

**INTERNATIONAL POPULATION ASSISTANCE
PROGRAMS**

HEARING
BEFORE THE
SUBCOMMITTEE ON
SOCIAL SECURITY AND FAMILY POLICY
OF THE
COMMITTEE ON FINANCE
UNITED STATES SENATE
ONE HUNDRED FOURTH CONGRESS
FIRST SESSION

ON

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INTERNATIONAL POPULATION ASSISTANCE PROGRAMS

THURSDAY, JULY 20, 1995

**U.S. SENATE,
SUBCOMMITTEE ON SOCIAL SECURITY
AND FAMILY POLICY,
COMMITTEE ON FINANCE,
*Washington, DC.***

The hearing was convened, pursuant to notice, at 9:30 a.m., in room SR-418, Russell Senate Office Building, Hon. Alan K. Simpson (chairman of the subcommittee) presiding.

OPENING STATEMENT OF HON. ALAN K. SIMPSON, A U.S. SENATOR FROM WYOMING, CHAIRMAN, SUBCOMMITTEE ON SOCIAL SECURITY AND FAMILY POLICY

Senator SIMPSON. I think we will go forward with our work. Senator Bingaman will be here very shortly. I want to thank him for his extraordinary efforts in this area as he joins me in this vital issue for our country and the world.

He shares the same concerns and commitment on this crucial issue as I do and the two of us have introduced our International Population Stabilization and Reproductive Health Act, S. 1029.

That legislation expands upon our original bill that was introduced in the 103rd Congress. We wanted to introduce a current version that reflects the Program of Action document adopted by acclamation by the 180 Nation States in September of 1994 at the International Conference on Population and Development.

The United States surely does not want to lose our moral leadership role that was displayed at the Cairo Conference. We cannot afford to relinquish any momentum by abandoning or severely weakening our financial commitment to population and development assistance.

Of all of the challenges facing us in this country and around the world, and there are a bushel basket full, I think none compares with that of increasing population growth. All of our efforts to protect the environment, promote economic development around the world, stop conflict of all kinds, all of those are compromised by the staggering rate of growth in the world's population.

I have said a hundred times, it is time to quit thinking about methane gas and cows and what that does to the world and the propellant in the bottom of shaving cream cans and get to the real issue. How many human footprints can the earth sustain before it is savaged? It is very dramatic stuff and that seems to be the way

we get things done in our society, to see who can tell the most dramatic tale on either side.

I do think it is something that rational people have to be about. Our legislation focuses on a coordinated strategy that will help achieve world population stabilization, encourage global economic development and self-determination, and improve the health and well-being of women and their children.

Global and U.S. expenditure targets are set for overall population assistance and for specific programs that will help to achieve universal access to culturally competent family planning services and reproductive health care, expand programs for treatment and prevention of HIV-AIDS and other sexually transmitted diseases, close the gender gap in literacy in primary and secondary education, and increase economic opportunities for women so that they can realize their full productivity potential.

Let me reiterate again and again, this legislation is not about abortion. I have been here a long time. Every time we bring up the issue of stabilizing the earth's population, somebody throws in the issue of abortion. That is not what this is about.

So these are some of the reasons why we are here today, to call attention to global population stabilization, to give it focus, make it a vital part of U.S. Foreign AID and Development Assistance programs, and we need to begin to make much-needed policy changes in international population stabilization, and the United States of America has to take the lead. No one else will do this. We have to ensure that these new policy developments are recognized worldwide. This one is long overdue.

I have a longer statement and will insert it in the record as if read in full, and then turn to my good colleague, Senator Jeff Bingaman.

After his remarks, we will hear from our good friends and colleagues from the House, two very able people that I enjoy thoroughly, Representatives Connie Morella and Tony Beilenson, who are co-chairs of the House Population Caucus, also participants at the Cairo Conference, also, the House co-sponsors of our Population Stabilization legislation, a bipartisan effort there, just as ours here in the Senate is a bipartisan effort. They are wonderful people to work with and we thank them for coming and will look forward to their remarks.

But, first, my good friend from New Mexico, Senator Jeff Bingaman.

[The prepared statement of Senator Simpson appears in the appendix.]

STATEMENT OF HON. JEFF BINGAMAN, A U.S. SENATOR FROM NEW MEXICO

Senator BINGAMAN. Well, thank you very much, Mr. Chairman. I am honored to be here with you today. I want to start by complimenting you and congratulating you on your continued commitment and tenacity in pursuing this issue.

This issue is not in the forefront around here enough, but because of your efforts and Senator Wirth's efforts when he was here, I think we at least have kept it on the radar screen, and I hope we can make a little progress on it this year under your leadership.

I agree with you that major long-term benefits flow to American families from our national investment in sustainable development and population efforts around the globe.

Sometimes it is hard to focus on long-term objectives here in the Congress, particularly long-term objectives that involve other countries, but it is very important that we try to do so. Clearly, population stabilization, reproductive choice and sustainable development fall in that category.

I believe the growth of populations, particularly in the Third World, is significantly retarding development in those countries. It is hindering the ability of those countries to raise the standard of living as they want to and as they should be able to. I think we have done some good in the past in assisting other nations to focus on these issues, but there is a lot more good that can be done.

I also compliment the two distinguished leaders on this issue from the House, Ms. Morella and Mr. Beilenson. They have been championing these issues in the House very assiduously.

I also wanted to particularly welcome Dr. Gomez de Leon, who is the Secretary General of National Population Council. I gather he is going to speak to us about the program in Mexico and I am very anxious to hear his testimony.

Thank you for including me in this hearing, Mr. Chairman. I look forward to the witnesses.

Senator SIMPSON. And I do, too. If you would come and share your thoughts in the range of 10 minutes each or so, but whatever might be required, because we deeply appreciate both of you, and working with you. It has been a very pleasant experience.

The order, apparently, on the witness list is Tony Beilenson, and then Connie Morella, for some reason. Would you like to go first, Connie? Must have been a misprint. We remember who is in charge over there. [Laughter.]

Excuse me, Tony. I am sorry.

Go ahead, Tony, whenever you wish.

**STATEMENT OF HON. ANTHONY C. BEILENSEN, A U.S.
REPRESENTATIVE FROM CALIFORNIA**

Congressman BEILENSEN. Mr. Chairman and Senator Bingaman, we thank you for this opportunity to appear before you today to discuss the International Population Stabilization and Reproductive Health Act which, as you know, Ms. Morella and I have introduced in the House of Representatives this week.

We are here not only on behalf of ourselves, but also in our role as co-chairs, as the Chairman mentioned, of the Congressional Coalition on Population and Development. We very much appreciate your fine opening remarks, and also being able to join with you again this year in sponsoring this legislation. We thank you for holding these hearings on it.

Many of us, Mr. Chairman, view the rapid growth of the world's population as the single most important issue facing our Nation and the world. We are extremely grateful for your efforts to focus attention on solutions to this problem, particularly now that we are operating in a political climate that seems to be less supportive of population assistance than was true in recent years.

As you know, global population is now nearly 5.7 billion and it is growing by about 100 million every year. When you and I, if you do not mind my saying so, Mr. Chairman, were born, the world's population was about two billion. Since then, it has almost tripled. The next billion will be added in less than 11 years.

Twenty-four hours from now—24 hours from now—there will be 260,000 more people in the world than there are at this moment. About 95 percent of them will be born into developing countries which cannot begin to adequately take care of their current populations for whom there are already too few jobs, inadequate schools, inadequate health care, inadequate amounts of food, and usually very little, if any, individual freedom, two things which both of you gentlemen just commented on.

Future prospects, however, are even more staggering. If effective action is not taken in the next very few years, today's 1.6 billion children in the developing world under the age of 15 reach their childbearing years and the earth's population could nearly quadruple to 20 billion people by the end of the next century.

In much of the developing world high birth rates, caused largely by the lack of access of women to basic reproductive health services and information, are contributing to intractable poverty, malnutrition, widespread unemployment, urban over-crowding, and the rapid spread of disease.

Population growth is outstripping the capacity of many Nations to make even modest gains in economic development. It leads to political instability and negating of other U.S. development efforts.

The impact of exponential population growth, combined with unsustainable patterns of consumption, is also evident in mounting signs of stress on the world's environment under conditions of rapid population growth. Renewable resources are being used faster than they can be replaced.

Another environmental consequence of the world's burgeoning population are tropical deforestation, erosion of arable land and watersheds, extinction of plant and animal species—even big animals like the elephants, tigers and rhinos, which are literally being pushed out of their areas by the burgeoning growth of populations in the same countries—and pollution of air, water, and land.

Over-population, however, is not a problem for lesser developed countries only. Rapid population growth in already over-crowded and under-developed areas of the world has given rise to an unprecedented pressure to migrate as workers seek decent, more hopeful lives for themselves and their families. According to a recent report by the UNFPA, over 100 million people—nearly 2 percent of the world's population—are international migrants, and countless others are refugees within their own countries.

Many of the world's industrialized nations are now straining to absorb huge numbers of people. And in the future, as the shortages of jobs and living space in urban areas and resources such as water, agricultural land, and new places to dispose of waste grow even more acute, there will be even greater pressure to emigrate.

For those of us, Mr. Chairman, from Los Angeles and other coastal urban areas that are magnets for immigrants, world population growth is not an abstract issue, it is one that, quite literally, has been laid right on our doorstep.

Communities in Los Angeles County, where I am from, where enormous numbers of both legal and illegal immigrants are settling, are being overwhelmed by the burden of providing educational, health, and social services for the newcomers.

And the problem will get very much bigger, largely because—almost entirely because—of immigration, both legal and illegal. California's population is expected to grow from the 31 million where we stood back in 1990, to 63 or 64 million by the year 2020. It is going to double in the next 25 years.

Time is of the essence. How quickly we provide worldwide access to family planning and reproductive health services is crucial. Like compound interest applied to financial savings, high fertility rates produce ever-growing future populations. For example, I find this a stunning one, Senators. If a woman bears three children instead of six and her children and grandchildren do likewise, she will have 27 great-grandchildren rather than 216. That is, three generations from now, if everyone has been having three children, on average, you will have 27 great-grandchildren. If everyone has six children on average, which is still the average in many countries, there will be 216 great-grandchildren.

Likewise, if Nigeria—which has about 110 million people now—reaches replacement fertility by the year 2010 rather than the year 2040 as is currently projected, its eventual population will be about 340 million instead of 620 million. I mean, it is these vast differences.

Thus, what we achieve in the way of making comprehensive family planning and reproductive health services available in the next few years will determine whether world population stabilizes as double today's level, or it triples that level, or it quadruples that level. Everywhere you look, the prospects are staggering.

Consider, for example, a nation like Bangladesh with a population of 125 million, about half that of the entire United States crammed into an area the size of Wisconsin. Bangladesh has no foreseeable hope of climbing out of its current desperate state of under-development. Yet, in less than 35 years it will have added another 100 million people. Bangladesh is only one example.

None of these, may I say parenthetically, is in the testimony in front of you because this is from some old testimony which I just looked over again and wanted to share with you.

Egypt, where we all met recently, Mr. Chairman, adds one million people every 8 months to a population that it already cannot adequately feed. The turbulent Gaza Strip possesses the world's fastest rate of annual population growth.

Iraq, which comes in a close second, an average women there bears over seven children in her lifetime. Not that they will accept our population aid in the immediate future, I suppose. Iran's population of 56 million will swell to 130 million in just 30 years.

Every three weeks, the population of the continent of Africa increases by one million people. Africa's population is going to more than double in the next 22–23 years, and you can think of any number of nations there already which cannot adequately take care of their own people.

Current U.N. projections for the year 2025, only 30 years off, now, Mr. Chairman, Senator, show that Nigeria will have more

people than the United States, Iran about as many as Japan, Ethiopia will have twice as many people as France, and on, and on, and on. Every impoverished, hopeless, and desperate country in the world will see its population double or more in the next 25-30 years.

To be blunt about it, as Ambassador Richard Gardner has recently written, "Nobody has the slightest idea of how to provide adequate food, housing, health care, education, and gainful employment to such exploding numbers of people, especially as they crowd into the mega-cities of the Third World. The growing numbers of desperate poor will only accelerate the ferocious assault on the world's environment now under way in Africa, Asia, and Latin America.

Can anyone doubt that even if these medium growth figures are realized our children and grandchildren will witness unprecedented misery, worldwide violence, and a tidal wave of unwanted immigration throughout the world?

I see my time is up. I have got a lot more here, and perhaps you gentlemen will have an opportunity, and your staffs will have an opportunity, to read through it. I only want to leave with just a couple of additional thoughts, if I may, Senators.

One, is that, enormous as this problem is, and I know we do not have to remind you of that, it is one that we can solve if we make a determined effort to do so. We have already succeeded enormously in many parts of the world.

For the past 30 years, population assistance has been a central component of our development assistance from this country and we have been remarkably successful in helping people lower their birth rates.

About 50-55 percent of the married couples in the world use contraception now, compared to only about 10 percent 30 years or so ago. Many countries have succeeded in greatly bringing down their particular birth rates.

If we do not provide this kind of help there will be hundreds of thousands of abortions, there will be millions of unwanted births, there will be immense numbers of women losing their lives through childbirth, and on, and on, and on. Again, we have all the statistics here.

Just let me finish up with this, if I may, Mr. Chairman. I strongly believe that the funding cuts, and I discuss at some length the kind of bad situation we have over in the House of Representatives, I do not think it is really directed at population efforts in and of themselves, it is simply a by-product of the budget problems we are facing.

The fact that we are cutting our development assistance and population assistance by about 50 percent over there is not really because I think the members, even some of our more unthinking members, want to cut population assistance by 50 percent, I think it has just been caught up in this effort to cut, and especially to cut foreign aid, which is, I do not need to tell Senators, not terribly popular back home. But this is the most important element in our foreign aid budget and it is going to be cut by 50 percent unless you folks save us over here, as you are apparently in the process of saving us on a few other bills.

I strongly believe that the funding cuts and the restrictions on population assistance that have been proved in the House of Representatives are unwise, counterproductive, and ultimately destructive to our Nation's interest.

They are particularly disastrous for our children and grandchildren who, as a consequence of our actions or lack of actions, could live in a world with as many as 20 billion people, where there will be unimaginable crowding, poverty, pollution, suffering.

Population and development programs work, combatting rapid population growth, enhancing maternal health, ensuring child survival, reducing the spread of disease and providing basic education are some of the most humane, farsighted, and economically effective efforts we can undertake.

Maintaining adequate support for these programs now will save many times this expense in future U.S. foreign assistance, and will greatly reduce human suffering, will promote global peace and security. The bill that the four of us have introduced together seeks to do just that.

Mr. Chairman, however this subcommittee or this Senate proceeds in its deliberations regarding population and development programs, we hope that you will use our bill to guide your efforts, that you will continue to give these programs your highest priority, as we know you will.

Our determined efforts to address the population problem now will make an enormous difference in the kind of world we leave to future generations.

Thank you.

Senator SIMPSON. Thank you very much, Congressman Beilenson. We appreciate that very much.

[The prepared statement of Congressman Beilenson appears in the appendix.]

Senator SIMPSON. Now, Congresswoman Morella. Nice to have you here.

**STATEMENT OF HON. CONSTANCE A. MORELLA, A U.S.
REPRESENTATIVE FROM MARYLAND**

Congresswoman MORELLA. Thank you. It is a pleasure to be here, Mr. Chairman.

Mr. Chairman and Senator Bingaman, thank you for the invitation, and for introducing this bill on the Senate side. Congressman Beilenson and I are just really thrilled to work with you in each of the Houses of Congress on something that is really a national security issue. Mr. Chairman, I know of your leadership, passionate leadership, and true commitment to this issue, and Senator Bingaman, we welcome you and your leadership in this area, too.

Actually, my written statement discusses in greater length the links between rapid population growth and environmental decay and political instability, and the effect that population has on women and children throughout the world.

But, for the sake of time, I am going to forego that section of my statement and use the time to discuss what I consider to be two examples of the threat which rapid population growth poses to our Nation's security.

Look at the Middle East. As talks continue between Israel and its Arab neighbors toward what we hope will be comprehensive peace accords, we and the nations of the Middle East must be aware of long-term problems in the region which have the potential to cause upheaval and political instability, namely the scarcity of water resources and the explosive population growth in Arab countries.

Rapid population growth fuels tensions and instability as hopelessness and desperation arise from rapid urbanization, lack of government services, unemployment, and declining public health standards.

As early as 1980, the National Security Council reported that "these factors add up to a growing potential for social unrest, political instability, mass migrations, and international conflict."

Population in the Middle East, which has some of the world's highest fertility rates, is currently growing at a rate of 2.8 percent yearly, more than a full percentage point higher than the global average.

Growth rates are even higher in countries where almost half of the population is under 15 years of age. These countries include Iran, Iraq, Jordan, Libya, Yemen, Saudi Arabia, and Syria. By 2025, Cairo will have between 20–25 million residents, while Baghdad, Istanbul, and Tehran will have populations between 15–20 million.

Only Israel and Cyprus have growth rates lower than the global average. At current rates, population in the Middle East will grow from approximately 200 million to 400 million people by 2020. Incidentally, by 2025 the whole world's population will double.

This exponential growth in the Middle East population, as well as increasing urbanization and expansion of industrial and agricultural activities, promises to exacerbate existing water disputes, such as those between Egypt and Ethiopia, Israel and Jordan, and Syria and Turkey. Each of these cases holds potential for hostilities.

The link between water and population is clear in Israel and the occupied territories. Sea water has tainted the Gaza Aquifer because the fresh water has been overdrawn. This damage may be irreversible.

As recently as 5 years ago, water consumption in Gaza was outpacing natural replenishment by 50 percent. Meanwhile, Gaza continues with one of the world's largest growth rates. Its current population will double to more than one million by 2006.

In Israel, irrigation has increased six-fold in the last 40 years. Israel currently uses 95 percent of its available water resources. Based on current consumption patterns, demand will exceed renewable supply within six years. Some estimates indicate that by the end of the century the water demands of Israel and the West Bank will exceed the supply by 20 percent.

Egypt, which is already experiencing troubles trying to satisfy the needs of its growing population, is completely dependent on the Nile for water and electricity. However, as Egypt's population grows at the rate of one million every 8 months, the current demand for water will double in 10 years.

Experts are fearful that if the Middle East population continues to grow at current rates, all of the progress which has been made up to now in preserving water resources will have been reversed by 2010.

With this in mind, 11 Arab states, meeting in Amman in 1990, agreed that water security in the Arab world is "as essential as national and military security." This scarcity augers the possibility of future conflict between Israel and Jordan over the Jordan River and the Sea of Galilee, and between Israel and Syria over the Yarmuk River, and it underscores the importance of the Middle East peace talks on multilateral issues, which are dealing with the problems of water scarcity in the region. However, without extensive efforts to reduce fertility rates, the problem cannot possibly be addressed.

Central America, a region of great national security concern during the 1980's, also serves as an example of the political and socioeconomic problems caused by unchecked population growth and the lack of access to information on family planning services, as well as the absence of adequate health and education programs.

Guatemala, for example, in spite of the progress in the peace talks with the URNG, continues to suffer from more than 30 years of war, precipitated to a large degree by unequal land tenure and lack of arable land for the indigenous population.

Guatemala currently has a population of about 10 million people, 70 percent of whom are under 30 years of age, 50 percent under the age of 15. In a country which has been riven by a civil war over lack of access to land for its current population, the implication of unchecked population growth on land tenure struggles in the future, even assuming that a peace agreement is reached this year, pose a very serious threat to Guatemala's ability to establish equitable and sustainable economic development.

The potential for ongoing political and economic stability in Guatemala has serious implications for our efforts to establish a hemispheric trade system and for our efforts to reduce illegal immigration to the United States.

Although many social and economic factors affect family size, organized, accessible, and affordable family planning programs have the most rapid and strongest effect on birth rates because they enable women and their families to control the timing and number of their children.

After more than 25 years of experience in research, the actions needed to bring about a rapid decline in birth rates are very well-documented. Primarily, the ability to exercise reproductive choice must be expanded through the broader dissemination and choice of family planning services which involve the community, especially women, and which meet the needs and values of those who use them.

It bears repeating that those people who talk about abortion will find that, really, the only way that they can reduce abortion in the world is to increase access to family planning and to health care.

Mr. Chairman and Senator Bingaman, I know that you and many members of the committee have a deep understanding of the importance of population stabilization and sustainable development

to our National security, but we do face the challenge that has been mentioned on my side of the aisle in the House.

We have to educate in our chamber more than 80 new members on both sides of the aisle, in addition to a similar number from the 103rd Congress who have not dealt with this issue before and who are committed to slashing foreign aid and perceived abortion funding.

We need to make the distinction between abortion funding and family planning funding, and we should also be examining programs ourselves to see what more can be done to further assure that there is no link between the two.

We need also to be able to respond to constituents and members of Congress who note, for example, that if India, which receives U.S. family planning funding can afford to pursue a nuclear weapons capability, it should be able to fund its own family planning programs.

I am hopeful that a concerted education effort, along with greater constituent grass roots activity, can help to address the losses which we incurred on population policy in the House foreign aid bill. We look to you for leadership here.

Again, thank you, Mr. Chairman, for the opportunity to appear before you today. Thank you, Senator Bingaman. I would certainly be glad to respond to any questions or comments which you may have, but, again, I reiterate that we feel so fortunate to have you here in the Senate leading on what we consider to be a very important national security issue.

I must also say that it is also a pleasure for me, on the House side, to serve with Congressman Beilenson.

Thank you.

[The prepared statement of Congresswoman Morelia appears in the appendix.]

Senator SIMPSON. Well, thank you both. You add a great dimension to it. We are very interested in going forward. That is why we are having a hearing in the Veterans Affairs Committee room. I Chair the Veterans Affairs Committee. They said, but we do not have any room for a committee hearing on that and I said, yes, we do. So we do.

We will pursue this at every stage of an appropriate entry point for a Floor discussion, and full committee, and all of the things that we need to do with regard to this issue. I thank you greatly. It will be a real personal treat to work with you both because I have the highest respect for both of you and know you both well.

Jeff, did you have anything?

Senator BINGAMAN. I do not. I appreciate their strong leadership on this issue.

Senator SIMPSON. I must tell you an anecdote of the West. This is not the Middle East, the West. In the "Wild West," President Grant sent General Philip Sheridan to the west and he said, find out what is out there. I have not the slightest idea what they have out there, but it is pretty rugged. You wire and tell me what is up.

So he went to the west. Many of the communities are named Sheridan, Sheridan Avenue, Sheridan this. He wired back and said, Mr. President, all this country needs is good people and water. And Grant wired back and said, that is all hell needs. [Laughter.]

So, with that, that is enough of that. All right. Thank you very much.

Congressman BEILENSON. Thank you, Mr. Chairman, very much.

Senator SIMPSON. Now, our next panel. Jose Gomez de Leon Cruces. Did I do it fairly well there? It is a great honor to have you here, the General Secretary of the National Population Council, the Republic of Mexico.

And Dawn Liberi, Associate Assistant Administrator of the Center for Population, Health, and Nutrition, U.S. Agency for International Development, in Washington, DC.

We welcome you to the subcommittee. If you will proceed in the order as expressed on the agenda.

Dr. Cruces.

STATEMENT OF JOSE GOMEZ-DE-LEON CRUCES, PH.D., GENERAL SECRETARY, NATIONAL POPULATION COUNCIL, REPUBLIC OF MEXICO

Dr. GOMEZ-DE-LEON. Thank you very much, Mr. Chairman, Senator Bingaman. It is an honor to be here to appear before you.

As Secretary General of Mexico's National Population Council, CONAPO, for its acronym in Spanish, I thank you for the opportunity to share with you my experiences and points of view. CONAPO is a government agency which coordinates and evaluates the Mexican Population Policy and Family Planning Program.

I would like to cover three main points during my remarks this morning: the current demographic situation of Mexico; the progress that has been made in Mexico's program; the importance of the Government of Mexico's partnership with U.S. AID.

Mexico has experienced rapid demographic change. Although we have advanced in our population policy and program, we still face serious challenges ahead. We recognize that progress in Mexico cannot be achieved if the present population growth continues to diminish the benefits of development.

With a current population of 91.6 million, Mexico is the 11th most populous nation in the world. Dramatic population changes have occurred in Mexico's recent history. Its annual population growth reached 3.4 percent in 1965 due to sustained high fertility and rapidly declining mortality.

By 1970, Mexico had nearly tripled its 1940 population of 20 million and was among the fastest growing large nations in the world. Mexico's population growth has fallen to 2 percent in 1995 and the total fertility rate has been halved in 20 years, from six children per women in 1975 to three in 1995.

The bulk of this decline occurred after the 1974 implementation of the government's Family Planning Program. Had Mexico not established such a vigorous program, the current population would have been almost 120 million, as compared to the actual figure of 91 million. This difference of almost 30 million people represents twice the size of the current population of Mexico City.

A key factor in bringing about a rapid decline in fertility has been a dramatic increase in contraceptive use. In the mid-1970's, approximately 30 percent of married women of reproductive age were using a contraceptive method. Currently, contraceptive preva-

lence nationwide is 65 percent, approximately 10 million family planning users.

An important emphasis of Mexico's population policy has been to increase the availability and use of family planning. The public sector provides two-thirds of all family planning services in Mexico, and the private sector, one-third.

The Mexican program supports a broad range of contraceptive methods, as well as reinforcing a comprehensive program of training for service providers, information, education and communication, research, monitoring, and evaluation.

This increase in contraceptive use, however, conceals wide variations between regions and social groups. Contraceptive practice prevalence in rural areas is only 45 percent, compared with 70 percent in urban areas.

Actually, in some marginal rural areas, particularly in indigenous regions, it is closer to 25 percent, much lower than the national rural average. In these areas, fertility reduction has hardly begun, if at all.

Despite impressive achievements in expanding the availability and use of contraception, Mexico still lags behind other Latin American countries of comparable development, such as Brazil and Columbia, and displays sharp urban/rural differentials in contraceptive use.

Unmet contraceptive demand remains relatively high as well, in that 32 percent of couples at the national level who decide to limit or postpone childbearing are not using a family planning method. This figure increases to 40 percent of couples in rural areas due to problems with access, limited availability of adequate methods, and the need for increased training of health workers in family planning.

This is only one side of the equation because better education, communication, and information programs are also needed to promote changes in cultural norms about family size in Mexico, since some social groups in rural areas still express a preference for large family size, which hinders further decreases in population growth.

Family planning forms the centerpiece of our reproductive health approach. Reinforcing these strategies are integrating population and development strategies, as well as gender and equality issues, strengthening the family and enhancing the status of women, and reducing infant and maternal mortality.

The administration of President Ernesto Zedillo is strongly committed to revitalizing Mexico's population policy in light of the current demographic and socioeconomic conditions of the country.

This new approach is designed to effectively integrate population programs with programs supporting higher social and economic development. Priority actions will be directed at eradicating poverty and inequity and improving the quality of life of present and future generations.

Mexico's population policy states that population, economic growth, and sustainable development are to be addressed jointly. Our policy strongly recognizes the need for further socio-economic and gender equality and the importance of meeting the demand of family planning and reproductive health services.

We consider that Mexico is entering a new stage in its population policy. In view of the close and productive past collaboration between U.S. AID and Mexico, and considering the new boost President Zedillo wants to give to Mexico's population policy in the years ahead, it is the strong interest of the Mexican Government to strengthen its cooperation with U.S. AID.

In the mid-1970's, the Government of Mexico set out to change population policy and recognized that technical assistance and contraceptive supplies were needed in order to implement its population program.

In 1977, Mexico began receiving U.S. AID assistance, which accounts for approximately 7 percent of the total population budget of Mexico. In the area of contraceptive supplies, U.S. AID was the sole provider to the public and private sectors until 1992. The Mexican Government has not assumed full responsibility for contraceptive procurement.

In 1993, U.S. AID and the Mexican Government established the program to support the extension of family planning and reproductive health services. This program has helped us to develop coordinated and focused efforts among the main public and private sector institutions with the purpose of extending and improving family planning services.

Technical assistance by U.S. AID has been essential to the planning and implementation of the different interventions. U.S. AID has been helping to expand access and availability of family planning services to rural, under-served populations in 10 priority states, encompassing almost 50 percent of Mexico's 91.6 million inhabitants.

U.S. AID assistance has focused on improving the quality of family planning services in Mexico, one of the critical priorities needed to reach higher contraceptive use.

Sustaining the activities of family planning is difficult, but there still remains an even more difficult challenge. Further reductions in population growth call explicitly for actions directed to the poorest and most under-served sectors of the population who are the people most difficult to reach with family planning services and information.

These groups lack services of many kinds, including family planning. Their situation is compounded by traditional preferences for larger families. Part of the solution calls for more and better family planning services, as well as education, communication, and information programs. The solution also requires an integrated approach. Continued strong cooperation between U.S. AID and the Mexican Government is necessary to confront these complex issues.

We have had a long and successful relationship. We must take advantage of the new momentum which has been established through our joint efforts to achieve maximum programmatic impact. Together, we can effectively face the new challenges of Mexico's population program.

Thank you very much.

[The prepared statement of Dr. Gomez-de-Leon appears in the appendix.]

Senator SIMPSON. Thank you very much, Doctor.

Now, please, if we could have the remarks of Dawn Liberi, please.

STATEMENT OF DAWN LIBERI, ASSOCIATE ASSISTANT ADMINISTRATOR, CENTER FOR POPULATION, HEALTH, AND NUTRITION, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, WASHINGTON, DC

Ms. LIBERI. Thank you, Mr. Chairman.

Mr. Chairman, Senator Bingaman, I am very pleased to have the opportunity to testify before you today. As has been indicated, I am the Associate Assistant Administrator in the Center for Population, Health, and Nutrition at U.S. AID, but I would also like to point out that I am a career Foreign Service Officer, having spent most of the last 15 years overseas serving with U.S. AID in missions, primarily in Africa, most recently as the Deputy Mission Director at U.S. AID Ghana.

Mr. Chairman, I would like to thank you for holding these important hearings and I would like to commend the Senate as it begins its consideration of the proposed International Population Stabilization and Reproductive Health Act.

The objectives of the proposed act are in very close accord with the current objectives and strategies of U.S. AID, as well as with the Clinton Administration.

However, while this bill is quite supportive of valuable development work which U.S. AID conducts around the world, the Senate may soon consider legislation which would make carrying out the intent of your bill impossible.

S. 908, the Foreign Relations Revitalization Act, mandates the firing of 50 percent of U.S. AID employees in the next 2 years alone. Let me reiterate that, 50 percent of all U.S. employees.

S. 908 would also close virtually every U.S. AID mission around the globe and scatter what responsibilities and funding which remained into the Department of State.

From my experiences both in the field and in Washington, I can tell you that this unprecedented congressionally mandated Executive Branch reorganization would have a profound and devastating impact on the lives and health of women and children around the world. For this and other reasons, the President has stated clearly his intention to veto this legislation should it reach his desk.

U.S. AID began providing population assistance in 1965, and health and nutrition assistance even earlier. U.S. AID assistance programs are built on the foundation of our field presence. Our missions work with host country institutions and a range of partners in bringing together the necessary ingredients to make a program happen.

Mr. Chairman, at this point I would like to quickly recount two examples of this synergy from my work in Ghana. U.S. AID Ghana's research efforts were able to demonstrate that girls' enrollment and drop-out rates in primary school were disproportionately high. This was often due to school fees which families could not afford.

U.S. AID's continuing dialogue with the Ministry of Education resulted in a policy change which eliminated school fees for girls in those regions in which they were under-represented. As a result

of this policy change, girls' enrollment increased dramatically and retention levels remained 90 percent a year later.

Similarly, when the first democratic elections were held in Ghana—and these were the first democratic elections in 12 years—held in 1992, 16 newly-elected women Parliamentarians approached U.S. AID for training in legislative procedures. U.S. AID was able to provide the requested nuts and bolts training of the steps necessary to pass a law.

Utilizing their newly-acquired skills, these women Parliamentarians collectively convinced their 184 male counterparts to enact legislation against the practice of female genital mutilation, thereby becoming one of the first sub-Saharan African countries to do so.

Mr. Chairman, I believe that both of these examples speak volumes on the importance of U.S. AID's field experience and the positive influence the United States exercises as a result of this presence and technical expertise.

U.S. AID is also proud to work with diverse entities, known as Cooperating Agencies, who play a very critical role in meeting the population and health challenges we face. These agencies, which are a mix of PVOs, universities, private commercial firms, and others, have a pool of knowledge and experience that U.S. AID can make available to those countries who need and want it.

Another key role of U.S. AID assistance is to develop new technologies, new contraceptive methods, and improved oral rehydration therapies which, when adapted to country-specific needs, can make a powerful difference.

U.S. AID programs emphasize enhancing the quality of care and being responsive to the needs of the clients or users, who are most often women, a principle that also appears prominently in the Act which we are discussing today.

All of these positive features of U.S. AID's programs are directly threatened by the funding levels for development assistance already passed by the House, and the even lower levels associated with the Senate Authorization Bill.

Mr. Chairman, these draconian cuts would make carrying out the intent of your bill equally impossible. I should note that, while we support the philosophy underlying your bill, the administration opposes the earmark of funding for specific programs. The administration has not yet had an opportunity to fully review other specific provisions of the proposed Act, some of which involve agencies other than U.S. AID.

Rather than offering further comment on the Act itself, I will limit myself to discussing our current U.S. AID programs. In this regard, in the time remaining I would like to emphasize three key points.

Most of you have already heard how serious the challenges are that we face in stabilizing population growth, preventing women from dying in childbirth, protecting children from diseases and malnutrition, and slowing the spread of AIDS.

We face the prospect of a world in which, even with growth rates slowing down as has been pointed out, we are adding an India, or close to one billion people, every decade.

Now, it is easy for people to hear the numbers and feel a sense of hopelessness, but this should not be the case. Our experience at

U.S. AID tells us that substantial progress has been made in many countries and that our efforts have made and, if sustained, will continue to make, a major contribution.

This brings me to my second point. The record shows that U.S. AID population, and health assistance has been an extremely good investment for American taxpayers. We are pleased that Dr. Gomez de Leon is also testifying this morning about the progress that has been made in Mexico.

And there are other countries in which the impact of our assistance has been demonstrated, including Egypt, Indonesia, the Philippines, Thailand, all of which are important strategic and trading partners for the United States.

In the 28 countries with the largest U.S. AID-sponsored family planning programs, the average number of children per family has dropped from 6.1 in the mid-1960's to 4.2 today.

More recently, dramatic fertility declines have occurred in poor countries, such as Bangladesh, Egypt, and Kenya, all countries in which U.S. AID has been the leading external donor.

In the area of child survival, more than four million lives are saved every year through immunization and other health and nutrition interventions supported by U.S. AID.

My third point is that our programs reflect the highest values and aspirations of the American people. Our programs promote voluntary reproductive choice and responsible preventive health behavior.

They also promote survival and health of children and mothers, greater education and employment opportunities for women, and community empowerment and reliance at all levels of society. U.S. AID continues to improve its own capacity to meet the next generation of challenges.

The agency has undertaken major management reforms to improve its performance and ensure accountability in its programs. These reforms are built around clearly-stated objectives and priorities and accountability by agency staff for performance related to these objectives.

Mr. Chairman, in closing, I would like to thank you for this opportunity to testify and to share with you the perspectives and experiences of U.S. AID in contributing to population stabilization and improving the reproductive health in the development world.

I thank you.

Senator SIMPSON. Well, thank you very much. Your full statement will be entered in the record, of course. I appreciate your summarizing that for us.

[The prepared statement of Ms. Liberi appears in the appendix.]

Senator SIMPSON. Let me ask a question or two. We will limit ourselves to five-minute rounds and go forward in that fashion.

With regard to Dr. Gomez-de-Leon, obviously you have heard the testimony of the other witness with regard to AID and its importance in the world you both have chosen to pursue of interest. Why is the AID presence so very important in a country such as Mexico? What is the significant supreme value added of U.S. AID's Population Assistance to Mexico?

Dr. GOMEZ-DE-LEON. Yes, Mr. Chairman. There are different ways to approach your question. First, I would stress that AID's as-

sistance dates from 1977. At that time, the amount of resources the Mexican Government was devoting to family planning were not as important as today. U.S. AID helped us to trigger the commitment of the Mexican Government to do more efforts in the field.

Currently, assistance of U.S. AID amounts to perhaps close to 10 percent of the total efforts devoted by the Mexican Government, but very often this assistance goes to programs that are innovative, that involve coordination between the government and civil society, sometimes NGOs. Often for the Mexican Government is difficult to make drastic budget changes and to set up new innovative approaches. In that context, foreign aid, and in particular AID's assistance, is very helpful to give impulse to new and innovative approaches.

Just to quote a couple of examples. Very recently, we are trying to expand our efforts to reach two very important and crucial segments of the population concerning population issues: males and adolescents. In both fields we have received assistance, technical as well as financial, by U.S. AID to figure out, design, and help implementing programs addressing those two very important groups.

Senator SIMPSON. Thank you very much.

May I ask Ms. Liberi, why are the field missions so integral to the success or failure, I guess, of AID's population and development assistance program?

Ms. LIBERI. Well, as I indicated in my testimony, Mr. Chairman, U.S. AID field presence and the technical expertise that is at the field level works in a variety of ways and I would like to just go through them.

At the national policy level, our mission people engage directly with the highest levels of host country governments to talk about policy directions, policy change, where their country is going, and what are the desired results of development that they would like to achieve. At the policy level the U.S. influence, as I think you understand, is very important.

At the program and technical level, I think as Dr. Gomez-de-Leon has pointed out, we are the world's experts and the world's leaders, certainly in population, family planning, and child survival interventions. Every leading innovation that has been developed over the last 25 years has been due to U.S. AID technical assistance and we are able, therefore, to work with countries to transfer innovative approaches and technologies.

Finally, we have a unique network of cooperating agencies that we work with who are on the ground and who work with all of the indigenous organizations in these countries. That cannot happen if you do not have a field presence. So at the policy, program, technical, and community level, U.S. AID field presence is essential.

Senator SIMPSON. Well, what would happen to these field mission activities if there was this consolidation that has been expressed, as joining with the State Department?

Ms. LIBERI. Well, as has been indicated in my testimony, 50 percent of all of U.S. AID employees would be removed over the next 2 years. There would be little or no U.S. AID field presence.

As we have pointed out in other statements and as our administrator has pointed out, U.S. AID employees have different skills

and different training from our colleagues, both in State and in other U.S. Government agencies.

So, by eliminating the field presence, some assistance would continue through NGOs and through our cooperating agencies, but, by and large, U.S. influence at the policy level would be lost, the technical expertise of the agency would be lost, and I think our international leadership role would be lost.

Senator SIMPSON. Thank you very much. My time has expired.

Senator Bingaman, did you have any questions?

Senator BINGAMAN. Yes, I would ask a couple of questions, Mr. Chairman. Thank you.

Dr. Gomez-de-Leon, let me ask you, I gather from your statement that Mexico has chosen to provide flexibility in its family planning-related programs. A woman gets to choose between several different options, as I understand it.

Could you explain why you have pursued that course, rather than deciding what makes the most sense and concentrating or targeting your resources on a particular type of solution to this set of problems?

Dr. GOMEZ-DE-LEON. Yes, Senator Bingaman. Mexico's population policy, since its revision in 1974, has been defined as an instrument to further advance the standard of living and the well-being of the population. It is thoroughly integrated into the agenda of social policy and even more strongly under the leadership of President Ernesto Zedillo.

Only 10 days ago, he issued his National Population Program. It is 120 pages describing very thoroughly the current situation and some of the main challenges; the salient feature of this program, is to integrate population policy into social policy so that population priorities interlink with social priorities, such as fighting poverty, for instance, furthering education and work opportunities for everyone, particularly women.

Central to the program are the family planning efforts, but the overall goal is a more encompassing one. We think this is very helpful in rallying and marshalling around support from several important groups in Mexican society, among others, the church, NGOs, legislatures, and society in general.

Senator BINGAMAN. Let me just ask about the role of the church in Mexico on this issue. Mexico is predominantly Catholic. The Catholic Church, I believe, has taken a strong stand against many population regulation initiatives. How does that situation affect your ability to carry out an effective program?

Dr. GOMEZ-DE-LEON. Yes, Senator Bingaman. While we were in the process of producing the National Population Program we were careful enough to approach different social groups in Mexico, including the church, to hear their points of view and to make sure that we were not going to face strong opposition in some of its goals. In that context, we had very respectful and thorough discussions on the approaches and strategies set forth by the Program.

As a result of this dialogue and communication, the church's response to the program has been very supportive, indeed. Actually, the church in Mexico has openly stated its concern about the demographic problems, the demographic issues in Mexico. Openly they

have also stated that the church in Mexico is not pro-natalist. They are concerned also about family planning.

Of course, they also put forth their arguments concerning some family planning methods and they also recommend we should give more importance to the methods advocated by the church, so that there is a package of the whole array of available methods to anyone in the Mexican population. Rather than opposition we are hoping to have support and agreement from the church.

Senator BINGAMAN. Mr. Chairman, if time permits, I would ask Ms. Liberi a question. When we hear about the cuts that are proposed in AID funding and its consolidation and all, I believe people envision AID as an agency that carries out a lot of different functions, other than population-related work.

Could you tell me about the work that you have talked about here today—work assisting countries to stabilize their population growth—how big a part of what AID does is that?

In other words, if we go ahead with these cuts, will it necessarily affect population programs or is this a small enough part of what you do that you could continue doing it and take the cuts elsewhere?

Ms. LIBERI. Well, Senator Bingaman, AID, I believe, as you know, has an overall sustainable development approach to economic development. However, I might hasten to add that the combined population, health (including child survival), and nutrition budget total for fiscal year 1995 and proposed for fiscal year 1996 is \$1.2 billion from all U.S. AID accounts.

Now, out of the total \$2.1 billion discretionary development assistance budget for 1995, the PHN portfolio is almost half. So, by having significant cuts in this area, we would decimate the program I have been describing. If you do not mind, I would like to give a few statistics.

If our program were cut 30–50 percent, there would be 3–5 million fewer family planning users; there would be 1–1.5 million unintended pregnancies which would lead to about 200,000–350,000 unwanted abortions; there would be about 700,000 to 1.2 million unwanted births; maternal deaths would increase by 5,000–8,000; and the world population, I think as has been indicated before, would grow by an additional 125 million people by 2025.

These are very, very modest estimates of direct consequences of budget cuts.

Senator BINGAMAN. Thank you very much, Mr. Chairman.

Senator SIMPSON. I think I will just ask a few more questions, Jeff, and if you wish to do so, then we will go to the second panel after one round, if you wish to do so.

Let me ask Dr. Gomez-de-Leon, how much funding does Mexico receive from AID, and in addition, what types of services does it provide to Mexico, if I might ask?

Dr. GOMEZ-DE-LEON. Yes, of course. I think funding by U.S. AID to Mexico runs around \$10 million a year, approximately. And, in addition to that, we receive technical assistance directly through U.S. AID and through cooperating agencies. I do not know if that answers your question, Senator.

Senator SIMPSON. Yes. And Mexico does also receive funding from multilateral organizations for population and development assistance, too, does it?

Dr. GOMEZ-DE-LEON. Yes, especially the United Nations Population Fund, though it is a modest contribution, I must say.

Senator SIMPSON. I think it is very important, as Senator Bingham has done, to get into the record deletes what Mexico has done with the survey of the family planning methods asked of Mexican women what types they choose to use and the issue of religion, is very important to get into the record. So you have surveyed Mexican women and the church is well aware of that and is generally supportive?

Dr. GOMEZ-DE-LEON. Yes.

Senator SIMPSON. You mentioned that Mexico is beginning programs to reach out to males. I spoke on that subject in Cairo. It was a dazzling address. It was very difficult for the interpreter to get it all down. I did it in a very earthy way, but indicated that males certainly have a role here in the world. How do you "get males more involved with family planning decisionmaking" in Mexico?

Dr. GOMEZ-DE-LEON. Yes, Mr. Chairman. Precisely, one of the projects we are currently pushing forth, with assistance from U.S. AID, is a very thorough communications campaign through television spots, and several of these spots are addressed directly and very specifically to call for male involvement.

You know that in Mexico we suffer from "macho syndrome," and we are very specifically putting forth in some of these TV ads a person, a "compadre" talker, saying, macho speaking, "I do care and I take care of myself and use family planning." Sort of changing this cultural issue the other way around, to call for male awareness, concern and involvement. It has been very successful. This is on the side of communication and we believe it is very important.

Also, we see in the statistics more and more men accepting voluntary sterilization. There are programs that are now moving forward very dynamically in this area.

Senator SIMPSON. That is very interesting. I met with a private group the other day, very much in many languages, in the distributing of contraceptives, leveraging the money to get millions of the products out and dealing with the macho image, and using soccer stars and heroes of young men in the process, which I think cannot help but be effective.

Finally, just a question for Ms. Liberi. Obviously, the budget is a huge issue, the consolidation. I am not trying to be defense of my party, but some of the things that are being recommended are being recommended by five separate Secretaries of State of both parties.

So when you get that kind of engine out there running behind this, it is bigger than just the desire to cut. There obviously must be some deficiencies or five separate Secretaries of State would not be recommending what they are recommending in the way of consolidation.

Principally, as we talk of contraception and we do talk of that, could you just tell us very swiftly, I know that AID recognizes the

tremendous differences that exist among various countries as to the use of contraceptive methods based on ethnicity and religion. Are you sensitive to that in all cases?

Ms. LIBERI. Yes, Mr. Chairman. In fact, U.S. AID has sponsored what we have called the Demographic and Health Surveys. This is probably the largest single social science survey tool that has been developed over the course of the past 20-25 years. Surveys have been done in about 50 countries around the world. We have time series data in these countries, and we ask questions about what methods people are using. We also have focus groups. These surveys and studies show that preferred methods vary greatly among countries, and they also help us understand what is most culturally appropriate and technically feasible in a country. As you know, all of our programs are built on voluntarism, informed choice, and quality of care.

Senator SIMPSON. Thank you very much.

Senator Bingaman.

Senator BINGAMAN. Let me just ask one additional question to Dr. Gomez-de-Leon. In the survey that you have done on family planning options used by women in Mexico, which options are most used and most successful?

Dr. GOMEZ-DE-LEON. Well, currently the two most-used options are the IUD and female sterilization. These two methods now comprise 60 percent of total current family planning use in Mexico, which is something to be worried about, because we look forward to seeing a more balanced method mix in Mexico.

Particularly in the recent past, we have witnessed the decline of prevalence of oral contraceptives. We see it as a not convenient trend because sterilization is used mostly to limit family size, but very often this decision is taken when families already have four, five, or more children, so the demographic impact comes too late.

The IUD is used in a way following a similar pattern. Families have not yet decided to stop, and in case they might not want definitely to stop they use the IUD.

But, we are convinced that a more proactive and more early in the reproductive ages approach is needed to bring about a more balanced mixture of family planning methods in Mexico.

Senator BINGAMAN. All right. Thank you very much. I have to also go and vote. Why do we not release these two witnesses, and we will start with the third panel when we return in just a few minutes. Thank you very much. We enjoyed your testimony.

Dr. GOMEZ-DE-LEON. Thank you.

Ms. LIBERI. Thank you very much.

[Whereupon, at 10:55 a.m., the hearing was recessed.]

-[AFTER RECESS; 11:10 A.M.]

Senator SIMPSON. I very much apologize. I thought Jeff was going to go ahead. I said, Jeff, you should grab the hammer and go forward, but he did not choose to do so. Anyway, thank you, Jeff. Thank you for your patience. We have panel three. I got caught over there with members of the 4th Estate, and I always get trapped with them. I get in a lot of trouble with them, and did again. All right.

Now, we have Victoria Markell, vice president, Population Action International of Washington, DC; Sheldon Richman, senior editor, Cato Institute, Washington, DC; and Mercedes Wilson, president, Family of the Americas, Dunkirk, Maryland.

And if you will proceed in the order indicated on the witness list.

**STATEMENT OF VICTORIA MARKELL, VICE PRESIDENT,
POPULATION ACTION INTERNATIONAL, WASHINGTON, DC**

Ms. MARKELL. Thank you, Mr. Chairman. I am Victoria Markell, as you stated. I am vice president of Population Action International.

PAI was founded in 1965 and is a private, non-profit organization committed to universal access, to voluntary family planning, reproductive health services, and early stabilization of world population.

It is perhaps important to state here that we receive no government money, U.S. or otherwise, for any part of any of our programs.

I think, since earlier today we have already heard from Representatives Morella and Beilenson, and from Dr. Gomez de Leon and from Ms. Liberi a variety of statistics, a variety of justifications for the Population Assistance Program as put forward by the U.S. Government and the history of its successes, I am not going to go back through all of the statistics. My statement has been submitted for the record.

What I would like to be able to talk to you more directly about today is the legislation that you have introduced and the ramifications it could have in the current political climate we are dealing with here in Washington, right here on the Senate side, and what we have already been putting up with on the House side to some extent.

Earlier, it was stated that conventional wisdom is that foreign aid is, in fact, not popular among the American people, and certainly among the American voters. I would like to take issue with that. We have seen demonstrated over and over again that, when asked, the American public, in fact, do support foreign aid programs.

They are very specific about the programs they do support. They support programs where people are helped, where children's lives are saved, where women's lives are saved. They support the family planning programs, they support making sure that sustainable development is an important part of all development policies.

The American people, in fact, spend more money out of their own pockets than the U.S. Government spends on foreign aid in the Development Assistance budget. The Development Assistance part of foreign aid is really only about \$2.3 billion out of the \$12 billion budget. That is \$2.3 billion out of a \$1.5 trillion budget. It is a small amount of money.

The amount of money that American citizens on their own put forward, through Red Cross, through the Unicef drives, through their churches, is much more than that in any given calendar year.

But the \$2.3 billion that comes out of the foreign aid budget is an important part because it leverages so much money. It allows

the cooperation to happen through bilateral agreements between countries.

As Ms. Liberi explained in her testimony earlier, you have to have three parts of all of these programs when they are operating in a given country and it is important that we maintain, and possibly increase, the amount of development assistance that will be coming up this year. I wanted to just make that point before I proceeded any further.

Last September, I was a member of the U.S. delegation to the International Conference on Population and Development. During that conference, 180 countries endorsed a program of action that places human beings at the center of development concerns and encourages the international community to address global problems by meeting individual needs.

Your legislation, S. 1029, builds on the program of action. It also builds on the bipartisan Congressional support for population assistance that has remained solid through both Republican and Democratic administrations.

The reasons that led Congress to first earmark funds for population assistance in 1967 remain just as valid today as when those programs were first established.

Rapid population growth is one of the world's most serious problems, posing a long-term threat to U.S. national interest in the areas of security, trade, the environment, and undermining the prospects for economic and social progress in developing countries.

S. 1029 would further focus funding and technical assistance in those critical areas—institution building, human resource development, population stabilization, improvements in health and sustainable natural resources—necessary for the successful transformation of a country's economy and society.

It is also important to remember the benefits of U.S. population assistance accrue, not just to the American people and to the country governments in which they are served, but also to the people in those governments in those countries themselves, particularly to the women and children. Family planning saves lives.

Senators Simpson and Bingaman, I wish to commend you for introducing this legislation and organizing this hearing. It comes a particularly important time. As you are aware, the Senate may soon begin consideration of two pieces of legislation, S. 908, the Foreign Relations Revitalization Act, and S. 961, the Foreign Aid Reduction Act, both of which take a very different approach to sustainable development and humanitarian assistance than your bills do.

These two bills would, in fact, dismantle the very programs that we have heard discussed today. PAI opposes S. 908 and S. 961 in their present form and is very concerned that U.S. development programs, programs that advance U.S. national interest as well as benefit the lives of the people in recipient countries, are being seriously jeopardized in the rush to reform.

The Foreign Assistance Authorization bill proposes deep and disproportionate cuts to development assistance. The critical programs that we support would face cuts of at least 36 percent.

In contrast, family planning, reproductive health, child survival, AIDS prevention, basic education, and the women's empowerment

programs receive modest increases above current levels in your legislation.

The State Department Authorization bill, S. 908, would diffuse the functions of the Agency for International Development into the State Department and seriously cripple U.S. foreign assistance programs.

The State Department as presently constituted has neither the inclination, nor the technical capacity or human resources necessary to successfully administer on-the-ground development programs.

Sustainable development priorities would inevitably be skewed and short-term political and diplomatic interests would be served. We support, actually, an amendment to be offered by Senator Sarbanes which would preserve U.S. AID as an independent agency, require elimination of all duplication between U.S. AID and the State Department, and mandate the establishment of a coordination mechanism for sustainable development programs.

The U.S. is a recognized world leader in the population field. The U.S. AID Population Assistance Program is a foreign policy and foreign aid success story for which the American people are rightfully proud.

The International Population Stabilization and Reproductive Health Act wisely recognizes that any future program of U.S. assistance must build on these past successes, and highlights the most critical elements of such a program: funding of sufficient magnitude to ensure that U.S. assistance can make a real difference; sufficient qualified field staff to maintain an overseas presence; and a critical mass of in-house expertise here in Washington that can continue, through a variety of mechanisms, to draw in the U.S. private sector organizations that can, and do, provide a high level of technical expertise and innovation in support of overseas field programs.

For policy makers concerned about sustainable development, the growing gap between rich and poor countries, threats the global environment, maternal and child health, provision of family planning and related reproductive health care, and efforts to empower women are essential elements of broader development programs funded by U.S. international assistance.

Senator Simpson and Senator Bingaman, we salute you as long-standing champions of international cooperation efforts to solve these critical problems and look forward to working with you in the future to ensure their survival.

Senator SIMPSON. Thank you very much.

[The prepared statement of Ms. Markell appears in the appendix.]

Senator SIMPSON. Now, Mr. Richman, please.

**STATEMENT OF SHELDON RICHMAN, SENIOR EDITOR, CATO
INSTITUTE, WASHINGTON, DC**

Mr. RICHMAN. Mr. Chairman and Senator Bingaman, thank you very much for inviting me to be here.

I am with the Cato Institute, which is a non-profit public policy foundation that stands for limited constitutional government and

individual liberty. I want to make a couple of quick points about S. 1029, and I have a fuller statement which I have submitted.

First, let me say with all due respect that I believe that S. 1029 is not constitutional. The constitution sets up a Federal Government, in Madison's words, that "would have powers few and defined."

My survey of Article I, Section VIII, does not indicate that the Congress has any power to allocate money for the purposes of gender equity in other countries, or women's reproductive health, or any of these things which may be very noble objectives in their own right. But, nevertheless, this was to be a government whose powers are few and defined, and they are specified and enumerated, and all other powers are left to the people and/or the States.

Moving on, I would like to take issue with the very premise of the bill, namely that there is a population problem. We heard earlier statements today about the addition of 200,000 every 24 hours, unchecked population growth, et cetera, et cetera.

Someone stumbling in from outside might have thought that we were having a discussion about the growth in the population of cockroaches. These are people we are talking about. Population growth is not unchecked, people are having children and they generally are having the number of children they want, as the World Bank last year showed in a very substantial study regarding the effect of the accessibility of contraception and contraceptive devices in the Third World.

There is not a population problem unless you regard it as a problem that people are living longer than ever before in the developing world and that more and more infants are surviving infancy.

Now, if you regard those as problems, and maybe some governments do; I know the Social Security Administration thinks it's a problem that people live too long, but I submit that it is a not a problem to those people.

So, to call this a problem is already to misconceive it, and to talk about population stabilization is to further the misconception. We used to use the term "population control." We have now cleaned that up with a euphemism, stabilization, although the word "control" sometimes tumbles out of the mouth. However, we are talking about the same thing, interfering with people's free activities.

Let me put on the record that I fully support men and women's right to use any contraceptive devices they wish. I am all for private enterprise and private organizations, non-profit or not, distributing and selling all manner of contraception. So I am not coming at this from a position of believing that those things are improper or are to be outlawed. I think people should have the full range of and legal right to reproductive freedom. But that means keeping government out.

Now, you may say, all right, maybe the problem is not people, per se, but the fact that these economies are in such bad shape, that these are poor countries. I want to point out that there is no conflict between economic development and growing population, as history teaches over and over again.

The West grew rich during unprecedented growth in population in this country, in England, France, and in Holland. In our own century, Hong Kong became rich precisely during a time when it

had faster population growth than India had in the 20th century and than England had in the 19th century.

Poor countries that have high population density are matched in every case by rich countries that have identical population densities. Rwanda has the same density as Japan. China has a smaller population density than the rich countries of Western Europe. The highest population densities in the world are in places like Hong Kong, Singapore, and Monaco. There are not many impoverished people in those countries.

Bangladesh, which has over 1,000 people per square mile, is in terrible shape economically, that is true. But, as the humorist and rather wise man P.J. O'Rourke recently pointed out in his book, "All the Trouble in the World," Fremont, California, a very wealthy suburb in Northern California, has identical population density as Bangladesh.

So, in other words, these factors cannot explain poverty in those countries. What explains poverty in those countries is socialist policies. They do not have too much population, they have too much government managing people's productive activities.

If you free people up, as we see in Hong Kong, and in Singapore and the Asian tigers, as you see from our own experience in the 19th century and the whole west, if you free people up, population is not an issue. People create resources. People are net creators of resources.

Every raw material you can mention is in more abundant supply today than it was 100 years ago, and at a lower real price in terms of how much labor it takes to produce it. We are not running out of anything. Energy, in real terms, is cheaper than it was in 1950, and that goes for any resource that you can possibly name.

Julian Simon won a rather famous bet with Paul Ehrlich over this between 1980 and 1990. The point is, population, as many, many economists and national scientific organizations have pointed out, is not a barrier to economic growth and the production of resources, after all, which are a product of the human mind.

All you need to do is compare our situation today, the world situation, 500 years ago. Many fewer people 500 years ago were much poorer than the 5.6 or 5.7 billion today. With life expectancy growing everywhere all through the Third World, that is a sign of increasing well-being because you do not get longer lives if people are more sickly or more imperiled by their environments.

The point is, all the indicators show that population is not the problem. The problem is, interventionist government policies and foreign aid by the U.S. only keeps those governments from realizing that and putting off the day of reckoning when they will have to liberalize their economies and liberate their people so that they can freely engage in productive activities.

My other concern about this bill, and I will be blunt, is that it is cultural imperialism. For us to participate in an effort to get people of foreign cultures to change their behavior and habits, even if I agree that maybe they should, there are better ways to do things. But for us to lumber in and make a push for changing people's habits, even between a man and his wife, is cultural imperialism. We have no business doing that. That will just create great resent-

ment. Taxpayers should not be put in peril by enlisting them in this effort of cultural imperialism.

Let me close by saying that S. 1029—and I can see the intentions are all honorable and good; I cast no aspersions on the intentions—is merely a bad solution in search of a problem.

Thank you.

[The prepared statement of Mr. Richman appears in the appendix.]

Senator SIMPSON. Yes. Now, Mercedes Wilson, please.

STATEMENT OF MERCEDES WILSON, PRESIDENT, FAMILY OF THE AMERICAS, DUNKIRK, MD

Ms. WILSON. Thank you, Mr. Chairman, for giving me the opportunity to give you my statement about your Act. My statement has been submitted for the record, but I will make a few comments.

I wonder, what right does the U.S. Government have to impose population control policies on constitutional governments if the United States truly believes in freedom and democracy? How can it impinge upon the rights of sovereign nations? S. 1029 is a flagrant violation of basic democratic principles. It will create a draconian bureaucracy full of failed programs and it is dangerous to women and children.

This legislation completely negates the ethical and moral sensitivities of a majority of the world's people. I find it ironic that such proposed programs are presented under the guise of benefiting humanity.

This bill usurps parental authority, destroys the innocence of the young by directing them towards irresponsible sexual behavior, and further degrades the physical, moral, and spiritual health of families. It is designed to exert unimaginable pressure on the families of the developing world in the name of population control.

This legislation's underlying philosophy proclaims that there are far too many human beings in the world and that it is far better to protect animals and forests than to save human life. Fertility is regarded as a disease, childbearing as an unnatural and dangerous occurrence.

Young people are seen as animals incapable of leading chaste, healthy lives and, therefore, they must be subjected to programs that will teach them to fornicate responsibly: make them use condoms, ingest pills, insert IUDs in their delicate reproductive organs. If these fail, Third World governments are pressured to change their archaic laws that protect life from the moment of conception until natural death, all in the name of progress.

I respectfully ask the authors of this legislation to look at the hard facts of the present situation in the United States that has been investing billions of taxpayers' dollars for the last 25 years on similar programs. Have they been successful or have they been a total failure?

It has been estimated that about 100,000 abortions took place in the United States before *Roe vs. Wade* in 1973. Today, approximately 1.5 million babies are aborted every year. The most dangerous place for a baby today is the mother's womb.

Additional methods of birth control, such as the pill and IUD, have a 50 percent drop-out rate after 12 months among strong and

healthy Americans. Women of marginal health in the developing world have a much higher discontinuation rate. This is a very important point.

Already weak and anemic, women often cannot tolerate the excessive bleeding caused by the abortifacient effects of IUDs. As a matter of fact, in China they give them a day off when they have excessive bleeding with the IUDs.

Norplant, or injectable contraceptives, are similarly disruptive of the normal biological functions of the human body. The side effects of the pill are even more severe. The high discontinuation rates of artificial methods of birth control make it even more costly and wasteful to taxpayers.

Even the International Planned Parenthood Federation has expressed deep concern at the dramatically lower continuation rates of artificial methods of birth control throughout the Third World countries. This is a most scandalous waste of taxpayers' money.

The myth of safe sex is being propagated all over the world to couples and young people through mass promotion and distribution of condoms. Let us analyze for a moment how misleading this propaganda has been.

Condoms fail anywhere from 12-35 or even 45 percent of the time. According to the U.S. Government, one out of five condom batches fail to meet government standards. If condoms have never been that effective in preventing pregnancy, how are they going to prevent HIV or any other venereal disease?

Scientists have found that the AIDS virus is 450 times smaller than a human sperm cell, and one-third to one-fifth the size of the smallest detectable hole in a condom. How then can condoms prevent infection by a tiny virus?

STIs are the most common diseases in America next to the common cold and the flu. One in five Americans are presently infected with an STI. Obviously, the sexual revolution that began in the 1960's continues to leave behind a terrible toll in human casualties.

Listen to the words of Dr. Robert Kissner of Harvard Medical School. He said, "About 10 years ago I declared that the pill would not lead to promiscuity. Well, I was wrong."

Today, despite the pill, despite the active campaigns of Planned Parenthood, despite the spread of explicit sex education in our schools, the United States now suffers from the highest divorce rate, the highest number of abortions, the highest number of teenage pregnancies, the highest abortion rate among teenagers, the highest incidence of venereal diseases, now in epidemic proportions.

With all this evidence before the American people and before this committee, I strongly recommend that the government stop ignoring the facts. The programs that have been implemented and failed in the United States are not going to have different results in the poor, developing countries of the world.

In fact, the Third World countries' clinics are not equipped to handle the present medical needs of the poor. Now, this is a very important statement. Additional increase from the serious side effects of additional birth control programs would overwhelm them.

Why do we insist on wasting taxpayers monies when we have evidence programs have failed? It is a strange society indeed where

we teach that killing, stealing, and drug abuse is wrong for teenagers and adults, but sexual promiscuity is permissible so long as they are protected. Protected from what, may I ask? Venereal disease, rape, violence, AIDS, abortion? The fact is, none of the above.

If a couple is manipulated or coerced into surrendering their freedoms by bureaucrats who force them to limit the number of children they have and label them as irresponsible if they do not plan their family with artificial methods of birth control, that is an infringement of their human rights.

If people are indoctrinated with ideas that corrupt their traditional moral values and are fooled into accepting western habits, that is an infringement of their human rights. If a country is urged to change its laws to abridge its citizens' rights to raise their own children, that is an infringement of human rights. The United States has recently attacked China for human rights violations, and yet we have to look no further than this bill to see violations propagated by our own Congress.

We must speak on behalf of all the millions that have been hurt through the use of artificial birth control, sterilization, and abortion, and all of those in poor countries who have been used as guinea pigs to experiment on with new birth control drugs and devices, such as the pill, the IUDs, the Norplants, et cetera.

Women are currently being exploited in experiments to test a pregnancy vaccine in India under the auspices of the World Health Organization. I wish to voice my indignation to the proposed expansion of the existing programs being financed through the United Nations Population Fund.

The logical—not the lucrative—alternative to artificial birth control methods, sterilization, and abortion is to learn and follow the normal functions of the human body, the most advanced natural method of family planning.

A recent study of natural family planning of 19,843 couples from Calcutta, India, the poorest of the poor, was published in a British medical journal of September 13, 1993. It confirmed an effectiveness rate of 99.06 percent for avoiding pregnancy, far superior to any artificial method of birth control. This study was sponsored by the World Health Organization and included Hindu, Muslim, and Christian couples.

A study of the ovulation method in the People's Republic of China conducted by their government obtained similar results among couples of no religious conviction. It was 98.7 percent effective.

The most impressive result of the study was the continuation rate and that is, I think, where we should look at the statistics. 93 percent, after the first 12 months, continued this method. This is the highest continuation rate ever recorded for any method of family planning.

If the United States wishes to advance the future of mankind, it could work toward a new global commitment to fight disease, illiteracy, poverty, and violence, factors which contribute to the misery of millions of women every day.

We could strive to create an international consensus against pornography, prostitution, and all other forms of sexual exploitation. We could urge new standards for the pharmaceutical industry so

that women in developing countries are not used as unwitting subjects in testing dangerous medicines and contraceptives.

We could call attention to the responsibility that husbands and fathers must bear in supporting their families and the crucial role that absent fathers play in plunging women and children into poverty.

With the spotlight of international publicity playing in Beijing, we could denounce government policies that involved forced abortion, sterilization, and female infanticide.

The proud American political tradition, with its emphasis on limited government, recognizes that the proper task of government is to protect families, not to change them. By the same token, a true appreciation for women's dignity should lead the international community, not to redefine women's roles, but to appreciate them, to recognize them, to protect them, and value the many irreplaceable roles women fulfil in our families and in our society.

Thank you very much.

Senator SIMPSON. Thank you all very much.

[The prepared statement of Ms. Wilson appears in the appendix.]

Senator SIMPSON. Let me ask a question of Ms. Markell. Why, as we hear the testimony, should the U.S. continue to spend what it does on population programs relative to other donors? Why do other donors not do more?

Ms. MARKELL. I think in the United States, one of the things we have been working with is other donor countries, getting them to increase the amounts of money that they are spending on the family planning and reproductive health programs.

I think it is important to remember, though, even now, as we are doing this, that 75 percent of the funds globally spent in developing countries on these programs are paid by the host country governments themselves. The developing countries themselves, in fact, are making large investments. They need to be spending more. We know the overall amount needs to be increased.

One of the areas of leadership that the United States works on is through the technical assistance they provide in helping them establish the programs. Once these are established, in fact, there are programs that actually graduate from U.S. assistance. When that happens we move on to other countries that have also requested our help.

Senator SIMPSON. Let me ask Mr. Richman, in your testimony you would seem to, I think, fail to consider that previously high birth rates have already produced a huge generation of youths who are now entering their childbearing years. That automatically increases the momentum for the future. Even if we achieved replacement fertility today, it would take another 50 years for world population to stabilize because of that built-in momentum.

What is your rationale for not addressing this problem during this decade?

Mr. RICHMAN. Well, I question whether that is a problem. The capacity of the earth to support huge numbers of people is, in effect, unlimited. Roger Revell, of Harvard University, who is a mentor of the Vice President, estimates that if simply the developing world were to use water more efficiently they could grow enough food for 7-8 times the current world's population.

The idea that human beings face a carrying capacity is one of the myths propounded by the anti-natalist movement. When you ask them about carrying capacity they always give you examples about elk and bacteria, but they can never give you a human story. The point is, if there is carrying capacity, human ingenuity has constantly been moving it back, and back, and back. That is the story of human civilization. So I would take issue with the premise, Senator.

Senator SIMPSON. I would believe that.

This is a very important question, and you are a spirited man with a very deeply held opinion. I always say everybody is entitled to their own opinion, but no one is entitled to their own facts. A rather important distinction in life.

Mr. RICHMAN. I agree.

Senator SIMPSON. Is it not the case that in the prosperous industrial countries the individuals who are reaping the benefits and successes of a free market society that you cherish, capitalism at its best, are now having fewer children, while lower income persons continue to have larger families?

If you agree that this is occurring, how can you argue that capitalism and economic development are the solutions for stabilizing the population in developing countries where you have such a prevalence of people in abject poverty?

Mr. RICHMAN. Well, as we know, and it is well-established in the science of demography, there is a phenomenon known as the demographic transition. As people become wealthier—and I would add what the great development economist, Lord Bauer, has shown very clearly—as people become more westernized, they do decide to have fewer children just through some natural decision. The value of material comforts becomes more important to them so they want to have fewer children in order to bestow that on a smaller number of children.

Also, in a pre-industrial economy a big family is an entirely rational thing to have. Children are producers very early in life in pre-industrial economies, and they are the source of Social Security later in life.

In an industrial economy, that changes. Children, as anyone here who is a parent knows, children are an expense early in life and do not begin to produce, and they do not produce for their parents, until year 18 or year 21, and they are not the source of Social Security later on.

So there is a natural tendency of families to choose smaller numbers of children as they become more affluent, so we ought to favor policies that will create affluence in the developing world, namely free markets, and we should do that by setting an example, not by imposing anything.

Senator SIMPSON. Well, when we do that we will fly in the face of what you hope to see occur, which is more population.

Mr. RICHMAN. I do not understand. Why would that produce more population?

Senator SIMPSON. I do not know. I am just saying, if capitalism makes people have fewer children, then does that not fly in the face of what you want to see, which is more children in the population?

Mr. RICHMAN. Well, what I want to see is freedom for people to decide how many children they want. I do not have a preconceived notion of how many people there should be on earth or how many children parents should have. I want liberty to decide for each person. So, again, I have to reject the premise. If people are free and they decide to have one or two children worldwide and that becomes the fertility rate, I have no complaint about that.

Senator SIMPSON. Let me ask a question of Ms. Wilson. Why do you believe that it is anti-family to provide women with a family planning method of their own choice?

Ms. WILSON. Because in the developing countries, as a rule, they do not give a medical exam, they do not tell them the warnings or the dangers of the artificial methods. As a result of that, they suffer greatly. We even requested that at the Beijing PREPCOM and the United States delegation bracketed to give women this information.

Senator SIMPSON. I am just puzzled because I have never been involved in anything coercive. We are offering women and couples information and choices in family planning methods. We are not using heavy-handed measures.

The U.S. Government is not forcing governments to provide educational information and family planning methods. Many women and couples want it, especially those who are more well-educated, and the more they learn the more they want to take care of themselves and they want less children. Those are things we think are important. Are we missing something in this mission?

Ms. WILSON. Yes.

Senator SIMPSON. What is it?

Ms. WILSON. The truth.

Senator SIMPSON. The truth.

Ms. WILSON. Maybe, Mr. Chairman, you should come with me sometime to the developing countries and hear what the women's complaints are. As a matter of fact, I have their testimonies on tape, on video and audio, where they were requested and asked, did they ever give you any warnings, after they tell us the horrors of the suffering from the IUDs and the bleeding. When people are poor, these hormones are even more serious for their health. So the discontinuation rate is higher.

You are not hearing the truth about the discontinuation rates that you are funding, perhaps with the right intentions, I am sure. But the suffering of people who developed tumors from IUDs and cancer from IUDs, and become even more anemic, as was the case in India, with the IUDs—you have to remember that developing countries are not equipped to handle the curing of these diseases so, therefore, the suffering is tremendous.

Whereas, a natural method that no pharmaceutical industry benefits from, that no physician benefits from, that no NGO, like Planned Parenthood benefits from, that is harmless, is more acceptable by all religions and cultures, whenever funding has been requested for the natural methods it usually has been rejected.

Senator SIMPSON. I understand. I understand, I think, about suffering. I have been to some of those countries. Starvation is a remarkable way to suffer, too. It is caused by not enough food, caused by too many people on too little land, and people then die of starva-

tion, diarrhea, cholera, and other things that I think could best be described as suffering in any language.

Ms. WILSON. But we are increasing the suffering, I am sorry.

Senator SIMPSON. Yes.

Senator Bingaman.

Senator BINGAMAN. Thank you, Mr. Chairman.

Let me ask, Mr. Richman. Your statement that the bill is unconstitutional, is there any court that has agreed with your view on that? Has there ever been a successful challenge on constitutional grounds to any of the activities that this country has engaged in and that we are talking about here?

Mr. RICHMAN. Any of these activities? To my knowledge there was no challenge.

Senator BINGAMAN. Has Cato Institute ever considered filing suit if these activities are unconstitutional?

Mr. RICHMAN. Well, we are not a litigating organization, so, no, we have not.

Senator BINGAMAN. But you certainly have colleagues who are of like mind, many attorneys around town and the country.

Mr. RICHMAN. That is certainly true.

Senator BINGAMAN. Why do they not file suit?

Mr. RICHMAN. I guess I can say, and I do not mean to be facetious, if we were to file suit on everything that we thought that the Federal Government was doing that was unconstitutional we would not have time to do anything else.

Senator BINGAMAN. Well, you might find that the cases are disposed of fairly quickly if you filed some of those suits.

Mr. RICHMAN. The Supreme Court does err, though. Dredd Scott.

Senator BINGAMAN. I know. But, under our system the constitution is what the Supreme Court says it is.

Mr. RICHMAN. Well, let me differ with you on that. Correct me if I am wrong, but every member of the Congress takes an oath to uphold the constitution. The constitution is also in the province of the Congress. It is a new practice for members of Congress to vote for bills and leave it to the Supreme Court to decide if it is constitutional or not. That was something the members of Congress and the President was supposed to decide for themselves.

Senator BINGAMAN. No. I think we all have a responsibility to decide, but our constitution sets up the Supreme Court as the ultimate arbiter of what is constitutional and what is not. They have never determined that any of this type of activity is unconstitutional.

Your statement that what the poor nations suffer from is not too much population but too much government, let me just ask you about a country that I have had the good opportunity to visit several times, and that is Guatemala. I know, Ms. Wilson, you are Guatemalan originally?

Ms. WILSON. Yes.

Senator BINGAMAN. Yes. So let me just ask Mr. Richman about that.

Is the problem there in Guatemala that they have got too much government and that is why they are poor?

Mr. RICHMAN. For a long time, Guatemala, like many countries in Latin America, have been state-dominated economies. I cannot

speaking directly about Guatemala, but I would refer you to the book by Hernando de Soto called "The Other Path" about Peru, where the barriers to starting a business or improving your material situation are so awesome, so overwhelming, that people have to go into the informal economy and skirt the law in order to build a house because the permitting may take 3 years.

Senator BINGAMAN. Well, let me ask about Guatemala, since that was the question.

Mr. RICHMAN. I presume it is similar in Guatemala.

Senator BINGAMAN. In Guatemala, my impression is that the problem of poverty is tied to the fact that most people drop out of school by the third grade. There is a very low level of literacy and there is a very high birth rate. There is lack of knowledge on the part of many people as to how to become productive and how to improve their lives.

I do not think that is because government has been overly involved in their lives. In fact, the government has an abysmal system of education. Is it your view that trying to improve the educational system is an undue interference by government?

Mr. RICHMAN. Well, I do not think governments are very good at educating people.

Senator BINGAMAN. Who should be doing that job in a country like Guatemala if the government should not?

Mr. RICHMAN. The people themselves. They ought to open up their country to private sector exchange of all kinds, personal, cultural, material. If we would like to help countries like Guatemala, I have a very simple solution which I think will do marvels for them, and they may even agree with this.

Let us drop all of our trade barriers to the products produced in the developing world. It is very easy to talk about how we want to help uplift these countries while we maintain quotas and tariffs on their goods.

Senator BINGAMAN. There is very little in the way of quotas and tariffs on the goods coming from Guatemala. They are under the Caribbean Basin initiative and they get to import into this country what they produce, to a very large extent.

Let me just ask one other question. As I see it, a lot of talk is devoted to "giving people the freedom to decide." Well, there are an awful lot of 13-year-old girls in Guatemala who are having children and have really no knowledge about alternatives that might be available to them in their lives. Do these girls have the freedom to decide at the present time?

What I think our bill is about is providing knowledge to people so that they have real freedom to decide. For us to sit here and say, if a 13-year-old girl in Guatemala wants to have nine children and start when she is 12 or 13 doing so, that is her business. Sure, that is her business if she has got all the facts, but I do not think she does have all the facts today. I think it is irresponsible for us to be saying, we know the facts, we assume they do, too.

Mr. RICHMAN. Well, I have no objection to private organizations raising consensual money, money from people that wish to give it, to provide devices and information to willing receivers of it in the developing world.

What worries me is, you were talking about empowering people. This does not empower women, this empowers bureaucrats. I think there is a serious breach of medical ethics when a woman goes to a medical clinic that is funded by its government with money from the U.S. and the UN for this reason: those clinics represent population objectives set by their governments, by U.S. AID, and by the UN. They are not representing the interests of people that come to them.

An agency cannot have two masters. If a woman comes to a clinic and says she would like to have an additional child, what will happen is that person will be given a load of propoganda about how it does damage to their country, damage to the world because the person at the clinic is carrying objectives not set by the woman. They do not ask what the woman's objectives are. They are carrying out objectives set by someone else, the people that pay the bill. The person who pays the piper calls the tune. This is a breach of medical ethics. I think we have to understand this.

The language in the bill talks about consent, or against coercion, et cetera. Tribute to that kind of freedom of choice, I believe, is cheap. But what is going to give way when freedom conflicts with the population targets of the UN, of the Cairo Conference? What is going to give way when they are inconsistent, freedom or targets? This is something I have never gotten the anti-natalist lobby to respond to.

Mr. BINGAMAN. Well, I think it is a false dichotomy. The purpose of our bill is to provide freedom of choice to women and give them the information they need to make meaningful choices. I think that that is sorely needed. To the extent it can be done through non-government organizations, so much the better. But I think it is an entirely appropriate objective for this country to pursue and that is why I am very glad to support the bill.

Senator SIMPSON. Thank you, Jeff. I am very pleased to work with you. I know you and we know what we are trying to do. It really is not about suffering or abortion, and I have said that before. I know where this goes. I do know where this goes and I do know how it lays down underneath. I have been there.

But you brought up Guatemala. You are a native of Guatemala?

Ms. WILSON. Yes.

Senator SIMPSON. Very interesting. I did not realize that. It is a beautiful country and in some turmoil now. You have heard the statistics, that half of the population are under the age of 19, and half of those are under the age of 15. That is Guatemala today. There are 13-year-old girls having children. The statistics on Guatemala were in an earlier testimony. I do not know who gave it, but I assume it is correct.

There is a little enclave in Guatemala called Tikal, which is a remarkable ruin of a stunning civilization, of what must have been a truly remarkable people, a proud people, people that governed themselves and had their own system of justice, and read, and knew things, and knew the skies, and astrology, and it disappeared. Many studies of that area of Guatemala have told us that it disappeared because the area and the physical facilities could no longer sustain the population which rose through this area.

In other words, that Tikal disappeared because of population alone, that at some point—these are not my studies, I can furnish all the bibliography—it disappeared because people had to live and eat, so they began to forage and they began to do what they do, as all populations do, they finally came to the point where they had to use the last stick of wood, or they had to kill the last bird, or catch the last fish, and when that was gone, they were gone. That is an interesting thing that happened in Texal.

I believe that type of thing is not uncommon in previous civilizations. It may not be the singular one, but something to reflect upon, I think. At least I reflect upon it. That is what students are scholars shared with me when I was there.

Ms. WILSON. Can I make a comment?

Senator SIMPSON. Yes, please.

Ms. WILSON. I think there are many theories about the disappearance of the Mayan civilization. One of them is the one you mentioned, and another one is that, upon reflection of their art you could see a decadence. It is very likely that the dissemination of the Mayan civilization could have been something similar to AIDS that disseminated them and they also left the area.

But I would like to also answer some of the other questions—Senator Bingaman, unfortunately left—about the population of my country, Guatemala, being half under 19. I think that is a blessing because when countries have a large population of young people, that means they are going to have a lot of strength for the future.

What is happening in the western countries is that their population is becoming a population of old people. You can foresee, I am sure, as a Senator, that in the future you need, what, four, five, six young people to pay for the pension of one person that retires. You have only about three, if I am correct, young people to pay for each person that retires, which means that people my age, when they get older, probably will not get Social Security.

Now, in the poor countries, you have to remember that they may have five children and maybe two of them die before the age of five. This is why they need to have five, because we do not have the clinics or the services like you do in the developed world.

Sure, we have a lot of corruption in our governments, we have a lot of misery and poverty. I think this kind of bill that you are proposing will do nothing more than increase that misery. If we are talking about a 13-year-old, I do not think Guatemala has the proportion of 13-year-olds getting pregnant that you have in the United States.

So my question to you would be, if the programs here in the United States have been a failure with all the billions that you have been putting in them, how can they possibly be successful in our countries? The answer obviously is, you have tried it here, let us not promote something that has failed with us who have so much money.

My second statement that I would like to ask you also is, why, if you are willing to invest \$1.8 billion, do you not want to do the following, promote national programs—here as well as in the rest of the world—to promote abstinence until marriage, to promote morals, and values, and ethics as it has been shown to be so successful with this new promotion from the Baptists, I understand,

that is called True Love Waits until marriage, and also other movements of fathers and sons. I think those are the kinds of programs we want.

We know that families have to space their children. I have been, for 25 years, teaching natural family planning in China and on different continents. It has been very successful.

What is wrong with promoting something that is 98-99 percent successful and has a superior continuation rate and does not cost the governments any money because there are no side effects? That is the question I am posing to you, Mr. Chairman.

Mr. RICHMAN. Senator, could I add one thing to your story about Guatemala?

Senator SIMPSON. Yes.

Mr. RICHMAN. I think if you look deeper you might find that the tax rate of the society you referred to is rather high and they practiced central economic planning. So if you want to know why they run out of food and resources, that may be the key, not the growing population.

Senator SIMPSON. Who knows?

Anyway, I am in the enviable position where I get to ask the questions.

Ms. WILSON. It is a democracy.

Senator SIMPSON. Yes, it is a democracy. It is called majority rules. It is very good, except when you are in the minority. [Laughter.]

But when you are in the minority you have to learn that some day you might be in the majority, and the important thing is, when you are in the majority you must learn, someday you will be in the minority. So, I try to be as courteous as I can.

But, obviously, you feel powerfully about your positions. Neither one of us will convince the other. If we were to remain here until dawn, we would not change a single shred of our views on this issue. But we will have to deal with facts.

Ms. WILSON. Those are the facts.

Senator SIMPSON. So let us get those facts on Guatemala and how many children, and so on. Let us get the facts on what this bill is about. This bill is not about coercion, this bill is not about making it dangerous to women and to children. This bill is about offering every kind of information to people, including the one you ascribe to; is that not correct? In other words, even U.S. AID offers this natural family planning as one method of family planning through, I believe, Georgetown University; is that not correct? We have the witnesses right here. Let us hear that. Is this true?

Ms. LIBERI. That is true, Senator.

Senator SIMPSON. If you will identify yourself for the record. Let us just hear this so we at least get the facts.

Ms. LIBERI. Dawn Liberi, Associate Assistant Administrator in the Center for Population, Health, and Nutrition.

Senator you are absolutely correct that U.S. AID does support all methods of family planning, including natural family planning. In fact, we have a program with Georgetown University in natural family planning and breastfeeding. That program receives \$3 million from us annually.

From the mid-1980's until now, we have developed specific programs in natural family planning in 52 countries, so I think that is clear evidence of U.S. AID's desire to make sure that women do have a choice and that they are given a full range of methods, and that all methods are made available.

I might add, Senator, that teaching materials have been developed through this program on natural family planning. They are taught in all of our programs. I might add, U.S. AID is the largest donor to support natural family planning in the world.

Ms. WILSON. May I ask her a question, please?

Senator SIMPSON. Yes, please. You have an opportunity. Direct your questions to me and not to the other person.

Ms. WILSON. I am sorry. I do not know the system.

Senator SIMPSON. It takes a little of the heat off.

Ms. WILSON. Yes, it sure does. Right.

Senator SIMPSON. I can tell you how that works.

Ms. WILSON. I would like to know, what percentage of funding has been given towards natural family planning? In fact, I have a long history about requesting funds for natural family planning.

We did get some funding from 1984-1987, but I could have written a book about how difficult it was to obtain it. And it was denied unless I offered all methods, so we could only do training, then the minimal amount was given. I would like to ask, what percentage of natural family funds have been given as opposed to artificial methods?

And the second question is, if natural family planning was so successful, why do they not give equal amounts to what they give to other methods of birth control?

Senator SIMPSON. Perhaps you could respond briefly to that, and then we will get ready to wind up here.

Ms. LIBERI. Yes. Senator, as I said, we have been supporting natural family planning for over 10 years. During that period of time, the U.S. Agency for International Development has given more than \$53 million to this endeavor.

I might add, based on findings of our Demographic and Health Surveys, that natural family planning is one of the least used methods in all but a few countries. Based on the low level of demand for natural family planning, we believe U.S. AID support to this area is at an appropriate level.

Senator SIMPSON. Well, I know that that can go on, but I do not want to foreclose. I appreciate your coming, appreciate you sharing your strongly-held views.

Hopefully, you will read carefully what Senator Bingaman and I are doing and saying and I think, perhaps, you will have a better understanding of where we are coming from. It is not something popular politically to be doing at all, but it is something we both believe in as strongly as you believe in your own views that you hold so fiercely, so thank you for taking time to share yours with us.

I apologize again for the delay, and thank you for your patience. The hearing is concluded.

[Whereupon, at 12:20 p.m., the hearing was concluded.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF ANTHONY C. BEILENSON

Mr. Chairman, thank you for the opportunity to appear before you today to discuss the International Population Stabilization and Reproductive Health Act which, as you know, Congresswoman Morella and I introduced in the House of Representatives this week. We are here not only on behalf of ourselves, but also in our role as co-chairs of the Congressional Coalition on Population and Development.

We very much appreciate being able to join with you and Senator Bingaman again this Congress in sponsoring this legislation, and we would like to thank you for holding this hearing on it. Many of us view the rapid growth of the world's population as the single most important issue facing our nation, and the world, and we are extremely grateful for your efforts to focus attention on solutions to this problem--particularly now that we are operating in a political climate that is far less supportive of population assistance than it has been in recent years.

As you know, global population is now nearly 5.7 billion, and it is growing by almost 100 million every year--by 260,000 every 24 hours. When you and I were born, Mr. Chairman, the earth's population was at 2 billion. Since then, it has nearly tripled. And the next billion will be added in less than 11 years.

Twenty four hours from now, there will be 260,000 more people in the world than there are at this moment. Nearly 95% of them will be born in developing countries which cannot begin to adequately take care of their current populations--for whom there are already too few jobs, inadequate schools, inadequate health care, inadequate amounts of food and, usually, very little, if any, individual freedom.

Future prospects, moreover, are even more staggering. If effective action is not taken in the next few years--as today's 1.6 billion children in the developing world under the age of fifteen reach their childbearing years--the earth's population could nearly quadruple to 20 billion people by the end of the next century.

In much of the developing world, high birth rates, caused largely by the lack of access of women to basic reproductive health services and information, are contributing to intractable poverty, malnutrition, widespread unemployment, urban

overcrowding, and the rapid spread of disease. Population growth is outstripping the capacity of many nations to make even modest gains in economic development, leading to political instability and negating other U.S. development efforts.

The impact of exponential population growth, combined with unsustainable patterns of consumption, is also evident in mounting signs of stress on the world's environment. Under conditions of rapid population growth, renewable resources are being used faster than they can be replaced. Other environmental consequences of the world's burgeoning population are tropical deforestation, erosion of arable land and watersheds, extinction of plant and animal species, and pollution of air, water and land.

Overpopulation, however, is not a problem for lesser developed countries only. Rapid population growth in already overcrowded and underdeveloped areas of the world has given rise to an unprecedented pressure to migrate, as workers seek decent, and more hopeful lives for themselves and their families. According to a recent report by the United Nations Population Fund (UNFPA), over one hundred million people, or nearly 2 percent of the world's population, are international migrants, and countless others are refugees within their own countries. Many of the world's industrialized nations are now straining to absorb huge numbers of people, and in the future, as shortages of jobs and living space in urban areas, and resources such as water, agricultural land, and new places to dispose of waste grow even more acute, there will be even greater pressure to emigrate.

For those of us from Los Angeles and other coastal urban areas that are magnets for immigrants, world population growth is not an abstract issue--it is one that, quite literally, has been laid right at our doorstep. Communities in Los Angeles County, where enormous numbers of both legal and illegal immigrants are settling, are being overwhelmed by the burden of providing educational, health, and social services for the newcomers. And the problem will get bigger: largely because of immigration, California's population is expected to grow from 31 million, where it stood in 1990, to 63 million by the year 2020.

Time is of the essence. How quickly we provide worldwide access to family planning and reproductive health services is crucial. Like compound interest applied to financial savings, high fertility rates produce ever-growing future populations. For example, if a woman bears three children instead of six, and her children and grandchildren do likewise, she will have 27 great-grandchildren rather than 216. Likewise, if Nigeria, which now has 109 million people, reaches replacement fertility by 2010 rather than 2040 (as currently projected), its eventual population would be 341 million, rather than 617 million. Thus, what we achieve in the way of making

comprehensive family planning and reproductive health services available in the next few years will determine whether world population stabilizes at double today's level or at triple or quadruple that level.

Population growth is an enormous problem, but it is one we can solve--if we make a determined effort to do so. For almost 30 years, population assistance has been a central component of U.S. development assistance and, in that time, has been remarkably successful in lowering birth rates. In many parts of Asia, Latin America and Africa, fertility rates have decreased, often dramatically. Couples are succeeding in having the smaller families they want because of the greater availability of contraceptives that our assistance has made possible.

Today, approximately 55% of couples worldwide use modern methods of contraception, compared with 10% in the 1960s. But despite this impressive increase in contraceptive use, the demand for family planning services is growing, in large measure because populations are growing. Indeed, over the next 20 years, the number of women and men who wish to use contraception is expected to nearly double.

Similarly, population assistance has contributed to the significant progress that has been made in reducing infant and child mortality rates. Child survival is integrally linked to women's reproductive health, and specifically to a mother's timing, spacing and number of births. But despite substantial progress, a large proportion of children in the developing world--particularly in sub-Saharan Africa and some Asian countries--still die in infancy.

And, while many countries in the developing world have succeeded in reducing maternal mortality rates, the incidence of maternal death and disability remains unacceptably high, constituting a serious public health problem facing most developing countries. According to the World Health Organization, an estimated 500,000 women die every year as a result of pregnancy and childbirth.

Last year, at the International Conference on Population and Development (ICPD), which the Chairman, Congresswoman Morella and I had the privilege of attending, the United States was instrumental in building a broad consensus behind a comprehensive Program of Action, which was signed by almost all of the 180 countries that participated in the conference, and which will help guide the population and development programs of the United Nations and national governments into the next century.

The International Population Stabilization and Reproductive Health Act, which,

as you know, is nearly identical to the bill introduced by you, Mr. Chairman, and Senator Bingaman, is consistent with the goals and the recommendations of the ICPD. This legislation lays the foundation for focusing United States foreign policy on a coordinated strategy that will bring about the widespread availability of contraceptive services and maternal and child health programs, as well as educational, economic, social and political opportunities necessary to enhance the status of women. Many groups and individuals with broad experience in population matters have spent a great deal of time and effort helping us develop this legislation and the result, we believe, is a truly comprehensive and workable approach to population stabilization and reproductive health.

The bill sets specific health objectives, program descriptions, and funding targets to guide U.S. population programs. In addition, this legislation increases the U.S. commitment to providing for universal access to basic education, with an emphasis on eliminating the gap between female and male literacy levels and school enrollment, and promoting equal opportunities for women. Initiatives to increase infant and child survival, as well as to ensure the health and safety of pregnant women, are included as a critical component to achieving the bill's goals.

Mr. Chairman, I have been particularly discouraged in recent months about the direction the United States seems to be headed in the area of foreign assistance, especially with regard to population stabilization and development. During the years Mr. Bush was president, and during the first two years of Mr. Clinton's presidency, the President and Congress increased funding for population assistance each year over the previous year's level. There appeared to be broad agreement that population funding is one of the most cost effective and important uses of our foreign aid dollars.

Unfortunately, that is not the case now. The fiscal 1996 Foreign Operations Appropriations bill, as passed by the House, virtually abandons the goals of the ICPD and the international community by cutting population funding by over 50 percent below last year's level--in real terms, to its lowest level in 25 years.

If this severe cut in population programs is enacted, it will have devastating and irreversible consequences for the future course of fertility decline in developing countries. The effects of a 50 percent population funding reduction will be felt most immediately in the health and well-being of women and children in developing countries, but will also be felt by the larger global community. Without these funds, there will likely be an estimated 1.6 million unwanted additional pregnancies per year, resulting in 1.2 million unwanted births, more than 350,000 abortions, and 8,000 maternal deaths.

In addition to these sharp reductions in population assistance, related programs for maternal health, disease prevention, general education, agricultural improvement and rural development would be devastated by the cuts in the House-passed bill. Of these proposed cuts, one of the most startling and destructive is the reduction for maternal health. In the set of 18 countries central to USAID's goal of reducing maternal mortality, drastic reductions in the funding for delivery of safe pregnancy services will contribute to an estimated 24,000 maternal deaths annually that would have been otherwise averted. In addition to those preventable maternal deaths, an additional 336,000 stillbirths and early newborn deaths are likely to occur as a result of USAID's virtual withdrawal from this program.

Finally, the delivery of safe pregnancy and related services not only averts maternal deaths, it also helps to avert long-term (chronic) disabilities that occur due to pregnancy and childbirth. In these eighteen key countries, estimates of the number of pregnancy-related chronic disabilities are as high as 7 million annually.

The House of Representatives has also passed several new legislative provisions that will effectively deny millions of women access to family planning, prenatal care, safe delivery services, maternal and infant health programs, treatments for infertility, and STD prevention services. These provisions, which were added by amendment to both foreign operations authorization and appropriations bills, could result in some hundreds of thousands of abortions that could have been averted had these women had access to basic health services.

These amendments will prohibit U.S. funding from going to organizations that provide abortions with private funds, even though for over twenty years federal law has prohibited any U.S. funds from being used for abortions, or to promote abortion. In addition, these provisions would prevent organizations that receive U.S. population assistance from using their non-U.S. funds in efforts to influence their own country's abortion law, either for or against. Thus, although it is already illegal to use U.S. funds to lobby, groups on both sides of the abortion issue would be penalized for exercising their right to express their views on abortion. Finally, the House-passed version of these bills would cut off funding for the United Nations Population Fund (UNFPA) because of that organization's programs in China, even though no evidence has ever been presented of complicity by international agencies, including the UNFPA, in Chinese human rights abuses and, as confirmed by USAID during the Reagan administration, UNFPA does not fund abortion or support coercive practices in any country, including China.

Mr. Chairman, you asked me to comment specifically on the importance of population stabilization and development to America's families, and on the short-term

and long-term implications for them on our policy changes in this area.

I strongly believe that the funding cuts and the restrictions on population assistance that have been approved by the House of Representatives are unwise, counterproductive, and ultimately destructive to our nation's interests. They are particularly disastrous for our children and grandchildren who, as a consequence of our actions, could live in a world of as many as 20 billion people, where there will be unimaginable crowding, poverty, pollution and suffering.

Population and development programs work. Combating rapid population growth, enhancing maternal health, insuring child survival, reducing the spread of disease, and providing basic education are some of the most humane, farsighted and economically effective efforts we can undertake. Maintaining adequate support for these programs now will save many times this expense in future U.S. foreign assistance, will greatly reduce human suffering, and will promote global peace and security. The International Population Stabilization and Reproductive Health Act seeks to do that.

Mr. Chairman, however this subcommittee or the Senate proceeds in its deliberations regarding population and development programs, we hope that you will use our bill to guide your efforts and that you will continue to give these programs your highest priority. Our determined efforts to address the population problem, now, will make an enormous difference in the kind of world we leave to future generations.

Statement of Dr. José Gómez de León Cruces

As Secretary General of Mexico's National Population Council, CONAPO, I thank you for the opportunity to share with you my experiences and points of view. CONAPO is the government agency which coordinates and evaluates the Mexican population policy and family planning program.

I would like to cover three main points during my remarks this morning: the demographic situation of Mexico, the progress that has been made in Mexico's program, and the importance of the Government of Mexico's partnership with USAID.

Mexico has experienced rapid demographic change. Although we have advanced in our population policy and program, we still face serious challenges ahead. We must recognize that progress in Mexico can not be achieved if the present population growth continues to diminish the benefits of development.

With a current population of 91.6 million, Mexico is the 11th most populous nation in the world. Dramatic population changes have occurred in Mexico's recent history: its annual natural population growth rate reached 3.4 percent in 1965, due to sustained high fertility and rapidly declining mortality. By 1970, Mexico had nearly tripled its 1940 population of 20 million and was among the fastest growing nations in the world. Mexico's natural population growth rate has fallen to 2.05 percent in 1995, and the total fertility rate has been halved in 20 years: from 6 children per women in 1975 to 3 in 1995. The bulk of this decline occurred after the 1974 implementation of the government's family planning program. Had Mexico not established such a vigorous program, the current population would have been almost 120 million, as compared to the actual figure of 91.6 million. This difference of 30 million people represents twice the size of the current population of Mexico City.

A key factor in bringing about a rapid decline in fertility has been a dramatic increase in contraceptive use. In the mid 70s, approximately 30 percent of married women of reproductive age were using a contraceptive method. Currently, contraceptive prevalence nationwide is 65 percent, approximately 10 million family planning users.

An important emphasis of Mexico's population policy has been to increase the availability and use of family planning. The public sector provides two-thirds of all family planning services in Mexico, and the private sector, one-third. The Mexican program supports a broad range of contraceptive methods as well as reinforcing a comprehensive program of training for service providers, information, education and communication, research, monitoring and evaluation.

This increase in contraceptive use, however, conceals wide variations between regions and social groups. Contraceptive prevalence in rural areas is only 45 percent, compared with 70 percent in urban areas. Actually, in some marginal rural areas, particularly in indigenous regions, it is closer to 25 percent, much lower than the national rural average. In these areas, fertility reduction has hardly begun, if at all.

Despite impressive achievements in expanding the availability and use of contraception, Mexico still lags behind other Latin-American countries of comparable development, such as Brazil and Colombia, and displays sharp urban-rural differentials in contraceptive use. Unmet contraceptive demand remains relatively high as well, in that 32 percent of couples at the national level who desire to limit or postpone childbearing are not using a family planning method. This figure increases to 40 percent of couples in rural areas, due to problems with access, limited availability of adequate methods, and the need for increased training of health workers in family planning. This is only one side of the equation, because better education, communication and information programs are also needed to promote changes in cultural norms about family size in Mexico, since some social groups in rural areas still express a preference for large family size, hindering further decreases in population growth.

Family planning forms the centerpiece of our reproductive health approach. The reinforcing strategies are: integrating population and development strategies, as well as gender and equality issues; strengthening the family and enhancing the status of women, and reducing infant and maternal mortality.

The administration of President Ernesto Zedillo is strongly committed to revitalizing Mexico's population policy in light of the current demographic and socioeconomic conditions of the country. This new approach is designed to effectively integrate population programs with programs supporting higher social and economic development. Priority actions will be directed at eradicating poverty and inequity, and improving the quality of life of present and future generations.

Mexico's population policy states that population, economic growth and sustainable development are to be addressed jointly. Our policy strongly recognizes the need for further socioeconomic and gender equality, and the importance of meeting the demand for family planning and reproductive health services.

To achieve progress in the population agenda, eight priority guidelines are recognized in the National Population Program for 1995-2000:

1. to break the intergenerational cycle between poverty and demographic growth among impoverished population groups;
2. to further fertility decline by extending the coverage of comprehensive and high quality family planning programs to all regions of the country;
3. to meet the social and economic consequences of past demographic growth, shown by substantial absolute population increases despite declining growth rates;
4. to strengthen and better support the family;
5. to improve social conditions and empower women;
6. to foster a more balanced geographical distribution of the population according to regional characteristics;
7. to harmonize the evolution of demographic phenomena with the requirements of sustainable development; and
8. to promote the development of demographic awareness and a culture of population advocacy.

We consider that Mexico is entering a new stage in its population policy. In view of the close and productive past collaboration between USAID and Mexico, and considering the new boost President Zedillo wants to give to

Mexico's population policy in the years ahead, it is the strong interest of the Mexican Government to strengthen its cooperation with USAID.

In the mid 70s, the government of Mexico set out to change population policy and recognized that technical assistance and contraceptive supplies were needed in order to implement its population program. In 1977, therefore, Mexico began receiving USAID assistance, which accounts for approximately 7 percent of total population budget of Mexico. In the area of contraceptive supplies, USAID was the sole provider to the public and private sectors until 1992. The Mexican Government has now assumed full responsibility for contraceptive procurement. In 1993 USAID and the Mexican government established the Program to Support the Extension of Family Planning and Reproductive Health Services. This Program has helped to develop coordinated and focused efforts among the main public and private sector institutions with the purpose of extending and improving family planning services. Technical assistance by USAID has been essential to the planning and implementation of the different interventions. USAID has been helping to expand access and availability of family planning services to rural, underserved populations in ten priority states, encompassing almost 50 percent of Mexico's 91.6 million inhabitants. USAID assistance has focused on improving the quality of family planning services in Mexico, one of the priorities needed to reach higher contraceptive use.

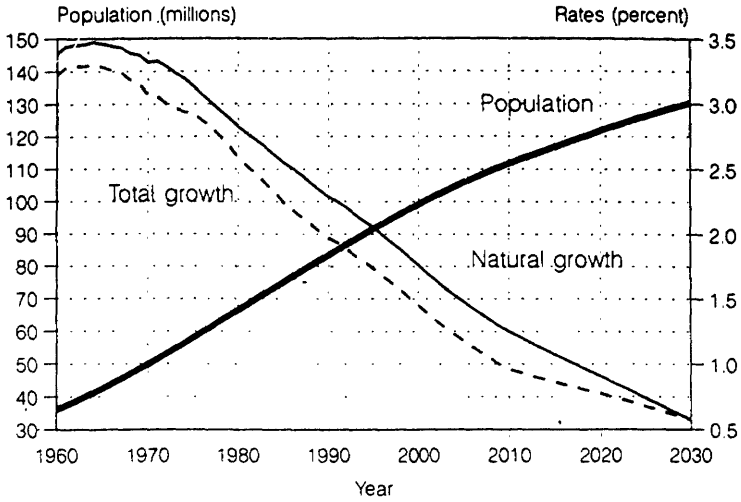
Merely sustaining the achievements in family planning is a demanding effort. The Mexican government invested more than 220 million dollars for this purpose last year. But there still remains an even more difficult challenge. Further reductions in population growth --essential in any effort to attain the benefits of social and economic development-- call explicitly for actions directed to the poorest and most underserved sectors of the population, who are the people most difficult to reach with family planning services and information.

These groups lack services of many kinds, including family planning. Their situation is compounded by traditional preferences for larger families. Part of the solution calls for more and better family planning services, as well as education, communication and information programs. The solution also requires an integrated approach. Continued strong cooperation between

USAID and the Mexican Government is necessary to confront these complex issues. We have had a long and successful relationship. We must take advantage of the new momentum which has been established through our joint efforts to achieve maximum programmatic impact. Together, we can effectively face the new challenges of Mexico's Population Program.

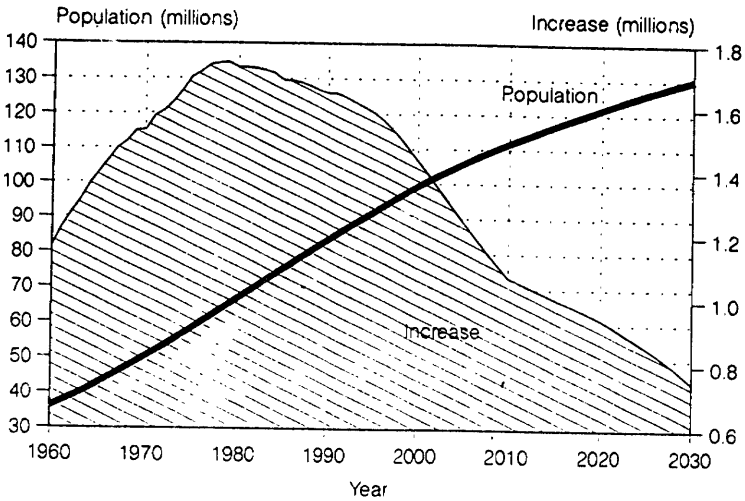
Thank you. I am pleased to answer any questions that you may have.

Population and rate of growth, 1960-2030

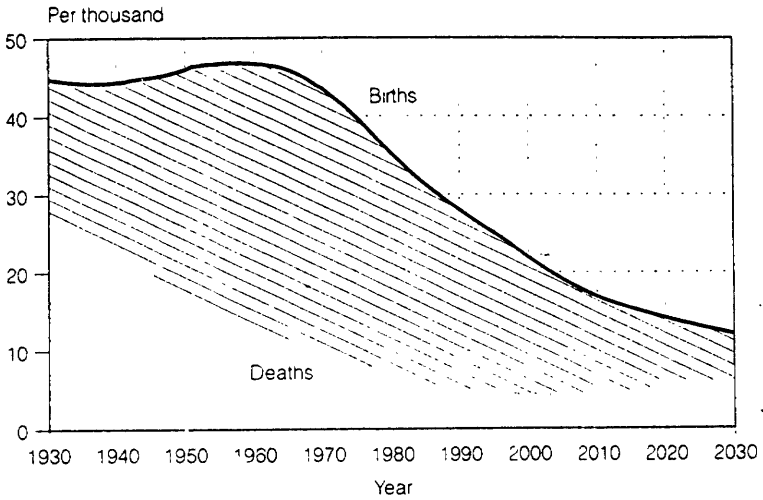


By 1970, Mexico had nearly tripled its 1940 population of 20 million and was among the fastest growing nations in the world. This tendency changed drastically during the 70s. Although Mexico presents sharp decreases in the natural and population growth rates, absolute population numbers continued increasing due to demographic momentum resulting from previous high levels of population growth. In 1995, Mexico's population is 91.6 million people.

Total population and absolute annual increase, 1960-2030.

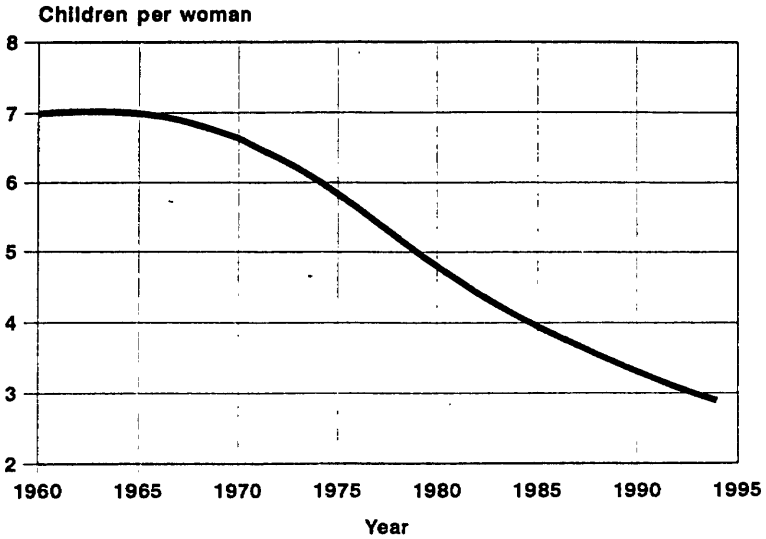


Approximately 2.3 million births and 420 thousand deaths occur annually, representing a yearly population increase of about 1.9 million in absolute numbers, which in turn translates into an annual natural growth rate of 2.05 percent. Mexico's migration balance is negative, however, resulting in a total population growth rate of 1.73 percent, and absolute population increases of 1.6 million.

Crude birth and death rates in México, 1930-2030

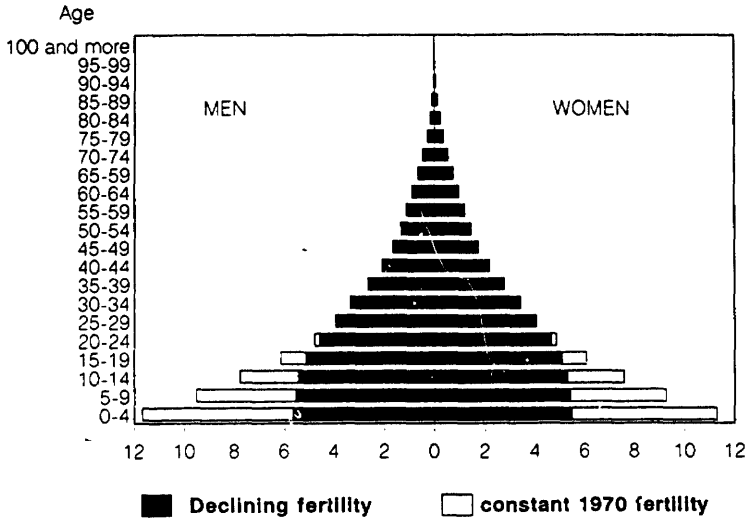
Dramatic population changes have occurred in Mexico's recent history: its annual natural growth rate reached 3.4 percent in 1965 due to sustained high fertility and rapidly declining mortality. In the mid 70s, fertility levels started to decline, and as a result of a sustained decrease, Mexico's natural growth rate fell to 2.05 percent in 1995.

Total fertility rate



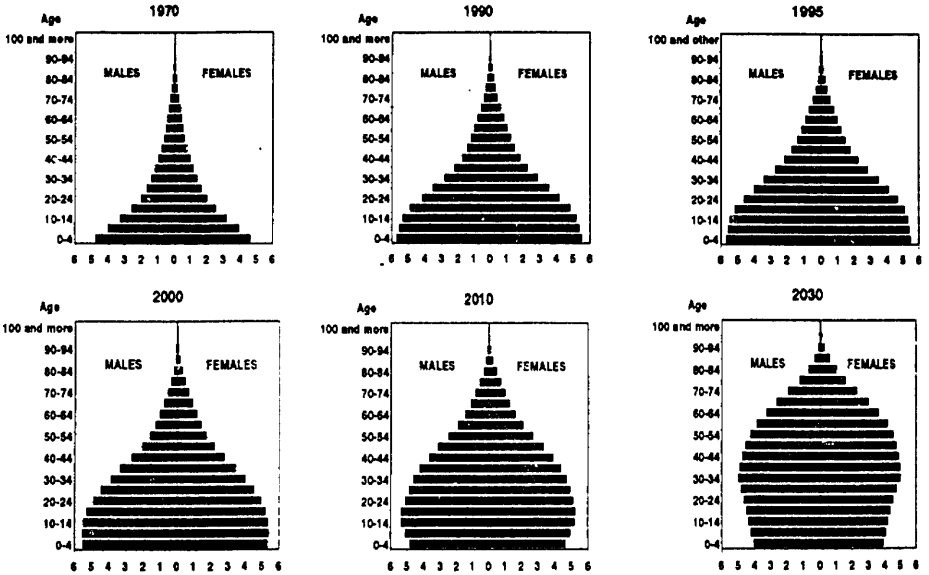
The total fertility rate has halved in 20 years: from 6 children per women in 1975 to 3 in 1995. The bulk of this decline occurred after the 1974 implementation of the government's family planning program. The momentum of decrease in the fertility level, however, experienced a slowdown in the mid 80s, and although Mexico recovered the decreasing trend, the speed of reduction was slower.

Impact of fertility reduction on the age structure



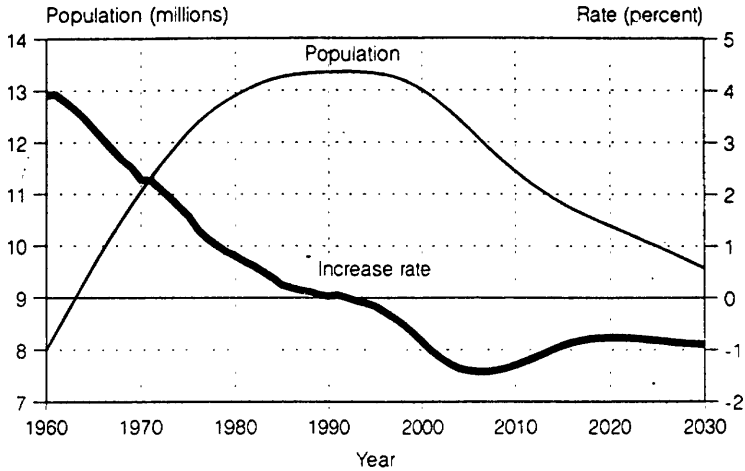
Had Mexico not established such a vigorous population program, the current population would have been almost 120 million, as compared to the actual figure of 91.6 million.

Population Pyramids, 1970-2030



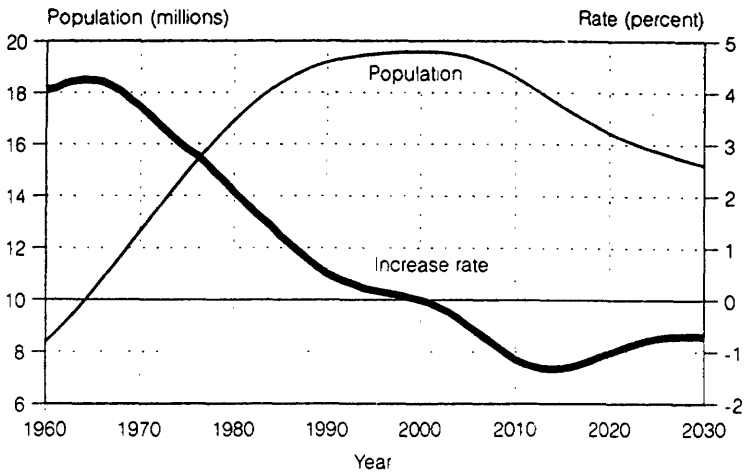
As a result of the rapid decline in fertility and continuous gains in survivorship to adult ages, Mexico is undergoing a rapid "population aging". The extent of changes predicted to occur in the age composition in the next 35 years have taken at least twice that long - -70 years-- , or more, in the developed countries. The unfolding of this change represents a pressure to pursue anticipatory reforms in areas of social policy dependent on intergenerational transfers, like social security and public health services.

**Total population and rate of increase, population
0-5 years of age, 1960-2030**



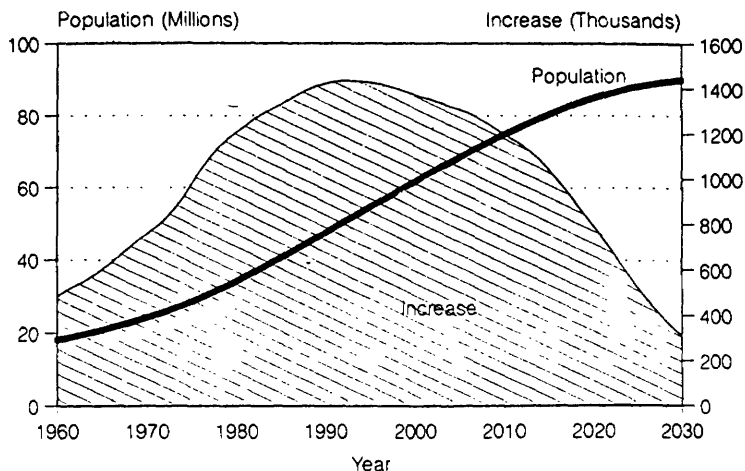
The preschool population (children under 6 years) already reflects the influence of declining fertility; growth in absolute numbers turned from positive to negative values in 1992, but the current change is only moderate; marked declines are expected to take place starting the year 2000. It is estimated that the highest ever population in this age group will be approximately 13.4 million.

**Total population and rate of increase,
population 6-14, 1960-2030**



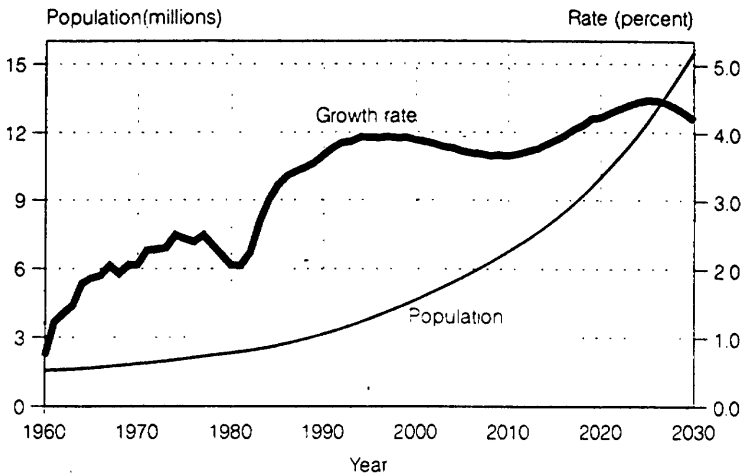
The school-age population (children 6-14 years) shows also the influence of fertility, though less pronounced than the case of preschool children. The current rate of increase is virtually zero, with a change in absolute numbers in the year 2000. The highest ever population in school-ages is expected to be 19.5 million in the year 2000.

Total population and absolute increase, ages 15-64, 1960-2030



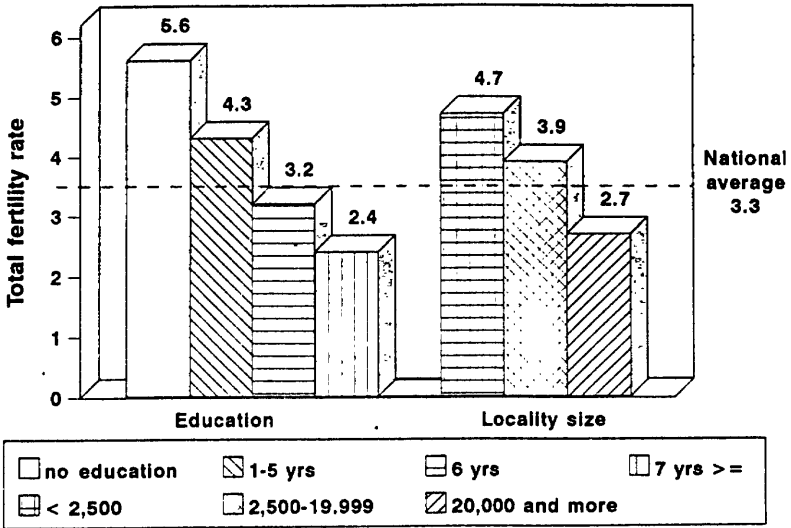
The working-age population (aged 15-64 years) is still dominated by population inertia from past population growth, showing no significant trace of the influence of fertility decline but until the year 2010. The current population 15-64 reaches 55 million, and increases at an annual rate of 2.5 percent. In the past 35 years it tripled, from 18 million in 1960. Until 2010 the absolute increases will remain in the order of 1.2 million annually.

Population size and growth rate of the elderly, 1960-2030



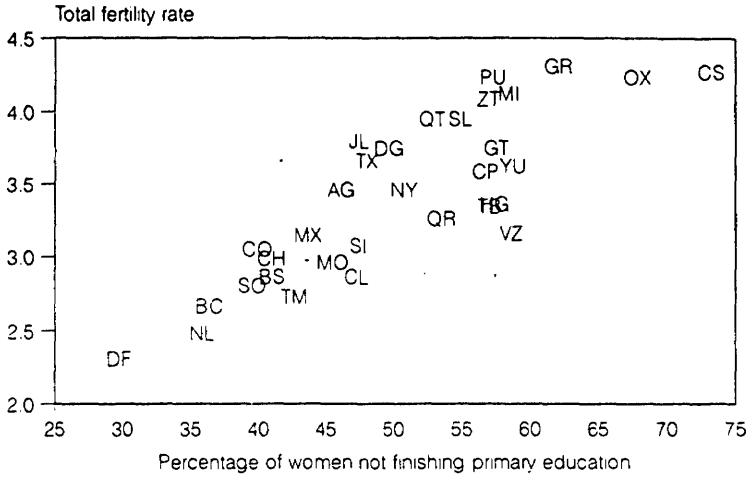
The "retired" population (aged 65 and over) represents only 4 percent of the current total population, with 3.7 million. It increases, however, at an annual rate of 4 percent, and the forecasts indicate this fast growth will remain in the future. It is expected that the elderly population will fourfold in the next 35 years.

Total fertility rate by woman's education and locality size, 1990.



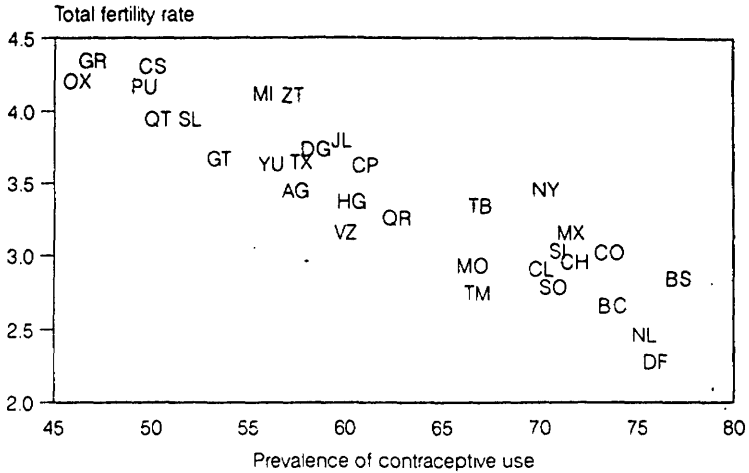
Women's educational attainment is crucial to promote further demographic change in Mexico. As shown, there are important fertility differences by educational level: women who did not attend primary school have an average of 5.6 children, while those who attend secondary school (or more) have an average of 2.4 children.

Total fertility rate and percentage of women not finishing primary education, by state, 1990.



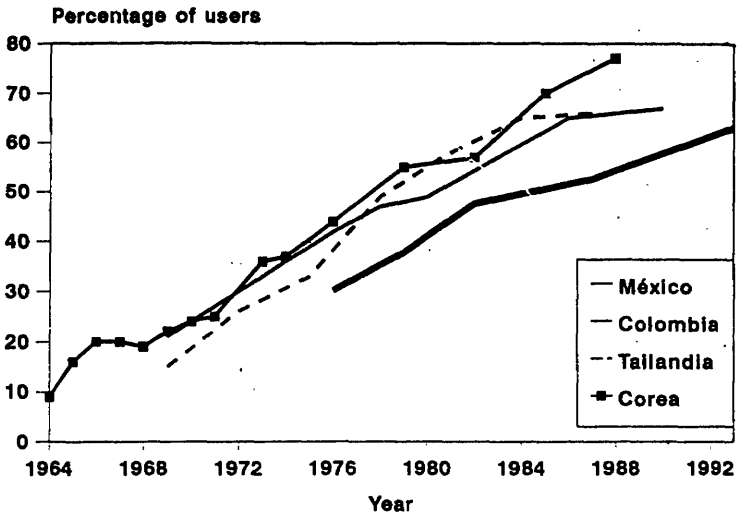
The same relationship between education and fertility rate exists at the state level. Total fertility rate is positively related to the proportion of women older than 15 years of age without complete primary education. The poorest Mexican states show the higher proportion of women without complete primary education and with higher total fertility rates.

Total fertility rate and prevalence of contraceptive use by state, 1990.



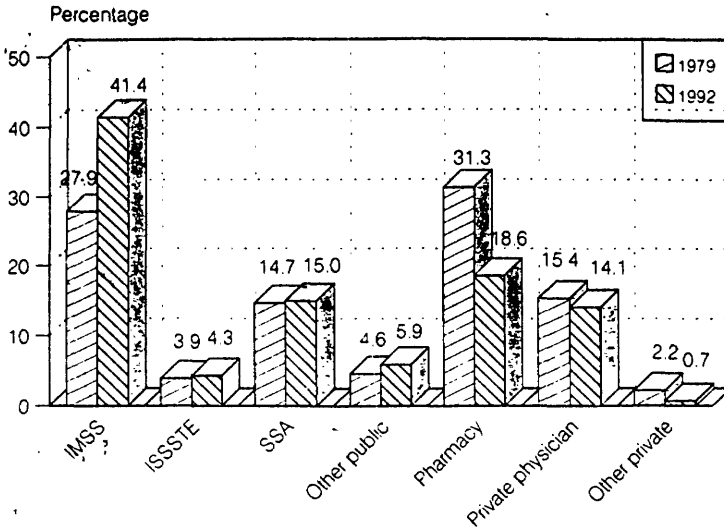
Contraceptive use among married couples is markedly heterogenous at the state level. In several states it reaches over 70 percent, while in others, only 45 percent. There is a negative relationship between contraceptive use and total fertility rate at the state level. As contraception increases, fertility rates tend to decrease. The poorest states show both the lowest use of contraceptive methods and the highest fertility levels.

Contraceptive ^{USE} in four countries 1964-1993



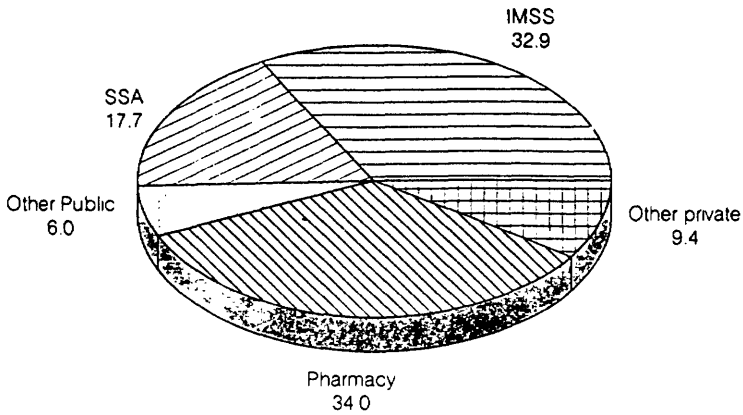
A key factor in bringing about a rapid decline in fertility has been a dramatic increase in contraceptive use. In the mid 70s, approximately 30 percent of married reproductive-age women were using a contraceptive method. Currently, contraceptive prevalence reaches 65 percent; approximately 10 million users. Despite impressive achievements in expanding the availability and use of contraception, Mexico still lags behind other Latin-American countries of comparable development, such as Brazil and Colombia, and displays sharp urban-rural differentials in contraceptive use.

Source of contraceptive methods, 1979 and 1992



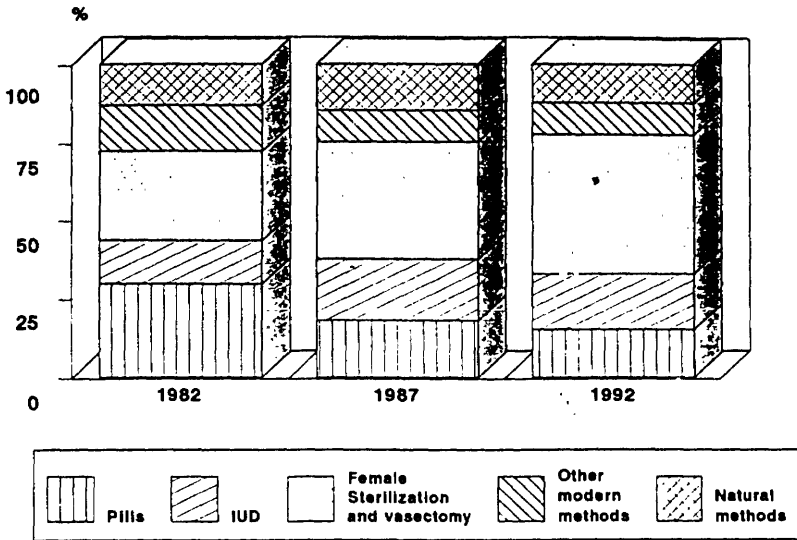
An important emphasis of Mexico's population policy has been to increase family planning coverage. The two major governmental agencies for these activities are the Mexican Social Security Institute (IMSS) and the Ministry of Health (SSA). The former serves 41 percent of all family planning users, and the latter 15 percent. As a whole, the public sector provides two-thirds of all family planning services in Mexico, and the private sector, one-third.

Source of first contraceptive method



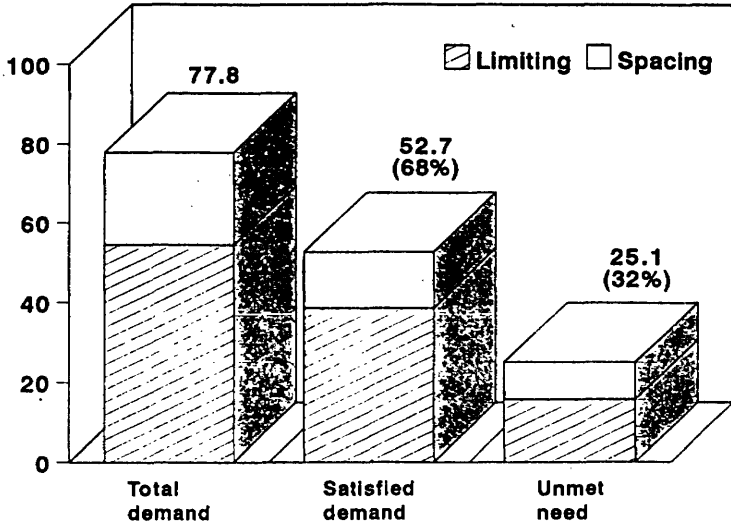
Pharmacies, however play a vital role as the first source of contraceptives, primarily pills. Their clients are basically young couples with no children or those with one child who are beginning to use contraceptives. Unfortunately, pharmacies do not provide counselling or sufficient information, neither follow the users' adequate practice. As a consequence, pill first-users tend to have high discontinuation and failure rates.

Family planning method-mix



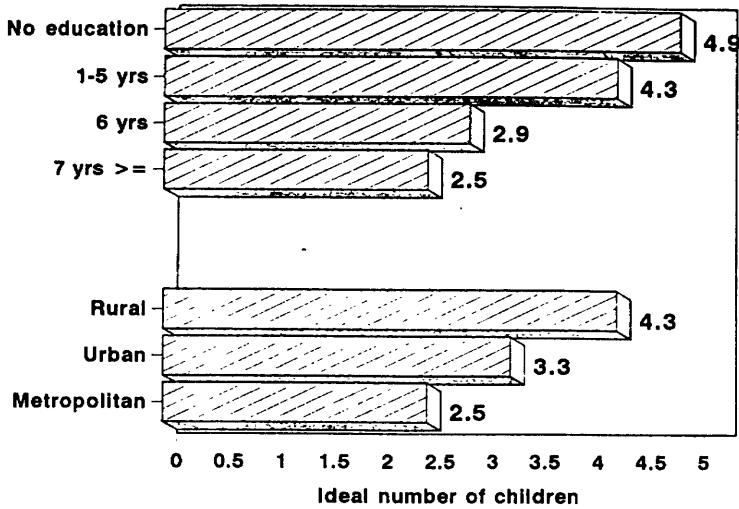
The contraceptive methods used in Mexico are, predominately, voluntary sterilization and IUDs, and to a lesser extent, but still important in the overall method mix, oral contraceptives, injectables, and condoms.

Demand for contraception, 1987



The increase in contraceptive use has been extremely skewed and conceals wide variations between regions and social groups. Contraceptive prevalence in rural areas is only 45 percent, compared with 70 percent in urban areas. Actually, in some marginal rural areas, particularly in indigenous regions, it is closer to 25 percent, much lower than the national rural average. In these areas, fertility reduction has hardly begun, if at all. Unmet contraceptive demand remains relatively high, as 32 percent of couples that desire to limit or postpone children do not use any family planning method. This figure increases to 40 percent in rural areas, due to problems with access, poor availability of adequate methods, and lack of proactive involvement of health workers promoting family planning.

Ideal number of children by woman's education and locality size, 1987



Increasing access to family planning services, although important, is only one side of the equation, because better education, communication and information programs are also needed to promote changes in cultural norms about family size in Mexico, since some social groups in rural areas still express a preference for large family size, hindering further decreases in population growth.

Statement of Dawn Liberi
Associate Assistant Administrator
Center for Population, Health and Nutrition
U.S. Agency for International Development
Before the Subcommittee on Social Security and
Family Policy, Finance Committee, U.S. Senate

July 20, 1995
Washington, D.C

I am pleased to have the opportunity to testify before you today. I am a career Foreign Service Officer and have served with USAID for 15 years, including several postings in Africa, most recently as Deputy Mission Director in Ghana.

I understand that the Senate is beginning its consideration of the proposed "International Population Stabilization and Reproductive Health Act." The U.S. Agency for International Development (USAID) welcomes the support of the bill's sponsors for achieving the early stabilization of world population through expansion of reproductive choice and for promoting other critical health and sustainable development programs, including child survival, STD/HIV/AIDS prevention, basic education, and safe motherhood. The objectives of the proposed Act are in very close accord with the current objectives and strategies of USAID and the Clinton Administration, and we greatly appreciate your continuing efforts on behalf of development, Mr. Chairman.

I must hasten to add, however, that while this bill is quite supportive of the valuable development work USAID conducts around the world, the Senate is also currently considering legislation which would make carrying out the intent of your bill impossible. S. 908, the Foreign Relations Revitalization Act, mandates the firing of 50 percent of USAID employees in the next two years alone. Half of USAID's technical expertise -- widely viewed as some of the best in the population and health field -- would be lost. S. 908 would also close virtually every USAID mission around the globe, and fold what responsibilities and funding remained into the Department of State. From my experiences both in the field and in Washington, I can tell you that this unprecedented, Congressionally-

mandated, executive branch reorganization would have a devastating impact on the lives and health of women and children around the world. S. 908, if enacted, would signal the end of the United States' proud tradition of leadership in the development field.

USAID began providing population assistance in 1965, and health and nutrition assistance even earlier. As I believe you understand, USAID assistance programs are built on the foundation of our field presence. The relationships that are established by USAID staff in country missions, who maintain a constant dialogue with host governments about priority needs in the country, are the heart of effective family planning and health programs. Unlike most other donors, USAID field staff have the technical skills and experience needed to mount effective family planning and child survival efforts. Their role is to work with host country institutions and a range of partners in bringing together the necessary ingredients to make a program happen. It is at the country level that synergies are often found, for example, between promoting family planning and women's literacy, or between programs to prevent sexually transmitted diseases, including AIDS, and those to provide prenatal care. There is no substitute for on-the-ground expertise, and USAID's field presence is what makes U.S. leadership in these fields effective.

USAID is proud to work with the diverse entities -- "Cooperating Agencies" -- that also play a critical role in meeting the population and health challenges we face. These agencies -- a mix of PVOs, universities, private commercial firms, and others -- have a pool of knowledge and experience that USAID can make available to countries who need and want it. With the help of these USAID Cooperating Agencies, assistance to countries can be tailored to their needs, whether these needs are more in training, research, other forms of technical assistance, or some combination of these.

USAID population and health assistance relies on multiple channels in both the public and private sectors. Some assistance goes to governments which are critical providers of services to poor people in many countries. However, most USAID population and health assistance goes either through or to nongovernmental organizations working at the

community level or to activities to stimulate the involvement of private sector providers. The latter enables us to serve the needs of those who can afford to pay at least a part of the costs, while freeing the public sector and voluntary NGOs to respond to the needs of the poor.

A key role of USAID assistance is to develop new technologies. New contraceptive methods and improved oral rehydration therapies, when adapted to a country's specific needs, can make a powerful difference. USAID also helps countries develop new service delivery approaches that are appropriate to local institutions and cultures. USAID programs emphasize enhancing quality of care and being responsive to the needs of the clients or users, most often women, a principle that also appears prominently in the Act we are discussing today.

USAID programs also help to leverage the resources of other donors. This may be as straightforward as providing technical assistance in logistics management, while other donors agree to purchase the commodities. Or it can be as involved as what has become known as the "U.S.-Japan Common Agenda," a long-term partnership under which Japan has committed itself to provide \$3 billion in assistance to population and HIV/AIDS programs by the year 2000, with USAID staff helping to link the Japanese with recipient institutions in developing countries.

All of these features I have been discussing -- USAID's field presence, its ability to work with cooperating agencies, its effort to develop culturally sensitive new technologies and its ability to leverage funding from other donors -- are directly threatened by the funding levels for development assistance already passed by the House, and the even lower levels being considered in the Senate authorization language. These draconian cuts would make carrying out the intent of your bill equally impossible. If enacted these cuts could result in an additional 400,00 child deaths, 4,000 maternal deaths and 600,000 unintended pregnancies per year. Also, while we support the philosophy underlying your bill, the Administration opposes the earmarking of funds for specific programs. The Administration is committed to

an integrated sustainable development strategy. In this context, we have to be clear that under current budgetary scenarios, the amounts proposed in the bill would leave little or nothing for other development assistance programs. This was probably not your intention, but it is essential to keep in mind that effective population and health programs depend on the foundation and framework provided by a strong, adequately funded overall development assistance effort.

The Administration has not yet had an opportunity to fully review other specific provisions of this Act, some of which involve agencies other than USAID. Rather than offer further comment on the Act itself, I will limit myself to discussing our current USAID programs.

In the very few minutes I have this morning, I would like to emphasize three key points. First, we are dealing with issues that are vital not only to those most immediately affected -- especially mothers and children -- but also to the global future -- and to our own future in the United States.

Second, through its assistance programs over the past 30 years, the United States has had a major impact on the health and well-being of families in developing countries and has provided leadership to global efforts to address population and health problems. The record shows that USAID population and health assistance has been an extremely good investment for American taxpayers -- in Mexico, Egypt, Indonesia, the Philippines, Thailand, and many other countries which are important strategic and trading partners for the U.S. We are pleased that Dr. Gomez De Leon, General Secretary of CONAPO, the governmental coordinating body for population programs in Mexico, is also testifying this morning.

The third point I want to make is that our programs reflect the highest values and aspirations of the American people. They have promoted voluntary reproductive choice and responsible preventive health behavior, the survival and health of women and children, greater education and employment opportunities for women, and community empowerment

and self-reliance at all levels of society -- all ingredients of what USAID means by "sustainable development," and all endorsed at last year's International Conference on Population and Development in Cairo.

Put another way, our population and health programs act on some simple basic beliefs widely shared by the American people and the world community as a whole:

- No woman should become pregnant if she does not wish to bear a child;
- No family should suffer the death of a child;
- No woman should be subject to the risk of death or illness because of pregnancy; and
- No one should be subjected to the risk of disease or harm because of responsible sexual activity, and sexual activity should always be voluntary.

When we look at the world, we realize how far we are from realizing these basic goals.

- To begin with, we are living in a world which already has 5.7 billion people and is likely to reach close to 8 billion early in the next century. Even with growth rates slowing down, the momentum of past growth means that we are adding an India, or close to 1 billion people, every decade. The population of the world increases by the equivalent of an additional New York City *every month*. We can debate the implications of this, and many do, but we cannot be complacent about the ability of the world community to feed, house, and provide employment for additional billions of people.
- A minimum of 120 million couples in developing countries would like to limit or space their births but do not have access to family planning services.

- The majority of people in developing countries are now under the age of 25. Yet as they move into their childbearing years, it is safe to say that most lack basic family planning and health information and services.
- Over 12 million children still die annually of preventable causes before the age of 5, despite gains in reducing infant mortality, and 43 million children suffer from Vitamin A deficiency, which blinds an estimated 250,000 children per year.
- 500,000 women die annually from pregnancy-related causes. That is one death every minute of every day. And millions more survive, but suffer nevertheless as a result of unsafe childbirth and abortion practices.
- Nearly 20 million people are currently infected with the HIV virus, and deaths from AIDS this year will reach somewhere between 300,000 and 600,000. By the year 2000, the number infected could double to 40 million, and the toll of AIDS deaths could go as high as 1.8 million per year.

It is easy for people to hear the numbers and feel a sense of hopelessness. That should not be the case. Our experience at USAID tells us that substantial progress has been made in many countries, and that our efforts have made -- and, if sustained, will continue to make -- a major contribution. A few examples:

- In the 28 countries with the largest USAID-sponsored family planning programs, the average number of children per family has dropped from 6.1 in the mid-1960s to 4.2 today. More recently, dramatic fertility declines have occurred in poor countries such as Bangladesh, Kenya, and Egypt, all countries in which USAID has been the leading external donor. And USAID programs have been part of a successful global effort in family planning: It is estimated that in developing countries other than China, family planning programs have already resulted in over 300 million fewer people (the size of Canada and the United States combined) than there would have been in the absence of

these programs.

- In 15 countries that have been USAID priorities in population and health, use of family planning has increased in recent years an average of 1.7 percent annually, implying a reduction in average family size by one every nine years, and, in these countries, the average family size is four children. [See Table 1 attached.]
- Since 1987, USAID has initiated HIV/AIDS prevention programs in 32 countries, and is the recognized technical leader in the design and development of these programs in the developing world. With USAID funding since 1992, over 3.2 million persons have been reached globally with HIV prevention education, and nearly 118 million condoms have been sold or distributed.
- More than 4 million lives are saved every year through immunization and other child survival interventions supported by USAID. Among USAID-assisted countries, infant mortality has declined from an average of 97 deaths per 1000 live births in 1985-87 to 1991. In many countries, declines have been as high as 25 to 50 percent. Egypt alone has experienced a better than 60 percent decline in infant mortality rates between 1980 and 1990.

USAID continues to improve its own management, strategies and ability to collaborate with our development partners to build upon these accomplishments and meet the next generation of challenges. Funding for population, health and nutrition programs has gone up substantially in each of the last three fiscal years, and in FY 1995 will amount to an estimated \$555 million for population and \$636 million for other health and nutrition programs, totalling close to \$1.2 billion from all USAID accounts.

During the last two years USAID has placed new emphasis on efforts to reduce maternal mortality, as well as women's reliance on abortion around the globe. USAID programs will seek to link emergency treatment for women who have had unsafe abortions as

closely as possible with the provision of compassionate counselling and, if the client desires, methods of family planning that will help avoid repeat abortions. Not only are these measures in the interest of women, (for whom as many as 20 percent of maternal deaths in developing countries result from abortion complications), but they can produce dramatic cost-savings in hospitals that otherwise must devote scarce beds and blood supplies to women in this situation. Let me be very clear in emphasizing that USAID does not advocate or pay for the performance of abortions as a method of family planning.

In a growing number of instances, USAID assistance also helps to organize and facilitate exchanges of expertise among developing countries in a process known as "South-South" cooperation. Another type of exchange is occurring through the Agency's Lessons Without Borders program, which is bringing the experiences of USAID with community involvement and outreach efforts in family planning and preventive health programs back to American cities like Boston and Baltimore.

USAID has undertaken major management reforms to improve its performance and ensure accountability in its programs. In addition to reducing staff by over 1,000, announcing the closing of 27 missions and putting state-of-the-art accounting systems in place, USAID is also undertaking a systematic Agency-wide effort to reorganize the way we plan and budget for our programs. Examples of this new approach include:

- Clearly stated strategic objectives and priorities. With respect to the population, health and nutrition sector, these are four: reducing unintended pregnancies, reducing maternal mortality, reducing infant and child mortality, and reducing STD transmission with a focus on HIV.
- Action plans for each operating unit that define how we will allocate resources among objectives and countries, building on the Agency's comparative advantage;
- Measurable indicators of what we have accomplished; and

- Accountability by Agency staff for performance relative to these results.

Mr. Chairman, in closing, I want to once again stress the possible impact on population and health programs of drastic budget cuts if the House budget levels are adopted in the Senate. Not only would direct losses be suffered by current beneficiaries of USAID-funded programs, but the closing of more USAID missions, reductions in staff, and cuts in programs would result in an irretrievable and disproportionate loss in the global technical leadership that USAID currently provides in international population and health programs.

And now, I would like to introduce Ms. Elizabeth Maguire, Director of the Office of Population, and Mr. David Oot, Director of the Office of Health and Nutrition. We would be pleased to answer your questions.

Table 1.
 USAID Population Expenditures and Change in Contraceptive Prevalence Rates (CPR)
 for Fifteen Major Recipient Countries*

Country	Avg Expend	WRA** (mils)	Modern CPR***		Survey Dates	Avg Annual CPR Change
	FY 90-94 (mils)		T1	T2		
Bangladesh	\$ 31.4	21.4	31	36	1991-1993	2.5
Kenya	16.5	3.1	18	27	1989-1993	2.3
Egypt	15.7	8.3	35	45	1988-1992	2.5
Philippines	13.2	9.7	16	25	1978-1993	0.6
Mexico	12.0	13.0	45	55	1987-1992	2.0
Nigeria	11.9	18.1	1	4	1982-1990	0.4
Indonesia	8.7	31.4	47	52	1991-1994	1.7
Peru	7.6	3.0	23	33	1986-1992	1.7
Morocco	7.1	3.3	29	36	1987-1992	1.4
NE Brazil	6.3	23.7	44	55	1987-1991	2.8
Ghana	6.0	2.3	5	10	1988-1994	0.8
Turkey	5.2	9.4	31	35	1988-1993	0.8
Tanzania	4.7	4.3	7	13	1992-1994	2.0
Nepal	4.4	3.5	9	22	1981-1994	1.0
Colombia	4.0	4.7	53	55	1986-1994	0.5
TOTAL	\$ 154.7	159.2	32	39	--	1.7

*Listing excludes India, Uganda and Ethiopia -- countries have not had consecutive national population surveys.

**Number of women of reproductive age (15-49).

***CPR is for currently married women age 15-49, except for Brazil which covers only Northeast and age 15-44; T1 refers to the penultimate population survey and T2 to the most recent survey.

Victoria Markell

Senator Simpson, Senator Bingaman, thank you for the invitation to testify today on S. 1029, the International Population Stabilization and Reproductive Health Act of 1995.

I am Victoria Markell, Vice President of Population Action International (PAI). Founded in 1965, PAI is a private, non-profit organization committed to universal access to voluntary family planning and reproductive health services and early stabilization of world population. It is perhaps important to state that we receive no U.S. government money for any part of our program.

Last September, I was a member of the U.S. Delegation to the International Conference on Population and Development. This Conference established population as an issue worthy of debate at the highest levels of all governments, an issue that is an integral and crucial factor in development. During that conference, 180 countries endorsed a Programme of Action that places human beings at the center of development concerns and encourages the international community to address global problems by meeting individual needs.

S. 1029 builds on the Programme of Action by outlining a strategy to help stabilize the world's population, improve the health and well being of women and children, and expand educational and economic opportunities for women and their families. It also builds upon the bipartisan congressional support for population assistance that has remained solid, through both Republican and Democratic Administrations.

The reasons that led Congress to earmark substantial funds for population assistance in every year since 1967 remain just as valid today as when the program was established. Namely, rapid population growth is one of the world's most serious problems, posing a long-term threat to U.S. national interests in the areas of security, trade, and the environment and undermining the prospects for economic and social progress in developing countries.

Current levels of population growth -- 95 percent of it occurring in developing countries -- have no historical precedent. It took from the dawn of time to the year 1830 for the world's population to reach one billion people. By 1930, that figure had doubled to two billion. By 1976 it had again doubled to four billion. The world added its next billion people in just 13 years and will add another billion in only 11 years.

Although the rate of population growth has declined, the number of people added annually to the world's population is near record levels. In 1995, world population will grow by nearly 90 million people or almost a quarter of a million people per day.

Rapid population growth, especially when overlaid with sharp ethnic or other social and economic divisions, places great strains on political institutions. It also complicates the problems of governance by contributing to massive urbanization, to an imbalanced age structure, and to labor force expansion which outstrips job creation, especially for urban youth. This rapid growth in human population threatens the future economic and political viability of many developing countries and undermines their potential to be reliable allies, good trading partners, and growing markets for U.S. exports.

The integration of the developing nations and their peoples into the global economy can only be accomplished by the right combination of participatory government, sound economic policies, and strategic investments in key social sectors, particularly education and health.

S. 1029 would help further focus funding and technical assistance in those critical areas -- institution-building, human resource development (including education and training), population stabilization, improvements in health, and sustainable natural resource use -- necessary for the successful transformation of a country's economy.

But it is important to remember that the benefits of U.S. population assistance accrue not just to the American people and developing country governments, but, more importantly, to the families of the developing world, particularly to women and children. Family planning saves lives.

For women, the complications associated with pregnancy, unsafe abortion, and childbirth are the first or second most common cause of death in most developing countries. The risk of dying from pregnancy-related causes over a woman's lifetime is about 1 in 20 in Africa and 1 in 50 in Asia compared to 1 in 10,000 in Northern Europe. Maternal mortality represents 10 percent to 30 percent of all deaths among women and one-quarter to one-half of deaths among women of reproductive age in developing countries. Many of these deaths result from an unsafe pattern of childbearing.

If family planning were used to increase the interval between pregnancies to at least two years, to reduce adolescent childbearing, and to prevent pregnancies in women older than 35 years and beyond four births, a quarter of the 500,000 annual maternal deaths would be averted. With more mothers' lives being saved, there is a greater likelihood of their existing children surviving.

By establishing a healthy pattern of childbearing through the use of family planning, a 20 percent to 25 percent reduction in infant and child mortality would be possible, cutting these deaths by 3 million each year.

Unsafe abortion is also a major cause of death among women of childbearing age in much of the developing world, where more than half of all abortions occur. As many as 100,000 women die as a result of unsafe abortion each year -- almost all in developing countries -- and many more suffer long-term health problems such as chronic infection, pain, and infertility. Improved access to good quality family planning services is likely to reduce the incidence of abortion over time.

An estimated 250 million new cases of sexually transmitted disease (STD) infection occur each year. Family planning alone cannot solve the STD problem, but it is an important part of the solution. Family planning providers offer information about safe sexual practices and barrier contraceptive methods, which are the primary means of preventing the spread of many STDs including HIV/AIDS.

Since the inception of the U.S. population assistance program in 1965, a revolution in individual reproductive behavior has occurred across much of the developing world, due in large part to U.S. leadership and assistance.

The U.S. is the single largest contributor of funds for family planning and reproductive health care among industrialized countries and the recognized world leader in the population field. The U.S. works in close partnership with the international community and with developing country governments. But overall, developing country governments and their citizens account for 75 percent of family planning expenditures.

Contraceptive use has increased from an estimated 10 percent of couples 30 years ago to about 55 percent today (or approximately 450 million couples). Yet according to survey data, an estimated 125 million women still want to space or limit their childbearing but do not have access to contraception. Millions more suffer from poor reproductive health care and exposure to sexually transmitted diseases.

With the number of reproductive age couples increasing by about 20 million each year, family planning and other reproductive health services will have to significantly expand their reach to avoid an increase in the numbers of women and men denied high quality services and the possibility of better, healthier lives. S. 1029 recognizes that this requires the commitment of sufficient financial resources.

Senator Simpson and Senator Bingaman, I wish to commend you for introducing this legislation and organizing this hearing. It comes at a particularly important time. As you are aware, the Senate may soon begin consideration of two pieces of legislation -- S. 908, the Foreign Relations Revitalization Act, and S. 961, the Foreign Aid Reduction Act -- both of which take a very different approach to

sustainable development and humanitarian assistance. These two bills would in effect dismantle the very programs we have been discussing today.

PAI opposes S. 908 and S. 961 in their present form and is very concerned that U.S. sustainable development programs, including international population assistance, that advance U.S. national interests and benefit the lives of people in recipient countries, are being seriously jeopardized in a rush to "reform."

The foreign assistance authorization bill (S. 961) proposes deep and disproportionate cuts to development assistance programs. Under the Foreign Relations Committee's bill, these critical programs would face cuts of at least 36 percent. In contrast, family planning, reproductive health, child survival, AIDS, basic education, and women's empowerment programs receive modest increases above current funding levels in your legislation.

The State Department authorization bill (S.908) would merge the Agency for International Development into the State Department and seriously cripple U.S. foreign assistance programs. The State Department, as presently constituted, has neither the inclination nor the technical capacity or human resources necessary to successfully administer on-the-ground development programs. Sustainable development priorities would inevitably be skewed by short-term political and diplomatic interests. We support an amendment to be offered by Senator Sarbanes which would preserve USAID as an independent agency, require elimination of all duplication between USAID and the State Department, and mandates the establishment of a coordination mechanism for all sustainable development programs.

The U.S. is the recognized world leader in the population field. The USAID population assistance program a foreign aid success story for which the American public should be proud. Several factors have been responsible for that success:

- **Technical Expertise** – The dedicated, core staff of well-trained career experts on population within USAID is unique among donor agencies. In addition, a strong public-private partnership with U.S.-based nongovernmental organizations (NGOs) has been key to the U.S.'s ability to provide high quality technical advice and support to governments and indigenous NGOs in developing countries.
- **Field Presence** – Compared to other donors, USAID's substantial in-country presence has been an important strength of U.S. population assistance. This field presence has helped the U.S. to respond to specific country needs and to design appropriate population assistance programs. The ability to provide on-the-ground, informed technical and managerial oversight for assistance has

contributed to the effective implementation of population projects, as well as to the success of country programs.

- **Innovation** – Virtually every major innovation in the population and family planning field can be directly or indirectly linked to U.S. support. For example, the U.S. has pioneered a variety of successful approaches to extending family planning through the private sector. Modern technology has also been creatively applied to the population field in the areas of mass communication, demographic data collection and analysis, and biomedical research.

- **Focus and Commitment** – In the countries where the U.S. has concentrated its assistance, the successes that have been achieved are the direct result of the continuity in support for population activities over periods of a decade or longer.

The International Population Stabilization and Reproductive Health Act wisely recognizes that any future program of U.S. population assistance must build on these past successes and highlights the most critical elements of such a program:

- funding of sufficient magnitude to ensure that U.S. assistance can make a real difference in those countries where population assistance is identified as being of strategic importance;
- sufficient qualified field staff to maintain an overseas presence and work collaboratively with host-country recipients to identify needs and develop and manage programs which are national in scope and impact;
- a critical mass of in-house expertise here in Washington that can continue, through a variety of mechanisms, to draw in U.S. private sector organizations that can provide a high level of technical expertise and innovation in support of overseas field programs.

For policymakers concerned about sustainable development, the growing gap between rich and poor countries, threats to the global environment, and maternal and child health, the provision of family planning and related reproductive health care and efforts to empower women are essential element of broader development programs funded by U.S. international assistance.

Senators, we salute you as a long-standing champions of international cooperation efforts to solve these critical global problems and look forward to working with you in the future to ensure their survival.

The Honorable Constance A. Morella
Statement before the Senate Finance Committee Subcommittee
on Social Security and Family Policy
hearing on the International Population and Reproductive Health Act
July 20, 1995

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, I APPLAUD YOUR RECOGNITION OF THE GROWING IMPACT WHICH POPULATION ISSUES HAVE ON OUR ABILITY TO PURSUE OUR NATION'S FOREIGN POLICY OBJECTIVES AND TO MAINTAIN THE QUALITY OF LIFE OF CITIZENS OF THE UNITED STATES, AND I APPRECIATE THE OPPORTUNITY TO APPEAR BEFORE YOU TODAY TO OFFER MY VIEWS. AS MANY OF YOU KNOW, CONGRESSMAN BEILENSON AND I ARE THE CURRENT CO-CHAIRS OF THE CONGRESSIONAL COALITION ON POPULATION AND DEVELOPMENT, A BIPARTISAN GROUP OF MORE THAN FIFTY MEMBERS OF THE HOUSE FOUNDED IN 1985 TO SERVE AS AN INFORMAL CLEARINGHOUSE FOR MEMBERS AND STAFF ON FAMILY PLANNING ISSUES.

CURRENT GLOBAL POPULATION NUMBERS SOME 5.7 BILLION PEOPLE, AND IT IS GROWING AT A RATE OF 100 MILLION PER YEAR. NINETY PERCENT OF THIS GROWTH IS TAKING PLACE IN THE DEVELOPING WORLD. CONTINUED GLOBAL POPULATION GROWTH AT CURRENT RATES, ACCORDING TO JOHNS HOPKINS UNIVERSITY'S POPULATION REPORTS, WILL LEAD TO A FIFTY PERCENT INCREASE IN GLOBAL POPULATION BY 2025. BY THE END OF THIS DECADE, HALF OF THE WORLD'S DEVELOPING COUNTRIES WILL BE UNABLE TO FEED THEIR OWN PEOPLE. WITHIN TWENTY YEARS, DEVELOPING COUNTRIES' CARBON DIOXIDE EMISSIONS, WHICH ARE THE MOST IMPORTANT CONTRIBUTOR TO THE ESCALATION OF THE GREENHOUSE EFFECT AND GLOBAL WARMING, WILL TRIPLE.

500 MILLION WOMEN WORLDWIDE DO NOT HAVE ACCESS TO ADEQUATE FAMILY PLANNING SERVICES. IN ADDITION, ACCORDING TO THE INTERNATIONAL PLANNED PARENTHOOD FEDERATION, MANY OF THE WORLD'S 15 TO 19 YEAR OLDS ARE SEXUALLY ACTIVE BUT FEW HAVE ACCESS TO QUALITY FAMILY PLANNING SERVICES. HOWEVER, ESTIMATES INDICATE THAT THE CURRENT RATE OF GLOBAL POPULATION GROWTH WOULD

DECREASE BY THIRTY PERCENT IF WOMEN WERE ABLE TO HAVE ONLY THE NUMBER OF CHILDREN THEY WANTED.

THESE AND OTHER REPORTS AND STUDIES ON POPULATION GROWTH AND ITS EFFECTS BELIEVE THE REAGAN ADMINISTRATION'S ASSERTION AT MEXICO CITY THAT POPULATION GROWTH IS A NEUTRAL FACTOR IN ECONOMIC DEVELOPMENT, AND UNDERSCORE, AS THE RIO CONFERENCE, THE CAIRO CONFERENCE, AND OTHER EFFORTS HAVE MADE CLEAR, THAT POPULATION GROWTH IS A CRITICAL FACTOR IN ENVIRONMENTAL DEGRADATION AND SUSTAINABLE DEVELOPMENT PROGRAMS. IT IS ALSO INCREASINGLY EVIDENT THAT ANY SUCCESSFUL EFFORTS TO ADDRESS THESE PROBLEMS MUST INCLUDE STEPS TO EMPOWER WOMEN, PROVIDING THEM THE ABILITY TO EXERCISE CONTROL OVER THEIR OWN LIVES BY ASSURING ACCESS TO REPRODUCTIVE AND OTHER HEALTH SERVICES AND ACCESS TO EDUCATIONAL OPPORTUNITIES. THE STATUS OF WOMEN IN A PARTICULAR COUNTRY DIRECTLY CORRESPONDS TO ITS ABILITY TO ACHIEVE SUSTAINABLE DEVELOPMENT AND REDUCE FERTILITY RATES.

THE INABILITY OF WOMEN, ESPECIALLY POOR WOMEN, TO ACCESS BASIC FAMILY PLANNING SERVICES AND INFORMATION UNDERMINES WOMEN'S STRUGGLE FOR SELF-DETERMINATION, CONTRIBUTES TO DEATH AND SUFFERING AMONG WOMEN AND THEIR CHILDREN, PUTS PRESSURE ON THE LAND, FORESTS, AND OTHER NATURAL RESOURCES ON WHICH MANY POOR FAMILIES DEPEND FOR THEIR SURVIVAL, AND IN OTHER WAYS INHIBITS THE ABILITY OF FAMILIES TO LIFT THEMSELVES OUT OF POVERTY.

THE IMPACT OF HUMAN POPULATION GROWTH, COMBINED WITH WIDESPREAD POVERTY, IS EVIDENT IN MOUNTING SIGNS OF STRESS ON THE WORLD'S ENVIRONMENT, PARTICULARLY IN TROPICAL DEFORESTATION, EROSION OF ARABLE LAND AND WATERSHEDS, EXTINCTION OF PLANT AND ANIMAL SPECIES, GLOBAL CLIMATE CHANGE, WASTE MANAGEMENT, AND AIR AND WATER POLLUTION.

ALTHOUGH MANY SOCIAL AND ECONOMIC FACTORS AFFECT FAMILY SIZE, ORGANIZED, ACCESSIBLE AND AFFORDABLE FAMILY PLANNING PROGRAMS HAVE THE MOST RAPID AND STRONGEST EFFECT ON BIRTHRATES BECAUSE THEY ENABLE WOMEN AND THEIR FAMILIES TO CONTROL THE TIMING AND NUMBER OF THEIR CHILDREN.

AFTER MORE THAN 25 YEARS OF EXPERIENCE AND RESEARCH, THE ACTIONS NEEDED

TO BRING ABOUT A RAPID DECLINE IN BIRTH RATES ARE WELL DOCUMENTED. PRIMARILY, THE ABILITY TO EXERCISE REPRODUCTIVE CHOICE MUST BE EXPANDED, THROUGH THE BROADER DISSEMINATION AND CHOICE OF FAMILY PLANNING SERVICES WHICH INVOLVE THE COMMUNITY, ESPECIALLY WOMEN, AND WHICH MEET THE NEEDS AND VALUES OF THOSE WHO USE THEM.

RAPID POPULATION GROWTH IS NOT A FAR-OFF CRISIS WAITING TO HAPPEN. IT IS HAVING AN IMPACT NOW ON THE CLEANLINESS OF OUR AIR, THE POLITICAL AND SOCIAL STABILITY OF OUR NEIGHBORS AND ALLIES, RISING NUMBERS OF REFUGEES, TO NAME BUT A FEW AREAS OF CONCERN.

LOOK AT THE MIDDLE EAST. AS TALKS CONTINUE BETWEEN ISRAEL AND ITS ARAB NEIGHBORS TOWARD WHAT WILL HOPEFULLY BE COMPREHENSIVE PEACE ACCORDS, WE AND THE NATIONS OF THE MIDDLE EAST MUST BE AWARE OF LONG-TERM PROBLEMS IN THE REGION WHICH HAVE THE POTENTIAL TO CAUSE UPHEAVAL AND POLITICAL INSTABILITY, NAMELY THE SCARCITY OF WATER RESOURCES AND THE EXPLOSIVE POPULATION GROWTH IN ARAB COUNTRIES.

AS I MENTIONED EARLIER, RAPID POPULATION GROWTH FUELS TENSIONS AND INSTABILITY, AS HOPELESSNESS AND DESPERATION ARISE FROM RAPID URBANIZATION, LACK OF GOVERNMENT SERVICES, UNEMPLOYMENT, AND DECLINING PUBLIC HEALTH STANDARDS. AS EARLY AS 1980, THE NATIONAL SECURITY COUNCIL REPORTED THAT "THESE FACTORS ADD UP TO A GROWING POTENTIAL FOR SOCIAL UNREST, POLITICAL INSTABILITY, MASS MIGRATIONS, AND INTERNATIONAL CONFLICT."

POPULATION IN THE MIDDLE EAST, WHICH HAS SOME OF THE WORLD'S HIGHEST FERTILITY RATES, IS CURRENTLY GROWING AT A RATE OF 2.8 PERCENT YEARLY, MORE THAN A FULL PERCENTAGE POINT HIGHER THAN THE GLOBAL AVERAGE. GROWTH RATES ARE EVEN HIGHER IN COUNTRIES WHERE ALMOST HALF THE POPULATION IS UNDER 15 YEARS OF AGE, INCLUDING IRAN, IRAQ, JORDAN, LIBYA, YEMEN, SAUDI ARABIA, AND SYRIA. BY 2025, CAIRO WILL HAVE BETWEEN 20-25 MILLION RESIDENTS, WHILE BAGHDAD, ISTANBUL AND TEHRAN WILL HAVE POPULATIONS OF BETWEEN 15-20 MILLION. ONLY ISRAEL AND

CYPRUS HAVE GROWTH RATES LOWER THAN THE GLOBAL AVERAGE. AT CURRENT RATES, POPULATION IN THE MIDDLE EAST WILL GROW FROM APPROXIMATELY 200 MILLION TO 440 MILLION BY 2020.

THIS EXPONENTIAL GROWTH IN THE MIDDLE EAST'S POPULATION, AS WELL AS INCREASING URBANIZATION AND EXPANSION OF INDUSTRIAL AND AGRICULTURAL ACTIVITIES, PROMISES TO EXACERBATE EXISTING WATER DISPUTES, SUCH AS THOSE BETWEEN EGYPT AND ETHIOPIA, ISRAEL AND JORDAN, AND SYRIA AND TURKEY. EACH OF THESE CASES HOLDS POTENTIAL FOR HOSTILITIES.

THE LINK BETWEEN WATER AND POPULATION IS CLEAR IN ISRAEL AND THE OCCUPIED TERRITORIES. SEA WATER HAS TAINTED THE GAZA AQUIFER BECAUSE THE FRESH WATER HAS BEEN OVERDRAWN, AND THIS DAMAGE MAY NOW BE IRREVERSIBLE. AS RECENTLY AS FIVE YEARS AGO, WATER CONSUMPTION IN GAZA WAS OUTPACING NATURAL REPLENISHMENT BY 50 PERCENT. MEANWHILE, GAZA CONTINUES WITH ONE OF THE WORLD'S LARGEST GROWTH RATES -- ITS CURRENT POPULATION WILL DOUBLE TO MORE THAN 1 MILLION BY 2006.

IN ISRAEL, IRRIGATION HAS INCREASED SIXFOLD IN THE LAST 40 YEARS; ISRAEL CURRENTLY USES 95 PERCENT OF ITS AVAILABLE WATER RESOURCES. BASED ON CURRENT CONSUMPTION PATTERNS, DEMAND WILL EXCEED RENEWABLE SUPPLY WITHIN SIX YEARS. SOME ESTIMATES INDICATE THAT, BY THE END OF THE CENTURY, THE WATER DEMANDS OF ISRAEL AND THE WEST BANK WILL EXCEED THE SUPPLY BY 20 PERCENT.

EGYPT, WHICH IS ALREADY EXPERIENCING TROUBLE SATISFYING THE NEEDS OF ITS GROWING POPULATION, IS COMPLETELY DEPENDENT ON THE NILE FOR WATER AND ELECTRICITY. HOWEVER, AS EGYPT'S POPULATION GROWS AT THE RATE OF 1 MILLION EVERY 8 MONTHS, THE CURRENT DEMAND FOR WATER WILL DOUBLE IN TEN YEARS.

EXPERTS ARE FEARFUL THAT IF THE MIDDLE EAST'S POPULATION CONTINUES TO GROW AT CURRENT RATES, ALL OF THE PROGRESS WHICH HAS BEEN MADE UP TO NOW IN PRESERVING WATER RESOURCES WILL HAVE BEEN REVERSED BY 2010. WITH THIS IN MIND, 11 ARAB STATES MEETING IN AMMAN IN 1990 AGREED THAT "WATER SECURITY IN THE ARAB WORLD IS AS ESSENTIAL AS NATIONAL AND MILITARY SECURITY." THIS SCARCITY AUGURS THE POSSIBILITY OF FUTURE CONFLICT BETWEEN ISRAEL AND JORDAN OVER THE JORDAN RIVER AND THE SEA OF GALILEE, AND BETWEEN ISRAEL AND SYRIA OVER THE YARMUK RIVER, AND IT UNDERSCORES THE IMPORTANCE OF THE MIDDLE EAST PEACE TALKS ON MULTILATERAL ISSUES, WHICH ARE DEALING WITH THE PROBLEMS OF WATER SCARCITY IN THE REGION. HOWEVER, WITHOUT EXTENSIVE EFFORTS TO REDUCE FERTILITY RATES, THE PROBLEM CANNOT BE ADDRESSED.

CENTRAL AMERICA, A REGION OF GREAT NATIONAL SECURITY CONCERN DURING THE 1980s, ALSO SERVES AS AN EXAMPLE OF THE POLITICAL AND SOCIOECONOMIC PROBLEMS CAUSED BY UNCHECKED POPULATION GROWTH AND THE LACK OF ACCESS TO INFORMATION ON FAMILY PLANNING SERVICES AND THE ABSENCE OF ADEQUATE HEALTH AND EDUCATION PROGRAMS. GUATEMALA, FOR EXAMPLE, IN SPITE OF PROGRESS IN THE PEACE TALKS WITH THE URNG, CONTINUES TO SUFFER FROM MORE THAN 30 YEARS OF WAR, PRECIPITATED TO A LARGE DEGREE BY UNEQUAL LAND TENURE AND LACK OF ARABLE LAND FOR THE INDIGENOUS POPULATION. GUATEMALA CURRENTLY HAS A POPULATION OF APPROXIMATELY 10 MILLION -- 70 PERCENT OF WHICH IS UNDER 30 YEARS OF AGE, AND 50 PERCENT OF WHICH IS UNDER 15. IN A COUNTRY WHICH HAS BEEN RIVEN BY A CIVIL WAR OVER LACK OF ACCESS TO LAND FOR ITS CURRENT POPULATION, THE IMPLICATIONS OF UNCHECKED POPULATION GROWTH ON LAND TENURE STRUGGLES IN THE FUTURE, EVEN ASSUMING THAT A PEACE AGREEMENT IS REACHED THIS YEAR, POSE A SERIOUS THREAT TO GUATEMALA'S ABILITY TO ESTABLISH EQUITABLE AND SUSTAINABLE ECONOMIC DEVELOPMENT. THE POTENTIAL FOR ONGOING POLITICAL AND ECONOMIC STABILITY IN GUATEMALA HAS SERIOUS IMPLICATIONS FOR OUR EFFORTS TO ESTABLISH A HEMISPHERIC TRADE SYSTEM AND FOR OUR EFFORTS TO REDUCE ILLEGAL IMMIGRATION TO THE UNITED STATES.

ALTHOUGH MANY SOCIAL AND ECONOMIC FACTORS AFFECT FAMILY SIZE, ORGANIZED, ACCESSIBLE AND AFFORDABLE FAMILY PLANNING PROGRAMS HAVE THE MOST RAPID AND

STRONGEST EFFECT ON BIRTH RATES BECAUSE THEY ENABLE WOMEN AND THEIR FAMILIES TO CONTROL THE TIMING AND NUMBER OF THEIR CHILDREN.

AFTER MORE THAN 25 YEARS OF EXPERIENCE AND RESEARCH, THE ACTIONS NEEDED TO BRING ABOUT A RAPID DECLINE IN BIRTH RATES ARE WELL DOCUMENTED. PRIMARILY, THE ABILITY TO EXERCISE REPRODUCTIVE CHOICE MUST BE EXPANDED, THROUGH THE BROADER DISSEMINATION AND CHOICE OF FAMILY PLANNING SERVICES WHICH INVOLVE THE COMMUNITY, ESPECIALLY WOMEN, AND WHICH MEET THE NEEDS AND VALUES OF THOSE WHO USE THEM.

EARLIER THIS MONTH, CONGRESSMAN TONY BEILENSEN AND I, JOINED BY THE CHAIRMAN AND SENATOR BINGAMAN, INTRODUCED THE INTERNATIONAL POPULATION STABILIZATION AND REPRODUCTIVE HEALTH ACT. THE BILL WILL ESTABLISH ACCESSIBILITY TO FAMILY PLANNING SERVICES AND INFORMATION AS A PRINCIPLE OBJECTIVE OF U.S. FOREIGN POLICY. OF CRITICAL IMPORTANCE IS THE BILL'S EMPHASIS ON IMPROVING THE HEALTH, SOCIAL, AND ECONOMIC STATUS OF WOMEN AS ESSENTIAL FOR ANY COUNTRY'S ECONOMIC PROGRESS. THE LEGISLATION ALSO TAKES INTO ACCOUNT THAT WOMEN WHO PARTICIPATE IN THE SOCIAL, ECONOMIC, AND POLITICAL AFFAIRS OF THEIR COMMUNITIES ARE MORE LIKELY TO EXERCISE THEIR CHOICES ABOUT CHILDBEARING THAN THOSE WHO DO NOT.

THE INTERNATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ACT MAKES THE POINT THAT COMPREHENSIVE POPULATION EFFORTS WHICH INCLUDE BOTH FAMILY PLANNING SERVICES AND ECONOMIC DEVELOPMENT ACTIVITIES ACHIEVE LOWER BIRTH RATES AND STIMULATE MORE DEVELOPMENT THAN THOSE WHICH PURSUE THESE OBJECTIVE INDEPENDENTLY. IT HIGHLIGHTS ISSUES SUCH AS EDUCATION AND LITERACY, INFANT AND CHILD SURVIVAL, AND GENDER EQUALITY AS THE MOST POWERFUL LONG-TERM INFLUENCE IN REDUCING BIRTH RATES, AND AUTHORIZES FUNDING FOR SUPPORT OF BASIC HEALTH, NUTRITION, AND EDUCATION SERVICES FOR CHILDREN AND WOMEN.

THE LEGISLATION REPRESENTS A COMPROMISE AMONG A NUMBER OF INTERESTED PARTIES, INCLUDING POPULATION, WOMEN'S HEALTH, AND ENVIRONMENTAL GROUPS, AS WELL AS DEMOCRATIC AND REPUBLICAN LEGISLATORS. THE BILL REPRESENTS A HUGE

STEP FORWARD FROM THE POLICIES AND ATTITUDES OF THE 1980S AND WILL HELP TO RESTORE U.S. LEADERSHIP ON THIS VITALLY IMPORTANT ISSUE.

MR. CHAIRMAN, I KNOW THAT YOU AND MANY MEMBERS OF THE COMMITTEE HAVE A DEEP UNDERSTANDING OF THE IMPORTANCE OF POPULATION STABILIZATION AND SUSTAINABLE DEVELOPMENT. BUT WE FACE A CHALLENGE ON MY SIDE OF THE CAPITOL IN EDUCATING MORE THAN 80 NEW MEMBERS, IN ADDITION TO A SIMILAR NUMBER FROM THE 103RD CONGRESS, WHO HAVE NOT DEALT WITH THIS ISSUE BEFORE AND WHO ARE COMMITTED TO SLASHING FOREIGN AID AND PERCEIVED ABORTION FUNDING. WE NEED TO MAKE THE DISTINCTION BETWEEN ABORTION FUNDING AND FAMILY PLANNING FUNDING, AND WE SHOULD ALSO BE EXAMINING PROGRAMS OURSELVES TO SEE WHAT MORE CAN BE DONE TO FURTHER ASSURE THAT THERE IS NO LINK BETWEEN THE TWO. WE ALSO NEED TO BE ABLE TO RESPOND TO CONSTITUENTS AND MEMBERS OF CONGRESS WHO NOTE, FOR EXAMPLE, THAT IF INDIA CAN AFFORD TO PURSUE A NUCLEAR WEAPONS CAPABILITY, IT SHOULD BE ABLE TO FUND ITS OWN FAMILY PLANNING PROGRAMS. I AM HOPEFUL THAT A CONCERTED EDUCATION EFFORT, ALONG WITH GREATER CONSTITUENT AND GRASS ROOTS ACTIVITY, CAN HELP TO ADDRESS THE LOSSES WHICH WE INCURRED ON POPULATION POLICY IN THE HOUSE FOREIGN AID BILL.

THANK YOU AGAIN, MR. CHAIRMAN, FOR THE OPPORTUNITY TO APPEAR BEFORE YOU TODAY. I LOOK FORWARD TO HEARING THE COMMENTS OF THE OTHER PANELISTS, AND I WOULD BE GLAD TO RESPOND TO ANY QUESTIONS WHICH YOU OR MEMBERS OF THE COMMITTEE MAY HAVE.



**TESTIMONY ON
THE INTERNATIONAL POPULATION STABILIZATION
AND REPRODUCTIVE HEALTH ACT (S. 1029)**

**SHELDON RICHMAN
SENIOR EDITOR, CATO INSTITUTE
JULY 20, 1995**

**SENATE COMMITTEE ON FINANCE
SUBCOMMITTEE ON SOCIAL SECURITY AND FAMILY POLICY**

SUMMARY

1. There is no population problem. Population growth is the result of the plunging death rate and increasing life expectancy worldwide. That is progress.

2. The growth in human population has been more than met by increases in the production of food and other resources, including energy. Famine in the 20th century is a political rather than an ecological phenomenon. We are not running out of resources, and real prices of raw materials are lower than ever before. Only the price of labor consistently rises. Population growth and economic growth are compatible: Between 1776 and 1975, while the world's population increased sixfold, real gross world product rose about 80-fold. People are net resource producers.

3. Countries are not poor because their populations are growing. The England, United States, Hong Kong, and others became rich during unprecedented growth in population. The most densely populated nations are among the richest. What the poor nations suffer from is not too much population but too much government. If the developing world evolves into a liberal market order, it will find that it can have both reproductive freedom and prosperity. People are not problems; they're problem solvers.

4. While economic progress and the freedom of women in the developing world are worthy objectives, S. 1029 is ill-conceived. First, the powers authorized in the Act are beyond those granted Congress in Article 1, Section 8, of

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the U.S. Constitution. Second, U.S. foreign aid increases the power of recipient governments, politicizes society, and retards progress, which is why its record is so poor. The United States can help developing countries by opening its market to their products. Trade modernizes society.

5. Government involvement in the intimate matter of reproduction is especially dangerous, as the documented horrors of such programs in China, India, and elsewhere demonstrate. A prohibition on U.S. funds to compulsory programs is meaningless because money is fungible. Tributes to reproductive freedom are cheap. If freedom conflicts with official population targets, which objective will be jettisoned?

6. Private enterprise is capable of providing Western contraceptives to those in the developing world who want them. American taxpayers should not be compelled to subsidize contraception. Moreover, research indicates that what primarily determines the fertility rate is not the availability of contraception but the wishes of couples. The ultimate issue is, who will have the power to make decisions about reproduction, those couples or the state?

7. Believers in overpopulation should ask themselves this question: What evidence would persuade you that there is no population problem?

A central tenet of our time (and times before us) is that there are too many people in the world. One cannot go through a week of watching television, listening to radio talk shows, or reading newspapers and magazines without seeing mournful references to overpopulation. Everyone "knows" that the world has too many people. But as somebody once said, it's not what we don't know that hurts us. It's what we know that isn't so. Overpopulation isn't so, and the measures designed to address it will hurt.

Let's go back to the beginning. How many people are too many? We know that five and a half billion people walk the earth today. But that number by itself says nothing. Maybe it is too few. How can we tell?

Over What?

The prefix "over" implies a standard. For example, "overweight" implies a standard linked to height. By what standard is the earth overpopulated? Certainly not living space. The world's population could fit into Jacksonville, Florida, with

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everyone having standing room. Dense cities are often surrounded by nearly empty countrysides. For overpopulation to be real, there must be conditions that are undesirable and unmistakably caused by the presence of a certain number of people. If such indications cannot be found, we are entitled to dismiss the claim of overpopulation.

In arguing their case, the believers in overpopulation make vague, tautological references to a standard known as "carrying capacity" colorfully illustrated with stories about gazelle herds and bacteria (anything but human beings). When the verbiage is cleared away, what are adduced as the symptoms of overpopulation? Famine, deepening poverty, disease, environmental degradation, and resource depletion. Yet on no count does the evidence support the anti-population lobby's case. On the contrary, the long-term trend for each factor is positive and points to an even better future.

The television pictures of starving, emaciated Africans are heartbreaking, but they are not evidence of overpopulation. Since 1985 we have witnessed famine in Ethiopia, Sudan, and Somalia. Those nations have one thing in common: they are among the least densely populated areas on earth. Although their populations are growing, the people there are not hungry because the world can't produce enough food. They are hungry because civil war keeps food from getting to them. Moreover, the very sparseness of their populations makes them vulnerable to famine because there are insufficient people to support sophisticated roads and transportation systems that would facilitate the movement of food.

In the 20th century there has been no famine that has not been caused by civil war, irrational economic policies, or political retribution. Not one. Moreover, the number of people affected by famine compared to that in the late 19th century has fallen--not just as a percentage of the world's population but in absolute numbers.

Food Supply

Food is abundant. Since 1948, according to the UN Food and Agriculture Organization and the U.S. Department of Agriculture, annual world food production has outpaced the increase in population. Today, per capita production and per-acre yields are at all-time highs. Prices of agricultural products have been falling for over 100 years. The average inflation-adjusted price of those products, indexed to wages, fell by more than 74 percent between 1950 and 1990. While Lester Brown of the Worldwatch Institute and the noted butterfly expert Paul Ehrlich predict higher food prices and increasing scarcity, food is becoming

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cheaper and more plentiful. That good news is due largely to technological advances (the "green revolution") that have provided better seeds, fertilizers, pesticides, and methods of farming. The only obstacles to agricultural progress are the impediments created by governments. Imagine what the world would be like today if the fertile farmland of the former Soviet Union or China or India had been in productive private hands operating in free markets for the past several decades. Since permitting market incentives in agriculture, India has become a net food exporter and agricultural production in China has boomed.

Catastrophists argue that the bright past does not imply a bright future; they arbitrarily assert that mankind has crossed some fateful threshold. But the earth is capable of feeding many more people than are now alive. The late Roger Revelle of Harvard University (whom Gore claims as a mentor) estimated that Africa, Asia, and Latin America alone, simply by using water more efficiently, could feed 35 to 40 billion people--seven to eight times the current world population. And that assumes no change in technology--a groundless assumption, to be sure.

Those who annually predict imminent famine (while urging readers to subscribe to next year's publications) seize on any change as evidence that man's alleged strain on the biosphere is finally beginning to show. Thus, if the price of seafood rises, they announce that the seas are nearing exhaustion. They never consider the myriad other possibilities, such as the shift in diet from meat to fish, the decline of the Russian fishing industry during the dissolution of the Soviet Union, or the "tragedy of the commons" associated with the lack of property rights in the oceans and lakes.

The most telling indication of the trend in food production is the presence of a farm lobby in every industrial capital. Those lobbies spend millions of dollars a year to persuade their governments to hold food prices up and food supplies down. They apparently don't expect help from nature.

Plunging Death Rate

The catastrophists' claim that the population explosion causes famine, poverty, disease, and environmental degradation founders on a single undeniable fact: the global plunge in the death rate. All over the world, people are living longer. More babies survive infancy than ever before, and more people are reaching old age. That cannot be squared with the assertion that living standards are falling, that food production is declining, and that the air and water are more dangerous to human life. "Human comfort," wrote John Rickman, a contemporary chronicler of

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the Industrial Revolution, "is to be estimated by human health, and that by the length of human life."

It should be unnecessary to emphasize the increase in longevity: without it there would be no population explosion for the catastrophists to complain of. The increase in the number of human beings has not occurred because women are having more children than before. The increase is chiefly the result of the falling mortality rate, which economist Julian Simon calls "man's triumph over death." It should be the occasion for celebration, but the catastrophists prefer sackcloth.

In the period 1950-55, there were 159 infant deaths per 1,000 live births in the developing world. By 1980-85, the number plunged by over 42 percent--to 92. In East Asia, infant mortality dropped 71 percent. In South America, the drop averaged 52 percent. Even in Africa, the world's laggard, infant mortality dropped 38 percent. In the industrialized world, the rate fell more than 69 percent.

The increase in life expectancy at birth has been equally dramatic. Between 1950-55 and 1980-85, the average increase worldwide was 13 years, up 29 percent. In the industrialized world, life expectancy went from 65 years to 73 years. But the biggest news was in the developing world, where the increase went from 41 to over 56--a 38 percent increase. The most dramatic increases were in East Asia, where more than 25 years were added to peoples' lives (for a total of 68 years), a 60 percent gain. In South America there was an average gain of almost 11 years, and in Africa the gain was over 12 years. "The increase in average life expectancy during the twentieth century," the late David Osterfeld wrote in Progress versus Planning: How Government Stifles Economic Growth, "equals or exceeds the gains made in all the preceding centuries combined." In A Moment on the Earth, Gregg Easterbrook points out that "it cannot be noted too often that the spectacular worldwide increase in human lifespans has come during the very period when global use of synthetic chemicals, fossil fuels, high-yield agriculture, and radioactive substances has increased exponentially--a fantastic flowering of life coincident with the very influences doomsday orthodoxy depicts as antithetical to life."

Falling Fertility Rate

Over that same period, the total fertility rate (the average number of children born per woman) fell everywhere. Worldwide, the rate fell from 5 to 3.6. (The rate that produces population stability, or replacement, is 2.1.) The developing world's rate dropped from 6.2 to 4.1--more than halfway to the replacement

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rate. East Asia went from 5.5 to 2.3, South America from 4.9 to 3.6. The laggard, again, is Africa, where the rate fell from 6.5 to only 6.4.

Thus, the world's population has been heading toward stabilization for 30 years. The population controllers will credit that to their efforts (while complaining that not enough is being done). But there is a simpler explanation: as economies develop and people become better off materially, they have fewer children. That phenomenon, known as the demographic transition, is well established in demography. It explains what happened in the West, where today the fertility rate is 2.0 or lower--below replacement rate. The demographic transition makes perfect sense. In preindustrial, agricultural economies, children provide farm labor and social security (sons care for their elderly parents); children are wealth. In a developed economy, parents invest resources (for education and the like) in their children; they are an expense. As societies become Westernized, and as modern consumer goods and services become available, people find sources of satisfaction other than children. So they have fewer kids. A falling infant-mortality rate also reduces a society's fertility rate.

Thus, a low fertility rate, writes Peter Bauer, is an effect, not a cause, of development. Arguments for population control programs in the developing world, which shift child-bearing decisions from couples to the state, are wrong. Those programs are also an affront to human dignity, privacy, and liberty, whether they compel women to have abortions and to be sterilized (as they do in China) or "merely" deprive people of income and vital services because they want more children than the government wishes.

No Obstacle to Development

The catastrophists' cliché that a growing population is an obstacle to development is especially barren. Studies show a strong correlation between affluence and longevity; as the late Aaron Wildavsky liked to say, wealthier is healthier. The lengthening life expectancy in the developing world is evidence that population growth cannot be increasing poverty.

History makes the same point. The West grew rich precisely when its population was increasing at an unprecedented rate. Between 1776 and 1975, while the world's population increased sixfold, real gross world product rose about 80-fold.

In our own century we have seen a replay of the Industrial Revolution. After World War II the population of Hong Kong grew

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more quickly than that of 19th-century England or 20th-century India--at the same time that resource-poor island-colony was growing rich.

The increases in population and wealth have not been merely coincidental. They are causes and effects of each other. Today, with few exceptions, the most densely populated countries are the richest. Any mystery in that is dispelled by the realization that people are the source of ideas. The addition of people geometrically increases the potential for combining ideas into newer, better ideas. As the Nobel laureate and economist Simon Kuznets wrote, "More population means more creators and producers, both of goods along established production patterns and of new knowledge and inventions." A growing population also allows for a more elaborate division of labor, which raises incomes. Those who wish to stifle population growth would condemn hundreds of millions of people in the developing world to the abject deprivation that characterized the West before the Industrial Revolution.

The initially plausible claim that more people deplete resources faster has no more foundation than the catastrophists' other arguments. Price is the best indication of relative scarcity. For centuries, resources of every kind, including energy, have been getting cheaper. In 1990 energy on average was 46 percent cheaper than it was in 1950; minerals were 48 percent cheaper, lumber 41 percent cheaper, food 74 percent cheaper. As Carroll Ann Hodges, of the U.S. Geological Survey, wrote in the June 2, 1995, issue of Science (pp. 1305-1312), "Yet, despite the specter of scarcity that has prevailed throughout much of this century, no sustained mineral shortages have occurred. . . . Minerals essential to industrial economies are not now in short supply, nor are they likely to be for the next several generations." (The only thing getting more expensive is labor, an indication of the scarcity of people.) Technology enables us to find more resources and to use them more efficiently. Doubling the efficiency of our use of oil would be equivalent to doubling the available supply of oil. Natural resources, in other words, do not exist in fixed supplies.

Resources: Natural or Manmade?

Actually, natural resources do not exist at all. All resources are manmade. Something is not a resource until it can accomplish a human purpose. Before Benjamin Silliman, Jr., a Yale University chemist, discovered in 1855 that kerosene (a better illuminant than whale oil) could be distilled from crude oil, oil was not a resource. It was black gunk that ruined farmland and had to be removed at great expense. Silliman turned oil into a resource not by changing its chemical composition but

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by making a discovery. Nature does not provide resources, only materials. A resource is a material that has been stamped with a human purpose.

The latest evidence of that truth is the information revolution that swirls around us. That revolution is made possible by silicon computer chips and threads of glass (fiber-optic cables). Both are made from sand--one of the most abundant substances on the planet. Thanks to human ingenuity, a common substance that was merely part of the landscape has become a tool of revolutionary human advancement. People don't deplete resources. They create them.

Institutions Count

Nothing written here implies that population growth does not bring problems. Quite the contrary; but as Julian Simon says, it also brings problem solvers who apply their intelligence, discover and invent solutions, and--here is the key--leave human society better off than it was before the problems arose. Doubtters need only study the quality of life on the pre-Columbian North American continent, when several million Indians barely scratched out their subsistence amid the same "natural resources" that today enrich the lives of billions of people worldwide.

A caveat: human advancement is not automatic and cannot withstand complacency. It has a precondition without which all that is written here may be ignored. That precondition is liberty, specifically, the individual's right to think, to produce, to trade, and to profit from his achievements. In institutional terms, liberty consists in free markets, the rule of law protecting property and contracts, and strict limits on government power. Civilization's successes have another thing in common in addition to growing populations: capitalism.

S. 1029: Unconstitutional and Unnecessary

The foregoing evidence indicates that S. 1029, like the proposals of the UN's International Conference on Population and Development at Cairo, is a bad solution in search of a problem. First, the powers that would be authorized under the act exceed the powers granted Congress in Article 1, Section 8, of the U.S. Constitution. Second, the population is not in need of stabilization by government intervention. As the world becomes richer and more Westernized, the fertility rate falls on its own. The growth in human numbers is accounted for by the plunging death rate--a universal sign of progress. There is no population problem to be solved.

The Act's objective of forcing American taxpayers to finance family planning, health, and education programs in the developing

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world is ill-considered. The record of government-to-government transfers is dismal for a simple reason. Providing cash to central governments puts off the day when those governments grasp the necessity of relinquishing power and letting the liberal market order--complete with women's rights--flourish. Foreign aid intensifies the politicization of society. When the state is the primary cash cow in society, people will expend effort to curry favor with rulers rather than set their minds to economically productive activities. The whole society suffers as a result. If we really want to help the developing nations, we can do so merely by opening our markets to them.

Government programs in the area of reproduction are particularly fraught with danger. By now the horrendous cases of China, India, Bangladesh, and other nations that carry out population control by force should have taught us that the state has no place in this most personal area of life. We should not be reassured by the Act's prohibition on the use of U.S. funds for coercive programs. Money is fungible. Any dollar furnished to a voluntary program frees up a dollar for compulsory one. Moreover, research shows that people in the developing world are already familiar with and have access to Western contraceptive devices. That they don't use Western contraceptives as much as some Americans would like does not mean they are deprived of them. A World Bank study found that what mainly determines the fertility rates of developing countries is not the availability of modern contraceptives but rather the wishes of couples. All manner of Western products are available in the Third World, including infant formula. If people want modern contraceptives, private enterprise will (and does) provide it. Don't force the American taxpayers to provide subsidies.

It must also be pointed out that government-sponsored reproductive health clinics are ethically dubious endeavors. An agency cannot have two masters. If the clinic is funded by government, it is not truly the agent of the women who use it. The government and the women may not have the same interests. A woman might want another child, but state officials may be more interested in carrying out government population objectives. Who should prevail? Government clinics and education programs are likely to be used to further an antinatalist agenda, which sees population growth as harmful. In terms of the bigger picture, what if women's freedom, which the Act supports, and the UN's population targets are inconsistent? Which will be set aside, the targets or freedom?

Of course, most people wish to see economic progress in the developing world. But the truth is that U.S. government money cannot produce it. The only things that can are the diminution

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of government power in those countries, the rule of law, and the expansion of the private, productive sector of society--in a word, capitalism.

REFERENCES

Ronald Bailey, ed. The True State of the Planet. New York: The Free Press, 1995.

P. T. Bauer. "The Population Explosion: Myths and Realities," in Equality, the Third World, and Economic Delusion. Cambridge, Mass.: Harvard University Press, 1981.

Jacqueline Kasun. The War against Population: The Economics and Ideology of Population Control. San Francisco: Ignatius Press, 1988.

David Osterfeld. Prosperity versus Planning: How Government Stifles Economic Growth. New York: Oxford University Press, 1992.

Lant H. Pritchett and Lawrence H. Summers. "Desired Fertility and the Impact on Population Policies." Policy Research Working Paper 1273. The World Bank, Office of the Vice President, Development Economics, March 1994.

Sheldon Richman. "Population Means Progress, Not Poverty." Washington Post, Sept. 1, 1993.

_____. "Cairo's Faulty Assumption." The Christian Science Monitor, September 23, 1994.

Julian L. Simon. The Ultimate Resource. Princeton, N.J.: Princeton University Press, 1981.

_____. Population Matters. New Brunswick, N.J.: Transaction Publishers, 1986.

SENATOR ALAN K. SIMPSON
HEARING ON INTERNATIONAL POPULATION STABILIZATION
SUBCOMMITTEE ON SOCIAL SECURITY AND FAMILY POLICY
JULY 20, 1995

Good Morning. I want to welcome all of you to this subcommittee hearing on international population assistance programs. I want to especially thank Senator Jeff Bingaman for joining me this morning on this very vital issue for our country and the world. He shares the same concerns and commitment to this crucial issue as I do. As all of you may be aware, last week, Senator Bingaman and I introduced our "International Population Stabilization and Reproductive Health Act" -- S. 1029. This legislation expands upon our original bill that was introduced in the 103rd Congress. We wanted to introduce a current version that reflects the "Programme of Action" document adopted by acclamation by 180 nation states in September of 1994 at the International Conference on Population and Development.

At the Cairo Conference, the United States was seen as the world's leader on population and development assistance. I was a congressional delegate at the Conference and I came away very much impressed with the leadership and direction displayed by Vice President Gore and the assistance given him by now Under Secretary of State, former Senator Tim Wirth in guiding the Conference and its delegates in developing a consensus document on a broad-range of short- and long-term goals concerning maternal and child health care, strengthening family planning programs, adolescent programs including health education programs and service programs to prevent teen pregnancy, the promotion of educational opportunities for girls and women, and improving the status and rights of women across the world.

- The United States surely does not want to lose our moral leadership role and relinquish any momentum by abandoning or severely weakening our financial commitment to population and development assistance. We need to continue our global efforts to achieve responsible and sustainable population levels, and to back up that leadership with specific commitments to population planning activities.

- Of all of the challenges facing us in this country and around the world, none compares to that of increasing population growth. All of our efforts to protect the environment and to promote economic development around the world are compromised by the staggering rate of growth in our world's population. There are currently 5.7 billion people on the Earth. In 1950, there were only 2.5 billion. According to United Nations projections, annual population increments are likely to remain above 86 million until the year 2015. Projections for 2015 range from 7.1 billion to 7.83 billion, and for 2050 from 7.9 billion to 11.9 billion. The actual totals reached will largely be determined by the success in promoting the goals of the Cairo Conference during the remainder of this decade.

Despite some progress in reducing fertility rates, birthrates in developing countries are declining too slowly to prevent a cataclysmic near tripling of the human race before stabilization can occur. The real issue here is that we spend an inordinate amount time talking about things like methane gas in cows and how much propellant is contained in a shaving cream can and how they will destroy the earth's atmosphere --- While the

real issue facing us is -- how many footprints will fit on the face of the earth and how will we sustain a huge population of many billions of people without thoroughly trashing the environment?

- Our legislation focuses on a coordinated strategy that will help achieve world population stabilization, encourage global economic development and self-determination, and improve the health and well-being of women and their children. Fundamental to this legislation is a recognition of the fact that worldwide efforts to alleviate poverty, stabilize population, and secure the environment have been undermined by a lack of attention to women's reproductive health and the role of women in the economic development of their families, their communities, and their countries.

- Global and U.S. expenditure targets are set for overall population assistance and for specific programs that will: 1) Help achieve universal access to culturally-competent family planning services and reproductive health care; 2) Expand programs for treatment and prevention of HIV-AIDS and other sexually transmitted diseases; 3) Close the gender gap in literacy and primary and secondary education; and 4) Increase economic opportunities for women so that they can realize their full productivity potential.

- Other initiatives authorized under this legislation will help reduce global maternal and infant mortality rates and improve the overall health status of women and their children by addressing problems such as unsafe abortions, harmful practices such as female genital mutilation, along with malnutrition, low immunization rates, and the spread of contagious diseases.

- There is a real need throughout much of the developing world for access to family planning services, and to comprehensive health care services. According to this year's United Nations, "State of World Population" report, one-third of the illness among women in developing countries -- aged 15-44 -- is related to pregnancy, childbirth, abortion, HIV, and reproductive tract infections. Unsafe abortion is a major threat to the health of women in developing countries. Worldwide, it is estimated that women have more than 40 million abortions each year. Between 26 and 31 million are performed legally, and some 20 million are performed under unsafe conditions, accounting for 67,000 deaths. Approximately half of the abortions performed -- are under unsafe conditions.

I want to reiterate again -- This legislation is **NOT** about abortion. I have been here a long time and every time we bring up the issue of stabilizing the Earth's population, somebody throws in the issue of abortion. That is not what this is all about!

Women in these countries are desperately seeking ways to take control of their reproductive lives and cannot do so because there is a severe lack of access to such high quality, affordable services. Worldwide, estimates are that more than 350 couples want to space or prevent another pregnancy but lack the access to the full range of modern family planning methods. An estimated

120 million women would practice family planning if a modern method were available, affordable and acceptable to their partners, families and communities.

In addition, any comprehensive family planning initiative must include access to primary health care with an emphasis on child survival to reduce infant mortality. In many developing countries, parents have a perception that many of their children will not survive beyond their first birthdays. If these parent's fears are allayed, they will not feel much pressure to have more children than they actually desire in order to insure against the possible loss of one or more of their children before adulthood.

Finally, in societies that deny women equal rights, women are also denied an equal say in family planning, pregnancy, and child-raising. Since women bear the primary burden of pregnancy and child-rearing, it is reasonable to believe that if given a fuller choice, some women might choose to delay or avoid future pregnancies. In this way, promoting educational opportunities for women and improving the status and rights of women could lead to a reduction in fertility.

- These are all the reasons why we are here today. It is our aim to call attention to global population stabilization, to give it focus, and to make it a vital part of U.S. foreign aid and development assistance programs. We need to begin to make much-needed policy changes in international population stabilization, and the United States needs to take this lead to ensure that these new policy developments are recognized worldwide. This one is long overdue.

Now, I would like to turn to my colleague, Senator Bingaman and then after his remarks, we will hear from our good friends and colleagues from the House, Representatives Connie Morella and Tony Beilenson who are the co-chairs of the House Population Caucus. They are also the House co-sponsors of our population stabilization legislation. They are wonderful people to work with. I would like to thank them for coming today and welcome their remarks.

**Mercedes Arzu Wilson, Ph.D.
President
Family of the Americas**

INTRODUCTION

What right does the U.S. Government have to impose population control policies on constitutional governments? If the U.S. truly believes in freedom and democracy, how can it impinge upon the rights of sovereign nations? S. 1029 is a flagrant violation of basic democratic principles. It will create a draconian bureaucracy full of failed programs. It is dangerous to women and children.

FINDINGS

P. 2, Lines 14-24

(1) Throughout much of the developing world, the inability of women and couples to exercise choice over childbearing undermines the role of women in economic development, contributes to death and suffering among women and their children, puts pressure on the environment and the natural resources on which many poor families depend for their survival, and in other ways vitiates the efforts of families to lift themselves out of the poverty in which more than one billion of the world's 5.7 billion people live.

The unsubstantiated rhetoric used in this subsection is similar to that used by radical population control organizations such as Planned Parenthood. It includes gravely erroneous assumptions upon which this legislation rests.

The subsection refers to "choice"--the magic word intended to make everyone bow down and come to quick agreement. After all, only radical extremists could oppose "choice." Yet choice is not what the peoples of lesser developed countries require. They do not *need* it. They don't even *want* it. They are seeking assistance that will feed and clothe their citizens, not limit their numbers.

How is it that a lack of choice over childbearing "undermines the role of women in economic development?" Children are not the problem. The suffering endured by women of lesser developed countries is not in giving birth. Governments of the world's wealthiest countries need to offer positive solutions to the problems facing women, not intervene in the creation of life. Throwing a woman a pill or giving a man a condom does nothing about poverty, alcoholism, disenfranchisement, and so on. Such policies allow the Western World to escape its responsibility to help find *real* solutions to the problems facing women of the Third World.

The ideological imbalance in this legislation is evident in the various sections that defend women's right to "health." No emphasis is given to the widespread incidence of tropical diseases. For example, the World Health Organization estimates there were four million cases of HIV infection in 1994. The same organization estimates that the cases of tropical diseases during the same period hovered between 650 and 850 million cases.

How is it that a lack of choice over childbearing "contributes to death and suffering among women and their children?" Childbirth is neither an unnatural nor rare occurrence. The delivery of basic human necessities is the real problem that needs to be addressed, not ignored or put aside with the expectation that birth control technology is the key to solving all of the world's problems. Women and children die because women are too malnourished to give birth. Let's give them food. Women and children die because of inferior medical care. Let's give them medicine and knowledge. Women and children suffer because there is not enough food to go around. Let's give them food and information. We need long-term solutions that are pro-child, pro-woman and pro-family.

How is it that a lack of choice over childbearing "puts pressure on the environment and the natural resources on which many poor families depend for their survival?" Is it not possible for people to live in harmony with the environment rather than pitting people against the environment? The U.S. Government and its rich allies need to provide agricultural, land management and preservation assistance and technology, not abridge the right of women to have children. Let's not blame the birth of children for these adult-created problems. Rather, let's find real and long-term solutions.

How is it that a lack of choice over childbearing "vitiates the efforts of families to lift themselves out of the [sic] poverty?" As noted above, childbearing is not the problem. We must not rely on the elimination of children to "solve" these problems?

It should not go unmentioned that the industrial countries of the world are by far the biggest polluters and destroyers of natural resources. Maybe we seek to control those people who are not the problem?

P. 3, Lines 1-5

(2) Through 2015, the world's population will continue to grow, with annual population increments predicted to be above 86 million. This will lead to a tripling of the world's population before stabilization can occur.

Even if these estimates prove to be accurate and assuming the planet cannot sustain such life (a matter upon which reasonable and learned people disagree), the question becomes one of how we should deal with the potential problem. Why do women of the Third World have large families? ("Social security" is one reason.) Why is the population growth rate of wealthy countries so much lower than that of poor countries? Certainly not because of "choice over childbearing." Industrialization and good medical technology are critical parts of the equation.

Nations of the Third World must produce a birth rate of 2.8-3.0 percent in order to have zero population growth (due to the high death rate which is largely due to inadequate health care). Nations of the First World must have a birth rate of 2.2 percent in order to have zero population growth. With the inordinate difference in food consumption alone between these Worlds, one can recognize that the problem goes far beyond the birth of children. Rather, it involves creating a world wherein children who are born are protected and have a decent chance of survival. We need to provide medical care that is close to their homes, not condoms and birth control pills.

P. 3, Lines 6-9

(3) As the population within individual countries grows, cities grow rapidly, movement in and between countries increases, and regional distributions of population become unbalanced.

Is this not an issue facing First World countries? The statement is made as an argument for population control. Yet no harm is specified.

P. 3, Lines 10-14

(4) After more than a quarter century of experience and research, a global consensus is emerging on the need for increased international cooperation in regard to population in the context of sustainable development.

This so-called consensus is among those of the same philosophical bent. It also comes out of pressure used by the wealthy nations of the world against the poor. For the most part, poor nations want neither the U.S. Government nor its U.N. brother to tell them how to control their populations. It is a matter of the First World telling the Third World how to think. Those who disagree can be punished by being refused international assistance that is truly helpful and needed.

P. 3, Lines 15-20

(5) To act effectively on this consensus, the ability to exercise reproductive choice should be expanded through broader dissemination of fertility regulation services that involve women, couples, and the community and which meet individual, family, and community needs and values.

Keeping in mind the narrow nature of this "consensus," it is presumptuous to say "reproductive choice" (a buzz-word which includes abortion-on-demand) is sought by all countries of the world. Most countries proscribe abortion to at least some extent. In many cases, this ban is constitutionally based. If "community needs and values" are truly to be considered, abortion would be outlawed in most parts of the world. In addition, this rhetoric is self-serving for those organizations which provide such "care."

P. 3, Line 21-P. 4, Line 4

(6) Although a number of barriers to family planning remain, in many countries a large and growing unmet desire exists for fertility regulation among women and men who are too poor to pay the full cost of services or for whom services are otherwise inaccessible. Worldwide, estimates are that more than 350 million couples want to space or prevent another pregnancy, but lack access to family planning methods.

This so-called "large and growing unmet desire" is actually artificially created by organizations with a radical population control (by any method and at any cost) agenda. There is no better method for keeping your organization afloat than by manufacturing a need and selling a product/philosophy. Once governments

are tied into this mentality, more and more taxpayer dollars can be generated. The demand for funds only increases while the "problems" they claim to address get progressively worse.

Such a statement undermines national laws created by sovereign governments. The U.S. and its rich allies need to stop imposing their valueless philosophy on the poor. Despite the "estimates" that many couples want to space or prevent pregnancy (likely a Planned Parenthood estimate), it is clear that those methods advocated by this legislation is being overwhelmingly rejected.

P. 4, Lines 5-10

(7) Millions of women, most of them mothers, are killed or injured each year as a result of unsafe abortions. The availability of safe and effective fertility regulation methods and services and increased access to quality reproductive health care can help prevent many of these tragedies.

The problem is not abortions done under unsafe conditions. The problem is abortion itself. The absolute best way to prevent such tragedies is to outlaw abortion and educate women about the dangers of illegal abortion. With organizations such as Planned Parenthood and the National Organization for Women claiming that if abortion is outlawed they would facilitate illegal abortions, no wonder women fear the unknown.

The birth control philosophy is directly tied to the abortion industry in that abortion becomes an acceptable means of birth control when contraceptives fail. Conventional means of birth control have unacceptable failure rates and the attitude taught is that such devices entitle a person to be without child.

P. 4, Lines 11-18

(8) In addition to the personal toll on families, the impact of human population growth and widespread poverty is evident in mounting signs of stress on the world's environment, particularly in tropical deforestation, erosion of arable land and watersheds, extinction of plant and animal species, global climate change, waste management, and air and water pollution.

Once again, unborn children are pitted against the environment. Let's do all we can to protect the environment without taking it out on our children.

P. 4, Lines 19-22

(9) Traditionally, United States population assistance has not focused on achieving specific goals with respect to international population stabilization or the expansion of reproductive choice.

Not only does this ignore the will of the House of Representatives by tying birth control with abortion, the tradition is one practice that has failed and should not be reversed, particularly if it will mean the introduction of his philosophy. The U.S. Government needs to pursue successful alternatives to the traditional condom-pill-abortion mentality. Women and children need life-affirming and life-saving solutions to their problems. Natural Family Planning, with its high effectiveness rate, is one such solution.

POLICY

There are countless problems with the policy initiated by S. 1029. These include:

1. Other than Natural Family Planning, there is no such thing as a "safe and effective" fertility regulation method. Every method has a failure rate and most have side effects associated with their use. (p. 5, lines 21-22)

2. The plan to use the mass media and other means of public indoctrination is appalling. It is intended to convince every person throughout the world to buy into the radical population control agenda. Those who disagree are portrayed as ignorant and just plain wrong. Those who agree are portrayed as enlightened people who care about the world in which they live. Nothing could be further from the truth and such campaigns of distortion and misinformation cannot be tolerated. The legislation even mandates "social and behavioral research" in order to indoctrinate people so they might change their practices. (p. 6, lines 6-7/p. 7, lines 8-9)

3. Biomedical research is not necessary for the development of a safe and effective method of contraception. The Ovulation Method of Natural Family Planning has a success rate of 98-99%. Except for abortion, this is higher than any artificial (manmade) form of birth control. The Ovulation Method also meets the criteria listed later in the bill. (p. 6, lines 14-15, 28-25, p. 7, lines 1-2)

4. If one seeks a fertility control method which results in "sustained use," the fact that the Ovulation Method has a nearly 93% continuation rate after 12 months of use should not go unnoticed. Of course, the birth control industry and organizations like Planned Parenthood would not benefit from such facts as Natural Family Planning is available at all times, at no cost, and without establishing a governmentally funded program. (p. 7, lines 4-5)

5. The best way to prevent "unsafe" abortions is to prevent abortions. No abortion procedure is 100% safe (particularly for the intended victim). Massive public education and the offering of alternatives to abortion should be a primary role of government. (p. 8, lines 3-6)

6. There are indeed health risks associated with "unprotected" sexual intercourse. There are also health risks associated with "protected" sexual intercourse. This is like gambling. It is merely a matter of improving the odds. (p. 8, line 11)

7. In an early part of the bill (p. 3, lines 12-14), reference is made to the "consensus" that is emerging with regard to international cooperation on population control. However, it is acknowledged in the legislation that no such consensus exists among nongovernmental organizations. (p. 8, line 18)

8. The policy advocacy intent of the legislation is clear. However, one must wonder about the misguided poor people who do not agree with the leaders of the rich nations. Maybe these people should not be forced to accept the philosophy and programs of the West. The legislation blatantly seeks to challenge national laws which stand in the way of population control. (p. 8, lines 22-24; p. 9, lines 1-6)

9. No one will be happier with this legislation than organizations such as Planned Parenthood. No one may be denied "services" due to their inability to pay. This means, of course, that the American taxpayers and those of other countries will be required to pay for these highly controversial and totally failed programs. (p. 9, line 21-24)

10. The bill requires "privacy and confidentiality" in its effort to keep parents out of the picture. After all, if parents become involved, the desire of the state to control fertility could be compromised. This is a basic violation of parental rights, despite rhetoric to the contrary which is craftily put in the bill. By insisting upon confidentiality and not allowing parents to be notified of their children's activities, the reproductive rights movement has always moved counter to the rights and responsibilities of parents. This bill does not

stray from this path of destroying the family and violating parents' right to raise their own children. (p. 23, line 15; p. 10, line 11)

11. While the U.S. Food and Drug Administration would have to judge forms of birth control to be acceptable, it should be noted that the guinea pigs in such experiments is usually peoples of the developing countries. Only then will they be used on American women. (p. 10, lines 17-25; p. 11, lines 1-2)

12. The common Planned Parenthood strategy of indoctrinating and then actively involving community leaders. This is important in achieving and maintaining control over the masses. (p. 11, lines 15-16)

13. If one were to honestly consider "prevailing norms and customs in the recipient country," the legislation and approach relating thereto, in most cases, would be abandoned. (p. 11, lines 20-21)

14. The legislation will use the same failed programs of the past 25 years in an effort to prevent sexually transmitted infections. Isn't it time to admit that a new, life-affirming approach to this problem should be implemented? (p. 12, lines 1-2)

15. One of the most ludicrous parts of the legislation involves "responsible sexual behavior, including voluntary abstinence." Does this mean that encouraging abstinence with the same fervor that we encourage birth control is equivalent to *involuntary* abstinence? Moreover, it is inherently impossible for an unmarried minor to be involved in a sexual relationship and to be "responsible" at the same time, regardless of what a boy may be wearing on his body or a girl may taking into her body. It is this very philosophy which creates the most grave problems. (p. 12, lines 12-13; p. 25, line 19; p. 29, line 3)

16. It's apparent that unless a national government is willing to accept the killing of human beings before birth, they will not be eligible for funds under this act. This not only sets abortion up as the watershed and primary agenda of this legislation, it also leads one to believe that only the god of "reproductive choice" can truly decrease the world's population. Is there no humane way to control world population, a way that does not involve killing human beings? (p. 13, lines 10-12)

17. The United Nations and, more specifically, the United Nations Population Fund have been actively involved in the brutal population control policies of Communist China. Not only does the legislation specifically allow this organization to receive funding (unusual in a bill of this type), it establishes a shadow separation between the UNFPA and the Chinese program. Creating separate accounts is merely a matter of paperwork and bookkeeping. Rather than using American dollars to support the communist brutality, the UNFPA can use Swiss funds. How about requiring that the UNFPA have nothing to do with the Chinese program (in fact, that it actively seek to end it) before allowing the organization to receive funding? (p. 14, lines 1-18)

18. It is inferred in the legislation that even nongovernmental organizations must support abortion as a means of population control in order to qualify for funding. This is philosophical barbarism. (p. 15, lines 19-20)

19. All women, by nature of their womanhood and pregnancy, "exercise their choice about childbearing." To insinuate that women must give up this status in order to truly exercise such choice, requiring the use of fallible birth control or the atrocity of abortion, is absurd. It is insulting to women to say progress requires their emasculation. (p. 20, line 6)