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International Family Planning

U.S. Aid for Global Reproductive Health

Should the President Be Able to Deny Federal Funds to Groups He Determines Are Engaging in Coercive Abortion and Sterilization?

Sen. Roger Wicker (MS-R)

Sen. Patrick Leahy (VT-D)

and others . . .

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The beginning sections provide background on this month's debate topic, followed by the **Pros** (page 21) & **Cons** (page 27). Article citations are at the end of each section.

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International Family Planning U.S. Aid for Global Reproductive Health

Should the President Be Able to Deny Federal Funds to Groups He Determines Are Engaging in Coercive Abortion and Sterilization?

Foreword

For centuries, population growth was believed to be beneficial, mostly for economic reasons. Then, in the 1950s and 1960s, the tide of popular opinion turned, as plummeting death rates and persistently high fertility rates — especially in the poorest parts of the world — aroused concerns about a population “explosion.” But in the late twentieth century, when contraception became widely used in economically advanced countries, many began to think that such fears were exaggerated. Now, alarms are again being raised about what will happen when the number of people on the planet outweighs its capacity to sustain them.

Today, the fastest growing populations are in the developing world, especially Africa, while some European nations are growing so slowly that their numbers may soon start to shrink. Overpopulated countries suffer from poverty, famine, low life expectancy, environmental degradation, disease, and, indirectly, high crime rates and often war.

Population assistance first became a global issue in the 1950s after private foundations began providing money to developing countries to help control growth rates. In the 1960s, the U.S. Congress authorized research into international family planning and population issues, and the U.S. Agency for International Development ([USAID](#)) began to work with nongovernmental organizations (NGOs) to distribute contraceptives in the developing world. The United Nations Population Fund ([UNFPA](#)) also began operation as the major international source of family planning and women's health assistance.

The U.S. Government's international family planning policy historically has been based on the principles of "volunteerism and informed choice" to give participants access to information on all methods of birth control. Initially a bipartisan issue, international family planning has generated much controversy over the last several decades, with frequent modifications and reversals of program goals.

The first change came in 1973, with passage of the Helms amendment (authored by former North Carolina Republican Senator Jesse Helms), which prohibited U.S. funds from being used abroad by foreign NGOs to perform abortion or counsel clients on abortion.

In 1984, President Ronald Reagan went further. At an international population conference in Mexico City, his Administration announced that no U.S. funds would go to any international agency that performed abortion, offered counseling on abortion, or advocated for legalized access to abortion — even if such activities were carried out with non-U.S. funds.

Presidents Reagan and George H.W. Bush also banned grants to UNFPA, citing violations of the Kemp–Kasten amendment (by former Republican Representatives Jack Kemp of New York and Bob Kasten of Wisconsin), which prohibited U.S. assistance to organizations that support or participate in the management of coercive family planning programs, as determined by the President. Both Administrations cited China's one-child policy, known to have been administered coercively at times, in cutting off support to UNFPA, though no concrete evidence was found that the organization was involved in such practices in its work in that country. At the time, UNFPA was receiving roughly 25 percent of its funds from the United States.

Shortly after he took office, President Bill Clinton reversed the Mexico City policy and resumed UNFPA funding. President George W. Bush reapplied the Mexico City restrictions, however, and suspended U.S. contributions to UNFPA from 2002 to 2008. On January 23, 2009, President Barack Obama restored UNFPA funds and rescinded the Mexico City policy, calling it "unnecessarily broad and unwarranted" and called for an "end to the politicization of this issue."

In early March, the Senate debated an amendment to the fiscal 2009 Omnibus Appropriations bill, introduced by Senator Roger Wicker (MS-R), to "stop taxpayer dollars from being awarded to a group complicit in China's forced sterilization population control program" by restoring "the Kemp–Kasten anti-coercion population control provision," as Wicker described it. However, the Democratic majority had already inserted language in the bill "to require that amounts appropriated for the United Nations Population Fund are not used by organizations which support coercive abortion or involuntary sterilization," and the amendment was defeated by a vote of 39 to 55.

Those favoring the amendment charged that the UNFPA had actively supported or ignored crimes against women by funneling money to Chinese agencies that coercively support the one-child policy — a practice, they say, few American taxpayers would condone. They maintained that Kemp–Kasten — with its language giving the President explicit authority to determine whether an organization is involved in coercive practices — had always enjoyed broad support.

Those opposed argued that the amendment was unnecessary because the bill already prohibited funds for abortions of any kind, coercive or otherwise, and for sterilization. They also pointed out that UNFPA addresses women's health issues in countries where the United States has no presence, and that the amendment would have the effect of cutting funds for programs to treat debilitating conditions,

prevent female genitalia mutilation and child marriage, create maternal health centers, and promote sanitary conditions.

On March 24, the U.S. State Department announced that it would contribute \$50 million to UNFPA, as provided by the Omnibus Appropriations Act. “This decision highlights the Administration’s strong commitment to international family planning, women’s health, and global development,” officials said. Despite the Obama Administration’s clear position on international family planning and population assistance, funding for such programs is likely to remain a point of contention in this and future Congresses.

Family Planning and International Population Control Timeline 1952 to the Present

1952 — International Planned Parenthood is established with headquarters in London and birth control pioneer Margaret Sanger as its first president.

1954 — The First World Population Conference, organized by the United Nations, is held in Rome to exchange scientific information on population variables, their determinants, and their consequences.

1960 — The U.S. Food and Drug Administration approves oral contraceptives. Global population reaches 3 billion.

1961 — The U.S. Agency for International Development (USAID) is established within the U.S. State Department and soon becomes the main conduit for U.S. financial assistance to global family planning efforts.

The U.S. Congress passes the Foreign Assistance Act, authorizing research into international family planning.

1965 — The Second World Population Conference takes place in Belgrade, organized by the International Union for the Scientific Study of Population and the UN. The focus is on the analysis of fertility as part of a policy for development planning.

USAID launches a series of population and reproductive health programs.

1968 — Congress funds family planning aid activities. The USAID begins to purchase contraceptives for distribution through its programs in the developing world.

Zero Population Growth is founded by Paul Ehrlich and others.

1969 — U.S. President Richard Nixon establishes an Office of Population within USAID with a \$50 million annual budget.

The United Nations Population Fund begins operation as the major international source of family planning assistance.

A UN General Assembly resolution calls on governments to provide their citizens with the knowledge and means necessary to control their fertility.

1972 — The Office of Population begins supporting reproductive health training and international surveys, such as the Demographic and Health Surveys, which provide data for program monitoring and evaluation.

1973 — The U.S. Supreme Court, in *Roe v. Wade*, holds that the Constitution protects a woman's decision whether to terminate her pregnancy.

The Helms amendment to the 1961 Foreign Assistance Act prohibits USAID from promoting or funding abortion.

1974 — The Third World Population Conference, organized by the UN, is held in Bucharest, Romania. The conference, the first of an intergovernmental nature, is attended by representatives from 135 countries and focuses on the relationship between population issues and development.

The global population reaches 4 billion.

1979 — To limit the growth of its population, China implements a “one-child policy” restricting the number of children married urban couples can have to one, but allowing exemptions for rural couples, ethnic minorities, and parents without any siblings. Although designated a temporary measure, the policy remains in effect.

1982 — USAID issues a policy paper stating that family planning programs will be based on fundamental principles of voluntarism and informed choice.

1984 — The International Conference on Population, held in Mexico City, endorses most aspects of the agreements of the 1974 Bucharest Conference. A declaration is signed highlighting the human rights of individuals and families, conditions of health and well-being, employment, and education.

U.S. President Ronald Reagan announces the Mexico City policy, prohibiting foreign nongovernmental organizations that receive USAID family planning assistance funding from using their own or other non-USAID funds to provide or promote abortion as a family planning method.

1985 — The “Kemp–Kasten” amendment, contained in the Fiscal Year (FY) 1985 Supplemental Appropriations Act, makes UNFPA funding contingent on an annual determination by the president that the organization does not “support or participate in the management of a program of coercive abortion or involuntary sterilization.”

The world population reaches 5 billion.

1993 — U.S. President Bill Clinton rescinds the Mexico City policy.

1994 — The International Conference on Population and Development is held in Cairo under the auspices of the UN. More than 180 states participate. A new Program of Action is adopted as a guide for national and international action in the area of population and development for the next 20 years.

1999 — A special session of the UN General Assembly is convened to review and appraise the implementation of the Program of Action adopted at the 1994 Conference.

The global population reaches 6 billion.

2001 — U.S. President George W. Bush reinstates the Mexico City policy.

2002 — President Bush freezes UNFPA funding on assertions that UNFPA funds were used to support China’s coercive one-child policy. A State Department investigative team is dispatched to China but finds no evidence that UNFPA is in violation of the Kemp–Kasten provision and recommends that the funds authorized by Congress be released. The Bush Administration continued to withhold the funds through FY 2008.

2003 — A UN report titled *World Population 2300* projects as a “medium scenario” that world population will peak in 2075 at 9.2 billion and decline over the next 100 years to 8.3 billion.

China’s population reaches 1.3 billion, the highest of any nation in history.

2004 — Despite the Bush Administration’s decision to withhold U.S. financial support from the UNFPA, European and other governments contribute a record total of \$326 million.

2005 — Global population growth reaches 6.5 billion. The Population Reference Bureau finds that 81 percent of the world's population is living in developing countries, which account for 99 percent of worldwide population growth.

2007 — The majority of the world's population is now urban, according to a UN projection issued in 2004.

2009 — U.S. President Barack Obama rescinds the Mexico City policy and announces that the State Department will contribute \$50 million to UNFPA in 2009.

United Nations Population Fund Mission and Goals

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man, and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

Meeting Development Goals

UNFPA seeks to improve the lives and expand the choices of individuals and couples. Over time, the reproductive choices they make, multiplied across communities and countries, alter population structures and trends.

UNFPA helps governments, at their request, to formulate policies and strategies to reduce poverty and support sustainable development. The Fund also assists countries to collect and analyze population data that can help them understand population trends. And it encourages governments to take into account the needs of future generations, as well as those alive today.

The close links between sustainable development and reproductive health and gender equality, the other main areas of UNFPA's work, were affirmed at the 1994 International Conference on Population and Development (ICPD) in Cairo. UNFPA is guided in its work by the Program of Action adopted there. At the conference, 179 countries agreed that meeting needs for education and health, including reproductive health, is a prerequisite for sustainable development over the longer term. They also agreed on a roadmap for progress with the following goals:

- Universal access to reproductive health services by 2015
- Universal primary education and closing the gender gap in education by 2015
- Reducing maternal mortality by 75 percent by 2015
- Reducing infant mortality
- Increasing life expectancy

- Reducing HIV infection rates

Reaching the goals of the Program of Action is also essential for achieving the Millennium Development Goals. These eight goals, which are fully aligned with the ICPD roadmap, have the overarching aim of reducing extreme poverty by half by 2015. UNFPA brings its special expertise in reproductive health and population issues to the worldwide collaborative effort of meeting the Millennium Development Goals.

Improving Reproductive Health

The critical importance of reproductive health to achieving international development goals was affirmed at the highest level at the 2005 World Summit. Reproductive health is also a human right. Yet, reproductive health conditions are the leading cause of death and illness in women of childbearing age worldwide, and at least 200 million women want to plan their families or space their children but lack access to safe and effective contraception.

UNFPA promotes a holistic approach to reproductive health care that includes:

- Universal access to accurate information, a range of safe and affordable contraceptive methods, and sensitive counseling
- Ensuring that quality obstetric and antenatal care is available to all pregnant women
- Prevention and management of sexually transmitted infections, including HIV

Investments in reproductive health save and improve lives, slow the spread of HIV, and encourage gender equality. These benefits extend from the individual to the family and from the family to the world.

Reproductive health problems remain the leading cause of ill health and death for women of childbearing age worldwide. Impoverished women, especially those living in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender-based violence and other problems related to their reproductive system and sexual behavior. Because young people often face barriers in trying to get the information or care they need, adolescent reproductive health is another important focus of UNFPA programming. And all programming relies on the availability of essential supplies.

The critical importance of reproductive health to development has been acknowledged at the highest level. At the 2005 World Summit, world leaders added universal access to reproductive health as a target in Millennium Development Goals framework. UNFPA is fully committed to mobilizing support and scaling up efforts to make reproductive health for all a reality by 2015.

Making Motherhood Safer

Every minute, a woman in the developing world dies from treatable complications of pregnancy or childbirth. Every minute, a family is devastated. The lives of surviving children are put at risk. Communities suffer. And for every woman who dies, as many as 20 others are seriously harmed by fistula or other injuries of childbearing.

UNFPA's strategy for preventing maternal mortality includes:

- Family planning to reduce unintended pregnancies

- Skilled care at all births
- Timely emergency obstetric care for all women who develop complications

UNFPA also advocates at many levels for the right of mothers to give birth safely. It spearheads the global Campaign to End Fistula, a collaborative initiative to prevent this devastating injury of childbirth and to restore the health and dignity of those who have been living with its consequences. And it is working to address the shortage of skilled midwives in much of the developing world.

However, based on the most recent statistics, maternal deaths are declining far too slowly to meet the MDG and ICPD target for a 75 percent reduction by 2015.

Supporting Adolescents and Youth

Almost 1.5 billion people are between 10 and 25 years old. Almost half of young people live in poverty. Yet traditional youth programs are not reaching those most in need, especially marginalized adolescent girls. Addressing the critical challenges facing the largest youth generation in history is an urgent priority if social and economic development efforts are to succeed and the AIDS pandemic is to be reversed.

UNFPA's "four keys" to opening up opportunities for young people include incorporating youth issues into national development and poverty reduction strategies; expanding access to gender-sensitive, life-skills-based sexual and reproductive health education; promoting a core package of health services and commodities for young people; and encouraging young people's leadership and participation.

Preventing HIV/AIDS

The AIDS epidemic is a global catastrophe responsible for over 20 million deaths worldwide, tens of millions of children left orphaned, and some 33 million people living with HIV. Although global HIV prevalence has leveled off, AIDS is among the leading causes of death globally and remains the primary cause of death in Africa.

Recent evidence shows that sustained, intensive programs in diverse settings are reducing HIV incidence through behavior changes, such as increased use of condoms, delayed sexual initiation, and fewer sexual partners.

As one of 10 co-sponsors of UNAIDS, UNFPA works to intensify and scale up HIV prevention efforts using rights-based and evidence-informed strategies, including attention to the gender inequalities that add fuel to the epidemic.

Within UNAIDS, the Fund takes a leadership role in condom programming and prevention among young people and women, two groups who are increasingly at risk of infection. It also reaches out to other vulnerable populations. Linking HIV/AIDS with sexual and reproductive health care is the overarching strategy for reaching more people cost-effectively and moving toward the goal of universal access to prevention, treatment, care, and support by 2010.

Promoting Gender Equality

Women can and must play a powerful role in sustainable development and poverty eradication. When women are educated and healthy, their families, communities, and countries benefit. Yet gender-based discrimination and violence pervade almost every aspect of life, undermining the opportunities of women and denying them the ability to fully exercise their basic human rights. Gender equality is one of the eight

Millennium Development Goals, as well as a human right. Investments in gender equality can improve the lives of both men and women, with lasting benefits for the next generations. For more than 30 years, UNFPA has been in the forefront of bringing gender issues to wider attention, promoting legal and policy reforms and gender-sensitive data collection, and supporting projects that empower women economically.

Using Culturally Sensitive Approaches

UNFPA's activities touch on the most sensitive and intimate spheres of human existence, including reproductive health and rights, gender relations, and population issues. Attitudes about these subjects vary widely between and among different cultures.

Changing deeply rooted attitudes, behaviors and laws — especially those dealing with gender relations and reproductive health — can be a long process that requires a culturally sensitive approach. The Fund respects cultural diversity. At the same time, it rejects those practices that endanger women and girls. It works closely and respectfully with communities to enlist their support in upholding the human rights of all its members.

Protecting Human Rights

All individuals are entitled to equal rights and protections. This idea is fundamental to UNFPA's mission and to its way of working.

A strong emphasis on the rights of individual women and men underpins the 1994 Cairo Consensus that guides UNFPA's work. This emphasis on human rights at the ICPD marked a shift in population policy and programs away from a focus on human numbers and placed human lives front and center. At that meeting, delegates from all regions and cultures agreed that reproductive health is a basic human right and that individuals should be able to freely choose the number, timing, and spacing of their children.

Numerous international agreements affirm the human rights principles that underpin UNFPA's work in reproductive health, gender equality, and population and development.

Securing Reproductive Health Supplies

Without essential commodities — from contraceptives to testing kits to equipment for emergency obstetric care — people cannot fully exercise the right to reproductive health. In many places, male and female condoms are urgently needed to prevent the further spread of HIV. UNFPA's mandate in this area is to provide the right quantities of the right products in the right condition in the right place at the right time for the right price. This complex logistical process involves many actors from both the public and private sectors. UNFPA takes a lead role in reproductive health commodity security, by forecasting needs, mobilizing support, building logistical capacity at the country level, and coordinating the whole process.

Assisting in Emergencies

Humanitarian crises are reproductive health disasters. In times of upheaval, pregnancy-related deaths and sexual violence soar. Reproductive health services — including prenatal care, assisted delivery, and emergency obstetric care — often become unavailable. Young people become more vulnerable to HIV infection and sexual exploitation. And many women lose access to family planning services, exposing them to unwanted pregnancy in perilous conditions.

Within the coordinated, interagency response to disasters, UNFPA takes the lead in providing supplies and services to protect reproductive health, with an emphasis on the special needs and vulnerabilities of women and young people. Priority areas include safe motherhood; prevention of sexually transmitted infections, including HIV; adolescent health; and gender-based violence. The Fund also supports various data collection activities, including censuses to provide detailed information for planning and rapid health assessments to allow for appropriate, effective and efficient relief. UNFPA encourages the full participation of women and young people in efforts to rebuild their societies.

Building Support

As the world's leading multilateral agency on population, UNFPA is the most prominent international advocate for reproductive health and rights, including the right to choose the number, timing, and spacing of one's children.

Working in partnership with other United Nations agencies, governments, communities, NGOs, foundations, and the private sector, the Fund raises awareness and mobilizes the support and resources needed to reach the targets set forth at the International Conference on Population and Development and in the Millennium Development Goals. In 2007, UNFPA received a record high in voluntary contributions for its core resources from 181 countries, also a record number.

UNFPA's Global Reach

UNFPA supports programs in four regions: Arab States, Europe and Central Asia; Asia and the Pacific; Latin America and the Caribbean; and sub-Saharan Africa. We work in about 150 countries, areas, and territories through nine Country Technical Services Teams and 112 country offices. Three-quarters of UNFPA staff work in the field.

State of World Population

The State of World Population is the centerpiece of UNFPA's worldwide media communications and advocacy efforts during the year. Since the authoritative report was introduced in 1978, it has been enthusiastically received, and journalists regularly refer to it as a source. Each year, the report documents an issue related to the UNFPA mandate in depth and has frequently led to broader discussion of key issues. Since 2006, an annual youth supplement is published as well, which explores the theme of the main report through the experiences and perceptions of young people.

From the [United Nations Population Fund](#) website.

International Family Planning and Population Control U.S. Policy and Programs

Since 1965, the U.S. Government has supported international population planning based on principles of volunteerism and informed choice that gives participants access to information on all methods of birth control. This policy has generated contentious debate for over two decades, resulting in frequent clarification and modification of U.S. international family planning programs. Given the divisive nature of

this debate, U.S. funding of these programs will likely remain a point of contention during the 111th Congress.

Overview

Population assistance became a global issue in the late 1950s and early 1960s after several private foundations, among them the International Planned Parenthood Federation (IPPF), began providing money to developing countries to control high population growth rates. In 1966, when global population growth rates were reaching a historic annual high of 2.1 percent, the United Nations began to include population technical assistance in its international development aid programs.

Population assistance grew rapidly over the next half-dozen years, with the United States, other developed countries, and international organizations such as the World Bank all beginning to contribute funds. With passage of the Foreign Assistance Act of 1961, Congress first authorized research on international family planning and population issues and, in 1965, the U.S. Agency for International Development (USAID) launched a series of population and reproductive health programs. In 1968, Congress specifically funded family planning aid activities and USAID began to purchase contraceptives for distribution through its programs in the developing world.

The first International Population Conference was held in 1974, followed by the second in Mexico City in 1984, and the third in Cairo in 1994. The attention and funding given to international family planning programs are credited with helping to decrease population growth in developing countries from about a 1.7 percent per year average between 1980 and 2002, to a projected annual average of 1.2 percent between 2002 and 2015. Fertility rates have fallen in developing nations from 4.1 children per woman in 1980 to 3.0 in 2005 (if China is excluded from this calculation, however, the decline in fertility rates is less dramatic at 3.5 children in 2005).

Nevertheless, while global population growth has slowed, the world's population reached 6 billion in 1999 and 6.5 billion in 2005, and is expected to rise to 9.3 billion by 2050, with most of the growth occurring in developing nations. In 1960, 70 percent of the world's population lived in developing countries, and in 2005 the level had grown to 81 percent. These countries now account for 99 percent of worldwide population growth.

The Population Statistics Debate

Population statistics alone are only part of a larger story. For the past 30 years and more, countries have heatedly debated what the statistics mean. Proponents of active family planning programs have held that high fertility rates and rapid population growth are serious impediments to a country's development. According to this school of thought, people are consumers, and no poor country can increase its standard of living and raise its per capita income while wrestling with the problems of trying to feed and care for a rapidly expanding population. Thus, poor and developing countries should invest in family planning programs as part of their economic development process.

On the opposing side, critics of active population planning programs hold that there is little or no correlation between rapid population growth and a country's economic development. Some argue that increased numbers of people provide added productive capacity; therefore, they say, high population growth rates actually can contribute to a country's ability to increase its standard of living. Proponents of this view argue that, at the very least, current economies of scale and global trading patterns have too many empirical variables and uncertainties to establish a direct correlation between population growth and economic development.

Evolution of U.S. Policy (1974 to 1994)

As the population debate evolved, many countries, including the United States, changed their views. At the 1974 international population conference, the United States and other donor countries asserted that high fertility rates were an impediment to economic development — a point that was then rejected by developing countries. In keeping with this view, in 1977 the administration of President Jimmy Carter proposed legislative language, later enacted in Section 104(d) of the Foreign Assistance Act of 1961, that sought to link population growth and traditional development assistance programs on the grounds that a high population growth rate could have a negative effect on other development objectives.

A decade later, at the second International Conference on Population in Mexico City in 1984, some participants reversed their positions. Many developing countries had become convinced of the urgent need to manage population growth, while U.S. officials asserted that population growth was not necessarily a negative force in economic development, but was instead a “neutral phenomenon.” At Mexico City, officials of the administration of President Ronald Reagan emphasized the need for developing countries to adopt sound economic policies that stressed open markets and an active private sector.

Nearly a decade later, the Administration of President Bill Clinton changed the U.S. position on family planning programs by lifting restrictive U.S. provisions announced at the Mexico City Conference. At the 1994 International Conference on Population and Development in Cairo, U.S. officials emphasized support for family planning and reproductive health services, improving the status of women, and providing safe access to abortion.

Trends in Population Research

Since the 1994 Cairo conference, groups supporting strategies to limit rapid population growth have supported a broader agenda of initiatives that include the promotion of gender equality, increasing adolescent education on sexuality and reproductive health, and ensuring the universal right of health care, including reproductive health. Although endorsed at the July 1999 UN meeting of 179 nations to assess progress of the Cairo population conference recommendations, the issues of child education and government responsibilities for ensuring access to safe abortions in countries where the practice is legal were particularly controversial.

Some governments opposed the broadening of the Cairo mandate and some, including Argentina, Nicaragua, and the Vatican, filed reservations to the recommendations reached by consensus.

More recently, new research suggests that there has been a significant decline in birthrates in several of the largest developing nations, including India, Brazil, and Egypt. Some demographers conclude that global population projections for this century may need to be reduced by as much as 1 billion people. A UN report dated December 9, 2003 — *World Population 2300* — projects a “medium scenario” that world population will peak in 2075 at 9.2 billion and then, as fertility rates in all countries reach below replacement levels, decline over the next 100 years to 8.3 billion. The report projects that if fertility rates return to replacement levels, world population would begin to rise, reaching 9 billion by 2300; otherwise, the number of people would remain at around 8.3 billion.

Although there are differences of opinion as to why fertility rates are falling — and whether the trend is universal throughout the developing world — a few demographers argue that the change has less to do with government family planning policies and foreign aid and more to do with expanded women’s rights in these countries. Women are choosing to have fewer children, they argue. Others also contend that with improved health conditions and lowered infant mortality rates, parents are deciding to have fewer babies because they are more confident that their children will survive.

Financing Population Assistance Programs

Financing family planning and basic reproductive health care programs in developing countries became a major issue at the 1994 Cairo population conference. Participating nations agreed that foreign aid donors would provide one-third, or \$5.7 billion, of the annual costs of such services that were estimated to grow to about \$17 billion in 2000. A July 1999 conference assessing implementation of the 1994 Cairo strategy, however, found that industrialized countries had fallen far short of the financing goal, providing only about \$1.9 billion per year. It also noted that donor allocations still fall far below the targets set at Cairo.

A more recent analysis suggests a different trend, noting that donor nations contributed \$2.3 billion in 2002, the largest amount ever. Similarly, the United Nations Population Fund (UNFPA) announced in 2008 that the number of donors to its program had increased from 166 in 2004 to 182 in 2007. The amount promised from donors reached a record of \$457.1 million in 2007.

Policy Issues in the U.S. Family Planning Debate

At present, USAID maintains family planning projects in more than 50 developing countries that include counseling and services, training of health workers, contraceptive supplies and distribution, financial management, public education and marketing, and biomedical and contraceptive research and development. USAID applies a broad reproductive health approach to its family planning programs, increasingly integrating it with other interventions regarding maternal and child health, the enhancement of the status of women, and HIV prevention.

Abortion and the Mexico City Policy. Arguably, the most bitter controversies in U.S. family planning policy have erupted over abortion — in particular, the degree to which abortions and coercive programs occur in other countries' family planning programs, the extent to which U.S. funds should be granted to or withheld from such countries and organizations that administer these programs, and the effect that withholding U.S. funds might have on global population growth and family planning services in developing nations.

These issues essentially stem from the contentious domestic debate over U.S. abortion policy that has continued since the Supreme Court's 1973 *Roe v. Wade* decision holding that the Constitution protects a woman's decision whether to terminate her pregnancy. In every Congress since 1973, abortion opponents have introduced constitutional amendments or legislation that would prohibit abortions. As an alternative, abortion critics have also persuaded Congress to attach numerous provisions to annual appropriation measures banning the use of federal funds for performing abortions.

Much of this debate has focused on domestic spending bills, especially restrictions on abortions under the Medicaid program in the Labor/Health and Human Services appropriation legislation. Nevertheless, the controversy spilled over into U.S. foreign aid policy almost immediately when Congress approved an amendment to the Foreign Assistance Act of 1961 in late 1973 (Section 104(f)). The Act prohibits the use of foreign development assistance to (1) pay for the performance of abortions or involuntary sterilizations, (2) to motivate or coerce any person to practice abortions, or (3) to coerce or provide persons with any financial incentive to undergo sterilizations.

Since 1981, Congress has enacted nearly identical restrictions in annual Foreign Operations appropriation bills. For the past 25 years, both congressional actions and administration directives have restricted U.S. population assistance in various ways, including those set out in the Foreign Assistance Act of 1961, and more recent executive regulations and appropriation provisions prohibiting indirect support for coercive family planning (specifically in China) and abortion activities related to the work of

international and foreign nongovernmental organizations (NGOs). Two issues in particular which were initiated in 1984 — the Mexico City policy involving funding for foreign NGOs and restrictions on funding for the UN Population Fund (UNFPA) because of its activities in China — have remained controversial and continue as prominent features in the population assistance debate.

In 1984, the Reagan Administration announced that it would further restrict U.S. population aid by terminating USAID support for any foreign organizations (but not national governments) that were involved in voluntary abortion activities, even if such activities were undertaken with non-U.S. funds. U.S. officials presented the revised policy at the Second UN International Conference on Population in Mexico City in 1984. Thereafter, it became known as the “Mexico City policy.”

During the George H.W. Bush Administration, efforts were made in Congress to overturn the Mexico City policy and rely on existing congressional restrictions in the Foreign Assistance Act of 1961 banning direct U.S. funding of abortions and coerced sterilizations. Provisions adopted by the House and/or Senate that would have reversed the policy, however, were removed from legislation under threat of a presidential veto.

Critics charge that the Mexico City policy is a violation of free speech and the rights of women to choose. They contend that the policy undermines maternal health care services offered in developing nations and may actually contribute to the rise in the number of abortions performed, including some that are unsafe and illegal. They further emphasize that family planning organizations may cut back on services because they are unsure of the full implications of the restrictions and do not want to risk losing eligibility for USAID funding.

Opponents also believe that the conditions of the Mexico City policy undermine relations between the U.S. Government and foreign NGOs and multilateral groups, creating a situation in which the United States challenges their right to determine how to spend their own money and imposes a so-called gag order on their ability to promote changes to abortion laws and regulations in developing nations. The latter, these critics note, would be unconstitutional if applied to American groups working in the United States.

On January 23, 2009, President Barack Obama issued a presidential memorandum to the Secretary of State and USAID Administrator revoking the Mexico City policy and Bush Administration conditions on voluntary population planning provided by the State Department. President Obama also directed the Secretary of State and USAID Administrator to waive the conditions set forth in these policies and to notify current grantees as soon as possible. He further directed the State Department and USAID to cease imposing such conditions on any future grants.

Memorandum Rescinding the Mexico City Policy

On January 23, 2009, President Barack Obama signed the following memorandum to the U.S. Secretary of State and the Administration of the U.S. Agency for International Development regarding the Mexico City Policy and assistant for voluntary population planning:

The Foreign Assistance Act of 1961 prohibits nongovernmental organizations (NGOs) that receive Federal funds from using those funds “to pay for the performance of abortions as a method of family planning, or to motivate or coerce any person to practice abortions.” The August 1984 announcement by President Reagan of what has become known as the “Mexico City Policy” directed the United States Agency for International Development (USAID) to expand this limitation and withhold USAID funds from NGOs that use non-USAID funds to 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. The Mexico City Policy was in effect from 1985 until 1993, when it was rescinded

by President Clinton. President George W. Bush reinstated the policy in 2001, implementing it through conditions in USAID grant awards, and subsequently extended the policy to “voluntary population planning” assistance provided by the Department of State.

These excessively broad conditions on grants and assistance awards are unwarranted. Moreover, they have undermined efforts to promote safe and effective voluntary family planning programs in foreign nations. Accordingly, I hereby revoke the Presidential memorandum of January 22, 2001, for the Administrator of USAID (Restoration of the Mexico City Policy), the Presidential memorandum of March 28, 2001, for the Administrator of USAID (Restoration of the Mexico City Policy), and the Presidential memorandum of August 29, 2003, for the Secretary of State (Assistance for Voluntary Population Planning). In addition, I direct the Secretary of State and the Administrator of USAID to take the following actions with respect to conditions in voluntary population planning assistance and USAID grants that were imposed pursuant to either the 2001 or 2003 memoranda and that are not required by the Foreign Assistance Act or any other law: (1) Immediately waive such conditions in any current grants, and (2) notify current grantees, as soon as possible, that these conditions have been waived. I further direct that the Department of State and USAID immediately cease imposing these conditions in any future grants.

Restrictions on UNFPA Funding: The Kemp–Kasten Amendment

At the 1984 Mexico City Conference, the Reagan Administration instituted a new policy relating to UNFPA. The Administration required that the organization provide “concrete assurances that [it] is not engaged in, or does not provide funding for, abortion or coercive family planning programs.” It was particularly concerned with UNFPA’s activities in China, where there is evidence of coercive family planning practices.

Subsequently, Congress legislated a more restrictive UNFPA policy — aimed at coercive Chinese family planning programs and UNFPA’s continuing operations in the country — by enacting the “Kemp–Kasten amendment” in the Fiscal Year (FY) 1985 Supplemental Appropriations Act (P.L. 99–88). This language prohibited the use of appropriated funds for any organization or program, as determined by the President, found to be supporting or participating “in the management” of a program of coercive abortion or involuntary sterilization.

Following enactment of P.L. 99–88, USAID announced that \$10 million of the \$46 million that had been directed for UNFPA during FY1985 would be redirected to other programs, and later said that the United States would not contribute to UNFPA at all in 1986. Most of the \$25 million that was originally allocated for UNFPA was spent for other international family planning activities.

Even though this pattern to redirect UNFPA transfers to other population assistance programs continued, critics of the Kemp–Kasten amendment and the president’s determination to suspend contributions asserted that UNFPA was the world’s most effective family planning organization and that the quality of services provided in developing nations outside of China suffered due to the unwillingness of the United States to support them. At the time of suspension, U.S. payments represented nearly one-third of UNFPA’s annual budget. From 1986 through 1993, no U.S. contributions went to UNFPA.

The Clinton Administration lifted the ban on UNFPA contributions, making available \$14.5 million in FY1993 but stipulating that funds could not be used in China. Again, congressional critics of China’s family planning practices attempted unsuccessfully to attach provisions to various foreign aid bills banning U.S. contributions unless UNFPA withdrew from China or the president could certify that China no longer maintained a coercive family planning program.

While the United States continued to support UNFPA during the next eight years (except for FY 1999), Congress attached restrictions in appropriation measures that in most cases reduced the U.S. contribution by the proportionate share of UNFPA funds spent on China.

UNFPA Program in China

While most observers agree that coercive family planning practices continue in China, differences remain over the extent, if any, to which UNFPA is involved in involuntary activities and whether UNFPA should operate at all in a country where such conditions exist. Given conflicting reports, a State Department investigative team visited China in May 2002 and reported a series of findings and recommendations. The team found no evidence that UNFPA “has knowingly supported or participated in the management of a program of coercive abortion or involuntary sterilization” in China, and recommended the United States release not more than \$34 million of previously appropriated funds to UNFPA.

In mid-January 2002, the Bush Administration placed a hold on U.S. contributions to UNFPA, pending a review of the organization’s program in China. The White House said it initiated the review because of new evidence that coercive practices continued in counties where UNFPA concentrated its programs. From FY 2002 to FY 2008, the Bush Administration determined that UNFPA was ineligible for U.S. funding under the Kemp–Kasten amendment.

State Department Assessment. While most observers agree that coercive family planning practices continue in China, differences remain over the extent, if any, to which UNFPA is involved in involuntary activities and whether UNFPA should operate at all in a country where such conditions exist. Given conflicting reports, a State Department investigative team visited China in May 2002 and reported a series of findings and recommendations. The team found no evidence that UNFPA “has knowingly supported or participated in the management of a program of coercive abortion or involuntary sterilization” in China, and recommended the United States release not more than \$34 million of previously appropriated funds to UNFPA.

Nevertheless, on July 22, 2002, Secretary of State Powell, to whom the President had delegated the decision, announced that UNFPA was in violation of Kemp–Kasten and ineligible for U.S. funding. The State Department’s analysis of the secretary’s determination found that, even though UNFPA did not “knowingly” support or participate in a coercive practice, that alone would not preclude the application of Kemp–Kasten. Instead, a finding that the recipient of U.S. funds — in this case UNFPA — simply supports or participates in such a program, whether knowingly or unknowingly, would trigger the restriction.

The assessment team found that the Chinese Government imposed fines and penalties on families (“social compensation fees”) that have children exceeding the number approved by the government. The Department further noted that UNFPA had funded computers and data-processing equipment that had helped strengthen the management of the Chinese State Family Planning Commission. Beyond the legitimate uses of these and other items financed by UNFPA, such equipment facilitated, in the view of the State Department, China’s ability to impose social compensation fees or perform coercive abortions.

The State Department analysis concluded that UNFPA’s involvement in China’s family planning program “allows the Chinese government to implement more effectively its program of coercive abortion.”

On September 17, 2005, the State Department stated that the United States had been urging UNFPA and China to modify the organization’s program in a manner that would permit U.S. support to resume, but that no key changes had occurred that would allow a resumption of U.S. funding under the conditions of the Kemp–Kasten provision. Subsequently, on October 18 of that year, USAID notified

Congress that the reprogrammed UNFPA set-aside would be made available to expand family planning and reproductive health programs in 14 other countries.

U.S. Response to the New UNFPA China Program. The September 17 announcement followed a June 22, 2005 UNFPA Executive Board meeting to consider UNFPA's new five-year, \$27 million program for China. At the meeting, Kelly Ryan, Deputy Assistant Secretary of State for the Bureau of Population, Refugees and Migration, argued that UNFPA should end its operations in China because of the coercive nature of China's family planning programs. Two days later, State Department spokesperson, Sean McCormick, issued a statement saying the United States was "disappointed" that UNFPA had decided to continue financial and technical support to the Chinese birth limitation program. He noted that U.S. opposition was not aimed at UNFPA but was a "matter of principle," based on strong American opposition to "human rights abuses associated with coercive birth limitation regimes." He acknowledged that UNFPA does not approve of coercive policies but that the organization's continued presence in China offered a "seal of approval" for Chinese policies.

Opposition to the State Department Determination. Critics of the Administration's decision opposed it for a number of reasons, including the loss of \$34 million, an amount that represented about 9 percent of UNFPA income in 2001. They argued that access to voluntary family planning programs by persons in around 140 countries would be reduced, undermining the health of women and children, increasing unwanted pregnancies, and increasing the likelihood of higher numbers of abortions. Still other critics were concerned about the possible application of the Administration's interpretation of Kemp-Kasten for other international organizations operating in China and to which the U.S. contributes — for example, UNICEF, the World Health Organization, and the UN Development Programme.

U.S. Funding Levels

Since 1965, USAID has obligated over \$6.6 billion in assistance for international population planning. In many years, and especially over the past decade, the appropriate level of funding for population assistance has been controversial, and at times, linked directly with differences concerning Mexico City restrictions and abortion.

Until FY 1996, Congress generally supported higher funding levels for population aid than proposed by the president, especially during the Reagan and Bush Administrations. Appropriations peaked in FY 1995 at \$577 million. During the balance of the Clinton Administration, however, Congress cut and placed restrictions on bilateral funding. Amounts for bilateral programs fell to \$356 million in FY 1996, but grew steadily to \$425 million by FY2001.

When President Bush took office in January 2001, the White House said that it would maintain the \$425 million funding level of the previous Administration. While budgets submitted by President Bush adhered to the \$425 million target through FY 2006, in every year Congress increased funding levels. In some years beginning in FY 2002, bilateral family planning levels received additional resources when UNFPA-earmarked funds were reprogrammed for bilateral activities after UNFPA was determined to be ineligible for U.S. support.

Obama Administration Support for UNFPA

On March 24, 2009, the U.S. Department of State released the following statement regarding funding for UNFPA:

The Department of State will contribute \$50 million to UNFPA in 2009, as provided in the Omnibus Appropriations Act. This decision highlights the Administration's strong commitment to international family planning, women's health, and global development. The United States is a global leader in promoting voluntary family planning and the health of vulnerable women and children in the developing world.

The United Nations Population Fund is the principal international organization supporting programs that provide access to voluntary family planning and reproductive health services, including information and counseling on a range of safe and affordable contraceptive methods. UNFPA works with governments to develop and strengthen laws and policies that support the equality of women and prevent rape, domestic abuse, and other forms of gender-based violence. We look forward to working closely with UNFPA on these important programs.

From the Library of Congress, Congressional Research Service report [International Population Assistance and Family Planning Programs](#), January 26, 2009.

Report of the China UNFPA Independent Assessment Team Summary of Findings and Recommendations

The following is from a May 29, 2002, [report](#) to U.S. Secretary of State Colin Powell on the findings of a State Department team of experts sent to China to investigate any possible participation by the United Nations Fund for Population Assistance (UNFPA) in coercive abortion or involuntary sterilization practices.

We have just completed an intensive 14-day visit (May 13–26) to the People's Republic of China [PRC]. Prior to our trip, we met in Washington with *inter alia* Members of Congress and/or their staff, Madame Thoraya Obaid, Executive Director of the UNFPA, U.S. Government officials and representatives of the Population Research Institute. During the trip, we talked extensively with Minister Zhang Weiqing, Chairman of the State Family Planning Commission, with UNFPA officials in Beijing, with nongovernmental organizations in Beijing, and with a variety of PRC health officials, as well as ordinary Chinese citizens in five of the 32 counties in which the SFPC [State Family Planning Commission] conducts, with UNFPA support, a special family planning program.

[O]ur findings and recommendations [follow]:

First Finding. We find no evidence that UNFPA has knowingly supported or participated in the management of a program of coercive abortion or involuntary sterilization in the PRC.

First Recommendation. We therefore recommend that not more than \$34 million which has already been appropriated be released to UNFPA.

Second Finding. We find that notwithstanding some relaxation in the 32 counties in which UNFPA is involved, the population programs of the PRC retain coercive elements in law and in practice.

Second Recommendation. We therefore recommend that unless and until all forms of coercion in the PRC law and in practice are eliminated, no U.S. Government funds be allocated for population programs in the PRC.

Third Finding. We find that with a population of 1.3 billion, PRC leaders view population control as a high priority and remain nervous as they face many imponderables concerning population growth and socioeconomic change. Decisions made now and in the future by the PRC could have unintended consequences. Moreover, PRC population matters affect major U.S. policy concerns and will continue to do so for the foreseeable future.

Third Recommendation. We therefore recommend that appropriate resources be allocated to monitor and evaluate PRC population control programs.

Should the President Have the Power to Deny Federal Funds to Programs He Determines Engage in Coercive Abortion and Sterilization?

PROS

Honorable Roger Wicker
United States Senator, Mississippi, Republican

Senator Wicker was appointed to the U.S. Senate in 2007. He was first elected to his seat in 2008. He serves on the Senate Foreign Relations Committee. The following is excerpted from the March 3 and March 4, 2009, Senate floor debate on the Omnibus Appropriations Act of 2009.



Since 1985, the Kemp–Kasten [former Representatives Jack Kemp (NY-R) and Robert Kasten (WI-R)] provision has denied Federal funding to organizations or programs that, as determined by the President, support or participate in a program of coercive abortion or involuntary sterilization. Should my amendment be adopted, then President Obama would be able to make an official determination as to whether organizations engage in such coercive practices.

The Kemp–Kasten amendment has been included in appropriations bills without substantial changes for 23 years, until today. Perhaps at this point it would be helpful to my colleagues if I outlined the differences between the Mexico City policy and the Kemp–Kasten provision.

Already, as one of his very first acts as President, President Obama chose to nullify the so-called Mexico City policy. The Mexico City policy said the United States would not federally fund groups that promote or provide abortion as a method of family planning. According to a Gallup poll released last month, overturning this pro-life policy was the least popular of the President’s actions in his first week in office. Only 35 percent supported funding groups that promote or provide abortions as a method of family planning, and 58 percent oppose this new Obama Administration policy.

I disagreed with President Obama on his Mexico City policy. I think most Americans, frankly, disagree with President Obama on this Mexico City decision. I think most Americans would rather not spend taxpayer dollars on international organizations that promote abortion as a method of family planning.

Having said that, I am not surprised by the President’s decision. He ran, frankly, as a pro-abortion candidate. Senator [John] McCain [AZ-R] ran as a pro-life candidate. I think the decision in the election came down to other issues. Elections have consequences, but can we not all agree that forced abortion is wrong? Can we not all agree that coerced sterilization is wrong? That is what Kemp–Kasten has stood for for almost a quarter of a century.

Regardless of how senators come down on the pro-life or pro-choice debate, can we not all at least agree on this one proposition, that the United Nations should not be able to spend American tax dollars on coercion in the name of family planning? That is the issue dealt with in Kemp–Kasten, and that is the only issue addressed in my amendment.

Here is what the bill language currently does. It purports to retain Kemp–Kasten, but then goes on to direct funds to the United Nations Population Fund “notwithstanding any other provision of law.” “Notwithstanding any other provision of law” — these six words, in effect, nullify the Kemp–Kasten anticoercion provision. It is either contradictory or purposely deceptive that one portion of the omnibus bill purports to retain Kemp–Kasten while another paragraph has the real effect of gutting Kemp–Kasten.

One might inquire: Why does the majority party not trust a President of their own party to make a determination about whether UN funds are provided to coercive abortion programs? Surely a majority of this body does not favor funding UNFPA even if the organization is engaging in coercion. Surely we can all agree on that. Perhaps not.

The truth is, the UN Population Fund, UNFPA, has actively supported, co-managed, and whitewashed pervasive crimes against women in the guise of family planning. Just last year, the U.S. State Department found, once again, that the UNFPA violated the anticoercion provision of Kemp–Kasten and, accordingly, reprogrammed all funding originally earmarked to the UNFPA to other maternal health care and family planning projects.

The most recent State Department report on UNFPA activities in China shows that UNFPA funds are, indeed, funneled to Chinese agencies that coercively enforce the one-child policy.

What has changed in less than a year? Are we to believe that all these organizations have suddenly shifted their policies? This bill gives UNFPA a 25 percent funding increase and a deadly exception.

What has really changed is that we have a new Administration with a pro-abortion agenda. I don't think coerced abortions were what the American people voted for last November. Creating this exception specifically for UNFPA makes a mockery of long-standing U.S. policy to protect human rights abroad. If we cannot stop the abuse in other parts of the globe, at the very least we should not be encouraging abuse with U.S. funds. We should be pressing the UNFPA to conform to human rights standards, instead of trying to change human rights standards to conform to the oppressive Chinese population control program.

By creating a loophole for UNFPA, we regrettably send a message to oppressive governments that coercive abortion is not a serious concern for American citizens. This message could not be further from the truth.

The senator from Vermont [Senator Patrick Leahy (D)] has questioned the necessity of this amendment. Actually, I will point out to my colleagues that what the Wicker amendment does is restore the Kemp–Kasten provision that has been a part of the foreign policy of this Nation for almost a quarter century. It has worked well under Republican and Democratic Administrations. I submit it would be wrong to change that policy at this point.

What does Kemp–Kasten say? Kemp–Kasten says Federal funds, American taxpayer dollars, should not go to fund coercive abortion practices or involuntary sterilization practices. It prohibits the appropriation of American dollars to organizations involved in such activities. But it has always made provision that the President of the United States has the right to investigate and certify whether these organizations have been engaged in practices involving coercive family planning activities.

Should my amendment pass, President [Barack] Obama would have the same authority President [Ronald] Reagan, President [George H.W.] Bush 1, President [George W.] Bush 2, and President [Bill] Clinton had to make this certification. In other words, the Wicker amendment keeps the Federal policy as it has been, and the underlying bill would amount to a dramatic shift in foreign policy.

Why do we need the amendment to begin with? I quote from a letter, dated June 26, 2008, from John D. Negroponte, [then] the Deputy Secretary of State, to Representative Ileana Ros-Lehtinen [FL-R] on this question, wherein he writes: “As reflected in the law and as a matter of long-standing policy, the United States opposes coercive abortion and involuntary sterilization.”

Let me interject at this point. Certainly, that should still be the policy of the United States. That should always be the policy of this Federal Government, that we oppose coercive abortion and involuntary sterilization.

The letter goes on:

I have determined that by providing financial and technical resources through its sixth cycle China Country Program to the National Population and Family Planning Commission and related entities, UNFPA provides support for and participates in management of the Chinese government's program of coercive abortion and involuntary sterilization.

If that is true, this Senate, this Congress has no business taking hard-earned tax dollars from taxpayers and sending them to UNFPA, if it, indeed, is true that they participate in the management of this coercive Chinese program.

If it is not true, the President will be able to make a determination. But if he investigates the question and finds that such coercion is still being practiced in China and if American dollars, through UNFPA, are being used to assist the program, then I would hope he would truthfully make the determination and, once again, it would not be a matter of the U.S. taxpayer funding such awful practices.

Now, let me read, then, from the Analysis of Determination that Kemp–Kasten Amendment Precludes Funding to UNFPA, which was attached to Secretary Negroponte's letter.

The analysis says: "China's birth limitation program retains harshly coercive elements in law and practice, including coercive abortion and involuntary sterilization."

That is what this debate is about. Do we want tax dollars of American workers to go for coercive abortion and involuntary sterilization?

The analysis goes on to say: "These measures include the implementation of birth limitation regulations, the provision of obligatory contraception services, and the use of incentives and penalties to induce compliance."

Further quoting: "[I]t is the provinces that establish detailed birth limitation policies by regulation, enforce their compliance and punish noncompliance."

Quoting from the second page of this analysis:

China's birth limitation program relies on harshly coercive measures, such as so-called "social maintenance" fees ... the threat of job loss or demotion, loss of access to education — if Chinese citizens do not comply with these harsh measures — extreme social pressure, and economic incentives. In families that already have two children, one parent is often pressured to undergo sterilization.

On the third page: "Since fiscal year 2002, the Administration has reviewed annually UNFPA's program in China and determined that the U.S. cannot fund UNFPA in light of its support or participation in the management of China's program of coercive abortion or involuntary sterilization."

Let's be careful. I would say to my colleagues, let's be careful with American tax dollars. Let's keep the provision that allows the President of the United States to make this determination. If there is evidence to prove that American tax dollars would be used by the United Nations to fund these coercive practices, then, for God's sake, let's not allow the U.S. taxpayers to be a party to these abhorrent and coercive practices.

The Senator from Vermont says the money in this bill will go to sanitization, to protect against child marriage, to protect against female genital mutilation, to promote maternal health care. No one objects to that. If the President of the United States, under the Wicker amendment and under the 25-year-old Kemp–Kasten provision, can certify that such organizations do not promote coercion in the name of family planning, then the money will go to these worthy causes. The question is: Why does the Senator from Vermont and the people who agree with him on this issue not trust the President of their own political party to make a determination?

Now, the senator says that the Kemp–Kasten language is still in the bill. I would submit that, in fact, is not true. The bill purports to retain Kemp–Kasten, but it goes on to say that funds will be directed to the United Nations Population Fund “notwithstanding any other provision of law.” I say to my friend from Vermont, that is the change in the law that guts Kemp–Kasten, that changes 23 years to 25 years of Federal policy and allows U.S. taxpayer dollars to be spent for coercive sterilization, for forced abortion, and that is the issue. Yes, Kemp–Kasten is purported to be in the bill, and then it is gutted in the next paragraph.

Honorable Sam Brownback
United States Senator, Kansas, Republican

Senator Brownback was first elected to the U.S. Senate in 1996. He serves on the Senate Committee on Appropriations. The following is excerpted from the March 4, 2009, Senate floor debate on the Omnibus Appropriations Act of 2009.

This is an issue we have debated for some time, the Kemp–Kasten language, although it has been in since 1985. Our colleagues have put it in there. I want to put a personal feel and touch on this issue. This is a story about a young couple in China.

Yang Zhongchen was a small-town businessman, and he wined and dined three government officials for permission to become a father. It is a story for which I am paraphrasing some pieces and others I am taking directly out of an AP [Associated Press] story that was filed in 2007, to give you a texture of what we are talking about.

Here is a young, small-town businessman. He goes to government officials, and he says: Look, I want to be a dad. I want to be a father. He wines and dines the local officials. “But,” as the AP writer writes, “the Peking duck and liquor weren’t enough. One night, a couple of weeks before [his wife’s] date for giving birth, Yang’s wife was dragged from her bed in a north China town and taken to a clinic, where, she says, her baby was killed by injection while still inside her.”

Quoting from her [in the AP article]:

‘Several people held me down, they ripped my clothes aside, and the doctor pushed a large syringe into my stomach,’ says Jin Yani, a shy, petite woman with a long ponytail. ‘It was very painful. ... It was all very rough.’

Some 30 years after China decreed a general limit of one child per family, resentment still brews over the state’s regular and sometimes brutal intrusion into intimate family matters. Not only are many second pregnancies aborted, but even to have one’s first child requires a license.

Seven years after the dead baby was pulled from her body with forceps, Jin remains traumatized and, the couple and a doctor say, unable to bear children. Yang and Jin have made the rounds of government offices pleading for restitution — [all] to no avail.

There is no reason to change this Kemp–Kasten language we have had since 1985. There is every reason to keep it, to provide this presidential discretion. I have held hearings in the Senate where we have had people come in who have gone undercover in investigating forced abortions and sterilizations in China who have come back with traumatic and dramatic stories about this continuing to take place. It

should not continue to take place, and it certainly should not happen with any sort of support — tacit, implicit, or actual, or financial — from the U.S. Government.

Clearly, the U.S. citizenry would be completely opposed to doing anything like this, and in tough budgetary times, this certainly does not help our economy grow. It is a policy people broadly oppose of any sort of support for forced abortions or sterilizations. It is something for which there would probably be 90 percent agreement in this country that we should not fund or support forced sterilizations or abortions anywhere — probably 95 percent. Maybe it is 98 percent.

So this policy that has stood since 1985 has broad bipartisan support. Why would we change it at this point in time, with the financial difficulties we have, the broad bipartisan support that it is not the right way to go, and the continued evidence that this continues to be the case today in places such as China and other countries around the world?

I do not see the reason why we would want to go a different way. It does not make any sense to me we would want to go a different way. I think this is not a good foreign policy for the United States to be engaged in. I do not think it is a policy the American taxpayers support.

I think if we would actually do some thorough digging throughout China — where many of these decisions are made and the actions are actually happening at the provincial level — we would find a lot more of this going on than we would care to know about because a number of these quota numbers are given to local officials who do not have much oversight on a national basis, and so they act on their own accord, and then a lot of bad things happen. We would not want to be anywhere near any of that. The American people do not want us anywhere near any of that.

For those reasons, I would urge my colleagues to look at this. This is a time-honored policy that has served us well. Support Senator Wicker’s language that reinstates Kemp–Kasten, language that has stood us well in the test of time, and let’s not go down a different road that is going to be harmful to a lot of people and is disagreed to by the American public.

Honorable Tom Coburn
United States Senator, Oklahoma, Republican

Senator Coburn was first elected to the U.S. Senate in 2004. He serves on the Senate Committee on Health, Education, Labor, and Pensions. The following is excerpted from the March 3, 2009, Senate floor debate on the Omnibus Appropriations Act of 2009.

I am having trouble, from a philosophical viewpoint, understanding why the language is in this bill the way it is. There is no confusion as to my stand on pro-life issues, pro-choice versus pro-life. I stand in the corner of pro-life. But I want to debate this issue as if I were pro-choice, that I believe that the law as we have it today should be enforced. If, in fact, we believe that if, in fact, women have a right to choose, why in the world would we send money to UNFPA that is going to take that right away from women in other countries?

It is beyond me that these little six words in the bill, “notwithstanding any other provision of law,” are intended to eliminate the ability of the President to certify that our UNFPA money is going to be used for coercive abortions and coercive sterilizations.

If somebody in our body can explain that to me, I would love them to do so. You can’t be on both sides of this issue. Either you believe in a woman’s right to choose or you do not or you only believe in a woman’s right to choose in America. And because the Chinese have too many people, you don’t think that same human right ought to be given to women in China. I won’t go into the details. There is no question that UNFPA will mix this money, and we will fund forced abortions in China.

That is what these six words do. They mean American taxpayer dollars are going to go to China to enforce coercive abortion against the will of women and force sterilization against the will of women in China. China is not in bad shape. They don't need our money in the first place. But then we are going to send that money over there to enable and allow that policy to progress.

In fact, we lessen our own human rights campaigns for equal treatment and the protection of human rights around the world as we do that.

Should the President Have the Power to Deny Federal Funds to Programs He Determines Engage in Coercive Abortion and Sterilization?

CONS

Honorable Patrick Leahy
United States Senator, Vermont, Democrat

Senator Leahy was first elected to the U.S. Senate in 1974. He chairs the Senate Judiciary Committee. The following is excerpted from the March 4, 2009, Senate floor debate on the Omnibus Appropriations Act of 2009.



It is hard to understand what the real purpose of the amendment is, although the junior Senator from Mississippi [Roger Wicker (R)] says the purpose is as follows: To require that amounts appropriated for the United Nations Population Fund are not used by organizations which support coercive abortion or involuntary sterilization.

I do not know anybody who would disagree with that. But apparently he believes that his amendment is necessary to prevent funds from being used for coercive abortion or involuntary sterilization. Let me state what is in the bill, because it is the same as current law. It already prohibits funds for abortions of any kind, whether coercive or otherwise. No funds in this bill can be used for abortion. So the amendment is unnecessary for that purpose.

His amendment prohibits funds for involuntary sterilization. Well, none of us is going to permit the use of Federal funds for involuntary sterilization. I urge him to read the bill. We already prohibit that. So the amendment is unnecessary for that purpose.

Actually, if he is on the floor, I would urge him to declare victory and withdraw his amendment. Long before he was in the Senate, we were already prohibiting the things he wants to prohibit.

His amendment also prohibits funds for the UN Population Fund for a program in China. Well, again, our bill already does that. We already prohibit explicitly any funds being used in China by the UN Population Fund.

His amendment says we should put funds for the UN Population Fund in a separate account and not commingle them with other sums. We already do that. Again, there is no need for it.

His amendment prohibits funds to the UN Population Fund unless it does not fund abortion. Well, the bill already says that. For the record, the UN Population Fund has always had a policy of not supporting abortion. In fact, there is not a shred of evidence that it ever did. It supports the same voluntary family planning and health programs the United States Agency for International Development does, but it does it in about 97 more countries than the United States Agency for International Development does.

The amendment by the Senator from Mississippi would deduct, dollar for dollar, from the UN Population Fund for a program it spends in China. The bill already does that. So for all practical purposes, the amendment of the junior Senator from Mississippi does nothing that the bill already does not do, with one exception.

His amendment would also strike the six limited purposes that are specified in the bill for which funds are made available to the UN Population Fund. For example, he would strike the funds that are provided "to promote the abandonment of female genital mutilation and child marriage." Why would we want to cut programs to help encourage an end to child marriage? Is there anybody in the Senate in favor of child marriage? Is there anyone in the Senate in favor of female genital mutilation? I find it amazing I

have to even come to the floor to talk about this. Yet his amendment would remove the funds we provide to try to stop child marriage and female genital mutilation. Why should we vote for something like that?

Why should we prohibit funding to reduce the incidence of child marriage in countries where girls as young as nine years old are forced to marry men they have never met, sometimes five times their age, who then abuse them?

The bill also provides funds to prevent and treat obstetric fistula. For those who are not familiar with this, it is a terrible, debilitating condition that can destroy the life of any woman who suffers from it. But it can be treated with surgery.

Why we would want to prohibit funds to save the lives of women who otherwise could die or be painfully debilitated for the rest of their lives, I cannot understand. None of us would hesitate for a moment to provide funds to help someone in our family who might be in this condition. I see the senator from Mississippi on the floor. His amendment prohibits funds to the UN Population Fund for that.

The bill provides funds to reestablish maternal health care in areas where medical facilities and services have been destroyed or limited by natural disasters, armed conflict, or other factors, such as in Pakistan after the earthquake that destroyed whole villages. Why would we not want to support maternal health care? Any one of us, be it our sisters and daughters, our wives, we would want them to access to these medical services. Or in Congo, where armed conflict has destroyed what limited health services existed and where thousands of women and girls have been raped, some barely old enough to walk. This bill provides funds for programs to help them. The amendment of the Senator from Mississippi would prohibit funding for the UN Population Fund for that.

Funds are provided to promote access to clean water, sanitation, food, and health care for poor women and girls. His amendment would prohibit that. I have traveled to different parts of the world. I have seen the differences in the lives of women and young girls that are made with these programs. The senator prohibits that.

The U.S. Agency for International Development has these types of programs in 53 countries, but the UN Population Fund works in about 150 countries. If you live in the Republic of the Congo or the Central African Republic, two of the poorest countries in Africa, and you are a 16-year-old girl with obstetric fistula, you are out of luck because USAID does not have programs there. That is why we fund the UN program. If you have a seven-year-old daughter who has been raped there, we don't have a program to help her. But we give funds to the UN to help her. The amendment of the senator from Mississippi would stop that.

If you live in Niger or Mauritania, where genital mutilation is common, or in Sri Lanka where child marriage is common, we don't have funds there, but we give funds to the UN to help.

The senator's amendment creates a problem where there is none. It denies funding to address the basic needs of poor women and girls who are subjected to practices that would be crimes in this country.

Our law already prohibits funds for abortion of any kind, whether coercive or voluntary. We already prohibit funds for involuntary sterilization. We prohibit funds for the UN Population Fund's program in China. We have already done all these things. But we do provide funds to help girls who are being forced into marriages at the age of nine. We do support care for women who suffer from these debilitating conditions. We do have funds for maternal care, clean water, and voluntary family planning. But if the amendment of the junior senator from Mississippi is agreed to, we would prohibit those funds in many parts of the world.

It is hard to respond to all the things that have been misstated about the amendment before us.

For one thing, the bill before us does not change the Kemp-Kasten amendment. You can find it on page 763 of the bill. It is in the bill. In fact, let me read what it says:

Provided further, That none of the funds made available in this Act nor any unobligated

balances from prior appropriations Acts may be made available to any organization or program which, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization.

So there is no need to pass the amendment of the Senator from Mississippi to put that language in — I suppose we could just print it twice — it is already in there.

I have heard it said several times that we should not spend U.S. taxpayer dollars on coercive abortion. I agree with the Senator from Mississippi. We should not. I have taken that position. I have been chairman or ranking member of the Foreign Operations Subcommittee several times. I have always taken that position. We should not, we don't, we never have. It is prohibited in the bill — Republicans and Democrats have always agreed about that. I don't know how many times we have to say it.

I am reminded of Senator Mark Hatfield [OR-R], a revered member of the Republican Party and a former chairman of the Appropriations Committee. I know of no stronger pro-life opponent of abortion, but there is also no stronger pro-life proponent of family planning. He knows that if there are voluntary family planning services, you are most apt to avoid unwanted pregnancies and thus avoid abortion.

Now, we have heard senators say: Well, we don't want to use taxpayer money for coerced abortions. You can't. There is no money in here with which it can be done. We specifically prohibit that.

But let me repeat for my colleagues what this amendment does do. The Wicker amendment removes funds we have in here for UNFPA to promote the abandonment of female genital mutilation and child marriage. The funds can be used in countries where we don't have USAID programs, to help prevent child marriage. The senator from Mississippi would remove those funds. I have listened to some of the harrowing stories: seven-, eight-, or nine-year-old girls forced into marriage. We ought to all unite to try to stop that, but the senator from Mississippi takes out the funds that can be used to try to stop that.

We have funds in the bill to reestablish maternal health care in areas where medical facilities and services have been destroyed or limited by natural disasters. We put in funds to rebuild those health services, but the amendment of the Senator from Mississippi takes that money out.

We are talking about countries where the average person doesn't earn even \$100 a year. We ought to think about it, as the wealthiest, most powerful nation on Earth, where there is a certain God-given moral duty to help people less privileged, but the amendment of the senator from Mississippi takes that money out.

Are we concerned with coercion and forced abortion in China, as the senator from Mississippi and the Senator from Kansas [Sam Brownback [R]] said? Of course. I have no doubt that they find that morally repugnant. I totally agree with the Senator from Mississippi. I totally agree with him that forced abortions are wrong. I totally agree with the Senator from Kansas about that. That is why, when Senator [Judd] Gregg [NH-R] and I brought this bill to the Appropriations Committee, we prohibited any funds going to China. We prohibit any funds for abortion. We prohibit those things. It is not correct to suggest otherwise.

I don't know what kind of political points are made by bringing up this kind of an amendment, but explain those political points to the mother of a five-year-old who has been raped in the Congo. Explain those political points to a mother, herself a child, who is giving birth and now has the problem of obstetric fistula, and we can't do anything to help her. Explain it to those families in war-ravaged countries where the U.S. does not have programs. Explain to them when they ask: Why can't you help us — a wealthy nation like America — why can't you help us? And the answer is because we are making a political point.

I don't accept that. I oppose this amendment with every fiber of my body.

Honorable Richard Durbin
United States Senator, Illinois, Democrat

Senator Durbin was first elected to the U.S. Senate in 1996. He is the Senate Majority Whip. The following is excerpted from the March 4, 2009, Senate floor debate on the Omnibus Appropriations Act of 2009.

There is an amendment pending — and it is an amendment offered by Senator [Roger] Wicker of Mississippi — which is one of those red-hot amendments that gets people riled up around here because it deals with a controversial issue, and that is the issue of abortion.

Of course, many of us have stated our positions on the record time and again, but this comes down to a specific element here. What Senator Wicker does is to strike the language in the bill that permits funding of the UN Population Fund for six limited purposes. He has stated that his reason for doing so is to make certain we don't put money into China, where there is evidence of coercive abortion and involuntary sterilization; and he certainly says he doesn't want Federal funds to be spent for the promotion of abortion anywhere in the world.

I would say there are two elements of the bill that I would recommend to all Members before they vote on the Wicker amendment, which I hope they will oppose. Page 763 of the bill — it is a big one, but I will point you to the specific page, 763 — says:

... none of the funds made available in this Act nor any unobligated balances from prior appropriations Acts may be made available to any organization or program which, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization.

A flat-out prohibition. It is already there. Then when it comes to the issue of China, which has been the centerpiece of this debate about coercive abortions and involuntary sterilization, there is a long section — page 929 — which I will refer my colleagues to. The net result is this. It says in the first paragraph:

Not later than 60 days after the date of enactment of this Act, the Secretary of State shall submit a report to the Committees on Appropriations indicating the amount of funds that the UNFPA is budgeting for the year in which the report is submitted for a country program in the People's Republic of China.

So we ask the Secretary of State to go to New York and find out how much money is going to China, where we suspect coercive abortion and involuntary sterilization. The second paragraph says we will then deduct that amount of funds from any money that goes to the United Nations for family planning.

So it is specific, and we are specific in terms of these practices. We can't spend any money for these practices; and, secondly, no money to the People's Republic of China which is not set off by a reduction in the Federal investment.

Now, let me tell you why this amendment not only ignores the clear language of the bill but should not be passed. There are six limited purposes for which we are trying to use the UN Population Fund, and they are, among other things, to reduce genital mutilation and obstetric fistula and to provide voluntary family planning and basic health care to women and girls.

It has been my opportunity and honor to visit Africa. In one of those visits, with Senator [Sam]

Brownback [R] of Kansas, we went to the Democratic Republic of Congo, which doesn't get the publicity of many places in Africa, but it has been one of the killing fields. There have been thousands — maybe hundreds of thousands — of people killed in this region. It has been torn back and forth since the Rwandan genocide, with the exploitation of minerals. The net result has been the poorest people on Earth, smack dab in the center of Africa, have been pushed out of their villages and into refugee camps, and they have been victimized by guerilla soldiers.

Well, I went to a hospital in Goma, which is in the Democratic Republic of Congo. It is one of those places where you think if God has a bad day, the first thing he does is look at Goma because they have had it all — poverty, disease, all the strife of guerrillas and all the war that revolves around them, and, to put the icing on the cake, a volcano which erupts with regularity. These poor folks get it in every direction. But there in Goma was a hospital called DOCS [Doctors on Call Service] hospital. DOCS hospital is sustained and financed by protestant churches in the United States. It has a modern surgical suite, paid for by the United Nations.

When you go to this hospital, you see women lined up in a row, hanging onto their meager belongings, waiting for the chance to be admitted to the hospital. Why? Because this is the only place within hundreds of miles where they can go for surgical treatment of what is known as obstetric fistula. Obstetric fistula — I will try to describe it, not being a doctor — is the result of early pregnancies, long labors of young girls, rape, terrible mutilation that occurs and causes serious problems for these women. They become incontinent, they are unable to join their families, they are shunned by their villages.

This is their only hope. They come to this hospital, and they wait. They sit in the dust in the road hoping — and it is sometimes weeks later — to be seen by a doctor. They cook outside and help one another, and then they may go through a surgery. At the end of the surgery, they end up two to a bed trying to recuperate. Some of them, because they are so badly mutilated, have to go through multiple surgeries and wait month after weary month while a handful of surgeons and nurses do heroic jobs in trying to put their lives back together.

Is that worth putting some money into? Is it? Is it worth saying to the UN Population Fund: Can you help these people? Can you bring in some doctors, some surgeons to treat them? They are victims, helpless victims, who are trying to put their lives back together. I think it is money well spent.

I have a friend of mine named Molly Melching. Molly Melching is in Senegal. She was in the Peace Corps there, and after her service in the Peace Corps she decided to stay on. She has created an organization called Tostan. Tostan is trying to stop the ritualistic genital mutilation of girls. It is horrible, and it is dangerous. Village by village, tribe by tribe, Molly is making progress, and I think that is the right thing to do, for the dignity of these young girls and for the role of women in these African societies.

Is it worth money from the United Nations Population Fund? I think it is.

And voluntary family planning, we have ascribed to that particular goal in America, that women should have a choice to plan their families with their spouse and with their conscience. I think the same thing, short of abortion, should be available through the United Nations Population Fund. Unfortunately, the Wicker amendment strikes the language that permits funding for those purposes. It is not right.

We know you cannot spend the money here for coercive abortion, we know you cannot spend the money here for involuntary sterilization, we know if you spend the money in China we are going to take it away from the United Nations.

This amendment goes too far. I urge my colleagues, particularly those who are of a persuasion that opposes abortion and believe they should oppose it in every circumstance, give women in the poorest countries on Earth the option of voluntary family planning. Do something for these poor women who have been victimized by rape and war, and these young pregnancies that unfortunately cause so much damage to their bodies. Give them a chance to put their lives back together. Also, when it comes to genital mutilation, the United Nations should be in the forefront of promoting modern treatment of women and

not leave ourselves in the distant dark past of these tribal customs. I am sure Senator Wicker does not intend for this to happen, but I am afraid that is the result of it.

Honorable Patty Murray
United States Senator, Washington, Democrat

Senator Murray was first elected to the U.S. Senate in 1992. She serves on the Senate Committee on Appropriations. The following is excerpted from the March 4, 2009, Senate floor debate on the Omnibus Appropriations Act of 2009.

I believe women around the world should have access to safe health care that will help them plan their families and stay free of diseases.

These are basic rights. That is why I rise in opposition to the amendment being offered by Senator Wicker to block funding to the United Nations Population Fund.

In the developing world, “complications from pregnancy” is still one of the leading causes of death for women.

More than half a million women die each year — one every minute — from preventable complications of pregnancy and childbirth.

Madam President, 201 million women cannot get access to safe, modern contraception even when they want it, and 6,800 new cases of HIV occur every day.

With its mission “to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect,” the United Nations Population Fund is working every day to make things better.

For nearly 40 years, UNFPA has provided more than \$6 billion in aid to about 150 countries for voluntary family planning and maternal and child health care.

They are helping more women survive childbirth.

They are providing contraceptives to help women plan their families and stay free of HIV/AIDS.

They are promoting access to basic services, including clean water, sanitation facilities, food, and health care for poor women and girls.

Yet Senator Wicker and other supporters of this amendment would deny women around the world this basic care because they believe misinformation that has been spread by antichoice lobbyists who say this fund would pay for coerced abortions.

The reality is that our government already prohibits any money from being used to fund coerced abortions. And no U.S. money goes to China.

This bill actually continues that policy.

So all Senator Wicker’s amendment would do is prevent women around the world from getting access to basic health care services — services that we take for granted here in the United States.

All of us would agree that we want to see fewer abortions in the world. I certainly do not condone funding coercive abortion practices in China or anywhere else.

And I cannot accept that we would deny women life-saving care because of a dishonest lobbying campaign.

Not only is contributing to UNFPA the right thing to do — it is in our best interest. By helping to lift families out of poverty, and slow the spread of disease, we can reduce conflicts and bring stability and hope to some of the most troubled regions in the world.

I am proud that President [Barack] Obama is pledging to refund UNFPA after the previous Administration consistently canceled funding for the agency. I urge my colleagues to vote down the

Wicker amendment.

So let me simply say that I believe that women around the world should have access to safe health care that will help them plan their families and stay free of diseases. These are basic rights, and that is why I oppose the amendment that is being offered by Senator Wicker to block funding to the United Nations Population Fund.