

PRO-LIFE REPORTER

Taxpayers Guide to Federal Anti-Life Programs

PART II US-AID Funded Foreign Population Control Programs

“Section 114. Limiting use of funds for abortion--None of the funds made available to carry out this part (Part I of the Act) shall be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions.”

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TESTIMONY OF
UNITED STATES
COALITION FOR LIFE

PART II

“AN OVERVIEW OF
AID-POPULATION CONTROL
PROGRAMS”

(EVALUATING) TITLE X

POPULATION CONTROL FUNDING ABROAD



Indonesian poster emphasizes trials of oversize families

Congressional hearings such as these generally are ill-suited to an in depth evaluation of programs under consideration. Generally, once omnibus programs such as AID's population control program become part of the public law, the major emphasis is shifted to authorization levels and discussions of new and expanded programs and services funded under the provision with less and less attention focused on the merits or lack of merits of the original bill.

Since 1965 when the State Department embarked on a modest program of population

assistance the United States Congress has become the world's foremost Pill and prophylactic provider and the most prominent international channel for the promotion of abortion, sterilization and contraception in the developing nations. Further, Title X funds have become a principal factor in the violation of basic human rights including the most fundamental right - that of life - as well as those rights related to the integrity of the family and the inviolability of the right of generation.

Whereas in the past, the U.S. Coalition for Life has

attempted to offer recommendations within the framework of Title X, such a position can no longer be justified in light of the continuous violations of the Helms anti-abortion provision to the Foreign Assistance Act and the use of Title X funds to manipulate and deform national consciences in the sphere of human reproduction and other familial decisions.

The Coalition therefore wishes to express publicly its complete opposition to any and all continued Congressional support for population control programs carried out under Title X of the Foreign

Assistance Act, and to present evidence to this Committee in support of our position. In doing so, it is necessary to examine the very basic principles upon which

Title X was based and to offer an alternative set of programs which place emphasis on positive human values and programs which enhance the welfare of both the individual

and his family and contribute toward the common good of the developing nations of the world.

A SECOND LOOK AT THE PUBLIC HEALTH ASPECTS OF POPULATION CONTROL

One of the alleged benefits of AID's population control program as specified in Sec. 291. General Provisions is the improvement of the health of Title X recipients and their families.

In the area of maternal and child health care it is known, though not always appreciated, that the art of breastfeeding can do more to cut down infant mortality via better nutrition and promote natural child spacing than all the efforts of international family planning groups combined. Yet Mother Nature's prescription for healthy infants is frequently superseded by birth control prescriptions for the Pill thereby exposing the newborn child to a host of diseases and infections and the mother to the ever increasing dangers posed by iatrogenic (i.e. physician caused) illnesses some of which may result in severe disability and even death.

As noted earlier, the United States Government is the largest promoter and provider of the Pill in the world. If one views the Pill as

a form of chemical warfare on women the role of Congress and this Committee which has jurisdiction over House authorization for federal foreign birth control programs, takes on a somewhat sinister complexion.

One of the glaring omissions of the Title X provision is that it contains no mandatory provision for the informed consent of patients in birth control programs. Without such a provision backed by practical guidelines and stringent penalties for failure to comply by the attending family planning agent or health officer, illiterate and impoverished women in developing nations are transformed into mere spectators in their own health care and are at the mercy of population control experimenters who are willing to sacrifice the welfare of clients for the abstract so called 'higher good' of society.

The phenomenon of putting population growth concerns before the health and well being of the patient is illustrated below in the two

sets of birth control pill inserts distributed by physicians and/or family planning workers.

In the new pill packet designed for **American** women, the Food and Drug Administration has mandated six specific precautionary statements to be listed:

-
1. Should not be taken by women over the age of 40 because of the increased risk of heart attacks.
 2. Should never be taken by pregnant women because they may injure the fetus.
 3. Should be discontinued three months before a woman tries to become pregnant to avoid potential birth defects.
 4. Should be discontinued at least four weeks before any type of surgery that would involve an increased risk of blood clotting or prolonged bed rest, because pill users are four to six times more likely to have blood clots after surgery than those not on the pill.
 5. Appear to be associated with nonmalignant liver tumors that, although rare, could be fatal if they rupture and result in internal bleeding.
 6. Have not been linked to cancer, although women should be carefully monitored by their physicians for abnormal uterine bleeding and lumps in the breasts.
-

Any woman experiencing nausea, dizziness, vertigo or vomiting is urged to report the information to her physician as soon as possible. A six month checkup for women on the Pill has also been recommended.

The directions for use of oral contraceptives by women

in **Pakistan** however are quite different. Note that in the pamphlet reproduced below which is distributed by the Pakistan Population Planning Council, women who experience the above symptoms are instructed not to worry, and that these are merely temporary occurrences which will disappear with regular use of

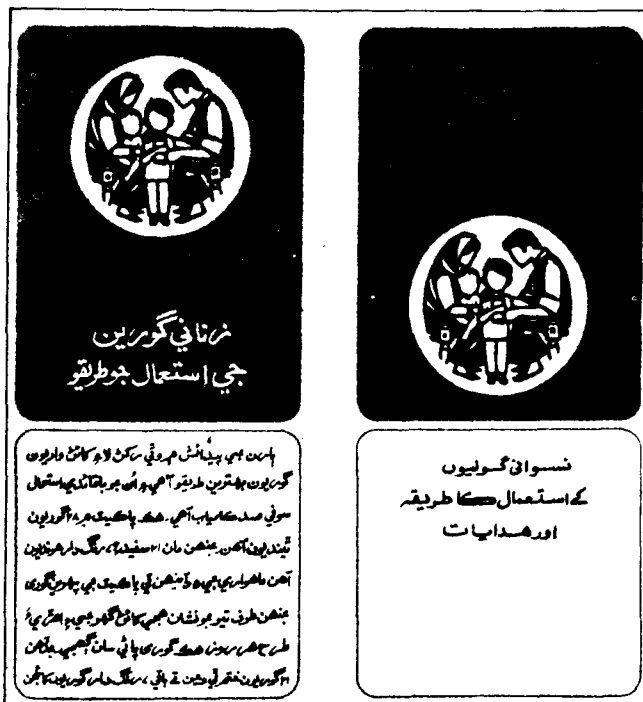
the pills. No mention is made of temporary and in some cases permanent sterility associated with oral contraceptives. The possible abortifacient action of the oral contraceptives are not stated - merely the assurance that "use of female pills is the best way to space child birth"

(TRANSLATION)

Directions For Use of Oral Pills

Use of female pills is the best way to space child birth. One hundred percent success can be guaranteed only if use remains continuous and regular. This packet contains 28 pills—21 of these are white and the remaining seven are either colored or different in size. On the fifth day after menses take the first pill (marked by an arrow). Then take one pill each day with water. After 21 pills have been taken, take one colored or different size pill each day for the remaining seven days. After one entire packet has been emptied, start another the next day. Pregnancy does not occur if these pills are taken continuously. Whenever you want to have a baby, stop using the pills. It is good practice to set a specific time to take a pill each day. If some day you forget to take a pill, take the regular pill at the same fixed time the next day along with the previous day's forgotten pill. If, by chance, you forget to take pills for two consecutive days, on the third day take that day's pill at the same fixed time along with the previous two days' forgotten pills. If, for three consecutive days pills were not taken for some reason, stop taking the pill and use another method of family planning. When menses begin once again, wait five days and then begin using pills from a new packet. Don't worry if during the use of these pills some signs similar to pregnancy occur—like nausea, vomiting, vertigo or dizziness. These are temporary occurrences and will disappear with regular use of pills. If bleeding or spotting should occur during this period, don't be alarmed—regular use of the pills stops this. During pregnancy and breast-feeding do not use these pills. For any further questions, please come to the nearest clinic where you see our insignia displayed. The price for one packet of female pills is only 25 paises.

— Pakistan Population Planning Council



*Fig. 2. This pamphlet printed in Urdu and Sindhi is available wherever oral contraceptives are distributed.

The non-medical distribution of oral contraceptives in developing nations as a part of national population control programs has been approved by AID and pushed by AID population administrators including Dr. Ravenholt. Such a policy is indicative of the exploitative nature of population control programs, and the above criticisms would

apply equally well to other mass fertility control drugs and devices including IUDs, Deop-Provera, "the morning-after pill", and various implants - all of which are primarily abortifacient in nature but which continue to be distributed widely in AID's population control programs.

It is deceptive to promote

programs of population control under the guise of maternal and child care programs as is generally done in Latin America and other Catholic areas of the world, since the underlying premise of the national population control program is primarily based on the urgent need to limit population growth - at all costs.

THE MYTH OF VOLUNTARISM

Several months ago Jose Clemente Cardinal Maurer of Sucre, president of the Bolivian Bishops Conference (CEB) presented to President Hugo Banzer 300 pages of documentation to support charges made by the bishops that foreign agencies were imposing birth control on the Bolivian people. President Banzer has ordered the Ministry of Health headed by Jorge Torres Navarro to report the findings of the investigation of the charges to him.

According to the **Latin American Press** three of the agencies named in the bishops' documenta-

tion were the Agency for International Development, the Pathfinder Foundation (Fund) and the Population Council. Other financial channels for AID funds for birth control in Bolivia include the UNFPA and the World Assembly of Youth.

The US-AID current level of funding in Bolivia for so-called "responsible parenthood programs" is about \$2.5 million. As the late Sangerite leader Dr. Alan F. Guttmacher once quipped - first we will teach them responsible parenthood - then we teach them how!

According to Cardinal

Maurer, "crates" of contraceptive devices were being distributed throughout the country, with propaganda and well disguised funds described as maternal-child care funds.

Commenting on Bolivia's small population of 5.5 million people which has been stagnant for the last decade, Archbishop Marrigue of LaPaz has stated that "We are a poor nation with small numbers of inhabitants. We cannot allow this new birth control outrage which would leave us without any people and (open to) social and economic absorption by the surrounding nations."

°Mr. Chairman, I ask that you instruct the Committee staff to contact Cardinal Maurer and request a copy of the 300-page document in order that the charges leveled against AID and the agencies using AID funds for operations and services be examined first hand.

A similar incident erupted in February of this year in Costa Rica where President Daniel Oduber has ordered a judicial inquiry into charges that forced sterilization is occurring in some hospitals and that foreign funds are being used as bribes to lure physicians to perform sterilizations. A government official has pointed out that more than \$9 million has been spent in Costa Rica on sterilization promotion and services. As a result, the number of contraceptive sterilizations has risen from 80 in 1960 to 6,000

in 1976.

The largest donor of birth control funds including funds for sterilization in Costa Rica is US-AID. Other AID-funded agencies such as the IPPF and the UNFPA are also active in Costa Rica.

°Again, Mr. Chairman, I ask that you direct the Committee staff to contact President Oduber's office and establish the facts on the Costa Rican sterilization program funded either directly or indirectly through US-AID.

The above two illustrations of current charges against AID and AID-funded agencies do not represent isolated cases. Indeed, if the definition of "coercion" and its legal cousins duress and undue influence are considered within the broad spectrum of meaning in the law to include not only objective acts of compulsion but also attendant circumstances such as age, sex, capacity, and relation of parties and so forth, it may be logically argued that population control programs are by their very nature "coercive" and pose a threat to individual liberty and the family.

By this I mean to say that the poor - through the compulsion of poverty - are dependent upon the goodwill of the State for many of their basic provisions of life - food, clothing etc. - and while they are in this state of total dependency, they are more susceptible to pressures from government or government agents than those who are self-sufficient and are free to accept or reject the state's birth control services as they see fit.

While the General Provisions clause Sec. 291 (a) provides that the United States recognizes that every nation is and should be free to determine its own population policy, it nevertheless explicitly advocates the establishment of national programs of "voluntary family planning" for those who wish to avail themselves of such benefits. Sec. (c) also provides that the President shall establish reasonable procedures to insure

freedom from coercion and respect for the family planning client's "moral, philosophical, or religious beliefs."

In sections (a) and (c) however, there appears to be an irreconcilable contradiction. On one hand we are told that Title X funds are to be used to induce foreign governments to initiate and maintain a national program of population control which, as noted above - contain by nature certain coercive elements to a greater or lesser degree. On the other hand, we are told that such programs must be totally voluntary and free from any pressures which might violate the family planning client's beliefs. Further, that the President shall establish provisions and issue guidelines which will insure such protection of rights and consciences.

But where Mr. Chairman, are these procedures actually spelled out in black and white? Where do we find in any AID document or publication practical and meaningful protective provisions as suggested in Title X? Certainly mere Congressional or Presidential recitations on voluntarism do not automatically insure the fact of voluntarism. Wishing does not make it so!

It should be noted that while the terms "family planning" and "population control" are frequently used interchangeably in Congressional debates they are generally not held to be the same by the more aggressive proponents of population limitation and/or reduction including Dr. Kingsley Davis of the University of California

who states that family planning by everyone is population control by no one.

In a recent Gallop/Kettering Global Survey on Human Needs and Satisfaction, the majority of Third World people interviewed favored increased population growth and moderate to large size families.

Thus if the majority of these families pursue their personal preferences related to family size, most will have from three to six children or more. This number even if we use the lower limit of the three child family remains above the 2.2 - 2.3 child family required for so called "population stabilization" which is the primary objective of most current national population control programs.

On the other hand if the will of the population control establishment is considered to reflect the will of the state, then obviously pressures of all kinds will have to be brought to bear on the fertility-conscious populace in order to bring about a reduction in the number of children wanted by the average family.

Plainly, the choice is either "family planning" where the family is given the right to determine family size or it is "population control" where the state sets reproductive limits enforced by sanctions and penalties to assure compliance. No discussion of Title X is rational until the above terms are defined and the primary and secondary purposes of the measure clearly set forth.

EXPORTING THE SEXUAL REVOLUTION

In examining the general provisions of Title X it is of the utmost importance to note that among the alleged benefits of national birth control efforts is the increase in "family stability" and we can infer I think the general enhancement of family life. The underlying assumption is that birth control is a positive good and therefore it is an area which government may promote in pursuit of the common good.

Western Europe and the United States are currently classical examples of the Malthusian state. All forms of birth control including abortion and sterilization are sanctioned.

The important consequences of the decrease of births in these countries include: heavy demographic aging, social aging, employ-

ment problems, and overloading of Social Security costs in regards to active population.

In the sphere of national sexual mores the principal maxim is: sexual activity without consequences is morally good and should be sanctioned by society either with legal precepts, or with technical proceedings. And in the separation of the sexual act from procreative consequences man has to a large degree lost the transcendental vision of life.

The result has not however been an increase in national virtue and an increase in family stability but rather just the opposite.

Since 1965 the U.S. Government has been a leader in the promotion of the Sangerite or birth control ethic and has expended

hundreds of millions of dollars in exporting both the philosophy and the technical assistance to implement that philosophy to the developing nations. Clearly such a policy is **not** morally "neutral" since there are many Americans who hold moral and religious beliefs which oppose such a policy.

Yet despite the great outlay of funds year after year by Congress for the promotion of what might be termed "the sexualization" of developing nations little attention has been focused on the consequences of such programs and policies on the quality of family life in these countries where the spirit of work, sacrifice and self-control are necessary for national development and family stability.

I suggest that the developing nations of the world do not need the type of foreign population control assistance which has become the hallmark of Title X programs as designed by Dr. R. T. Ravenholt and his associates. And I charge that what Title X funds are doing in fact is exporting a form of institutionalized degradation and contributing to the destruction of the family unit and the lowering of the national moral climate of these nations so vital for their national development.

VIOLATIONS OF THE HELMS ANTI-ABORTION AMENDMENT

In 1973, Section 114 of the Foreign Assistance Act of 1961, as amended, added legislative restrictions on the use of funds relative to abortion. The restriction is popularly known as the Helms Amendment.

"Section 114. Limiting use of funds for abortion-None of the funds made available to carry out this part [Part 1 of the Act] shall be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."

Prior to its passage, it is well known that staff members and administrators of the State Department lobbied against the abortion restriction going so far as to use AID-funded publications to stimulate public opposition to the measure.

Even after the passage of the Helms Amendment such opposition has not abated, and there is the very good possibility that we will see in 1977-78 an attempt by AID to as Dr. Ravenholt so picturesquely put it at a NARAL wine and cheese dinner in August of last year, "get rid of the damn Helms Amendment!"

Commenting on the impact of the anti-abortion protagonists on government population activities in an interview in the November 1976 issue of the University of Minnesota's Alumni News, Ravenholt called them "a malignant remnant of the medieval Mediterrean inquisition which seeks to keep the poor on the uterine rack forever."

PROMOTING ABORTION LAW 'REFORM' IN DEVELOPING NATIONS



In 1972 AID established a multi-million dollar Law and Population Programme at the Fletcher School of Law at Tufts University. The key administrator of the program is Dr. Luke T. Lee - an articulate pro-abortion advocate.

The Law and Population Programme is under the direction of an International Advisory Committee on Population and the Law whose names are listed below

The Committee includes key internationally known

abortion advocates such as Harriet Pilpel, Rafael Salas, R. T. Ravenholt, Julia Henderson, Phil Claxton and Saran G. Singh.

In cooperation with AID and the IPPF and UNFPA, the Programme initiates what is called "a country project" to determine the legal position of various developing nations on topics related to population including laws related to abortion, sterilization and contraception. The Programme operates numerous workshops and seminars and publishes its findings and studies in monographs which are subsequently distributed at home and abroad. Such studies usually form the basis for reproductive law reform in the country where the research was carried out.

For example, in a monograph titled **LAW AND POPULATION IN UGANDA** which was funded by the Programme, the author concludes his study of Uganda's laws relating to population by recommending the government change its current restrictive laws on abortion as well as laws which prevent the distribution of birth control to unmarried persons.

This study carried out by Professor of Law Abraham Kiapi at Makerere University in Uganda, an institution which has received millions of dollars in US-AID abortion research funds for the development of prostaglandins, is the prototype of almost every Programme 'country project'. Once completed, the pro-abortion-sterilization-contraception monograph is used as a lever or wedge by local IPPF affiliates to begin liberalizing national laws in these and related areas.

Given the total Malthusian composition of the Programme's board of directors the results of these studies financed by the American

taxpayer through AID and/or its international associates - the IPPF and the UNFPA - is hardly surprising.

°Mr. Chairman, I ask that you direct your staff to investigate the pro-abortion activities of the Law and Population Programme at Tufts to determine the extent to which this agency has promoted abortion legislation abroad and has supported via travel funds etc. the work of its board of directors for the purpose of promoting abortion and sterilization 'reform' in the developing nations where it has or is currently conducting its country projects or has contracted research which will be used to undermine restrictive abortion and sterilization and contraception laws in these nations.

Mr. Chairman, I know, for example (#A) that the GAO has asked the IPPF for a financial statement to show that it is in keeping with the Helms Amendment. Do you know if the same procedure is followed for all agencies receiving AID population money, for example, the Population Council and so forth, or is it just the IPPF?

Chairman Zablocki. Under the law, I believe all agencies receiving any Federal funds would have to comply.

STANDARD CLAUSE INCLUDED IN IPPF GRANTS

Abortion-Related Activities

No funds made available under this grant will be used for the following family planning and population assistance activities:

1. procurement or distribution of equipment provided for the purpose of inducing abortions as a method of family planning;
 2. information, education, training, or communication programs that seek to promote abortion as a method of family planning;
 3. payments to women in less developed countries to have abortions as a method of family planning;
 4. payments to persons to perform abortions or to solicit persons to undergo abortions.
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International Advisory Committee on Population and Law

The Programme is under the general supervision of the International Advisory Committee on Population and Law, which is a nongovernmental organization accredited to ECOSOC and UNICEF. Its members are:

- Professor Richard Baxter** (Harvard University)
Dr. Jean Bourgeois-Pichat (Comite International de Coordination des Recherches Nationales en Demographie)
Mr. Philander Claxton, Jr. (U.S. Department of State)
Lic. Gerardo Cornejo M. (Fundacion para Estudios de la Poblacion, A.C., Mexico)
Dean Irene Cortes (University of the Philippines)
Dr. Rafael Esmundo (Commission on Population, Philippines)
Mr. Paul-Marc Henry (Organization for Economic Cooperation and Development)
Dr. Jean de Moerloose (World Health Organization)
Professor Carlos Dunshee de Abranches (Universidade do Estado da Guanabara, Brazil)
Mr. Kailas C. Doctor (International Labour Organization)
Mme. Anne-Marie Dourlen Rollier (Conseil Supérieur d'Education Sexuelle et de la Planification Familiale, Paris)
Mr. Robert K. A. Gardiner (Commissioner for Economic Planning, Ghana)
Professor Richard Gardner (Columbia University)
Mr. Halvor Gille (U.N. Fund for Population Activities)
Professor Leo Gross (Fletcher School of Law and Diplomacy)
Dean Edmund A. Gullion (Fletcher School of Law and Diplomacy)
Miss Julia Henderson (International Planned Parenthood Federation)
Mr. Edmund H. Kellogg (Vermont Law School)
Dr. Ahmad M. Khalifa (Chairman, National Centre for Social and Criminological Research, Cairo)
Professor Dudley Kirk (Stanford University)
Dr. Arthur Larson (Duke University)
Dr. Luke T. Lee (Fletcher School of Law and Diplomacy)*
Dr. Jean Mayer (President, Tufts University)
Chief Justice Keba Mbaye (Supreme Court, Senegal)
The Reverend Arthur McCormack (Population and Development Office, Rome)
Dr. J. N. Monie (Minister of Transport, Cameroon)
Mr. Bradford Morse (U.N. Development Programme)
Dr. Minoru Muramatsu (Institute of Public Health, Japan)
Mrs. Harriet F. Pilpel (U.S. Planned Parenthood-World Population)
Dr. K. A. A. Quamruddin (Institute of Law and International Affairs, Bangladesh)
Dr. R. T. Ravenholt (U.S. Agency for International Development)
Dr. Rafael Salas (U.N. Fund for Population Activities)
Mr. Marc Schreiber (U.N. Human Rights Division)
Dr. Saran G. Singh (University of Jammu, India)
Mrs. Helvi Sipilä (Assistant Secretary-General for Social Development and Humanitarian Affairs)
Mr. Leon Tabah (U.N. Population Division)
Mr. Steven Tokarski (Fletcher School of Law and Diplomacy)**
Professor U. U. Uche (University of Nairobi, Kenya)
Mr. Carl Wahren (Swedish International Development Authority)
*Executive Secretary
**Rapporteur

BREAKING THROUGH THE US-AID ANTI-LIFE INTERLOCKING DIRECTORY

A Case Study

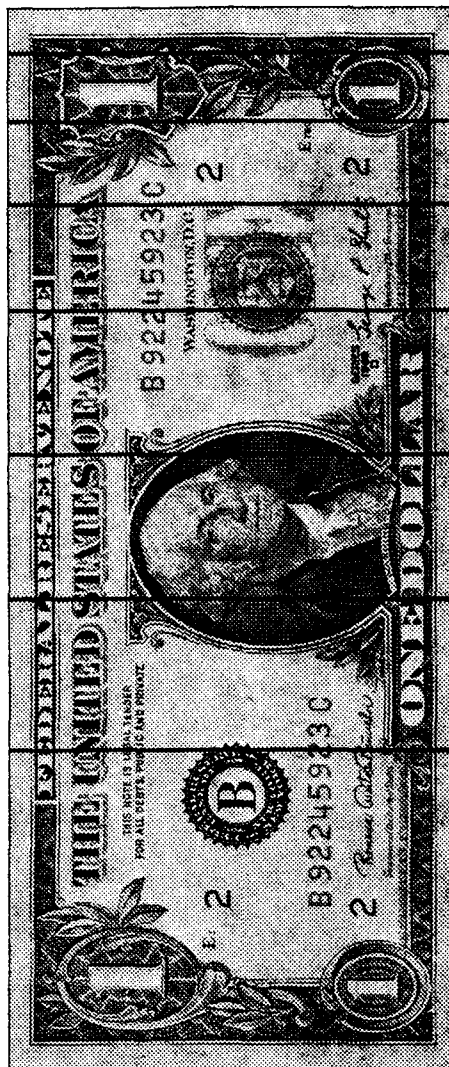
One of the difficulties in implementing the provisions set forth in the Helms anti-abortion amendment is the fact that almost every agency receiving AID population grants or contracts is vigorously pro-abortion including the IPPF, the UNFPA, the Population Council, the Pathfinder Fund, and the PPFA. (See attachment #4 for a listing of major AID grantees).

°Mr. Chairman, I understand that the GAO has requested the IPPF in London to separate its funds which are used for abortion from its regular program funds, thus attempting to insure that the provisions of the Helms Amendment are carried out. The IPPF report to the GAO on its abortion finances should be very interesting since the IPPF is the largest quasi-governmental agency promoting abortion around the world through its extensive chain of affiliates and clinics.

For the record Mr. Chairman would you state if the same procedure is required by the GAO for the agencies which are listed in attachment #2? Or is the IPPF the only agency thus far which has been asked to separate its abortion financial figures in its accounting procedures?

I think that our agency will be able to expand on the above matter concerning the

People Volume 3 Number 2 1976



Administration: \$34 million.

Research and development of means of fertility control: \$46 million.

IPPF: \$60 million.

Pathfinder Fund, Population Council, Family Planning International Assistance, Association for Voluntary Sterilization: \$75 million.

UNFPA: \$97 million.

Contraceptives and clinic supplies: \$99 million.

Development of demographic data, research on fertility determinants and consequences, policy development, evaluation: \$105 million.

Bilateral assistance (excluding contraceptives): \$216 million.

US Agency for International Development provided \$732 million for population programme assistance 1965-75. Diagram shows how the money was spent.

abortion activities of the IPPF once we can take a look at the GAO report which it was to have filed months ago.

Certainly the 2% ball park figure it gave to the GAO to indicate the amount of its total budget spent on abortion

and the promotion of abortion is ridiculously low.

In monitoring the use of Title X funds, the GAO faces a very real difficulty in even determining which agencies to monitor in the first place since AID funds for promoting abortion or purchasing abortion equipment may be channeled through a dummy corporation as in the case of the two programs I am about to highlight below.

THE INTERNATIONAL FERTILITY RESEARCH PROGRAM (IFRP)

The IFRP is one of a number of AID fertility control enterprises at Chapel Hill, N.C. The Director of the program is **Dr. Elton Kessel** and the Principal Investigator is **Dr. Leonard Lafe** who is mentioned in attachment #1 of this testimony.

Funding of IFRP programs to date by the Agency for International Development has been as follows:

1. Contract AID/csd-2979 -- International Fertility Research Program; Dr. Elton Kessel, Program Director, IFRP:
FY 1970
FY 1971 \$3,106,000
FY 1972 \$1,800,000
FY 1973
FY 1974 \$1,500,000
FY 1975 \$2,695,000
FY 1976 \$3,000,000 (est)
2. Contract AID/pha-C-111 -- Development of New and Improved IUDs; Dr. Leonard Lafe, Principal Investigator, IFRP:

FY 1970 - 74
FY 1975 \$210,000
FY 1976 \$200,000

ATTACHMENT 4

WHERE AID'S POPULATION MONEY GOES:

Some Recipients of AID Population Funds in the Past Ten Years

UNIVERSITIES

American University in Beirut	\$ 5,000
American University of Cairo	2,892,000
University of California, Berkeley	693,000
University of California, Los Angeles	3,305,000
University of California, Santa Cruz	3,201,000
California Institute of Technology	2,022,000
University of Chicago	1,961,000
University of Colorado	76,000
Columbia University	2,343,000
University of Connecticut	257,000
George Washington University	3,198,000
Harvard University	1,827,000
East-West Population Institute	6,606,000
East-West Communications Institute	2,206,000
University of Hawaii	2,187,000
University of Illinois	1,427,000
Johns Hopkins University	9,322,000
Loma Linda University	4,744,000
Meharry College of Medicine	3,027,000
University of Michigan	5,212,000
University of Minnesota	3,350,000
State University of New York, Brooklyn	1,697,000
State University of New York, Buffalo	5,432,000
Northwestern University	3,350,000
University of North Carolina	1,348,000
University of Notre Dame	513,000
Pennsylvania State University	223,000
University of Pittsburgh	730,000
University of Puerto Rico	18,000
Singapore University	475,000
Tufts University	1,116,000
Tulane University	90,000
Wake Forest University	364,000
Washington University	616,000
University of Wisconsin	337,000
Subtotal	\$86,170,000

PRIVATE

Airlie Foundation	\$ 3,838,000
American Association for the Advancement of Science	3,930,000
American Home Economics Association	1,500,000
American Institutes for Research	842,000
American Public Health Association	1,744,000
Asia Foundation	1,757,000
Association of American Medical Colleges	93,000
Association for Voluntary Sterilization	1,626,000
Battelle Memorial Institute	1,711,000
Center for Cultural and Technical Interchange Between East and West	1,047,000
Council on Social Work Education	160,000
Design Center of Washington, D.C.	2,000
Dick Young Productions	100,000
Family Health Incorporated	1,366,000
Family Planning International Assistance Programs	15,284,000
General Electric Corporation	2,068,000
Governmental Affairs Institute	771,000
International Association of Schools of Social Work	1,547,000
International Confederation of Midwives	993,000
International Planned Parenthood Federation	60,772,000

International Statistical Institute	3,893,000
International Union for a Scientific Study of Population	10,000
Management Services for Health, Inc.	561,000
Margaret Sanger Research Bureau	1,145,000
Medical Assistance Programs, Inc.	107,000
National Association of Foreign Student Advisors	135,000
National Data Use and Accesslabs	798,000
National Institute for Community Development	653,000
New York Academy of Sciences	60,000
Organization for Economic Cooperation and Development	309,000
Organization for Rehabilitation Through Training	1,489,000
Pan American Federation of Associations of Medical Schools	2,133,000
The Pathfinder Fund	23,592,000
The Population Council	23,594,000
Population Reference Bureau (May 1975-1976)	202,000
Planned Parenthood of Chicago	763,000
Planned Parenthood of Metropolitan Washington	346,000
Planned Parenthood Federation of America	13,500,000
Population Services International	2,552,000
Rand Corporation	557,000
Research Triangle Institute	757,000
Salk Institute	4,405,000
64th World Congress on Gynecology and Obstetrics	94,000
Southwest Foundation for Research and Education	2,139,000
Westinghouse Electric Company	534,000
Worcester Foundation for Experimental Biology	3,188,000
World Assembly of Youth	2,342,000
World Education, Inc.	3,261,000
Subtotal	\$194,270,000
U.S. GOVERNMENT	
U.S. Bureau of the Census, Department of Commerce	\$7,192,000
General Services Administration	13,500,000
Center for Population Research, National Institute of Child and Human Development, HEW	1,593,000
Children's Bureau, Welfare Administration, HEW	40,000
National Academy of Sciences	429,000
National Center for Health Statistics, U.S. Public Health Service, HEW	434,000
National Communicable Disease Center, U.S. Public Health Service, HEW	10,000
Smithsonian Institution	3,930,000
U.S. Center for Disease Control	300,000
Subtotal	\$27,428,000
OTHER	
International Development Authority	\$3,000,000
United Nations Fund for Population Activities	97,040,000
Subtotal	\$100,040,000
Total	\$405,908,000

There are no agencies or institutions other than Chapel Hill in the IFRP. The IFRP provides standard data collection instruments and research protocols enabling an international network of independent clinicians to participate in the evaluation of newer developments in fertility control. Computer assisted analysis through sets of programmed standard tables permits rapid feedback of study results. In this way, the generation time is shortened for a new concept in fertility control to be tested under use conditions and modified for a next trial.

To date the IFRP has collected data on fertility control - contraception, sterilization and abortion - from 30 nations and had prepared more than 250 papers on its findings for presentation at population and fertility control international seminars and workshops.

A typical IFRP project titled "Menstrual Regulation - A Community Service in Howrah, India" was carried out in 1973 in conjunction with the India Fertility Research Programme in Calcutta. According to the IFRP 'study' Muslims and poor and rural residents do not make use of the mini-abortion service to the extent that Hindu residents and urban dwellers do. According to the conclusions reached by the IFRP research team menstrual regulation or early abortion termination is a safe,

Population Program Assistance, Fiscal Year 1973, GPO #4401-00039, Agency For International Development, pages 168-194.

Population Program Assistance, Fiscal Year 1975, unpublished as of 2/9/76, pages 9, 10 and 19-30. To be published by GPO.

Foreign Assistance and Related Agencies Appropriations for 1976 Hearings before House Subcommittee on Appropriations, Tables of Organizations, pages 685-687 and 699-701.

***Source - SPECIAL REPORT: Questioning the Source—No. 1. the Environmental Fund - May 1976**

International Statistical Institute	3,893,000
International Union for a Scientific Study of Population	10,000
Management Services for Health, Inc.	561,000
Margaret Sanger Research Bureau	1,145,000
Medical Assistance Programs, Inc.	107,000
National Association of Foreign Student Advisors	135,000
National Data Use and Accesslabs	798,000
National Institute for Community Development	653,000
New York Academy of Sciences	60,000
Organization for Economic Cooperation and Development	309,000
Organization for Rehabilitation Through Training	1,489,000
Pan American Federation of Associations of Medical Schools	2,133,000
The Pathfinder Fund	23,592,000
The Population Council	23,594,000
Population Reference Bureau (May 1975-1976)	202,000
Planned Parenthood of Chicago	763,000
Planned Parenthood of Metropolitan Washington	346,000
Planned Parenthood Federation of America	13,500,000
Population Services International	2,552,000
Rand Corporation	557,000
Research Triangle Institute	757,000
Salk Institute	4,405,000
64th World Congress on Gynecology and Obstetrics	94,000
Southwest Foundation for Research and Education	2,139,000
Westinghouse Electric Company	534,000
Worcester Foundation for Experimental Biology	3,188,000
World Assembly of Youth	2,342,000
World Education, Inc.	3,261,000
Subtotal	\$194,270,000
U. S. GOVERNMENT	
U. S. Bureau of the Census, Department of Commerce	\$7,192,000
General Services Administration	13,500,000
Center for Population Research, National Institute of Child and Human Development, HEW	1,593,000
Children's Bureau, Welfare Administration, HEW	40,000
National Academy of Sciences	429,000
National Center for Health Statistics, U. S. Public Health Service, HEW	434,000
National Communicable Disease Center, U. S. Public Health Service, HEW	10,000
Smithsonian Institution	3,930,000
U. S. Center for Disease Control	300,000
Subtotal	\$27,428,000
OTHER	
International Development Authority	\$3,000,000
United Nations Fund for Population Activities	97,040,000
Subtotal	\$100,040,000
Total	\$405,908,000

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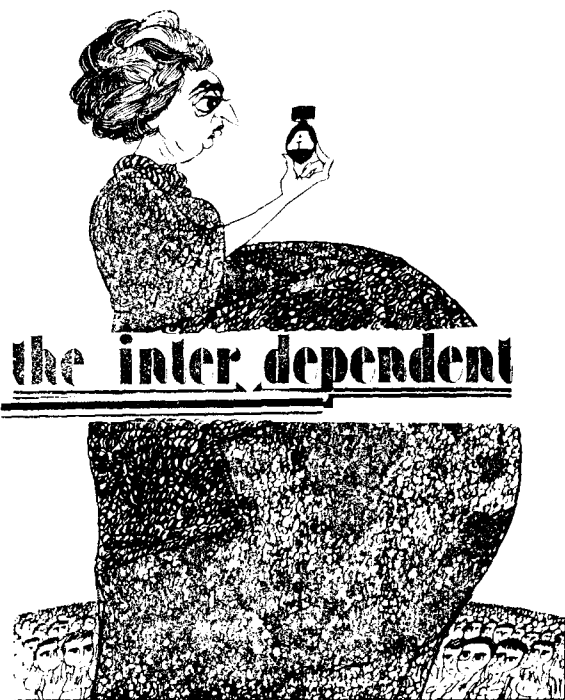
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***Source - SPECIAL REPORT: Questioning the Source—No. 1. the Environmental Fund - May 1976**



simple, economical and efficient method of fertility control. However it was stated that more investigation might be conducted on why some religious groups do not make use out of the service while others do.

INTERNATIONAL PREGNANCY ADVISORY SERVICES

The IPAS is a non-profit, tax-exempt organization also

located at Chapel Hill, N.C. It was incorporated on October 17, 1973 at about the same time that the battle over the Helms Amendment had reached fever pitch.

The names of the incorporators and initial board of directors of the IPAS as they appear on the official documents are listed below along with information on the purposes and classes of membership of the IPAS.

Published by the
United Nations Association
of the United States of America.

ARTICLES OF INCORPORATION

*Note the identification
IFRP following each name.

7. The number of directors constituting the initial board of directors shall be three (3) and the names and address (including street and number, if any) of the persons who are to serve as directors until the first meeting of the corporation or until their successors are elected and qualified are:

NAME	STREET ADDRESS (If none, so state)	CITY OR TOWN
Elton Kessel, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514
George H. Stathes, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514
J. Harvey Lucas, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	17514

8. The names and address (including street and number, if any) of all the incorporators are:

NAME	STREET ADDRESS (If none, so state)	CITY OR TOWN
Elton Kessel, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514
George H. Stathes, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514
J. Harvey Lucas, IFRP,	NCNB Plaza, 136 E. Rosemary St., Chapel Hill, N.C.	27514

3. The purposes for which the corporation is organized are:

- To promote and support the extension of private fertility control services;
- To establish standards for the provision of fertility control services;
- To provide consultation in the organization of fertility control services;
- To disseminate information concerning the provision of fertility control services; and
- To develop, organize, finance and support systems for fertility control services.

4. The corporation is to have the following class or classes of members: (If there are to be no members, so state.

- Regular members;
 - Affiliate members; and
 - Institutional members.
- All members shall be non-voting members.

5. Directors of the corporation shall be elected in the following manner:

By majority vote of Directors then holding office.

6. The address of the initial registered office of the corporation is as follows:

Street address, (if none, so state) NCNB Plaza, 136 E. Rosemary Street
City of Town - Chapel Hill, North Carolina, 27514
County - Orange County

The name of the initial registered agent of the corporation at the above address is
J. Harvey Lucas

IPAS Board of Directors:

Donald A. Collins,
Chairman
John B. Tomaro, Ph.D.,
Executive Director
D. Malcolm Potts, M.D.
Leonard E. Laufe, M.D.
T. Harry Lean, Esq.
Jorgen R. Jenk, M.B.E.

The IPAS designs and distributes all forms of surgical birth control equipment including sterilization clips and mini-abortion kits for early suspected pregnancy termination which have been distributed to more than 65 nations. The IPAS also has a clinic loan program. These clinics which to date total

fourteen perform all forms of fertility control procedures including abortion.

The IPAS is not a donor organization. It maintains a close working relationship with numerous inter-governmental and private agencies and foundations.

The IPAS is supported by contributions from the following groups:

°Agencies receiving US-AID funds.

IPAS support:

Fred H. Bixby
Foundation
Sunnen Foundation

Scaife Family Charitable Trusts

°Family Planning International Assistance
°International Fertility Research Programme
°Planned Parenthood Federation of America
°The Pathfinder Fund
°Population Services International
Cordelia S. May Charitable Trust
Planned Parenthood of Los Angeles
The Scherman Foundation, Inc.
Eaton Laboratories
The International Foundation
The Forest Fund



AID CONNECTIONS WITH IPAS DENIED

In a letter of February 15, 1977 responding to an inquiry from the Coalition on the IPAS, Denis M. Neill, Assistant Administrator for Legislative Affairs for AID stated that AID has not given the IPAS any funds either directly or indirectly for its programs or services.

Now this is obviously not true since as noted above three IFRP personnel, Kessel, Stathes, and Lucas **INCORPORATED** the IPAS. Further, the IFRP is listed in the IPAS

brochure giving the names of financial contributors.

It is also important to note that while the articles of incorporation provide for various types of membership to date not even a membership committee has been set up within the IPAS.

● Mr. Chairman, I believe that we have here a situation where in an attempt to circumvent the anti-abortion Helms Amendment a dummy agency i.e. the IPAS was

established to enable AID funds to be channeled to developing nations for the purpose of promoting abortion and abortion services including menstrual regulation and early pregnancy termination. We therefore ask for a full investigation not only of the IFRP and the IPAS but also of funds given to the IPAS by AID grant recipients such as the UNFPA and the IPPF.

PSI '\$m abortion concern'

Population Services International, which proposes to set up an abortion clinic in the ACT, had an annual cash flow of \$1 million, Senator Harradine (Ind. Tas) said yesterday.

Senator Harradine was quoting the project director of PSI, Dr. Geoffrey Davis.

Senator Harradine said PSI's investment in Australia "must rank as one of the more successful foreign investments of the decade".

The other directors of the company were Dr. Robert Gordon and Miss Henriette Nerichow, both of Sydney, who were also directors of another company, Merlin LeFay Pty Ltd. the lessor of PSI's Potts Point clinic.

The Potts Point clinic performed abortions from conception to three months, and that later abortions, up to 22 weeks, were carried out at an

Arncliffe clinic.

Opposite the Arncliffe clinic was the Posslyn Private Hospital which contained about 50 beds, most of which were abortion cases.

In the year before PSI opened its Arncliffe clinic the Rosslyn Private Hospital made a profit of \$975, and in the year the clinic opened, 1975, the Rosslyn Private Hospital made a profit of \$58,945 after tax.

The Rosslyn Private Hospital owned the Arncliffe clinic and received \$54,000 for it in 1975-76. A director of the hospital, Mr. John Carmody, used to be a director of PSI.

The hospital received \$156,000 in bed fees from PSI in 1975-76. If patients were covered by private insurance, they assigned benefits to the Rosslyn Private Hospital. If they were not, PSI met the difference.

In the 1976 accounts of PSI (Australasia) a \$15,600 administration fee was recorded as being paid to Miss Nerichow, and \$8,204 in bad debts.

It was said that for the next year "the directors do not consider it necessary to create a provision for doubtful debts in view of the introduction of the Medibank scheme".

During 1976 Dr. Davis had shared in the \$188,420 medical fees received by PSI and the \$38,168 rent for the Potts Point clinic.

"PSI is a 'non-profit' organization and therefore does not pay income tax or a dividend", Senator Harradine said. "However, those involved with PSI do not appear to be financially disadvantaged".

PSI had sought funds from the First National City Bank in the US to establish the Canberra clinic.

"There you have it: a multinational corporation, whose project director is the abortion king of Sydney, seeking foreign loans to establish a free-standing abortion clinic in this city" against the expressed wishes of the Parliament in May, 1973.

The Minister for Health, Mr. Hunt, repeated his warning to PSI not to go ahead at this stage with the clinic.

Replying to Mr. Stewart (Lab, NSW) he said PSI would open its clinic in about 10 days' time.

The government believed that the Legislative Assembly should consider both the political and social consequences of the clinic as soon as possible.

Editorial—Page 2

POPULATION SERVICES INTERNATIONAL (PSI)

Mr. Chairman, the PSI was established in 1970 in Chapel Hill, N.C. as a non-profit family planning firm specializing in the application of business techniques to solve social problems, in this case the so-called "population explosion".

The first PSI grant came from the Office of Economic Opportunity under the Department of Health, Education and Welfare. The grant was for \$100,000 for the purpose of setting up a condom-stamp program for teenage boys using OEO youth mailing lists to mail the coupons to the young boys.

PSI is the creature of Timothy Black of England and Philip Harvey formerly with

CARE. Dr. Black believes in the non-medical, hard sell, Madison Avenue approach to fertility control including contraception, sterilization and most importantly abortion.

After the condom-stamp program was suspended by government officials, PSI began collecting AID grants and contracts for fertility control enterprises abroad. As of 1975, PSI has received over \$3 million in US-AID funds for such projects.

PSI now has an international network of affiliates all tied to the parent PSI group which has moved its headquarters to New York City.

Among its directors is Malcolm Potts, a long time associate of the IPPF and a current director of the Inter-

national Pregnancy Advisory Services mentioned earlier.

PSI (AUSTRALIA)

The latest PSI office to open is PSI (Australia) directed by Dr. Geoffrey Davis of Sydney. It is the current subject of an intensive debate within the Australian government because of its abortion activities in that country.

According to Senator Harradine of Tasmania, PSI (Australia) has an annual cash flow of \$1 million. In 1976 it made a profit of \$173,575, which makes it one of the most successful foreign investments of the decade.

PSI (Australia) currently runs a national abortion

service. Abortions are carried out in the second trimester as well as first trimester of pregnancy.

One of the methods used in late abortions at the PSI (Australia) clinic is called exsanguination.

Exsanguination involves the rupture of the amniotic sac and the currying of the umbilical cord causing the preborn child to bleed to death. After a 12-hour waiting period the fetus is dismembered via a D&C. This technique was used by the PSI in Blangladesh RIGHT UP TO TERM.

Mr. Chairman, the largest AID contract to PSI was for fertility control activities in **Bangladesh** in 1975, where the technique of exsanguination was perfected.

Population Services International (Australasia)

A Non-Profit Fertility Control Organization

A Member of the International Council of Voluntary Agencies

Limited Liability

Non-profit professional counselling and services in

- contraception — all options
- menstrual regulation
- interception of pregnancy
- abortion — first and mid-trimester — hospital & outpatient
- sterilisation — male and female
- VD diagnosis and treatment
- diagnosis and treatment of all related minor gynaecological conditions

PSI is a completely international non-profit professional fertility control organisation. It delivers services on a multinational basis with government participation and acknowledgement of varying political and legal sensitivities. It was founded in the US in 1970 and incorporated in Australia in November 1973.

PSI (INDIA)

The PSI also runs an office and fertility control facility in Bombay in cooperation with the Indian Government and other international agencies engaged in population control work in that country. Approximately 10-20 physicians have been shipped to PSI (Australia) for training including training in first and second trimester abortions. In India the former government of Indira Gandhi was interested

in picking up on abortion services last year in order to offset some of the sterilization pressures it was putting forth.

°Mr. Chairman, in only a few years the PSI has become a multi-million dollar international abortion and fertility control enterprise. Once again, I must request that you investigate the role of US-AID funds in the establishment and promotion of the agency

i.e. the Population Services International.

As with the case of the IFRP-IPAS, our research office is at your service. I know that you are a long time supporter of the Helms Amendment and that you will take every step to see that it is not violated and that U.S. funds are not used to spread the abortion plague throughout the world.



SUMMARY OF REMARKS

Although this testimony is rather lengthy, it covers only a small portion of AID's many anti-life projects and services under Title X of the Foreign Assistance Act.

Clearly what is needed is a set of hearings by this Committee for the sole purpose of reviewing Title X itself as well as all those programs carried out with Title X funds including those which I have highlighted today.

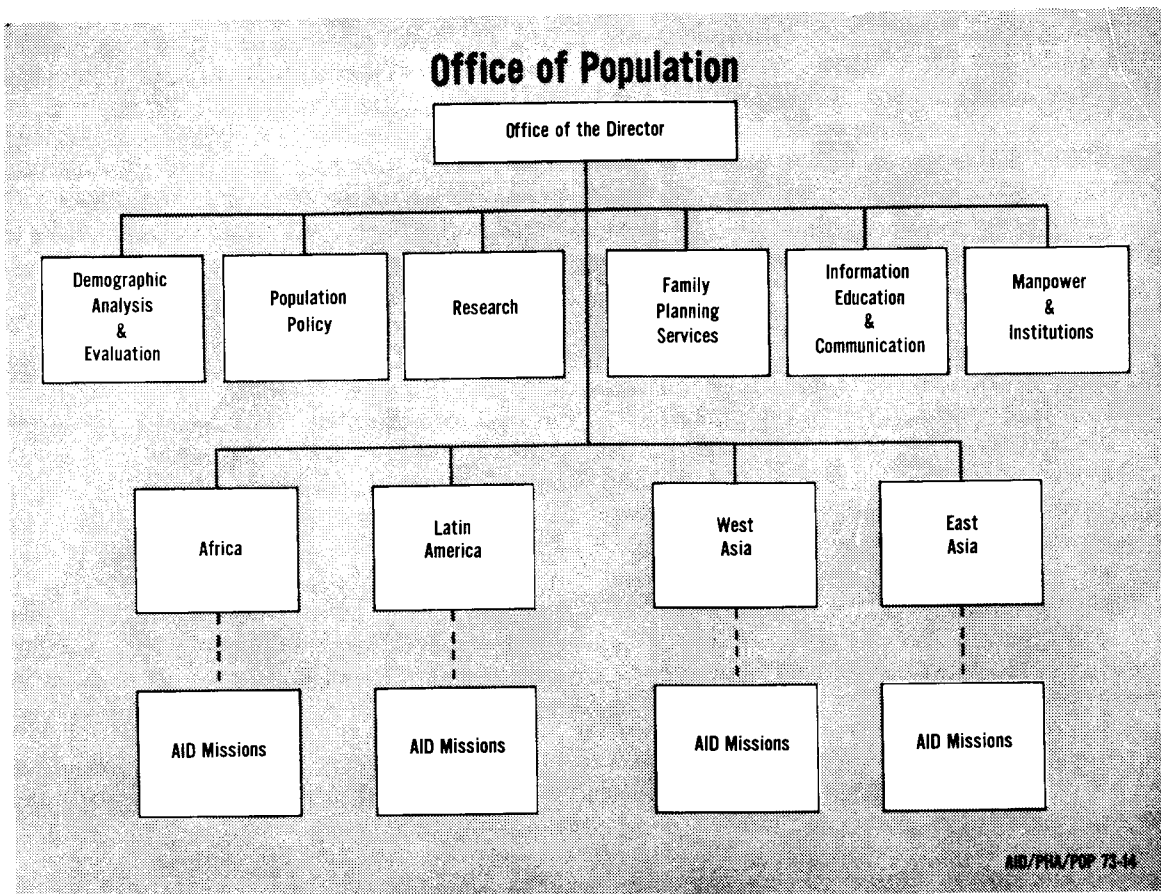
As I stated earlier, the Coalition can no longer justify the continued existence of Title X funds. We therefore would recommend a zero-budget allocation for population control funds. Certainly we cannot say that X-million dollars is satisfactory since we do not approve of the program.

Still I know that until public opinion is brought to bear on the matter it is likely that Title X funds will continue to be authorized although with perhaps better oversight of the Helms Admendment. In this case, we would like to see as much of these funds diverted to true health care programs **not** associated with any population control provisions. We would like to see a build up in the Food for Peach program again, with no population control strings attached.

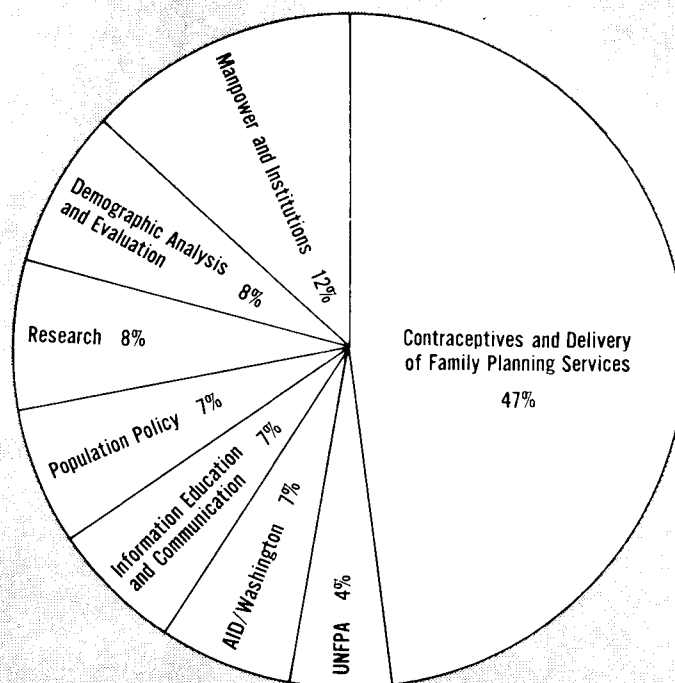
It is known, that if you wish to seek a cure for a disease you must first understand the nature of the malady. This has been my primary purpose here today, i.e. to expose the anti-life nature and philosophy of AID's population control program. Perhaps next time I can concentrate more on the cure for this disorder.

Thankyou Mr. Chairman.





AID Assistance to Population Programs
Resources allocated by major work goals, fiscal year 1973



AID/PHA/POP 73-2

Delivery of family planning services in developing countries, including provision of contraceptives, is currently the prime goal in AID's population program. But attainment of this goal requires substantial supportive effort in related fields.

***Following Mrs. Engel's testimony. Congressman Clement Zablocki, Chairman of the Committee on International Relations and other members of the Committee commented and questioned the representatives of agencies testifying on AID population programs including Mrs. Engel (U.S.C.L.) William Gaud and Julia Henderson (IPPF) and Phil Claxton (Population Crisis Committee). Below are some excerpts taken from the verbatim transcript of the April 18, 1977 hearings.**

Chairman Zablocki. Thank you, Mrs. Engel. You have given me a very large charge. I do not think I have enough hours, weeks, days, months, years to investigate AID alone. But I do want to say thank you for an enlightening adversary and interesting presentation. Certainly you have studied your point of view very well.

As all of you know, particularly you, Mr. Claxton, over the years since you do know I was never a very strong enthusiast for population control, and although realizing the need for family planning, we were instrumental in having this section put in where the choice would be voluntary. I was somewhat heartened when I heard you quote Dr. Ravenholt insisting that there be a voluntary and choice but hearing Mrs. Engel, I wonder who is right. However, this Committee and the Congress has clearly by the Helms amendment stated that public funds must not be used for abortion. It is not very clear as to where sterilization was included. Some had hoped it would.

I think, however, in dealing with this very highly emotional and difficult subject, we have to look at it in what is in our country's best interest and I have always maintained that overreacting one way or the other in this area is not good for our country.

Mrs. Engel. Mr. Chairman, did you note, for example, that of the population control supporters--here I am talking about national supporters--for example, the United States, the countries in Western Europe, England and so forth--that the Soviet Union is not a supporter of these population control programs. I think it is quite interesting because generally they do quite a good job in public relations abroad. I think the main reason is because they do not see population control as being an enhancement of their foreign policy and I would, at this point say it is certainly not an enhancement of our foreign policy. I think that is one reason why you do not see the Soviet Union supporting, for example, the activities of the UN Fund for Population Activity and so forth.

Chairman Zablocki. They probably have other ways and means of population control, probably even much more or certainly less desirable.

My general question to all of us, as you will know and I believe Dr. Henderson, you have at least implied there should not be an isolation of population programs.....

..... in Mr. Sullivan's report which leaned very heavily on the audit report for 1974 -- all of the allegations and criticisms that are in that report, Mr. Chairman, have been successfully replied to by the IPPF and changes have been made.

Chairman Zablocki. Could we have those for the record?

Dr. Henderson. Yes, indeed, you can. This is all available in AID. We have replied to the audit as we always do. They spend some six weeks, the AID auditors, every year. And if I may say, Mr. Chairman, since a critical question in that report of course was the Helms amendment and whether or not the IPPF was violating the Helms amendment, two things I would like to say particularly in light of the allegation here that the IPPF isn't an abortion promoting agency. We would categorically (deny?) that, Mr. Chairman.

Chairman Zablocki. None of your funds are used for abortion?

Dr. Henderson. None of the funds of USAID are used for abortion.

Mrs. Engel. Are funds released?

Chairman Zablocki. How do you keep them separate? Do you have two purses or two pockets?.....

Mr. Winn. I will just ask Dr. Henderson, should the US population programs encourage the use of incentive payments to expedite the wider implementation of family planning efforts?

Dr. Henderson. Mr. Chairman, we are not in favor as an organization of incentive payments to individuals for doctors who are performing on some kind of regular incentive basis according to the numbers of people they bring in for sterilization or other forms of contraception. We have made studies in the past about incentive payments and we think there may be room under certain circumstances for what I would call community incentives, if a national government is pursuing a policy of

reducing its birth rates to provide a community over and above the things that national governments already are financing, an extra well or an extra health clinic or whatever, but not to individuals because we think when you are telling people that this is something that is good for them, for their health and welfare, you shouldn't also have to pay them to take advantage of it.

Mr. Winn. Has your organization furnished any incentive funding that you know of?

Dr. Henderson. No sir. To my knowledge, we have not furnished incentive funding.

Mr. Winn. What countries or areas have been the most resistant to or have lagged behind in their adoption of meaningful population planning measures?

Mrs. Engel. Excuse me, I would have liked to have responded to that question.

Mr. Winn. On the first one?

Mrs. Engel. Yes. You had asked about the incentive program.

Congressman Zablocki, do you remember--well, actually it was almost two years ago--I brought to your attention an AID housing development project in Seoul, Korea, in which one of the requirements for getting an apartment was that the individual be sterilized and the response from AID to you (they are still looking into the program) was that the sterilization project was not their suggestion. It was the suggestion of the International Planned Parenthood Federation affiliate in Korea? So I would say I seriously disagree with Mrs. Henderson's evaluation of her own programs and that incentives and decentives are really a hallmark of many of the IPPF programs abroad.

Mr. Winn. You addressed it to the Chairman, but he had to leave, and I have got the time over the new Chairman.

Mrs. Engel. They are still investigating that situation.

Mr. Winn. That is what I was going to ask you.

Mrs. Engel. Two years later AID had not gotten around to providing the details on the Korean housing project. I think probably every one would have moved in by the time they do.

Mr. Winn. That question should be on record if you brought it to the Chairman's attention.

Mrs. Engel. It was. Almost 18 months later AID had not replied as yet. They had "forgotten"--quite conveniently I'd say.....

Mr. Solarz. Based on the information available to you, do you think the UNFPA generally does a good job?

Mr. Gaud. Yes.

Mrs. Engel. We would, of course, take exception with that because the UN Fund for

Population Activities, of course, is a major provider and promoter of abortion and in the past has not been willing to abide by the provisions of the Helms amendment despite the fact they do receive aid. The one question I would ask, is there anyone here who would object to U.S. --

Mr. Solarz. Mrs. Engel, if you will excuse me, I only have five minutes and I have a group of people waiting.

Mrs. Engel. I would like to make one point. That is, would there be anyone here in the Committee or anyone sitting here of the speakers who would object to an agency such as U.S. Coalition for Life receiving comparable funds to promote our particular philosophy which would favor the moderate to large sized families, or are we limiting AID funding simply to a particular ethic?

Mr. Solarz. It is an interesting question. I think it ought to be given some thought. But for the remaining amount of time to me, I would like to propound a question of my own.....

Mrs. Engel. Mr. Chairman, unless there has been a new way of doing it, I do not think that children are "hatched." It seems to me that what we have in every circumstance is a man and a woman preferably in the unity of marriage giving birth to what is called a child. You say you see poverty and so forth. Well perhaps that is material poverty, yes. But perhaps they - the poor - have other qualities which are a form of riches, while members sitting here today suffer from spiritual poverty. For example, Mother Theresa says you Americans are impoverished because in order to live the way you like you kill your own children. So I think it is a very presumptive situation here. I agree we have to help our brothers feed and clothe them to the best of our ability. But we talk about how can we control who is to be born.

The fact is, I don't think we can control who is born any more than we can control who is going to die. That is in the hands of God. Our mission on the earth is to feed and clothe those whom we can and to carry out what I would call the Christian gospel as opposed to the Sangerite or Malthusian gospel.

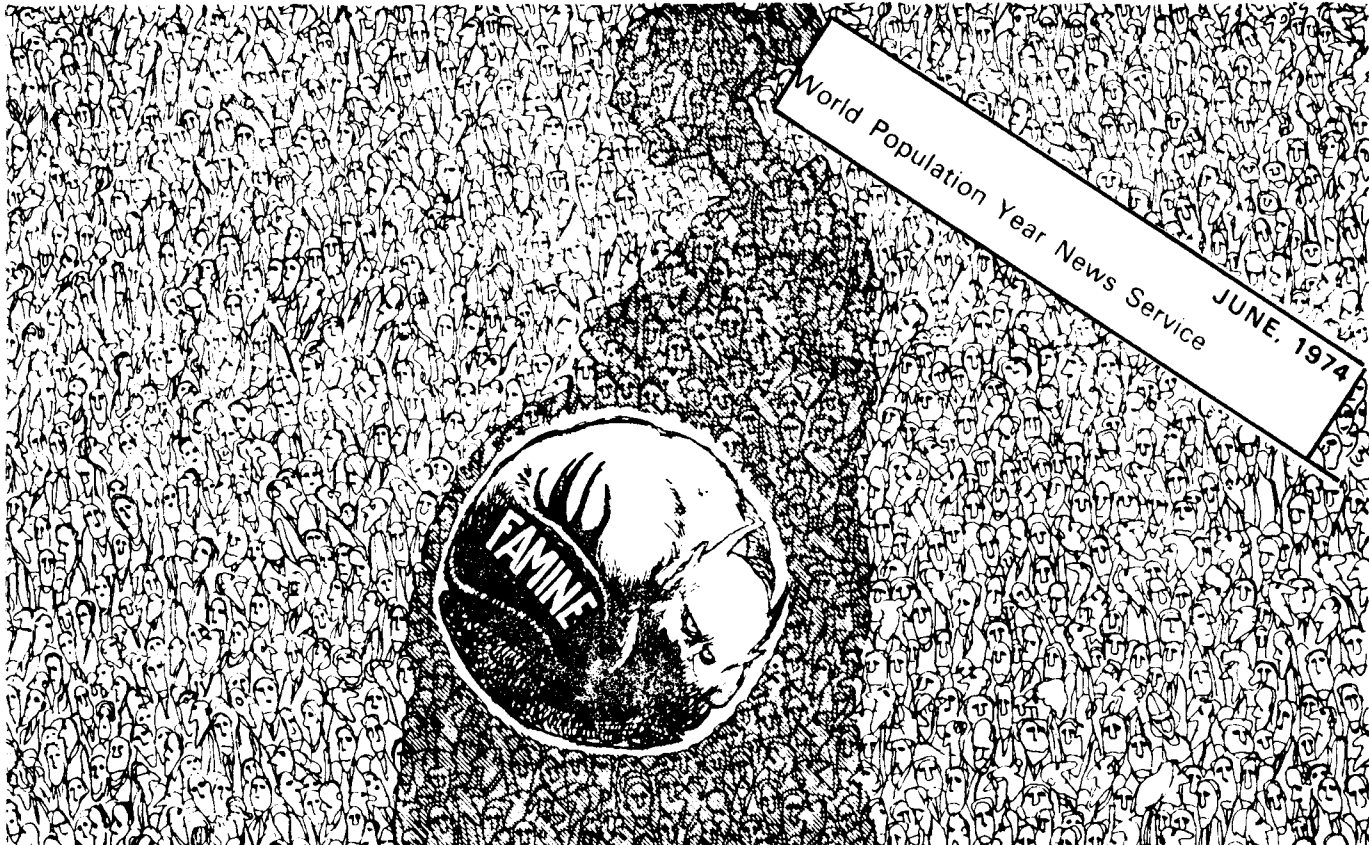
Mr. Goodling. The purpose of Christ coming on this earth was to give us a choice.

Mrs. Engle. And he said choose life, not death.....

notes

U.S. Coalition for Life was created to serve as a national and international clearing house for Pro-Life organizations and individuals seeking information, documentation, research materials in the areas of population control euthanasia, genetic engineering, abortion and related areas. Its primary function is that of documentation and research.

Wright, in the Miami, Fla. "News"



The U.S.C.L. Reprint Service is designed to provide documentation and resource materials for the Pro-Life Movement. Costs include both copying and postage expenses. All reprints are to be used as study copies only. In the case of copyrighted materials, permission must be obtained from the publisher or author directly, except for brief quotes which may be used with proper credit. 24-hour Hot Line for Legislative Update service 412-327-7379.

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