Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Adrenne Germain to Melanne Verveer [partial] (1 page)	02/03/1999	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20031

FOLDER TITLE:
Family Planning [Folder 4]

2013-0534-S
rc1499

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]

file family planning

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release April 7, 2000

REMARKS BY THE PRESIDENT
AT WOMEN'S DAY EVENT

The East Room

2:02 P.M. EDT

THE PRESIDENT: Thank you very much. Please be seated. Good afternoon, and welcome to the White House on this beautiful day. I want to thank all of you who have joined us, particularly the members of Congress who are here. Representatives Carolyn Maloney and Jim Greenwood will speak in a moment, but I also want to acknowledge the presence of Representatives Nita Lowey, Nancy Pelosi, Ellen Tauscher, Lois Capps, Connie Morella, Joe Crowley and Barbara Lee. Thank you for being here. (Applause.)

I thank Secretary Shalala for being here and for her strong advocacy. Thank you. (Applause.) And Secretary Albright and Dr. Ifenne, of Nigeria, will talk in a moment. We are joined today by the ambassadors from Albania, Colombia and Nigeria, we welcome them. (Applause.)

I want to thank the foundations and the nonprofits who are here, who have stepped up their own support for women's health and family planning; and all the individual citizens who have also come here to take part in this endeavor.

This week, Congress begins debate on a new budget. And we have a new chance to return America's support for family planning around the world to the level it ought to be; a new chance to lift the international family planning debate out of partisan politics and back to what it's really about -- human potential and human lives. I have proposed an increase of $169 million in USAID's international family planning assistance, and $25 million to support the U.N. population fund.

Members of the administration and I have made clear at every opportunity that we are ready to fight, and I know you are ready to help us win. (Applause.)

One person who is not here today, who wanted very much to be

here, is Hillary -- but she's out struggling to make sure I gain a place in the Senate Spouses' Club. (Laughter and applause.) But I would like to quote something she said last year at the Hague Forum: "We know that no nation can hope to succeed in the global economy of the 21st century when its women and children are trapped in endless cycles of poverty; when they have inadequate health care, poor access to family planning, limited education; or when they are constrained inside social or cultural customs that impoverish their spirits and limit their dreams."

Two weeks ago, I was in a little village in India, a country with nearly a billion people and a per capita income of about $450 a year. I met the women who, with the smallest amount of encouragement, have started the Women's Dairy Cooperative and taken over the local milk business. I saw their community center's computer, that any village woman, poor or nearly illiterate, can use to get the latest information on caring for a newborn child.

Think about how life in that one village is changing for the better because women have access to education and health care. Hillary and I have seen, again and again around the world, in the smallest, poorest rural villages on every continent, how empowering women lifts the lives of individuals and transforms the future of communities.

Family planning is a vital part of that empowerment. It allows women and families to make their own choices and plan their own futures. If you believe God created women equal; if you believe every society needs women's contributions to succeed, then you must be in favor of returning decisions on family life to the hands of women and their families.

Around the world, the complications of pregnancy kill about 600,000 women every year. We all agree on fighting child and maternal mortality, just as we're working to eradicate polio and TB. But maternal mortality has been stuck at the same level for more than a decade now -- even though we know family planning can help women bear healthier children and save the lives of 150,000 women a year. If you're in favor of healthy mothers raising healthy babies, you ought to be in favor of family planning.

Around the world, 34 million people are now living with AIDS. And in the developing world, almost half of them are women. Last year, AIDS killed 1.1 million women, leaving broken communities, crippled economies and millions of orphaned children. If you care about stopping the spread of AIDS, you ought to care about empowering women to make safe choices for themselves and for their children.

Around the world, more than a billion young people are entering their reproductive years -- the largest generation in history; and the one behind it is 2 billion strong. More than 150 women worldwide would like to limit or space their children, but they have no access to contraception. The option these young people have and the choices they make will have vital consequences for every one of us, and will, in large measure, shape the world of the 21st century.

So if you're concerned about the health of our planet and about the health of everyone on it, you ought to support our family planning assistance around the world.

America has a profound interest in safe, voluntary family planning, a moral interest in saving human lives, a practical interest in building a world of healthy children and strong societies. And because we are a nation that believes in individual freedom and responsibility, we have every interest in supporting others around the world who seek the same rights and responsibilities we ourselves enjoy.

That is why we have consistently supported family planning since 1993. We do not fund abortion; we fund family planning, and we know that reduces the demand for abortion. And I have asked Congress to return our support for international family planning to the level it reached in 1995 -- a level that serves our interests, keeps our promises, and leverages support from other donors around the world.

I urge Congress to give us that money, without restrictions that hamper the work of family planning organizations and bar them from discussing or debating reproductive health choices. Those congressionally sponsored restrictions impose a destructive double standard. When would we ever accept rules telling Americans at home not even to discuss women's health and women's choices? And how in the name of democracy and freedom can we impose those rules on others, which would be illegal here in the United States? That is not the American way.

We know Americans favor family planning at home, and voluntary family planning assistance abroad. We should not cloud what is at stake here. Does the United States want to save lives, promote mother's and child's health, and strengthen families and communities around the world? Together, we must make sure the answer is a resounding, unequivocal yes.

Now I would like to turn to someone who has been a leader for us in the administration and around the world in making this case for women's health and women's empowerment, herself a trailblazer and a role model, who has distinguished herself, I

believe extraordinarily, as our Secretary of State, Madeleine Albright. (Applause.)

* * * * *

THE PRESIDENT: Well, I want to thank all of the speakers. Secretary Albright, thank you. And I thank Representative Carolyn Maloney -- purist, though, she is. (Laughter.) We need a few. (Laughter.)

And I thank Representative Greenwood; so many other members who are here: Representative Pelosi -- who had to leave -- Representative Lowey, have been leaders in this fight. And I thank, particularly, the Republicans who have joined in this fight. Representative Connie Morella here -- I was just looking at Connie thinking, she's probably got more kids and grandkids than anybody else in this audience -- (laughter) -- and, therefore, probably has more standing on this issue than anyone else. And we thank her; and all the members of the House who are here, I thank them.

But, mostly, I want to thank you, Dr. Ifenne, for being here. I think you could see what a responsive chord you struck. But when you were speaking, and then when Congressman Greenwood got up to speak and he talked about visiting a village in Bolivia -- you know, the fundamental problem here, I believe, is that too many people are voting on this issue based on either pressures they receive or personal values they hold dear, genuinely. But they've never actually seen this.

If I hadn't been President, I don't suppose I ever would have gone to those small villages in Latin America and Africa and India and East Asia and met with all those village women who are, I think, the most impressive citizens in the entire world today, changing the whole future.

When Dr. Ifenne was talking, I remembered when I was in Senegal I visited with a group of village women who came to see me from their little village. They wanted to come to the capital to see me, because Hillary had gone out to see them and it was a village where genital mutilation was practiced. And these women organized the village and got rid of it. And so they got up, dressed in their beautiful native dress, and they came to see me -- and they even brought along a handful of men who supported them. (Laughter.)

When you see these things, when you see people in the most basic ways taking control of their lives, and you realize it is pro-child, pro-family, pro-every value that any of us ever proposed to espouse -- I believe that the United States is -- in

my budget, I think it's the least we should be doing. And, frankly, I only proposed that much because I thought it was the most I could get passed.

But if you were to ask me what I have learned as President about our dealings with other countries, I would say two things. One is, large countries too often forget the little people in other countries. You can't afford it here, because they can vote you out. But we know that the citizens are the strength of this country; the same is true everywhere.

The other thing I have learned is that we get far more -- that foreign policy is a lot more like real life than most people imagine. You get a lot more, on the whole, out of cooperation than coercion.

So, Doctor, we thank you for coming; it's a long way from Nigeria. I hope your trip will prove to be worthwhile. If every member of the United States Congress could hear you, I'm quite confident we would prevail. For the rest of us, we have to do our best to add to your voices.

But I hope as you argue this you will remember to talk to those who have never been to those villages about what we know is true. The empowerment of individuals in difficult circumstances is the ultimate answer to all of our challenges, and this is a very important part of that.

Thank you very much. (Applause.)

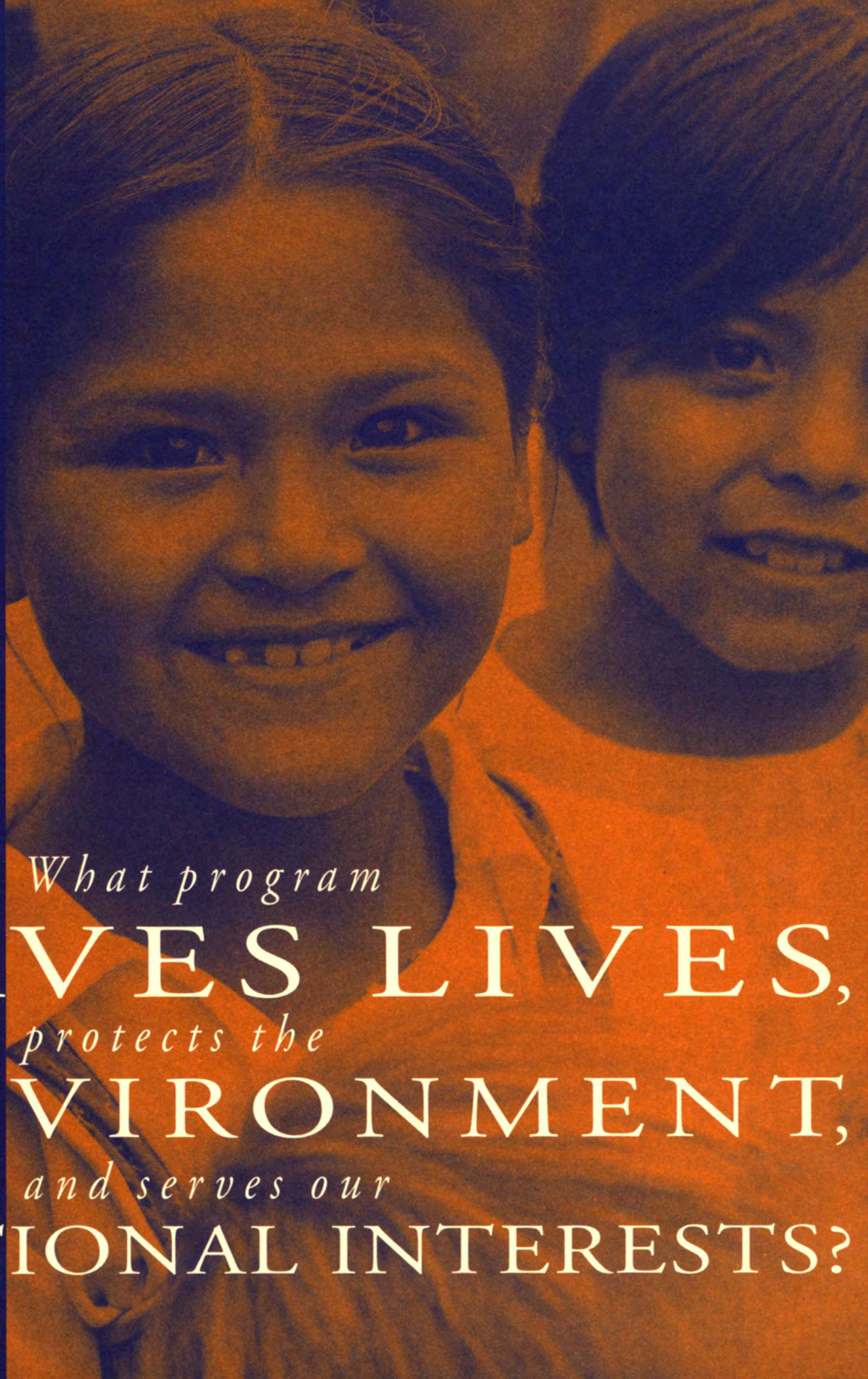
END 2:43 P.M. EDT

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



What program

SAVES LIVES,

protects the

ENVIRONMENT,

and serves our

NATIONAL INTERESTS?


ORIGINALS

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Implementing ICPD

cedpa

File Family planning

The Hague Forum News

February 9, 1999

FIRST LADY HILLARY RODHAM CLINTON TELLS CEDPA STORY

In her address to The Hague Forum, First Lady Hillary Clinton told the inspiring story of Kusum Singh, a field worker in *Sakhi Kendra* (Centre for Female Friends) in India. Married at 13, abused by her husband, and abandoned by her family, this remarkable woman found strength in mobilizing other women and providing them information and services to exercise their reproductive rights. *Sakhi Kendra* receives technical assistance and training through The Centre for Development and Population Activities (CEDPA) and the Innovations and Family Planning Services (IFPS) Project, under a collaborative agreement between the United States Agency for International Development (USAID) and the government of India.

Mrs. Clinton's keynote speech applauded the dialogue begun in 1994 in Cairo, Egypt, at the International Conference on Population and Development (ICPD) when "representatives from among 180 nations came to a consensus for the first time: that women's reproductive health and empowerment are critical to a nation's sustainability and growth." For Kusum, Cairo is a distant city in a strange land, but Mrs. Clinton put her firmly in the center of what the ICPD really means in people's lives.

Kusum Singh's story, "Mobilizing Support," published by CEDPA as part of a collection of stories, *Cairo +5: Telling the Stories*, is an example of the "many individual stories of courage that I have heard and seen around the world," said Mrs. Clinton. "People who have stood up for their rights, women who have demanded an equal opportunity to go to school or send their daughters to school, and doctors and nurses who have labored [to bring] important emergency obstetrical care to remote parts of the world."

Her speech also took stock of donor commitments to implement the ICPD Programme of Action. Mrs. Clinton encouraged the U.S. Congress to restore funding for the United Nations Population Fund to "send a strong signal that the United States continues to support the ICPD Programme of Action." She also stressed the importance of public/private funding partnerships to face the challenges before us: "With nearly 600,000 women around the world still dying every year," she said, "that is one every minute — from pregnancy related causes, this is no time to cut back on our commitments to family planning. When there are still 960 million illiterate adults in the world today, and two-thirds of them are women, this is no time to question our investments in education."

"Kusum Singh's story is an example of the many individual stories of courage that I have heard and seen around the world"

—First Lady Hillary Rodham Clinton

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Issues in Brief

The Role of Contraception In Reducing Abortion

Following the 1994 election, which gave social conservatives a majority in the U.S. House of Representatives for the first time in 40 years, emboldened leaders of the antiabortion movement began to campaign openly against government-subsidized family planning programs. In a preview of the legislative assaults to come against both the international and domestic programs, House Pro-Life Caucus Chairman Christopher Smith (R-NJ) declared in January 1995 that he opposed U.S.-supported family planning efforts abroad because they lead to "abortion activism" and, by implication, result in more rather than fewer abortions.

The "evidence" for his claim derives in part from a misunderstanding of the data. Following the introduction of family planning programs, contraceptive use and abortion rates in some countries have initially risen simultaneously; in other countries—including the United States—contraceptive use is nearly universal, but abortion rates have only recently begun to decline significantly. These data have been used to legitimate the assertion that the availability of contraception itself causes more abortions.

In the two and a half years since Smith's comment, the proponents of this view have sowed sufficient doubt among enough policymakers about the role of family planning programs domestically and internationally to disrupt a decades-long political consensus. Previously, all but a very small minority considered self-evident the view that better access to and more effective use of contraceptives are necessary to reduce the incidence of abortion.

Common sense still leads most people to the conclusion that more effective contraception means fewer abortions—and research results point to that conclusion as well. Individual women who use an effective method of contraception simply are much less likely to face an unintended pregnancy and the decision of whether to have an abortion than women who do not. Similarly, the advent of high-quality contraceptive services, both in the United States and elsewhere, has been shown over time to be associated with lower levels of abortion.

Fundamentally, the relationship between contraceptive use and abortion is explained by a single phenomenon: the inexorable and universal trend toward couples' wanting, and having, smaller families and trying to time the birth of their children to best advantage. Acknowledgment of this reality is important, since an individual's decision to practice contraception or to have an abortion stems from this same goal.

This *Issues in Brief* seeks to explain the statistical trends in the context of women's lives, their reproductive goals and the choices available to them. A great deal of information exists, largely from research in the United States, on the likelihood that an *individual* can avoid an unintended pregnancy, and abortion, by practicing effective contraception. Analyses of the effectiveness of contraceptive *programs* in reducing abortion rates come from the experiences of many countries, including the United States.

Contraception Works For Individuals

As more and more couples feel strongly about limiting the number of children they have, and about having those children when they want them, the demand for contraception will be great; in its absence or in the event of its failure, so will the demand for abortion. The choice for societies is whether to facilitate access to contraception or to leave women and their families with abortion, legal or not, as the only means of achieving their childbearing goals.

American women typically want two children, as do women in European countries and many parts of Asia. In Latin America, the average preference is for two or three children. Women in Sub-Saharan Africa still want large families, five or six children on average, but indications are that, as in more developed countries, their desired family size is beginning to decline, too. These numbers represent women's goals, but not necessarily their experience. In most countries of the world, a significant proportion of women reveal that they have actually had more children than they had intended.

To succeed in having the number of children she wants when she wants them, a woman must use contraceptive methods properly for a long time. The

The Alan Guttmacher Institute
New York and Washington

International Planned Parenthood Federation, Western Hemisphere Region, Inc.
120 Wall Street, New York, NY 10005-3902 • TEL: (212) 248-6400 • FAX: (212) 248-4221 • http://www.ippfwhr.org
Federación Internacional de Planificación de la Familia, Región del Hemisferio Occidental, Inc.

July 30, 1999

The Honorable Madeleine Albright
U.S. Secretary of State
2201 "C" Street, N.W.
Washington, D.C. 20520

Dear Madam Secretary:

In a letter addressed to you, dated February 8, 1999, Senator Jesse Helms requested that all funding for population programs by USAID in Haiti be stopped out of a concern that this money was being used to support "programs that endorse or legitimize what amounts to witchcraft."

Soon thereafter USAID informed PROFAMIL that they would terminate funding. To PROFAMIL, this meant a loss of approximately $215,000 in revenue for 1999, which put a tremendous strain on both the services and the number of persons this organization could adequately serve.

For over a decade, PROFAMIL has provided sexual and reproductive health services to the poorest citizens of Haiti, in part with generous support from USAID. To cut their funding now undermines the work that has been accomplished and ignores the continuous need of an underserved segment of the Haitian population.

In 1998, approximately 40% of the population in Haiti had no access to healthcare services, including family planning. The result of this condition is alarming: maternal mortality rate in Haiti is 1,000 per 100,000 live births, the highest in the Western Hemisphere; the infant mortality rate is 7.4%; the adult rate of HIV infection (5.2% in 1997) is among the highest in the Caribbean; and, according to Haiti's Ministry of Public Health, 7 out of 15 children who live in the streets of Port-au-Prince are infected with HIV. Ameliorating these conditions for the people of Haiti has propelled the mission and work of PROFAMIL since its inception in 1986 at a time when the country was going through great political turbulence.

The political problems in Haiti continue today and the country depends heavily on outside financial support to provide much needed social and healthcare services to its citizens. Without this provision, many of the gains achieved in the past are likely to be reversed. In fact, because of the low priority that the Haitian government appears to assign to family planning and HIV/STD prevention activities, the trend in prevalence reduction for the incidence of these diseases that was achieved during recent years is in jeopardy. The lives of the poorest children, women and families are in your hands.

While the Catholic faith is practiced in Haiti, the vast majority of the population practices Voodoo, a peaceful, native religion (a mixture of Catholicism with the religions of the tribes from Western Africa). Unfortunately, many people, Senator Helms included, see it as a form of black magic -- perhaps influenced by the negative portrayals of Voodoo in so many Hollywood films.

Because the Haitian population is at high risk of becoming infected with HIV and because Voodoo priests exert great influence over the behavior of their practitioners, PROFAMIL felt it important to educate these priests on the risks of certain sexual practices. As a result, Voodoo

priests have reoriented their teachings and are now accepting the importance of preventive measures in dealing with STDs, HIV and AIDS. Others who have received and benefited from PROFAMIL's educational outreach are community leaders, women's action groups, journalists, and Catholic priests. In fact, today many Catholic priests in Haiti include lessons on sexual and reproductive health in counseling their own parishioners.

The Programme of Action that was developed during the International Conference on Population and Development in Cairo states that access to health services, including family planning as well as sexual and reproductive health, is a basic human right. It would be a mistake to deprive the poorest of the poor in Haiti of a basic human right because of a religion that is part of their cultural tapestry.

The Western Hemisphere Region of IPPF (IPPF/WHR) works through local affiliates in 46 countries in the Americas and the Caribbean to defend the right of all people, regardless of their religious beliefs, to attain the highest possible level of sexual and reproductive health. In Haiti, one of the region's poorest countries, IPPF/WHR works with several reproductive health agencies through a local representative. One of these agencies is PROFAMIL, the Association pour la Promotion de la Famille Haitienne, which is not a member affiliate of IPPF/WHR.

On behalf of the thousands of women, children and men of Haiti who don't have access to healthcare, including sexual and reproductive healthcare, International Planned Parenthood Federation, Western Hemisphere Region, Inc. requests that you reconsider your decision to terminate USAID funding to PROFAMIL. The work of PROFAMIL is crucial to improving health conditions in Haiti, where they are extremely precarious, and USAID support is their lifeline. In complying with the democratic traditions and laws of the United States of America, USAID must be allowed to participate in a collaboration that respects the religion, traditions and local values of the people in question.

Respectfully yours,

Hernán Sanhueza
Regional Director

cc: Hillary Rodham Clinton
J. Brady Anderson
Barbara Larkin
Jill Buckley
Victor Marrero
Chet Edwards

bcc: Milanne Verveer
George Soros
Ellen Chesler
William H. Gates, Sr.
Suzanne Cluett
Ellen Marshall
Susan Cohen
Vicky Sant
Joan B. Dunlop
Guy Theodore
Carol Payne
Jean Robert Brutus

BACKGROUND AND CONTEXT FOR LETTER TO THE SECRETARY OF STATE

What is Profamil?:

It is a national, voluntary organization founded in 1986. Its Board of Directors and its staff are composed exclusively of Haitian citizens. Profamil provides family planning and sexual and reproductive health services to the poorest sectors of the population. Profamil is a grantee, but not an affiliate of IPPF.

Role of USAID:

Profamil received funding from USAID for over ten years for programs designed to increase access to family planning and facilitate institutional strengthening.

Role of Senator Jesse Helms:

Earlier this year, Senator Helms saw the IPPF Web site description of a Profamil information and education project for STD/HIV prevention involving voodoo priests. He subsequently wrote a letter on this issue to the Secretary of State (attached) stating that he would not object to Haitian population program funding, under the condition that Profamil be defunded.

USAID decided to comply with Senator Helms' request and to cancel a grant to Profamil through the cooperating agency Management Sciences for Health ($215,000) to be used for the provision of sexual and reproductive health services.

The Future:

The loss of $215,000 is substantially jeopardizing Profamil's programs.

Worse still, Profamil might be excluded from participating in a large, forthcoming five-year project for which USAID/Haiti is currently soliciting proposals.

If the exclusion of Profamil stands, it will be crucial to seek alternative funding for Profamil's programs.

For further information, please contact Hernán Sanhueza, M.D., IPPF/WHR Regional Director at (212) 214-0230 or hsanhueza@ippfwhr.org

United States Senate

COMMITTEE ON FOREIGN RELATIONS

WASHINGTON, DC 20510-6225

February 8, 1999

The Honorable Madeleine Albright
U.S. Secretary of State
2201 "C" Street, N.W.
Washington, D.C. 20520

Dear Madam Secretary:

In response to President Preval's most recent lurch backward towards dictatorship - and his apparent disdain for democracy and the rule of law - the Foreign Relations Committee is spending an increasing amount of time reviewing U.S. policy toward Haiti, including a review of the enormous amount of U.S. foreign aid being spent there. Understandably, some programs are being delayed until the review is complete.

On February 3, A.I.D. wrote to the Committee requesting permission to proceed with the obligation of funds for population control programs because, according to A.I.D., some of the activities were running out of money. The programs in question are: 936-3035, 936-3054, 936-3078, 936-3079, 936-3054, 521-0248.

It is no secret that these programs are far too often wrongheaded and wasteful. Nevertheless, if the Administration insists on funding these programs I shall not stand in the way, so long as you agree to the following conditions: (1) that no funds be obligated to any affiliate of the International Planned Parenthood Federation (IPPF) in Haiti, including PROFAMIL; and (2) that no funds be provided directly or indirectly to any group whose programs include producing material intended to be used in any voodoo ceremony.

It may be of interest that I am suggesting the aforementioned conditions based upon the following written exchange between A.I.D. and the Foreign Relations Committee about population control programs in Haiti. (This question-and-answer exchange came about because of an item called "Working with Voodoo in Haiti" contained on the International Planned Parenthood Federation (IPPF) Internet Web site, which I have enclosed).

Q. "Does A.I.D. provide any assistance to any group, like IPPF's [International Planned Parenthood Federation's] affiliate PROFAMIL, which, according to IPPF's 1996 Annual Report, undertook "a campaign to reach voodoo followers with sexual and reproductive health

information...by performing short song-prayers about STDs [sexually transmitted diseases] and the benefits of family planning during voodoo ceremonies."

A. "USAID/Haiti is providing $295,000 over the April, 1998-March 1999 funding cycle to the local International Planned Parenthood Federation (IPPF) affiliate, PROFAMIL...many [A.I.D.] partner and implementing organizations use this important social network [voodoo ceremonies] as the medium for disseminating health sector messages and information."

A.I.D. is funding programs that endorse or legitimize what amounts to witchcraft. Madam Secretary, if there were prizes given for the "most outrageous foreign aid programs" this would be in line for first place. I am thankful that, as of April 1, the A.I.D. Administrator will report to you and be under your direct authority and foreign policy guidance, pursuant to the Foreign Affairs Reform and Restructuring Act of 1998.

I feel my proposal is fair and reasonable, and I hope you will agree to it. Please let me hear from you.

Sincerely,

Jesse Helms

JESSE HELMS:ggg

cc: The Honorable Brian Atwood
bcc: Richrd McCall
enclosure

The Honorable Jesse Helms
Chairman
Committee on Foreign Relations
United States Senate
Washington, D.C. 20510-6225

Dear Mr. Chairman:

This is in response to your letter to Secretary Albright dated February 8, 1999 regarding your conditions for the release of funding for the U.S. Agency for International Development (USAID) health and family planning programs in Haiti.

The Agency accepts the conditions stated in your letter. While we believe that our partnership with the International Planned Parenthood Federation(IPPF) around the globe has been beneficial to our family planning goals, IPPF's local affiliate has an extremely limited involvement in our health and family planning programs in Haiti.

USAID health and family planning programs in Haiti have been very successful. USAID programs provide maternal, child, and reproductive health care services to approximately 4.7 million people, or 56 percent of the population. Since 1995, there have been significant improvements in health conditions in USAID project areas, including vaccination rates of 60 percent compared to the national rate of 30 percent, an increase in women having two or more pre-natal visits from 33.7 percent to 55 percent, and an increase in deliveries assisted by health care workers from 65.5 percent to 75.4 percent. It is clear from these results that our programs are critical to the protection against disease and death in Haiti.

Sincerely,

Jill Buckley
Assistant Administrator
Bureau for Legislative
and Public Affairs

Association des Hopitaux Chretiens d'Haiti

Bp 13026, Delmas
Port-au-Prince, Haiti
(509)257-3001

April 27, 1999

Honorable Senator Jesse Helms
Senate Office Building
Washington, DC
USA

Honorable Senator Helms

It has come to our attention that there has been some confusion regarding the use of USAID funds in Haiti. Members of our association were present at the training seminars in question. The seminar was offered to provide training in family planning and sexually transmitted diseases. It did not have a religious purpose nor (to our knowledge) was a voodoo ceremony held in any relation to the seminar.

The government of Haiti recognizes three religions (Catholic, Protestant, and Voodoo). This Association believes that it is important to provide healthcare training to all people irrespective of their religious background. An effective outreach program must reach all three groups of people.

We would agree with State Department spokesman James Rubin when he said, "Traditional practitioners are the first point of contact for many Haitians in seeking health care." Leaders from all three of these religious backgrounds (including traditional healers were included in the seminar because they are one of the best means of dissemination information to the masses of the people in Haiti.

Therefore, this organization strongly supports these types of programs.

To our knowledge no religion has ever been promoted through USAID programs for family planning funds, and we agree that it should not be promoted through the use of USAID funds.

Thank you for your concern regarding this matter.

Guy D. Theodore MD/FACS
President

John Yates MD/CC
Executive Director

cc: Hillary Clinton, First Lady USA

cc: Phyllis Forbes Director USAID Haiti

cc: Carol Payne, Responsible for Reproductive [illegible] USAID Haiti

cc: Representative Planned Parenthood of Haiti Ivor Robert Burton MD

-15-99 01:20P

United States Senate

COPY FOR YOUR INFORMATION

Dr. [illegible]
President
Association des Hopitaux
Chretiens d'Haiti
Bp. 13026, Delmac
Port-au-Prince, Haiti

Dear Dr Theodore and Dr. Yates

Thank you for your letter about Agency for International Development supported family planning programs in Haiti.

The questions I raised with the Secretary of State in my February 8, 1999 letter dealt with specific activities of an affiliate of the International Planned Parenthood Federation called PROFAMIL. According to IPPF's own annual report, PROFAMIL (which had received $295,000 from A.I.D.) undertook "a campaign to reach voodoo followers with sexual and reproductive health information...by preforming short song-prayers about STDs and the benefits of family planning during voodoo ceremonies."

I knew nothing about any training seminar that allegedly included practitioners of voodoo until your letter mentioned it. Based on this new information, I have instructed the staff of the Senate Foreign Relations Committee to launch an investigation into the activities you described

Sincerely,

Jesse Helms

JESSE HELMS
JH\ggg

cc: Dr. John Yates, Executive Director
The Honorable Brian Atwood, Administrator, Agency for International Development

file Family Planning

ASSISTANT SECRETARY
BUREAU OF POPULATION, REFUGEES, AND MIGRATION
DEPARTMENT OF STATE
WASHINGTON, D.C.

Feb 17

Dear Melanne,

Thank you so much for all you did to make Mrs. Clinton's appearances at ICPD+5 a reality. She was an absolute "show stopper" and energized the NGO's & National delegations so effectively! (Every delegation reaffirmed their Cairo commitments (even the Vatican ... almost.)

As an American I felt such a privilege to be with the First Lady en route and at the Conference. Our entire delegation was inspired, and I think we all moved the Cairo commitment forward. Obviously Mrs. Clinton's contributions were also a reflection of her fabulous staff who worked to make her speeches so effective. Congrats to you all from your admiring PRM colleagues.

Fondly,
Julia

P.S. Thought you'd like the enclosed Taiwan news coverage.

file family planning

Support for Family Planning in the Clinton Administration

Under the Clinton Administration, federal support for family planning has been steadily rising, both in programs specially dedicated to family planning and others (e.g., Medicaid) that provide family planning services as part of a broader program.

Title X Family Planning grants will, under the President's proposal, be increased $15 million to $218 million in FY 1999.

- This is a 46% increase since 1992, at a time when total Federal discretionary spending has increased only 6% [however, non-defense discretionary will have risen 32%].
- $15 million would be the largest increase enacted in this administration, and well above the $5m Congress provided last year.

Medicaid provides almost $500 million [est: $475 in FY98] in Federal funds to support family planning services. By FY99, this will represent an increase of almost 20% [19%] over FY 1992.

Family planning services are also provided by states and local communities from the Maternal & Child Health Block Grant, the Social Services Block Grant, and the Preventive Health Block Grant and to Native Americans by the Indian Health Service. In FY 1999, we estimate $100 million [actually $101m] in family planning services will be provided under the President's budget, a 21% increase over FY92 [though a 4% decrease from FY98].

Services are provided to nearly 4.4 million clients each year at more than 4,000 family planning clinics nationwide. They include the contraceptive services, pregnancy testing, STD screening and treatment, and education and outreach.

The National Institutes of Health undertake research in infertility, contraception, and related matters. CDC funds programs to educate teenagers about sexual development and abstinence. Under the President's Budget, in FY 1999 these should total about $200 million [$202m], a 25% increase since FY92.

Internationally, the Administration has been a strong supporter of family planning programs. Under the Presidents Budget, bilateral assistance provided through AID and assistance to the United Nations Population Fund will grow to $425 million in FY99, a 32% increase over FY92.

In total, under the President's budget family planning will rise to $1.43 billion in FY 1999, a 27% increase over FY 1992 [$1.1 billion].

FAMILY PLANNING FUNDING ($ in millions)

FY 1992 - FY 1999

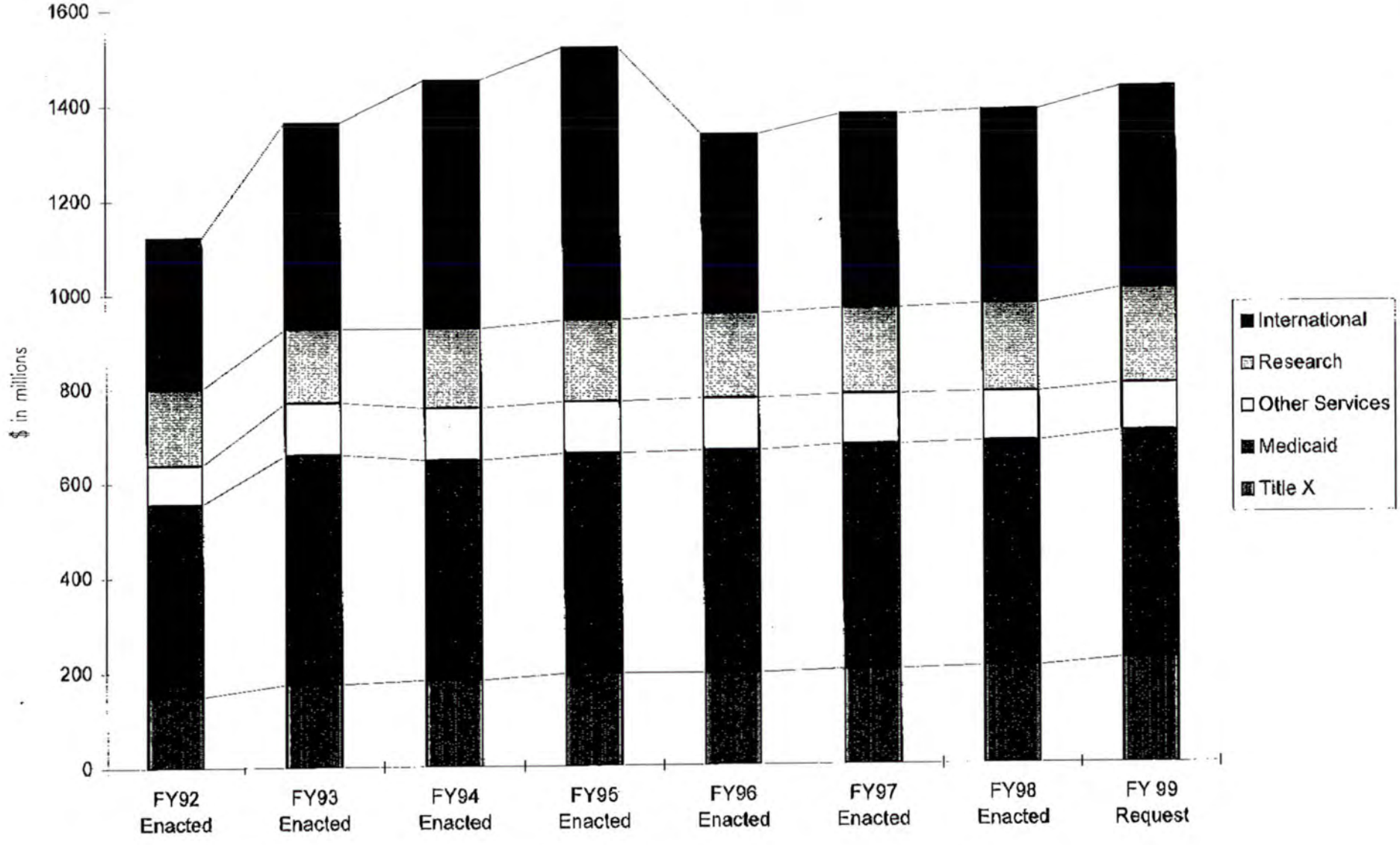
	FY 1992 Enacted	FY 1993 Enacted	FY 1994 Enacted	FY 1995 Enacted	FY 1996 Enacted	FY 1997 Enacted	FY 1998 Enacted	FY 1999 Request	% change FY98-FY99	Total % change FY92 - FY99
Title X Family Planning	149	173	181	193	193	198	203	218	7%	46%
Medicaid (Federal share)	405	485	465	465	470	475	475	480	1%	19%
Other Services*	83	111	111	110	111	107	105	101	-4%	21%
Research spending	182	157	169	173	180	183	187	202	8%	25%
International**	322	436	524	575	378	410	410	425	4%	32%
TOTAL FAMILY PLANNING	1,122	1,362	1,450	1,516	1,332	1,373	1,380	1,426	3%	27%

* Reflects estimated family planning expenditures in the Maternal and Child Health Block Grant, Social Services Block Grant, Preventive Health Block Grant, and the Indian Health Service.

** Reflects funding for Agency for International Development (AID) bilateral assistance and the UN population fund.

Family Planning Funding

FY 92 - FY99



file family planning

International Women's Health Coalition

24 East 21 Street, New York, New York 10010 Telephone (212) 979-8500
Fax (212) 979-9009 E-Mail/Internet iwhc@igc.apc.org

FAX MESSAGE

TO: Ms. Melanne Verveer FAX: 1-202-456-6244

FROM: Adrienne Germain

RE: Christopher Smith's Statement on UNFPA/UNHCR

DATE: November 7, 1997

NUMBER OF PAGES INCLUDING COVERSHEET:

Dear Melanne,

Here is a copy of the statement by Chris Smith on UNFPA/UNHCR provision of emergency contraception to women who have been raped. I would be happy to provide more information if you need it.

Thanks so much for calling me last night and today. I know this is a very busy time for you!

With best regards,

Adrienne Germain
Vice President

Enclosure

Statement of Representative Christopher H. Smith
Chairman, Subcommittee on International Operations and Human Rights
United States House of Representatives

As the new administration of the United Nations works to plan and implement reforms that will enable the organization to perform more faithfully and more effectively its core mission of promoting peace and understanding among peoples of widely disparate cultures and values -- and as the United States Congress considers whether to approve the Clinton Administration's request for almost a billion dollars to settle the longstanding dispute over U.S. arrearages to the UN and its related agencies — it is particularly important that the UN focus its energies on issues that are consensus builders, not consensus breakers. I am therefore shocked and saddened to learn of an ongoing project by at least three UN agencies for the large-scale performance and promotion of abortions among refugees, displaced persons, and other poor and vulnerable women around the world.

I first learned of this project almost a year ago, when the United Nations Population Fund (UNFPA) announced that it would be providing "reproductive health care kits" to 200,000 refugee women in the Great Lakes region of Africa. These kits would be distributed in co-operation with the United Nations High Commissioner for Refugees (UNHCR) and would include what UNFPA called "post-coital contraceptives." At a time when we were unable or unwilling to do whatever it took to get basic food and sustenance to these desperate people, when thousands were dying from cholera and other diseases, massive expenditures on less urgent needs such as "reproductive health care kits" suggested a badly skewed set of priorities. Furthermore, "post-coital contraceptives" was a code phrase for chemical abortifacients — devices or drugs that are designed to destroy an unborn child after it has already been conceived. Despite the promises made at Cairo, Beijing, and other international conferences that international promotion of reproductive health care would not include abortion, it seemed that UNFPA and other UN agencies had yet to learn that there can never be a true international consensus behind a program that provides support for abortion.

I have since learned that the Great Lakes project was only one aspect of an ongoing project to bring abortion into refugee camps around the world. UNFPA and UNHCR are about to finalize an "Inter-Agency Field Manual" entitled "Reproductive Health in Refugee Situations." This manual would require not only that refugee women be given pills to induce early abortion, but also that every refugee camp be equipped with "vacuum aspiration" equipment for what the manual calls "uterine evacuation."

The use of Orwellian terminology to mask the nature and purpose of these procedures is no accident. Early documents in the refugee reproductive health project apparently used the word "abortion," but these references were purged from later drafts after a "preparatory meeting" in April 1995. The proceedings of the preparatory meeting make clear that there was a deliberate decision that "the term induced abortion should be discarded throughout the document," and replaced with "alternative legitimate terminology" such as "menstrual regulation or evacuation." This was in order to "reduce the sensitive nature of the subject matter." It was also decided that "the name of Subkit I (which includes the vacuum aspiration machine) should be changed from

'Pregnancy Termination' to 'Treatment of Incomplete Abortion.' This difference in terminology will reduce the risk of offending sensitivities and possibly make the Subkit more acceptable."

Although the publicity about the "emergency post-coital contraception" pills has dealt almost exclusively with the case of rape, the draft manual also directs that they be made available to women who have not been raped but have had "unprotected" or "unplanned" sex.

A companion document by the World Health Organization, also in the process of being finalized, announces that these abortion pills and vacuum abortion devices should be provided not only in refugee camps but also in all primary health care centers. These centers are the most basic facilities for the world's poorest people — they are not typically staffed by doctors, they do not typically have penicillin or other basic drugs — but they will now have abortion equipment.

The WHO and UNHCR/UNFPA documents pay lip service to the idea that abortion should be provided only where it is legal, but the proceedings of the preparatory meeting suggest that "the legal right of maternal health should not . . . be 'secondary' to the laws against abortion," and follows this logic to the candid conclusion that "if health is the priority then abortion is allowed in all cases."

The WHO document suggests that if refugee women or local religious or political authorities object to the "post-coital contraceptives" on the ground that they are really a form of abortion rather than contraception, health care providers should respond that this is "misinformation." This is because WHO has chosen to define pregnancy as beginning not at conception but at implantation. By suggesting that health care providers treat this highly debatable conclusion as a scientific fact, the WHO uses obfuscation in an effort to overcome the most deeply held values of these vulnerable women.

The UNFPA/UNHCR project would also ride roughshod over the values of health care providers who do not wish to become abortionists — by imposing abortion as a requirement for them to keep their jobs. The proceedings state that "training in the provision of abortion should be just one obligatory component of the training course on reproductive health procedures offered to field practitioners."

The fact that WHO, UNFPA, and UNHCR need to use coercion and deception makes clear that the effort to promote abortion among refugee women is driven by population-control ideology, not by need or demand. I have been a strong supporter of U.S. and U.N. refugee programs, and I work closely with refugee advocates. I am told by refugee workers that if UNHCR would only ask the people in the field — or the refugees themselves — where we should spend our refugee protection dollars, they would say that the greatest needs are for more and better food, safe water, and shelter. Refugees and many refugee workers also believe there is a desperate need for resources to provide resettlement and local integration as alternatives to forced repatriation. Abortion pills and vacuum aspirators would be nowhere on the list.

Finally, I am also informed that these devices may be dangerous to women. In the conditions that typically prevail in refugee camp medical facilities, and with the poorly-trained

personnel who are the only ones available to administer care in some of these facilities, these devices and chemicals will almost certainly result not only in the deaths of thousands of unborn children, but also in increased maternal mortality.

I understand that Dr. Sadako Ogata, the United Nations High Commissioner for Refugees, has not yet given this manual her final approval. I urge her, as well as Secretary General Annan, to reconsider and reject this awful proposal. The world is already a tough enough place for refugees, and the coalition that wants to protect them instead of forcing them back to dangerous places is already too fragile. In order to build consensus -- and to allow pro-life legislators in the United States and elsewhere to vote with a clear conscience for funding of UNHCR and other international humanitarian agencies -- it is crucial that we keep these agencies out of the abortion business.

file family planning

IWHC

INTERNATIONAL WOMEN'S HEALTH COALITION
24 East 21 Street, New York, New York 10010 Telephone (212)979-8500
Fax (212)979-9009 iwhc@igc.apc.org http://www.iwhc.org

February 3, 1999

Ms. Melanne Verveer
Chief of Staff for the First Lady
Office of the First Lady
O.E.O.B., Room 100
Washington, D.C. 20500

Dear Melanne,

I apologize for the delay in sending these suggestions for Hillary's speeches in the Hague. I did send some of them to Margaret Pollack last week just before her conversation with the speech writer.

Hillary's NARAL speech was fabulous, certainly her strongest on the subject. Much of that speech could be used verbatim in the Hague simply by changing "American values" to "ICPD commitments"! I make some specific suggestions below.

A. General Points:

1. While it is important for Hillary to endorse the entire ICPD agenda, this is a critical moment to emphasize actions needed specifically on reproductive rights and health. Both proponents and opponents of the ICPD Programme of Action will listen closely to what the First Lady says, and even more closely to what she does not say. While I understand the need to consider Congressional views, I believe it is essential for her to address directly even the most sensitive issues (adolescents, abortion, gender, families), as she did in her NARAL speech.

2. It is very important that Hillary speak as an American, and refer to both progress and shortfalls domestically. While she should acknowledge the importance of U.S. foreign assistance, and express the Administration's commitment to increase it, I believe that her audiences will be most receptive if she recognizes the work and accomplishments of local groups and projects based on their own commitment, skills and initiative. U.S. foreign assistance aids and abets good ideas, but the accomplishments are those of the local groups, many of which she has visited.

3. This is an important moment to express support for UNFPA and the Administration's intentions on funding.

B. Key points to include in both speeches:

1. The context: ICPD implementation requires poverty alleviation; action to reduce the terrible burden of debt faced by southern countries and countries with economies in transition; increased foreign assistance; partnerships between the private sector and donors/international agencies; reduction of corruption and waste; and prioritization of social sector investment by governments.

2. Elimination of deaths and illness related to pregnancy: Despite more than a decade of the "Safe Motherhood Initiative," in the last 12 years some seven million or more women have died, and millions upon millions of women's lives and health have been ruined -- unnecessarily. It is not acceptable that, even under the politically comfortable banner, "Safe Motherhood," women's death and illness have attracted so little funding and that political will for change does not yet exist. As you'll see from more detailed points below, emphasizing this issue would allow Hillary to address quite a number of additional topics, while, at the same time, highlighting what has possibly been the most neglected dimension of reproductive health worldwide (including in the U.S. where women of color and low income women have higher rates of maternal mortality than others).

3. Investment in civil society groups: The points made below may seem esoteric but they are critically important. Too many governments stifle the energy of NGOs. The U.S. experience demonstrates not only what the nongovernment actors can do, but also the importance of basic capacity building and freedom from unnecessary government restrictions. This topic would allow Hillary to pick up the great lines from her NARAL speech on common ground, democracy, values, etc.

4. Key words and phrases from the NARAL speech: Certain phrases from the NARAL speech on unwanted pregnancy and abortion, would be particularly meaningful in the Hague, because they would reinforce the leadership of the U.S. in the original ICPD negotiations, and because neither governments nor international agencies have taken the action needed. I hope Hillary will assert that abortion should be "safe, legal and rare." Para. 8.25 (copy attached) of the ICPD Programme of Action exists because of U.S. recognition, in both Cairo and Beijing, that unwanted pregnancies will occur no matter how strong preventive efforts are, because contraceptives fail, circumstances

change, sex may be forced, etc. The most contentious sentence of the paragraph – "In circumstances where abortion is not against the law, such abortion should be safe" – has been ignored by most governments even though it is so narrowly construed. It would be particularly valuable if Hillary's speech recognizes the known health consequences of restricting access to safe abortion, asserts the need to ensure that each woman can decide for herself what to do, and that analyses the very negative consequences of both pro- and anti-natalist government action. In this regard, the first full paragraph on page 4 of the NARAL speech ("I hope...") is brilliantly crafted. Other wonderful phrases are the personal decisions women make; stories of dangerous and illegal abortions; women who have suffered in silence.

C. Detailed points:

1. Death, injury and ill health due to pregnancy:

The widest health disparity between rich and poor countries is in maternal mortality. An estimated 600,000 women die every year due to pregnancy-related causes, most in poor countries; millions are severely injured, and left to face infertility or chronic illness. In the last 15 years, we have made almost no progress in reducing these numbers. We know how to prevent them. Most occur because of gross inequities of resource distribution between and within countries. They are due as well to failure of political will both by national governments and by donors to build and sustain the basic public health systems needed to cope with obstetric emergencies and provide safe abortion.

We must recognize the underlying social causes of women's death and suffering: gender discrimination in access to food and health care, education, employment and political participation; traditional taboos and harmful practices imposed on girls and women; endemic gender-based violence, including forced and unsafe sexual relations; laws and policies that restrict women's access to contraception and to safe services to end unwanted pregnancies.

We will not achieve the goal set in the ICPD – to reduce by half the 1990 level of maternal mortality by the year 2000. But, let us promise our daughters, our wives, and all women, that the necessary actions will be a top priority for the next five years. What are these actions?

• As countries adopt health sector reforms, build effective basic health systems and adopt sector-wide investment strategies, we must:

- prioritize sexual and reproductive health services of the best possible technical quality, that provide full information and choices and treat women with respect.
- address pregnancy care in its broader health context, that is, build the skills and make the investments needed to prevent and treat STDs, prevent HIV, and control malaria, TB and other major communicable diseases that increase the risks associated with pregnancy; we must invest in clean water and sanitation systems, and in basic education for all.

• We must bring services – especially emergency obstetric care and safe abortion – as close as possible to women, which often will require us to:

- invest in training and equipping mid-level paramedical providers especially midwives;
- build partnerships with communities to ensure that everyone knows the danger signs of pregnancy, to maintain maternity waiting homes, and to provide emergency transport; and we must
- persuade men that pregnancy is their responsibility too – men have an obligation to ensure women's access to services, to share the demands of childcare, and to refrain from violence, intimidation, and forced sex.

• We must face even the most taboo and sensitive aspects of reproductive and sexual health squarely:

- To curb the STD/HIV epidemic, we must ensure that all sexually active people, whatever their age and marital status, have access to condoms (both male and female) and are persuaded to use them; we must develop additional methods that women control, such as microbicides (NIH funds this work); and we must work with men to be more responsible in their own sexual behavior.
- "Emergency contraception" (higher-than-usual doses of birth control pills within 72 hours of unprotected sex) is a simple, inexpensive, safe method to prevent unintended or unwanted pregnancy. But it is not yet accessible in most places. Let us ensure that emergency contraception is available for all women.

-- When unwanted pregnancies occur, we must ensure that women have all possible choices to continue or to end the pregnancy; preventing unwanted pregnancies is essential but not sufficient; we must make safe abortion services accessible and affordable.

• We must inform young people about sexuality, help them build self-esteem, develop mutually respectful relationships, encourage gender equality and equity and delay pregnancy until they are socially, emotionally and biologically prepared for safe child bearing.

2. Investment in civil society groups:

One of the most important commitments of the ICPD was to build partnerships with civil society groups, especially women's groups, to make the hard choices about allocation of scarce resources, to monitor and hold governments accountable for meeting the promises made in Cairo, and to build the momentum and political will for the major social, policy and program changes that are needed.

If these partnerships are to take root, flourish, and be effective, governments need to:

• remove unnecessary restrictions on civil society groups' access to local and external funds;
• provide access to information;
• include civil society groups in policy processes; and
• respect the autonomy of civil society groups.

Donors and international agencies similarly need to foster partnerships based on equity, and provide the resources needed for civil society groups to build their basic organizational strength, not just implement projects or deliver services.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Adrenne Germain to Melanne Verveer [partial] (1 page)	02/03/1999	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20031

FOLDER TITLE:
Family Planning [Folder 4]

2013-0534-S
rc1499

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]

Melanne, there's a lot here – I'd be happy to comment on drafts and will be in New York.
(b)(6) – a major frustration!) [001]
Please note, some of the language in this letter I have used in writing others so you may not want to use the language, just the ideas.

With kind regards,

Sincerely yours,

Adrienne Germain

Adrienne Germain
President

Enclosure

FAX COVER SHEET

OPEN SOCIETY INSTITUTE
US PROGRAMS
400 West 59th Street
New York, NY 10019
(212) 548-0600

TO: Laura Schiller / Christy Macy — Fax: 202 — Phone: 456-5709

FROM: Ellen Chesler — Fax: 212 — Phone: 548-0350

Date:

Pages: 11

Attachments as promised:

1. Soros and Gates Foundation Haiti Grants
2. Advance/Germain letters

OPEN SOCIETY INSTITUTE

EMBARGOED UNTIL NOVEMBER 21, 1998
PRESS RELEASE

Contact: Michael Vachon
(212) 548-0668

Open Society Institute donates $1 million for Haitian Health Care Reform

The Open Society Institute (OSI), a private operating and grantmaking foundation created by international financier and philanthropist, George Soros, announces a $1 million challenge grant to jumpstart an innovative proposal that will help achieve long-term improvements in the health and welfare of the Haitian people, particularly women and children.

The grant will fund a demonstration project intended to show the benefits of fundamentally restructuring the country's medical education and service delivery system so that it centers around family and community health needs. The project, a public-private partnership, will begin immediately at the Hospital Bienfaisance de Pignon, a private faculty serving the population of the country's Plateau Central, and the Hospital Justinien, a Ministry of Health (MSH)-supported public facility in Cap-Haitien.

To reach completion and intended self-sufficiency in six years (through projected cost-savings attributable to an emphasis on preventive care and other efficiencies), the project will require matching funding from two or more donors, whom the Open Society Institute will help to identify. After the anticipated six years of outside support, the Haitian Ministry of Health, and Regional Centers of Health will take over full responsibility for the project.

The project will be administered by the University of Miami School of Medicine (UMSM), a pioneer in the provision of family and community-based services emphasizing preventive medicine, primary care and patient education. UMSM will work collaboratively with the Haitian Ministry of Health, the Medical School, and the University Hospital (HUEH) in Port-au-PriNce, and local officials.

The value of this demonstration project is that it will make tangible the economic and social benefits of a new approach to health care in the country and will help generate the larger public and private resources necessary to bring this approach to scale. Five more rural hospitals have been identified and have agreed to participate when funds are available.

The project is intended to advance primary care and public health strategies originally adopted by Haiti in 1978, and again in 1996, when the National Plan for Health (Plan National de Sante) called for a health care system that would promote decentralization, community participation, and training of a health care workforce more sensitive to the needs of the population. The project will incorporate culturally sensitive approaches to reproductive and maternal health care, which take into account Haiti's high birth rates, as well as the poverty and illiteracy that result in tragic infant and maternal mortality rates, child malnutrition, and disease.

Improvements in maternal and child health in Haiti, along with long-term declines in fertility, will require well-trained health professionals with a broad range of skills and the capacity to operate with modest resources and

—more—

technology. This project recognizes that the necessary training opportunities currently do not exist in Haiti, where the distribution of health professionals is skewed in favor of the metropolitan area of Port-au-Prince, and where medical training emphasizes specialization and acute disease management, which is not cost-effective or responsive to the dire needs of the Haitian people, the majority of whom live in rural areas. The project aims to produce physicians and nurses trained primarily to prevent disease, and to work in a more effective partnership with midwives and other lay health providers, such as traditional healers or "leaf doctors," on whom many people in the countryside still rely.

The University of Miami School of Medicine (UMSM) will provide technical assistance for at least four years, and the Medical School of Haiti (MSH) will expand the faculty and staff of its Department of Community Health in order to oversee and nurture the community-based programs. The project will be led by two Haitian-American physicians: Co-Project Director Dr. Michel Dodard, who is the Medical Director of the Family Practice Center and the residency program at UMSM, and UMSM Faculty Physician Liaison, Dr. Andre Vulcain, a graduate of UMSM's family residency program who previously practiced medicine in Haiti. They, in turn, will work with Dr. Arthur Fournier, Associate Dean for Community Health Affairs at UMSM, Professor of Family Medicine, and founder of Project Medishare, a medical relief project that has been operating in Haiti for the past four years.

The project thus represents a unique opportunity for Haitian-American health professionals to give something back to their country of origin. While the ultimate responsibility for the health of the Haitian people must rest with local health care providers, this project will create an infrastructure to build upon, and an opportunity for collaboration with, many more American medical student and faculty volunteers from UMSM and other schools. In the past year alone, 60 US students volunteered in Haiti under the auspices of Project Medishare. This year more than 150 have signed on.

Funding for the demonstration project is being made available through a collaboration of the Reproductive Health and Rights Program of OSI-New York and the Fondation Connaissance et Liberte (FOKAL) in Haiti. Both OSI and FOKAL are part of the Soros foundations network, a group of autonomous nonprofit foundations operating in more than 30 countries around the world, principally in Eastern Europe and the former Soviet Union. All of the foundations in the network share the common mission of supporting the development of open societies through an array of initiatives in educational, social and legal reform. In 1997, FOKAL expended nearly $2.5 million dollars in Haiti. The total expenditures of the Soros Foundation network worldwide were $428.4 million in 1997.

—30—

William H. Gates Foundation Awards for Haiti

FOSREF (Foundation for Reproductive Health and Family Education)

FOSREF will receive a grant of $1,250,000 over three years. The project will significantly expand their present youth program and provide reproductive health information/education and services to more than 1 million young people and their families in five Haitian cities and their surroundings. By directly targeting young people, the project will reduce the high incidence of teenage pregnancy, sexually transmitted diseases, and AIDS. The project will use two strategies: community youth delivery strategy (using youth workers for outreach) and satellite centers with clinical services specifically for adolescents. More than 50% of the Haitian population is less than 20 years of age. A recent study showed only 9% of sexually active youth were using contraception. The goals of the project are to decrease the incidence of teen pregnancies and clandestine abortions by 50% and to provide access to STD prevention and treatment programs to 600,000 young people. The funds requested would be used for salaries for project personnel, equipment, training and administration.

FOSREF has an excellent reputation as a leading family planning organization within Haiti. At the request of FOSREF funds for this project would be managed through IPPF/Western Hemisphere Region. IPPF/WHR has a resident representative based in Haiti who will provide oversight and technical assistance to the project.

MARCH (Management and Resources for Community Health)

Haitian women of reproductive age are faced with considerable difficulties when they seek reproductive health care. Facilities are frequently poorly staffed, equipped, and supplied. Maternal mortality is extremely high (50 times the US rate) and contraceptive prevalence is low (13% for modern methods).

MARCH, a Haitian foundation has led in providing affordable, sustainable urgent health care. Patient fees cover the cost of services. Poor women receive services at little or no cost. MARCH will receive a grant amounting to $ 1.5 million over three years. The project would extend "women friendly" reproductive health services to 100,000 women of reproductive age. The goal is to provide family planning to 30,000 women, to provide safe motherhood services to 20,000 pregnant women, and to develop a prepaid, managed care, reproductive health package with 10,000 women enrolled. The budget shows 36% of the total costs covered by patients in the first year and increasing to 85% of costs in year 3. The project states that, subsequently, it would be self-supporting and sustainable.

MARCH is headed by Dr. Antoine Augustine who has an MD from Wisconsin and an MPH from Harvard. He is highly regarded, as are the services provided at MARCH acute health facilities currently in operation. At the request of MARCH, grant funds would be managed by CEDPA (Center for Development and Population Activities). CEDPA would provide financial oversight and technical assistance to the project.