

November 10, 2020

VIA ELECTRONIC TRANSMISSION

The Honorable Mike Pompeo
Secretary of State
U.S. Department of State
2201 C Street NW
Washington, DC 20520

The Honorable Alex M. Azar II
Secretary of Health and Human Services
U.S. Department of Health and Human
Services
200 Independence Avenue SW
Washington, DC 20201

RE: FAR Case 2018-002, Federal Acquisition Regulation: Protecting Life in Global Health Assistance

Dear Secretary Pompeo and Secretary Azar:

The Endocrine Society submits these comments in response to the proposal to amend the Federal Acquisition Regulation (FAR) rule from the Department of Defense (DoD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA)'s to implement the Protecting Life in Global Health Assistance policy, as published in the Federal Register on Monday, September 14.¹ Founded in 1916, the Endocrine Society is the world's oldest, largest, and most active organization devoted to research on hormones and the clinical practice of endocrinology. The Society's membership of over 18,000 includes experts in all research and clinical aspects of hormone health, including women's health and reproductive health.

The Endocrine Society opposes this proposed regulation that seeks to expand the global gag rule beyond its current application to grants and cooperative agreements and, for the first time ever, impacts foreign contractors and subcontractors. This additional expansion of the global gag rule is unwarranted and will only further undermine U.S. global health programs and broader foreign policy goals. The proposed rule to expand the global gag rule to contracts, which are administered in all areas of global health, threatens to compound serious harms to service delivery across a wide range of global health programs by significantly expanding the funding, organizations, and people impacted by the policy.

The global gag rule also reduces the effectiveness of U.S. global health assistance and puts the lives of women, girls, LGBTQI+ people, and other groups who face systemic barriers to care at risk. The proposed regulation to extend the policy to global health

¹ Protecting Life in Global Health Assistance, FAR Case 2018-002 (proposed Sept. 14, 2020)



contracts will only magnify disruptions to service delivery and increases compliance burdens and inefficiencies in U.S. foreign assistance.

The Endocrine Society is especially concerned about how the proposed expansion of the rule will further restrict access to hormonal contraception to vulnerable populations around the globe. Hormonal contraception provides a myriad of medical benefits beyond the expected reproductive planning by decreasing the number of unintended pregnancies and pregnancy-related health risks such as preeclampsia, gestational diabetes, and complications of childbirth. Providing women with the ability to determine when they become pregnant has a positive impact on their family's socioeconomic and health status.² For instance, when a woman can plan her pregnancies, she can ensure that any underlying conditions that may affect her or her baby's health are addressed prior to becoming pregnant. Studies have shown that a causal link exists between the spacing of a birth and a subsequent pregnancy and three major birth outcome measures: low birth weight, pre-term birth and small size for gestational age.³

Endocrinologists frequently prescribe hormonal contraception to treat a variety of conditions. Although the majority of women use contraception to prevent pregnancy, 58 percent of contraception users also cite non-contraceptive health benefits such as treatment for excessive menstrual bleeding, menstrual pain, and acne as reasons for using the method.⁴ Hormonal contraception can also reduce a woman's risk of developing ovarian and endometrial cancer.⁵

Furthermore, the Endocrine Society opposes any rule that will restrict and disrupt health care access during a global pandemic. The COVID-19 pandemic has strained already vulnerable health systems around the globe, which has further amplified the burdens and disruptions caused by the global gag rule. Providers are already facing the necessary burden of adapting clinic and outreach services to adhere to social distancing guidelines and ensure infection prevention and control measures are followed, including ensuring that all workers have the personal protective equipment they need to allow them to continue to safely serve patients. Amid the ongoing COVID-19 global pandemic, the further expansion of this policy will exacerbate global health challenges across the world, and we have deep concerns about imposing new rules to restrict access to care during this global crisis. In this

² Flucke N, O'Meara H, Coelho J. Colorado Policy Perspective: Breaking the Cycle of Poverty with Help of Long-Acting Reversible Contraceptives (LARCs). *Colorado Nurse* [serial online]. November 2016;116(4):11-19. Available from: CINAHL Plus with Full Text, Ipswich, MA. Accessed November 2, 2020.

³ Guttmacher Institute. The Case for Insurance Coverage of Contraceptive Services and Supplies without Cost Sharing. Winter 2011. <http://www.guttmacher.org/pubs/gpr/14/1/gpr140107.html>

⁴ Guttmacher Institute. Contraceptive Use in the United States. <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>. September 2016. Accessed November 2, 2020.

⁵ National Institutes of Health/National Cancer Institute. Oral Contraceptives and Cancer Risk. <https://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/oralcontraceptives-fact-sheet>. Reviewed March 2012. Accessed November 2, 2020.



time of crisis, resources should be invested in the safety of workers and clients, not going to the costly compliance required by this proposed rule.

Overall, this proposed rule would gravely harm people served by U.S. global health programs in countries around the world and would exacerbate existing health disparities and systemic inequities. We strongly urge you to rescind this proposal to extend the global gag rule to global health contracts. Thank you for considering the Endocrine Society's comments. If we can be of further assistance, please contact Grace Kranstover, Manager of Government Delegations & Grassroots Advocacy, at gkranstover@endocrine.org

Sincerely,

A handwritten signature in black ink, reading "Gary D. Hammer", enclosed in a thin black rectangular border.

Gary D. Hammer, MD, PhD
President
Endocrine Society