Date: December 15, 2021

To: Ambassador Carol Z. Perez, Acting Under Secretary of State for Management

From: The Undersigned Foreign Service Officers

Through: Andrea Pestone Capellan, U.S. Agency for International Development

Subject: On Our Own: Diplomats Deserve Equal Access to Reproductive Health Services

All diplomats, and their family members, deserve the same access to timely, life-saving health care overseas as domestically, and when that is not possible for any reason—including host country law—to be afforded prompt medical evacuation to such care. Female diplomats are routinely denied access to full reproductive health care. Key examples include: inconsistent availability of rape kits, inconsistent availability of family planning services, including emergency contraceptives (plan B), medical abortion (mifepristone/misoprostol), inconsistent access to trained professionals, including, and specifically, obstetrician-gynecologists.

In drafting this letter we heard from diplomats who received no assistance from the State Department:

- When suffering a nearly fatal ectopic pregnancy,
- When a fertility treatment supported by the Medical Unit led to the need for a life-saving embryo reduction,
- When suffering a miscarriage at one of the most polluted posts in the world,
- When serving in a country where abortion was illegal and was referred by the Medical Unit to illegal local providers,
- When needing treatment for a urinary tract infection at a priority service post,
- When unable to access needed endocrinological testing locally after multiple pregnancy losses, and
- In being judged about our access to or use of reproductive choices from medical professionals.

We deserve access to the same rights we have in our own country when we serve overseas and demand that reproductive rights be guaranteed in the Foreign Affairs Manual (FAM), including:

- Allowing medevac prior to 12 weeks gestation for access to reproductive health services,
- Requiring the State Department Medical Program include plan B, mifepristone/misoprostol, and rape kits at each overseas USG Medical Unit,
- Allowing medevac to access other related reproductive health services, such as endocrinological testing, perimenopausal and menopausal counseling and screenings,
- Requiring all Medical Units to develop contacts with, and maintain access to local, high-quality obstetric and gynecological medical professionals or offer medevac for high-quality care if it is unavailable locally, and
- Requiring all Medical Units and their staff to provide respectful, impartial care, that lacks judgment, to any diplomat regardless of their reproductive choices.

Diplomats serving in Africa, South America, Europe & Eurasia, and Asia, who, when faced with reproductive health emergencies, were directed to independently access dangerous local options. Each accessed their lifesaving reproductive health services alone, paid for it themselves, and still

report trauma to this day. Instead of support from our Medical Units specifically deployed to these countries to provide healthcare to diplomats—40 percent of whom are women—we have been told time and time again, "You are on your own." Some nearly died, many had long-lasting injuries, while others took on serious financial burdens to access the necessary and lifesaving care. The experience of these diplomats today mirrors the traumatizing experiences of American women decades ago when these rights were inaccessible in our country too. That those representing the United States abroad must needlessly suffer this fate today is shameful.

Below is just a portion of the stories shared with us:

[I] [c]can't really underscore how traumatizing that run of time was—very difficult emotionally and physically and certainly the lack of support impacted my ability to live and work comfortably at post.

I was scared and horrified and ashamed. I had to do extensive trauma therapy for it and it's still triggering.

In an email to MED: I was incredibly depressed and disheartened at the way the entire situation was handled. It has also undercut my confidence in the Embassy's ability to support my medical needs and those of my family. I hope that if another person has to undergo what I did, the same thing doesn't happen, and you don't tell her that you cannot support her medically-necessary procedure because it is an abortion.

In a January 28, 2021 Presidential Memorandum, "Memorandum on Protecting Women's Health at Home and Abroad," President Biden clearly outlined that, "Women should have access to the healthcare they need." The directive continues, "It is the policy of my Administration to support women's and girls' sexual and reproductive health and rights in the United States, as well as globally." On October 22, 2021, the White House doubled down on this commitment by issuing the first-ever National Strategy on Gender Equity and Equality. The Strategy prioritizes equitable health care stating that, "Health care is a right—not a privilege. All people deserve access to high-quality, affordable health care, . . . we will: . . . promote access to sexual and reproductive health and rights both at home and abroad." The Department of State must take immediate action to effectuate these policies.

Per FAM 16 311, "In a situation where local medical facilities are inadequate to provide required services, travel to locations where such services can be obtained may be authorized." In none of these cases did MED see fit for lifesaving interventions to be authorized. While certain elective orthopedic surgeries, dental procedures, and plastic surgeries may be covered by the State Department through a medical evacuation, lifesaving medical evacuations for reproductive care are routinely shouldered by female diplomats after the State Department refuses to assist. Diplomats representing America in countries across the world are denied access to the same services that are legal and readily available in the country we represent and told "You are on your own."

We reiterate our request—no more or less than equitable access to adequate health care, to be enshrined in the FAM and available to diplomats and their family members worldwide.

Courtesy Copy:

Dr. Larry Padget, Bureau of Medical Services Director

Katrina Fotovat, Senior Official for the Office of Global Women's Issues

Ambassador Gina Abercrombie-Winstanley, Chief Diversity and Inclusion Office for the Office of Diversity and Inclusion

Nina Fite, Principal Deputy Assistant Secretary in the Bureau of Global Talent Management, Office of the Director General

Philippe Lussier, Deputy Assistant Secretary of the Director General, Bureau for Global Talent Management

Jeanne Juliao, Deputy Assistant Secretary of the Director General, Bureau for Global Talent Management

Karin Sullivan, Deputy Assistant Secretary of the Director General, Bureau for Global Talent Management

USAID Counselor-Vacant

Paloma Adams-Allen, USAID Deputy Administrator for Management and Resources
Adetola Abiade, USAID Assistant to the Administrator for the Office of Human Capital and Talent
Management

Ismael Martinez, USAID Acting Director for the Office of Civil Rights and Diversity Eric Rubin, American Foreign Service Association President

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