

United States Senate

WASHINGTON, DC 20510

June 8, 2020

The Honorable John Barsa
Acting Administrator
U.S. Agency for International Development
1300 Pennsylvania Avenue, N.W.
Washington, D.C. 20523

Dear Acting Administrator Barsa,

We write to seek information about the letter you sent to UN Secretary-General Antonio Guterres on May 18, 2020 demanding the removal of references to sexual and reproductive health (SRH) from the Global Humanitarian Response Plan (HRP) for COVID-19. We are alarmed that you oppose the inclusion of SRH, which covers a wide range of essential health care services, and that you have erroneously defined this reference to only mean abortion. Your letter is a costly distraction from the urgent work of addressing the COVID-19 pandemic. Removing all references to SRH would undermine access to lifesaving health care and impede the ability of UN agencies and countries to provide this care in a time of crisis. We are also concerned the letter may violate the Siljander Amendment, which prohibits the use of foreign assistance in lobbying “for or against abortion.”¹

We are alarmed that the Executive Branch would yet again falsely assert that the UN supports or promotes abortion as a method of family planning. It is especially disappointing for the acting head of the U.S. Agency for International Development (USAID), an organization that has established a reputation for extending a helping hand without pursuing a political agenda, to convey this type of message to the UN. Your statements go against decades of progress and consensus in the humanitarian and international human rights community that SRH is an essential part of health care, benefitting all people. This position, which further isolates the United States on the world stage, is part of a disturbing pattern of efforts to block SRH language in global agreements.

Like many prior communications from this administration, the letter implies incorrectly that the term “SRH” is ill-defined and misunderstood. The letter also makes hyperbolic and unsubstantiated claims, namely accusing the UN of “intimidating or coercing Member States that are committed to the right to life,” despite the fact that at least 25 states that outlaw abortion signed the COVID-19 resolution at the most recent World Health Assembly which explicitly mentions SRH. The United States, on the other hand, disassociated itself from portions of the resolution because it included references to SRH.

International instruments in place for decades—negotiated and agreed to by UN Member States, including the United States—include clear definitions of SRH. Research and data on demand for services, human rights principles, and public health best practices all support that SRH care needs continue in times of crisis. By suggesting that the UN remove the inclusion of these

¹ See P.L. 116-6, Consolidated Appropriations Act, 2019, Title III, (passed Feb. 15, 2019).

services in the HRP, the United States is undermining this consensus and undercutting the vital role of UN agencies working to meet the full spectrum of essential community needs during the COVID-19 pandemic.

Since COVID-19 was declared a global pandemic, it is urgent to continue to provide SRH care—services already vulnerable prior to the pandemic—to communities around the world. Recent analysis demonstrates that a 10 percent decrease in access to sexual and reproductive care in 132 low- and middle-income countries—covering 1.6 billion women of reproductive age—would result in an additional 49 million women with unmet needs for contraception; an additional 15 million unintended pregnancies; an additional three million unsafe abortions and 1,000 maternal deaths due to unsafe abortions; and an additional 1.7 million women and 2.6 million newborns who would experience major complications without pregnancy-related and newborn care, resulting in an additional 28,000 maternal deaths and 168,000 newborn deaths.²

Ensuring continued access to comprehensive SRH care is critical to stated priorities of the U.S. government’s development investments, including women’s economic empowerment, reducing maternal and infant mortality and morbidity, and advancing HIV prevention, care, and treatment efforts. These services are also essential to efforts to promote human rights, health, and gender equality. These rights and the need for sexual and reproductive health care do not go away amidst a pandemic or any other crisis. Any effort to roll back or eliminate these services would undermine U.S. global health priorities and have detrimental effects on women, girls, LGBTQI+ individuals, and other groups that face discrimination around the world.

In addition to all of these concerns, we believe this letter may also violate the Siljander Amendment. In specifically demanding the Secretary-General “remove references to ‘SRH,’ and its derivatives from the Global HRP, and drop the provision of abortion as an essential component of the UN’s priorities to respond to the COVID-19 pandemic,” you are clearly lobbying against abortion. As such, the aim of the letter—pressuring the UN to remove references to SRH, which this administration clearly and incorrectly interprets as only meaning abortion—may violate the Siljander Amendment.

Given Congress’s oversight role on these issues, we request the following information by June 22, 2020:

1. What resources, including personnel, were used to develop the letter to Secretary-General Guterres?
2. What policy staff within USAID and/or the State Department were consulted in the drafting of this letter? Who cleared the letter prior to its release?
3. Does USAID have evidence that the UN supports or promotes abortion as a method of family planning? If so, please provide it to the Senate Committee on Foreign Relations.
4. Is USAID aware of any UN document that equates SRH with abortion? If so, please identify any such documents.

² Guttmacher Institute, *Estimates of the Potential Impact of the COVID-19 Pandemic on SRH in Low- and Middle-Income Countries*, April 16, 2020, <https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>.

5. Where in the Global HRP does it “call for” the “promotion of abortion in local country settings”?
6. Did USAID seek or obtain a legal opinion regarding the letter’s compliance with the Siljander Amendment? If so, please provide it.
7. Please provide all documents, communications, correspondences, or analyses used to inform USAID’s understanding of and compliance with the Siljander Amendment.

Finally, we expect the State Department to provide a response to the October 28, 2019 letter from the Senate to Secretaries Pompeo and Azar regarding concern of Siljander Amendment violations in the July 2019 Joint Letter, which is more than six months overdue.

It is deeply disappointing that at a time when global cooperation is imperative to fight the COVID-19 pandemic, this administration continues to push an extreme and irresponsible agenda action that may harm millions of women and girls.

We look forward to your complete and prompt response.

Sincerely,



Robert Menendez
United States Senator



Patrick Leahy
United States Senator

/s/ **Chris Van Hollen**

Chris Van Hollen
United States Senator



Benjamin L. Cardin
United States Senator



Richard J. Durbin
United States Senator



Patty Murray
United States Senator



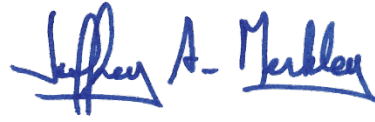
Edward J. Markey
United States Senator



Tammy Baldwin
United States Senator

Handwritten signature of Jeanne Shaheen in blue ink.

Jeanne Shaheen
United States Senator

Handwritten signature of Jeffrey A. Merkley in blue ink.

Jeffrey A. Merkley
United States Senator

Handwritten signature of Tim Kaine in blue ink.

Tim Kaine
United States Senator