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001. memo	Kate Spangler to Scott re: SSNs and DOBs [partial] (1 page)	10/25/1999	b(6)

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Family Planning [Folder 1]: Family Planning [International]

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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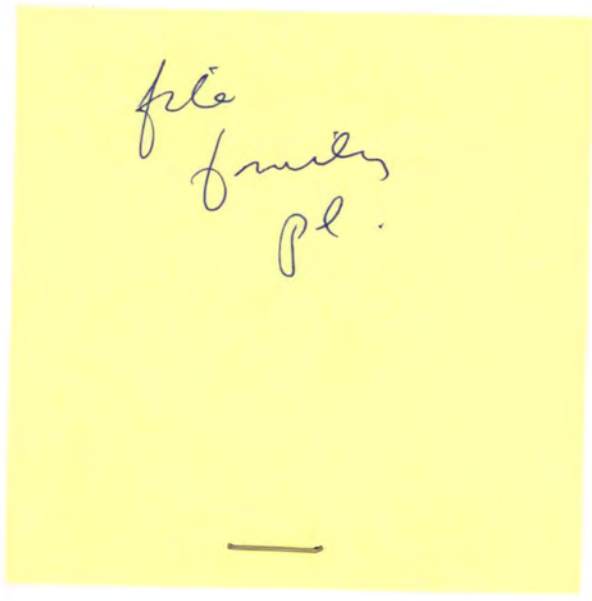
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14TH DISTRICT, NEW YORK

Congress of the United States

House of Representatives

Washington, DC 20515-3214

Fax Cover Sheet

TO: Melanne Verveer 456-6244

FROM: Gail Ravnitzky
Legislative Director to Rep. Carolyn Maloney
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NOTES:

NOTE: For further information about Rep. Carolyn Maloney and her legislative work in Congress, please visit our website at: www.house.gov/maloney/

NUMBER OF PAGES (including cover sheet): 10

CAROLYN B. MALONEY
14TH DISTRICT, NEW YORK

Congress of the United States
House of Representatives
Washington, DC 20515-3214

January 15, 1999

Melanne Verveer
Chief of Staff
Office of the First Lady
The White House
Room 100 OEOB
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Ms. Verveer:

I am writing to follow up on Rep. Maloney's conversation with you yesterday regarding the United Nations Population Fund (UNFPA). As you know, very preliminary drafts of the President's budget have included only $5 million for this program vital to maternal and child health.

As she mentioned, Mrs. Maloney's concern is that this action would jeopardize the Clinton Administration's strong record of commitment to this program. As you recall, US funding for UNFPA was suspended in 1986 when its total pledge was $46 million, and was restored by President Clinton in 1993. This was a major victory for the Administration on women's health.

Per Rep. Maloney's request, I am sending a copy of her proposed bill to restore funding for the UNFPA for fiscal year 2000, along with a fact sheet on this subject. I have been working with a broad coalition of organizations who support these efforts, including population, environmental, medical, and reproductive health groups.

I hope that you and the First Lady will be able to work with us to restore this funding. If you have any questions, or need any further information on this subject, please contact me at 202-225-7944.

Sincerely,

Gail Ravnitzky
Legislative Director

DRAFT

12/21/98 DRAFT

106TH CONGRESS
1ST SESSION

H.R. _____

To restore a United States voluntary contribution to United Nations Population Fund

---

IN THE HOUSE OF REPRESENTATIVES

JANUARY ___, 1999

MRS. MALONEY (for herself and others) introduced the following bill, which was read twice and referred to the Committee on International Relations

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A BILL

To restore a United States voluntary contribution to United Nations Population Fund

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "United Nations Population Fund (UNFPA) Funding Act of 1999".

SEC. 2. FINDINGS.

The Congress makes the following findings:

(1) The renewed commitment of the world community to the formulation of government policies that contribute to global population stabilization and to improvements in the status of women owes much to

the efforts of the United Nations and its specialized agencies and organizations, particularly the United Nations Population Fund (UNFPA).

(2) Since its inception in 1969, UNFPA has provided approximately $4 billion for voluntary family planning activities in developing nations and currently supplies one-quarter of all grant assistance to population programs. Over one-half of the UNFPA's assistance is devoted to maternal and child health programs, including the provision of modern methods of contraception.

(3) Operating in over 160 nations in all regions of the world, UNFPA complements the important work of the United States Agency for International Development in providing quality reproductive health care worldwide.

(4) Assistance provided by UNFPA conforms to the principle, affirmed at the 1994 International Conference on Population and Development, that "all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."

(5) UNFPA does not fund abortion services and seeks to reduce abortions and related deaths and injuries by improving access to contraceptive services.

(6) UNFPA opposes coercion in any form. All of UNFPA's programs are designed in conformity with universally recognized human rights principles including those affirmed at the International Conference on Population and Development with the support of 180 nations including the United States.

(7) Many global environmental problems including loss of natural species of animal and plant life, tropical deforestation and water shortages is linked to unchecked population growth. By providing voluntary family planning information and services, UNFPA has helped countries around the world plan for population growth and its effects on the natural environment.

(8) The United States was instrumental in the establishment of UNFPA and until 1985 was the largest donor, providing nearly one-third of total annual funding for UNFPA.

(9) The linkage established by Congress between the unacceptable human rights abuses that have occurred in the implementation of the Chinese one-child population policy and the United States contribution to UNFPA is an ineffective means for changing the objectionable behavior of the Chinese government.

(10) The resulting termination of United States assistance to UNFPA during fiscal year 1999 penalizes all other countries in which UNFPA operates and where the needs for UNFPA assistance are large and growing, undermines the effectiveness of UNFPA's program, and diminishes United States leadership and influence.

(11) As a result of the withdrawal of the United States contribution, it is estimated that 870,000 women will be deprived of effective modern contraception, leading to 500,000 unintended pregnancies, 234,000 births, 200,000 abortions, and thousands of maternal and child deaths.

(12) UNFPA can and should play a constructive role in helping to reduce the incidence of coercive practices in China through its new country program that aims to expand voluntarism and contraceptive method choice, to strengthen a broader range of reproductive health services, and to enhance the status of women.

(13) The proper way to express the legitimate concerns of the United States government about the population policies of the People's Republic of China is by placing those concerns on the bilateral agenda along with other important human rights issues, not by withholding United States funding for a United Nations agency.

SEC. 3. RESTORATION OF THE UNITED STATES VOLUNTARY CONTRIBUTION TO THE UNITED NATIONS POPULATION FUND.—In addition to amounts otherwise available to carry out the purposes of chapter 3 of

part I of the Foreign Assistance Act of 1961 there are authorized to be appropriated not less than $25,000,000 for fiscal year 2000 and not less than $35,000,000 for fiscal year 2001 to be available only for the United Nations Population Fund.

SEC. 4. LIMITATION ON THE UNITED STATES VOLUNTARY CONTRIBUTION TO THE UNITED NATIONS POPULATION FUND.—

(a) Of the amounts made available for fiscal years 2000 and 2001 for United States voluntary contributions to the United Nations Population Fund [an amount equal to the amount that UNFPA will spend on a country program in the People's Republic of China] during each fiscal year shall be withheld unless during such fiscal year, the President submits to the appropriate congressional committees the certification described in subsection (b).

(b) The President shall certify that the country program of the United Nations Population Fund in the People's Republic of China—

(1) focuses on improving the delivery of voluntary family planning information and services,

(2) is designed in conformity with the human rights principles affirmed at the International Conference on Population and Development with the support of 180 nations including the United States,

(3) is implemented only in counties in the People's Republic of China where all quotas and targets for the recruitment of program participants have been abolished and the use of coercive measures has been eliminated,

(4) is carried out in consultation with and under the oversight and approval of the UNFPA Executive Board, including the United States representative,

(5) is subject to regular, independent monitoring to ensure compliance with the principles of informed consent and voluntary participation, and

(6) suspends operations in project counties found to be in violation of program guidelines.

INTERNATIONAL FAMILY PLANNING IN THE FY99 BILL: A Loss for Women's Health

In one year alone, the impact of the United States decision to withdraw funding from UNFPA will be to deprive 870,000 women of effective contraception. Over 520,000 will end up not using any method. Non-use and use of ineffective methods will result in:

1,200 maternal deaths
22,500 infant deaths;
15,000 life-threatening illnesses and injuries to mothers during pregnancy and childbirth.

500,000 unwanted pregnancies will result in:
234,000 unwanted births;
200,000 abortions.

WHAT'S IN THE BUDGET DEAL

In the face of strong opposition to the global gag rule on the part of the President and family planning supporters, congressional family planning opponents were forced to back down and to accept the status quo. U.S. population assistance will remain at the current funding level of $385 million and monthly metering will continue. The principal casualty in the negotiations over the omnibus bill was the U.S. contribution to UNFPA. The House foreign aid appropriations bill had zeroed out UNFPA as an expression of concern about UNFPA's initiation of a new program in China. Unfortunately, Senate staff negotiators accepted the House cut-off. Despite the efforts of the Administration to reopen the issue, the final omnibus bill has no funds for UNFPA.

FUNDING LEVELS

The funding level for US programs will be maintained at $385 million, the same amount as the past two years. In addition, the funds will continue to be "metered out" in monthly increments (8.43% of funds disbursed each month). By requiring month-by-month contracts and accounting, "metering" drives up accounting and administrative costs for programs and diverts funds from actual services.

BACKGROUND ON US FUNDING LEVELS FOR UNFPA

US funding for UNFPA was $20 million in FY98. The total approved by the US for UNFPA in FY98 was $25 million, which was reduced by $5 million the amount expected to be spent in China. Since 1984, no US funds have been available for UNFPA expenditure in China. US funding for UNFPA was suspended in 1986 when its total pledge was $46 million, and was restored by President Clinton in 1993. UNFPA's total resources in 1997 were $290 million.

UNFPA FUNDS ELIMINATED

The omnibus spending bill includes an explicit elimination of the US contribution to the United Nations Population Fund (UNFPA). This short-sided decision to "zero out" U.S. support for their critical work of UNFPA will result in cutting off critical services to millions of women and men who depend on UNFPA for their reproductive health care.

While the Senate voted to continue US support to UNFPA, members of the House vehemently opposed continuation of US funds to the largest multilateral source of family planning and population assistance in the world. Elimination of funds to UNFPA signals

another step in what some supporters deem a stealth attack on family planning efforts at home and abroad. The assault is believed on one hand to be a vociferous attempt to cut funds and add restrictions, and on the other, a quiet effort to eliminate funding for less-known efforts, such as support for UNFPA.

MORE ON THE UNFPA

The United States was critical in the creation of the UNFPA, which works in over 150 countries and provides assistance in parts of the world the United States does not work. Because the United States accounts for approximately 7 percent of UNFPA's budget, US withdrawal will result in a 7 percent reduction in UNFPA's available funding for programs in developing countries, particularly funding available for some of the poorest countries in Africa.

UNFPA is the largest internationally funded source of population assistance to developing countries. It operates in 150 countries, complementing the bilateral assistance provided by the United States and other government. UNFPA provides voluntary family planning services, maternal and child health care, and sexually-transmitted disease prevention, including HIV/AIDS, to countries where cuts in overall USAID funding have resulted in a reduction of bilateral population assistance. *UNFPA does not provide abortion services nor does it promote abortion as a method of family planning.*

UNFPA IN CHINA

Congress opponents attacked UNFPA's worldwide programs due to their particular opposition about UNFPA's initiation of a new program in China. This new program was initiated earlier this year with the full knowledge and approval of the 36 nations that comprise UNFPA's Executive Board, including the United States. UNFPA's primary objective in China is to demonstrate to the Chinese government that a voluntary, non-coercive, human rights-based approach to family planning is the best means to achieve smaller families and slow population growth. The Chinese will abolish all quotas and targets in the 32 counties where UNFPA will operate. Moreover, UNFPA and the Chinese have agreed to outside independent monitoring of the new program. This new UNFPA program represents the best hope for positive change in China.

CURRENT LAW REGARDING CHINA

The decision to eliminate all U.S. support for UNFPA was unnecessary as current U.S. law already prohibits U.S. funds from being spent in China. Over the past five years, UNFPA has taken the highly unusual step -- at the request of the United States -- of segregating the U.S. contribution and providing accounting information that irrefutably demonstrates that no U.S. taxpayer funds are used in China. In addition, U.S. funds can not be used to allow additional funds to be spent in China because the UNFPA program allocation for China ($20 million over 4 years) was written explicitly in the project documentation and cannot be changed.

UNFPA is a positive force for change in China. UNFPA has helped to prevent large numbers of unwanted pregnancies in China by making safe and more effective contraceptives available as a replacement for unsafe and failure prone methods. Millions of improved IUDs have been produced with UNFPA support, resulting in hundreds of thousands fewer unwanted pregnancies, fewer abortion, reduced maternal and infant mortality.

If the United States wants to influence China's population practices, it can pursue these concerns vigorously through its bilateral agenda and human rights dialogue with China and by supporting UNFPA's efforts.

WHY UNFPA HELPS THE UNITED STATES' ECONOMY

By providing couples and individuals the means to freely determine the size of their family, UNFPA advances the cause of population stabilization. A stable global population reduces pressures on the environment, migration, the spread of disease and political instability. The ability of nations to provide basic social services to their citizens such as education and health care including family planning, promotes economic and social advancement. This advances peace, prosperity and global economic trade. This all in the best interest of the United States.

PROMOTING INTERNATIONAL HUMAN RIGHTS

The United States was a integral part of the multilateral effort that helped champion the creation of the United Nations Population Fund. UNFPA is an apolitical mechanism which enables the United States to promote international human rights including reproductive rights across the globe. UNFPA provides women and men around the world the opportunity to exercise their right to determine freely the spacing and size of their families. Withdrawing support from UNFPA, sends the wrong message as it indicates that the United States is no longer in support of reproductive freedom.

STATISTICS ON WORLD POPULATION

*The world's population is now nearly 6 billion, and we are on a course to add another billion every 10 years.
*Last year world population grew by nearly 80 million. Of this growth, 98 percent occurred in the poorest parts of the world - which now accounts for 4.7 billion people.
*Because of failure to come sufficiently to grips with the problem of rapid population growth in previous years, three billion young people, equal to the whole population of the world as short a time ago as 1960, will enter their reproductive years in the next generation.
*By no later than the year 2025, the combined population of Asia and Africa will be 6.5 billion, significantly more people than now live on the entire planet.
*500 million women want and need family planning but lack either information or means to obtain it.

Health

*One billion people have no access to health care.
*Eight million infants under age one will die this year - 22,000 each - many because their mother did not know how to allow appropriate intervals between pregnancies.
*More than 600,000 women die every year because of complications from pregnancy and abortion, many because of unwanted pregnancies that could have been avoided through family planning.
*2.3 billion people live without adequate sanitation.
*At least 75 million pregnancies each year (out of a total of 175 million) are unwanted. They result in 45 million abortions and more than 30 million live births.
*There are an estimated 333 million new cases of sexually transmitted diseases (STDs) each year. Worldwide, the disease burden of STDs in women is more than five times that of men.

Poverty and Social Disintegration

*1.3 billion people live in absolute poverty -- surviving on less than $1 per day -- with roughly 600 million people homeless or without adequate shelter.
*86 countries are unable to grow or purchase enough food to feed their populations -- 840 million people are malnourished.
*The African sub-continent is the fastest growing region in the world with the highest

fertility rates, doubling its population in 20 years.

Economy
Unemployment in many countries of the developing world is 30 percent or higher. 120 million people are actively looking for work; 700 million are classified as underemployed -- working long hours, often at back-breaking jobs that fail to even come close to meeting their needs.
*In 1950, only one city in the development world had a population greater than 5 million; by the year 2000, there will be 46 such cities.
*The total world wide annual cost of better reproductive health care is about $17 billion -- less than one week of the world's expenditure on armaments.

Environment
*600,000 square miles of forest were cut down in the last decade.
*26 billion tons of arable topsoil vanish from the world's cropland every year.
*Global climate change is disrupting weather patterns; causing more severe droughts and flooding, and increased threat to human health.
*The number of rural women living in poverty in developing countries has increased by almost 50 percent over the last 20 years, to an awesome 565 million.
*At least 1.5 billion people -- nearly one-quarter of the world's population -- lack an adequate supply of drinking water.

Overpopulation
*Global population now approaches 5.9 billion. Last year we grew by almost 80 million people.
*Three billion young people are entering their reproductive years. That's equal to the entire population of the world in 1960.

Deforestation
*600,000 square miles of forest were cut in the last 10 years.
*26 billion tons of topsoil have been lost.
*The hole in the ozone layer continues to expand. Humans are experiencing more incidents of skin cancer and eyesight problems. Our world is in upheaval as agricultural and marine life disruptions become more commonplace.
*Global climate changes continue unabated. We just recorded the hottest year in history. According to the National Science Foundation, 40 percent of all frogs have disappeared in the last 10 years. How long before humans feel the impact themselves?

Water Scarcity
*Regional fresh water supplies are dangerously low. Rivers are drying up; many lakes are at their lowest levels in history. 97 percent of the world's water is sea water. Of the remaining three percent, two percent is locked up in the polar caps, leaving just one percent for use by the 5.9 billion of us.

Famine
*Eighty-two nations that depend on subsistence farming are unable to feed their populations or have the wherewithal to buy food.
*Developed countries will be looking at staggering disaster relief budgets as a result... and only a few years from now.

United States Department of State

Bureau of Population, Refugees, and Migration

Washington, D.C. 20520–5824

BUREAU OF POPULATION, REFUGEES, AND MIGRATION
ROOM 5824
DEPARTMENT OF STATE
WASHINGTON, D.C. 20520

FAX: (202) 647-8162

DATE: 1/14/99

Please deliver the following pages to:

TO: Melanne Verveer

FAX TELEPHONE: 202-456-6244

THIS MESSAGE IS FROM:

NAME: Julia Taft

TELEPHONE: 647-7360

NUMBER OF PAGES INCLUDING COVER SHEET:

THIS IS AN ACTION REQUEST* _____
Warning: anyone using the Fax to send action items
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NOTE: See attached.

UNFPA Funding - The U.S. Congressional Context

Long-standing Congressional opposition to China's family planning approach is reflected in the 1985 Kemp-Kasten amendment, which prohibits U.S. funding to any organization or program that "supports or participates in the management of a program of coerced abortion or involuntary sterilization" abroad. Under the Reagan and Bush Administrations this was interpreted to preclude any U.S. contribution to UNFPA, which was active in China. The Clinton Administration determined that, since official Chinese policy prohibited the abuses specified in Kemp-Kasten, the statute would not apply to UNFPA, and the U.S. resumed its contributions in FY-93. Since 1993, U.S. law has required that UNFPA keep U.S. contributions in a separate account that cannot be used for activities in China. UNFPA and WFP are the only entities funded from the IO and P account that have accepted such a restriction.

UNFPA had no China program in 1996-97, but in anticipation of a future program, in FY-97 and FY-98 Congress required that any amount UNFPA planned to spend in China be withheld from the U.S. contribution to UNFPA. This dollar-for-dollar deduction is more punitive than the pro-rata withholding that applies to spending by other UN entities on countries whose human rights or other policies we oppose (e.g. Burma). As required, after UNFPA's Executive Board approved the new China program in January 1998, we withheld $5 million from the authorized $25 million FY-98 U.S. contribution to UNFPA.

Rep. Chris Smith (R-NJ) held a hearing last June, previewed on ABC's "Nightline", that featured Mrs. Gao Xiao Duan, a former SFPC official who described major family planning abuses she said were common and that she herself had committed. With this as background, and given past coercion in Chinese family planning, key Congressional advocates for human rights in China who generally support population assistance and UNFPA - notably Reps. Obey and Pelosi - opposed USG funding for any family planning program in China.

In the appropriations process for FY99, the House draft bill prohibited funding for UNFPA. The Senate version had no provision on UNFPA, and the Senate side decided that in conference they would accept whatever amount the House wished to propose for UNFPA (on the assumption House members would relent and allow funding). However, the House wanted to keep the prohibition and the Senate did not fight it. The final omnibus bill for FY99 simply says in the IO&P section "that none of the funds appropriated under this section may be made available for the United Nations Population Fund (UNFPA)."

Our efforts to educate members that zeroing out U.S. funding altogether would penalize millions of women around the world, result in more abortions and reduce child survival fell on deaf ears, because key members find China's human rights abuses so offensive. Rep. Chris Smith, in addition, thoroughly distrusts UNFPA, holding it responsible for the presentation of the first UN Population Award to China's top SFPC official in 1983, just after a variety of documented family planning abuses had occurred.

U.S. contributions to UNFPA:

Fiscal Year	Requested	Appropriated
1993	$10.0m	$14.5m
1994	40.0	40.0
1995	60.0	35.0 (Congress appropriated up to $50m for UNFPA but rescinded 15m from IO&P, which was all deducted from UNFPA)
1996	55.0	22.75 (up to $25m appropriated but only $22.75m allocated)
1997	34.0	25.0
1998	30.0	25.0 (up to $25m appropriated but $20m allocated after deduction required for amount UNFPA planned to spend in China)
1999	25.0	0.0

6928

Drafted:PRM/POP:SCPinkham
1/14/99 ext. 33293

Melanne:

Attached are two documents that best summarize the available options. These documents are the most up-to-date paper on this issue.

The first is an excerpt from a February memo from State that describes Gilman-Pelosi and raises 'enhanced' Gilman-Pelosi options that could make it more attractive.

The second is a March memo from State that updates the February memo on legislative options other than Gilman-Pelosi.

(I did not send the full text of the February memo because it does not add much; but if you want the full text, let me know.)

We have also, since March, had some discussions with Pelosi's staff on how to tweak her amendment to make it more salable and we have also taken new looks at possible variations on the lobbying restriction. I can brief you on those, if you would like; but they do not add any substantive alternatives to those discussed in the attached documents.

Let me know what else you need.

Bill

Gilman-Pelosi Gilman-Pelosi FEB

2

OPTION A: GILMAN-PELOSI AMENDMENT TO SMITH

Accept the Smith language, but with Gilman-Pelosi Amendment that adds language that funding would be available to organizations that "do not promote abortion as a method of family planning and that utilize these funds to prevent abortion as a method of family planning;" defunding of UNFPA if there is a new China program, with the transfer of these funds to U.S. bilateral population programs.

Pros:

- Consistent with International Conference on Population and Development (ICPD) language. Emphasizes our commitment to prevent the need for abortion.
- Could help in maintaining funding for organizations currently supported by USAID.
- Came within 5 votes of winning in the House (however we may have lost additional votes due to attrition since September).
- Does not impose any restrictions on lobbying or the performance of abortion.

Cons:

- Could result in lawsuits. The Justice Department believes that the provision could be challenged. DOJ has suggested that there is a risk – ranging from minimal to 30% -- that a Court would rule against the Administration. If this were to occur, a possible outcome would be to impose severe restrictions on USAID's program and result in a major setback to the Administration's policies vis-a-vis abortion. (See Annex 1 for analysis of Gilman-Pelosi.)
- Given the tendency to reenact the prior year's appropriation language, would likely make Smith language a permanent feature of USG law.
- Rejected in House vote, despite Administration support (albeit not conveyed by the most senior levels, i.e., the Secretary or the President).

OPTION A *PLUS*: ENHANCED GILMAN-PELOSI

Introductory Note on Options A(1) through A(4)

Options A(1) through A(4) all modify the Smith/Gilman-Pelosi proposal in ways that might make the underlying approach more attractive. These sub-options each impose additional terms that may be appealing to conservative votes. Options A(1) and A(2) impose relatively minimal burdens. Options A(3) and A(4) impose somewhat more significant burdens but may win more support. All four options are subject to the same pros and cons set forth in Option A. Only the pros and cons specifically associated with these sub-options are set forth below.[1]

Option A(1): Modified Gilman-Pelosi Amendment to Smith (Optics Approach)

Accept the Smith language together with Gilman-Pelosi, but with modifications that would: 1) make UNFPA ineligible for funding unless it complies with the Smith language and make UNFPA ineligible for the Gilman-Pelosi exception; and, 2) require that organizations that are exempted from the Smith language certification requirement certify that they will not promote abortion as a method of family planning and utilize funds to prevent abortion as a method of family planning. (See Annex 2 for exemplar language.)

Distinguished from Option A: As noted in Annex 1, Gilman-Pelosi creates an exception to the certification requirement contained in the Smith language. This exception would allow organizations to receive assistance even if they provide abortion on demand or seek to alter the laws on abortion (so long as they use their own funds in carrying out either activity). This option would narrow the exception so as to exclude UNFPA. As a result, UNFPA would be obliged to provide the certification called for by the Smith language and would be subject to the lobbying prohibition.

In addition, this option adds a certification requirement to foreign non-governmental organizations that are exempted from the Smith language certification. This certification, however, would only require that the organization not violate the policy promulgated by AID under Gilman-Pelosi.

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[1] It was suggested that L focus its efforts on developing slight language changes to Gilman-Pelosi that might make the proposal more appealing to conservative votes -- even if such changes were purely optical. L is reluctant to do so given the nature of Gilman-Pelosi and the basis of its appeal to conservatives votes. Gilman-Pelosi appeals to some conservatives because it creates a litigation risk that a Court will reject the Administration's intended implementation of the language and hamper the Administration's ability to implement its abortion policy. (See Annex 1.) Making even slight language changes – at least those that would attract conservative votes – could further increase those litigation risks. Given the negative outcomes associated with that risk, we have instead suggested options that do not inject further ambiguity/litigation risk into the Gilman-Pelosi /Smith proposal.

Pros:

- Largely symbolic in nature; places no additional burdens on existing programs while allowing Congress to argue that additional burdens are placed on UNFPA and AID grantees. (We call this the optics measure because we did not view it as having any negative impact. However, UNFPA may engage in advocacy efforts that arguably may fall within the scope of the Smith prohibition on lobbying.)

Cons:

- Likely not enough to garner conservative votes.

Option A(2): Modified Gilman-Pelosi Amendment to Smith (Authorization Approach)

Accept the Smith language together with Gilman-Pelosi as is (or with the changes noted in Option A(1)) but offer this language as an authorization bill rather than as an appropriations bill.

Distinguished from Option A: By offering it in an authorization bill, it would likely become permanent law, something that would be appealing to conservative votes.

Pros:

- Adds relatively little additional burden not already created by Option A but would be very appealing to conservative House members by making it essentially a permanent feature of foreign operations bills given the inability of Congress to pass regularly authorization bills.

Cons:

- Given the litigation risk associated with Gilman-Pelosi (see Annex 1), this option increases the likelihood that if successfully challenged by a conservative group, the Administration (and subsequent administrations) would be severely restricted in their ability to provide funding to organizations that provide abortion on demand or engage in activities to change the law on abortion (even when using their own funds). See Annex 1 (re litigation rights).

- If the restriction is included in an annual appropriation, the President could veto the bill in a subsequent year if the Administration is unable to successfully defend litigation challenging it's interpretation of Gilman-Pelosi. It would be much more difficult to amend an authorization act.

Option A(3): Modified Gilman-Pelosi Amendment to Smith (501(c)(3) Hybrid Approach)

Accept the Smith language together with Gilman-Pelosi but import the 501(c)(3) modified to operate in a manner similar to the narcotics certification legislation. Under this option, proposed legislation would provide that not more than 50% of the funds available for population assistance may be obligated before March 1. To obligate the remainder, the President would be required to determine and report to Congress that foreign nongovernmental organizations, which receive population assistance, do not in the aggregate have "a substantial part of their activities involve carrying on propaganda, or otherwise attempting, to influence legislation" with respect to abortion.[2]

This option might also provide the President authority to waive the requirement for determination if he finds it in the national interest to do so.

It might further include a fifteen day delay during which Congress would have the authority to pass a joint resolution to disapprove the waiver or determination (depending on the approach selected by the President).

Distinguished from Option A: As noted this option blends elements of both Options A and B together and imposes a limited lobbying limitation.

Pros:

- Addresses one of the major concerns expressed by Representative Smith and his allies, namely that USAID is funding organizations that engage in lobbying on the issue of abortion.
- Provides a new approach to the problem that may be appealing to conservative votes while staying largely within the confines of Gilman-Pelosi.
- Given what we know about the practices of AID grantees and subgrantees, this restriction will not threaten any programs. See Option B pros and cons.
- The waiver provision, if included, allows further protection to existing programs.

Cons:

- Subject to the same cons identified in Option B -- administrative burden and slippery slope argument that this option endorses the concept that lobbying one's government is bad.

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[2] As noted in Option B, this language is drawn from the tax code provision limiting the ability of tax exempt 501(c)(3) organizations to lobby or otherwise influence legislation.

Option A(4): Modified Gilman-Pelosi Amendment to Smith (501(c)(3) Hybrid with Specific Agreement Language)

Identical to Option A(3) but with an additional provision that states in statutory language that agreements granting or subgranting U.S. population funds to foreign organizations must specifically include the provision that "Each agreement will be terminated if a substantial part of the organization's activities involve carrying on propaganda, or otherwise attempting, to influence legislation with respect to abortion."

Distinguished from Option A: Adds a further element to Option A(3) that would apply on an organization-specific basis. (Option A(3) above only imposes a requirement on the President to determine whether *in the aggregate* organizations are lobbying.)

Pros:

- Addresses one of the major concerns expressed by Representative Smith and his allies, namely that USAID is funding organizations that engage in lobbying on the issue of abortion.
- Looks tough.
- Provides a new approach to the problem that may be appealing to conservative votes while staying largely within the confines of Gilman-Pelosi.
- Given what we know about the practices of AID grantees and subgrantees, this restriction will not threaten any programs. See Option B.

Cons:

- Subject to the same cons identified in Option B and in Option A(3) above.

Congress of the United States

House of Representatives
Committee on Appropriations
Washington, DC 20515–6015

April 24, 1998

Honorable William J. Clinton
The President
The White House
Washington, DC 20500

Dear Mr. President:

The Congress is currently considering several important requests you have transmitted regarding funding for the United Nations and the International Monetary Fund. However, the success of our efforts to provide the Administration with sufficient funds to meet our global responsibilities is dependent on a resolution of the issues involving international family planning.

As you know, the House of Representatives has passed a conference report on the Department of State Authorization Act that includes compromise language on the authority under which funds for international family planning assistance could be made available. This compromise would result in a ban on funding for organizations that lobby to change abortion laws in foreign countries, but would allow you to waive additional restrictions that would be applied to such organizations. The conference report also includes vital reforms for the United Nations, including a reduction of the assessment of the United States.

My understanding is that you may be prepared to veto legislation containing this compromise language. I am writing to urge that you reconsider this position.

It has become clear to me that enactment of appropriations legislation to provide for arrearage payments to the United Nations, and possibly to provide a quota increase for the International Monetary Fund, will be jeopardized by the failure of the Administration to accept this compromise.

Absent your personal involvement in an effort to resolve the issues involving abortion and international family planning, I see little hope of accomplishing our shared objective of providing adequate resources for the United Nations and the International Monetary Fund in the near term. If you find the current compromise unacceptable, you should be prepared to enter into negotiations that will result in alternative language that can be passed by the House of Representatives.

The Congress has been asked to pass major legislation regarding the United Nations and the International Monetary Fund. Members of Congress have a legitimate role in determining the scope of our policies regarding these organizations and other international matters, including abortion and international family planning. More importantly, only the Congress can appropriate funds to implement these policies.

The failure to constructively engage with the Congress in this process will result in a legislative stalemate. This is not an outcome that will be good for the country. Therefore, I again urge you to reconsider any plans you have to veto legislation containing the compromise language on lobbying for changes in abortion law in foreign countries. If you cannot or will not change your position, I further urge you in the strongest possible terms to immediately discuss the issue with interested Members of Congress in order to find acceptable legislative language. Now is not the time to abdicate your responsibility for ensuring that funding for the United Nations and the International Monetary Fund can be passed by the Congress.

Sincerely,

Chairman

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Committee on Appropriations
Washington, DC 20515-6015

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Chairman

UNCLAS AIDAC LA PAZ 07290
LAPAZSVA:
ACTION: AID
INFO: AMB DCM

DISSEMINATION: AIDB
CHARGE: AID

APPROVED: DIR:FALMAGUER
DRAFTED: HHR:ELAWRENCE:ATA
CLEARED: 1.HHR:PE; 2.PDI:PN; 3.DP:RK; 4.DD:HA

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TO SECSTATE WASHDC 1109
BT
UNCLAS SECTION 01 OF 03 LA PAZ 007290

AIDAC

FOR DAA/G/PHN, DUFF GILLESPIE
INFO: G/PHN/POP, ELIZABETH MAGUIRE, DIRECTOR;
DEPUTY ASSISTANT ADMINISTRATOR FOR PPC;
DEPUTY ASSISTANT ADMINISTRATOR FOR LAC

HHR

E.O. 12958: N/A
SUBJECT: POPULATION: ADVERSE IMPACT OF RESTRICTIONS
ON RATE OF SPENDING OF POPULATION FUNDS IN BOLIVIA

HHR 2
D/DD
PDI
DP
RF 2

1. SUMMARY: THIS CABLE DOCUMENTS (1) CONSEQUENCES THAT THE SPENDING RATE RESTRICTIONS ON THE FY 1996 POPULATION FUNDS HAVE HAD ON THE USAID/BOLIVIA HEALTH PROGRAM AND, AS A RESULT, ON THE HEALTH OF BOLIVIAN WOMEN AND CHILDREN AND (2) THE LIKELY EFFECTS OF CONTINUED RESTRICTIONS IN FY 1997. THE REDUCTION OF USAID SUPPORTED REPRODUCTIVE HEALTH AND PRIMARY HEALTH CARE SERVICES IN THE PUBLIC, PRIVATE, AND COMMERCIAL SECTORS, IF CONTINUED, WILL IMPACT NEGATIVELY ON MATERNAL, INFANT, AND CHILD MORBIDITY AND MORTALITY AS WELL AS ON RATES OF ABORTION. END SUMMARY.

2. BACKGROUND: IN 1990, USAID/BOLIVIA LAUNCHED A MAJOR REPRODUCTIVE HEALTH SERVICES PROJECT. THIS FIRST-EVER BILATERAL POPULATION EFFORT IN BOLIVIA WAS MADE POSSIBLE THROUGH A 1989 ABORTION PREVENTION CONFERENCE THAT CREATED A CONSENSUS BETWEEN THE CATHOLIC CHURCH, GOVERNMENT OF BOLIVIA (GOB), AND PRIVATE SECTOR HEALTH AUTHORITIES ON THE NEED TO PROVIDE REPRODUCTIVE HEALTH SERVICES, INCLUDING FAMILY PLANNING, TO REDUCE ACCELERATING RATES OF ABORTION AND

*

MATERNAL MORTALITY.

3. PARTLY AS A RESULT OF THAT PROJECT AND COMPLEMENTAR GOB AND INTERNATIONAL ACTIVITIES, MATERNAL MORTALITY DROPPED BY 6 PERCENT IN 1994 COMPARED TO THE PREVIOUS FIVE YEAR PERIOD. AS BOLIVIA'S LARGEST DONOR IN THE POPULATION FIELD, USAID IS PROUD OF THAT ACHIEVEMENT. WE KNOW THAT THE 50 PERCENT INCREASE IN USE OF MODERN CONTRACEPTIVE METHODS THAT OCCURRED BETWEEN 1989 AND 1994, BROUGHT ABOUT IN LARGE MEASURE BY THE USAID PROJECT INCREASING REPRODUCTIVE HEALTH AND PRIMARY HEALTH CARE SERVICES AND PRODUCTS IN ALL SECTORS, CONTRIBUTED SUBSTANTIALLY TO THOSE REDUCTIONS. BUT WE ARE A LONG WAY FROM OUR GOAL. EVERY DAY THREE BOLIVIAN WOMEN DIE DUE TO COMPLICATIONS OF ABORTION, PREGNANCY, OR CHILDBIRTH. EVERY 20 MINUTES A CHILD UNDER FIVE

DIES.

4. TO FURTHER REDUCE THESE HIGHLY PREVENTABLE LOSSES, IN FY 1995 USAID/BOLIVIA DRAMATICALLY INCREASED TECHNICAL AND FINANCIAL SUPPORT TO SIX KEY BOLIVIAN PRIMARY HEALTH CARE PROVIDERS. THE RESULTS:

-- THE NATIONAL SECRETARIAT OF HEALTH (SNS) WHICH REACHES 30 PERCENT OF BOLIVIA'S POPULATION, INCLUDING THE POOREST AND MOST AT-RISK MOTHERS, DOUBLED NEW USERS OF FAMILY PLANNING IN ITS VAST NETWORK OF OVER 200 HOSPITALS AND HEALTH CENTERS AND OVER 1,000 HEALTH

POSTS.

-- THE NATIONAL SOCIAL SECURITY MEDICAL SYSTEM EXPANDED ALL REPRODUCTIVE HEALTH SERVICES IN ITS 58 HOSPITALS AND 61 POLYCLINICS AND ALSO DOUBLED FAMILY PLANNING USERS. IT SERVES 20 PERCENT OF THE BOLIVIAN

POPULATION.

-- PROSALUD, BOLIVIA'S MODEL SELF-FINANCING, HIGH QUALITY, PRIMARY HEALTH CARE PROVIDER, HAS RESPONDED TO OPPORTUNITIES CREATED BY BOLIVIA'S POPULAR PARTICIPATION AND DECENTRALIZATION LAWS BY OPENING SEVEN NEW CLINICS THROUGHOUT BOLIVIA AND TRIPLING NEW

FAMILY PLANNING USERS.

-- CIES, BOLIVIA'S MOST IMPORTANT PROVIDER OF FAMILY PLANNING SERVICES IN THE PRIVATE SECTOR, ALSO DOUBLED THE NUMBER OF NEW FAMILY PLANNING USERS, WHILE STRENGTHENING ITS INSTITUTIONAL CAPACITY TO BECOME AN INTERNATIONAL PLANNED PARENTHOOD (IPPF) AFFILIATE.

-- PROCOSI, A FEDERATION OF 24 PVOS, INTRODUCED FAMILY PLANNING AND OTHER REPRODUCTIVE HEALTH SERVICES INTO EXISTING CHILD SURVIVAL AND RURAL DEVELOPMENT PROJECTS SERVING 30 PERCENT OF BOLIVIA'S RURAL POPULATION.

-- CARE INTRODUCED FAMILY PLANNING AND SEXUALLY TRANSMITTED DISEASE (STD) TREATMENT AND PREVENTION SERVICES INTO HIGH GROWTH SECONDARY CITIES AND REMOTE RURAL AREAS ALONG BOLIVIA'S BORDERS WITH ARGENTINA AND BRAZIL, BOTH TO REDUCE MATER
NAL AND INFANT MORTALITY
AND TO REDUCE THE SPREAD OF THE AIDS VIRUS.

-- TOGETHER, CIES AND PROSALUD LAUNCHED A POWERFUL CONTRACEPTIVE SOCIAL MARKETING PROJECT THAT SOLD A MILLION QUOTE PANTERA UNQUOTE CONDOMS, SURPASSING IN SIX MONTHS ITS TARGETS FOR ONE YEAR, WHILE RAISING AGGREGATE DEMAND FOR ALL CONDOMS 261 PERCENT AND INCREASING ORAL CONTRACEPTIVE AVERAGE MONTHLY SALES BY 112 PERCENT.

5. TO OPTIMIZE THE IMPACT OF THESE INVESTMENTS IN SERVICES, USAID SUPPORTS A NETWORK OF OPERATIONS RESEARCH, TRAINING, CONTRACEPTIVE DISTRIBUTION, AND COMMUNICATION ACTIVITIES. BOLIVIA'S MULTI-MEDIA FAMILY PLANNING PROMOTION CAMPAIGN WON THE PRESTIGIOUS 1996 POPULATION INSTITUTE'S ANNUAL GLOBAL MEDIA AWARD FOR BEST ADVERTISING CAMPAIGN. THE PREVIOUS CAMPAIGN INCREASED FAMILY PLANNING USE BY 61 PERCENT. THE CONTRACEPTIVE SOCIAL MARKETING TELEVISION DRAMA SERIES ADVOCATING FAMILY PLANNING, AIDS/STD PREVENTION, ABSTINENCE, AND PREVENTION OF ABORTION WAS WATCHED BY 2.5 MILLION BOLIVIANS, BREAKING ALL RATINGS RECORDS.

6. IMPACT OF FY96 FUNDING RESTRICTIONS: BECAUSE OF THE SPENDING RATE LIMITATIONS IMPOSED BY THE FY96 APPROPRIATIONS ACT, USAID/BOLIVIA RECEIVED ONLY $2.32 MILLION OF ITS $8.32 MILLION BILATERAL POPULATION BUDGET IN FY 1996, WITH NEARLY $6 MILLION UNAVAILABLE UNTIL 1997. WE ARE SCHEDULED TO RECEIVE $1 MILLION IN APRIL 1997, BUT WILL NOT RECEIVE THE REMAINING $5 MILLION -- OVER HALF OR OUR FY 1996 BILATERAL FUNDS -- UNTIL SEPTEMBER 1997, NEARLY TWO CALENDAR YEARS LATER THAN ANTICIPATED IN EXISTING CONTRACTS AND AGREEMENTS WITH THE GOB AND BOLIVIAN NGOS. AS A RESULT, PROGRAM GROWTH HAS BEEN REDUCED:

-- THE GOB PROGRAMS AT THE SECRETARIAT OF HEALTH AND SOCIAL SECURITY INSTITUTE HAVE BEEN FROZEN, WITH PLANNED EXPANSION AND QUALITY IMPROVEMENTS POSTPONED. PIPELINES FOR PRUDENT MANAGEMENT HAVE BEEN EXHAUSTED.

-- THE PROSALUD EXPANSION HAS BEEN PUT ON HOLD.

-- THE CIES PLANS FOR PURCHASING CLINICS, EXPANDING AND UPGRADING SERVICES, AND IMPROVING QUALITY HAVE BEEN POSTPONED, JEOPARDIZING THE ABILITY OF THIS PROVIDER TO BECOME A FINANCIALLY SELF-SUSTAINING IPPF AFFILIATE.

-- PROCOSI HAS FROZEN ADDITIONAL SUB-GRANTS TO ITS PVO MEMBERS AND IMPLEMENTATION OF REPRODUCTIVE AND FAMILY PLANNING SERVICES IN RURAL AREAS HAS BEEN SLOWED SO SUBPROJECTS WILL NOT BE COMPLETED WITHIN THE THREE YEAR TARGET PERIOD.

-- CARE HAS POSTPONED PURCHASE OF VEHICLES ESSENTIAL TO ORGANIZE, SUPPLY, TRAIN, SUPERVISE, AND IMPLEMENT FAMILY PLANNING SERVICES IN ITS TARGET AREAS.

-- WITHOUT IMMEDIATE RELIEF, THE CONTRACEPTIVE SOCIAL MARKETING PROGRAM WILL HAVE TO DELAY THE INTRODUCTION OF NEW PRODUCTS AND CURTAIL MUCH OF ITS PROMOTION FOR CONTRACEPTIVES NOW ON THE MARKET, INCLUDING ITS DRAMATIC SERIES, NUMBER ONE IN PRIME TIME.

-- NEARLY ALL OPERATIONS RESEARCH, TRAINING, AND MASS MEDIA COMMUNICATION THAT SUPPORT IMPROVED SERVICES HAVE BEEN REDUCED AND IMPLEMENTATION OF CONTINUING ACTIVITIES HAS BEEN SLOWED. LAUNCH OF THE RURAL COMMUNICATION STRATEGY AIMED AT AREAS WITH THE HIGHEST MATERNAL AND INFANT MORTALITY AND FERTILITY HAS BEEN DELAYED.

7. FY97 RESTRICTIONS: UNLESS REVERSED, THE 1996 PROGRAM REDUCTIONS WILL SOON HAVE AN IMPACT ON SERVICES AND THE HEALTH OF BOLIVIAN WOMEN AND CHILDREN. THE CONSEQUENCES OF NEW LEGISLATIVE LIMITATIONS ON THE FY 1997 POPULATION BUDGET WILL BE WORSE YET. IN ALL CASES, OUR GRANTEES HAVE RELIED ON EXISTING PIPELINES FOR 1996 ACTIVITIES, BUT WILL BE OUT OF FUNDING BY MARCH 1997 OR SOONER. IN MOST CASES, OUR PROGRAMS HAVE MADE LIMITED ADJUSTMENTS BASED ON THE HOPE OF EARLY RELIEF IN FY 1997. WITHOUT THAT RELIEF, MUCH MORE DRASTIC PROGRAM CUTS WILL BE MADE. USAID/BOLIVIA WILL BE FORCED TO:

-- ELIMINATE OUR SUPPORT FOR ALL GOB PUBLIC SECTOR FAMILY PLANNING. USAID/BOLIVIA CANNOT AFFORD TO ENTER INTO ANOTHER AGREEMENT THAT WE ARE UNABLE TO HONOR, EVEN THOUGH OUR SUPPORT IS MODEST AND AIMED AT LEVERAGING MUCH LARGER GOB AND OTHER DONO
R SUPPORT AND
HAS ACHIEVED A HUGE IMPACT.

-- POSTPONE IMPLEMENTING A PLAN TO MAKE PROSALUD 100 PERCENT FINANCIALLY SELF-SUSTAINING BY CAPTURING MULTI-DONOR SUPPORT FOR A PERMANENT ENDOWMENT.

-- ABANDON OUR STRATEGY TO MAKE CIES A SELF-SUSTAINING IPPF AFFILIATE. WE HAVE ALREADY INFORMED CIES BY FORMAL LETTER THAT THEY MUST FIRE HEADQUARTER PERSONNEL HIRED TO BUILD UP CENTRAL FINANCIAL AND ADMINISTRATIVE SYSTEMS REQUIRED TO EXPAND AND IMPROVE

CLINICS IN SIX CITIES.

-- TERMINATE THE PROCOSI AND CARE GRANTS AND END OUR RURAL STRATEGY ALONG WITH HOPES FOR PROVIDING FAMILY PLANNING SERVICES TO AREAS WITH MATERNAL MORTALITY RATES AS HIGH AS THE POOREST COUNTRIES IN AFRICA.

-- CUT BACK ON ALL NEW INITIATIVES IN CONTRACEPTIVE SOCIAL MARKETING, INCLUDING A MATCHING GRANT TO LEVERAGE A GERMAN DEVELOPMENT BANK (KFW) GRANT TO THE SNS TO LAUNCH A PUBLIC SECTOR SOCIAL MARKETING PROGRAM FOR CONTRACEPTIVES AND ESSENTIAL DRUGS.

-- TERMINATE ALL RESEARCH, TRAINING, AND COMMUNICATION ACTIVITIES, INCLUDING THE 1997 MASS MEDIA CAMPAIGN FOR FAMILY PLANNING.

8. FROM A PUBLIC HEALTH STANDPOINT THERE CAN BE NO DOUBT THAT ELIMINATING ALL THESE PROGRAMS AND DENYING OF PROVEN LIFE SAVING TECHNOLOGIES WILL INDEED COST THE LIVES OF WOMEN AND INFANTS. DEATH OF A MOTHER ANYWHERE IS TRAGIC, BUT ACCORDING TO A 1993 WORLD BANK STUDY, THE PROBABILITY OF DEATH IS INCREASED BY 50 PERCENT FOR ANY CHILDREN UNDER FIVE AFTER THEIR MOTHERS' DEATH. THIS IS PARTICULARLY TRUE IN RURAL BOLIVIA, WHERE THE HARSH COLD AND MALNUTRITION COMPLICATE SURVIVAL.

9. MOREOVER, THE BOLIVIA POPULATION PROGRAM HAS BEGUN TO SHOW RESULTS. BOLIVIA HAS USED USAID'S ASSISTANCE EFFICIENTLY AND MADE STRONG COMMITMENTS AT THE HIGHEST LEVEL. VICE PRESIDENT VICTOR HUGO CARDENAS APPEARED, WITH HIS ENTIRE FAMILY, IN THE INTRODUCTORY SPOT OF THIS YEAR'S REPRODUCTIVE HEALTH CAMPAIGN. THE CAMPAIGN WON THE POPULATION INSTITUTE'S GLOBAL MEDIA AWARD WHICH WILL BE ACCEPTED BY THE VICE PRESIDENT'S WIFE, LYDIA CATARI DE CARDENAS, ON DECEMBER 2, IN THAILAND WHILE ATTENDING A POPULATION STUDY TOUR.

10. THE SPENDING LIMITS IMPOSED BY LEGISLATION ARE PARTICULARLY IRONIC AND TRAGIC BECAUSE BOLIVIA'S POPULATION PROGRAM'S NOTABLE SUCCESSES TO DATE, HAVE ALL BEEN AIMED AT REDUCING ABORTION. SINCE ABORTION IS ILLEGAL IN BOLIVIA, NO OFFICIAL DATA EXIST. BUT WE KNOW FROM OTHER LATIN AMERICAN COUNTRIES, THE FORMER SOVIET UNION, AND EASTERN EUROPE THAT FAMILY PLANNING REDUCES ABORTION DRAMATICALLY. INFORMAL OBSERVATION INDICATES THAT FAMILY PLANNING HAS HAD AN IMPACT IN BOLIVIAN HOSPITALS WHERE BOTCHED ABORTIONS ACCOUNT FOR UP TO 50 PERCENT OF PATIENTS AND AN ESTIMATED HALF OF ALL MATERNAL DEATHS.

11. THE POPULATION FUND RESTRICTIONS ARE HURTING USAID/BOLIVIA'S OTHER STRATEGIC OBJECTIVES AS WELL. BOLIVIA'S 2.6 PERCENT POPULATION GROWTH IS MARKEDLY

DECREASING GAINS FROM ITS RESPECTABLE 4 PERCENT ANNUAL GNP GROWTH RATE. THE DESIRED FAMILY SIZE FOR BOLIVIANS, URBAN AND RURAL, IS SLIGHTLY MORE THAN TWO CHILDREN, ACCORDING TO BOTH THE 1989 AND 1994 DEMOGRAPHIC HEALTH SURVEY. YET THEY HAVE FIVE OR SIX. BY LIMITING ACCESS TO FAMILY PLANNING, WE MAY DENY BOLIVIANS THE RIGHT TO CHOOSE THE NUMBER OF CHILDREN THEY WANT, AND WEAKEN USAID'S ENVIRONMENTAL AND DEMOCRATIC GROWTH OBJECTIVES AS WELL AS HEALTH GOALS.

KAMMAN
BT
#7290
NNNN

family planning

full
international
family planning

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United Nations Population Fund

Consensus and Progress

Hillary Clinton Addresses The Hague Forum

The Hague, Netherlands February 1999

Consensus and Progress

Hillary Rodham Clinton Addresses The Hague Forum

The Hague, Netherlands
February 1999

Sponsored by the United Nations Population Fund (UNFPA) as part of the five-year review and appraisal of the International Conference on Population and Development Programme of Action.

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Issues in Brief

Endangered: U.S. Aid for Family Planning Overseas

In the wake of groundbreaking international accords calling for greater political and financial attention to population and development issues, the United States is failing to fulfill its commitments. During the last two years, ultraconservatives in Congress have doggedly attacked U.S. participation in the International Conference on Population and Development in Cairo and the Fourth World Conference on Women in Beijing and have made U.S.-aided family planning programs a favorite target of their hostility. Cleverly using the divisive issue of abortion, they have attacked family planning efforts as promoting abortion by encouraging promiscuity, sabotaging parental authority and threatening family life.

Frustrated in their attempts to restore heavy-handed policies imposed on international family planning programs during the Reagan years, key members of the U.S. House of Representatives set out, instead, to undermine these programs through draconian funding restrictions. They succeeded: In 1995, while funding for most humanitarian aid was reduced by 20%, family planning was singled out for extraordinarily harsh treatment – a far deeper cut and a complicated allocation scheme that reduced even further the amount of funds actually available. Lawmakers gave no reprieve in 1996, as the disproportionate funding cut was extended for a second year. Another congressional test of this issue, however, is already slated for February 1997.

This Issues in Brief *explores the political climate confronting family planning assistance. It describes the human toll that deep funding cuts will take in the form of more unplanned pregnancies and abortions, more women dying during pregnancy and childbirth, and more infant deaths. Finally, it discusses why U.S. leadership is critical to the global family planning effort and why this is fully consonant with American traditions and values.*

The 1994 congressional elections ushered into the House of Representatives a formidable bloc of antiabortion conservatives. Facing an electorate that is basically prochoice, however, they had few potential targets within their reach. Foreign assistance became an easy mark, and the restoration of the so-called Mexico City policy became a rallying cry.

The Mexico City policy was first enunciated by the Reagan administration at the 1984 United Nations' population conference in that city; it was revoked by President Clinton nearly 10 years later. The policy deemed population growth a "neutral" phenomenon; to the extent it could be considered a problem, it would be solved by "market forces." The policy also declared that, henceforth, the United States would no longer "promote" abortion worldwide – something that, in fact, had been prohibited by law since 1973. The latter goal would be achieved by imposing strict new conditions on indigenous, private organizations abroad – conditions that could not be imposed on similar U.S.-based institutions. Under the Mexico City policy, these overseas organizations would be disqualified from receiving U.S. family planning aid if – with their own funds and in accordance with the laws of their own countries – they provided any abortion-related information or services.

The House endorsed the reimposition of the Mexico City restrictions on several occasions in 1995 but was rebuffed by the Senate each time. The Senate's refusal to reinstate these discriminatory and imperialistic restrictions, even after the House countered with varying versions, resulted in a lengthy showdown between the two chambers. As a consequence, a second – but equally devastating – assault by family planning opponents began to unfold: to decimate the program's funding.

In January 1996, almost four months into the new fiscal year and under immense pressure to head off a third governmentwide shutdown, both the Senate and the White House were forced to accept a self-described "compromise" proffered by the House leadership. As the price for dropping the Mexico City language, family planning would be stripped of much of its funding. First, an overall funding cut of 35% – a much deeper cut than that sustained by

The Alan Guttmacher Institute
New York and Washington

In Turkey, recent data show that among married women who reported having had an abortion in the past five years (14 percent of the respondents), 34 percent were not using any contraceptive method at the time they became pregnant, and 45 percent were using withdrawal, which has a high failure rate.5

In a large-scale study in four Latin American countries (Bolivia, Colombia, Peru and Venezuela), 73 percent of women hospitalized for abortion reported that they were not using a contraceptive method at the time they became pregnant.6

The Impact of Contraceptive Use on Abortion: Research Findings

The short-term phenomenon of simultaneous increases in contraceptive use and abortion. In some circumstances, use of contraception and abortion rates may both be rising at the same time. This phenomenon may occur because the desire to have smaller families may be increasing faster than the availability of contraceptive information and services and the consistent use of effective contraceptives. A decline in abortion rates for some countries therefore does not become evident until contraceptive methods are both widely available and effectively used. In countries where high rates of abortion coexist for a period of time with expanding family planning programs, it is likely that even more abortions would occur without the protection from unintended pregnancies provided by family planning services.

Historical data. A number of studies, drawing on experience in a wide range of countries where data on both abortion and contraceptive use are relatively reliable, support the conclusion that use of effective modern methods makes a significant contribution over time to reducing unintended pregnancies and abortions.

In South Korea, contraceptive use increased from 24 percent in 1971 to 77 percent in 1988. Lifetime total abortion rates per woman continued to increase to a peak of 2.9 in 1978, after which there was a nearly one-third decrease to 1.9 by 1991.7

In Chile, increased use of contraception since 1960 has been accompanied by a dramatic decline in abortion rates, which were estimated to drop from 77 per 1000 married women of reproductive age in 1960 to 45 in 1990.8

In Hungary, abortion rates were increasing, reaching a peak of close to 80 per 1000 women in the late 1960's, while contraceptive use remained at a low level (around 20 percent). Subsequently, a dramatic increase in contraceptive use, to over 50 percent ofcouples in 1978, was accompanied by a sharp drop in abortion rates, to just over 30 per 1000 women in 1986.9

Comparative data. Comparisons of abortions and patterns of contraceptive use across countries also help to demonstrate the close connection between use of effective methods and lower abortion rates.

A study of industrialized countries, including the United States, Canada, and all of Western Europe, using data from surveys between 1975 and 1984 found that "[t]he principal effect of using a highly effective method of contraception is to reduce the incidence of

abortion." Abortion rates were lower in countries where the proportion of women relying on three effective methods (pills, IUDs, and sterilization) was higher.10 Grouping countries by levels of effective method use highlights this relationship. The "low" category of countries had a group average of 25 percent effective method use and an average abortion rate of 97 per 1000, whereas the "high" category of countries had a group average of 57 percent effective method use and an average abortion rate of only 29 per 1000.

Central and Eastern Europe and the Former Soviet Union: Recent Data

In the countries of Central and Eastern Europe and the former Soviet Union, abortion rates have been extremely high for many years, in large part due to the lack of access to effective, modern methods of contraception. Results of recent efforts to increase availability of contraceptive services are already evident:

The IPPF affiliate in Russia, founded in 1991, now has 50 branches across the country. According to the Russian Ministry of Health, from 1990 to 1994, contraceptive use (IUDs and pills) increased from 19 percent to 24 percent. During this same time period, the number of abortions performed dropped from 3.6 million to 2.8 million. The abortion rate per 1,000 women dropped from 109 in 1990 to 76 in 1994.11

In the city of Almaty, in Kazakhstan, USAID has provided assistance to train doctors and nurses and to increase contraceptive supplies for 28 clinics. Contraceptive users served by these clinics have increased by 59 percent from 1993 to 1994, from 34,013 to 54,137. During the same period, abortions declined by 41 percent, from 34,547 to 20,342.12 The 1995 Demographic and Health Survey in Kazakhstan shows a 15 percent decline in the total lifetime abortion rate per woman from 2.0 in the 1988-91 period to 1.7 in the 1992-1995 period, during which the modern contraceptive use rate increased by 21 percent.13

The Ministry of Health in the Ukraine reported a significant decrease in abortions from January to June 1996, which it has directly attributed to the women's reproductivehealth program which began in 1995 with USAID funding. The abortion ratio fell 8.6 percent in this six month period, from 150 to 137 per 100 live births.14

Latin America

Between 3 and 5 million abortions take place in Latin American countries each year, causing roughly one-third of maternal deaths in the region.15

A recent comparative study concluded: "In Colombia and Mexico the level of abortion stabilized once contraceptive use began to rise....In Colombia,...most regions are now showing declines in the abortion rate since the mid-1980s...suggesting that the culture of effective contraception is beginning to take hold."16 From the same study, data from Bogota, the capital city of Colombia, showed a one-third increase in use of all forms of contraception between 1976 and 1986, accompanied by a 45 percent drop in the abortion rate, from 49 to 27 per 1000. For Mexico City and the surrounding region, use of all forms of contraception increased approximately 24 percent between

1987 and 1992, while the abortion rate fell 39 percent, from 41 to 25 per 1000.

Significantly, Colombia and Mexico have had very effective programs to expand availability of contraception -- in which USAID has long been a major donor.

Africa

In Africa, there are over 3 million unsafe abortions annually, leading to approximately 21,000 maternal deaths.17 Researchers and public health leaders point to a strong connection between programs that provide contraceptives and prevention of abortion and maternal deaths.

A study conducted in Tanzania among women hospitalized for complications of induced abortion found that less than 19 percent were using any type of contraceptive method, including traditional methods, at the time they became pregnant. The investigators concluded that "unsafe abortion is a serious health problem in our country...costly to the individuals concerned and to the country's health system. One solution is increased accessibility and availability of family planning information, education and services for all eligible couples and individuals."18

According to a physician from the Ministry of Health in Ethiopia, where USAID is the key donor helping to launch the national family planning effort: "Like other developing countries, Ethiopia has a lot of abortions, and from the studies in the capital's five hospitals, 30 percent of bed capacity is due to abortion. It is mostly younger women...coming in with complications after having an illegal abortion. Many young women are dying.... The government doesn't have any intention of using abortion as a family planning method. So we are trying to have an excellent program in family planning in our country. We are just getting started, and within the next five years we will definitely depend on donors."19

Saving Lives and Preventing Repeat Abortions

Providing women who have had abortions with life-saving medical care accompanied by access to contraceptive information and services is an approach which will both reduce maternal deaths and prevent repeat abortions. With USAID support since 1993, the feasibility of assuring availability of family planning services to women receiving treatment for abortion complications is being tested and evaluated in studies underway or nearing completion in seven countries.

In Turkey, pilot projects are dramatically increasing use of contraception among women who have had abortions, including a project in the largest maternity hospital in Ankara, where 98 percent of clients adopted a contraceptive method.20

In Egypt, USAID supported a pilot study in two hospitals, in which providers were trained to provide improved treatment for complications as well as to discuss contraception with postabortion patients and provide a referral for services. The proportion of patients intending to begin using a contraceptive method increased from 37 percent in the pre-test to 62 percent in the post-test.21

Conclusion

USAID is committed to helping couples meet their reproductive goals through the provision of safe and effective methods of family planning. Increasing access to high quality contraceptive services and a wide range of effective methods is an effective strategy to reduce reliance on abortion by preventing the unwanted pregnancies that lead to abortion.

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U.S. Agency for International Development
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ENDNOTES

1 As a matter of law and policy, USAID does not promote abortion as a method of family planning, and USAID funds cannot be used to fund abortions except in cases of rape, incest, or if the life of the woman is in danger. USAID, "USAID Policy on Abortion," April 1994.

2 In most developing countries, data on the extent of abortion are unreliable. Women are often reluctant to report abortions. Official data from governments are of variable quality, and data from hospitals or doctors who treat women for abortion complications provide only partial information. In collaboration with other donors, USAID is supporting efforts in selected countries to improve collection of data on the incidence of abortion as well as further analyses of the impact of family planning on unintended pregnancy and abortion. Country cases with quantitative data in this paper represent those for which relatively accurate data are available. Several different measures of abortion are used: Abortion rates refer to the number of abortions per 1000 women of reproductive age in the population. Abortion ratios refer to the number of abortions per 100 or 1000 live births. The lifetime total abortion rate is a measure of the number of abortions that an average woman is likely to have in her lifetime.

3 Preliminary data from 1995 Russia Reproductive Health Survey assisted by the U.S. Centers for Disease Control (CDC).

4 World Health Organization, "Abortion: A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion" (Geneva: WHO Document No. WHO/FHE/MSM/93.13, 1994); and Susheela Singh and Stan Henshaw, "The Incidence of Abortion: A Worldwide Overview," Paper presented at the IUSSP Seminar on Socio-Cultural and Political Aspects of Abortion from an Anthropological Perspective, Trivandrum, India, March 25-28, 1996.

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Surveys, Demographic and Health Survey 1993 (Calverton, Md.: Ministry of Health and Macro International Inc., 1994). Overall, 63 percent of women in Turkey are using family planning, but only 35 percent use modern methods, and the remainder rely on periodic abstinence, withdrawal, or other less effective methods.

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10 Elise F. Jones, et al., Pregnancy, Contraception, and Family Planning Services in Industrialized Countries (New Haven: Yale University Press, 1989), p. 218. Data on contraceptive use and abortion rates are from Belgium, Canada, Denmark, Finland, France, Great Britain, Greece, Italy, Netherlands, Norway, Sweden and the United States.

11 International Planned Parenthood Federation, "Fighting Russia's 'Abortion Culture,'" Annual Report, 1995-1996 (London: IPPF, 1996), p. 11.

12 M. Babamuradova, et al., Evaluation of AVSC-Supported Programs in Kazakhstan, Kyrgyzstan, Turkmenistan, and Uzbekistan (New York: AVSC International, March 1995).

13 J.M. Sullivan, "Trends in Induced Abortion and Contraceptive Use by Time Period, Kazakstan 1984-1995," (Calverton, Maryland: Demographic and Health Surveys Project, Macro International, Inc., 1996).

14 USAID/Ukraine mission report, July 1996.

15 John Paxman, et al., "The Clandestine Epidemic," op. cit.

16 Susheela Singh and Gilda Sedgh, "Trends in Abortion, Contraception and Fertility in Brazil, Colombia, and Mexico," forthcoming in International Family Planning Perspectives (1997).

17 World Health Organization, Abortion: A Tabulation of Available Data, op.cit.

18 G. S. Mpangile, et al, "Factors Associated with Induced Abortion in Public Hospitals in Dar es Salaam, Tanzania," Reproductive Health

Matters, No. 2 (November 1993): 29-30.

19 Statement made at the Centre for Development and Population Activities, Management Training Workshop, Washington, D. C., July 1996.

20 Cable from Ambassador Grossman to the Secretary of State, "Emerging Population Trends in Turkey: Shifting From Abortion to Contraception?" (State Department Cable No. Ankara 02219) March 4, 1996.

21 The Egyptian Fertility Care Society and the Population Council, Improving the Counseling and Medical Care of Post Abortion Patients in Egypt, Final Report. (Cairo: EFCS, May 1995).

TALKING IT OVER
BY HILLARY RODHAM CLINTON
FOR IMMEDIATE RELEASE

The pregnant woman wore an alpaca shawl over her blouse and full skirt, the traditional Indian dress in Bolivia. She looked about 35 and was attending a prenatal class at a health clinic I visited this week in the Bolivian capital, La Paz. She was nursing a 3-month-old baby and expecting her eighth child, who she hoped would be her last.

I was in Bolivia to attend the Sixth Conference of Wives of Heads of State and Government of the Americas. Women from countries throughout the Western Hemisphere got together to talk about strategies to eliminate measles, promote education reform and improve maternal health in our region.

Bolivia, a country of majestic beauty in the heart of South America, was an auspicious location for such a discussion. More women die in Bolivia during pregnancy and childbirth than in any other country in South America. But in the face of this human tragedy, Bolivia has become a model of how one nation can respond to the crisis of maternal mortality by galvanizing the government, non-governmental organizations and the medical establishment to launch a nationwide family-planning campaign.

In a country where half of all expecting mothers go through pregnancy and childbirth alone -- without medical attention of any kind -- Bolivia's aggressive effort to educate women about their own health and their options for childbearing is resulting in safer pregnancies, stronger families and fewer abortions. Without access to family planning, women in Bolivia -- and in many developing nations -- often turn in desperation to illegal, unsafe abortions that can end in death or serious injury. Deaths from abortion complications account for half of all maternal deaths in Bolivia.

As Bolivia has ably demonstrated, voluntary family planning teaches women about the benefits of spacing children several years apart, breast-feeding, good nutrition, prenatal and postpartum visits and safe deliveries. It also decreases the number of abortions.

Bolivia's success at preventing mothers from dying and lowering abortion rates has been possible, in part, because of help from the United States and other countries. The U.S. Agency for International Development has provided financial and technical assistance to help Bolivia establish a network of primary health care clinics.

The clinic I visited in La Paz is one that the United States helped start. Called PROSALUD (which, loosely translated, means "for the good of health" in Spanish), the clinic has doctors and nurses who offer round-the-clock prenatal, obstetric and pediatric services, as well as counseling about family planning in a poor neighborhood of 15,000 people. In the first six months of this year, the clinic staff provided 2,200 medical consultations, delivered 200 babies, registered 700 new family-planning users and immunized 2,500 children.

There are obvious benefits of such a program to Bolivian women, children and families, but health and family-planning services also help alleviate poverty and contribute to the economic stability of a democratic ally in our hemisphere. Yet opponents of foreign assistance and particularly of family planning in Congress are trying to eviscerate U.S. funding for programs like the one I saw at PROSALUD. Some argue that the United States has no national interest in the health and well-being of other countries' citizens. Others mistakenly suggest that family planning is being used to encourage -- rather than decrease -- abortions. In fact, our government has prohibited funding of any overseas project that promotes abortion since 1973.

Ignoring this, Congress last year approved draconian cuts in family-planning assistance amounting to a 35 percent reduction in funds. To add insult to injury, the cuts were accompanied by new restrictions that delayed delivery of aid for the first nine months of the fiscal year.

Similar harsh cuts and delays are included in the current budget, meaning that many organizations could again be denied assistance for months and then receive it only in monthly installments.

According to a recent analysis by five population organizations, the funding cuts alone will result in an increase of 1.6 million abortions, more than 8,000 maternal deaths, and 134,000 infant deaths in developing countries.

Family-planning campaigns at work in Bolivia and elsewhere represent sensible, cost-effective and long-term strategies for improving women's health, strengthening families and lowering the rate of abortion. My husband's administration remains committed to the continuation of these investments. And I will do everything I can to ensure that U.S. support for these initiatives continues. If you share my concern, I hope you will add your voice to mine and give all women everywhere the same opportunities for their lives we take for granted in ours.

December 3, 1996

Population Legislation Policy Options

Representative Chris Smith (R - N.J.) and others have proposed legislative proposals on U.S. Population Assistance (commonly referred to as the Smith language) that:

1. Prohibits funding for UNFPA unless the President certifies that UNFPA has terminated all activities in China and,

2. Makes foreign and multilateral organizations ineligible for funding unless they certify that they will not use their own funds to:
    - perform abortion;
    - "lobby" to alter abortion laws.

As Smith and his allies seem more willing to accept a Presidential waiver on the performance of abortion, the Administration's efforts should focus on addressing "lobbying." UNFPA is a moot point in light of the recent UNFPA Executive Board decision to begin such activities.*

The attached six options seek to break the current impasse by addressing the lobbying issue in ways that should not interfere with existing programs or the Administration's publicly stated commitment to ensure that abortion remains safe, legal, and rare. However, each of the options carries significant downsides, including, in some cases (options A, B, and D), limitations or the risk of limitations on the ability of individuals and/or organizations to express their views on public policy issues relating to abortion.

The options are as follows:

Option A: Resurrect Gilman-Pelosi.
Option A ***plus***: Enhanced Gilman-Pelosi (with four versions)

Option B: Use 501(c)(3)-type tax code restrictions to limit lobbying activities.

Option C: Enact Smith restrictions with Presidential waivers.

Option D: Voluntary statement by foreign NGOs that they will not lobby on abortion for one year.

Option E: Provide incentive/bonus to foreign NGOs that agree not to lobby on abortion.

Option F: Return to FY97 Appropriations language with second vote.

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* It bears noting that UNFPA's China program will be conducted in provinces where the practices leading to Congressional opposition will no longer be practiced. Thus, the raison d'etre for prohibiting such funding no longer exists. However, we will have to work hard if we want to ensure future funding for UNFPA.

OPTION A: GILMAN-PELOSI AMENDMENT TO SMITH

Accept the Smith language, but with Gilman-Pelosi Amendment that adds language that funding would be available to organizations that "do not promote abortion as a method of family planning and that utilize these funds to prevent abortion as a method of family planning;" defunding of UNFPA if there is a new China program, with the transfer of these funds to U.S. bilateral population programs.

Pros:

- Consistent with International Conference on Population and Development (ICPD) language. Emphasizes our commitment to prevent the need for abortion.
- Could help in maintaining funding for organizations currently supported by USAID.
- Came within 5 votes of winning in the House (however we may have lost additional votes due to attrition since September).
- Does not impose any restrictions on lobbying or the performance of abortion.

Cons:

- Could result in lawsuits. The Justice Department believes that the provision could be challenged. DOJ has suggested that there is a risk -- ranging from minimal to 30% -- that a Court would rule against the Administration. If this were to occur, a possible outcome would be to impose severe restrictions on USAID's program and result in a major setback to the Administration's policies vis-a-vis abortion. (See Annex 1 for analysis of Gilman-Pelosi.)
- Given the tendency to reenact the prior year's appropriation language, would likely make Smith language a permanent feature of USG law.
- Rejected in House vote, despite Administration support (albeit not conveyed by the most senior levels, i.e., the Secretary or the President).

OPTION A *PLUS*: ENHANCED GILMAN-PELOSI

Introductory Note on Options A(1) through A(4)

Options A(1) through A(4) all modify the Smith/Gilman-Pelosi proposal in ways that might make the underlying approach more attractive. These sub-options each impose additional terms that may be appealing to conservative votes. Options A(1) and A(2) impose relatively minimal burdens. Options A(3) and A(4) impose somewhat more significant burdens but may win more support. All four options are subject to the same pros and cons set forth in Option A. Only the pros and cons specifically associated with these sub-options are set forth below.[1]

Option A(1): Modified Gilman-Pelosi Amendment to Smith (Optics Approach)

Accept the Smith language together with Gilman-Pelosi, but with modifications that would: 1) make UNFPA ineligible for funding unless it complies with the Smith language and make UNFPA ineligible for the Gilman-Pelosi exception; and, 2) require that organizations that are exempted from the Smith language certification requirement certify that they will not promote abortion as a method of family planning and utilize funds to prevent abortion as a method of family planning. (See Annex 2 for exemplar language.)

Distinguished from Option A: As noted in Annex 1, Gilman-Pelosi creates an exception to the certification requirement contained in the Smith language. This exception would allow organizations to receive assistance even if they provide abortion on demand or seek to alter the laws on abortion (so long as they use their own funds in carrying out either activity). This option would narrow the exception so as to exclude UNFPA. As a result, UNFPA would be obliged to provide the certification called for by the Smith language and would be subject to the lobbying prohibition.

In addition, this option adds a certification requirement to foreign non-governmental organizations that are exempted from the Smith language certification. This certification, however, would only require that the organization not violate the policy promulgated by AID under Gilman-Pelosi.

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[1] It was suggested that L focus its efforts on developing slight language changes to Gilman-Pelosi that might make the proposal more appealing to conservative votes -- even if such changes were purely optical. L is reluctant to do so given the nature of Gilman-Pelosi and the basis of its appeal to conservatives votes. Gilman-Pelosi appeals to some conservatives because it creates a litigation risk that a Court will reject the Administration's intended implementation of the language and hamper the Administration's ability to implement its abortion policy. (See Annex 1.) Making even slight language changes -- at least those that would attract conservative votes -- could further increase those litigation risks. Given the negative outcomes associated with that risk, we have instead suggested options that do not inject further ambiguity/litigation risk into the Gilman-Pelosi /Smith proposal.

Pros:

- Largely symbolic in nature; places no additional burdens on existing programs while allowing Congress to argue that additional burdens are placed on UNFPA and AID grantees. (We call this the optics measure because we did not view it as having any negative impact. However, UNFPA may engage in advocacy efforts that arguably may fall within the scope of the Smith prohibition on lobbying.)

Cons:

- Likely not enough to garner conservative votes.

Option A(2): Modified Gilman-Pelosi Amendment to Smith (Authorization Approach)

Accept the Smith language together with Gilman-Pelosi as is (or with the changes noted in Option A(1)) but offer this language as an authorization bill rather than as an appropriations bill.

Distinguished from Option A: By offering it in an authorization bill, it would likely become permanent law, something that would be appealing to conservative votes.

Pros:

- Adds relatively little additional burden not already created by Option A but would be very appealing to conservative House members by making it essentially a permanent feature of foreign operations bills given the inability of Congress to pass regularly authorization bills.

Cons:

- Given the litigation risk associated with Gilman-Pelosi (see Annex 1), this option increases the likelihood that if successfully challenged by a conservative group, the Administration (and subsequent administrations) would be severely restricted in their ability to provide funding to organizations that provide abortion on demand or engage in activities to change the law on abortion (even when using their own funds). See Annex 1 (re litigation rights).

- If the restriction is included in an annual appropriation, the President could veto the bill in a subsequent year if the Administration is unable to successfully defend litigation challenging it's interpretation of Gilman-Pelosi. It would be much more difficult to amend an authorization act.

Option A(3): Modified Gilman-Pelosi Amendment to Smith (501(c)(3) Hybrid Approach)

Accept the Smith language together with Gilman-Pelosi but import the 501(c)(3) modified to operate in a manner similar to the narcotics certification legislation. Under this option, proposed legislation would provide that not more than 50% of the funds available for population assistance may be obligated before March 1. To obligate the remainder, the President would be required to determine and report to Congress that foreign nongovernmental organizations, which receive population assistance, do not in the aggregate have "a substantial part of their activities involve carrying on propaganda, or otherwise attempting, to influence legislation" with respect to abortion.[2]

This option might also provide the President authority to waive the requirement for determination if he finds it in the national interest to do so.

It might further include a fifteen day delay during which Congress would have the authority to pass a joint resolution to disapprove the waiver or determination (depending on the approach selected by the President).

Distinguished from Option A: As noted this option blends elements of both Options A and B together and imposes a limited lobbying limitation.

Pros:

- Addresses one of the major concerns expressed by Representative Smith and his allies, namely that USAID is funding organizations that engage in lobbying on the issue of abortion.

- Provides a new approach to the problem that may be appealing to conservative votes while staying largely within the confines of Gilman-Pelosi.

- Given what we know about the practices of AID grantees and subgrantees, this restriction will not threaten any programs. See Option B pros and cons.

- The waiver provision, if included, allows further protection to existing programs.

Cons:

- Subject to the same cons identified in Option B -- administrative burden and slippery slope argument that this option endorses the concept that lobbying one's government is bad.

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[2] As noted in Option B, this language is drawn from the tax code provision limiting the ability of tax exempt 501(c)(3) organizations to lobby or otherwise influence legislation.

Option A(4): Modified Gilman-Pelosi Amendment to Smith (501(c)(3) Hybrid with Specific Agreement Language)

Identical to Option A(3) but with an additional provision that states in statutory language that agreements granting or subgranting U.S. population funds to foreign organizations must specifically include the provision that "Each agreement will be terminated if a substantial part of the organization's activities involve carrying on propaganda, or otherwise attempting, to influence legislation with respect to abortion."

Distinguished from Option A: Adds a further element to Option A(3) that would apply on an organization-specific basis. (Option A(3) above only imposes a requirement on the President to determine whether *in the aggregate* organizations are lobbying.)

Pros:

- Addresses one of the major concerns expressed by Representative Smith and his allies, namely that USAID is funding organizations that engage in lobbying on the issue of abortion.
- Looks tough.
- Provides a new approach to the problem that may be appealing to conservative votes while staying largely within the confines of Gilman-Pelosi.
- Given what we know about the practices of AID grantees and subgrantees, this restriction will not threaten any programs. See Option B.

Cons:

- Subject to the same cons identified in Option B and in Option A(3) above.

OPTION B: 501(C)(3) TAX CODE-TYPE LOBBYING RESTRICTIONS

Prohibit funding to foreign non-governmental organizations for which a substantial part of their activities are aimed at influencing legislation on abortion using section 501(c)(3) of the U.S. tax code as a model. This option would have a funding threshold to ensure that any administrative burdens associated with this option not apply to micrograntees. (See Annex 2 for exemplar legislative language.)

Pros:

- This option draws from the restrictions placed on non-profit organizations in the U.S. that receive tax-exempt status. Those restrictions do not prohibit lobbying activity so long as "a substantial part of the organization's activities are not aimed at attempting to influence legislation." The restriction could be justified as an effort to preserve U.S. support to organizations which use most of their own resources for family planning purposes and not abortion lobbying. (Existing law already bans the use of federal funds for lobbying.)

- Uses a definition of lobbying based on existing U.S. law governing 501(c)(3) organizations that is both readily understandable by Congress and U.S. organizations (i.e., what we apply overseas is what we practice here in the U.S.) and limited in scope.[3]

- Preserves funding for most, if not all, organizations because even the large organizations receiving funds spend only a de minimis amount on lobbying.[4]

- May encourage organizations to spin off lobbying operations.

- Unlike Gilman-Pelosi, this option does not carry a litigation risk that the entire population assistance program will be jeopardized.

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[3] The scope of what activities constitute attempting to influence legislation are set out in regulations promulgated under 26 U.S.C. § 501(c)(3). These include:

a) contacting or urging the public to contact members of a legislative body for the purpose of proposing, supporting or opposing legislation;

b) advocating the adoption or rejection of legislation.

26 C.F.R. 1.501(c)(3) - 1(c)(3)(ii).

[4] For example, local affiliates of the International Planned Parenthood Federation (IPPF), one of the largest organizations in the field, are estimated to spend less than $75,000 per year in attempting to influence legislation (out of total expenditures by local affiliates of $60 million). It bears noting that Rep. Smith and others construe "lobbying" more broadly than the definition contained in the tax code. They draw the term to encompass advocacy efforts (such as outreach efforts to the public).

Cons (Option B):

- Codifies the principle that abortion rights as defined under law are somehow different from other reproductive rights (i.e., it is okay to lobby for the elimination of female genital mutilation but not on the risks of unsafe abortion), and that it is appropriate to limit NGO participation in the democratic process.

- Treasury is concerned about the precedent of using 501(c)(3) in a content specific manner (the tax code limits non-profit efforts to influence legislation on any topic) because it might prompt Congress to do the same thing domestically. In light of this concern, Treasury would prefer to see a broader ban on lobbying, i.e., one that is not limited just to the topic of abortion.

- Would contribute to the "chilling effect" on debate concerning abortion policy in developing countries because organizations will not understand the nuances of U.S. law and may act conservatively, conceivably not engaging in appropriate and perhaps legally permissable advocacy efforts.

- Sets a precedent that the Administration acknowledges that what NGOs do with privately-raised funds may be punished (contrary to the President's policy as articulated in 1993).

- Because of the difficulty and ambiguity in applying the language, could result in lawsuits.

- Congress could amend the phrase "influencing legislation" to include advocacy activities, such as having or attending meetings where abortion is discussed (which the House has previously done and which the Administration rejected last November).

- Ignores the differing context in which the 501(c)(3) status arises, i.e., to confer tax exempt status which is an indirect subsidy to domestic organizations. This model likely does not have an analogue in developing countries.

- If the threshold were removed, there is a danger of having a provision that would be difficult or impossible to implement and monitor for many small foreign NGO grantees and sub-grantees supported by USAID.

- Will be difficult to implement given ambiguity of what constitutes a "substantial part" of activities.

OPTION C: ENACT SMITH RESTRICTIONS WITH PRESIDENTIAL WAIVERS

Prohibit funding to foreign non-governmental organizations that use their own funds to perform abortion or to "lobby" to alter abortion laws, with provision for presidential waiver for either activity.[5]

Pros:

- Appears to give something to both sides, codifying the Smith Amendment into law while giving the President the opportunity to waive enforcement. Although enactment of these provisions into law could be construed as a political loss, the waiver authority would preserve the ability to continue existing programs. The President would say in signing the bill into law that he was doing so in light of the waiver authority and his immediate intent to exercise it.

- This was compromise language presented by the Senate to bring agreement between the House and the Administration. The NGOs have told us this would be acceptable language, if absolutely necessary.

Cons:

- The Smith Amendment is inconsistent with the Administration's policy and has been continually rejected.

- Family planning and abortion rights supporters would expect the President to veto Smith-type restrictions and would see incorporation of them into law as a major defeat even though it would not impede programs (assuming a pro-choice Administration).

- Given the tendency to reenact the prior year's appropriation language, would likely make Smith language a permanent feature of USG law.

- May not be sufficient. When Senate offered this language in the 105th Congress, it was rejected by the House.

- The House offered language that codified a prohibition on performance with a partial presidential waiver. This was rejected by the Administration.[6] Rep. Smith has since said that he would no longer find a waiver acceptable. (Others in Congress, however, may feel differently.)

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[5] When the double-waiver was proposed in the U.S. Senate, it included a higher overall funding level of $435 million with a $25 million penalty for each waiver invoked (i.e. $410 million if one waiver invoked; $385 if both waivers invoked.) Even if both waivers were invoked, the bottom line would have been the eventual 1997 appropriation level (albeit, with none of the other devastating restrictions -- e.g., metering or delays).

[6] Albeit other language included in this offer was equally unacceptable if not more so, e.g. $356 million funding cap, extremely restrictive lobbying language, etc.

OPTION D: VOLUNTARY STATEMENT BY NGO'S

A voluntary statement by USAID-funded foreign non-governmental organizations that they will not "lobby" for changes in abortion laws for the period of one year.

Pros:

- Would not affect existing programs if there is no penalty for organizations that refuse to comply.

Cons:

- Too weak to be acceptable to Smith and others.
- No indication that NGOs would agree to this.
- Potential negative backlash from family planning and other advocacy groups who will view this as the functional equivalent of Smith-type restrictions.
- After one-year, if not before, Rep. Smith will demand that the "voluntary" statement be codified into law.

OPTION E: INCENTIVE FOR NGO'S

Provide bonus/incentive above current levels of funding to foreign non-governmental organizations who do not "lobby" on abortion. (This is premised on House leadership support for increased funding levels.)

Pros:

- Would not cut-off funding to any existing USAID grantees.
- Would encourage organizations to spin off lobbying operations.

Cons:

- This option suggests that the USG believes that there is something inherently wrong with an organization, using its own resources, seeking to influence its own government and that an organization should be penalized for engaging in democratic activity.
- This rewards organizations for rejecting the decision that President Clinton made by overturning the "Mexico City" policy, which enabled groups to lobby or perform abortion with their private funds.
- Given increased Congressional scrutiny, this could require an extensive monitoring effort.
- Given pressures to balance the budget, Congressional support for higher levels of funding would undoubtedly force us to make cuts elsewhere.

OPTION F: RETURN TO FY97 APPROPS LANGUAGE WITH SECOND VOTE

Accept a return to FY97 Appropriations language which would provide for a delay in the release of 1999 international population assistance funds until July, monthly metering of funds, a Presidential determination of whether the delay has a detrimental impact on the program, and a Congressional vote releasing funds based on the Presidential determination.

Pros:

- Returns to a formula that both sides had accepted in the past.

Cons:

- Owing to attrition in the House, a positive vote will be harder to win.
- This option by itself is not sufficient and will not appease Representative Smith as evidenced by the FY98 appropriations process. Even if the Administration wins a second vote on the detrimental impact of a delay, it doesn't resolve or address Smith's concerns regarding lobbying or performance of abortion.

Annex 1: Analysis of Gilman-Pelosi

Analysis of Gilman-Pelosi turns on the phrase "abortion as a method of family planning." This phrase has been used in section 104(f) of the Foreign Assistance Act (commonly referred to as the Helms amendment) and comparable restrictions in annual appropriation acts to prevent, with limited exceptions, US funds from being used to pay for abortions. Although AID has not formally defined the phrase under these statutes, its administrative practice has been understood to mean abortion for any reason other than to save the life of the woman or in the case of rape or incest. The litigation risk associated with Gilman-Pelosi is that this proposal depends on using a different interpretation of the phrase in the context of how organizations spend their own funds.

Beginning in 1984, the Mexico City policy established by President Reagan, and continued by President Bush, precluded funding to organizations that could not certify that they did not provide or promote abortion as "a method of family planning." In implementing this policy, AID defined this term to mean:

> [abortions] for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions following rape or incest (since abortion under these circumstances is not a family planning act).

AID Grantee Contract §752.7016(d)(10) (circa 1986).

In other words, AID formally extended the Helms restrictions on how US funds are spent to how AID funded organizations spent their own funds. Thus, under the Mexico City policy, organizations that performed or promoted abortions in circumstances other than the limited circumstances noted (*even when using their own funds to do so)* were unable to provide the required certification and, therefore, were ineligible for US funding. One of President Clinton's first acts in office was to issue an executive order discontinuing this policy.

Last term Representative Smith introduced language that would enact this policy into law. His proposed legislation would require all recipients of US funding to certify that they would not perform abortions or engage in <u>any</u> activities to alter the existing laws or policies on abortion while receiving US funds. The Smith amendment did not use the term "abortion as a method of family planning," but referred specifically to the circumstances under the Mexico City policy in which abortion was permissible.

Gilman-Pelosi creates a exception to the certification requirement by exempting organizations that "do not promote abortion as a method of family planning."[1] This is where the definition of the phrase "abortion as a method family planning" becomes critical.

If the Smith language, as modified by Gilman-Pelosi, were enacted, AID would draft regulations that defines the phrase to mean *in this context* as "a substitute for contraception." Thus, if a woman sought an abortion from a clinic that was partially US funded, under such regulations, the clinic could use nonfederal funds to terminate the pregnancy so long as it could demonstrate that its policy and practice did not hold abortion out as a substitute for contraception.

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1 The plain text below represents the Smith language; the bold text reflects the language that Gilman-Pelosi adds to the Smith language:

(h) RESTRICTION ON ASSISTANCE TO FOREIGN ORGANIZATIONS THAT PERFORM OR ACTIVELY PROMOTE ABORTIONS --

(1) PERFORMANCE OF ABORTIONS --

(A) Notwithstanding section 614 of this Act or any other provision, no funds appropriated for population planning activities or other population assistance may be made available for any foreign private, nongovernmental or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, perform abortions in any foreign country, except where the life of the mother would be endangered if the pregnancy were carried to term or in cases of forcible rape or incest.

(B) Subparagraph (A) may not be construed to apply to the treatment of injuries or illnesses caused by legal or illegal abortions or to assistance provided directly to the government of a country **or to organizations that do not promote abortion as a method of family planning and that utilize these funds to prevent abortion as a method of family planning.**

(2) LOBBYING ACTIVITIES --

(A) Notwithstanding section 614 of this Act or any other provision of law, no funds appropriated for population planning activities or other population assistance may be available for any foreign private, nongovernmental, or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, violate the laws of any foreign country concerning the circumstances under which abortion is permitted regulated or prohibited, or **(except in the case of organizations that do not promote abortion as a method of family planning and that utilize these funds to prevent abortion as a method of family planning)** engage in any activity or effort to alter the laws or governmental policies of any foreign country concerning the circumstances under which abortion is permitted, regulated or prohibited.

In other words, AID's regulations would impose a narrow definition of what it means to "promote abortion as a method of family planning."[2]

The problem with this approach:

This approach depends on the legal principle set out in Rust v. Sullivan[3] and other Supreme Court decisions that the Executive Branch is entitled to judicial deference when the terms of a statute are ambiguous. So long as the President's interpretation is a reasonable reading of the words chosen by Congress and does not conflict with clear legislative history, courts will defer. Here, the Administration would have to demonstrate that the words "promote abortion as a method of family planning" can reasonably be read to mean "promote abortion as a substitute for contraception."

As noted in footnote 2, there is a reasonable explanation for this interpretation. Although not free from doubt, a court would likely agree. Indeed in Rust itself, the Court found these specific words -- "abortion as a method of family planning" -- were susceptible to a differing interpretation and deferred to the Executive.

However, there is a risk -- estimated by various individuals at Justice from minimal to 30% -- that a Court would disagree and find AID's regulation arbitrary and capricious in light of the differing definition given to the phrase "abortion as a method of family planning" elsewhere in the statute. As noted, current US law prohibits the use of US funds for "the performance of abortions as a method of family planning."[4] In this context, the Administration uses a **broad definition** of the phrase so that US funds only pay for abortion in the event the mother's life is in jeopardy or the pregnancy is the result of rape or incest.

A court might conclude that Congress understood the phrase "abortion as a method of family planning" to mean one thing, not two, and that both historically and currently it gave the phrase the same broad definition, not the **narrow definition** that AID would create administratively in the context of how foreign nongovernmental organizations spend their own funds.

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[2] There is a reasonable explanation for this narrow definition. Contraception, not abortion, is ordinarily the means promoted in planning the size of families. Organizations which do not "promote" the use of abortion in its policies as a substitute for contraception do not "promote abortion as a method of family planning" even if they recognize a woman's right to choose safe, legal abortion if the woman's family planning is not successful. As a result, AID's regulations would only target organizations that promote abortion in a highly unorthodox manner. In reality, this is a null set. No organizations that AID funds promote abortion as a substitute for contraception.

[3] 500 U.S. 173, 184-86 (1991).

[4] See, e.g., Foreign Operations Appropriations Act of 1998, §518.

In addition, this strategy assumes that there will be no significant legislative history that undermines AID's interpretation. If such contrary legislative history were developed, the Administration would not be able to implement Gilman-Pelosi in the fashion contemplated.

In either event, the result would be to cut off organizations that provide abortion on demand and impose a complete gag order on organizations that engage in *any* activities to alter the laws or government policies regarding the circumstances under which abortion is permitted or prohibited. The Administration has made clear it would not accept either situation. This, however, would be the outcome if the litigation were resolved adversely or contrary legislative history were developed.

Doc. #45545

Annex 2: Exemplar Legislative Language for Option A(1)

The plain text below represents the Smith language. The bold text reflects the language that Gilman-Pelosi adds to the Smith language. The underscored bold text reflects proposed further revision to Gilman-Pelosi under Option A(1):

(h) RESTRICTION ON ASSISTANCE TO FOREIGN ORGANIZATIONS THAT PERFORM OR ACTIVELY PROMOTE ABORTIONS --

(1) PERFORMANCE OF ABORTIONS --

(A) Notwithstanding section 614 of this Act or any other provision, no funds appropriated for population planning activities or other population assistance may be made available for any foreign private, nongovernmental or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, perform abortions in any foreign country, except where the life of the mother would be endangered if the pregnancy were carried to term or in cases of forcible rape or incest.

(B) Subparagraph (A) may not be construed to apply to the treatment of injuries or illnesses caused by legal or illegal abortions or to assistance provided directly to the government of a country **or to <u>any foreign private, nongovernmental</u> organizations that do not promote abortion as a method of family planning and that utilize these funds to prevent abortion as a method of family planning.**

<u>(C) No funds appropriated for population planning activities or other population assistance may be made available for any foreign private, nongovernmental organization not otherwise subject to Subparagraph (A) until the organization certifies that it will not, during the period for which the funds are made available, promote abortion as a method of family planning and that it will utilize these funds to prevent abortion as a method of family planning</u>

(2) LOBBYING ACTIVITIES --

(A) Notwithstanding section 614 of this Act or any other provision of law, no funds appropriated for population planning activities or other population assistance may be available for any foreign private, nongovernmental, or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, violate the laws of any foreign country concerning the circumstances under which abortion is permitted regulated or prohibited, or **(except in the case of <u>any foreign private, nongovernmental</u> organizations that do not promote abortion as a method of family planning and that utilize these funds to prevent abortion as a method of family planning)** engage in any activity or effort to alter the laws or governmental policies of any foreign country concerning the circumstances under which abortion is permitted, regulated or prohibited.

Annex 3: Exemplar Legislative Language Incorporating 501(c)(3) Option (Revised)
(using the portion of the Smith Amendment addressing lobbying)

(2) LOBBYING ACTIVITIES. - (A) Notwithstanding section 614 of the Foreign Assistance Act of 1961, as amended, or any other provision of law, no funds appropriated or otherwise made available in this Act for population planning activities or other population assistance may be made available for any foreign private, nongovernmental, or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, violate the laws of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited, **and will not have a substantial part of its activities involve carrying on propaganda, or otherwise attempting, to influence legislation with respect to abortion.**

[bold language strikes: "or engage in any activity or effort to alter the laws or government policies of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited."]

Statement of Managers Revision

Substantial activity or effort attempting to influence legislation with respect to abortion. The language is intended to be comparable to restrictions that exist on lobbying activity by tax exempt organizations under 26 U.S.C. § 501(c)(3).

~~CONFIDENTIAL~~

THE WHITE HOUSE
WASHINGTON

March 10, 1998

MEMORANDUM TO: **SYLVIA MATHEWS**
MELANNE VERVEER
WENDY SHERMAN

FROM: **ANN LEWIS** Ann

SUBJECT: **INTERNATIONAL FAMILY PLANNING**

As we discussed at our meeting on March 6, I have gone over statements on International Family Planning by the President and other principals to see how far we are already on record and what impact existing statements might have on our ability to negotiate future policy. The quotes document attached is the result of Lexis/Nexis and web searches of White House documents. The selection of quotes were used to develop the following points; the full text of the documents we found is available upon request.

Our principles, as articulated, are:

- We are committed to making high quality voluntary family planning and reproductive health care available to every citizen in the world. We know that family planning protects women's health, strengthens families and children, fights the spread of disease, and prevents abortion and maternal deaths.

- Existing laws prohibit the U.S. government from ever funding abortions in other countries. We abide faithfully by that law. (We do not and will not support abortion as a means of birth control or population control.) We do support family planning and we know that making family planning more available actually reduces the number of abortions.

- Because we know that family planning is so important, we have an obligation to work to avoid any delay (or, by extension, diminution) of funds to continue these programs. Any such delay will result in a rise in unintended pregnancies and maternal deaths, and an increase in unsafe abortions.

- Doctors and medical workers in family planning programs should be able to provide a full range of family planning information.*

* From the '93 Mexico City Repeal language: The original Bush administration Gag Rule referred not to lobbying or advocacy, but to discussion with patients; family planning groups argued that their responsibilities to their clients required that they be able to discuss all medical options. Obviously, this is a very different issue in countries in which abortion is illegal.

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PRESIDENT CLINTON'S FAMILY PLANNING STATEMENTS

PRESIDENT CLINTON: PRINCIPLES

The policies we promote must be based on enduring values, promoting stronger families, having more responsibility from individual citizens, respecting human rights, deepening the bonds of community.

Our goal is to make (high quality voluntary family planning and reproductive health programs) available to every citizen in the world by early in the next century. Parents must have the right to decide freely and responsibility the number and spacing of their children.

We do not support abortion as a method of family planning. We respect....the diversity of national laws, except we oppose coercion wherever it exists. [President Clinton's Remarks at the National Academy of Sciences, 6/29/94]

(T)he U.S. does not and will not support abortion as a means of birth control...we do support active and aggressive family planning efforts...we did move away from the Mexico City policy to a more neutral one in terms of the policies other countries have with regard to population planning, to contraception and to abortion... [President Clinton Remarks at Press Conference, 6/2/94]

The **(domestic) Gag Rule prohibited Title X recipients from providing their patients with full information and counseling concerning pregnancy**... (T)he Mexico City policy...effectively **applied the Gag Rule to organizations that receive US funding** even when those organizations use non-AID funds for those activities...[President Clinton Statement, 1/22/93]

The United States provides family planning support where it is wanted and needed. We are prohibited by law from ever funding abortion --and we abide faithfully by that law. ..(T)he work we have funded has ...improved women's health and women's station in life...allowed generations of children to grow..helping to prevent the spread of disease including AIDS...prevented untold numbers of abortions and maternal deaths...If we delay support fr family planning by even four months, denying safe and effective contraception to couples who depend on these programs, we will see a rise in unintended pregnancies and maternal deaths and a tragic recourse to unsafe and unsanitary methods to terminate those pregnancies. [President Clinton Statement, 1/31/97]

~~CONFIDENTIAL~~

PRESIDENT CLINTON: ACTION

Today's actions will allow organizations that received AID funds to provide information regarding all family planning options to individuals in foreign nations.

The Mexico City policy directed AID to withhold funds from NGOs that engage in a wide range of activities, including providing advice, counseling or information regarding abortion or lobbying a foreign government to legalize or make abortion available. ..even where an NGO uses non-AID funds for abortion related activities.

These excessively broad anti-abortion conditions are unwarranted...they have undermined efforts to promote safe and efficacious family planning programs in foreign nations. [President Clinton Executive Memorandum, 1/22/93]

I reversed the so-called Mexico City policy because I thought that doctors and medical workers around the world should be able to really work on family planning and **provide a full range of family planning information**. [President Clinton Remarks at the National Academy of Sciences, 6/29/94]

OTHER PRINCIPALS

VICE PRESIDENT GORE

We believe that making available the highest quality family planning and health care services will simultaneously respect women's own desires to prevent unintended pregnancies, reduce population growth and the rate of abortion.

We also believe that policy making in these matters should be the province of each government, within the context of its own laws and national circumstances and consistent with previously agreed human rights standards. [International Conference on Population and Development; Cairo, Egypt, 9/5/94]

HILLARY RODHAM CLINTON

Family planning is fundamental to letting women take responsibility for themselves and their children. Right now...roughly 100 million women worldwide cannot get or are not using family planning services because they are poor, uneducated, or do not have access to care...High abortion rates do not represent women's equality; they represent a failure on all our parts to help women prevent unwanted pregnancies in the first place. If we really care about reducing abortions and fostering strong families, we must not back away from America's commitment to family planning efforts overseas. [3/12/97]

TRB®

FROM WASHINGTON

Bad ban

In 1990 abortion was the predominant method of birth control for most Russian women. Contraceptives were not widely available; according to the Ministry of Health, only 19 percent of Russian women used them. But, like their American counterparts, Russian women did not want (and often could not afford) enormous families. So, in any given year, 109 out of every 1,000 had an abortion—one of the highest rates in the world.

Then, in 1991, an affiliate of the International Planned Parenthood Federation set up shop. Today it has over 50 branches across Russia. Thanks in large measure to IPPF's efforts, by 1994, 24 percent of Russian women were using contraception, and the abortion rate had declined by 30 percent—resulting in a net decrease of 800,000 abortions per year between 1990 and 1994.

You might think that American pro-life activists would be ecstatic at this news—and that they would be falling over themselves to demand increased U.S. funding for IPPF and other family-planning organizations. After all, family planning has had similar successes in places as varied as Chile, Kazakhstan, and South Korea.

Instead, the pro-life crowd has branded International Planned Parenthood Federation public enemy number one. That's because, although IPPF insists its "primary role is ensuring the availability of safe and effective contraception," and it spends less than one-half of one percent of its funds on abortion-related activities, the group unabashedly supports a woman's right to choose.

Representative Chris Smith, a New Jersey Republican who is co-chairman of the House Pro-Life Caucus, has made it his personal mission to cut off all U.S. funding for IPPF and like-minded groups. Smith's crusade kicked into full gear in 1993, when newly elected President Clinton revoked a long-standing executive order—known as the Mexico City policy, after the city where the Reagan administration first unveiled it in 1984—that had banned U.S. assistance to overseas groups that perform abortions or actively promote abortion as a method of family planning. Smith has been intent on getting Congress to reinstate the Mexico City policy ever since.

Last month, Smith finally succeeded when Congress approved Mexico City-like language that he had attached to a State Department appropriations bill. Although the bill would accomplish several key Clinton objectives—like paying off $926 million in back dues to the U.N.—the president has vowed to veto it because of the abortion language. Since Congress lacks enough votes to override Clinton's veto, the bill is presumably DOA. However, Smith will likely reintroduce his abortion language into at least one of several appropriations bills up for consideration next month. Vetoing those bills could mean shutting down the government all over again—something Clinton might not have the leeway to do—and so Smith's measure may not be so dead after all.

Even if you're against abortion, though, the implications of Smith's proposal should disturb you. The first provision would prohibit the government from even indirectly funding any organizations, excluding foreign governments, unless they agree not to perform abortions except when a mother's life is in danger or in cases of "forcible rape or incest." The second would prohibit U.S. funding of any group that engages "in any activity or effort to alter the laws or governmental policies of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited."

Smith insists that neither of these provisions would preclude the funding of family planning. Any group that is interested in providing family planning without providing abortions or lobbying to change abortion laws is still eligible for assistance, and, Smith argues, plenty of such groups exist. Back in the days of the Mexico City policy, says Smith's spokesman Ken Wolfe, "nearly 400 organizations got money for family-planning activities. There were more vendors than grants available."

But officials at the United States Agency for International Development, the agency that administers the funding, maintain that Smith's comparison is misleading. During the Reagan and

continued on page 41

sion, inspired by an unidentified married woman given the pseudonym "Earline." Scholars debate her identity. They even question her existence. Is Stendhal recalling an old love affair? Fantasizing about a possible new one? Or are these notes for a novel? He writes with his usual proliferation of alibis, cryptograms, and secret codes. The boundary between life and fiction blurs. The dream world encroaches. The imagination consumes larger and larger chunks of life. And then one evening, on the Rue Neuve-des-Capucines, Henri Beyle collapsed and died, vanishing forever inside the behemoth known to posterity as Stendhal.

MICHAEL RAVITCH, a writer and critic living in New York City, has completed a first novel.

CORRESPONDENCE *continued from page 5*

Labor Zionism since its origins in the early twentieth century. You would think he'd manage to keep his simple-minded arguments straight.

Simple, teleological, ahistorical arguments abound here. Who can trust the wisdom of an author who posits, as he admits even in the much-sanitized summary in his letter, a distinction between societies built on the basis of "history, culture, and religion" and those predicated on "rationalism, individualism, and genuine secularism"? Did, say, the British Labor Party of the late '40s, which transformed British society and which Sternhell praises in his book at the expense of the Labor Zionists of Palestine, reconstruct Britain oblivious to "history, culture, and religions"?

Sternhell doesn't dispute the accuracy of my many citations from his book. He faults me for not quoting him still more. He challenges me to provide a reference to what he terms the "breathtaking lie" in my review regarding his assessment of the role of kibbutzim. Well, here are his words: "[T]he kibbutz served as an alibi for the whole movement, which almost from its inception was contrary to the lifestyle of an egalitarian society. The kibbutz was a kind of magnificent showcase...." Readers of the book will find many, many more similar examples of the alleged manipulation of the kibbutz by Zionist ideologues.

As for Sternhell's summary of Arlosoroff, it is simply distortion, the twisting of a thinker's ideas to fit Sternhell's preexisting grid. This impressive Zionist thinker (a courageous dove on the Arab-Jewish question, as it happens) championed egalitarianism as a goal in Jewish Palestine as part of the process of national reconstruction. He found the idea of Marxist class warfare inconceivable there in the absence of advanced capitalism.

If TNR's readers think Sternhell's reply to me reeks of sarcasm, look at his depiction of Israel's first Prime Minister, David Ben Gurion, as a spa-hopping, free-spending, left-bashing, cruel narcissist. The unprincipled, hypocritical milieu conjured up in Sternhell's fervid, extra-ordinary version of Ben Gurion's Jewish Palestine is truly that of a living hell.

TRB *continued from page 6*

Bush years, abortion was illegal in many of the countries the United States was assisting, so organizations operating there couldn't have performed abortions in the first place. Today, many of those nations have liberalized their abortion laws. In addition, the U.S. has begun funding family planning in more than a dozen new countries, like Russia, Romania, Cambodia, and South Africa, that have legalized abortion.

Furthermore, Smith's language goes well beyond the Mexico City policy. It applies not only to nongovernmental organizations but also to various other kinds of groups, including multilateral organizations. And, although Smith maintains that the provision banning activities to alter the abortion policies of foreign governments merely denies funding to groups that "lobby" on abortion, the vague language in the amendment could have far more sweeping consequences. As one USAID official puts it: "If, for instance, CARE's affiliate in Bolivia were to develop a research paper that points out that, because abortion is not legal there, many women have unsafe illegal abortions, and there is a high female mortality rate, that would be construed as calling attention to an alleged defect in Bolivia's abortion law and would therefore prevent CARE from being funded." In short, many organizations that easily complied with the Mexico City policy would no longer be eligible for U.S. funding under the Smith policy.

Smith and other pro-lifers are quick to point out that they've at least agreed to a compromise: The Smith language would allow the president to waive the ban on groups that provide abortions (though not the ban on those who "lobby" on it) in exchange for what would amount to about a $50 million cut in the funding of all family-planning activities. But this is mystifying. How can Smith and his allies, people so dedicated to saving unborn life, be so cavalier about reducing funding for family planning just to spite Clinton?

The pro-lifers are preaching, and practicing, an ethic of clean hands. Their position is tantamount to saying that it is better to risk a multitude of unwanted pregnancies and, hence, potential abortions by withholding funding from family-planning groups than to help finance even one actual abortion performed by such groups. Of course, when you put it that way, the majority of Americans might not agree.

NURITH C. AIZENMAN

First Lady Hillary Rodham Clinton
Remarks at NARAL Anniversary Luncheon
Washington, D.C.
January 22, 1999

Thank you. I am honored to be here with all of you on NARAL's 30th anniversary – to celebrate the voices you have raised, the battles you have waged, and the victories won on behalf of women around the world.

For 30 years, every step forward for women's reproductive health in America has had one thing in common: the leadership of the people in this room. So I wanted to come this afternoon for many reasons, but I want to start by thanking all of you for what you do every day for the rights and health of women and families. I want to thank my dear friend, Secretary Shalala, Nancy Rubin, former and present members of Congress, Lucky Roosevelt and Susie Gelman for your hard work. And I particularly want to thank someone else. I know that in her remarks, Kate spotlighted many of NARAL's countless achievements, but I happened to notice that she left one thing out. And that is that none of it would have been possible in these last years without her and her leadership. Whether speaking out in the halls of Congress or organizing in communities across America, no one understands the stakes more. No one has been more courageous, passionate and tireless in the battle to make sure that every child is wanted, to make sure every pregnancy is planned, to make sure that every woman is blessed with reproductive health and freedom. And Kate, we all want to thank you for what you've done every single day. Thank you very much.

I'm also very humbled and honored to join the American College of Obstetricians and Gynecologists, and all of you, in honoring the courageous life and work of Dr. Slepian. The President and I, the Vice President and Tipper had the opportunity to meet Lynne Slepian and her four sons in Buffalo the other day. I don't know how I could adequately express the feelings that the four of us had standing there and talking with Lynne. Marilyn Buckham, the director of the Buffalo clinic, was with her. And those four young men. I'm told that recently Lynne, in a conversation with a friend, said how astounded she was that countless people that she didn't know had offered to help her family. Her friend replied, "It's because so many people admired Bart's courage and commitment." "But you know," Lynne said, "he didn't do those things to be admired." And the friend replied, "We know. And that's one of the reasons we admired him so much."

For his work was not the work of politics. It was the work of a community physician who brought life into the world, and gave health and dignity to women. That was his mission, and it must be our enduring goal.

Because we are here not only to celebrate NARAL's 30th birthday, but also to commemorate the 26th anniversary of Roe v. Wade. We can all take heart that despite many

attempts to chip away at its guarantees, Roe is still the law of the land. We can take heart that we have stopped the global gag rule, for now. That Title X family planning funding increased by $12 million. And that federal health plans are now required, if they cover prescription drugs, to also cover contraceptives.

But there is even more that happened this past year that we can celebrate. Because after years of moving in the wrong direction, we are finally seeing teen pregnancies and teen sexual activity going down. Unintended pregnancies are down. Abortions are down by a full 12 percent. And all of this happened under a pro-choice president who has refused to back down in his support of a woman's right to choose. A pro-choice president who respects the strongly held views of those who act in good faith, hold a different view. And who has worked to make good on the promise he made seven years ago to work to make abortion safe, legal and rare. Now you know better than anyone else that this will never be, it cannot be, an easy issue. It will always be hard. We don't have to look any further than the events on the Mall, the event in this room, and the gulf between them to know that emotions and feelings will always run deep.

But all too often, generally because of the loudest voices, the American people don't hear explained the efforts that we're engaged in to continue to work with people from all different walks of life to make abortion safe, legal, and rare. But instead they hear what Lawrence Tribe calls "The Clash of Absolutes." People shouting at each other about their differences instead of talking about and working to find what they have in common. That doesn't mean that anyone should ever abandon his or her belief that their fundamental convictions, and certainly, for those of us here, it means we never abandon our belief that the fundamental human right all people have to plan their own families. And it also means that we can never work with those who advocate violence. But there are people of good faith on all sides of this issue, and every day that we fail to find common ground to meet our goals of giving human rights and dignity to all people, another day goes by where a child is born unwanted, or a woman cannot get access to proper health care, or a teenager becomes pregnant and doesn't know what to do.

Across our country, we come to this issue as men and women, young and old, some far beyond years when we have to worry about getting pregnant, others too young to remember what it was like in the days before Roe v. Wade. People call themselves by different labels, follow different political philosophies or religions, but I think it's essential that as Americans we look for that common ground that we can all stand upon. For more than anything, our democracy is built upon a powerful idea: that people with profound differences and backgrounds can work together, across whatever divides them personally, in pursuit of common goals. Because, despite our differences, there are certain core beliefs and values that tie us together and set us apart as Americans. And it is those beliefs that can guide us in reaching our goal of keeping abortion safe, legal and rare into the next century.

I want to talk about three of those core, fundamental American beliefs. First, as Americans, most of us believe that the government should never be involved in the personal decision a woman makes about whether to bring a child into this world. I know that earlier you

got a look at the new NARAL ad that will begin running Monday night. And I want to congratulate NARAL for calling choice what it is: a fundamental American value and freedom. So every time we hear calls from those who would do away with family planning or limit reproductive rights, I hope we remember how fundamental our American values are to this debate. I also hope we will hear the voices of others who have come before us. Just imagine for a minute hearing the voices of the women who lined around the block for hours in 1916, waiting for Margaret Sanger to open the nation's first birth control clinic in Brooklyn. Before the police shut it down 10 days later, the clinic managed to help hundreds of women, and they all had their stories to tell. Stories of miscarriages and dangerous and illegal abortions, and the daily struggles to feed, clothe and shelter seven, eight, nine, ten or even more children when there was barely enough to care for one.

Of course we know too well the human history beyond our shores is replete with examples of inhumanity, and the abuse of power. So every time someone glibly says that we should have a constitutional amendment banning abortion or we should criminalize abortions, I hope we will listen to the voices of those who have been the victims of such practices. I hope we could hear the voices of the women who have suffered, often in silence, in Nazi Germany. For Aryan women, deemed "valuable," abortion facilities were prohibited, and their miscarriages were investigated by the police. For Jewish women, and Gypsy men and women in the concentration camps, they faced mass sterilizations as part of the quest to prevent "inferior" children. And from 1942 on, when women deported as forced labor became pregnant, their pregnancy was reported to a special S.S. officer, who tested them to identify their race, and then he decided the outcome of their pregnancy.

Every time someone tries to eliminate access to family planning, or further curtail reproductive rights, I hope we'll hear voices from women in Romania. When I visited there just a few years ago, I spoke with women about what it was like before they had democracy -- when they were taken against their will, often, or just as it became a matter of course once a month during their working hours. Taken to a general holding facility where they were physically examined to determine if they were pregnant, stripping them of their dignity.

As part of Ceausescu's campaign to increase population in Romania to 30 million, birth control, sex education and abortions were outlawed. You could open the door of your home and find a member of the communist youth group there to quiz you about your private life to find out why you hadn't conceived yet. And if you failed to conceive, you were fined a celibacy tax of up to 10 percent of your monthly salary.

I hope we will also listen to the voices coming out of China. The voices of women today now include many who are working to ensure that their country's family planning practices are voluntary and respectful. When I was there, I heard about what the one-child policy had once meant for too many women.

Back in the early 1980s, your menstrual cycle and use of contraceptives could be

monitored by local authorities. If you wanted to have a child, you needed to get permission or perhaps face punishment. And, after you'd had your one allotted child, you could be sterilized against your will or forced to have an abortion.

Which is why in my speech in Beijing, I said that "It is a violation of human rights when women are denied the right to plan their own families -- and that includes being forced to have an abortion or being sterilized against their will."

I hope everyone who has ever talked about making abortion illegal or limiting access to family planning will listen to these voices from our own history and the history of other women around our world. More powerful than any statistic, they tell the story of two different extremes. The government saying you cannot have children -- and the government saying you must have children. Neither of which is consistent with our American sense of fundamental justice, freedom and democracy.

That's why NARAL is right to keep asking, Who decides? And the American people have been right to answer again and again: This difficult decision must be made by individual women, in privacy, in consultation with her conscience, her family, her doctor, her God – and not her member of Congress.

We also must continue to say that making abortion illegal only succeeds in doing one thing -- making it unsafe, dangerous for women. As the Guttmacher Institute study released yesterday makes clear, even in some countries where abortion is illegal, they have abortion rates higher than what we have here in the United States. Because even when abortion is illegal, women who feel they need or have a right to the procedure find a way -- but often at great risks to themselves. Every year around the world, almost 600,000 women die of pregnancy related causes -- and 78,000 of these deaths are because of unsafe abortions.

Even in our country, we have seen what can happen when a small group of extremists tries to accomplish through violence and intimidation what they have been unable to achieve through the ballot box or the courts.

That brings me to the second principle that I hope continues to guide our country, and that is this: Violence, harassment, and intimidation have no role in our health care system or in this debate. Yes, we should respect each other's First Amendment rights to express our views. But no one debases the values of free speech, life and religion more than terrorists who claim to be acting in their name.

At Dr. Slepian's memorial, there were countless parents who came to honor him. And they did not come alone. In their arms or by their sides were the children that he had delivered, some of whose lives he had literally saved. They will be his lasting legacy.

But what can each of us do that would best honor his memory, and the memory of others

who have been killed? We must honor them as Dr. Wortman has done, by refusing to back down in our efforts to make sure that doctors are trained and available to provide safe and comprehensive health care to women all over our nation.

And we can do everything in our power to prevent violence and terrorism before it happens. In the last 10 years, there have been seven murders, 38 bombings, 146 cases of arson, and 733 cases of vandalism. Wherever one stands on the issue of abortion, surely we should all agree that when doctors are murdered, when clinics are bombed, splattered with acid, or set on fire, this is not free expression. This is domestic terrorism. And it must stop.

That's why I'm pleased to announce that the President's FY 2000 budget will include $4.5 million to provide extra security to clinics at risk. And that means proper lighting, motion detectors, closed-circuit cameras, security systems, and bullet-resistant windows.

You know, we should recognize that nothing good can come from people preaching or practicing hate -- whether they do it from a street corner or from a website. And no one has taught us this lesson better than the man whose birthday we celebrated this past Monday. Dr. Martin Luther King, Jr., in his speech about this topic 33 years ago said, "There is scarcely anything more tragic in life than a child who is not wanted." And that brings me to my third point.

More than anything, as Americans I think we can find common ground in the belief that all children should be wanted -- and that indeed abortions should be rare.

I have met thousands and thousands of pro-choice men and women. I have never met anyone who is pro-abortion. Being pro-choice is not being pro-abortion. Being pro-choice is trusting the individual to make the right decision for herself and her family, and not entrusting that decision to anyone wearing the authority of government in any regard.

Now I think we can all agree that it is a tragedy when four in 10 pregnancies worldwide are unplanned -- and half of them end in abortion. Now if we want, really, to reduce these numbers, we know we cannot achieve that goal by making abortions harder to get. We must do it by standing up for family planning here and around the world. And I am pleased to announce that the President's budget request for FY 2000 does just that.

He is asking for an increase of $25 million in Title X Family Planning grants -- the largest increase in 15 years -- and is also asking for $25 million for the United Nations Population Fund -- thereby renewing our commitment to those women around the world who rely upon that fund for contraceptives, maternal care, and child care.

Now, I am always amazed -- as I was during the debates on this issue last year -- that those who oppose family planning try to link family planning to increases in abortion. Now we know that it is, on the contrary, by refusing to fund family planning programs that we force

women to fall back on abortion.

We know that contraception reduces the probability of having an abortion by 85 percent. We know that every year, U.S. family planning programs prevent 1.2 million unintended pregnancies and 516,000 abortions in our country alone. And we have seen the same results the world over.

I am looking forward to my trip to the Hague in a little over, a little less, I guess now, than two weeks, where nations will gather in anticipation of Cairo plus five, to highlight success stories -- and find ways of replicating them worldwide.

But I have already seen many of those success stories firsthand. As I have personally had the opportunity to visit health centers all over the world, where family planning is decreasing the abortion rate -- and helping women gain authority and dignity in their own lives.

I remember visiting a maternity hospital in Brazil, where they had integrated family planning and reproductive health into their maternal and health services.

I saw mothers standing in the crowded hallways, cradling their newborns, waiting for well-baby appointments. Young women waiting for their prenatal appointments. Infants getting immunized. I saw parents getting the information they needed to make wise choices about planning their families. And I also saw wards of women who were there because they had not received quality health care. Many had, however, received self-induced or back-alley abortions.

I spoke to a number of mothers who told me that for the first time they could adequately care for the children they had. I learned about how rates of maternal mortality and abortion decreased because women received health care they needed in a timely fashion. And I fell in love with the Minister of Health for the state I was visiting when he said what everyone knows, and that is he intended to bring to poor women the same access to family planning services that well-to-do women take for granted.

It was indeed a victory when contraceptives were included last year in health plans for federal employees. But now, private plans should cover contraceptives as well. It is also past time to pass a Patient's Bill of Rights so that women will not have to go through a gatekeeper to see their OB/GYN every year. And it is time, through our community health clinics and other facilities, to give all people access to effective family planning and, I hope someday, universal health care.

And, if we want to decrease unintended pregnancies, abortions, welfare, and the number of young people dropping out of school, we must continue the progress we have made on preventing teen pregnancy. I am very pleased with the results of the National Campaign to Prevent Teen Pregnancy, headed by Sarah Brown and enlisting many distinguished Americans. That campaign has made teen pregnancy an issue on the front covers of teen magazines and soap

operas, and has used many imaginative ways of reaching out with many Americans, particularly young Americans, as possible. And we've got some success to show for this effort.

Fewer teens are having sex, getting pregnant, and having abortions, so we are getting the word out, but there are clearly too many young people who have not yet gotten this message. I'm always stunned when I meet with groups of young women who have babies already, who are pregnant and perhaps attending a class I visit. They sit there with a totally straight face and tell me that as soon as their boyfriend gets a job or gets back from the Army, or gets out of jail, they'll be a family, and everything will work out just fine. Well, we know better, and we have to continue to educate our young women about that reality as well.

But we know that young women get pregnant for a whole host of reasons. Some just don't understand why it's a bad idea, because they will, they think, have someone who is totally there who will love them unconditionally, at least until that child becomes a toddler and learns to say no. But that's another story. Some are coerced by older boyfriends. Some are the victims of incest. Others can't cope with school or their family and see pregnancy and motherhood as a way out. Whatever the reason might be, we have to try to reach every single teenager. We're doing that in a variety of ways. We are leaving no strategy unused. The pregnancy prevention programs include abstinence education, more after-school programs, efforts like Secretary Shalala's Girl Power Campaign, access to family planning, decision-making groups -- any approach that we think can work.

And we are seeing that this multi-pronged strategy can give us positive results. For example, back in 1990, Cortland, New York, had one of the highest teen pregnancy rates around. The county's family planning clinic and Catholic Charities decided to work together. They made the clinic free. They enlisted teens to talk to teens. They created a place for youngsters to go every Saturday night with adult supervision. They brought in religious leaders and businesses and they taught parents how to talk to their own children. And they set a goal of reducing the teenage pregnancy rate by one-third by the year 2000. Today they have almost reached that goal. As of 1996, the rates had decreased 30 percent -- the lowest in that community in 20 years.

So we know what works. We have to muster the will and build the coalitions that reach out and include all members of a community in making it possible for not only young people, but people of any age, to have access to the services, to be given the support they need to make wise decisions about their sexual life so that they can prevent pregnancy and prevent abortion.

I remember hearing about a conversation that Sarah Brown had with a teen father in Los Angeles. As they talked about what he felt like, being a father at such a young age, at the end of the conversation, he told Sarah that, "No adult had ever taken that much interest in what happened to me."

Well, the truth is that we have to pay attention to young women and young men, we have to do what we can to make it possible that they can have the equipment they need --

psychologically, emotionally -- to withstand pressure and to make the right decisions.

One young person from Texas, when asked what parents could do to prevent their own children from becoming pregnant said: "Don't leave us alone so much." Now, as any parent of teenagers knows, I don't think he meant literally he wanted to spend every second with his parents. But I do think that he was sending us in the adult community a very important message: that we have to fill our young people's lives with meaningful activities, skills they can obtain, a good education and just plain old-fashioned support and love. If we give them something else in their lives to look forward to -- playing on a soccer team, being in a school play, or going to college, becoming a teacher, whatever it might be -- then the needs that they sometimes feel to achieve maturity early will have some tough competition.

A number of years ago, at the Baltimore Self Center, Rosalie Strett used to give pregnant girls baby dolls to teach them to be parents. But she replaced the face of the doll with a mirror -- not only so they would learn to make eye contact with their children, but so that when they looked down, they would see themselves, and that child, in the future.

Imagine if every person looked into the mirror before sexual activity, before a pregnancy, and asked, "Am I ready for this?" Imagine if boys and men -- not just girls and women -- looked into that mirror as well. Because we have to do more to reach out to young men, and enlist them in the campaign to make abortion rare, and to make it possible for them also to define their lives in terms other than what they imagine sexual prowess and fatherhood being.

All of us -- citizens, parents, teachers, government officials, the media, sports figures, religious leaders, business leaders -- all of us need to look in that mirror. We have to make it our responsibility to create a new ethic of planned parenthood in this country. An ethic where people have the tools they need to plan every pregnancy -- probably, by any measurement, the most important event in their lives -- with as much care and detail as they plan other major events.

I hope we will do more than imagine. I think again of Dr. Slepian, who despite the harassment, had the courage every day to be there for the women who relied upon him.

I think of the women who died in back-alley abortions. The women forced to bear children in Romania or forced to abort them in China. And I think of the pioneers in our own country before Roe v. Wade -- some in this room -- who, even when you were ridiculed, threatened or ostracized, stood up for the right of each woman to choose. You have led us to this day, and we are grateful for your leadership. But now we have to expand far beyond this room, and far beyond those who are already identified an understanding that the issue we are proposing -- the pro-choice issue -- is an issue with deep roots in American democracy and human rights.

I hope that at the 50th anniversary of NARAL, the people on this podium speaking to you and the people in the audience will be able to say that we persevered. We did not turn our backs on our fundamental principles, but we also faced forward. That we worked with those who were

willing to work with us to end some of the divisiveness that has plagued this issue. And we found the courage -- and the common ground -- to make it possible for future generations to say that abortion is safe, legal and indeed, rare.

At some point in that future, where we will be able, I hope, to have built a much stronger foundation, and created on much more common ground, we will not have to hear these endless debates about family planning, about reproductive rights, but instead, we will all be focused on giving to each person in our country the respect that person needs to make the decisions all of our lives that only we can and should make. That's the kind of America that we celebrate today. That's the kind of America we must continue to fight for. Thank you all very much.

United States Department of State

Washington, D.C. 20520

October 4, 1999

SENSITIVE BUT UNCLASSIFIED

TO: H - Susan Jacobs

FROM: L/FO - Bill Kissinger

SUBJECT: Possible Revisions to the Greenwood Language

You asked me to propose some revisions to the Greenwood language (attached) that would make it appear "tougher" without making it too "tough." Below I have suggested a two possible revisions. The first only creates the appearance of being tougher; the second option is "tougher" in the sense that it would be a somewhat bitter pill for the Administration to accept. These options are not mutually exclusive; they could be combined. I have not yet shared this with White House Counsel as you suggested. I wanted to get your reactions first.

Option 1: The "Looks Tough Only" Revision

Insert a new section (a)(1) that provides as follows:

> *"(1) it will not use such funds to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions."*
> [Existing (a)(1)-(4) would need to renumbered accordingly.]

Revise section (a)(2) as follows:

> *(2) it will use such funds that are made available for funding planning services ~~to reduce the incidence of~~ to prevent abortion as a method of family planning;*

Explanation: The first revision adds only an additional certification requirement. Existing law already prohibits USG funds from being used to pay for abortions. FAA section 104(f)(1). Thus, this revision only requires organizations to certify they will not do that which is already prohibited.

The second revision also makes the Greenwood language look tougher without substantively imposing additional restrictions. In interagency discussions that included AID almost two years ago, we concluded language along these lines was acceptable given the definition AID would provide to the phrase "prevent abortion as a method of family planning." [The agency would adopt the interpretation that providing information on other alternatives "prevents abortion as a method of family planning."]

Option 2: The "Slightly Bitter Pill" Revision

Insert a new section (a)(5) that provides as follows:

> *"(5) it will not have a substantial part of its activities involve carrying on propaganda, or otherwise attempting, to influence legislation with respect to abortion."*

Explanation: This language is intended to be comparable to the restriction that exists on lobbying activity by domestic tax exempt organizations under 26 U.S.C. section 501(c)(3). This restriction was seriously considered as a revision to toughen the Gilman-Pelosi language in January 1998.

This approach was never floated on the Hill because there appeared no serious prospect of it going anywhere. There were, however, serious concerns about pursuing this approach. On the upside, this approach would preserve funding for most, if not all, organizations because even the largest organizations receiving funds spend only a de minimis amount on lobbying. By looking to a definition of lobbying based on existing US law, it is readily understandable by Congress and U.S. organizations and limited in scope.

The downsides associated with this approach are based on more general principles. It would codify the principle that abortion rights as defined under law are somehow different from other reproductive rights and that it is appropriate to limit NGO participation in the democratic process. It was also argued that it would set a precedent that the Administration acknowledges that what NGO's do with privately raised funds may be punished, something that is contrary to the President's policy as articulated in 1993. There were also concerns that the language, even with the 501(c)(3) gloss, would be ambiguous to recipients to US funds.

Attachment

Drafted by: L/FO:WKissinger
drafted 10/4/99 7-5036
Doc # 72848

SUBSTITUTE OFFERED BY MR. GREENWOOD OF PENNSYLVANIA

TO THE AMENDMENT OFFERED BY MR. SMITH OF NEW JERSEY

(FOREIGN OPERATIONS APPROPRIATIONS, 2000)

Page 116, after line 5, insert the following:

RESTRICTION ON POPULATION PLANNING ACTIVITIES OR OTHER POPULATION ASSISTANCE

SEC. ____. (a) None of the funds appropriated or otherwise made available for population planning activities or other population assistance under title II of this Act may be made available to a foreign nongovernmental organization unless the organization certifies that—

(1) it will not use such funds to promote abortion as a method of family planning or to lobby for or against abortion;

(2) it will use such funds that are made available for family planning services to reduce the incidence of abortion as a method of family planning;

(3) it will not violate the laws or policies of the foreign government relating to the circumstances under which abortion is permitted, regulated, or prohibited; and

(4) it will not engage in any activity or effort in violation of applicable laws or policies of the foreign government to alter the laws or policies of such foreign government relating to the circumstances under which abortion is permitted, regulated, or prohibited, except with respect to activities in opposition to coercive abortion or involuntary sterilization.

(b) The limitation on availability of funds to a foreign nongovernmental organization under subsection (a) shall apply—

(1) to funds made available to an organization either directly or indirectly as a subcontractor or subgrantee; and

(2) to activities in which the organization engages either directly or indirectly through a subcontractor or subgrantee.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Kate Spangler to Scott re: SSNs and DOBs [partial] (1 page)	10/25/1999	b(6)

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Melanne Verveer
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FOLDER TITLE:
Family Planning [Folder 1]: Family Planning [International]

2013-0534-S
rc1502

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Memo

for 3pm meeting

To: Scott
From: Kate Spangler, Congresswoman Maloney's Office
Date: October 25, 1999
Subject: Meeting with Mr. Podesta

Please find the following people will be present at the Tuesday, October 26 meeting with Mr. Podesta at the White House at 3:00 PM.

[001]

Members of Congress:
Rep. Carolyn Maloney (D-NY
Rep. Joseph Crowley (D-NY),
Rep. Jim Greenwood (R-PA),
Rep. Nita Lowey (D-NY), (b)(6)

Non-Governmental Organizations:
Judith DeSarno, National Family Planning and Reproductive Health Association, (b)(6) (b)(6)
Marcia Greenberger, National Women's Law Center, (b)(6)
Craig Lasher, Population Action International,
Susan Cohen, Director of Public Policy, Alan Guttmacher Institute, (b)(6) (b)(6)
Jacquelyn Lendsey, Planned Parenthood Federation of America, (b)(6) (b)(6)
Terri McCullough National Abortion and Reproductive Rights Action League, (b)(6) (b)(6)
Brian Dixson, Zero Population Growth, (b)(6)
Kathy Bonk, Communications Consortium, (b)(6)
Margaret Pollack, Director of Office of Population, State Department, (b)(6) (b)(6)
Kate Spangler, Rep. Carolyn Maloney (b)(6)
Ben Chevat, Rep. Carolyn Maloney
Chris McCannell, Rep. Joseph Crowley,

CAROLYN B. MALONEY
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September 17, 1999

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

As you know, since 1995, a small, but powerful, group of family planning opponents in the House of Representatives has sought to end or seriously undermine international family planning programs supported by the United States Government

Your steadfast leadership and support for international family planning programs has ensured that the House family planning opponents' primary demand, enactment of the "Mexico City" policy – a "gag rule" that would prohibit free speech about abortion - has not happened. Family planning opponents have, however, succeeded in dramatically cutting U.S. funding for international family planning programs, including the elimination of funding for the United Nations Population Fund in the current fiscal year and in imposing punitive measures that have seriously compromised program management. Moreover, they have held hostage the $1 billion the United States owes to the United Nations.

This summer, a majority of the House endorsed a bipartisan compromise on international family planning funding. This allows US supported international family planning programs to continue to achieve their primary goal of reducing the need for abortion and respects the right of other countries to debate, make and enforce their own laws pertaining to abortion. Moreover, this compromise promises to end the gridlock that has prevented the United States from paying its debts to the United Nations.

On behalf of the leaders of the major non-governmental organizations concerned with women's reproductive health, international family planning and the environment, we would like to request a meeting with you or your Chief of Staff. The non-governmental organizations and

Members of Congress would like to use this meeting to discuss this unprecedented opportunity of how we can work together to end the political logjam and restore funding for international family planning programs and repay our debt to the United Nations.

Again, thank you for your extraordinary leadership on behalf of women around the world. I look forward to working with your Administration over the next month to ensure a victory for international family planning programs.

Sincerely,

Carolyn B. Maloney

CAROLYN B. MALONEY
Member of Congress

Meeting with Rep. Maloney and Others on Funding for International Family Planning

You will meet on Tuesday, October 26 with five members of Congress and eight NGO representatives who would like to discuss how "to end the political logjam and restore funding for international family planning programs and repay our debt to the United Nations."

The members of Congress include Carolyn Maloney (D-NY), Jim Greenwood (R-PA), Joe Crowley (D-NY), Nancy Pelosi (D-CA), and Tom Campbell (R-CA). The NGO reps include Dan Baird (National Audubon Society), Amy Coen (Population Action International), Gloria Feldt (Planned Parenthood), Susan Cohen (Alan Guttmacher Institute), Brian Dixon (Zero Population Growth), Kathy Bonk (Communications Consortium and Media Center), Judith Lippman (National Partnership for Women and Family Equality), and Marsha Greenberg (National Women's Law Center).

Issues: The two issues they will focus on are (1) ensuring up to $25 million in funding for the UN Population Fund; and (2) finding a bipartisan compromise that will allow payment of our UN arrears along the lines of the Greenwood alternative to Chris Smith's "Mexico City" language in the Foreign Ops bill.

UN Population Fund (UNFPA): The Administration strongly supports funding for UNFPA. UNFPA promotes family planning activities in over 160 countries, including China. However, because of strong opposition in Congress to some of China's coercive population control practices, some Members have opposed U.S. funding of UNFPA. Indeed, last year, these Members were successful in striking all funding for UNFPA given its ongoing presence in China.

Foreign Ops Bill: The Foreign Ops bill vetoed by the President contained $25 million for UNFPA with dollar-for-dollar withholding for its China program (*i.e.*, for each dollar spent by UNFPA in China, we must deduct a dollar from our UNFPA contribution). This is estimated to amount to about $ 4-6 million in FY 2000. While we prefer no restrictions on UNFPA funding, our ultimate goal for FY00 is to get funding for UNFPA back on track. Therefore, we can accept the House version as a compromise, even a victory, given past votes on this issue.

UNFPA's China Program: We continue to have serious concerns about aspects of China's family planning program, but not about UNFPA's program in China. UNFPA's activities in China are designed to demonstrate that a voluntary, non-coercive approach to family planning can be effective in promoting sustainable population growth. China has agreed to make the UNFPA-sponsored program accessible to international monitoring, and a Congressional staffdel organized by Population Action International (which included staffers for Reps. Maloney, Campbell, and Crowley) visited China last month and came away with the firm impression that the UNFPA program is on track and Chinese commitments to voluntarism and non-coercion in the UNFPA counties are genuine. UNFPA has also assured member states that it will immediately suspend activities if coercion or abuse is detected. Our hope is that members of Congress will understand in FY01 budget discussions that UNFPA's presence in China fosters international exposure and dialogue on objectionable Chinese practices and is fully consistent with U.S. human rights goals.

The Greenwood Compromise, "Mexico City," and UN Arrears: The members attending this meeting co-sponsored the Greenwood Amendment to the Foreign Ops bill, which was an alternative to Chris Smith's "Mexico City" language. Unlike Smith, Greenwood would not seek to bar funding to groups that provide abortion services or "lobby" for legislation in this area. Rather, Greenwood would bar use of *U.S. funds* to promote or lobby for abortion as a method of family planning, which reflects U.S. policy. Both the Smith amendment and the Greenwood amendment passed on the House floor by similar margins during consideration of the Foreign Ops bill, but both were stripped in conference. Funding for U.N. arrears in the CJS bill was provided "subject to authorization", and Smith is expected to try to include his "Mexico City" language in the State Department Authorization bill, if it ever goes to conference.

As you know, with Dick Holbrooke's active involvement, we are making some headway in our effort to weaken support for Smith and to convince members that payment of arrears is a critical Administration priority that must not be linked to the Smith conditions. In this respect, Greenwood (or a similar compromise) might provide Republican leadership with a "fig leaf" that would make it easier for them to support the Administration position on arrears.

POINTS TO BE MADE FOR MEETING ON FUNDING FOR INTERNATIONAL FAMILY PLANNING

UN Population Fund (UNFPA):

- Restoration of UNFPA funding is non-negotiable.
- Tragic that all U.S. funding for UNFPA was eliminated last year.
- Would have preferred no restrictions on UNFPA funding this year, but overall objective is to get UNFPA funding back on track.
- Administration will remain firm in opposing efforts to hold UNFPA funding hostage to unrelated foreign policy concerns.
- Will work with all of you and other members of Congress to eliminate China restrictions in FY01.
- Need to convince other Members of Congress that UNFPA program in China actually contributes to our efforts to stem coercive practices.

UN Arrears and "Mexico City":

- Absolutely committed to getting U.N. arrears funded this year. Need to de-link it from the family planning issue. This is what Dick Holbrooke has been working on.
- Welcome your ideas on workable alternatives to current Smith amendment.
- Alternatives might not satisfy Smith, but could make it easier for many pro-life members to support the Administration's position on arrears.

file family issues

March 11, 1996

REMARKS AT WHITE HOUSE WORKING MEETING ON PARTNERSHIPS FOR STRONGER FAMILIES

DATE: Tuesday, March 12
TIME: 7:30 p.m.
LOCATION: Organization of American States
Washington, D.C.
FROM: Jennifer Klein and Brenda Costello

I. PURPOSE

The purpose of "The White House Working Meeting on Partnerships for Stronger Families" is to discuss ways that the federal government can be most helpful to states and localities attempting to develop community-based, comprehensive strategies for children and families. The meeting is designed: (1) to make states and localities more aware of existing federal activities; and (2) to get candid and constructive ideas from the people on the front lines of policy and practice to help guide federal actions and to build new partnerships to strengthen families. **The Administration's view that parents have primary responsibility for raising children is made clear in the attached statement, and the meeting will focus in large part on what government and community organizations can and should be doing to support parents.**

In the panel discussion following your remarks, the Cabinet Secretaries and other panel members will share with participants specific examples of what the federal government is doing to promote partnerships with states and communities to improve services for children and families.

II. BACKGROUND

Development of the Working Meeting on Partnerships for Stronger Families. This meeting builds on a meeting on Comprehensive Strategies for School-Based and School-Linked Initiatives that was held by the Administration in July of 1994. Participants in that meeting realized that strategies to improve education that developed out of that meeting could be applied more broadly to services for children and families. As a result, a Federal Working Group on Partnerships for Stronger Families was convened made up of representatives from the Departments of Health and Human Services, Education, Housing and Urban Development, Justice Labor,

Transportation, Commerce, and the Department of Agriculture as well as representatives from the White House offices of Domestic Policy, the National Performance Review, and the National Economic Council.

Preparation for March 12-13 Meeting. The Federal Working Group on Partnerships for Stronger Families met in January with representatives from local programs, community organizations and foundations, city health and justice departments, and state agencies and executive agencies. The group used a case study of the Sandtown-Winchester Community Center in Baltimore, Maryland to look at how the federal government can participate in and facilitate community and state efforts to improve services for children. The Sandtown-Winchester Community Center was formed in 1990 as part of a revitalization effort in the Sandtown-Winchester neighborhood of Baltimore. Community-driven efforts have reduced crime, increased employment, improved health and housing opportunities, and begun to stimulate the local economy.

March 12-13 Meeting. The March 12-13 meeting will continue this conversation and press for action -- that can be done administratively -- in the following areas: financing comprehensive strategies, building capacity, strengthening data and information systems, streamlining bureaucracy, and improving accountability.

Every state has been invited and has been asked to bring an individual working in education, an individual working in health, and a representative from the local level. The following states will be represented at the meeting: Arkansas, Colorado, Connecticut, Indiana, Iowa, Kentucky, Maryland, Minnesota, Missouri, North Carolina, Ohio, Oregon, Tennessee, Vermont, and West Virginia. In addition, there will be a number of academics and private sector participants, including the Danforth Foundation (that is supporting the meeting), the National Governors' Association, Bill Galston, the Carnegie Corporation, and the National Research Council's Board on Children and Families.

The meeting will consist of your remarks, a panel discussion with Cabinet Members and other agency representatives, a series of small group break-out sessions on Wednesday morning, and a town meeting moderated by the Vice-President on Wednesday afternoon.

Panel Discussion. Each Cabinet official or representative will focus on one thing their agency is working on to facilitate Partnerships for Stronger Families.

Secretary Cisneros: Reorganization of HUD

Secretary Riley: Ed-Flex Waivers

> NOTE: The Department of Education has approved "ed-flex" waivers for five states (Oregon, Kansas, Massachusetts, Ohio and Texas). Under these waivers, the state must waive its own statutory or regulatory requirements and is given the authority to waive federal law without coming to the Department of Education for permission.

Attorney General Reno: Blended Funding for Safe Futures Cites

Peter Edelman: Family Preservation
Ellen Haas: USDA's Team Nutrition Schools
Elaine Kamark: NPR's activity to enable Cabinet Agencies to achieve their goals

III. PARTICIPANTS

Panel

Moderator - Carol Rasco, Assistant to the President for Domestic Policy
Secretary of Housing and Urban Development Henry Cisneros
Attorney General Janet Reno
Secretary of Education Richard Riley
Peter Edelman, Assistant Secretary for Policy and Evaluation at the Department of Health and Human Services (for Secretary Shalala)
Ellen Haas, Assistant Secretary for Food, Nutrition and Consumer Services, USDA (for Secretary Glickman)
Elaine Kamarck, Senior Advisor to the Vice-President and Director of the National Performance Review

Audience

See attached list.

IV. SEQUENCE

V. PRESS

Closed.

VI. REMARKS

Talking Points prepared by Jennifer Klein.

The Bidding War

"SAVE SOCIAL Security first" has been the mantra of the Clinton-Gore administration. Now we know how Al Gore proposes to do it. He will solve the long-term mismatch between projected revenues and costs by . . . adding significantly to the costs. At a campaign stop in Philadelphia Tuesday, he announced that if elected he would support increasing benefits for widows and for women who take time out from work to rear children.

He neglected to say how he would pay for either, except by dipping into the Social Security surplus, which the administration and candidate both have said should be used instead to pay down debt in Social Security's name, a way of saving it to cover long-term costs. Nor did campaign officials offer a cost estimate, except to say it would probably be no more than $100 billion over 10 years. What a comfort.

An increase in widows' benefits would be a useful step; too many long-lived widows end up with insufficient incomes under present rules. But the step should be taken as part of a broader reform, which it could help sweeten, to make the program somehow affordable. The increase for women who take time out to rear children is sounder politics than policy. Mr. Gore said the proposal would reduce "the motherhood penalty" and "honor the work that women do . . . in raising children." But the benefit would create as many inequities as ever it might resolve; a well-off woman who could afford to stay home for five years would apparently receive as much credit toward future benefits as one who couldn't afford it and continued to work at the median wage. How fair is that?

Mr. Clinton was meanwhile busily touting the administration's main Medicare reform proposal Tuesday. Medicare likewise faces a long-term financial problem, which the president and Mr. Gore would compound by adding a prescription drug benefit that would be precisely as costly as it is badly needed. First do that, he said to Republicans; then will be time to talk about the tax cuts that are at the head of the Republican agenda. But a deal such as that would likely cost more than the government can afford.

The Democrats say the Republican tax cuts are too large, but the projected surplus also is large and, however ephemeral it may be, a powerful temptation in an election year. Senate Republicans plan to bring up a bill next week to reduce the so-called marriage penalty. Democrats have an alternative that looks less costly but in some respects would be more generous, not less so. The bidding war is pointed in the wrong direction.

Beth Tritter, Clair Coleman

Ungag Family Planning

ON FRIDAY the White House will host an event on family planning. It will feature the president, the secretary of state and flashy celebrity guests to highlight the administration's commitment to the issue. But the consistency of this commitment has yet to be proven. Today a bipartisan group in Congress is introducing a bill to strengthen America's international family planning programs. Yet the administration has chosen not to send a top-level representative to the bill's launch, and has at times seemed coy about supporting it.

The bill seeks to fix a problem that, for understandable reasons, the administration had a hand in causing. Last year, in order to get Congress to release money to repay America's debts to the United Nations, the administration accepted Republican restrictions on family planning groups abroad. This was the right trade-off. But the restrictions are onerous, and it is time to start undoing them.

The restrictions lay down that any family-planning group that accepts federal aid may not practice or advocate abortion, even if it uses non-federal money to do so. The advocacy ban is particularly noxious: A group that hosted a conference on family planning might run afoul of the law if one of the speakers broached the subject of abortion. This is a free-speech curb that Americans would never accept at home. The United States cannot urge developing countries to espouse democracy and openness while simultaneously seeking to restrict the speech of groups that work there.

President Clinton has called for international family planning without restrictions, and may well do so again on Friday. He has also proposed that aid for family planning be increased from its current level of $370 million to $540 million next year. But the battle to get these policies through Congress is going to be stiff. In order to win, the president is going to have to provide consistent leadership. Leaving like-minded members of Congress to march forward alone just isn't good enough.

The Washington Post
Thursday, April 6, 2000

What's News—

* * *

Business and Finance

THE MARKET CALMED DOWN after two frightening days for stocks. The Nasdaq Composite Index rose 20.33 points to 4169.22, though the small change masked a certain amount of volatility. The Dow Jones industrials lost 130.92 to 11033.92. Meanwhile, investors world-wide are turning against Internet stocks, sending prices for some shares plunging.

The London Stock Exchange was paralyzed for nearly eight hours by a computer glitch, preventing investors from bailing out of a nervous market.

(Articles on Pages C1, C16 and A14)

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Dresdner Bank abruptly pulled out of a planned merger with Deutsche Bank, after the two companies clashed over the fate of Dresdner's investment-banking business in London.

(Article on Page A3)

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Greenspan insisted that he isn't attempting to curb the stock market, but he said nothing to challenge the belief the Fed will lift rates next month.

(Article on Page A2)

* * *

Yahoo slightly exceeded forecasts for first-quarter profit and showed much stronger-than-expected results for revenue and audience growth.

(Article on Page A3)

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GM and Toyota are considering building a manufacturing plant in North America for an electric-gasoline hybrid vehicle now being developed.

(Article on Page A3)

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Dell Computer is making a major push to sell server-computers for corporate Web site operators and Internet companies, in a move to de-emphasize its reliance on the PC market.

(Article on Page B6)

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Boeing's commercial-jet unit needs to maintain tighter quality controls over its suppliers, the FAA concluded. Boeing said it will step up scrutiny.

(Article on Page A4)

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GOP leaders met with Gates and later called for a probe of whether the Justice Department was overzealous in prosecuting Microsoft. Judge Jackson, meanwhile, set an aggressive schedule for remedy proceedings.

(Article on Page B8)

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AOL and Gateway introduced a line of low-cost Internet "appliances" based on the Linux operating system.

(Article on Page B8)

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Stock markets face demands from a bipartisan group of senior lawmakers to begin decimal trading in some shares by Labor Day.

(Article on Page C20)

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A data-privacy pact between the U.S. and the EU faces opposition from a group of influential U.S. firms.

(Article on Page A24)

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Seventeen securities firms reached a settlement with the government in connection with alleged "yield-burning" in municipal bond deals.

(Article on Page B15)

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Vanguard 500 surpassed Fidelity's Magellan as the largest mutual fund, according to various estimates.

(Article on Page C25)

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Nabisco Group Holdings responded to Carl Icahn's latest proposal by inviting him to submit a formal bid.

(Article on Page B14)

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Markets—

Stocks: NYSE vol 1,115,034,670 shares, Nasdaq vol 1,862,581,410. Dow Jones industrials 11033.92, off 130.92; transportation 2824.28, up 99.33; utilities 294.86, up 1.17.

Bonds: Lehman Brothers Treasury index 8605.60, off 29.48.

Commodities: Oil $25.85 a barrel, up $0.40. Dow Jones-AIG futures index 96.704, up 0.559; DJ spot index 120.51, off 0.61.

Dollar: 104.89 yen, unchanged; 1.0365 euros, off 0.0024; 2.0272 marks, off 0.0047.

* * *

World-Wide

LOCKHEED WAS ACCUSED of violating an export ban by giving China rocket data. The State Department, in a letter to the company, listed about 30 violations of arms-export regulations relating to an analysis of satellite motor problems that the firm provided in 1994 to a venture partly owned by Beijing, people familiar with the matter said. No criminal charges are involved, they added, but Lockheed, which denied any wrongdoing, could face a fine of as much as $15 million. (Articles on Pages A4 and A2)

A vote on China trade legislation was scheduled for the week of May 22 by House Speaker Hastert. Backers hope to force undecided legislators off the fence.

* * *

ELIAN GONZALEZ'S FATHER IS DUE in the U.S. today, according to his lawyer. Juan Miguel Gonzalez, his second wife and baby son are to arrive in Washington this morning. Earlier, the trip appeared to be on hold after the attorney met with Cuban officials who seemed ready to block it unless the U.S. approved a 28-member delegation. U.S. immigration officials said custody of Elian is to be transferred from Miami relatives as soon as the Cuban family arrives.

How that transfer is to occur wasn't specified. Protesters have been guarding the Miami home for days, and local officials say they won't help remove Elian.

* * *

Yoshiro Mori was confirmed by parliament as Japan's new prime minister. Mori, 62, is a typical Liberal Democratic official, a consensus-seeker skilled at shifting positions to suit the political climate. He is viewed as a caretaker but will almost surely try to keep the post in elections that may come early as May. (Article on Page A17)

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Labor Secretary Herman was cleared of allegations that she sought kickbacks and illegal campaign contributions. An independent counsel, after a two-year investigation, also decided not to seek indictments against two of her associates. Clinton said that "she did not deserve what she's had to endure."

* * *

A ban on some late abortions passed the House 287-141 but appears to lack enough support to clear the Senate. Separately, bills are emerging in both chambers that would give the FDA authority to regulate tobacco. Clinton has signed a $40 billion aviation-projects measure. (Article on Page A24)

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Genetically modified crops show little evidence of being unsafe, but some need to be regulated more closely to prevent allergic reactions and prepare for even more complicated versions, the National Academy of Sciences says. Biotechnology firms were relieved by the report. (Article on Page B2)

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An American was arrested for spying by Russia, along with a Russian associate. The State Department said a lawyer was being provided for the unidentified American, who was described as a former intelligence agent who now works for a private Moscow firm.

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Two Bosnian war-crimes suspects were ordered freed pending trial because a U.N. tribunal's backlog kept them waiting two years for a court date. Prosecutors seek to bar the move. Croatia's new leaders, meanwhile, vowed cooperation with the tribunal.

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Pakistan's ousted premier faces a verdict today on charges that could carry the death penalty. Prosecutors allege Sharif tried to kill Gen. Musharraf, the man who overthrew him, by denying his jet landing permission on Oct. 12, the day of the coup.

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Turkey's parliament rejected letting President Demirel seek a second term in elections due by May 16. While a blow to Prime Minister Ecevit, it isn't seen as big risk to his coalition. (Article on Page A19)

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Two Buddhist nuns were indicted for failing to appear as witnesses in last month's trial of former Democratic fund-raiser Maria Hsia, convicted of arranging illegal donations. The nuns fled the U.S.

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Zimbabwe land-protest violence rose in a wave of assaults by ex-guerrillas who have seized white-owned farms and are turning on President Mugabe's political foes. Unrest grows as May parliamentary voting nears.

* * *

Nigerian intelligence agents raided a newspaper in Abuja, and employees said several colleagues were beaten. ThisDay said it has received threats recently over stories critical of a top presidential aide.

* * *

Yeltsin began drawing a $400-a-month pension, 75% of his salary as president. Most Russian retirees get $17. Yeltsin also extracted a vow that payments won't be late, a problem that his government never solved.

These issues that we speak of today should not be considered women's issues. But certainly it is fair to say that women often, by necessity, become the world's experts on the hazards and vicissitudes of life. And they, therefore, often understand and appreciate more clearly that they have a vested interest in ensuring that their societies and governments address these real-life challenges.

I have seen for myself on continent after continent the solutions that women are forging -- new mothers in JogJakarta, Indonesia, who gather every week to learn about family planning and better nutrition for their children; doctors and nurses in Belarus and Ukraine who are caring for the children of Chernobyl; women from Santiago to San Diego who are working on issues as diverse as education, crime, and the environment. These issues are central to our global democratic interests. For what distinguishes democracy is fair and genuine participation in every aspect of life.

It should be too obvious to point out, but unfortunately it isn't, that giving women a stronger voice and fuller say over their futures is intimately related to the health of democracies because women are the majority in most countries and the world over.

America's credo should ring clearly: A democracy without the full participation of women is a contradiction in terms. To reach its full potential, it must include all of its citizens. Clearly, whether we succeed in strengthening democratic values around the world is of special consequence to women, who in our country and elsewhere are still striving to attain, and even define their rightful place in government, the economy, and civil society, and to claim their rightful share of personal, political, economic and civic power.

Raising the status of women and girls and investing in their potential means insuring that they have the tools of opportunity available to them. Education, health care, credit and jobs, legal protections and the right to participate fully in the political life of their countries. And that is why the United States must continue its bipartisan tradition of supporting initiatives that move our world closer to these goals.

Today, more than 600 million women worldwide are denied the opportunity of an education. Women make up two-thirds of those who can neither read nor write. Yet the single most important investment any developing nation can make is in the education of girls and women. We are discovering that in country after country the benefits of educating women go far beyond the classroom and the schoolhouse. They go to stronger families, better health, nutrition, wages, and levels of political participation.

I have seen how the support of the United States for the education of women and girls worldwide is paying off. I have seen how similar social investments, also many supported by the United States, can make a difference in countries as diverse as Brazil, the Philippines, Nepal, and Pakistan.

Certainly, as I travel around the world and as many of you do likewise, we have seen with our own eyes that investing in girls and women helps to transform communities which in turn can transform societies. Women will not flourish and neither will democracy if they continue to be undervalued inside and outside the home.

I have had many experts in economic development around the world say to me that women's work is not part of the economies of countries, that women do not participate in the economic markets of countries. And yet I have seen with my own eyes as I've traveled through urban areas and remote rural ones that women are bearing often the bulk of the load of the work that must be done -- to plant crops, to harvest them, to make it possible for small enterprises to flourish in market stalls. So I know that women are working. Their contributions may not be counted in the gross domestic product of their societies, but they are of value. If all the women in the world tomorrow said they would not work outside the home, the economies of every country would collapse. And it is time -- (applause) -- it is time that we honored and counted the contributions that women make, both in the home and outside.

Investing in women also means investing in their health and, in turn, in the health of their families. I am especially pleased that the United States has provided assistance through the United States Agency for International Development to assure that women, children, and families have access to a full spectrum of low-cost, high-yield health care services -- from safe birthing kits for expectant mothers, to basic immunizations for infants, to oral rehydration therapy to treat children suffering from diarrhea.

I want to say a special word about family planning and its importance in this larger effort. Family planning is fundamental to letting women take responsibility for themselves and their children. Right now, however, roughly 100 million women worldwide cannot get or are not using family planning services because they are poor, uneducated, or do not have access to care. Some 20 million women will seek unsafe abortions. Of these women, some may become disabled for life, some will have other health problems, but fundamentally, the rate of unsafe abortions is in itself a tragedy. High abortion rates do not represent women's equality; they represent a failure on all our parts to help women prevent unwanted pregnancies in the first place. If we really care about reducing abortions and fostering strong families, we must not back away from America's commitment to family planning efforts overseas. (Applause.)

If we really care about making women equal partners in societies the world over, we must do everything in our power to fight violence against women, whether it is a hidden crime of domestic abuse or a blatant tactic of war.

No single social investment is a panacea for women or for developing countries. Nor should every just cause of the world be America's to embrace.

But I do believe that as long as discrimination and inequities persist in a broad-scale way against women, a stable, prosperous world will be far from a reality.

have, what happens when women are given access to such health services.

Just two days ago in Brazil, I witnessed the signing of an agreement between my government and two Brazilian state governments to support a family planning initiative. This came about because two years ago I visited a maternity hospital in Salvador de Bahia, Brazil, and I saw men and women getting the information they would need to enable them to make wise choices about planning their families. I saw mothers cradling their new-born babies in the hallways as they stood in line for their check-ups. I saw young women, very pregnant, waiting for their pre-natal check-up. I saw infants were getting immunization. I saw parents were being taught what to feed their young children and how to care for them. And I also saw wards of women who were there because they had not received good quality health care.

In short, family planning and reproductive health programs were integrated in that hospital into maternal and child health services. And I talked with a number of mothers, as well as with the Minister of Health, who told me that for the first time they felt they could adequately care for the children they had, that they could invest in those children not only their love but other resources as well.

The result of a program like that was that rates of maternal mortality and, importantly, rates of abortion decreased because women received the health care they needed in a timely manner and furthermore, as the Minister of Health, an esteemed medical doctor and university professor, told me, for the first time poor women received the same health services that rich women have always been able to receive for themselves.

This approach of integrating the services and reaching out to poor women and men has proven so successful that it has been adopted as a hemisphere-wide strategy to reduce maternal mortality, and was announced at the First Ladies of the Americas Conference in La Paz last year.

Now the promotion and expansion of women's legal and political rights may, perhaps, be the most difficult challenge we face. And yet slowly but surely we are witnessing the emergence of legal reforms that will raise the status of women in the home and in society.

Domestic and sexual violence against women remains one of the most serious and under-reported human rights violations in the Americas. In country after country, we are finally bringing out into the light of day what has been thought to be a private matter. In Argentina, women have worked to incorporate domestic abuse issues in police training, and I applaud you. Many countries now have human rights ombudsmen with special offices dedicated to protecting the rights of women. In Panama, legislators have reformed the Family Code to better regulate such matters as alimony, child support and child custody.

And in the United States, we have introduced comprehensive violence against women plans that provide counseling for victims, training for police officers, and prosecution of offenders in all 50 states.

Throughout Latin America, countries are finding ways to open up political participation for

Since I arrived yesterday, I have already seen firsthand what women and young people are doing to transform this country. Last night, I talked with young people from the Kazakhstan Association of Young Leaders who are teaching each other about civic participation in a democracy.

I remember one young man in particular, who told me that a few years back he thought he could never make a difference. Now, after learning the skills of democracy and working with other young people, he says: "I can see how much I can do."

Earlier this morning, I participated in a ribbon-cutting at the new Almaty Women's Wellness Center. This is one of 13 centers in the Newly Independent States that the United States government is working with to offer a full spectrum of health care to women. This center will provide screening for cervical and breast cancer and prenatal care. It will help women to protect themselves from dangers like tobacco and alcohol. And it will include family planning services -- which are vital if we are going to decrease the number of abortions, as Kazakhstan has begun to do. The benefits of a center like this spread far beyond its doors. Because better health for women translates into better health for their children and their families, and then their communities, and country.

Later today, I will travel to Kyrgyzstan. And the first thing I will do when I get off the plane will be to pay tribute to the important role that non-governmental organizations are playing in that country by promoting health care and humanitarian assistance.

I will then go on to visit women who are getting access to credit to create businesses that foster economic security for their families and economic independence for themselves.

Clearly, the women of Central Asia are teaching each other lessons about democracy in action.

Women are teaching lessons about democracy in Uzbekistan, where parents have launched an initiative to fight for the rights of disabled children.

They are teaching lessons about democracy in Turkmenistan, where women are actively engaged in civic education through a non-governmental group called "Dialogue."

today in La Paz, I visited with Ximena, Banco Sol, the only commercial bank in the world and the largest that specializes in microenterprise right here. I spoke to women whose lives had been transformed because they had received a modest loan to start selling vegetables in the market, to start making skirts. Not only had they become economically self-sufficient, they had begun to lift their families out of poverty and improve the economies of their communities. We met one woman in the market who is caring for her six orphan grandchildren because of the loans that she had received. I have seen the same encouraging results at FINCA, a micro-lending enterprise that I visited in Managua, Nicaragua. I've visited a comparable enterprise in Santiago and I have seen it in my own country.

In La Paz today I also visited new and expectant mothers at a primary health care center run by an NGO, PROSALUD. The 28 PROSALUD clinics offer prenatal care and family planning services that have resulted in safer pregnancies and deliveries and, in some cases, have saved lives.

This is but one piece of the nationwide effort here in Bolivia to promote safe motherhood and family planning so that women and girls are educated about their own health and their own reproductive options.

Although the rate is far too high, Bolivia's success over the past five years at reducing maternal mortality offers a model for the world of how one nation has responded to a serious health crisis and galvanized the government, non-governmental organizations, and the medical communities. I wish to commend the President and the Vice President for their leadership in this very important effort.

It is worth noting that Bolivia undertook this campaign not only as a way to reduce maternal mortality, but also to reduce the increasing rate of abortion. Without access to family planning, women often turn in desperation to illegal, unsafe abortion procedures that account for half of all maternal deaths in this country. Deaths from abortion complications are responsible for from 30 to 70 percent of maternal mortality in our hemisphere, depending on the country.

file family planning

In Peru, Women Lose theRight to Choose More Children

When a government team held a "ligation festival" to register women for sterilization in La Legua, Peru, Celia Durand resisted.

According to Mrs. Durand's now-widowed husband, Jaime, the 31-year-old mother of three was appalled at the pressure tactics government health workers used to induce women to have tubal ligations. Not only did they go house-to-house to round up candidates, but they paid repeated visits to those who refused to comply. Mr. Durand says they reassured his

The Americas

. By Steven W. Mosher

wife that the operation was "simple and quick," adding that she could "go dancing the same night."

Even though Mrs. Durand knew that the local health station was equipped with little more than an examination table, pressure from government health workers finally wore her down. On July 4, 1997, she reluctantly underwent surgery. Two weeks later she died from complications.

Celia Durand was part of a massive sterilization campaign by the government of President Alberto Fujimori. It is a classic case of the conflicts of interest and potential for ethical violations inherent in a government sponsored "family planning" program. What was originally sold to Peruvians as an altruistic program aimed at helping poor Peruvian women has evolved into an orchestrated attempt to control reproduction and to meet a goal of fewer Indian children in the countryside.

In June 1995 Mr. Fujimori announced that his government would "disseminate thoroughly the methods of family planning to everyone" in order to make "the women of Peru . . . owners of their destiny." What has happened since belies Mr. Fujiori's feminist sentiments.

Until October 1995, even voluntarsterilization was illegal in Peru. With M Fujimori's backing, the Peruvian Corress legalized it. Soon the Ministry of Hlth, then headed by Eduardo Yong Mtta, made sterilization its main methl of "family planning."

In a Jan. 29 interview with DavidMorrison of the Population Research Instute, Dr. Yong Motta, now President Fujimri's health adviser, defended the practi of sterilizing women even if they had jeviously been using other contraceptivesuch as the injectable Depo-Provera. "epo costs too much," Dr. Yong Motta saic "In addition, . . . a women might forg to come in for her shot or *might not wanto*." (emphasis added)

By spring 1996 the Ministry of Hlth had set national targets for sterilizatns, and health workers were being given idividual quotas. The ministry has beeiaggressively targeting poor women in ral areas—which in practice means thos of Indian or mixed descent—for sterilizaon. The medical director of the Huancavica region, for instance, ordered in a wrien communiqué that "named personnel lve to get 2 persons for voluntary surgical erilization per month." According to thidirective, "At the end of the year there ill be rewards for the site that has . . .he greatest effort to bring in people."

To meet these targets, mobile sterilation teams travel throughout the counyside, holding "ligation festivals" and pcticing the kind of coercion that Celia urand experienced. In many areas heth workers receive a bonus for each aditional procedure, while they can lose tir jobs if they fail to meet their quotas. As ie Huancavelica directive notes, "At the d of the year each person will be evaluad by the numbers of patients captured."

Dr. Yong Motta openly defends quos. "Of course the campaign has targets. . . . [Success is measured] through many methods, including numbers of acceptors versus nonacceptors." He admits the dangers of setting targets, but insists that "the campaign has been a success."

That Peruvian medical workers under heavy pressure to meet sterilization quotas should resort to coercion is hardly surprising. Knowing full well this danger, the 1994 Cairo Population Conference condemned the use of quotas or targets in birth control campaigns, an admonition

The Peruvian Ministry of Health has been targeting poor women in rural areas for sterilization.

Mr. Yong Motta and other Peruvian officials have now admitted ignoring.

Coercion takes various forms. First, there are repeated visits to the homes of holdouts. As one woman in La Quinta remarked, the workers came "day and night, day and night, day and night to urge me to undergo the operation."

Various bribes and threats are also employed. According to interviews in villages and press accounts in El Commercio, hungry women are offered the opportunity to participate in food programs, including programs supported by the U.S., if they agree to sterilization. Women already participating in food programs have been threatened with expulsion.

Rural women report that no mention is made of sterilization's health risks. Nor are they given the opportunity to choose alternative methods of family planning; indeed, women using contraceptives have been refused additional supplies. There have even been sterilizations performed on women without their consent, often during the course of other medical procedures. Victoria Espinoza of Piura has testified before a U.S. congressional committee that doctors at a government hospital told her she was sterilized—without warning or permission—during a Caesarean delivery. Her baby later died.

Dr. Yong Motta attempts to defend the pressure tactics. "If the Ministry of Health did not do the campaign house-to-house, people would not come," he asserts. As far as the repeat visits are concerned, "It was a doctor's responsibility to convince the patient into doing what was best and having [a tubal ligation]. Women in Peru have many children."

The U.S. has some responsibility for all this. It has been pushing population control in Peru for three decades. As congressional staffer Joseph Rees remarks, "We have enriched, encouraged, and thus emboldened the Ministry of Health to take decisive action where population growth was concerned."

Dr. Yong Motta is more blunt, saying that the U.S. Agency for International Development "is disqualified from objecting [to the sterilization campaign] because they have been helping in the family planning program from the first."

To understand how oppressive and intrusive Peru's family-planning program is, imagine how you'd feel if someone from the Department of Health and Human Service showed up on your doorstep bearing contraceptives—let alone an order to report for sterilization. Not all government-sponsored family planning programs are this coercive. But there is an element of intrusiveness common to them all. Instead of making poor women in Peru "owners of their destiny," Mr. Fujimori's birth control campaign paternalistically decides their reproductive destiny for all time.

Mr. Mosher is president of th Research Institute in Falls Ch

Keep the Taxman Off-Line

By Ron Wyden

If the National Governors Association has its way, Americans who use the Internet could soon be paying more than $16 billion a year in new taxes. Fortunately for wired Americans, President Clinton yesterday endorsed the Internet Tax Freedom Act, which would declare a moratorium on state and local taxes aimed specifically at the Net.

When Rep Chris Cox (R., Calif.) and I first introduced this legislation, opponents argued that it was unnecessary. Few states or localities, they claimed, imposed or envisioned such taxes. Yet under the governors' plan, each state would have the power to establish a special Internet sales tax. In other words, my neighbor in Portland, Ore., could be compelled to pay taxes to the state of Maine because she logged on to the L.L. Bean Web site and ordered a sweater for her sister in Iowa. Whether Oregon and Iowa would get to tax this transaction as well is unclear.

Internet commerce is a boon to small business, allowing someone in a small community to reach customers all over the world for minimal cost. A family-run, home-based company with a good idea can compete with a world-wide giant.

But the governors' plan, announced this week, would force these entrepreneurs to become nationwide tax collectors, making difficult decisions about when a tax is applicable, which tax to charge and how to charge it. They could be held liable for a tax if the buyer's e-mail address turned out to be fraudulent. And they could even be placed at a disadvantage vis-à-vis their unwired competitors, as the proposal would allow states to charge higher taxes on Internet purchases than on others.

The plan also raises a host of legal complications. Suppose a resident of Wisconsin comes up with a great new product idea. He files incorporation papers in Delaware, makes production and shipping arrangements with a factory in Arizona, and sets up a Web site on a server based in Tennessee. Which state's tax does a customer from New Jersey have to pay?

The Internet Tax Freedom Act would direct the Treasury Department to work with state and local officials, businesses and consumer groups to study these issues and recommend what taxes, if any, would be equitable. In the meantime, we would call "time out" on any taxes specifically aimed at the Internet, giving this new medium more time to develop before being inundated by a wave of special new taxes.

The bill—supported by the governors of California, Massachusetts, New York and Virginia—has been passed by the Senate Commerce Committee, and is scheduled for a vote in the House in early March. Congress should send it to Mr. Clinton posthaste and put a stop to the governors association proposal—a job killer that would do significant damage to the Internet, the business infrastructure of the 21st century.

Sen. Wyden (D., Ore.) is a member of the Commerce Committee and its Subcommittee on Telecommunications.

THE WALL STREET JOURNAL
FRIDAY, FEBRUARY 27, 1998

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Fact Sheet on International Family Planning Vote

In February, Congress will vote on a joint resolution concerning the U.S. international population assistance program. ***This vote will determine whether funds already appropriated for family planning in FY 97, will be held up until July 1997, or whether they can be released in March.***

- The vote on the timing of family planning funding reflects an agreement made by House and Senate Leadership and the Administration. The agreement -- to focus *only* on the potential harm of a delayed release of funds -- was reached when differences on the Mexico City policy could not be resolved. ***To deviate from the narrow debate dictated by procedures already in place, or to re-open the debate on Mexico City with respect to funds already appropriated for FY 97, would be a clear violation of this bipartisan agreement with the Administration.*** Any attempt to introduce parallel votes or extraneous issues would also violate the spirit of this agreement.

- ***A vote to approve the President's certification WILL NOT increase the amount of funds that the Clinton Administration will spend on international family planning. Congress will be voting only on the issue of WHEN the FY 97 funds may be released.***

- ***USAID is PROHIBITED BY LAW from using funds for abortion or motivating anyone to seek an abortion. This vote is not about U.S. funding for abortions in any way, shape or form.***

- ***It is imperative that Congress vote to allow release of the FY 97 funds in March.*** USAID's family planning program is a vital part of U.S. development programs, assisting millions of women and men to plan the size of their families and preventing hundreds of thousands of maternal and child deaths each year, while reducing abortions. ***If U.S. funds are delayed until July, there will be an increased incidence of unintended pregnancy and abortion.*** USAID family planning programs have already been severely constrained. Due to funding cuts and restrictions placed on the program, USAID was only able to obligate $151 million on international family planning in FY 96 as compared to $541 million in FY 95.

family planning

- ***Voluntary international family planning programs REDUCE the number of abortions, not the opposite, as some have claimed.*** The World Health Organization (WHO) estimates that 40 percent of unintended pregnancies end in abortion. The clear and obvious link between providing family planning services and large declines in abortion rates has been demonstrated by recent studies in Mexico, Colombia, Hungary, Russia, and the Central Asia Republics.

binding contracts with organizations receiving funds, staff monitoring, and regular audits by nationally recognized accounting firms.

-- ***It is imperative that Congress vote to allow release of the badly needed FY 97 funds in March.*** USAID's family planning program is a vital part of U.S. development programs, assisting millions of women and men to plan the size of their families and preventing hundreds of thousands of maternal and child deaths each year, while reducing abortions. ***If U.S. funds are delayed until July, there will be an increased incidence of unintended pregnancy and abortion.*** USAID family planning programs have already been severely constrained. Due to funding cuts and restrictions placed on the program, USAID was only able to obligate $151 million on international family planning in FY 96 as compared to $541 million in FY 95.

-- These family planning funds are needed in March to help reduce maternal mortality and boost the chance of survival for millions of children in the developing world. ***By helping women plan their pregnancies, these funds reduce risks to the lives of mothers, children and infants by ensuring that mothers bear their children during their healthiest times*** -- when they are not too young or too old. Family planning also ensures that pregnancies are not planned too closely together. This allows children to breastfeed normally, improving child nutrition and increasing child survival. Reducing the number of unintended pregnancies also eases pressure on fragile political and social systems. It also reduces the impacts of unemployment, poverty and cross-border migration that result from unsustainable growth.

-- ***Voluntary international family planning programs reduce the number of abortions, not the opposite, as some have claimed.*** The World Health Organization (WHO) estimates that 40 percent of unintended pregnancies end in abortion. The clear and obvious link between providing family planning services and large declines in abortion rates has been demonstrated by recent studies in Mexico, Colombia, Hungary, Russia, and the Central Asia Republics.

-- The World Bank estimates that improved access to family planning can reduce the number of maternal deaths that occur annually by 20 percent and ***UNICEF's State of the World's Children report notes that, "Family planning could bring more benefits to more people at less cost than any other single technology now available to the human race."***

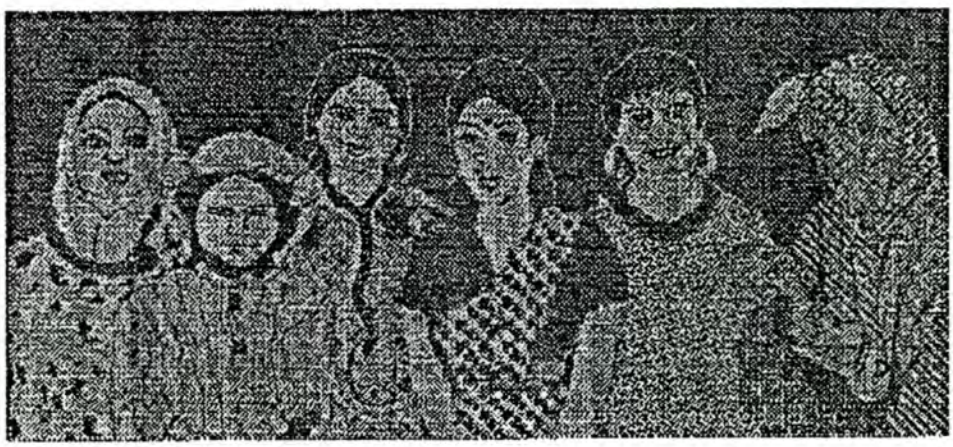
People Want Family Planning.

People want family planning because it:

– enables couples to plan the number and spacing of their children.

– improves the well-being of families and nations.

- Family planning is widely accepted and used by people from all cultures and religions, all around the world.
- Over 95% of the developing world's population lives in countries with policies supporting family planning. In fact, almost three-quarters of funding for family planning services comes from developing country governments and consumers.



- Nearly 60% of couples or over 380 million women in the developing world (excluding China) want to limit or space their births.
- Yet over 100 million of these women do not use family planning services mainly because of lack of accurate information and poor access to a variety of good-quality services.

Family Planning Saves Lives.

- Over 580,000 women die annually -- one woman every minute – of causes related to pregnancy and childbirth.
- An estimated 34,000 children under age five in developing countries die every day.
- Family Planning enables couples to space their children. By helping women bear their children during the healthiest times for both mother and baby, family planning helps prevent the deaths of infants, children, and mothers.
- Improved birth spacing through family planning, complemented by breastfeeding, can improve infant and child survival by up to 20% in most developing countries.

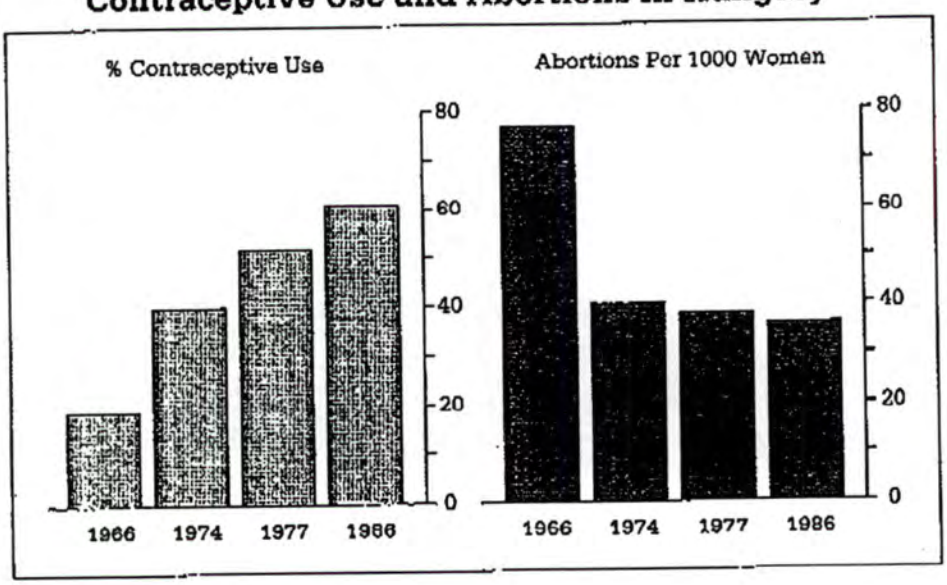
"The first and most obvious step towards reducing the toll of maternal mortality and morbidity is to make high quality family planning services available to all who need them."

–UNICEF, The Progress of Nations, 1996

Family Planning Prevents Abortions.

- USAID does not promote abortion as a method of family planning. As a matter of law and policy, USAID funds may not be used either to fund abortions as a method of family planning, or to motivate any person to have an abortion.
- U.S. law also prohibits U.S. funds from being used for lobbying for or against abortion.
- The World Health Organization estimates that 40% of unintended pregnancies end in abortion. Family planning enables couples to prevent unintended pregnancies.
- Abortion rates are lower in countries where more effective modern methods of contraception are used.
- Large declines in the number of abortions have occurred due to the expansion of family planning services in many countries across the globe, including: South Korea, Chile, Hungary, Russia, Kazakhstan, Ukraine, Colombia and Mexico.
- A minimum of 67,000 women die every year from the consequences of unsafe abortion.

Contraceptive Use and Abortions in Hungary



Family Planning Protects The Environment And Our Global Future.

- Family Planning, by slowing population growth:
  - reduces strain on the environment
  - eases pressures on fragile political and social systems
  - reduces the impacts of unemployment, poverty and cross-border migration.

- World population is growing by over 80 million people each year -- roughly the equivalent of adding one Mexico or Germany every 12 months -- or nearly one India every decade. The world is growing by one billion people every 12 years.

- Tropical forests are vanishing at a rate of approximately 40 million acres a year – an area equivalent to the size of Georgia, Florida or Illinois.

- In less than 50 years, population growth will contribute to a near doubling of food requirements.

- Worsening water scarcity stems in large part from increases in human numbers. The availability of fresh water is finite and limited. Slower population growth would ease the strain on limited fresh water.

- The world's oceans are essentially fully fished. This has devastating ramifications for jobs related to the world's fishing communities. Despite the growth of fish farming, global production and catch of fish have fallen behind population growth in recent years.

- Population growth serves as a multiplier of the rising consumption levels that lead to pollution, human-induced global warming, and many other serious environmental problems.

Americans Support And Benefit From Population Assistance.

- Population assistance is based on basic American values, including the freedom of couples to plan the number and spacing of their children.
- Two out of three American women of reproductive age use some form of modern contraception.
- Three out of four Americans surveyed in 1995 wanted to increase or maintain spending on family planning for poor countries.
- Since its inception in 1965, USAID's population assistance program has consistently received strong bi-partisan support.
- Early USAID investments in family planning have helped stabilize population growth in strategically important countries and resulted in the creation of strong trading partners for the U.S. (e.g., Korea, Taiwan, Thailand)
- U.S. consumers have benefited from USAID support for the development, improvement and evaluation of safe and effective modern methods of contraception (e.g., voluntary male and female sterilization, Norplant implants, male and female condoms).

USAID Population Assistance: The Recognized Leader.

Principles and Objectives

- Support the right of couples to determine freely and responsibly the number and spacing of their children.
- Reduce unintended pregnancies and promote maternal and child health.
- Stabilize world population growth.

Comprehensive Program Scope

- Works in partnership with host country governments, private voluntary organizations and commercial entities in over 60 developing countries around the world.
- Provides assistance through a large network of U.S. organizations that offer a wide range of expertise.
- No other donor has the extensive on-the-ground field presence and technical expertise to respond to local needs.

USAID is the Global Leader

- Since its inception in 1965, USAID's population program has been involved in all major innovations in international family planning.
- USAID has played a critical role in the development, evaluation or improvement of all modern methods of contraception.
- USAID's population assistance program is the world leader in family planning service delivery, contraceptive procurement, logistics management, training, education, communication, data collection and evaluation. Innovations in these areas have been adapted and applied to child survival, HIV/AIDS prevention, and many other fields, and benefit U.S. citizens.

USAID's Population Program: Low Cost. Powerful Impact.

- Population assistance represents 0.03% of the Federal budget. Foreign aid as a whole is less than 1% of the Federal budget.

- For every dollar spent on family planning, governments save as much as $16 in reduced expenditures in health, education, and social services.

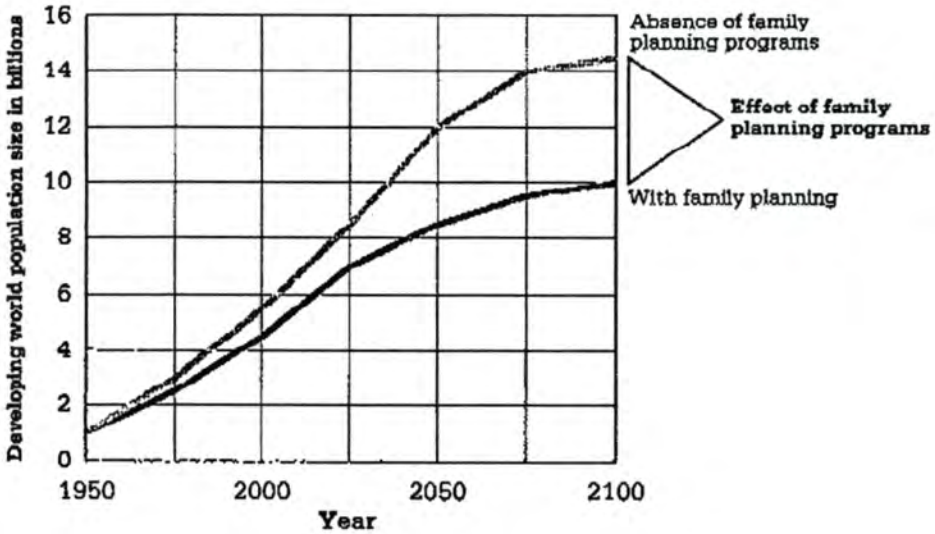
Since 1965, in the developing world:

- The average number of children per family has dropped from over six to four.

- USAID has saved the lives of tens of thousands of mothers through family planning, which reduces abortion and high risk pregnancies.

- Without organized family planning programs, there would be a half billion more people in the world today.

Slowing Population Growth by Meeting Family Planning Needs, 1950-2100



The Challenges Ahead Are Unprecedented.

- Our children will share a world with between 8 and 13 billion people, depending on the decisions we make today.

- More than half of the developing world's population is younger than age 25, causing a momentum that ensures a rapidly expanding population for the near future.

- Current demand is not being met. Over 100 million couples want family planning services but are not currently using any method largely because of a lack of accurate information and poor access to good-quality services.

- Demand is growing fast. In this decade, the number of women of reproductive age in the developing world (excluding China) will grow by over 185 million to over 900 million women – almost 10 times the current population of Mexico.

- Funding is not keeping pace with need. The combination of recent funding cuts, inflation and population growth has reduced USAID's population assistance budget to its lowest level per woman since 1968.

2 more pages

The information in this packet was drawn from sources including: the World Health Organization, Demographic and Health Surveys (DHS), the Food and Agricultural Organization (FAO), the Population Reference Bureau, the United Nations, and published journal articles.

CONGRESSIONAL REVIEW PROCEDURES ON A PRESIDENTIAL FINDING ON FAMILY PLANNING

1. By February 1, 1997, the President must submit a finding that the prohibition on obligating population planning funds prior to July 1, 1997, is having a negative impact on the proper functioning of the population planning program. If he makes such a finding, and the Congress approves it by joint resolution, the funds may be obligated as early as March 1, 1997.

2. On the day the President submits this finding to Congress, a joint resolution of approval shall be introduced in the House by the Majority Leader of the House and the Minority Leader, or their designees. On that day, the joint resolution is to be introduced in the Senate by the Majority Leader and the Minority Leader or their designees.

3. The resolution introduced in the House with respect to the finding shall be referred to one or more committees (most likely the Appropriations Committee and/or the House International Relations Committee). The resolution introduced in the Senate shall be referred to the appropriate committee (most likely either the Senate Appropriations Committee or the Senate Foreign Relations Committee).

4. No amendment or intervening motion is in order in either House with respect to the resolution.

5. The committees have five calendar days to report the joint resolution; otherwise, the joint resolution will be automatically discharged from the committee. The joint resolution is to be immediately placed on the calendar of each House, and the vote taken on or before February 28, 1997.

6. WARNING: According to the House Parliamentarian, either House, pursuant to its rule-making powers, may modify their respective procedures at any time. Any modification need not take the form of legislation but can be done, for example, simply by the action of the Rules Committee of the House and adopted by the whole House. What this means is that either House may take an internal action to delay indefinitely consideration of the joint resolution of approval or take any other action contrary to the procedures contained in the statute. Theoretically, the House could even allow a competing resolution equal standing.

NOTE: The procedures laid out in the FY 97 appropriations act reflect the agreement reached among the House and Senate Leadership and the Administration to allow them to revisit the SINGLE issue of whether FY 97 family planning funds would be released in either March or July. Any effort to modify this agreement, either by amending the resolution on the Presidential finding or by introducing a parallel measure which would reopen the unresolved Mexico City policy issue with respect to FY 97, would be a clear violation of the negotiated agreement.

MARK O. HATFIELD
OREGON

United States Senate

WASHINGTON, DC 20510-3701

September 24, 1996

The Honorable Christopher H. Smith
U.S. House of Representatives
2370 Rayburn House Office Building
Washington, D.C. 20515

Dear Chris:

I have reviewed the materials you recently sent to my office in response to my request that you provide proof that U.S. funds are being spent on abortion through AID's voluntary international family planning program. Unfortunately, I do not see anything in these materials to back up your assertion.

AID has a rigorous process to make sure that the current prohibition on the use of U.S. funds is adhered to and that no U.S. funds are spent on abortion services. First, all agreements into which AID enters (grants, contracts, and cooperative agreements) include a legally binding and enforceable clause prohibiting the contractee from using the funds for abortion services. Second, AID staff monitor all agreements as they are implemented in the field to ensure that the agreement terms are being met. And finally, all grants with non-governmental organizations require a "Circular A-133 Audit" every one to two years. This audit looks not only at the financial aspects of the agreement, but reviews compliance with all terms of the agreement including the prohibition on the use of U.S. funds. The audit is done by an outside Big 8 accounting firm, not AID. According to AID, compliance with the funding prohibition has not been a problem.

In the meantime, Chris, you are contributing to an increase of abortions worldwide because of the funding restrictions on which you insisted in last year's funding bill. It is a proven fact that when contraceptive services are not available to women throughout the world, abortion rates increase. We have seen it in the former Soviet Union where women had no access to family planning and relied on abortion as their primary birth control method. Some women had between eight and twelve abortions during their lifetimes. This is unacceptable to me as someone who is strongly opposed to abortion.

It is my hope that we can work together to resolve this issue before AID's international family planning program is destroyed.

Kind regards.

Sincerely,

Mark O. Hatfield
United States Senator

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CHIEF DEPUTY WHIP

COMMITTEE ON NATIONAL SECURITY

SUBCOMMITTEES:
MILITARY PROCUREMENT
MILITARY PERSONNEL

UNITED STATES
HOUSE OF REPRESENTATIVES

ROSA L. DELAURO
3D DISTRICT, CONNECTICUT

January 13, 1997

Mr. Doug Sosnik
Counselor To the President For Political Affairs
The White House
1600 Pennsylvania Ave, NW
Washington, D.C. 20502

Dear Doug:

Attached you will find information on the mastectomy legislation I spoke with you about today. As I mentioned during our conversation, I am anxious to work with the White House on this important initiative.

Believe it or not, many HMOs are now requiring that major breast cancer surgery be performed on an outpatient basis. It is an unconscionable practice that puts women's lives in danger. My legislation, "The Breast Cancer Patient Protection Act", modelled after the so-called "Drive-Through Delivery" bill, would require minimum hospital stays for women undergoing mastectomies and lymph node dissections.

I introduced this legislation near the end of the last Congress and reintroduced it on the opening day of the 105th Congress. The DeLauro-Dingell-Roukema bill is a bi-partisan bill with more than 60 co-sponsors in the House. Senator Daschle has expressed interest in sponsoring a bi-partisan companion bill in the U.S. Senate. On the Republican side of the aisle, Senator D'Amato and Congresswoman Molinari recently announced they will also introduce similar mastectomy legislation. I am confidant that some version of this legislation will pass this Congress.

I appreciate your offer to pass this information on to the appropriate White House staff. Let me know if you have any further questions.

Sincerely,

Rosa L. DeLauro

ROSA L. DeLAURO
Member of Congress

RLD/gg

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105TH CONGRESS
1ST SESSION

H. R. 135

IN THE HOUSE OF REPRESENTATIVES

Ms. DELAURO (for herself, Mr. DINGELL, Mrs. ROUKEMA, Mr. ACKERMAN, Mr. BARRETT of Wisconsin, Mr. BENTSEN, Ms. BROWN of Florida, Mr. BROWN of Ohio, Mrs. CLAYTON, Mr. CLEMENT, Mr. CONYERS, Mr. DEFAZIO, Ms. ESHOO, Mr. EVANS, Mr. FALEOMAVAEGA, Mr. FARR of California, Mr. FOGLIETTA, Mr. FOX of Pennsylvania, Mr. FRANK of Massachusetts, Mr. FROST, Mr. GEJDENSON, Mr. GONZALEZ, Mr. GORDON, Mr. GREEN, Mr. HINCHEY, Mr. KENNEDY of Rhode Island, Mrs. KENNELLY, Mr. KILDEE, Mr. LAFALCE, Mrs. LOWEY, Mr. MCDERMOTT, Mrs. MALONEY of New York, Mrs. MEEK of Florida, Mrs. MINK of Hawaii, Mr. MORAN of Virginia, Mrs. MORELLA, Mr. NADLER, Ms. NORTON, Mr. OBERSTAR, Mr. OLVER, Mr. OWENS, Mr. PALLONE, Mr. PAYNE, Ms. PELOSI, Mr. QUINN, Mr. RAHALL, Ms. RIVERS, Mr. SANDERS, Ms. SLAUGHTER, Mr. TOWNS, and Ms. VELÁZQUEZ) introduced the following bill; which was referred to the Committee on

Mr. Kennedy of Massachusetts

Mr. Matsui

Mr. Mollohan

Mr. Romero-Barcelo

A BILL

To amend the Public Health Service Act and Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide coverage for a minimum hospital stay for mastectomies and lymph node dissections performed for the treatment of breast cancer.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Breast Cancer Patient Protection Act of 1997".

SEC. 2. COVERAGE OF MINIMUM HOSPITAL STAY FOR CERTAIN BREAST CANCER TREATMENT.

(a) GROUP HEALTH PLANS.—

(1) PUBLIC HEALTH SERVICE ACT AMENDMENTS.—(A) Subpart 2 of part A of title XXVII of the Public Health Service Act, as amended by section 703(a) of Public Law 104–204, is amended by adding at the end the following new section:

"SEC. 2706. STANDARDS RELATING TO BENEFITS FOR CERTAIN BREAST CANCER TREATMENT.

"(a) REQUIREMENTS FOR MINIMUM HOSPITAL STAY FOLLOWING MASTECTOMY OR LYMPH NODE DISSECTION.—

"(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, may not—

"(A) except as provided in paragraph (2)—

"(i) restrict benefits for any hospital length of stay in connection with a mastec-

tomy for the treatment of breast cancer to less than 48 hours, or

"(ii) restrict benefits for any hospital length of stay in connection with a lymph node dissection for the treatment of breast cancer to less than 24 hours, or

"(B) require that a provider obtain authorization from the plan or the issuer for prescribing any length of stay required under subparagraph (A) (without regard to paragraph (2)).

"(2) EXCEPTION.—Paragraph (1)(A) shall not apply in connection with any group health plan or health insurance issuer in any case in which the decision to discharge the woman involved prior to the expiration of the minimum length of stay otherwise required under paragraph (1)(A) is made by an attending provider in consultation with the woman.

"(b) PROHIBITIONS.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, may not—

"(1) deny to a woman eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of this section;

"(2) provide monetary payments or rebates to women to encourage such women to accept less than the minimum protections available under this section;

"(3) penalize or otherwise reduce or limit the reimbursement of an attending provider because such provider provided care to an individual participant or beneficiary in accordance with this section;

"(4) provide incentives (monetary or otherwise) to an attending provider to induce such provider to provide care to an individual participant or beneficiary in a manner inconsistent with this section; or

"(5) subject to subsection (c)(3), restrict benefits for any portion of a period within a hospital length of stay required under subsection (a) in a manner which is less favorable than the benefits provided for any preceding portion of such stay.

"(c) RULES OF CONSTRUCTION.—

"(1) Nothing in this section shall be construed to require a woman who is a participant or beneficiary—

"(A) to undergo a mastectomy or lymph node dissection in a hospital; or

"(B) to stay in the hospital for a fixed period of time following a mastectomy or lymph node dissection.

"(2) This section shall not apply with respect to any group health plan, or any group health insurance coverage offered by a health insurance issuer, which does not provide benefits for hospital lengths of stay in connection with a mastectomy or lymph node dissection for the treatment of breast cancer.

"(3) Nothing in this section shall be construed as preventing a group health plan or issuer from imposing deductibles, coinsurance, or other cost-sharing in relation to benefits for hospital lengths of stay in connection with a mastectomy or lymph node dissection for the treatment of breast cancer under the plan (or under health insurance coverage offered in connection with a group health plan), except that such coinsurance or other cost-sharing for any portion of a period within a hospital length of stay required under subsection (a) may not be greater than such coinsurance or cost-sharing for any preceding portion of such stay.

"(d) NOTICE.—A group health plan under this part shall comply with the notice requirement under section 713(d) of the Employee Retirement Income Security Act

of 1974 with respect to the requirements of this section as if such section applied to such plan.

"(e) LEVEL AND TYPE OF REIMBURSEMENTS.—Nothing in this section shall be construed to prevent a group health plan or a health insurance issuer offering group health insurance coverage from negotiating the level and type of reimbursement with a provider for care provided in accordance with this section.

"(f) PREEMPTION; EXCEPTION FOR HEALTH INSURANCE COVERAGE IN CERTAIN STATES.—

"(1) IN GENERAL.—The requirements of this section shall not apply with respect to health insurance coverage if there is a State law (as defined in section 2723(d)(1)) for a State that regulates such coverage that is described in any of the following subparagraphs:

"(A) Such State law requires such coverage to provide for at least a 48-hour hospital length of stay following a mastectomy performed for treatment of breast cancer and at least a 24-hour hospital length of stay following a lymph node dissection for treatment of breast cancer.

"(B) Such State law requires, in connection with such coverage for surgical treatment

of breast cancer, that the hospital length of stay for such care is left to the decision of (or required to be made by) the attending provider in consultation with the woman involved.

"(2) CONSTRUCTION.—Section 2723(a)(1) shall not be construed as superseding a State law described in paragraph (1).".

(B) Section 2723(c) of such Act (42 U.S.C. 300gg–23(c)), as amended by section 604(b)(2) of Public Law 104–204, is amended by striking "section 2704" and inserting "sections 2704 and 2706".

(2) ERISA AMENDMENTS.—(A) Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as amended by section 702(a) of Public Law 104–204, is amended by adding at the end the following new section:

"SEC. 713. STANDARDS RELATING TO BENEFITS FOR CERTAIN BREAST CANCER TREATMENT.

"(a) REQUIREMENTS FOR MINIMUM HOSPITAL STAY FOLLOWING MASTECTOMY OR LYMPH NODE DISSECTION.—

"(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, may not—

"(A) except as provided in paragraph (2)—

"(i) restrict benefits for any hospital length of stay in connection with a mastectomy for the treatment of breast cancer to less than 48 hours, or

"(ii) restrict benefits for any hospital length of stay in connection with a lymph node dissection for the treatment of breast cancer to less than 24 hours, or

"(B) require that a provider obtain authorization from the plan or the issuer for prescribing any length of stay required under subparagraph (A) (without regard to paragraph (2)).

"(2) EXCEPTION.—Paragraph (1)(A) shall not apply in connection with any group health plan or health insurance issuer in any case in which the decision to discharge the woman involved prior to the expiration of the minimum length of stay otherwise required under paragraph (1)(A) is made by an attending provider in consultation with the woman.

"(b) PROHIBITIONS.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, may not—

"(1) deny to a woman eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of this section;

"(2) provide monetary payments or rebates to women to encourage such women to accept less than the minimum protections available under this section;

"(3) penalize or otherwise reduce or limit the reimbursement of an attending provider because such provider provided care to an individual participant or beneficiary in accordance with this section;

"(4) provide incentives (monetary or otherwise) to an attending provider to induce such provider to provide care to an individual participant or beneficiary in a manner inconsistent with this section; or

"(5) subject to subsection (c)(3), restrict benefits for any portion of a period within a hospital length of stay required under subsection (a) in a manner which is less favorable than the benefits provided for any preceding portion of such stay.

"(c) RULES OF CONSTRUCTION.—

"(1) Nothing in this section shall be construed to require a woman who is a participant or beneficiary—

"(A) to undergo a mastectomy or lymph node dissection in a hospital; or

"(B) to stay in the hospital for a fixed period of time following a mastectomy or lymph node dissection.

"(2) This section shall not apply with respect to any group health plan, or any group health insurance coverage offered by a health insurance issuer, which does not provide benefits for hospital lengths of stay in connection with a mastectomy or lymph node dissection for the treatment of breast cancer.

"(3) Nothing in this section shall be construed as preventing a group health plan or issuer from imposing deductibles, coinsurance, or other cost-sharing in relation to benefits for hospital lengths of stay in connection with a mastectomy or lymph node dissection for the treatment of breast cancer under the plan (or under health insurance coverage offered in connection with a group health plan), except that such coinsurance or other cost-sharing for any portion of a period within a hospital length of stay required under subsection (a) may not be greater than such coinsurance or cost-sharing for any preceding portion of such stay.

"(d) NOTICE UNDER GROUP HEALTH PLAN.—The imposition of the requirements of this section shall be treated as a material modification in the terms of the plan described in section 102(a)(1), for purposes of assuring notice of such requirements under the plan; except that the summary description required to be provided under the last sentence of section 104(b)(1) with respect to such modification shall be provided by not later than 60 days after the first day of the first plan year in which such requirements apply.

"(e) LEVEL AND TYPE OF REIMBURSEMENTS.—Nothing in this section shall be construed to prevent a group health plan or a health insurance issuer offering group health insurance coverage from negotiating the level and type of reimbursement with a provider for care provided in accordance with this section.

"(f) PREEMPTION; EXCEPTION FOR HEALTH INSURANCE COVERAGE IN CERTAIN STATES.—

"(1) IN GENERAL.—The requirements of this section shall not apply with respect to health insurance coverage if there is a State law (as defined in section 731(d)(1)) for a State that regulates such coverage that is described in any of the following subparagraphs:

"(A) Such State law requires such coverage to provide for at least a 48-hour hospital length of stay following a mastectomy performed for treatment of breast cancer and at least a 24-hour hospital length of stay following a lymph node dissection for treatment of breast cancer.

"(B) Such State law requires, in connection with such coverage for surgical treatment of breast cancer, that the hospital length of stay for such care is left to the decision of (or required to be made by) the attending provider in consultation with the woman involved.

"(2) CONSTRUCTION.—Section 731(a)(1) shall not be construed as superseding a State law described in paragraph (1).".

(B) Section 731(c) of such Act (29 U.S.C. 1191(c)), as amended by section 603(b)(1) of Public Law 104–204, is amended by striking "section 711" and inserting "sections 711 and 713".

(C) Section 732(a) of such Act (29 U.S.C. 1191a(a)), as amended by section 603(b)(2) of Public Law 104–204, is amended by striking "section 711" and inserting "sections 711 and 713".

(D) The table of contents in section 1 of such Act is amended by inserting after the item relating to section 712 the following new item:

"Sec. 713. Standards relating to benefits for certain breast cancer treatment.".

(b) INDIVIDUAL HEALTH INSURANCE.—(1) Part B of title XXVII of the Public Health Service Act, as amended by section 605(a) of Public Law 104–204, is amended by inserting after section 2751 the following new section:

"SEC. 2752. STANDARDS RELATING TO BENEFITS FOR CERTAIN BREAST CANCER TREATMENT.

"(a) IN GENERAL.—The provisions of section 2706 (other than subsection (d)) shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as it applies to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.

"(b) NOTICE.—A health insurance issuer under this part shall comply with the notice requirement under section 713(d) of the Employee Retirement Income Security Act of 1974 with respect to the requirements referred to in subsection (a) as if such section applied to such issuer and such issuer were a group health plan.

"(c) PREEMPTION; EXCEPTION FOR HEALTH INSURANCE COVERAGE IN CERTAIN STATES.—

"(1) IN GENERAL.—The requirements of this section shall not apply with respect to health insurance coverage if there is a State law (as defined in section 2723(d)(1)) for a State that regulates such coverage that is described in any of the following subparagraphs:

"(A) Such State law requires such coverage to provide for at least a 48-hour hospital length of stay following a mastectomy performed for treatment of breast cancer and at least a 24-hour hospital length of stay following a lymph node dissection for treatment of breast cancer.

"(B) Such State law requires, in connection with such coverage for surgical treatment of breast cancer, that the hospital length of stay for such care is left to the decision of (or required to be made by) the attending provider in consultation with the woman involved.

"(2) CONSTRUCTION.—Section 2762(a) shall not be construed as superseding a State law described in paragraph (1).".

(2) Section 2762(b)(2) of such Act (42 U.S.C. 300gg–62(b)(2)), as added by section 605(b)(3)(B) of

Public Law 104–204, is amended by striking "section 2751" and inserting "sections 2751 and 2752".

(c) EFFECTIVE DATES.—(1) The amendments made by subsection (a) shall apply with respect to group health plans for plan years beginning on or after January 1, 1998.

(2) The amendment made by subsection (b) shall apply with respect to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market on or after such date.

16TH DISTRICT, MICHIGAN

RANKING MEMBER
COMMITTEE ON COMMERCE

MEMBER
OFFICE OF TECHNOLOGY ASSESSMENT

MIGRATORY BIRD CONSERVATION COMMISSION

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January 23, 1997

Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mrs. Clinton:

I want to thank you for taking the time out of your busy schedule to speak with me this morning. Your assistance is greatly appreciated.

I am respectfully requesting your support for legislation, which I have introduced with Representatives Rosa DeLauro and Marge Roukema, that guarantees a minimum hospital stay of 48 hours for women having a mastectomy and 24 hours for lymph node removal for the treatment of breast cancer. H.R. 135, the Breast Cancer Patient Protection Act is modeled after the law protecting mothers from "drive-through" deliveries. It ensures that women and their doctors, not insurance companies, would determine if a shorter stay is needed. Senator Tom Daschle has introduced the companion bill in the Senate. You should also be aware that Senator Al D'Amato and Representative Susan Molanari are planning to introduce similar legislation; however, I have serious concerns with the substance of their proposal and the political reality of passing it. It would be splendid if the President would highlight his support for this bill in his upcoming State of the Union address.

Largely because of pressure from HMOs, women across the country are being discharged early after mastectomies and lymph node dissections, sometimes in pain with drainage tubes still in place. H.R. 135, which is structurally similar to the new law which ended the practice of drive-through deliveries, would require HMOs to cover the costs of mastectomy patients remaining in the hospital for a minimum of 48 hours after surgery. The bill provides that the attending health care provider does not need to obtain authorization from a health insurer to ensure coverage for this hospital stay. The legislation requires that this critical health care decision be made exclusively by the attending physician and the woman.

As per our conversation, I have enclosed a memo outlining the specifics of this bill. If you have any further questions or require more information, please do not hesitate to contact me. I have always enjoyed working with you and your support is again appreciated.

With every good wish,

Sincerely yours,

John D. Dingell
Member of Congress

16TH DISTRICT, MICHIGAN

RANKING MEMBER
COMMITTEE ON COMMERCE

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MEMORANDUM

TO: Mrs. Hillary Rodham Clinton

FROM: Congressman John D. Dingell JDD

DATE: January 24, 1997

RE: H.R. 135, the Breast Cancer Patient Protection Act.

* **Required Coverage for Minimum Hospital Stay For Certain Breast Cancer Treatment.**

It states that the minimum hospital stay for a woman is 48 hours following a mastectomy and 24 hours following a lymph node dissection treatment. The decision to discharge a patient prior to the minimum length of stay be made by the attending physician in consultation with the woman.

A group health plan may not deny a woman eligibility to enroll or renew coverage for the purposes of avoiding the requirements of this legislation and a health plan may not offer monetary incentives to the woman or her physician to avoid the requirements of the bill. Furthermore, the legislation would prohibit health plans from penalizing physicians for providing care consistent with this legislation.

Ensures that no additional deductibles, or coinsurance payments are required in connection with the extended hospital stay.

It does not preempt state law which meets the requirements of this legislation.

* **Current Cosponsorship**

H.R. 135:

Rep. Andrews	Rep. Clayton	Rep. Farr	Rep. Gonzalez
Rep. Ackerman	Rep. Clement	Rep. Fazio	Rep. Gordon
Rep. Allen	Rep. Conyers	Rep. Filner	Rep. Green
Rep. Barrett (WI)	Rep. DeFazio	Rep. Foglietta	Rep. Gutierrez
Rep. Bentsen	Rep. Delahunt	Rep. Fox	Rep. Hinchey
Rep. Boucher	Rep. Dellums	Rep. Frank (MA)	Rep. Hinojosa
Rep. Brown (FL)	Rep. Eshoo	Rep. Frost	Rep. Jackson-Lee
Rep. Brown (OH)	Rep. Evans	Rep. Furse	Rep. Kaptur
Rep. Carson	Rep. Faleomavaega	Rep. Gejdenson	Rep. Kennedy (MA)

Rep. Kennedy (RI)
Rep. Kennelly
Rep. Kildee
Rep. LaFalce
Rep. Lewis (CA)
Rep. Lofgren
Rep. Lowey
Rep. McCarthy (NY)
Rep. McCarthy (MO)
Rep. McDermott
Rep. McGovern
Rep. McHugh
Rep. McNulty
Rep. Maloney (NY)
Rep. Maloney (CT)
Rep. Manton
Rep. Markey
Rep. Matsui
Rep. Meehan
Rep. Meek
Rep. Miller
Rep. Millender-McDonald
Rep. Mink
Rep. Moakley
Rep. Moran
Rep. Morella
Rep. Murtha
Rep. Nadler
Rep. Neal
Rep. Norton
Rep. Oberstar
Rep. Olver
Rep. Owens
Rep. Pallone
Rep. Pascrell
Rep. Payne
Rep. Pelosi
Rep. Pickett
Rep. Quinn
Rep. Rahall
Rep. Rangel
Rep. Rivers
Rep. Roukema
Rep. Roybal-Allard
Rep. Romero-Barcello
Rep. Sanders
Rep. Scott
Rep. Serrano
Rep. Slaughter
Rep. Spratt
Rep. Stokes
Rep. Tauscher
Rep. Thurman
Rep. Towns
Rep. Velazquez
Rep. Woolsey
Rep. Yates

Cosponsorship S. 143:

Sen. Daschle
Sen. Hollings
Sen. Kennedy
Sen. Levin
Sen. Mosely-Braun
Sen. Boxer
Sen. Feinstein
Sen. Inouye
Sen. Murry
Sen. Johnson
Sen. Bryan
Sen. Sarbanes
Sen. Ford
Sen. Lautenberg