Anna Paulina Foundation
BeP EarthWise Foundation
EcoTrust
Gibson Family Foundation
Innovia Foundation
Janis and Alan Menken Charity Fund
Jim and Jan Gardner Family Foundation
Karras Clark Family Trust
Lautman, Maska, Neill & Company
Living Springs Foundation
McBride Family & Aspen Business Center Foundation
McCullough Foundation
Michael and Ina Korek Foundation
Mike & Elaine McRory Fund
Milligan Family Foundation
Modestus Bauer Foundation
Nina Abrams Fund
Pack Foundation
Rose and David Dortort Foundation
Ruth H. Brown Foundation
Sarah Beth Coyote Foundation
Schmidt Family Foundation
Shenandoah Foundation
The Bueler Family Trust
The Galvin Family Fund
The Gladys & Ralph Lazarus Foundation
The John and Shirley Nash Foundation
The Laney Thornton Foundation
The Louis and Harold Price Foundation
The Mary Angiola Foundation
The Paul H. Johanson Fund
The Prentice Foundation
The Robert J. Bauer Family Foundation
The Sheldon & Audrey Katz Foundation
The Silver Tie Fund Inc.
The Suwinski Family Foundation
The Witten/Nappi Charitable Fund
Weshnak Family Foundation
William H. Harris Foundation
Wilson-Weinberger Family Fund

If you'd like to join the President's Circle, or believe you should be recognized as a 2019 member and don't see your name, please contact Jennifer Lynaugh at jennifer@popconnect.org.

Thank you for your support!

Nepal, Gagged

Article and photos by Lisa J. Shannon

"Today is my last day. Closing. Phase out," Babita Bist says, with a bubbly Nepali accent. She's wearing a loose ponytail and street clothes—no lab coat to indicate her nursing credentials. It's late October 2018, and all things reproductive health in Nepal are changing. Due to the funding cuts that have come with Trump's Global Gag Rule, Babita Bist has just completed her last day in the field, working in mobile clinics. Babita repeats herself, perhaps for clarity, perhaps to drive the point home: "Phase out."

We are sitting in an office-turned-exam-room at the Kathmandu headquarters of Family Planning Association of Nepal (FPAN), founded in 1959, before Nepal even had a Ministry of Health. Small stainless steel desks and office chairs are surrounded by shiny lime curtains, canary yellow walls, and an assortment of rubber gloves and medical supplies. Patients are ushered in and out of the exam room by Babita's fellow nurse, 35-year-old Saraswati Upreti. Babita sits at a desk, contemplating the change. As of today, Babita will not be heading out to the field. She says, "Funding is finished. Mobile clinics are closed."

Babita had worked training government health staff in remote locales, focusing on marginalized communities. It was an Obama-era USAID project designed to "target those groups and disadvantaged populations with the highest unmet need for family planning services," first implemented in 2010 by Marie Stopes Nepal and FPAN. The second phase of the work constituted a $10 million investment over four years, beginning in 2015. It was scheduled for completion in mid-2019, but due to Trump's Global Gag Rule, funding was withdrawn mid-project, and the effort to make five methods of contraception widely available in Nepal was curbed.

Nepal, Poster Child for Successful Policy Change

Babita and Saraswati were both coming of age when Nepal liberalized its abortion law in 2002, legalizing abortion up to 12 weeks gestation on request, 18 weeks in the case of rape or incest, and at any point if there was a fetal anomaly or serious health risk to the pregnant woman. In 2018, the law was liberalized even further: The Safe Motherhood and Reproductive Health Rights Act acknowledged access to abortion as a human right and extended abortion availability from 18 to 28 weeks gestation in cases of rape, incest, fetal anomaly, threat to a woman's health or life, or when the woman has an incurable disease.

Prior to the 2002 law change, access to abortion was severely restricted, only permitted in pregnancies that threatened a pregnant woman's life. The law was changed by necessity: Nepal's maternal mortality ratio in 1996 was an astronomical 539 deaths per 100,000 live births.

The leading driver of these high rates? Complications from unsafe, illegal abortion, accounting for more than half of maternal deaths in hospitals.

To implement the new law, Nepal began offering safe abortions in government-run health clinics in each of the country's 77 health districts. Today, those services are offered free of charge, as are a variety of methods of contraception.

In a dramatic turn, Nepal became a kind of poster child for successful policy change in reproductive health and rights: By 2016, Nepal had cut its maternal mortality ratio down to 239 deaths per

Photo: Saraswati Upreti, a nurse at the Kathmandu headquarters of Family Planning Association of Nepal (FPAN)

100,000 live births (a massive improvement, but still significantly higher than the Southern Asian average of 176 maternal deaths per 100,000 live births). The modern contraceptive prevalence rate climbed from 26 percent in 1996 to 43 percent in 2016. And the fertility rate dropped by half, from 4.6 to 2.3 children per woman.

a multi-day trek across mountainous terrain.

And then there's the stigma.

This is especially true for young, unmarried women and girls. Sajja Singh, the 23-year-old Vice President of YUWA, a Nepalese youth-led organization that educates on sexual and reproductive health and rights, explains:

> Going to a safe abortion site takes huge courage. I've seen it myself. So I know that. They question. *It's your fault that you are pregnant*. Most of the youth, they don't prefer the government sites for safe abortion, because they feel it's not confidential, or they might judge, or they might see someone they know. So they prefer to go to these private clinics that were funded by the United States. If they go to the safe abortion site, they will be asked, *Are you married or not?* The Nepali community believes in sex after marriage. Abortion is done after marriage. Before marriage is stigma. So what I've found is most of the women who come to the government sites are married. And they come with their husband or their relatives. It's very hard for young people to go to the government site, all alone, unmarried. There is that judgmental look: *Oh, she is unmarried, and she is coming for the safe abortion.* Adolescents or teenagers may come, but either they are married, or they have children. At the age of 18, they have a three-year-old child. So they come with their husband to abort. I've seen no cases of an adolescent girl coming by herself to abort.

Nepal's maternal mortality ratio in 1996 was an astronomical 539 deaths per 100,000 live births. The leading driver of these high rates? Complications from unsafe, illegal abortion, accounting for more than half of maternal deaths in hospitals.

Unsafe Abortion Persists Due to Stigma and Inaccessibility

Despite the aforementioned progress, nearly half (45 percent) of pregnancies in Nepal are still unintended. Nearly one-third of all pregnancies end in abortion. And the majority of abortions in Nepal are still unsafe. Of the roughly 323,000 abortions performed in 2014, more than half (58 percent) were of the self-administered or back-alley variety, causing more than 63,000 women to seek medical treatment for complications. Perhaps unsurprising, women in Nepal have a 1-in-167 chance of dying from maternal causes during their lifetimes.

Here's the crux of the problem: Most Nepalis don't know abortion is legal, never mind how to access it for free at government health clinics. Even if they do know, they have to get themselves to the clinic, which is no easy feat in a Himalayan nation. For many Nepali women, seeking medical care requires

Sajja Singh, Vice President of YUWA, a Nepalese youth-led organization that educates on sexual and reproductive health and rights

That bears repeating. During a month of conducting research at a peri-urban government clinic that provides abortion care, Sajja did not observe a single case of a childless, unmarried adolescent seeking a government-funded abortion.

> Young people these days are entirely dependent upon the internet. They see everything. And they don't realize every video is not to be followed, to be practiced. So they do unsafe abortions. Pierce rod inside vagina. Herbal medicines that are totally inappropriate. Beat on stomach.

Sajja describes meeting a 16-year-old girl at the clinic, five months pregnant, who was "kind of married." (She said she was married.) She was accompanied by someone—not a relative. It was too late in her pregnancy to get an abortion, so she would have to carry it to term.

> I asked if she knew about family planning, and she said no. I asked if she knew about condoms. She said yes. I asked, *Why didn't you go take condoms*? She said, *I'm shy. I'm shy*. So young people are shy. They have this

> fear they will be judged. The condom is not to be talked about openly. The pharmacist will judge. Such kind of mentality has definitely led to more pregnancies among young people.

Bridging the Gap in Services Through Mobile Outreach

Even in cases of rape, with government documentation and advocates present, the government system can break down due to poorly trained staff.

Sajja observed a rape survivor in her mid-thirties who came to the government clinic for an abortion. Nepal has "one-stop crisis management" centers for rape survivors. Police sent details of the case to the clinic in advance. The survivor was accompanied by an advocate from the crisis center. When she arrived, there was a "rush of people." But the doctors and nurses didn't want to get mired in a complex legal case. Sajja explains:

> Because it was a police case, the health providers were reluctant to provide the service. Because they require all details. They didn't even enter the name of the client. They said it is a very risky case, we cannot handle it.

If a survivor, accompanied with police documentation and a government representative, is being refused legally mandated care, that is a gap in the system.

That's where nurses like Babita come in. They offer welcoming, non-judgmental care, and train staff at government medical outposts to do the same. Building that trust is often the only way the most marginalized people will ever seek services—from teen girls to elderly women. Sometimes that means practitioners like Babita becoming a patient's strongest advocate.

It's not only victims of sexual assault that Babita advocates for. She recalls facilitating a cervical cancer screening clinic in a rural area. Such clinics normally focus on women ages 30 to 60, but "Reshma," an 80-year-old woman, came a long way for a "gynie" (gynecological) exam.

"So young people are shy. They have this fear they will be judged. The condom is not to be talked about openly. The pharmacist will judge. Such kind of mentality has definitely led to more pregnancies among young people."

Babita's clinic helper did not want them to waste equipment and time on Reshma. *Don't see her! If we see her, that's one instrument we can't use on other people.*

But Babita thought otherwise, and invited her in. *Come grandma, and sit.*

Reshma said she had never used any form of family planning. *Never in my whole lifetime.* But when Babita did the exam, she found a thread, and then something pricked her finger. She called in the attending doctor. There was an IUD in Reshma's uterus. So old was the model of IUD, the 54-year-old doctor had never seen one. A throwback to times when women were sterilized or given IUDs without consent. "That mother didn't even know she used the family planning method," Babita marvels.

In mobile camps, they offer a range of services, from contraceptive education to pregnancy tests to "gynies." They give special emphasis to providing the full range of contraceptive options, including longer-acting forms of contraception like vasectomies and IUDs, often preferable to rural couples hoping to avoid the long commutes to top up their contraception.

Trump's Global Gag Rule

Nurses like Babita are fighters. Where the health and wellbeing of her patients is concerned, Babita does not like being told what to say—or what not to say—or which services she can and can't offer.

This dedication to comprehensive care clashes with funding rules from Washington, DC. When asked about Trump's Global Gag Rule, Babita isn't familiar with the term. But when prompted by a list of restrictions on talking about abortion, the light bulb goes on: "I know about that."

Whether or not she knows the name of the policy or the letter of the law, she certainly grasps the spirit of Trump's Global Gag Rule: "We don't speak about abortion because the funding is from the U.S. We have to control our mouth."

Babita Bist used to run mobile clinics to rural areas of Nepal for FPAN, but now works in the Kathmandu headquarters after funding for mobile clinics was cut due to Trump's Global Gag Rule.

A key part of the mobile clinics Babita ran was pregnancy tests and options counseling. Many unsuspecting women were shocked to discover unwanted pregnancies during these tests. Babita says:

> We know each and every thing about abortion, but again that compliance comes in. With the U.S., compliance is we should not speak about abortion. At that time, I feel bad. We should have the right to give counseling, you should go for safe abortion. But we don't want to talk. Because the compliance.

She tried to talk around the issue, as best she could. "I tell them to consult there. Another medical person. Consult with them." She waives in the general direction of the central clinic in Kathmandu.

> I cannot. I don't want to speak, because of compliance and our project doesn't work on abortion. So please, I don't want to say those things. I don't want to write that I have talked about abortion. So you consult with them…

Babita waves her thumb again, pointing to a general "elsewhere."

Already distressed, patients' confusion would escalate to desperation. And Babita could say nothing.

> They are so upset. They say, *Please tell me. A little bit awareness about abortion. I don't know where to go. I'm afraid.* If I don't say anything to them, what do they do? Where will they go? For unsafe abortion… because U.S. funding does not allow us to talk about abortion. We need abortion. Because if they can't get the safe abortion service, obviously with an unwanted pregnancy, they will go for an unsafe abortion anyhow.

As of January 2020, Babita has seen countless friends and colleagues lose their jobs with FPAN. You might think

"We know each and every thing about abortion, but again that compliance comes in. With the U.S., compliance is we should not speak about abortion. At that time, I feel bad. We should have the right to give counseling, you should go for safe abortion. But we don't want to talk. Because the compliance."

her transfer to the Kathmandu headquarters would be a sweet relief for Babita. No more tongue-biting, playing dumb, citing compliance to suicidal teen girls. It isn't. Her heart is in rural outreach. She still misses working in the villages, with the women and girls who need her most.

And Babita is just one nurse working for one program. Says Sajja Singh of YUWA:

> There are so many organizations funded by the United States. There are clinics that used to be run by the funds, but these clinics are now on the verge … they lack staff, they don't have the medication and the equipment, they are not functioning like before. Due to the Global Gag Rule, the clinics … most of them are hardly functioning. So they are seeking alternative sources of funding. But clinics are being shut down. People are bound to choose unsafe abortion. Women's lives are at stake.

Meanwhile, anti-abortion activists in Nepal concede that the Global Gag Rule will do little to curb abortions in their country. In a 2019 report on the impacts of Trump's Global Gag Rule in Nepal*, an anonymous anti-choice NGO director is quoted saying, "Other countries will bridge the gap it has created. European nations will support if America doesn't. I don't think this policy will make a massive difference." According to the report, the respondent also "showed concern towards poor women who might seek out unsafe abortion due to the closure of clinics as the result of this policy."

Investment Outcomes

Modern contraceptive use in Nepal already prevents an estimated 799,000 unintended pregnancies, 524,000 abortions, and 400 maternal deaths each year. If the 44 percent of women who currently have an unmet need for family planning began using modern contraception, health outcomes would improve immensely: There would be 469,000 fewer unintended pregnancies, 306,000 fewer abortions, and 300 fewer maternal deaths each year.

But instead of scaling up the U.S. investment in life-saving family planning programs in Nepal, Trump's Global Gag Rule is cutting the U.S. government investment. FPAN lost its U.S. funding in November of 2018 ($5.5 million) and has since closed four clinics, reduced services at 29 more, and laid off 150 staff and 270 volunteers. Krishna Prasad Bista, the director general of FPAN, estimates that FPAN will now only be able to provide half the services each year that it had been providing before the Global Gag Rule.

Babita and Saraswati are only two of the hundreds of health care providers who

* *Early Impacts of the Expanded Global Gag Rule in Nepal*, CREHPA and IWHC

have been impacted by Trump's Global Gag Rule in Nepal. And the stories they told me about their patients are only a few examples of the stories of the 10 million people Krishna Prasad Bista estimates will be affected by the FPAN funding cut. That represents a third of Nepal's population. Imagine: 10 million people's health care being directly threatened by one person sitting in the White House, 7,700 miles away.

When talking with these brave, dedicated, hardworking women, I couldn't help but think of that photograph taken of Donald Trump signing the Global Gag Rule into law, surrounded entirely by middle-aged and elderly white men. Men who knew nothing of the suffering their policy would cause. Men who perhaps didn't—and still don't—care about causing suffering to poor and marginalized people around the world.

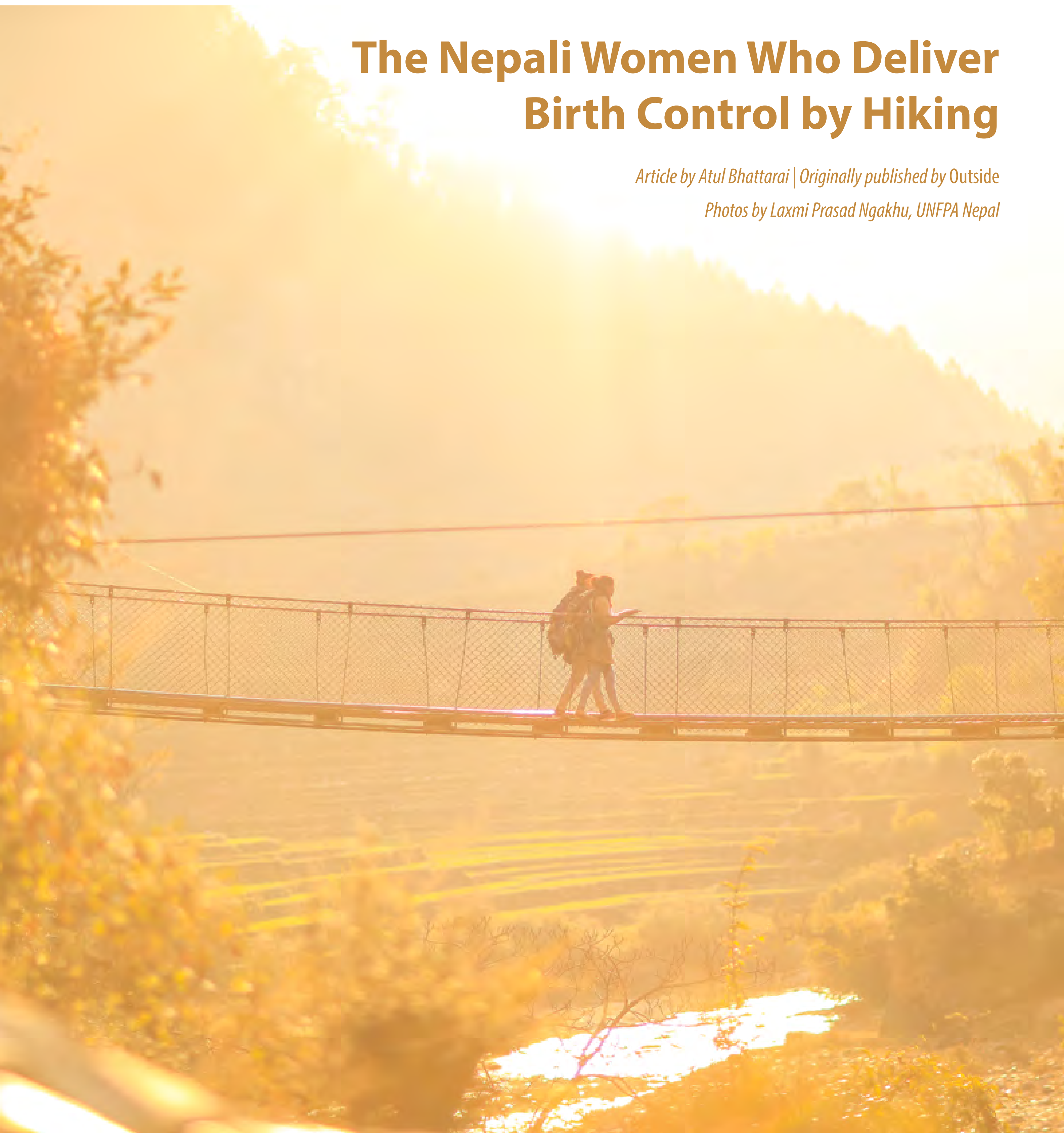
Radha Upreti, a nurse at the FPAN Valley Branch, holds a medication abortion kit, containing a combination of mifepristone and misoprostol pills

Come to think of it, perhaps it is not Babita and Saraswati who should control their mouths, but, rather, Donald Trump and the members of his administration.

The Nepali Women Who Deliver Birth Control by Hiking

Article by Atul Bhattarai | Originally published by Outside

Photos by Laxmi Prasad Ngakhu, UNFPA Nepal



Kabita Bhandari and Kalawati Chaudhary walking over a suspension bridge to make their way towards Siddhapur Health Post

One morning last winter in a village in Baitadi, a district in far-west Nepal, Kabita Bhandari sat down with a group of women to dispel local rumors about long-term contraceptives. Bhandari is 22 years old, an auxiliary nurse, a mother of a two-year-old girl, and an employee at the reproductive health agency Marie Stopes International. Earlier that day, she had arrived in Siddhapur from Patan, the capital of Baitadi, which, like the rest of this midhills region of Nepal, has few roads and is notoriously difficult to supply with modern services. As one of its six visiting service providers (VSPs), Bhandari completes a two-week circuit across the district every month, navigating steep, treacherous trails to administer long-term contraceptives to women in far-flung villages. This was her first stop.

Local volunteers had referred the women in Siddhapur to the session. Attendees arranged themselves in a circle outside the village clinic. "We're all sisters. There's nothing to be shy about," Bhandari said. "If you've heard anything, ask." The woman nearest to her, who had walked from a village an hour away, spoke up. Rumors about the intrauterine device (IUD) had been bothering her. She heard that after a heavy day of farm work, squatting in the fields, it might fall out. Worse, there was a chance it would float up and into her stomach and perhaps make its way to her throat. "None of that is true," Bhandari told her. "People in the villages make things up. It's a problem."

Long-term contraception is a novel service for many women in Nepal. In the most remote areas, it's available in less than 5 percent of government clinics. Although short-term contraceptives—condoms, pills, and injections—are generally stocked, these methods are impractical in a place where many women have to hike for the better part of a day to replenish their supplies. So VSPs promote hormonal implants and copper IUDs as more convenient options: They are cheaper, have fewer side effects, and require no maintenance for years at a time. But it's one thing to swallow pills, Bhandari told me, and another to agree to have a device inserted under your skin or into your uterus.

Every month, Bhandari and her colleagues fan out from Patan in three groups to reach 68 remote clinics across Baitadi. The outlying ones are about a day's hike from each other. (The difficulty of the terrain means trips are calculated by time rather than distance.) Once at the destination village, Bhandari administers contraceptives to clients and trains clinic staff, only 12 percent of whom are qualified to insert implants and IUDs.

Perhaps most importantly, she works to gain her clients' trust. Toward the end of the two-hour session in Siddhapur, a woman in the circle asked if IUDs and implants are completely safe. Bhandari explained that long-term methods have fewer unexpected effects than short-term ones, because they send less medicine into the body, but they cause some women to bleed more heavily or experience intensified menstrual cramps. "They're like daughters-in-law!" she said. "They have good and bad sides, like everything else."

The next morning, I set off for a two-hour hike from Patan to Gujar, a village of 3,000 people, with Bhandari and her supervisor, Kalawati Chaudhary, 35. Both women were equipped with 70-liter backpacks containing 50 IUD and implant kits, two sets of surgical equipment, and their personal belongings. Almost immediately, the blacktop gave way to single track. As we walked up some scrubby hills, the path narrowed until it was only a few feet wide, and in an hour we found ourselves at an elevation of 6,000 feet, on a hillside that fell away steeply to Gujar below. Green, terraced hills lay in the distance. We descended, and as we began crossing the freezing Surnaya River, I noticed the women's footwear. Chaudhary wore ankle-high hiking boots, but Bhandari, in light-wash jeans and an oversize woolen cardigan, had on only a pair of thin-sole Punjabi juttis [embroidered leather flats]. I asked if they were enough to protect her feet from the rugged terrain. "I'm a daughter of the hills," she said, as she jumped easily between the mossy rocks.

When Marie Stopes hired Bhandari as a VSP in 2017, she was newly certified as an auxiliary nurse-midwife. The reproductive-health-focused United Nations Population Fund (UNFPA) had launched the program only a year before to make long-term contraceptives more accessible in remote Nepal. With funding from the Department for International Development, the UK's aid agency, the project hired 48 women in 11 of some of Nepal's poorest districts. They partnered with Marie Stopes in four of them, including in Baitadi. The same year, the project hired Chaudhary, who moved 100 miles—to a locale that was 4,300 feet higher and an eight-hour drive from her home in Dhangadi, a city of 300,000 people in the Terai, the country's southern lowlands.

Chaudhary was daunted by the new terrain. Nepal's midhills rise to between 3,000 and 10,000 feet, and although they're considered a preamble to the snowy peaks of the Himalayas in the north, they're challenging to navigate. Villages in Baitadi are scattered over an area half the size of Yosemite, linked by steep, rocky trails. The women hike for eight or nine hours at a time, in the winter tramping through snow, in the summer sometimes fording rivers with gear balanced on their heads. Chaudhary has been injured several times on these trips. She once lost her footing on a cliff and tumbled toward the Mahakali River, her fall broken by a slab of rock that was jutting out of the side of the hill. Another time, she and Bhandari found themselves suddenly within charging distance of a pair of wild bulls, one of which went after Chaudhary; she tripped into a bush of thorns while running away, and although she escaped—the bull ran off—the thorns left scars down the right side of her body. (Bhandari, who had darted off in another direction, jokes that the incident taught her "that I loved my own life more than hers.")

When she took the job, Bhandari, who is from Patan, was excited to explore distant corners of her district. But she was astonished by the bleakness of life she found there. Contraception was an entirely alien service in some villages. "You see women who have six or seven children and are unwillingly having more," she says. In others the land allows locals to grow only maize and potatoes—and just enough to feed themselves for a few months every year, obliging them to import the rest of their sustenance via pack mule. In places like Dhungad, a village in southeast Baitadi with

Kabita Bhandari jumps from one side of a river to the other to reach the Gujar Health Post

Kabita Bhandari inserts a contraceptive implant into a patient's arm

a population of around 400, there was no food to spare for outsiders when she visited. Bhandari initially brought her then eight-month-old daughter, Kristina, on her trips, because she was unwilling to part with her for weeks at a time. She carried the baby in a sling at her chest. But Bhandari occasionally went hungry at night and was unable to breastfeed, so she began leaving Kristina at home with her grandmother.

Nights can be particularly trying. The women usually arrange to sleep at the homes of female community health volunteers, some 52,000 government-appointed workers across the country who seek out clients for VSP visits. This often means sharing a cramped, smoky room over a barn with a family of six or seven, sleeping around the hearth where dinner is cooked. When they fail to make it to their destination in time, the women have had to request shelter from locals in other villages. They're frequently turned away: In the country's conservative far west, many are reluctant to let strangers into their homes out of concern that they might be from a lower caste, Chaudhary says. And they are especially unwilling to host women, who might also be menstruating and therefore impure.

Although they travel in pairs, safety is a constant concern, especially once it gets dark. "You hear about drunk people on the road, about cases of rape," Bhandari says. "So of course fear plays in your heart." But she's learned to rationalize away the risks. "I tell myself I could get injured anywhere, even at home," she says.

On the trail to Gujar, we encountered a handful of people heading in the opposite direction. We met a local politician in her sixties named Radhika Khadka, who told me she had lived in Kathmandu for a long time and eventually returned to Baitadi. "The wind and water just aren't the same anywhere else," she said. We passed by groups of schoolchildren as we neared Gujar and joined a woman plodding up the trail with a bale of hay twice her size on her back. Bhandari inquired about the woman's home—her husband worked as a laborer in India—then made her pitch. "How many children do you have, sister?" she asked. The woman murmured a reply. "Sister, that must be difficult," Bhandari said. "Why have so many, right?"

In remote clinics in Baitadi, the staff retention rate is abysmally low. The Siddhapur clinic supervisor told me that staff members who have been trained and promoted tend to request transfers to the Terai, where accessing facilities like schools and hospitals doesn't demand long hours of hiking. This leaves clinics with unqualified staff and locals with limited access to implants and IUDs, a gap that VSPs have filled for the past two years. When we reached Gujar, we found ten clients waiting for the two women.

Bhandari's first client for the day was Goma Bista, 26, who had three children, her oldest a ten-year-old son. She had come to receive an implant. Bhandari took Bista through a lineup of contraceptive options. The long-term methods would allow her to plan how many kids she could afford to feed; they are also more convenient. "You can relax for five years," Bhandari said. She paused. "You might have heard that we cut your arm up to insert the implant," she added. "We don't do anything like that."

As Bista lay on the bed, Bhandari unpacked her bag, removing gloves, Betadine, cotton wool, and gauze. From another pouch, she took out anesthetic and distilled water, as well as a trocar, a syringe-like device to insert the implant rods. A health worker loaded the trocar under her supervision.

"I have an implant, too," Bhandari reassured Bista, gesturing to her arm. As she asked Bista about her husband and children, Bhandari applied the Betadine and injected anesthetic. She handled the trocar.

A few moments later, Bhandari dressed the area with gauze. "Sister, it's done," she said. She guided Bista's fingers to the two rods in her arm. "Did it hurt?"

"Not at all," Bista said.

"So what are you going to say in the village?"

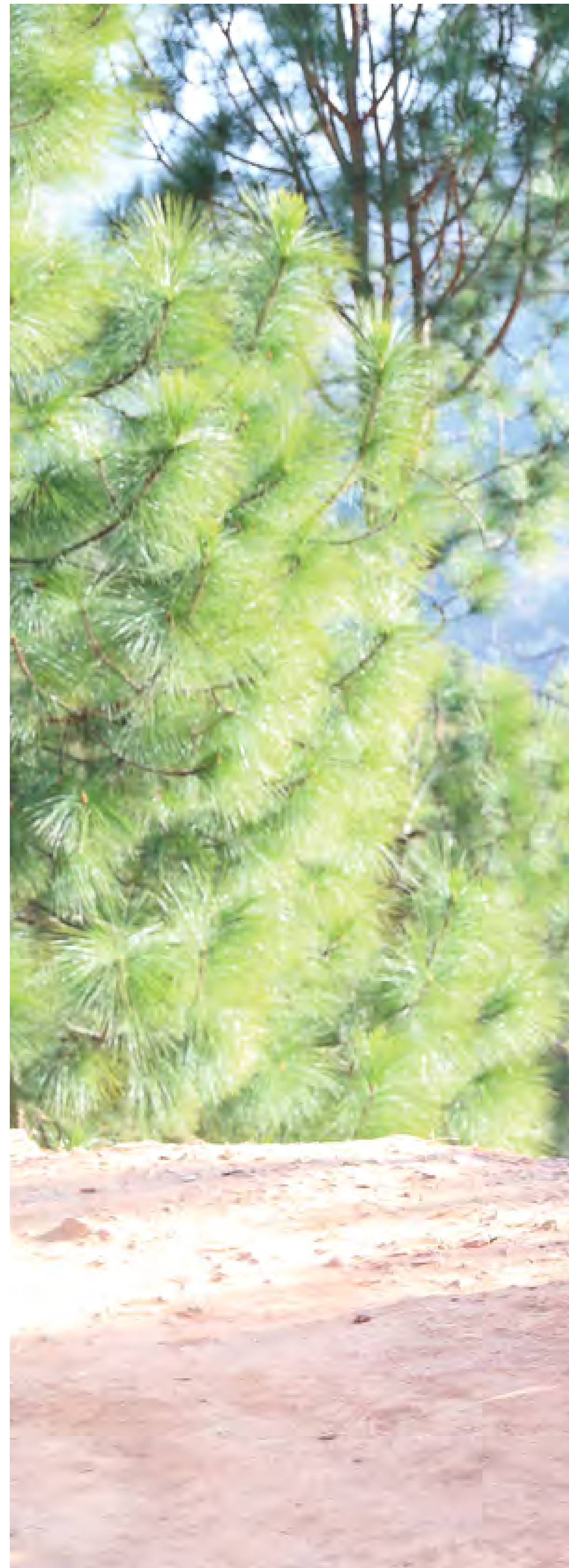
"That I couldn't feel it going in!"

Over the next three hours, Bhandari and Chaudhary tended to the rest of their clients, alternating between counseling the women and performing procedures. In two years, the number of clients in Baitadi has steadily increased, from 598 in 2017 to 989 in 2018. As women discover that others have had successful procedures, Chaudhary says, they seek them out as well. After hearing that a clinic employee in Sakar, a village near Patan, received an implant, 30 local women lined up in a single day—the highest number to date—to do the same.

The sun had begun to set when Bhandari and Chaudhary emerged from the building. "Please call us," Bhandari told the clinic supervisor as we left. "We'll come even if only two or four people want the service."

We started back for Patan, where Bhandari and Chaudhary were scheduled to stay the night before embarking for the farthest villages, Chaukham and Thalakanda, in the east of the district. The previous day, Bhandari told me that the deeper she ventures into Baitadi, the younger her clients tend to be—some are just 17 or 18—and the more children they have. All are married; to seek contraception before then is unthinkable. I asked Bhandari what she advises new brides.

"I say, *Take your time, enjoy your marriage*," she said. But many girls face immense pressure: Parents try to get them married off young, and once married, in-laws demand children. I remembered that Bhandari got married when she was 19 and gave birth a year later, so I asked, cautiously, if that had been her experience. "No!" she said. She burst out laughing. "I hadn't thought about it, I didn't plan it. I had an accident. That's why I tell the sisters not to trust condoms!"



Patients wait to be seen at the Guja Health Post

2020: A Pivotal Year for Reproductive Rights

By Stacie Murphy, Director of Congressional Relations

A Frustrating End to the 2020 Appropriations Fight

On December 20, hours before the end of the second of two short-term continuing resolutions, Donald Trump signed a final Fiscal Year 2020 appropriations package. For family planning supporters, it was an underwhelming finale to a long process.

Going into negotiations, it looked like there was real potential for progress on international family planning. Back in June, the House of Representatives passed an excellent bill that included $750 million for bilateral programs through USAID, $55.5 million for the United Nations Population Fund (UNFPA), and a permanent repeal of the Global Gag Rule. The Senate's version, in September, was less exciting—$632.5 million for USAID, $32.5 million for UNFPA, and although there was no Global Gag Rule repeal, there was some language about ensuring access to contraceptives. It wasn't great, but for a chamber run by Mitch McConnell, it wasn't terrible.

Somehow, though, the final bill wound up looking worse than either of the original bills. Bilateral family planning was level-funded at $610 million, despite the fact that both earlier bills called for increases. UNFPA likewise saw no increase. And not only did the final bill make no mention of the Global Gag Rule, the utterly anodyne Senate language about contraceptive access didn't even make the cut. It turns out, however, that every other global health program received an increase in funding. It is, to put it mildly, a disappointing outcome.

SCOTUS to Hear Major Abortion Case

In October, the Supreme Court announced that it would consider *June Medical Services, LLC v. Gee*, a case involving a 2014 Louisiana law requiring abortion providers to have admitting privileges at local hospitals—a burdensome requirement that multiple medical groups have said has no benefit for patients.

The law, which is not currently in effect, is essentially identical to the measure ruled unconstitutional in 2016's *Whole Woman's Health v. Hellerstedt* decision. However, with a new, more conservative Supreme Court majority, anti-choice groups are getting another bite at the apple—and there's an excellent chance that this time they'll win. Upholding the law would give anti-choice forces in multiple states an opportunity to essentially eliminate access to legal abortion within their jurisdictions.

Allied groups—on both sides—have already begun submitting amicus briefs. Our sister organization, Population Connection Action Fund, has signed on to a brief authored by the National Women's Law Center. The Trump administration filed a brief not only seeking to uphold the Louisiana law, but also to sharply limit the ability of groups to challenge abortion restrictions in the future. Additionally, 207 members of Congress (39 Republican senators, 168 Republican House members, and two Democratic House members) went even further, filing an amicus brief asking the court to reconsider *Roe v. Wade*. Oral arguments are scheduled for March 4, with a decision likely coming in June.

If there weren't already enough things about this administration keeping you up at night, consider this: Roughly one in five federal judges is now a Trump appointee.

Trump's Lifetime-Appointed Federal Judges

If there weren't already enough things about this administration keeping you up at night, consider this: Roughly one in five federal judges is now a Trump appointee. While Donald Trump generates headlines, Senate Majority Leader Mitch McConnell has turned the Senate into a judge-confirming machine, churning out lifetime appointments to the federal bench that will change the outlines of American jurisprudence for decades to come. Most people are likely familiar with Supreme Court Justices Neil Gorsuch and Brett Kavanaugh, but they're only the tip of the iceberg. Below, we've highlighted a few of Trump's most disastrous appointments.

John Bush

United States Court of Appeals for the Sixth Circuit
Confirmation: July 20, 2017

- Wrote anonymous blog posts equating abortion with slavery, opposing stem cell research, and denigrating basic social safety-net programs
- After confirmation, voted to uphold a Kentucky law requiring physicians to perform medically unnecessary ultrasounds and play audible "heartbeat" sounds for abortion patients
- Worked for The Center for Constitutional Jurisprudence, which has a long track record of supporting anti-choice and other right-wing causes

Amy Coney Barrett

United States Court of Appeals for the Seventh Circuit
Confirmation: October 31, 2017

- Federalist Society member who is on Trump's shortlist for the Supreme Court (Trump is said to be "saving" her for Justice Ruth Bader Ginsburg's seat, should it become open.)
- Opposes the Affordable Care Act's contraceptive coverage rule
- Has stated that a legal career is "but a means to an end…that end is building the kingdom of God"

Wendy Vitter

United States District Court for the Eastern District of Louisiana
Confirmation: May 16, 2019

- As counsel for the Roman Catholic Archdiocese of New Orleans, promoted false claims about the supposed dangers of the birth control pill
- Declined to answer whether she thought *Brown v. Board of Education*, the landmark school desegregation bill, was correctly decided
- While moderating a panel at an anti-abortion conference, urged participants to leave brochures with their doctors stating that birth control leads to "violent death"

Brian Buescher

United States District Court for the District of Nebraska
Confirmation: July 24, 2019

- Stated, "When regulating abortion, my view is this: We should regulate abortion as much as we possibly can. I'm in favor of banning abortion."
- Believes abortion should only be allowed in cases of life endangerment, specifically rejecting any rape or incest exceptions
- Supports "personhood" laws

Steven Menashi

United States Court of Appeals for the Second Circuit
Confirmed: November 14, 2019

- Characterized *Roe v. Wade* and other U.S. Supreme Court decisions as "radical abortion rights advocated for by campus feminists," contending that legal abortion "has led to clearly undesired moral consequences"
- Denounced anti-rape activists as "campus gynocentrists"
- Former Trump administration lawyer who refused to answer questions from senators about his role in the administration's immigration policies

Sarah Pitlyk

United States District Court for the Eastern District of Missouri
Confirmed: December 4, 2019

- Rated by the American Bar Association as "Not Qualified," due to her lack of trial or litigation experience
- Worked for the ultraconservative, anti-abortion Thomas More Society
- Has called the use of contraception "evil," a "seriously wrongful" act, and "a grave moral wrong"
- Opposes surrogacy and in vitro fertilization

Our #Fight4HER Campaign Is Stronger Than Ever!

By Trisha Maharaj, Grassroots Advocacy & Outreach Fellow

2019 was a big year for #Fight4HER, our joint campaign with Population Connection Action Fund. Across the country, our activists worked hard to make the campaign—now in its fourth year—stronger than ever. Here's a look back at some of the things that happened last year!

We kicked off the year by organizing events in our key cities to mark the second anniversary of Trump's Global Gag Rule. We hosted candlelight vigils in remembrance of those impacted by the dangerous policy and a "die-in" at Arizona State University to highlight the policy's deadly consequences.

In March, #Fight4HER activists in Ohio mobilized to fight the state's "heartbeat" abortion bill. They attended protests and hosted a panel called "Heartbeat Bills, Gag Rules, and the State of Your Repro Rights." One of our volunteers, Sarah Szilagy, had the opportunity to testify against the bill at a hearing at the state Capitol.

We held another successful Capitol Hill Days weekend where nearly 350 activists gathered in DC to participate in advocacy trainings and workshops. Then the activists put their new skills to work on Capitol Hill, meeting with their senators and representatives to advocate for global reproductive health and rights, including a permanent repeal of the Global Gag Rule.

In response to a wave of extreme abortion bans last spring, in May, #Fight4HER activists participated in the #StopTheBans protests that occurred across the country.

#Fight4HER activists birddogged* several presidential candidates, including Bernie Sanders, Kirsten Gillibrand, Tulsi Gabbard, Beto O'Rourke, and Marianne Williamson, and got their stances on reproductive rights on record.

#Fight4HER activists gather at a candlelight vigil in **Madison, WI**, to mark the second anniversary of Trump's Global Gag Rule

In Columbus, OH, #Fight4HER activists meet with Rep. Joyce Beatty (D-OH-3) to thank her for her support of the Global HER Act

* Birddogging is the act of asking candidates direct, targeted questions in public.

At the Summer of HER Activist Institute in **Allentown, PA**, fellows attend workshops to learn organizing skills

At a campaign event in **Las Vegas, NV**, #Fight4HER activists pose with Sen. Cory Booker (D-NJ) after getting him on record supporting a repeal of Helms

To start off our Summer of HER, 72 fellows participated in our Activist Institute, where they learned organizing skills through classroom workshops and in-the-field experience.

We hosted Summer of HER Summits in 10 cities, bringing together more than 450 activists and experts to discuss how best to defend global reproductive health and rights.

In September, #Fight4HER organizer Prabh Virk was invited, along with Planned Parenthood, to be part of Sen. Sherrod Brown's (D-OH) round table discussion about Title X.

At Capitol Hill Days 2019, #Fight4HER activists put their new lobbying skills to the test, meeting with their members of Congress to discuss the Global Her Act

Throughout the year, #Fight4HER activists were able to meet with Sen. Maggie Hassan (D-NH) and Reps. Susan Wild (D-PA-7), Dina Titus (D-NV-1), Ann Kirkpatrick (D-AZ-2), and Joyce Beatty (D-OH-3) to thank them directly for their commitment to reproductive rights and their support of the Global HER Act.

#Fight4HER activists hosted 21 "kitchen table conversations" across the country, where they brought together their friends and families to learn about the Global Gag Rule and contact their representatives about the Global HER Act. Over 350 people participated!

Participants in our **Greensboro, NC,** "kitchen table conversation" pose for the camera after contacting their members of Congress and asking them to support the Global HER Act

Over the course of 2019, over 400 activists were trained and more than 4,700 petitions were signed in support of the Global HER Act!

We're so proud of everything that our #Fight4HER organizers and activists accomplished last year, and we're excited for what's to come in 2020! We are gearing up for a full year of advocacy, organizing, and action. Join us as we continue the fight for global reproductive freedom!

Bi-Annual Evaluation Reveals High Teacher Satisfaction and Strong Student Engagement

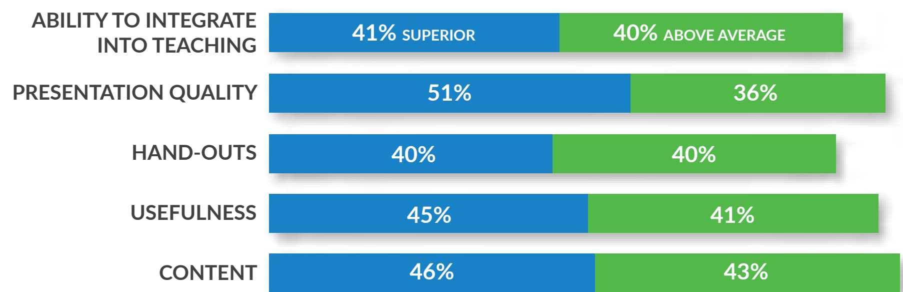
By Lindsey Bailey, Senior Teacher Training Manager

Each year, close to 13,000 teachers and future teachers participate in PopEd workshops. While our staff and volunteer trainers get some instant feedback at these events, we continue our conversations with the attendees to find out how they appraise their workshop experience and, perhaps more importantly, how our resources are being used in their classrooms and are impacting their students.

In pursuit of this goal, we conduct a bi-annual workshop evaluation. The recently completed 2019 evaluation accumulated survey responses from educators who attended a PopEd workshop in 2017 and 2018, as well as from education faculty who hosted PopEd workshops in their teacher preparation courses.

The reach of PopEd has been growing year after year, thanks to our ever-expanding network of volunteer facilitators and the work of our dedicated staff. Between 2017 and 2018, we trained 25,372 K-12 educators (1,000 more than between 2015 and 2016) through hands-on workshops in 47 states, the District of Columbia, Puerto Rico, four Canadian provinces, and eight countries abroad.

Figure 1: In comparison to other professional development workshops you've attended, how did the Population Education workshop compare in terms of...

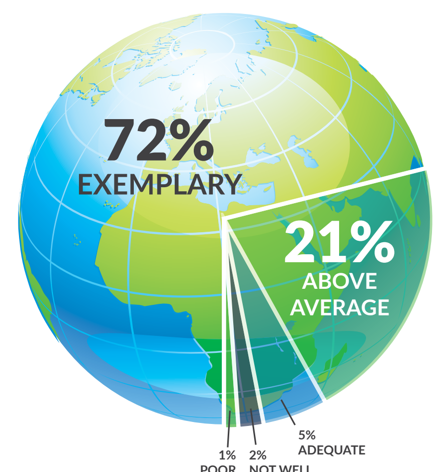


Workshop Experience

In 2017 and 2018, PopEd conducted 793 pre-service workshops (for future educators), 342 sessions at teacher conferences, and 334 in-service events. Participants gave PopEd workshops high marks in comparison to other professional development workshops they attended—four out of five educators rated PopEd workshops "above average" or "superior" in terms of content, usefulness, hand-outs, presentation quality, and ability to integrate the materials into teaching (Figure 1).

About half (54 percent) of PopEd workshops take place in teacher preparation courses. Education faculty, who invite PopEd facilitators to present in their classes, indicated being very satisfied with their workshop experiences—93 percent of surveyed professors rated the quality of the presentations as "exemplary" or "above average" (Figure 2) and 90 percent responded "very well" or "good" when asked how the workshops fit their course syllabuses.

Figure 2: How would you rate the quality of the trainer's presentation?



96% of educators rated the Population Education materials presented during the workshop as **Excellent** or **Good.**

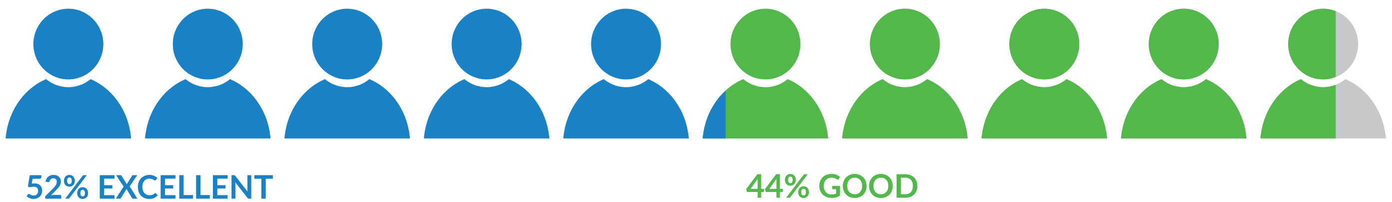


Figure 3

Teaching Materials and Classroom Use

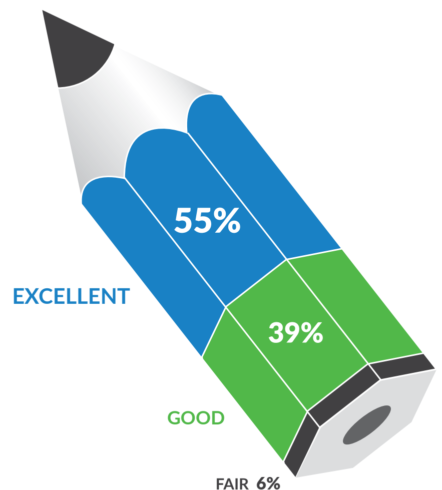
PopEd classroom resources reliably receive positive reviews from educators. A full 96 percent of survey respondents rated the materials presented at their workshops as "good" or "excellent" (Figure 3). At the time of the survey, most respondents had either already used the materials with students or had plans to use them.

Teachers reported using an average of four to five PopEd lessons with their students. Of those who had used the materials, 44 percent teach social studies, 45 percent teach science, and 33 percent teach AP Human Geography or AP Environmental Science. Other subjects taught by teachers who use PopEd lessons include math (11 percent), language arts (9 percent), and gifted and talented (6 percent).*

* Because teachers often teach more than one subject, percentages add up to greater than 100.

"This was far and away my favorite workshop at the VAST conference. It was really engaging, eye-opening, and offered something I plan to use in the future."

Figure 4: How well do Population Education materials align with your teaching standards?



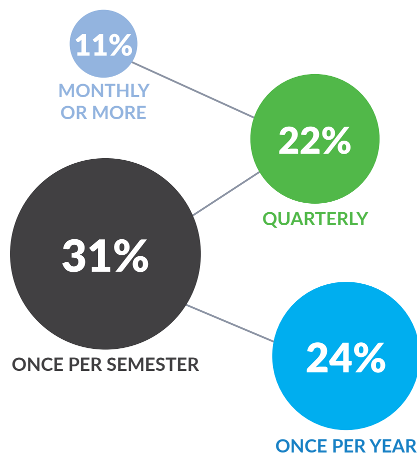
Teaching standards are a significant part of today's education system, and we work hard to ensure that PopEd materials align seamlessly with national and state-level frameworks. Our data show that teachers notice—94 percent of respondents indicated that PopEd lessons fit well with their required standards (Figure 4). This alignment allows for easy and frequent integration of PopEd lessons throughout the year to teach a variety of topics and skills. Nearly two-thirds of respondents indicated using PopEd lessons more than twice each year, and one-third use them four or more times each year (Figure 5).

Educators who use our materials reported working with an average of 74 students each. They confirmed that the PopEd lessons effectively engage their students and promote increased awareness of population issues. Moreover, teachers noted students' improvements in important skills like critical thinking and problem solving, as well as increased activism (Figure 6).

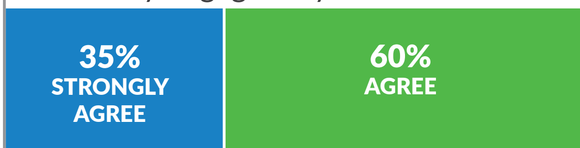
For more information about PopEd's teacher workshops, visit populationeducation.org.

"I love the interdisciplinary components and real-world application pieces that allow students to 'see' what they are learning."

Figure 5: How frequently do you use Population Education materials?



Effectively engaged my students



Increased my students' awareness of population issues

Increased critical thinking and/or problem solving skills

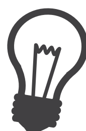


Figure 6

Volunteer With Population Connection

Spread the Message Year Round!

Host an information booth

POPULATION CONNECTION'S MEMBERSHIP ENGAGEMENT TEAM is here to support your local outreach. If you're a current Population Connection member, then **JOIN US** as we reach out across the country! We will give you all the tools and resources you need to inform your community about the importance of global population stabilization.

Ways You Can Get Involved:

- Host an informational booth at a local event.
- Organize a film screening at your local library or community center.
- Request a Population Connection speaker, such as Hannah Evans, our Population, Health, and Environment Specialist, for your local group meeting.
- Distribute *Population Connection* magazines locally.
- Write a letter to the editor of your local paper.
- Attend a march or rally.

REACH OUT TO OUR TEAM:

Email us at **engage@populationconnnection.org**.
Our coordinators will help you find a way to get involved!

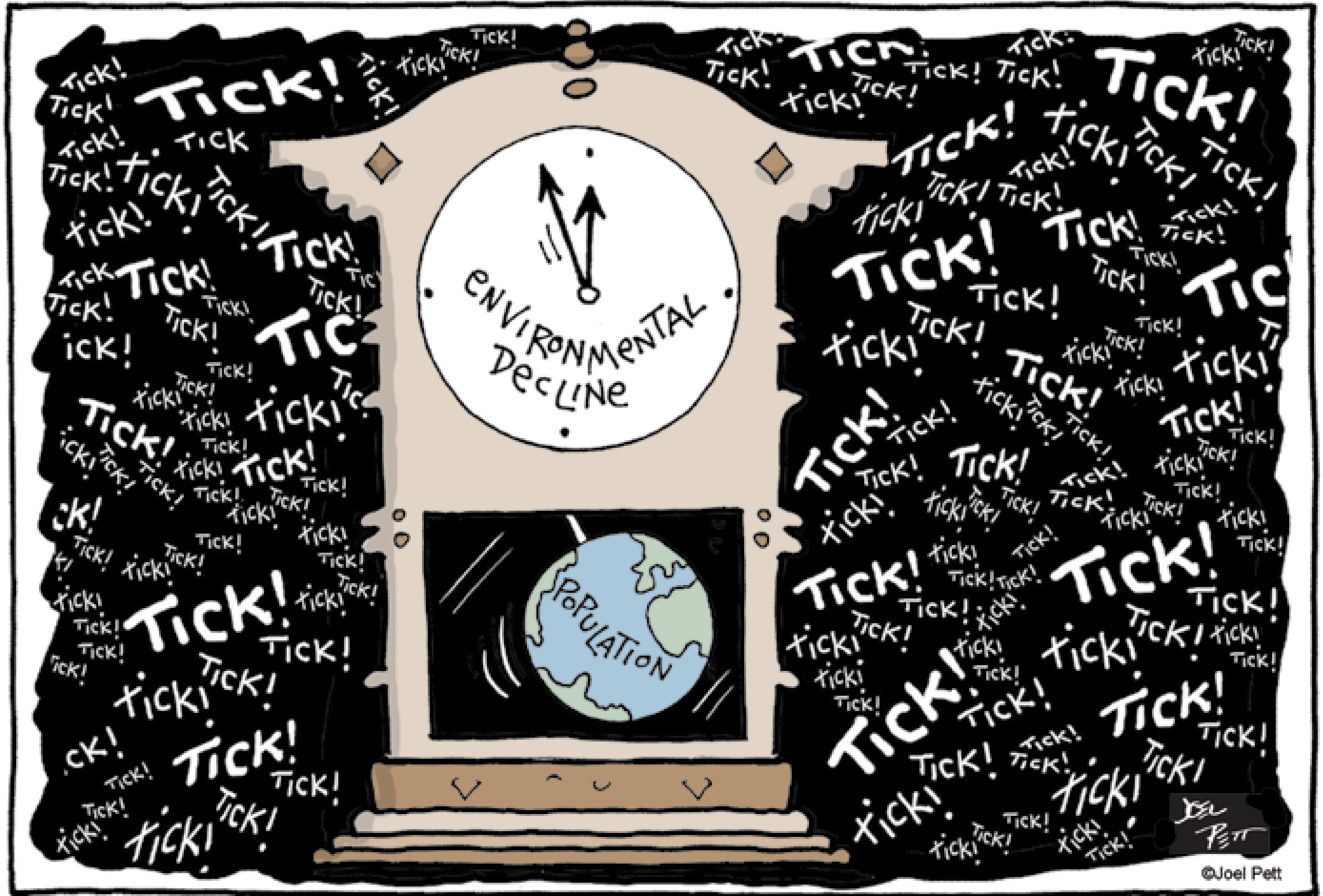
For more information or to find an event near you, visit **www.popconnect.org/getinvolved.**

Invite a speaker

Attend a march or rally

Host a film screening

CARTOON



Joel Pett Editorial Cartoon used with the permission of Joel Pett and the Cartoonist Group. All rights reserved.

Editorial Excerpts

YORKDISPATCH

Ostensibly, abortion remains legal in the United States.

Ostensibly.

But the reality is far different:

- Onerous requirements on abortion facilities have melted their numbers, limiting access to providers.
- Hundreds of restrictions have been passed over the years to place hurdles between women seeking to terminate a pregnancy and the procedure itself.
- And since the 2010 midterm elections, which swept a wave of conservative abortion foes into office, increasingly restrictive, invasive, and oftentimes bizarre new laws have been concocted to make the process as difficult, uncomfortable, expensive, and inaccessible as possible.

Pennsylvania has not been immune to this quest by conservative lawmakers to out-do one another when it comes to preposterous, unnecessary, and dangerous laws regarding abortion. A pending House bill would require death certificates and burials or cremations for fetal remains—including fertilized eggs that fail to implant in a woman's uterus.

The brain trust behind this misguided measure ignores—or, more likely, simply doesn't care—that 50 percent of fertilized eggs fail to implant. They also ignore basic science by defining fertilized eggs as "unborn children." Please.

Clearly, this string of preposterous, unnecessary, and dangerous proposals surrounding abortion has stretched beyond ridiculous.

And while many of them are obvious attempts to reach the Supreme Court, it is worth noting that should the justices strike down *Roe v. Wade*, it is the states that will dictate abortion laws individually. These aren't just test cases, they are proposals that will have very real consequences on very real women.

December 1, 2019

As the world grows warmer, heart-breaking accounts of animal suffering have multiplied from what scientists suspect, or have established, are the direct result of man-made climate change.

For humans, the consequences of global warming are difficult to internalize because any changes seem, for the moment, to be slow or aberrational. But the impact on the world's delicate ecosystems can be catastrophic:

- Scientists released a study this year calculating that the wild bird populations of the United States and Canada have diminished by almost 30 percent since 1970.
- In three weeks, 200,000 saiga antelopes fell dead across the steppes of Central Asia in 2015, two-thirds of the world's population. Scientists recently solved the mystery when they discovered that warming temperatures might have unleashed a dormant bacterium in the animals, causing massive internal bleeding.
- Encroaching heat is driving away state birds, including Alabama's yellowhammer, the California quail, Georgia's brown thrasher, Iowa's and New Jersey's goldfinch, Minnesota's common loon, New Hampshire's purple finch, Pennsylvania's ruffed grouse and Vermont's hermit thrush. A national symbol of Australia—koalas—already threatened by human development, have died by the hundreds in the nation's recent drought-fueled fires.

A United Nations study this year found that a million plant and animal species risk extinction because of several human-induced factors greatly aggravated by climate change. More UN research recently warned that time is growing short for the world's nations to act drastically if catastrophic consequences are to be avoided.

While most of the focus is on how the climate emergency affects mankind, the cruelty visited upon animals that share in this planet's fate should not be overlooked. The animals can't do anything about the warming globe. People can.

December 2, 2019

Population Connection
2120 L St NW, Suite 500
Washington, DC 20037

NON PROFIT ORG
US POSTAGE PAID
POPULATION CONNECTION

THE GIFT OF A LIFETIME

YOU CAN SUPPORT POPULATION CONNECTION'S MISSION WELL INTO THE FUTURE ... SIMPLY BY INCLUDING POPULATION CONNECTION IN YOUR ESTATE PLAN.

- After taking care of your loved ones, leave a remainder gift to Population Connection in your will.
- Designate Population Connection as the beneficiary of your retirement plan.
- Establish a Charitable Gift Annuity to receive payments for life that will never change, no matter how long you live or whether the stock market fluctuates.

© 2009 Min Zaw, Courtesy of Photoshare

To learn more, please contact Shauna Scherer or Jennifer Lynaugh at 877-319-9880, or email legacy@popconnect.org.