

RELEASE IN PART
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From: H <hdr22@clintonemail.com>
Sent: Tuesday, August 30, 2011 10:40 PM
To: Verveer, Melanne S
Cc: Sullivan, Jacob J
Subject: Re:

I'm copying Jake so he knows we have to raise women in mtgs in Paris and asking him to contact you for ideas.

On Aug 30, 2011, at 6:54 PM, "Verveer, Melanne S" <VerveerMS@state.gov> wrote:

I am sending this op ed from Gerson in case you haven't seen it. It's good to have him make the arguments you have long made.

I know you are going off to France for the Libya meeting. [Redacted]

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[Redacted] When I met with the Italians

several weeks ago they were quite concerned about the role of women in the transition.

I also wanted to tell you that we are making good progress on the Women, Peace and Security National Action Plan [Redacted]

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I'm heading to the Netherlands on Labor Day for govt meetings and to speak at a conference on Afghanistan women in transition that the US, Dutch and Atlantic Council are sponsoring. The Dutch are also interested in partnering with us to help women in the MENA region, especially Egypt and Tunisia.

Safe travels!

Family planning as a pro-life cause

By Michael Gerson, Published: August 29

BWEREMANA, Democratic Republic of the Congo

Visitors walking through the thatched houses of this village on the shore of Lake Kivu are shadowed by a large, happy rabble of young children. There are, however, few middle-aged women in evidence — perhaps not surprising in a country where a woman’s average life expectancy is 49.

Talking to women in Bweremana, the correlation between the number of children and the absence of some of their mothers becomes clear. Kanyere Sabasaba, 35, has had 10 children, eight of whom have survived. Her last delivery did not go well. “I delivered the baby without any problem, but I was bleeding much,” she told me. The case was too complex for the local health center, so Kanyere had to pay for her transport to another medical facility. After the surgery, the doctor performed a tubal ligation. “If I give birth again, I could die,” she said. “The last child is the one who could really kill me.”

In this part of Congo, the complications of childbirth are as dangerous as the militias in the countryside. One woman I met had given birth to 13 children, only six of whom survived. Women sometimes deliver in the fields while working. Medical help can be a few days’ journey away. Each birth raises the odds of a hemorrhage, infection or rupture. Those odds increase dramatically when births come early in life, or late in life, or in rapid succession. In Congo, almost one in five deaths of women during childbearing years is due to maternal causes.

The women of Bweremana are attempting to diffuse and minimize their risk. In a program organized by Heal Africa, about 6,000 contribute the equivalent of 20 cents each Sunday to a common fund. When it is their time to give birth, the fund becomes a loan to pay transportation and hospital fees. The women tend a common vegetable garden to help with income and nutrition. And the group encourages family planning.

The very words “family planning” light up the limbic centers of American politics. From a distance, it seems like a culture war showdown. Close up, in places such as Bweremana, family planning is undeniably pro-life. When births are spaced more than 24 months apart, both mothers and children are dramatically more likely to survive. Family planning results not only in fewer births, but in fewer at-risk births, including those early and late in a woman’s fertility. When contraceptive prevalence is low, about 70 percent of all births involve serious risk. When prevalence is high, the figure is 35 percent.

Support for contraception does not imply or require support for abortion. Even in the most stringent Catholic teaching, the prevention of conception is not the moral equivalent of ending a life. And conservative Protestants have little standing to object to contraception, given the fact that they make liberal use of it. According to a 2009 Gallup poll, more than 90 percent of American evangelicals believe that hormonal and barrier methods of contraception are morally acceptable for adults. Children are gifts from God, but this does not require the collection of as many gifts as biologically possible.

Yet the role of contraception in development has become controversial — and both ideological extremes seem complicit in this polarization. Some liberal advocates of family planning believe

that it is inseparable from abortion rights — while some conservative opponents of family planning believe exactly the same thing, leading them to distrust the entire enterprise. Suspicions on the right are not allayed when the vice president of the United States seems tolerant of forced abortion in China.

But women in Congo have enough home-grown problems without importing irrelevant, Western controversies. While both the pill and condoms are generally available in larger cities such as Goma, access is limited in rural districts. Determining the pace of reproduction is often a male prerogative instead of a shared decision. Sexual violence can be as close for a woman as gathering fuel in the woods.

Contraceptives do not solve every problem. But women in Bweremana want access to voluntary family planning for the same reasons as women elsewhere: to avoid high-risk pregnancies, to deliver healthy children and to better care for the children they have. And this is a pro-life cause.

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