



Written Submission of the Center for Family and Human Rights (C-Fam) on the Structural Racism of the Population Establishment and Abortion Industry

The text below is in answer to the Questions 1-3 and 10 in the Questionnaire on “Racism and the Right to Health” provided by Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health in preparation for her next report.

June 1, 2022

There is a widely ignored but nonetheless prevalent form of structural racism in foreign assistance. It is sometimes subtle, but it is nonetheless pervasive. It consists of this: developing countries are offered health assistance that would be considered substandard in their own countries and are offered supposed “health services” in a discriminatory way. Such global policies create the perception of racism and result in racial disparities. They reflect the deep entrenchment of racial prejudice and hatred in the structures of foreign assistance.

This kind of racial disparity is especially present when it comes to family planning as well as other health services provided under the umbrella of sexual and reproductive health care. These health policies, including HIV/AIDS treatment and prevention, have an overall effect on lowering fertility. This raises the spectre of the most horrific kind of racial prejudice and racist policies that exist, namely, the use of eugenics to implement racial hatred and bias in an attempt to wipe out entire races and ethnicities.

For decades, developing countries have spent billions of dollars every year to promote the use of contraception and make it more widely available in the Global South. The result has been that women in the least developed countries can count on easy access to contraception through scaled down drug dispensaries and low-skilled community health-workers trained to deliver contraception and very little else. This disproportionate focus on health policies to lower fertility without equally generous investments in primary health-care universal health coverage, or health infrastructure create the perception of discrimination and result in deeply entrenched disparities in access to healthcare between developed countries of European ancestry and developing countries that were their former colonies.

1. The Preference for Long-Acting Hormonal Contraceptives in International Assistance

The most visible example of this racism is that organizations backed by developed countries and Western philanthropists such as the Bill and Melinda Gates Foundation have chosen Depo Provera and other powerful long-acting injectable contraceptives as their preferred contraceptives for



distribution in Africa and East Asia.¹ Such powerful hormonal drugs are not only discouraged by physicians and health authorities in developed countries, they are sometimes also banned because of the heavy side-effects that women face due to their use, including cardio-vascular diseases and obesity among many others. Nevertheless, these same contraceptives—which women in developed countries are actively discouraged from using—are the preferred contraceptive method of most international family planning programs. Moreover, women are pressured to use contraception, even when they do not wish to do so for a variety of reasons (see section on “Unmet Need” below).

2. “Unmet Need” for Contraception is the New Population Control

According to DHS surveys, less than 2% of married women across Africa lack access to contraception. Those that don’t use contraception cite other reasons, including previous experience of side-effects, infrequent sexual activity, or moral concerns. This figure has remained fairly constant over the last three decades, even as knowledge about contraception has grown. But despite this near saturation of contraception, developed countries continue to increase their funding for contraception globally. The majority of the money invested by developed countries in family planning is therefore not going to meet actual needs or real demands but to cover overhead for large international organizations that promote sexual and reproductive health, and to convince women in developing countries who currently do not use contraception to use it.²

Even the way UN agencies measure progress on SDG 5.6 on access to reproductive health care manifests this racial animus against the birth of more people in the Global South. The only way for the indicators on SDG 5.6 to be satisfactorily met, would require near 100% contraceptive use, which would be impossible to achieve without coercion or undue influence.³ Considering that in many of the places where contraception is being aggressively promoted by international donors, there is barely access to healthcare and individuals and their families struggle to make ends meet, it is not difficult to make the case that these philanthropic investments in family planning are resembling more and more coercive population control programs rooted in racial hatred and bias.

The incredible animus against population growth in the global south of wealthy international donors is also leading to incomplete, reckless, and negligent healthcare research and programs. Even international agencies like the World Health Organization have been accused of falling prey to these racial tensions and covering up dangers of Depo-Provera and other drugs.⁴ Donors, for their part, have been accused of not doing enough to inform and warn women in developing

¹ https://c-fam.org/friday_fax/gates-foundation-suspected-of-forcing-dangerous-contraceptive-on-africans/

² <https://www.thenewatlantis.com/publications/is-there-an-unmet-need-for-family-planning>

³ <https://c-fam.org/flyer/needs-without-wants/>

⁴ https://c-fam.org/friday_fax/who-downgrades-warnings-on-depo-concerns-remain/



countries of the side-effects and dangers of certain long-acting injectable hormonal contraceptives.⁵ The health research industry and the regulatory review process, in turn, have been less than diligent by allowing dangerous experiments, expedited approval processes and waiving rigorous research requirements and other concerns considered important for the approval of other drugs when it comes to contraceptive drugs destined for the Global South.⁶

3. The Promotion of Abortion as a Eugenic Tool

That the legalization of abortion was a tool of eugenic domination is a widely known and publicized fact. Margaret Sanger, the Founder of Planned Parenthood, from whom the abortion industry giant International Planned Parenthood draws its name, inspired Nazi scientists and ideologues to design and enact racist eugenic programs in Germany in the twentieth century. The growing awareness of these lurid origins of the abortion industry are leading some abortion groups to cut ties with their past, including by removing the name of Margaret Sanger from their buildings, whereas before the founder of the abortion industry was lionized.⁷

Similarly, the eugenic origins of abortion legalization efforts is becoming more widely known. The late U.S. Supreme Court Justice Ruth Bader Ginsburg openly acknowledged that eugenic motivations were behind the *Roe v. Wade* decision which imposed legal abortion on the 50 U.S. states in 1973. Speaking to Emily Bazelon of the New York Times Magazine she said, "there was concern about population growth and particularly growth in populations that we don't want to have too many of."⁸

The legacy of these racist motivations behind abortion are everywhere visible in the way the abortion industry operates. Abortion clinics are strategically located to have an outsized impact on minority communities in the United States. Nearly 80% of abortion clinics are located in black and Hispanic neighbourhoods, and black and Hispanic neighbourhoods abort at higher rates than any other social group.⁹

RECOMMENDATIONS

⁵ https://c-fam.org/friday_fax/still-pushing-dangerous-contraceptive-african-women-risk/

⁶ https://c-fam.org/friday_fax/study-disputes-link-between-hiv-and-depo-provera-african-women-insist-results-are-not-good-news/

⁷ <https://www.plannedparenthood.org/planned-parenthood-greater-new-york/about/news/planned-parenthood-of-greater-new-york-announces-intent-to-remove-margaret-sangers-name-from-nyc-health-center>

⁸ <https://www.nytimes.com/2009/07/12/magazine/12ginsburg-t.html>

⁹ <https://www.congress.gov/115/meeting/house/106562/witnesses/HHRG-115-JU10-Wstate-ParkerS-20171101-SD001.pdf>



- 1. The Special Rapporteur should urge international donors to distance themselves from the eugenic legacy of Margaret Sanger and Planned Parenthood, including by paying damages to victims of population control and carrying out reparations through public education and other confessions of regret.**
- 2. Donor States must ensure that any policies and programs they adopt do not have a discriminatory effect. Specifically, programs must not coerce poor women in the Global South to have abortions or limit their family size and they must not deliver substandard healthcare or drugs to developing countries.**
- 3. UN Member States should ensure that the caveats with regards to abortion enshrined in the International Conference on Population and Development, especially paragraphs 7.14 and 8.25 of the International Platform for Action, are fully respected by UN agencies and recipients of international assistance for family planning.**