

THE UNITED NATIONS POPULATION FUND IN CHINA: A CATALYST FOR CHANGE



REPORT OF AN INTERFAITH DELEGATION TO CHINA

On September 6–13, 2003, religious and faith-based organization leaders and ethicists traveled in China in order to better understand the role of the United Nations Population Fund (UNFPA) in providing assistance aimed at improving the quality of reproductive health care. This report documents that trip and makes recommendations for implementation by the US government, UNFPA and the religious communities aimed at fostering human rights and informed choice.

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The delegation would like to express gratitude to the many people in China who kindly gave their time to meet and speak openly with members of the delegation. The delegation also appreciates those in the United States who took time from their busy schedules to help prepare delegates with background information for the mission. The development and production of this report would not have been possible without the contributions of many people. In particular, the delegation would like to thank Barbara Pillsbury, Joanne Omang and Johanna van Kampen for their assistance, as well as staff members at Catholics for a Free Choice who contributed to the preparation of the report, Serra Sippel, David Nolan and Joseph Sandillo.

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EXECUTIVE SUMMARY

In July 2002, the Bush administration rescinded \$34 million that Congress had appropriated for the United Nations Population Fund (UNFPA), which supports international family planning and reproductive health services in more than 150 countries. The decision was based on disputed allegations that UNFPA's program in China was complicit in forced abortions and sterilizations. To assess the truth of these charges and the value of UNFPA's work, an interfaith delegation of prominent US religious leaders, faith-based organization leaders and ethicists undertook a mission to China in September 2003.

The nine-member mission visited Beijing and three provinces: Gansu, Ningxia and Hubei. It sought to review the results of UNFPA's declared effort to help China move from a coercive program based on administrative population targets and quotas to a fully voluntary family planning program based on informed choice and quality of care. The delegation considered both the allegations against UNFPA and reports of three previous fact-finding missions, including a US State Department delegation and a British parliamentary delegation. Our mission focused on understanding UNFPA's influence, if any, on Chinese family planning officials and on their program so as to reduce coercive elements and increase personal choice. We also focused on understanding the role of the "social compensation fee," which Chinese law requires of families who have an "out-of-plan" childbirth.

Before the trip, delegation members met with congressional staff, State Department officials and two members of the US State Department Assessment Team to China to understand better the concerns of the US government. The delegation also met with UNFPA officials and sought but did not obtain meetings with representatives of the Population Research Institute and Representative Christopher Smith (Republican, New Jersey), two vocal critics of UNFPA.

The trip was private and funded by Catholics for a Free Choice (CFFC), a nongovernmental organization based in Washington, DC, that has special consultative status with the Economic and Social Council (ECOSOC) of the United Nations. CFFC shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being, and respect and affirm the moral capacity of women and men to make sound decisions about their lives, and works to infuse these values into public policy, community life, and Catholic social thinking and teaching.

The delegation hired its own interpreters and made all major and most minor decisions about meetings, sites to be visited, and the focus of the inquiry. We asked for and received the cooperation of both UNFPA and China's National Population and Family Planning Commission (NPFPC), whose representatives served as resources and attended meetings only when asked to do so. No restrictions were placed on the group's activities by the Chinese government. While we cannot pretend to have gained a comprehensive picture of China's family planning program and UNFPA's work in so short a visit, we feel confident in offering this general assessment.

The delegation's findings and recommendations are as follows:

Findings

1. It is reasonable to be concerned about China's family planning policies and practices, but it is even more important to actively assist and engage the Chinese on these matters.
2. The Chinese government is taking active steps to end the use of coercion in its family planning activities nationwide.
3. UNFPA has been and remains a major force and a vital catalyst in achieving China's transition to a fully voluntary and non-coercive family planning program.
4. Abortion and sterilization rates are declining as contraceptive choice increases.
5. Contrary to the Bush administration analysis, UNFPA neither "supports" nor "participates" in managing China's family planning program, including the social compensation fee.
6. The language critics use to describe the social compensation fee is factually and ethically wrong. The fee, however, remains a negative element in the Chinese family planning program.
7. The desire for small families is becoming the norm in China, chiefly for economic reasons.

Recommendations

1. The US policy toward China's family planning program should become one of constructive engagement.
2. Monitoring of the Chinese family planning program should continue.
3. US funding for UNFPA should be restored and if possible increased.
4. The Kemp-Kasten Amendment should be revised.
5. UNFPA and the NPFPC should bring their case more directly to the US public.
6. UNFPA and NPFPC should reach out to members of Chinese religious communities.
7. US religious congregations, faith-based organizations and denominations should promote the work of UN agencies and other international organizations whose programs are consistent with their core values, and should defend those groups from spurious attacks.

I. FAMILY PLANNING IN CHINA

Background

The People's Republic of China has the world's largest population at 1.3 billion and probably the most controversial policies on population growth.

China began systematic efforts to control population growth in the early 1970s in concern over persistent poverty and rising birth rates. Where the country had taken 2,000 years to reach 60 million people, and then 200 years to reach 430 million, it gained 350 million between 1950 and 1973 alone, to a total of 890 million people.¹ In the late 1960s, the average Chinese woman had six or more children, especially in rural areas where about 80 percent of the people lived.

At first the government merely encouraged families to have fewer children. Its "later-longer-fewer" campaign promoted delays in marriage, longer spacing between births, and fewer children, but the effort failed to overcome age-old cultural pressure for large families and sons in particular. The government then introduced annual quotas for births at the national and provincial levels, which translated into numbers of approved births at lower administrative levels. A network of birth planning stations with trained personnel was set up to provide contraceptive services, monitor progress and pressure couples to have no more than two children.

The resulting drop in births was dramatic. In less than ten years, childbearing fell by more than half. In 1979, the Communist leadership tightened its policy, arguing that even a family average of two children would generate unacceptable growth for decades to come. It said a one-child policy would be phased out when population growth had stabilized. The quota system then required couples in nearly all urban areas and many rural areas to obtain official approval to conceive a child. Financial incentives, including preferential access to education and health care, went to one-child families, while fines were levied on those with children "out of plan." Rewards and penalties varied greatly by locality. Technical requirements in 1983 specified IUD use by women with one child and sterilization for women with two; abortions were prescribed for women pregnant without authorization. A new State (now National) Population and Family Planning Commission set up family planning service centers nationwide to provide birth control devices, information and abortion services at low cost. The Ministry of Health, clinics associated with large employers and other agencies were enlisted in the effort.²

While many urban couples accepted the new norms, the one-child campaign met some significant resistance, especially in rural areas. In the early 1980s, political pressure to achieve demographic targets led to crash campaigns of forced abortions and other abuses in some areas. Where son preference remained strong, the one-child campaign sparked an increase in the age-old practice of sex-selective abortions.³ It is unclear to what extent these abuses were a consequence of policy or merely of excessive zeal on the part of local functionaries. In the mid-1980s the government relaxed the policy in the countryside to allow a second child for couples whose first child was a girl. In many areas this became a de facto two-child policy, as rural officials found it difficult to enforce a dual approach.

¹ Zhai Zhenwu, "Investigation Project of Social Compensation Fee: Findings and Suggestions" (Beijing: Renmin University, Population and Development Studies Center), May 2003, 1.

² For an overview of the history of family planning and population control in China, see Susan Greenhalgh, "Science, Modernity, and the Making of China's One-Child Policy," *Population and Development Review*, 29(21):163-196, June, 2003; and Susan Greenhalgh and Edwin A. Winckler, *Chinese State Birth Planning in the 1990s and Beyond*, INS Resource Information Center (PS/CHN/01.001), Washington, DC, September 2001.

³ This practice also exists in India and South Korea, countries with far weaker population policies.

Current Policy

In the early 1990s, after a second crackdown on out-of-plan births, family planning officials began a very limited shift in China's program from "administrative" methods of targets and quotas to a voluntary approach. The change requires profound transformations in management, training and service delivery systems, monitoring and personnel. But Chinese leaders were in general proceeding slowly with modernization to avoid the chaotic Russian experience. They knew population growth rates in China had shot up when they relaxed controls in the 1980s. Therefore, although they had agreed to the ICPD Programme of Action, they were unwilling to remove all quotas at once. They began with an experimental program in 32 counties in cooperation with UNFPA. As one NPFPC official said: "We Chinese now have great choice in buying consumer goods: sewing machines, washers, television sets. People now want the same choice and feeling of control when it comes to family planning. But how exactly to do it? This is why we need the help of UNFPA."

The government now has smaller pilot programs in more than 800 of its some 2,500 counties nationwide. It also now allows individual exceptions to its one-child policy in several situations—those involving adoptions, overseas Chinese, war veterans, ethnic minorities, disabled children or parents, couples who are themselves single children, and others. As a result, statistics now show what amounts to a 1.8-child policy. As of 2002, China's population was 1.3 billion, some 300 million fewer than predicted before the national birth planning policy was adopted.

The Population and Family Planning Law went into effect September 1, 2002, to help end abuses by local family planning workers of the sort that occurred in the 1980s and that are still reported to a lesser extent today. It formally bans the attachment of subsistence income, use of physical force or confiscation of property in pursuit of population goals. For example, Article 4 states: "When promoting family planning, the people's governments at all levels and their staff members shall perform their administrative duties strictly in accordance with law, and enforce the law in a civil manner, and they may not infringe upon legitimate rights and interests of citizens." This was a significant step forward, but China's size and poverty pose challenges to its implementation.

The Social Compensation Fee

The new law also replaces the earlier fines for out-of-plan births with a "social compensation fee." Officials described it as an incentive to use contraceptives and as a fair reimbursement to society for the costs of an additional birth, such as state-provided perinatal services and primary education. Where the previous fines went to the local family planning agency, becoming a kind of incentive for zealous punishment, the new fees go directly to national government coffers.

The fee and payment schedule is based on average county income levels. Therefore its official size varies widely, from 10 percent of annual income in some poor rural areas to three to seven times income in other, largely urban areas. Local officials exercise discretion and may allow reduced payments or payments over time, or even suspend or waive the fee completely. In many provinces, between half to two-thirds of all social compensation fees may fall into this category.⁴ Officials may also over-enforce it: cadres in Henan province tried last summer to confiscate television sets and other valuables from peasants who had not paid the fee.⁵ This fee lies at the heart of critics' assertions that China's family planning program in effect coerces abortions, and was the rationale for the US government decision to cut UNFPA funding. Its effects and citizens' attitudes toward it were therefore a primary focus of the delegation's interest and conversations in China.

⁴ The wide range of fees was cited by various population functionaries during our visit. It is supported by the Renmin University Population and Development Studies Center research on this subject (Zhai 2003), financed by both UNFPA and the US Embassy. UNFPA's county selection process was instrumental in spotlighting the disparities.

⁵ Laurie Garrett, "AIDS Violence Flares in China," *Newsday*, August 3, 2003.

II. UNFPA

Guiding Principles: The ICPD Programme of Action

UNFPA has worked since 1969 to bring access to quality family planning services to developing countries. On an annual budget of about \$300 million, it now supports programs in more than 150 countries, guided by the Programme of Action of the 1994 International Conference on Population and Development (ICPD) in Cairo. The UN General Assembly reconfirmed that program in 1999. Its central principle abandons the old *demographic* approach to family planning programs that involved numerical targets for population growth, adopting instead a *reproductive health* approach that focuses on meeting the needs of individuals so they may freely decide the number and spacing of their children.

The ICPD agreement broadened the concept of family planning to include overall reproductive health: prenatal and post-natal care, safe delivery, sexual health, women's rights, the prevention and treatment of infertility and sexually transmitted diseases including HIV/AIDS, and related information and counseling. The agreement rejected any quantitative goal for population growth. Rather, the consensus of the 179 attending countries was that early stabilization of population would be a crucial contribution to any country's goal of sustainable development, and that countries that had not made the "demographic transition" to lower birth rates should try to do so.

The most relevant points for China of the ICPD and UNFPA's work are these:

- Couples and individuals should freely and responsibly plan the number and spacing of their children. Coercion has no place in this decision.
- Demographic goals, while legitimately part of government strategies, should not be imposed on family planning providers in the form of targets or quotas for contraceptive use.
- In no case should abortion be promoted as a method of family planning. Where it is legal, abortion should be safe.
- UNFPA promotes reproductive health, a wider concept than family planning.
- UNFPA works to end discrimination against women and girls.
- UNFPA believes appropriate information and services should be available for adolescents and young adults.

UNFPA's Record in China

UNFPA has supported population-related programs in China since 1979. With the US Census Bureau, it helped carry out China's first scientific census in 1982. It has supported training abroad for some 200 Chinese demographers and public health officials and set up population science curricula in 22 Chinese research institutions, bringing in visiting foreign professors. In the early 1990s, UNFPA worked with UNICEF to bring improved mother and child health services to 300 poor and remote Chinese counties, markedly lowering mortality rates. A subsequent World Bank loan expanded the services nationwide.

In 1993, UNFPA and WHO supported a study that found new copper-bearing IUDs to be more effective and safer than the steel-ring IUDs that were then China's main contraceptive (other than sterilization).⁶ The study said switching to the copper IUDs would in ten years avert 41 million unintended pregnancies, 26 million abortions, 14 million live births and thousands of

⁶ UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. Report on the In-depth Review by HRP/WHO, 2000.

maternal and infant deaths. Within two weeks, the Chinese government issued an order to convert to the copper device.

China has adopted the 1994 ICPD Programme of Action as its authoritative guide for changing its birth planning program into a fully voluntary family planning program. UNFPA proposed in 1995 to help China in that transition by demonstrating a fully voluntary, client-centered approach that would result in fewer unintended and out-of-plan pregnancies and fewer abortions than the existing program, without an increase in birth rates. The agency required as a precondition of its assistance that all quotas, targets and coercive practices end in the 32 counties (in 22 provinces) where it was to work.⁷ *The agency ceased all operations in China for the two years it took to overcome government fears of a local population explosion and successfully negotiate that condition (1995-1997).*⁸

UNFPA resumed its China program in 1998 with four “projects”—a primary one on reproductive health/family planning, and three cross-cutting projects on women’s empowerment, advocacy and South-South partnerships in dealing with HIV/AIDS, aging and adolescent health. Each provided a wide range of reproductive health services, including maternal health care, treatment of infections, education and family planning services, featuring confidentiality, women’s empowerment, quality care, male responsibility and informed choice among a broad range of contraceptive methods. At the project’s end in 2002, China had spread the voluntary approach from the 32 pilot counties to more than 800 counties, removing targets and quotas throughout two entire provinces (Liaoning and Zhejiang) and some major cities including Beijing and Chongqing. In the 32 counties, according to the Ministry of Health, abortion rates declined by 30 percent, voluntary sterilization rates fell sharply and involuntary sterilization was eliminated, while the percentage of women who knew more than three contraceptive methods doubled, to 80 percent.

The Current Program in China

The current UNFPA China program (“China Program 5,” 2003–2005) will introduce more experimental approaches in another 31 counties, one in each of China’s 31 provinces and autonomous regions. It is designed to provide a model for eliminating gender discrimination and for the decreasing use and eventual elimination of the social compensation fee. Many more counties applied to take part in the program (and thereby to adopt UNFPA restrictions) but funding shortages prevented their inclusion.

Just over one month after the fee became law in December 2001, UNFPA became the first international agency to raise concern about its ramifications.⁹ Today, UNFPA repeatedly states its opposition to the government’s one-child policy and does not take part in managing the government family planning program. The agency supports and adds its voice to those arguing for elimination of the social compensation fee on grounds it is a negative element that undermines voluntarism and affords openings for abuse. Many within the NPFPC agree and say the fee has

⁷ “Project Document between the Government of the People’s Republic of China and the United Nations Population Fund,” Reproductive Health/Family Planning Project (CPR/98/P01), August 25, 1998.

⁸ “UNFPA and the Government will work together to help these counties adopt an integrated approach; one that will combine the promotion of family planning with economic development, universal education, improvement of women’s status and provision of quality family planning and reproductive health services, and will ensure that implementation of the FP programme is not in the form of imposing birth quotas and acceptor targets on FP providers.” “Project Document between the Government of the People’s Republic of China and the United Nations Population Fund,” Reproductive Health/Family Planning Project (CPR/98/P01), August 25, 1998.

⁹ Letter from UNFPA Executive Director Thoraya Obaid to Zhang Weiqing, Minister of the State Family Planning Commission, February 1, 2002.

outlived any usefulness it may have had. UNFPA has shown the value of offering attractive services and incentives so that couples limit their childbearing voluntarily without the need for any disincentive like the fee.

The agency's total annual spending in China is US \$3 million. It has five international staff and nine Chinese national staff members, all based in Beijing; it has no officials or offices at the county level. Its county programs have been visited and monitored by about 160 missions.

III. THE US GOVERNMENT AND UNFPA: SUPPORT, CRITIQUE AND CONCERN

Uneven US Support

The United States was a leader in funding family planning programs through UNFPA and the US Agency for International Development until 1985. In that year, the US Congress passed the Kemp-Kasten Amendment that barred funding for any group that "supports or participates in the management of a program of coercive abortion or involuntary sterilization." From 1986 on, the Reagan and Bush administrations halted US funding for UNFPA worldwide on grounds the agency's work in China violated Kemp-Kasten. Reading things differently, President Clinton restored UNFPA funding in 1993 but still barred funds for the China program. Congress balked again on overall UNFPA assistance in 1999 after UNFPA resumed work in China, but funding resumed in 2000 and reached \$34 million by 2001, about 13 percent of UNFPA's regular income.

Critique from the Right

The new Bush administration said in February 2001 it would continue to fund UNFPA outside China, but fresh criticism arose in the form of a September 2001 report from Population Research Institute (PRI), a militant anti-family-planning group based in Front Royal, Virginia, and funded by anti-contraception activist Father Paul Marx. Headed by Steven Mosher, who was expelled from a Stanford University doctoral program in 1983 for violation of research ethics in China, PRI says on its Web site that it is "dedicated to stopping human rights abuses committed in the name of *family planning*, and through research and education to dispelling the myth of *overpopulation*."¹⁰

PRI sent to China a paralegal with no professional background in social science research, who traveled with two translators and a video photographer. After a four-day visit, the paralegal's report alleged that Chinese authorities were punishing out-of-plan pregnancies with "crippling fines, destruction of homes and imprisonment of women and their relatives."¹¹ The report said abuses had occurred in one of the counties (Sihui, in Guangdong province) where UNFPA supported a program, and PRI presented a four-minute videotape of unnamed women with a voice-over claiming they said force was used on them. No names, locations or dates were provided. Since then, PRI has consistently rebuffed efforts by members of Congress, the media, UNFPA and this religious delegation to obtain additional information specific enough to allow confirmation or further study.

¹⁰ The PRI website (www.pop.org) also features a "USAID Map of Shame" in order, it says, "to expose (USAID) involvement in and sponsorship of population control programs worldwide."

¹¹ Population Research Institute, "UNFPA, China and Coercive Family Planning: An Investigative Report," Front Royal, Virginia, December 12, 2001 (www.pop.org/main.cfm?EID=312).

Concern in Congress

Congress held an October 2001 hearing to air Mosher's and other critics' charges, and UNFPA sent an independent review team to China to investigate. The team found that "whilst there are still problems in parts of China with reproductive rights, the government is moving in the right direction, with the support of UNFPA."¹² Congress then authorized \$34 million for UNFPA for FY 2003. In April 2002, three members of an all-party group in the British parliament visited China to probe PRI's charges and found that UNFPA "is a force for good in moving China away from abuses such as forced family planning, sterilization and abortions."¹³

In May 2002, the US State Department sent its own three-person independent assessment team to look at the UNFPA program.¹⁴ After two weeks, including visits to five of the counties supported by UNFPA, it concluded there was "no evidence that UNFPA has knowingly supported or participated in the management of a program of coercive abortion or involuntary sterilization in the PRC,"¹⁵ language echoing the Kemp-Kasten Amendment. The team's report recommended continued UNFPA funding, but noted that China's population programs "retain coercive elements in law and in practice."

In June 2002, the State Department wrote a legal analysis that said US support for UNFPA violated Kemp-Kasten because the agency was providing computers and data-processing equipment that eased China's administration of the social compensation fees, which it called "draconian measures" and "crushing fines" that in effect were "forcing mothers to have abortions."¹⁶ Therefore, it said, UNFPA was implicated in supporting and managing China's coercive practices, albeit perhaps unknowingly. The Bush administration rescinded all funding for UNFPA in July 2002.

Responding to this controversy, members of the religious community who generally support UNFPA's work decided in the interest of fairness and accuracy to conduct a further investigation of UNFPA's involvement in the situation in China. They prepared to depart in the spring of 2003, but the SARS outbreak delayed their journey for six months.

IV. THE DELEGATION'S INQUIRY IN CHINA

The delegation members were nine US religious leaders, ethicists and leaders of faith-based organizations—Christian, Jewish, and Muslim. All are distinguished leaders and teachers from diverse denominations and faith-based organizations dedicated to social justice. (See Annex A for complete list.)

¹² Niek Biegman, et al, "Report of the International Review Team on the UNFPA China Country Programme," October 2001.

¹³ Christine McCafferty, et al, "China Mission Report by MPs," April 2002. Report to the British All-Party Parliamentary Group on Population, Development and Reproductive Health.

¹⁴ Team members were William Brown, former Deputy Assistant Secretary of State for the Bureau of East Asian and Pacific Affairs and former US Ambassador to Thailand and Israel; career US Foreign Service officer Bonnie Glick; and Dr. Theodore Tong, Associate Dean for Academic and Student Affairs and Professor of Public Health at the University of Arizona.

¹⁵ US Department of State, "Report of the China UN Population Fund (UNFPA) Independent Assessment Team," released by the Bureau of Population, Refugees, and Migration, May 29, 2002, (www.state.gov/g/prm/rls/rpt/2002/12122pf.htm).

¹⁶ US Department of State, "Analysis of Determination that Kemp-Kasten Amendment Precludes Further Funding to UNFPA under Pub. L. 107-115," (no date but presumably July 2002).

Preparatory Work: Meetings and Review of Documents

Advance Meetings (See Annex C for full list.)

To understand US government concerns, the delegation met with congressional staff, State Department officials and members of the May 2002 US State Department Assessment Team to China. Delegation members met with UNFPA officials on the agency's program in China and spoke with Executive Director Thoraya Obaid. The delegation requested but did not obtain meetings with two prominent critics of UNFPA, Representative Christopher Smith (Republican, New Jersey) and representatives of Population Research Institute. Meetings were held with:

- *Ambassador William A. Brown (Retired)*, member, State Department Assessment Team to China
- *Bonnie Glick*, member, State Department Assessment Team to China, former Foreign Service Officer (postings to the White House and US Mission to the UN)
- *Kelly Ryan*, Deputy Assistant Secretary, Bureau of Population, Refugees and Migration, Department of State
- *Robert Gehring*, Bureau of Population, Refugees and Migration, Department of State
- *Tim Reiser*, staff member, Senate Appropriations Subcommittee on Foreign Operations
- *Chris McCannell*, Chief of Staff for Representative Joseph Crowley (Democrat, New York)
- *Stirling D. Scruggs*, Director, Information, Executive Board and Resource Mobilization Division, United Nations Population Fund
- *Sarah Craven*, Chief, Washington Office, United Nations Population Fund

Review of Documents

The Department of State, UNFPA and the NPFPC recommended background documents totaling several hundred pages. (See Annex D.) These were carefully examined in planning the delegation's schedule and itinerary in China. Priority documents were:

- The reports of three fact-finding missions investigating allegations (all recommended funding UNFPA):
 - Biegman, N.; Espinoza-Madrid, N.R.; Simonova, J.; and Morake, E. *Report of the International Review Team on the UNFPA China Country Programme*, 22-27 October 2001.
 - McCafferty, C.; Leigh, E.; and Lamb, N., *China Mission Report by UK MPs, 1st April-9th April 2002*, report to the British All-Party Parliamentary Group on Population, Development and Reproductive Health, London, 2002.
 - US Department of State, *Report of the China UN Population Fund (UNFPA) Independent Assessment Team*, released by the Bureau of Population, Refugees, and Migration, Washington DC, May 29, 2002.
- State Department legal analysis that recommended de-funding UNFPA: "Analysis of Determination that Kemp-Kasten Amendment Precludes Further Funding to UNFPA under Pub. L. 107-115," US Department of State, (No date but presumably July 2002).
- The PRI report, with testimony by Steven Mosher and others, that led to UNFPA's eventual de-funding: *UNFPA, China and Coercive Family Planning: An Investigative Report*, Population Research Institute. Front Royal, Virginia, December 12, 2001.

Conversations in China

Overview

The delegation conducted interviews and observations September 7–13, 2003 (See Annex B for complete itinerary). China's National Population and Family Planning Commission (NPFPC) provided visa assistance, but delegation members made all major and most minor decisions on meetings, sites to visit and the focus of the inquiry. The Chinese government placed no restrictions on the group's activities. Costs were met by the delegation itself. The NPFPC offered to provide translators and vehicles, but to maintain its independence, the delegation hired its own freelance interpreters,¹⁷ used taxis in Beijing and paid for its own air travel and transport in the provinces.

Delegates divided into three groups to make site visits to three provinces (Gansu, the Ningxia Autonomous Region, and Hubei). We went to two of the 32 counties taking part in the UNFPA-supported project that began in 1998 (Yuzhong in Gansu province and Qianjiang in Hubei province); two of the 30 additional counties where UNFPA assistance began this year (Songzi in Hubei province and Zhongwei in Ningxia); and—for comparison purposes—two counties not receiving UNFPA assistance (Yongjing in Gansu and Lingwu in Ningxia).

Each group was accompanied by a leading Chinese scientific researcher on population issues: Professor Zhai Zhenwu of Renmin University, an expert on the social compensation fee;¹⁸ Professor Zheng Zhenzhen of the Chinese Academy of Social Sciences, a leading demographer; and Professor Wu Junqing of the Shanghai Center for Research and Development on Reproductive Health, an expert on informed choice. They provided perspective on China's population policies in the context of the transition from a centrally planned economy to a market economy.

The delegation also requested UNFPA and NPFPC staff members to accompany us on our site visits to answer any questions, but they agreed to keep a low profile and, at our request, did not accompany us in most of our interviews with local people. Delegates met with citizens without any officials present and made impromptu visits to communities not on the itinerary.

Interviews and observations involved local family planning and government officials (mayors or deputy mayors), family planning and health workers, Education Department personnel, hospital directors, representatives of the All-China Women's Federation, villagers and ordinary citizens. In Ningxia the delegation also attended a prayer service at a mosque, met with six Muslim leaders and was hosted in Muslim village homes.

The NPFPC provided initial briefings in Beijing and arranged meetings with provincial family planning and government officials. UNFPA provided an initial briefing and documents, opened its offices and files to the team (e.g., to inspect monitoring reports), and answered all questions. A consultant to CFFC, a medical anthropologist and public health specialist who is fluent in Chinese coordinated planning and logistics, accompanied the delegation in all meetings and worked with interpreters to ensure accuracy. The consultant remained in China after the delegation departed, conducting a week of supplemental interviews with scores of individuals.

¹⁷ Excellent translation was provided by interpreters Ms. Ying Yu, recommended by the US Embassy, and Ms. Ni Weihong and Ms. Yuan Yuan of Hong & Sheng International Consulting Co.

¹⁸ Zhai Zhenwu, "Investigation Project of Social Compensation Fee: Findings and Suggestions" (Beijing: Renmin University, Population and Development Studies Center), May 2003.

Beijing meetings

Chinese Religious Leaders: (Buddhist, Taoist, Muslim, Catholic and Protestant) At Guangjisi Buddhist temple, headquarters of the Chinese Buddhist Association, some 25 senior leaders of the five faiths officially recognized in China attended this meeting. Spokespeople for each group said firmly, in accord with the official line, that the government population program is essential to lift the Chinese people from poverty and to bring individuals a more humane standard of living.

Summary of Dialogue:

- Are people of faith involved in a serious way around issues of family planning? Do you speak to your communities about it? *Yes. We support family planning and help our communities to understand its benefits and how they relate to the teachings of our faith.* Do people of different religions have different views about family planning? *Yes, in accord with the basic precepts of the faith. For example, the Catholic church deals with government birth policy by aggressively recommending use of the rhythm method. However, we do not impede our members from using other methods.*
- Do women and couples consult you when they have unplanned pregnancies? What advice do you give them? *(The senior pastor of the major non-denominational Christian church, where Billy Graham has preached, was animated in her response.) We tell women the choice is theirs on what to do, and that they have the right either to continue the pregnancy or seek its termination.*

National Population and Family Planning Commission (NPFPC): Commission members were eager to have the delegation understand their perspective and welcomed questions with apparently frank and straightforward answers. Content is presented throughout this report.

Ministry of Health: Officials described plans to coordinate with UNFPA on baseline surveys in the new program counties and on improving their mutual referral system.

UNFPA: Officials discussed at length all issues related to US government concern about China's coercive policies. Further content is presented throughout this report.

US Embassy: Officials elaborated on the July 2002 decision to de-fund UNFPA, detailing the embassy's monitoring of China's population program nationwide. They reiterated concern over elements the Bush administration views as constituting coercion, specifically the social compensation fee. They said the program had clearly improved in quality and become more voluntary as more couples understand that escaping poverty or getting ahead is easier with only one or two children. They spoke positively about UNFPA's work, saying the Bush administration shares a common goal with UNFPA: to move China's family planning program into one "based on free choice." Where they differ is over strategy: UNFPA engages the Chinese through aid and technical assistance, while the US approach is to criticize the existing program and express its disapproval by denying funds to UNFPA. Asked if the United States also expressed its views on this in other ways, such as imposing trade sanctions, corporate participation rules or aid restrictions, the officials said the UNFPA cutoff was the only measure they had taken with regard to population assistance in China. (See Annex E for State Department Note on China.)

The Ford Foundation and Nongovernmental Organizations (NGOs): Groups working on issues related to women's health and human rights (full list in Annex C) stressed that rapid change had overtaken the government's past control over all aspects of life, with greater individual decision-making now possible. Ordinary people now often criticize government officials and report their abuses to higher authorities. There is new emphasis on the rule of law, and people increasingly recognize their rights. Many urban couples have ambitions for better lifestyles and are two-career marriages who have internalized the concept of a small family and do not want more

than one child, or feel they cannot afford more. Many such couples tend to prefer a daughter or have no son-preference, and some no longer want even one child.

Beijing computer technician, mother of a daughter, 8: “Deng Xiaoping said ‘It is glorious to get rich,’ so everyone wants to work hard and get ahead. That’s why people now want one or at most two children. Even me. My husband and I are both single children, so according to government policy we are allowed to have a second. But we just want one.”

Provincial visits

At the State Department Assessment Team’s suggestion, the group looked for wall slogans on population matters that might be coercive. There were many slogans on many issues, from the benefits of harmony among ethnic groups and rural development to warnings against spitting. Of those on family planning, we saw none that seemed coercive or threatening. A sample:

Girl, boy—both are equally good... Give Birth to Fewer, Become Healthy and Prosperous... Give Birth to Fewer and Engage More in Trade... Improve the economics of the rural areas!... Help families in poverty and develop happy families... Improve informed choice on contraception... Provide quality of care in family planning... Take the People as our Parents and Regard Reproductive-Age Women as Our Sisters... Control the Size of the Population—Improve the Quality of Living... Family Matters, National Matters, Everything Under Heaven Matters: Planning Birth is a Big Matter

Our provincial visits followed a pattern: we began by meeting with government officials, often family planning officials and those in charge of social compensation fees. Then we visited family planning clinics, hospitals and related social service programs, and then we called upon villagers in their homes, both in planned and surprise visits.

We began our village discussions with general questions about the site, the work each person did and living arrangements (in nuclear families or with relatives). We then asked about numbers and sex of children, attitudes toward sons versus daughters, thoughts on having more children and on the care of older and retired people and their own plans for support in old age. Questions then concerned women’s use and experience of contraceptive methods, side effects, family reactions and abortions. We asked if anyone knew of any forced abortions or involuntary sterilizations in the community; their views of the social compensation fee and experience with it, and whether they regarded it as coercive. We conducted as many one-on-one interviews as we could, usually informal ones. Males in the delegation most often talked with men while women members interviewed women.

The discussions were often free-flowing, punctuated with laughter and questions to the delegation about US women’s lives and experiences with childbearing and contraception. In a few instances, village family planning workers tried to lead our discussions with residents. Our translators proved sensitive to these moments and helped us end these encounters quickly so as to move on to others where we were unaccompanied and able to speak freely with people.

1. Gansu Province (western China, a priority area for official poverty alleviation efforts)

Lanzhou, provincial capital

- *Director General, Gansu Province Family Planning:* Liu Wei Zhong said the general public is aware of ICPD concepts (informed choice and quality care) if not its details. Local concerns include birth defects thought to result from contact with pesticides during pregnancy, and reproductive health “diseases.” He said UNFPA helps the provincial program by bringing in new knowledge.

Yuzhong county

- *Family planning officials:* Abortion data for seven years showed an 85 percent decline, from 512 (or 11.4 percent of live births) in 1997, before UNFPA assistance began, to 75 (1.5 percent of live births) in 2002. They attributed the change to the availability of free, safe and effective contraceptives; provision of other reproductive health services such as counseling and education; and counselors who are under no pressure to meet targets or quotas and who are trained not to promote abortion. The three major reasons they cited for abortions were: 1) contraceptive failure, 2) the women are students or unmarried, and 3) their pregnancies result from extramarital affairs.
- *Yang Xihui,* former director of the county family planning commission, said that before UNFPA's assistance, the program had an administrative approach that included targets and quotas. Now, rather than monitoring women of reproductive age, it focuses on addressing women's concerns about having more children by providing them with comprehensive information about choices in contraceptive methods.

Gaoya township

- *Family planning official:* A chart of abortions here over a six-year period showed they had decreased from 20 in 1998 to 3 in 2002, and two through August of 2003.
- *Seamstress:* In her mid-30s, she said she had one son, now 6, and wanted no more children although she is permitted to have two. "When I finished high school and took the college exams I did not score high enough to go to college. I decided then that I should have only one child so I could pour everything into that child and ensure that that child will have a better education and better economic opportunities than me."
- *Carpenter:* A man in his fifties was concerned that he is unable to retire. He has five children and must keep working to support them. To have fewer children is better for families and better for the nation, he said.
- *Woman in her thirties:* Asked about the social compensation law, she said it did not affect the decision she and her husband made to have a second child. She said the law was not punitive as she recognized their responsibility to the larger community. That was why they saved their money to afford the second child.

Dingyuan township

- *Kou jia gou village family of grandfather, grandmother and daughter-in-law:* Asked if they knew of UNFPA, the daughter-in-law said yes, that group brought family planning services and information to this remote village for the first time. Workers visit once every three months, and the villagers are happy to have the services and the information come to them.

Yongjing county (where UNFPA is not providing assistance)

- *County family planning official:* This county is also adopting an approach that stresses quality of care and informed choice because it is a better way of working, and clients prefer it too.
- *Taiji township family planning official:* She asked many questions: how do Americans get contraceptives, does the government help them with this, who decides how many children one can have, and how does the government help families with birth planning? She was shocked to learn that the US government does not have a policy.

- *Shanggu village man*: Asked about incentives for single children, he said they were a factor when he and his wife decided to have only one child (a girl), but now the most important factor by far is the cost of child-rearing. He estimated it at about 100,000 yuan (about US \$12,000) from birth to age 18.
- *A Shanggu family home*: When we asked a couple if they knew about the new population and family planning law and its changes, the man removed from a nail on the bedpost a dark green plastic purse. It contained a copy of the national and provincial population laws and brochures about contraceptive choices and uses, family planning, health care during pregnancy and basic hygiene.

2. Ningxia Hui Autonomous Region (area in northwest China, very poor and with the primary concentration of China's Muslim minority)

Lingwu county

- *Mosque prayer service, Wuzhong prefecture*: The religious leader delivered a sermon on reproductive and sexual health, noting the benefits of family planning, the dangers of HIV/AIDS, the imperative for marital fidelity, and ways in which Islam embodies the values of reproductive health and family well-being.
- *Home visits with Muslim women*: In conversations over dinner in Banqiaoxiang village homes, about 20 women said they shared the imam's sentiments. They were particularly pleased that the family planning program now pays attention to overall health and urged them to take their health problems to a clinic. Earlier, they said, they associated family planning with birth control alone and were ashamed to bring up other issues. As members of the Hui ethnic minority, some said they were permitted two children but chose to have only one to save money. "We don't want to divide our resources between two children while [majority] Han couples invest everything in a single child." Several said they were happy to have girls because "daughters are more caring for their parents." In a separate conversation with the women's Muslim husbands, the delegation's men were told the same things.
- *Woman business owner* employing local workers to fabricate grass mats to cover greenhouses: Asked whether she wanted more than her two children, she replied, "No, I have too much else to do." Other women there said they used their proceeds to fund higher education for their children. This was the predominant motive we encountered.

Zhongwei county

- *Yingshui township villagers* whose doors we knocked on at random invited us in despite clear surprise at our arrival. They responded without reservation to our questions (but with some bemusement at our presence.) We asked about their understanding of family planning policy, and all expressed a desire for one or two children at most, emphasizing the costs of childrearing today. Neighborhood walls were covered with family planning slogans and signs. Suspicious that we might have been taken to a "model" village, we later asked our driver to detour to a village chosen at random perhaps 30 km. down the highway, off a side road. There too the walls were plastered with family planning signs—one read, "Small Family Equals Riches."
- *Zhongwei Family Planning Commission Deputy Director Tang Jihun*: Social compensation fees collected for out-of-plan children recently in this area have been 10 to 12 percent of annual income, ranging from 100 to 300 yuan (US \$12 to \$36) for incomes of US \$100–\$365. The fee can be paid over time. The number of out-of-plan births has decreased steadily in the last decade;

in the last three years the figures were 20, 17 and 12 respectively among about 4,500 annual births. Chief reasons for out-of-plan births are that the woman is unmarried, suffers contraceptive failure, has had a child less than four years earlier, desires a son or desires another child.

3. Hubei Province (major urban industrial area in central China, with large migrant population)

Yang Cun village

A large wall chart on a roadside building caught our attention because of the practice in earlier years of posting female factory employees' menstrual data. We inquired and were told this chart listed everyone's tax payments for the year. A similar chart the consultant saw later in the entry halls of two Yunnan provincial mosques turned out to list contributions for mosque renovation.

Xiong Kou township

Family planning clinic and township hospital: We saw prominent notices that the law prohibited hospital personnel from revealing the sex of a fetus after an ultrasound test.

- *A woman, 22, visiting the clinic with a friend, said she had received sex education in school and was aware of the government population policy. An only child, she said she wishes she had brothers and sisters but only wants one child herself, as her friends did.*
- *A woman who had just delivered:* women in her village prefer to come to the clinic to have their babies, even though it costs 500 yuan (about US \$60), because they are well treated.
- *A doctor:* "Some women and men fear the [sterilization] surgery but its certainty attracts many couples who have had their desired number of children."

Qianjiang Municipal Family Planning Commission briefing from the commission director, the local Deputy Mayor, and representatives of the Bureau of Education, Bureau of Health, Women's Federation and others:

UNFPA's program: The officials said they had worried at first that the new demand-based policy would require Western management techniques and a new service mode and would lead to a surge in births. But the government now counsels rather than orders, and they feel it is working well. Informed choice of contraceptive methods was difficult for people to understand—why is a daily pill or condom better than an IUD, for example? But the public welcomed the choices, and workers helped women remember to take the pill with suggestions like sewing the pill package on the mosquito net so women would see it every night, or providing lanterns with signs saying, "Pay Attention to Reproductive Health."

Teens: Basic sex education at junior and senior high school levels was common before, but is now much more extensive. Still, the number of teen pregnancies and unmarried girls seeking abortions is rising. Despite investments, agency needs remain greater than they can meet, in part because of population's low level of education and awareness of their legal rights.

Women: The women's group representative said the emphasis on quality of care was improving women's health and status. With fewer children they had more leisure time and more chances to get an education. They were becoming more independent and respected. Men are also included in the target population for information.

Songzi county

Briefing by Songzi City mayor, deputy mayor, director of city government, family planning staff, women's federation member, director of hospital for women and director of education:

They said more than 1,300 representatives of leading community groups attended an orientation meeting on the conversion to a voluntary program. Great publicity attended the change, including letters to 200,000 people and face-to-face meetings with migrants and the illiterate. Investment will be the equivalent of US \$456,000 for renovation, equipment and management training. In the past the public was hostile to family planning workers, but now they are quite popular because they are viewed as providing a real service. Urban one-child families receive a small monthly health subsidy (about US \$1,440 over 16 years) and help with building a house.

Summary of Dialogue:

- Are you worried that the social compensation fee could make you unpopular again? *There is no contradiction between service and the fee. Quality of care is the primary work. The fee takes a small amount of time. Of 3,800 babies born in the county in 2002, only 37 were out-of-plan; US \$1,800 was collected in fees. We have three tiers: for urban couples it's three times the annual disposable income, which is 5,848 yuan per person, but very few fall in that category; it almost doesn't happen. For rural couples it's three times 2,323 yuan, and for migrants we base it on where they are registered.*
- So the three-times-income fee varies by area? *[Mayor:] Usually people who have an out-of-plan child can afford it. We do have discretion to set the figure. In practice we collect less.*
- Those fees are a lot of money. Wouldn't that force women to have an abortion? *The fees are a regulation, but they only happen sporadically and we try to adjust them based on the actual situation. The [family planning] workers focus on their work, providing good services, not on forcing abortions. The usefulness of the fee is preventing pregnancy.*
- The rich can afford an out-of-plan birth, but do the poor have to have an abortion? *The fee can be reduced, deferred or waived. If a family can't pay, they can defer up to three years and be re-evaluated. The family usually has to pay 40 percent up front, but the whole thing can be waived entirely if necessary.*

Hong Shi village

- *An accountant, 35, married 14 years to a construction worker, with a daughter, 13, in middle school: She said she was permitted to have a second child but chose not to because she would have to quit her job to care for the infant, and the couple was saving to send the daughter to university. She said her sister has a baby boy and left him with his grandparents to go with her husband to the city for better jobs. Asked if the sister would have a second child, she said, "Why would she? She doesn't take care of the first." Asked about the social compensation fee, she said she knew of very few cases; one couple had paid a fee set over time and according to their financial situation. She said any pregnant woman who did not want the baby could obtain an abortion by asking the family planning workers; they visit the village three times a year and provide general health checkups and good service to the residents. She knew of no AIDS cases in the area, she said.*
- *An older woman, born in this village: The state family planning policies are okay, she said. She wore a hat that was a prize for having paid her taxes on time; she had also received a bonus of about \$25. She gets medical care and an annual checkup from the township hospital. She thinks it is right to collect the social compensation fee, but not if people can't afford it. Then they can pay over time.*

Jie He township

- *A woman business owner, selling chicks and metal goods, said she wanted no more children beyond her girl, 15, and boy, 13. “Two are enough trouble,” she said. Her older sister has a boy and a girl, and a younger sister has one son, and both will have no more children because they cannot afford to educate more. She was unclear about social compensation fees or family planning rules except that a second child was permitted to couples with one daughter. She gets her annual checkup at the local hospital.*

Yunnan Province

The consultant talked after the delegation’s departure with a group of village women who found the concept of informed choice hard to comprehend and appeared quite content with their IUDs, tubal ligations and Norplant (a sub-dermal hormonal contraceptive implant). One said, “Well, you American women are rich, so you have time for taking a daily pill. But we have to work in the fields, cook for our husbands, take care of our parents and help our kids with their schoolwork. We don’t have time for a daily pill.” Mention of the diaphragm or condoms as choices of many Americans provoked great laughter.

V: FINDINGS AND ANALYSIS

Introduction

Decisions about pregnancy and childbearing are profoundly private matters that also have significant public consequences. Our religious and ethical traditions have well-developed value systems that influence the way we look at these matters. These values include respect for individuals’ consciences and for their right to make free and informed choices about child-bearing and child rearing, free of coercion from any source. Our traditions also highlight the personal and community responsibilities of caring for children and for all members of the human community.

We applied these principles in our assessment of the current Chinese family planning policy and programs and UNFPA’s role in China. Judgment required sound moral and ethical reasoning, cultural sensitivity and openness to learning, as well as a good dose of humility, especially in understanding our limits. Although we spent a week in China, carefully reviewing many documents and hearing from those with opposing views, we saw only a geographically limited area. We did see more than most other delegations (and a great deal more than the PRI paralegal did). But our findings are not comprehensive; they relate to the areas we were able to visit, where UNFPA has been most active. Here then are our findings.

1. It is reasonable to be concerned about and to monitor China’s family planning policies and practices. It is even more important to actively assist and engage the Chinese on these matters.

There is no doubt that significant violations of human rights have occurred in the Chinese family planning program in the past. Reports of such violations have decreased dramatically in recent years with the passage of the new family planning law, but reports do continue. The Bush administration says it halted US funding for UNFPA because it opposes China’s family planning policies and believes UNFPA “supports or participates in the management” of those policies. Besides being wrong about UNFPA’s role, this approach of withdrawal and abstention does nothing to change the situation in China.

The US government's choice here is especially negative given US history as the original proponent of constructive engagement in China, as well as continuing US involvement in trade and cultural exchanges. UNFPA is an agent of change in China precisely because it is both showing and telling Chinese officials that the ICPD's voluntary approach to family planning works as well or better than current policies. With its international scope and its working relations with Chinese officials at every level, UNFPA is mustering both global reach and local expertise to serve goals that 179 countries, including the United States, agreed upon in 1994.

2. The Chinese government is taking active steps to end the use of coercion in its family planning activities nationwide.

We define coercion as the deliberate infliction of or threat to inflict harms on people to make them behave in a certain way against their will. Coercion cannot be justified in any form unless it is clearly needed to prevent even greater harms.

The Chinese government has made significant progress in ending coercive practices that are violations of human rights in its family planning program. The 2002 Population and Family Planning Law forbids physical force or threats of such force and penalizes them, and while we cannot say all Chinese laws are universally obeyed or uniformly enforced (any more than all US laws are), we found no credible evidence of physically coercive practices. UNFPA's requirement that all its county participants remove targets and quotas from their programs further helps eliminate coercive behavior. Officials and the programs we visited displayed to us a strong commitment to informed consent, women's rights and freedom of choice in contraceptive methods, persuading us that more subtly coercive practices have been eliminated.

3. UNFPA has been and remains a major force and a vital catalyst in achieving China's transition to a fully voluntary and non-coercive family planning program.

UNFPA's policy, based on the principles of the ICPD, is that all family planning practices must be totally voluntary, involving informed choice among a range of contraceptive options. It insists upon an end to all quotas, targets and coercion in the Chinese counties where it supports programs. Even though its spending in China is tiny compared to the government family planning effort, its influence has been enormous. And even though it requires all these changes to established policies, UNFPA's program is highly popular: 90 counties competed for the 30 slots in the program for 2003–2005.

NGO representatives and some Chinese officials told us that considerable debate continues within the government on the merits of moving away from stringent control over family planning. Voluntarism is winning, but hardliners persist. Senior and lower-level officials expressed enthusiasm for the role UNFPA plays in supporting their efforts to improve the program's quality. They praised UNFPA's example of a client-centered voluntary approach and the provision of comprehensive reproductive health services.

Field providers reported being far happier in their work and newly popular with people who used to vilify them. UNFPA's program has more county applicants than it can include, and more than 800 counties have adopted aspects of the quality-of-care approach. The government is identifying precise standards for this concept in order to be able to judge performance. At all service delivery points (county offices, maternal care clinics, township hospitals, etc.) we found posters and bulletin boards displaying prominently the rights of clients and the program goals, and villagers and urban residents alike displayed familiarity with those principles and satisfaction with the services they had received.

Challenges: The concept of informed choice among contraceptive methods is a radical change for many in China. Family planning officials and citizens have long been used to the policy, introduced in 1983, of IUDs for women with one child and sterilization for couples with two or more. UNFPA staff spend a great deal of time explaining the concept of choice among other options and why it is important.¹⁹ The idea of confidentiality on reproductive matters is also novel—the dates of Chinese women’s menstrual cycles were formerly posted on factory walls. UNFPA is promoting privacy through “whisper rooms” for counseling sessions at its clinics, and those have proved very popular. The Chinese government could do much more here in making sure its officials and its people are aware of the new laws. No one in China can decree instant understanding of these new notions, but UNFPA is leading people in that direction.

Ma Xiufen, Director of Ningxia Family Planning Commission, in Yinchuan City: *“If UNFPA were not here, progress would be slower and more painful. UNFPA makes it possible to do it faster, less painfully, cheaper and better...it’s a window on the world and a catalyst for transformation. UNFPA is speeding the change process.”*

4. Abortion and sterilization rates are declining as contraceptive choice increases.

The UNFPA approach has proven successful: fertility rates in the counties where it works are at or below national levels; reversible contraceptives are gradually replacing sterilization; and abortion rates have plummeted, in some cases by a factor of ten.

Abortion:

Abortion is not considered and is never promoted as a method of family planning, but is rather regarded as a *failure* of family planning. More than 160 monitoring missions have found no incidents of involuntary abortion in any UNFPA-assisted counties since the agency began its work. Voluntary abortions have declined steadily nationwide since the introduction of comprehensive reproductive health care and, in 1993 (at UNFPA’s recommendation), of the much more reliable copper-based IUDs. At 30 per 100 live births, the Ministry of Health’s national abortion rate figures now approach the US rate, according to Alan Guttmacher Institute reports, and are in fact much lower than the US rate in the 32 UNFPA-assisted counties: 11 per 100 live births.

Lijiamo village residents, Yuzhong County, Gansu province: *“The family planning situation is much better now that quotas are gone and we can choose when to have a child and what contraception to use.” Villagers appeared very familiar with the program’s various aspects: information, choice of contraceptives and timing of childbearing, easy access to services and high-quality care.*

Sterilization:

In UNFPA-supported counties, the rate at which women under 35 choose voluntary sterilization as their preferred contraceptive method has decreased from 36 to 26 percent, according to UNFPA figures. The overall rate for women and men in China has fallen from 45 percent to 30 percent in those counties. This compares with a US rate of 30 percent.

We found no credible reports of involuntary sterilization in recent times, although several people again said it was common 10 to 20 years ago. Many Chinese women (but very few men) have opted for sterilization as a birth control method—about 40 percent of women of childbearing age

¹⁹ UNFPA Mission Report, “Field visit to Juchao District, Chaohu City, Anhui province,” August 14, 2003.

in the counties we visited. More than 160 UNFPA and NPFPC monitoring missions have found no cases of involuntary sterilization in UNFPA-assisted counties since the project began in 1998. One case was found to have occurred in 2001 in another county (Xiapu in Fujian province) where UNFPA does not operate. Even voluntary sterilization is becoming less common as reversible contraceptive options become more available and grow in popularity.

5. We find that, contrary to the Bush administration analysis, UNFPA in no way “supports or participates” in managing or implementing China’s family planning program, including the social compensation fee.

In fact, UNFPA is pressing for the fee’s elimination. The agency was the first to note the possibility of its abuse (in February 2002, just over one month after its passage) and remains the only international donor specifically targeting the fee for elimination. To guard against any possible abuse now, UNFPA required counties joining its program in 2003 to agree that they will seek to minimize the fee’s impact on individuals bearing out-of-plan children through fee suspension, rescinding, reduction, extended payments or other methods, and will seek repeal of the law requiring it. (See Annex H for a personal discussion of “supports” and “participates” by delegation member and religious ethicist Ronald M. Green.)

A family planning official, Qianjiang Municipal Family Planning Commission, Xiong Kou township, Hubei: *“When the project started, out-of-plan births became fewer because of our client-oriented friendly service, and so we could be more flexible with the fee. All children are treated the same and out-of-plan children are registered for all services.” This is in contrast to previous policy that barred some services to out-of-plan children.*

Family planning project officials in Zhongwei County, Ningxia: *Asked whether they would still be trying to eliminate the social compensation fee if UNFPA were not working in the area, they said, “Yes, but we believe and hope it will be faster and smoother with UNFPA. UNFPA plays a big role in motivating us, inspiring us with the spirit of ICPD and working for women’s reproductive health.”*

6. We found the language that PRI, US officials and other critics use in describing the social compensation fee to be factually and ethically wrong. The fee, however, remains a negative element in the Chinese family planning program.

In the counties we visited where UNFPA is active, the fee does not appear to be either “crushing” or “draconian.” This fee does, however, remain a barrier to free choice in China’s family planning program. While ordinary Chinese almost universally described the fee to us as fair, we concur with UNFPA’s position, which is that the fee undermines the commitment to voluntarism that UNFPA, China and the US government now share.

While the fee is a step forward from the previous system of fines (see pp. 5–6), and was described by the Chinese we spoke to as a way to encourage contraceptive use and a fair and acceptable factor in any decision to bear an out-of-plan child, its existence is still a negative element. It has outlived its usefulness as an incentive to contraceptive use, replaced in the UNFPA program by the attractions of free choice, quality contraceptive options, education and counseling. It may also provide an opening for abuse (such as the incident in Henan province last summer).

Beijing shopkeeper: *Asked whether she regarded the social compensation fee as coercive, she said: “Coercive? How can you say that? If I get rich and have money to buy a car and contribute to the traffic jams and pollution in this city, shouldn’t I pay something more than my friend who still rides her bike? If the government charges me for driving a car, am I being coerced? Or if somebody goes to a hospital and gets a private room, shouldn’t they pay more than people who are there in 12 beds in a room? Is that coercion? Or am I coerced if I go to a fancy restaurant and pay a lot rather than eating dumplings on the street? These are matters of choice.”*

7. The desire for small families is becoming the norm in China, chiefly for economic reasons.

Rapid social change and a booming economy during the past 20 years have contributed to a widespread desire in China for small families, a desire still being promoted through intense government public education efforts. As a result, a one-child or two-child family is a new social norm among a growing percentage of the population. This phenomenon is not unique to China. In every country where women have achieved higher education levels and been integrated into the workforce, improving the economy, smaller families have become the norm.

Both urban and rural women cited economic reasons for their new views: the shift to a market economy with its increased opportunities to advance through hard work, and the high cost of living and of raising and educating children. In this they sounded very much like Americans: they want their children to have opportunities they lacked.

A female sales clerk in Beijing: *“We’ve been married for five years. We don’t have any children and probably won’t. Or not until later anyway. We want to enjoy our time together and we are both working hard at our jobs.”*

Beijing hotel manager: *“I don’t have any children. My husband and I decided we want to save money for a nice apartment and to be able to travel abroad.”*

We expected to find rural women going along only grudgingly with this view, but the ones we spoke with in all three provinces were firmly in agreement. “Raising more children is a burden, financially, time-wise and emotionally,” one said. “Having too many children prevents a couple from raising its standard of living,” said another. “Caring for additional children limits the time a woman can engage in income-producing work.” A pregnant woman in Yingshui village, Ningxia, said: “Life is too hard now and raising children is expensive. I’ll have this second one but then I want a sterilization.”

Asked whether they were offended by the ubiquitous wall slogans promoting these views, people seemed puzzled by the question. The common response was, “This is state policy” and therefore the postings are appropriate. One person who had studied in the United States said: “Compare this to the anti-smoking campaign in the US and the concern about secondary smoke. Is this coercion? Intrusion in private lives? Or just something that is both good for the individual and also for those around him?”

Schooling: Education is compulsory for the first nine years of school and is supposed to be free, but students are charged fees for books, uniforms and other costs that often go beyond poor rural families’ ability to pay. This explains the need to save for education.

Farmer in Huayicun village, Ningxia, with one child at university far away in east China: *“We’d rather have one child that goes to university than two who only finish middle school.”*

Father in Yingshui village, Ningxia: *“We could have two children but one is enough. Our first child was a girl and she’s nine now, so we could have a second child any time, but we don’t want to. We want to save the money for her education.”*

Girls vs. boys: Government posters now label the age-old preference for sons as old-fashioned, promoting instead the idea of equality between men and women. But human rights reports say discrimination against girls remains widespread, with sex ratio imbalance still a problem and female feticide, sex-selective abortions and infanticide still reported in many rural areas. Few, if any, boys are ever put up for adoption. UNFPA has initiated conversations and studies with government officials on ways to improve this situation.

People we spoke with followed the official line: “Daughters are easier to care for than boys, who are often naughty and rambunctious,” one woman said. “Daughters are more considerate and loving, and so will take better care of parents in their old age.” Many had one daughter and said they wanted no more children. “With mechanization, women can work on the farm just as well as men.” Several women said their husbands insisted on one child, although the first was a girl.

Woman with a motorcycle in Xiqu cun village, Zhongwei county, Ningxia: *“We have one daughter and could have two children if we want, but I don’t want. When my husband says he might like to try again for a son, I joke and say I’d divorce him first.”*

An older woman, Hong Shi village, Hubei, *born in this village, with three sons: The oldest has a son and a daughter; the others each have a daughter but want no more children. She would like more grandchildren, but her sons want their children to have good educations.*

A deputy mayor in Zhongwei, Ningxia: *“Young couples are not so pressured now by their parents to produce a grandson. It’s not like in the past when parents used to arrange marriage and want a son to carry on the family line. Now we don’t care so much if we have a son or a daughter. Even our parents don’t care. They know that times have changed.”*

VI: CONCLUSION AND RECOMMENDATIONS

After extensive study and on-site investigation, we are convinced that UNFPA has made an invaluable contribution to women’s reproductive health and rights in China. We find that UNFPA’s work is of fundamental value in affirming the highest religious and ethical values of the delegation members—preservation of human life and the promotion of the human rights of every individual. We are equally convinced that the charges against UNFPA made by its opponents, including PRI, are without foundation. They arise not from the facts of the situation in China but from opposition to the right of individuals and couples to make free and informed decisions about their reproductive health. We reaffirm our support for that right. We are sad that members of Congress and the Bush administration have lent credence to these unfounded charges and withheld support from UNFPA. We believe, as Secretary of State Colin Powell put it, that UNFPA is “doing invaluable work” in China and around the world.

We therefore recommend that:

1. The US policy toward China's family program should become one of constructive engagement. This would require greater care and precision in all State Department and US Embassy descriptions of the situation, avoiding inflammatory language. It would involve continuing to assist the Chinese in moving toward the goals of the ICPD Programme of Action, in part by funding for projects such as scholarships and travel opportunities for Chinese scholars, medical personnel and others engaged in the family planning program.

2. Monitoring of the Chinese family planning program should continue. The United States, UNFPA and civil society actors should seek reports of both progress and abuse in the program, subjecting all to strict scrutiny according to commonly accepted standards and methods for social science research. These include proper identification of sources and informed consent of subjects and interviewees.

3. US funding for UNFPA should be restored and if possible increased. The role UNFPA plays in China is one that promotes choice and quality of care. It has had significant effect in reducing coercive elements in the Chinese family planning program. *There is no evidence that UNFPA has violated the provisions of the Kemp-Kasten Amendment.* Meanwhile, UNFPA's work benefiting women and saving lives in 150 countries has suffered from the ill-advised US cutoff. Both Congress and the Bush administration should work to restore UNFPA's funding.

4. The Kemp-Kasten Amendment should be revised. Currently the amendment is subject to arbitrary and imprecise interpretation by the executive branch. Revisions should specify that funds will be cut only if an agency "supports and participates" *directly* in the management of a coercive program.

5. UNFPA and the NPFPC should bring their case more directly to the US public. They could present more and better written materials, seek media interviews and fund travel to the United States by leading spokespersons for relevant conferences and meetings. For example, UNFPA has little published material that gives basic information about its China program, highlighting improvements made and successes such as the country's abortion rate decline.

6. UNFPA and NPFPC should reach out to members of the Chinese religious communities. Meetings should occur on a regular basis, keeping in mind the official limits on these communities, so that their insights and values can assist both UNFPA and the Chinese government with implementation of the ICPD principles.

7. US religious congregations, denominations and faith-based organizations should promote the work of UN agencies and other international organizations whose programs are consistent with their core values, and should defend those groups from spurious attacks. General support for the United Nations, while important, has done little to blunt the vehement and unprincipled recent assaults upon UNICEF, UNIFEM, UNAIDS and other groups, as well as UNFPA.

Annex A

Members of the Delegation

Ronald M. Green, Ph.D. – Professor Green, chair of Dartmouth’s Religion Department, also directs Dartmouth’s Ethics Institute, a consortium of faculty concerned with teaching and research in applied and professional ethics. He is a summa cum laude graduate of Brown University and received his Ph.D. in religious ethics from Harvard University in 1973. He is the author of six books and over one hundred twenty-five articles in theoretical and applied ethics. In 1998–1999 Professor Green was president of the Society of Christian Ethics and is a founder of the Society of Jewish Ethics. Professor Green served two elected terms as Secretary of the American Academy of Religion, the largest professional association of religious studies educators in the United States.

Nazir Khaja, M.D. – Dr. Khaja, a Muslim, is heavily involved in interfaith and peace activities working toward building bridges between faith communities. He was an active member of the Rainbow/Push Coalition and National Council of Churches’ delegation to Belgrade to meet President Slobodan Milosevic of Serbia and negotiate the release of three American prisoners in 1999. He is often a guest speaker at forums related to peace and justice and is active in organizing American Muslim participation in the US political system. Dr. Khaja is past president and chairman of the board of the American Muslim Council, a Washington-based national organization. He is founder and member of the board of directors of the Islamic Information Service, a member of the Steering Committee of the Progressive Religious Partnership, a founding member of the Council of Pakistan American Affairs, a member of the Association of Pakistani Physicians in North America and a clinical professor of medicine at the UCLA School of Medicine.

Nancy Kipnis, J.D. – A national vice-president of the National Council of Jewish Women (NCJW), Ms. Kipnis chairs BenchMark: NCJW’s Campaign to Save Roe, a grassroots campaign advocating for a federal judiciary that will protect fundamental freedoms including women’s right to reproductive choice. Elected to the National Board of NCJW in 1996, Ms. Kipnis has served as its national chair of public policy (1999–2002) and as vice-chair of NCJW’s national public policy conference in Washington, DC (2001). Ms. Kipnis established the Safe Child Program in Miami, Florida, an educational program for pre-school and primary school children, which teaches skills to reduce their vulnerability to sexual abuse. Currently the president of Temple Beth Sholom, an 1,100-family reform congregation in Miami Beach, Ms. Kipnis founded the temple’s Mitzvah Day Event, involving more than 800 people annually in community service projects around South Florida. An attorney by profession, she graduated first in her class at the University of Florida Law School, served as the executive editor of the UF Law Review, as a federal district court judge law clerk and as a partner in a large Miami-based law firm.

Frances Kissling – Writer, advocate, and policy analyst, Frances Kissling has been president of Catholics for a Free Choice (CFFC) since 1982. An internationally recognized nongovernmental organization, CFFC works to advance reproductive health, women’s rights and the strengthening of civil society through research, education and policy analysis. Ms. Kissling is a highly regarded speaker and thinker on issues of religion, reproductive health, women’s rights and population policy. Ms. Kissling has briefed parliamentarians and development professionals on reproductive health and rights, religion and public policy in many countries including Brazil,

Mexico, the Philippines, Germany, Ireland, Poland and the United States. A founder of the Global Fund for Women and a leading voice in promoting international public policy that advances women's health and rights, she was a prominent participant in the United Nations conferences on Population and Development (Cairo, 1994) and on Women (Beijing, 1995). She has appeared on all major media and her work has been featured in newspapers around the world, including the *New York Times*, *Washington Post*, *Boston Globe*, *Guardian* (United Kingdom).

Rev. James Martin-Schramm, Ph.D. – Rev. Martin-Schramm teaches theological ethics at Luther College in Decorah, Iowa, and has been active in national and international policy discussions about population and development issues. In 1994, he attended the International Conference on Population and Development as a member of an NGO delegation. From 1994 to 1996, he served as a member of the Population and Consumption Taskforce of the President's Council on Sustainable Development. He is the author of *Population Perils and the Churches' Response* (World Council of Churches, 1997) and co-author of *Christian Environmental Ethics: a Case Method Approach* (Orbis Books, 2003). Rev. Martin-Schramm was recently elected chair of the board of the Division for Church in Society of the Evangelical Lutheran Church in America.

Rev. Meg A. Riley, M.A. – Rev. Riley was ordained into the Unitarian Universalist Ministry in 1992 and is the director of Advocacy and Witness Programs of the Unitarian Universalist Association (UUA). She was director of the Washington Office for Faith in Action of the UUA from 1995 to 2002, during which time she provided grassroots leadership training, education, motivation and resources to help individuals and congregations voice Unitarian Universalist perspectives on legislation. Rev. Riley has worked on domestic issues including civil rights, religious freedom and economic justice, and built coalitions promoting progressive values in social justice issues with political and religious people and groups. Rev. Riley is a member of the National Board of Directors for the Interfaith Alliance, a member of the Board of Trustees for Americans United for the Separation of Church and State and a member of the National Advisory Council of the Religious Coalition for Reproductive Choice. In 1997 she adopted a daughter from China.

Maureen Shea – Ms. Shea is director of Governmental Relations for the Episcopal Church USA. This office brings the policies of the Episcopal Church to federal law makers and represents the church before the Executive Branch and the diplomatic community. The Episcopal Public Policy Network that Ms. Shea oversees has a growing membership of over 11,000 grassroots activists. Previously she served as chief of staff at People for the American Way and its Foundation, working to implement programs and policies among more than 500,000 members and activists. From 1997 to 2001 she was special assistant to President Clinton in charge of outreach to the religious community. Shea has worked on the issues of health care, campaign finance reform and women's equality. She was director of outreach to women for the Democratic National Committee from 1995 to 1997. She was lobbying director at Common Cause and was the first director of the Women's Campaign Fund.

Rev. Paul H. Sherry, Ph.D. – Rev. Sherry is a distinguished religious consultant for the Center for Community Change, Washington, DC, who speaks and writes on a regular basis on religion and society issues. Previously he served for ten years as the president of the 1.4-million-member United Church of Christ. Among other positions, Rev. Sherry was executive director of Chicago's Community Renewal Society from 1983 to 1989 and, in New York City, worked for the United

Church Board for Homeland Ministries, the US domestic arm of the denomination, where he served as the publisher of the Pilgrim Press and editor of the *Journal of Current Social Issues*. Sherry has also hosted religion and society talk shows on television and radio in New York, Chicago and Cleveland. He is the author of numerous published articles and is the editor of *The Riverside Preachers* (Pilgrim Press, 1978). Sherry was a parish pastor for seven years at Community United Church of Christ, Hasbrouck Heights, New Jersey (1962-1965) and at St. Matthew's United Church of Christ, Kenhorst, Pennsylvania (1958-1962). Rev. Sherry received a Ph.D. in theology from Union Theological Seminary, New York City, and holds honorary degrees from Ursinus College, Pennsylvania; Elmhurst College, Illinois; Defiance College, Ohio; Lakeland College, Wisconsin; The Reformed Theological Academy, Hungary; United Theological Seminary, Minnesota; Eden Theological Seminary, Missouri; and Chicago Theological Seminary, Illinois.

Rev. Carlton W. Veazey, M.A. – Rev. Veazey is president and CEO of the Religious Coalition for Reproductive Choice, a minister of the National Baptist Convention USA and pastor of Fellowship Baptist Church in Washington, DC. He is the founder of the Religious Coalition's Black Church Initiative, which works with African American clergy and laity to develop new approaches to teen pregnancy prevention, sexuality education and reproductive choice. During more than three decades of ministry at Zion Baptist Church in Washington, DC (1960 to 1993), Rev. Veazey developed and implemented programs for inner-city children, teens and senior adults. From 1989 to 1992, he was chairman of the prestigious Theological Commission of the National Baptist Convention USA, an organization of more than 7 million members, considered the world's largest Black organization. In 1970, US President Richard M. Nixon appointed Rev. Veazey to the District of Columbia City Council. From 1974 to 1976, Rev. Veazey was executive director of the Mayor's Manpower Services Planning and Advisory Council. As a minister, Rev. Veazey broke new ground in 1982 by ordaining the first female minister in the Black Baptist churches in the Washington, DC, metropolitan area.

Others accompanying the delegation:

Barbara Pillsbury, Ph.D. – A consultant to the delegation, Dr. Pillsbury played a lead in coordinating all planning and implementation of the mission. Dr. Pillsbury is a Chinese-speaking anthropologist whose early career focused on ethnicity and Islam following her Ph.D. dissertation on Islam in China at Columbia University in 1973. She has subsequently specialized in the design and evaluation of health programs in developing countries. Her work has encompassed all aspects of reproductive and sexual health, including population and family planning, HIV/AIDS and relationships to both gender and development issues. Dr. Pillsbury has worked extensively in China, teaching and conducting research and evaluations for numerous international organizations and Chinese governmental counterparts.

Mary Jean Green, Ph.D. – Dr. Green, a founding member of the Women's Studies Program at Dartmouth College, accompanied her husband, Ronald Green. Dr. Green holds the Edward Tuck Chair of French at Dartmouth College, where she has served as the associate dean of the faculty responsible for the Humanities. She regularly teaches in the Women's Studies Program. She has written extensively on women's writing throughout the francophone world and has organized and directed foreign study programs in France, Quebec and Morocco. Her most recent book is *Women and Narrative Identity: Rewriting the Quebec National Text*, and she has edited the anthology of women's writing, *Écritures de femmes*.

Serra Sippel, M.A. – Ms. Sippel is associate director of the international program at Catholics for a Free Choice (CFFC) where she manages the organization’s international advocacy activities at the United Nations on issues and policies related to sexual and reproductive health and rights and women’s rights. Ms. Sippel has led delegations of international religious leaders to several United Nations meetings, including the five-year reviews of the International Conference on Population and Development and the Fourth World Conference on Women; the Commission on the Status of Women and the Special Session of the General Assembly on HIV/AIDS. She collaborated with rabbis and Christian and Hindu scholars on a position paper on adolescent sexual rights for the 2001 Special Session of the General Assembly on Children. Ms. Sippel has participated on panels, in conferences and trainings with Catholic women in Latin America and Africa, and with Buddhist women in Asia. She has written numerous articles for publication on issues of religion and sexual and reproductive health and rights and co-authored a chapter, “Women Under Oppressive Regimes: Women and Religious Fundamentalism,” for the book *Reproductive Health and Rights: Reaching the Hardly Reached* (PATH, 2002). Ms. Sippel earned a master’s degree in religion with an emphasis on peace and justice at the Earlham School of Religion. From 1991 to 1994 she served as a lay volunteer for the Sisters of Charity of the Incarnate Word in Texas.

Johanna Jacoba van Kampen – Ms. van Kampen is a Dutch journalist, specializing in development cooperation, Asia and reproductive health and rights issues. A consultant to the delegation, she assisted with related writing projects. From 1993 to 2001, Ms. van Kampen worked as media director at the World Population Foundation, a Dutch non-governmental organization (NGO). Ms. van Kampen is currently a media consultant for the International Planned Parenthood Federation, the European NGO network for sexual and reproductive health and rights, population and development, as well as several NGOs in Eastern Europe. In 2001–2002 she trained more than thirty-five Asian NGOs on reproductive health and media relations. Throughout the 1990s she was part of the media team at UN conferences on social issues. She has written numerous articles on reproductive rights for Dutch media.

Annex B

Schedule and Itineraries in China

September 4–6, Thursday–Saturday

Delegation members begin arriving in Beijing

September 5, Friday

- 0900-1430 Frances Kissling and Barbara Pillsbury meet with Siri Tellier, UNFPA Representative, China; Ronny Lindstrom, UNFPA Deputy Representative; Dr. Zhao Baige and Hao Linna (NPFPC)
Venue: Great Wall Sheraton Hotel
- 1430-1600 Barbara Pillsbury meets with translator/interpreters
- 1730-1900 Frances Kissling and Barbara Pillsbury meet with Siri Tellier (UNFPA) and Eve Lee (Ford Foundation)

September 7, Sunday

- 0830-1200 Church service: Chong Wen Men Protestant Church
- 1500-1700 Meet with Chinese religious leaders
Venue: China Buddhism Association (Guangjisi Temple)
- 1730-1900 Delegates' Introductory Meeting
Venue: Great Wall Sheraton Hotel

September 8, Monday

- 0800-0900 Meet with Ms. Deborah Seligsohn and Ms. Kate Pongonis (US Embassy)
Venue: UN Conference Room
- 0900-1100 Meet with officials of UNFPA Country Office. Presentations by Siri Tellier and Ronny Lindstrom.
Venue: UN Conference Room
- 1130-1220 Meet with officials of the National Population and Family Planning Commission (NPFPC)
Venue: Tianhong Plaza Hotel
- Welcome by Ms. Jiang Yiman, Director General, Department of Policy and Legislation
 - Introduction to the implementation of China/UNFPA FP/RH Project by Ms. Hao Linna, Deputy Director General, Department of International Cooperation
 - Questions and Answers
- 1220-1235 Meet with Vice-Minister Wang Guoqiang of NPFPC
Venue: Tianhong Plaza Hotel
- 1235-1330 Luncheon hosted by Mr. Wang Guoqiang
Venue: Tianhong Plaza Hotel
- 1500-1700 Informal Discussion with experts and representatives of NGOs
Venue: Ford Foundation

September 9, Tuesday

- 0900-1030 Meet with Dr. Yang Qing, Deputy Director General, Department of Community Health and Maternal and Child Health, Ministry of Health
Venue: Ministry of Health
- 1130-1300 Meeting and lunch with Joel Rehnstrom (UNAIDS, China)
- 1300 Delegation divides into three sub-groups for flights to three provinces:
Group 1: Departure for Lanzhou, Gansu Province
Group 2: Departure for Yichuan, Ningxia Autonomous Region
Group 3: Departure for Wuhan, Hubei Province

September 10, Wednesday

- 0800-0930 Group 1: Departure for Yuzhong County (CP4)
Group 2: Departure for Lingwu County (non UNFPA-assisted project)
Group 3: Departure for Qianjiang County (CP4)
- 1000-1040 Orientation by county officials
Question and answers
- 1050-1230 Visiting county FP/RH service centers and MCH centers
- 1230-1330 Working lunch
- 1340-1500 Visiting FP/RH service centers and hospitals at township level
- 1500-1700 Visiting villagers and talk with village women
- 1700-1830 Group 1: Return from Yuzhong to Lanzhou city
Group 2: Departing Lingwu for Zhongwei County
Group 3: Departing Qianjiang for Songzi County

September 11, Thursday

- 0800-1230 Group 1: Visiting FP/RH activities in rural suburbs of Lanzhou (non UNFPA-assisted project)
Group 2: Visiting FP/RH activities in Zhongwei County (CP5)
Group 3: Visiting FP/RH activities in Songzi County (CP5)
- 1600-2000 Group 1: Return from Lanzhou to Beijing
Group 2: Return from Yinchuan to Beijing
Group 3: Return from Yichang to Beijing

September 12, Friday

- 0800-0930 Delegation internal debriefing
- 0930-1100 Feedback of trip and findings with UNFPA and NPFPC
Venue: UN Conference Room
- 1300-1500 Delegation internal debriefing and consensus-building
- 1500-1700 Press conference
Venue: Great Wall Sheraton Hotel

PROVINCIAL VISITS

Group 1: GANSU PROVINCE (September 9–11, 2003)

Group Members:

Nancy Kipnis
James Martin-Schramm
Carlton Veazey
Serra Sippel

Accompanied by:

Dr. Zhai Zhenwu, Director, School of Sociology and Population Studies, Renmin University
Ms. Hao Linna, Deputy Director General, Department of International Cooperation, NPFPC
Dr. Estrella Serrano, Technical Advisor, Reproductive Health/Family Planning Program,
UNFPA, China

Translator: Ms. Ni Weihong, General Manager, Hong & Sheng International Consulting Co.

Tuesday, September 9

1440 Flight Beijing to Lanzhou, capital of Gansu Province
1990 Dinner meeting with Mr. Liu Wei Zhong, Director General, Gansu Provincial Family Planning Commission

Wednesday, September 10

1000-1040 Orientation and Q&A with Yuzhong county officials among which included: Mr. Wei Wanhong, Vice Magistrate of county; Li Xueling, Women's Federation; Wung Lingfang, Family Planning Delivery; Yang Xihui, former director of the County Family Planning Commission
1050-1230 Visiting county FP/RH service centers/MCH centers
1230-1330 Working lunch
1340-1500 Visiting FP/RH service centers and hospitals at township level (Gaoya township)
1500-1700 Visiting villagers in Lijiamo village (of Gaoya township, Yuzhong county)
Surprise visit to Kou jia gou village (Dingyuan township) en route back to Lanzhou

Thursday, September 11

0800-1230 Visiting FP/RH activities in rural suburbs of Lanzhou
Shanggu village (Taiji township, Yongjing county, non UNFPA-assisted project)

Group 2: NINGXIA HUI AUTONOMOUS REGION (September 9–11, 2003)*Group Members:*

Nazir Khaja
 Ronald Green
 Mary Jean Green
 Meg Riley
 Barbara Pillsbury

Accompanied by:

Prof. Wu Junqing, Shanghai Center for Research and Development on Reproductive Health
 Ms. Siri Tellier, Representative, UNFPA China
 Dr. Ru Xiao–mei, Assistant Counsel, Department of International Cooperation, NPFPC
 Translator: Ms. Yuan Yuan, Hong & Sheng International Consulting Co.

Tuesday, September 9

1520 Flight Beijing to Yinchuan, capital of Ningxia Hui Autonomous Region
 1830 Dinner with Ms. MA Xiufen, Director of the Ningxia FP Commission

Wednesday, September 10

0900–1000 Briefing on NGO “Happiness Project” (Family planning and income generation for poor mothers) by project staff and local officials; Question and answers
 1000–1145 Huayi cun village (in Zongxing township) and Xiqu cun village (in Haojiaqiao township) to visit with villagers. Proceed to Wuzhong city, Litong district
 1200–1300 Working lunch
 1300–1400 Attend prayer service at East-Tower Mosque (Wuzhong)
 1400–1500 Group discussion with Muslim religious leaders, local officials and FP project staff
 1500–1630 Banqiaoxiang village: Visit village homes and speak with Muslim villagers
 1900 Dinner with Zhongwei county FP leaders, Zhongwei Deputy Mayor, local officials

Thursday, September 11

0800–1000 Yingshui township in Zhongwei county (CP5): Briefing and Q&A on project issues with county FP managers and technical staff; visit Yingshui township FP service station
 1000–1200 Visiting with villagers, Yingshui village
 1230–1400 Lunch and concluding discussion with local officials
 1430 Visit randomly selected village en route to airport

Group 3: HUBEI PROVINCE (September 9–11, 2003)*Group Members:*

Maureen Shea
 Paul Sherry
 Frances Kissling
 Johanna van Kampen

Accompanied by:

Prof. Zheng Zhenzhen, Chinese Academy of Social Sciences
 Mr. Hu Hongtao, Director, Division of Liaison, Department of International Cooperation,
 NPFPC
 Mr. Peng Jiong, Program Officer, UNFPA China
 Translator: Ms. Ying Yu (accompanied US State Department Assessment Team, May 2002)

Tuesday, September 9

1510 Flight Beijing to Wuhan, capital of Hubei Province

Wednesday, September 10

1000-1040 Briefing by county officials, with Q&A: Qianjiang Municipal Family Planning Commission, Deputy Mayor, Director of Commission Bureau of Education, Bureau of Health, Women's Federation, and others
 1050-1230 Visit to Xiong Kou township family planning service center and Xiong Kou township maternity hospital
 1230-1330 Working lunch
 1340-1500 Visiting township hospital on farm collective and township clinic
 1500-1700 Yang Cun village, visiting villagers and talking with village women

Thursday, September 11

0800-1230 Briefing on FP/RH activities and project plans (CP5) in Songzi County by the Mayor, Deputy Mayor, Women's Federation, Director of Hospital for Women and Children, Family Planning Staff, Director of Education for the City, and Director of City Government
 Visit to Hong Shi village; visit to Jie He township and Jie He Family Planning Clinic

Annex C

Major Contacts

In the US

US Congress

Mr. Tim Reiser, Senate Foreign Operations Appropriations Subcommittee

Mr. Chris McCannell, Chief of Staff, Congressman Joseph Crowley (Democrat, New York)

US Department of State

Ms. Kelly Ryan, Deputy Assistant Secretary of State, Bureau of Population, Refugees and Migration

Mr. Robert A. Gehring, Bureau of Population, Refugees and Migration

US Department of State Assessment Team to China

Ambassador (Retired) William A. Brown

Ms. Bonnie Glick

United Nations Population Fund (UNFPA)

Ms. Thoraya Obaid, Executive Director

Mr. Stirling Scruggs, Director, Information, Executive Board and Resource Mobilization Division

Ms. Sarah Craven, Chief, Washington Office

Common Global Ministries Board of Christian Church (Disciples of Christ) and United Church of Christ

Reverend Xiaoling Zhu, Area Executive for East Asia and the Pacific

In China

Chinese Central Government (Beijing):

National Population and Family Planning Commission

Mr. Wang Guoqiang, Vice-Minister

Dr. Zhao Baige, MD, PhD, Vice-Minister

Ms. Jiang Yiman, Director General, Department of Policy and Legislation

Ms. Hao Linna, Deputy Director General, Department of International Cooperation

Dr. Ru Xiao-mei, Assistant Counsel, Department of International Cooperation

Mr. Hu Hongtao, Division Director, Department of International Cooperation

Ms. Liang Jinxia, Assistant Consultant, Department of Policy and Legislation

Ms. Jiang Wen, Interpreter, Department of International Cooperation

Ministry of Health

Dr. Yang Qing, MD, PhD, Deputy Director General, Department of Community Health and Maternal and Child Health

Chinese Religious Leaders (Beijing):

The Most Venerable Master Xue Cheng, Vice President and Secretary General, Buddhist Association of China

Ven. Yuan Ci, Buddhist Association of China

Ven. Qing Yuan, Buddhist Association of China

Ven. Hong Du, Buddhist Association of China

Master Yuan Zhi Hong, Vice Secretary General, Taoist Association of China

Mr. Zhou Gao De, China Taoist Academy

Master Li Yu Lin, Beijing Baiyunguan Taoist Monastery

Mr. Ba La Ti, Vice Secretary General, Islamic Association of China

Mr. Ma He Mu Ti, Teacher, China Institute of Islamic Theology in Beijing

The Most Rev. Ma Yang Lin, Secretary General, Chinese Patriotic Catholic Association

Rev. Ying Mu Lan, Beijing Chapter, Chinese Patriotic Catholic Association

The Most Rev. Yu Xin Li, Vice Secretary General, China Christian (Protestant) Council

Rev. Gao Ying, Standing Member of the Council, China Christian (Protestant) Council

International (Beijing):***United Nations Population Fund (UNFPA)***

Ms. Siri Tellier, UNFPA Representative in China

Mr. Ronny Lindstrom, Deputy Representative

Mr. Peng Jiong, Program Officer

Dr. Estrella Serrano, Technical Advisor, Reproductive Health/Family Planning Program

Ms. Niu Zijing, Administrative Assistant

US Embassy, Environment, Science, Technology and Health Section

Ms. Deborah Seligsohn, Foreign Service Officer

Ms. Kathryn Pongonis, Foreign Service Officer

Ford Foundation

Ms. Eve Wen-Jing Lee, Program Officer, Sexuality and Reproductive Health Program

United Nations Programme on HIV/AIDS (UNAIDS)

Mr. Joel Rehnstrom, Country Program Advisor

Chinese nongovernmental (Beijing):

China Family Planning Association

Wu Guanghua, Department Director

Researchers

Dr. Zhai Zhenwu, Director, School of Sociology and Population Studies, Renmin University

Prof. Zheng Zhenzhen, Chinese Academy of Social Sciences, Beijing

Prof. Wu Junqing, Shanghai Center for Research and Development on Reproductive Health

Chinese NGO Participants in the Ford Foundation Roundtable for US Religious Delegation

Ms. Xie Lihua, Deputy Editor of the China Women's News and Director of "The Rural Women" initiative, a women's empowerment project that helps poor rural women and city migrant women

Ms. Chen Mingxia, a lawyer and coordinator of the China Anti-Domestic Violence Network, one of the first groups to address domestic violence in China

Ms. Tan Lin, director of the Institute of Women's Studies, All China Women's Federation

Ms. Liu Bohong, Deputy Director of Women's Studies, All China Women's Federation

Mr. Xie Zhenming, Deputy Director of China Population Information and Research Center

Prof. Zheng Zhenzhen, Researcher, China Academy of Social Science

Mr. Wu Zunyou, Director of Health Education and Intervention Department, China AIDS Prevention Center, China CDC

Mr. Qiu Renzong, Researcher, China Academy of Social Science and the leading ethicist in China

Provincial, municipal, township and village contacts:

Gansu Province

Lanzhou

Mr. Liu Wei Zhong, Director General, Gansu Provincial Population and Family Planning Commission

Mr. Yang Longjun, Gansu Provincial Population and Family Planning Commission

Yuzhong County (CP4)

Mr. Wei Wanhong, Vice Magistrate of county

Ms. Li Xueling, Women's Federation

Wung Lingfang, responsible for family planning service delivery

Yang Xihui, former director of Yuzhong County Family Planning Commission

MCH hospital officials

Village women and men in Lijiamo village (Gaoya township) and Kou jia gou village (Dingyuan township)

Yongjing county (non UNFPA-assisted project)

County and township family planning officials
 Village women and men in Shanggu village (Taiji township)

Ningxia Hui Autonomous Region*Yinchuan*

Ms. MA Xiufen, Director General, Ningxia Provincial Population and Family Planning
 Commission

Lingwu County (non UNFPA-assisted project)

County family planning leaders and staff of NGO “Happiness Project”
 Villagers in Huayi cun village (Zongxing township) and Xiqu cun village (Haojiaqiao township)
 Wuzhong Prefecture, Litong district
 Muslims praying at East-Tower (Dong Ta) Mosque
 Muslim religious leaders (Ahongs Wang Ju, Wu Xuexing, Yang Zhonghua, Wang Jingyu, Jin
 Xianqiang, Ye Wenhua, and Wu Xuecheng)
 County family planning leaders
 Officials of county Bureau of Religious Affairs
 Muslim women and men in Banqiaoxiang village

Zhongwei County (CP5)

Tang Jihun, Deputy Director, Zhongwei County Family Planning Commission
 Ms. Pang Shaojun, Zhongwei Deputy Mayor
 Other local officials
 Yingshui township: health and family planning workers at family planning service station
 Yingshui village women and men

Hubei Province*Qianjiang County (CP4)*

Officials: Municipal Family Planning Commission, Deputy Mayor, Director of Commission
 Bureau of Education, Health Bureau, Women’s Federation, and others
 Family planning and health care personnel at Xiong Kou township family planning service
 center and Xiong Kou township maternity hospital
 Staff at township hospital on farm collective and township clinic
 Village women in Yang Cun village

Songzi County (CP5)

Officials: Mayor, Deputy Mayor, Women’s Federation, Director of Hospital for Women and
 Children, Family Planning Staff, Director of Education for the City, and Director of City
 Government
 Villagers in Hong Shi village
 Citizens in Jie He township
 Staff of Jie He Family Planning Clinic

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Annex E

**From the US Department of State, Bureau of East Asian and Pacific Affairs,
Background Note: China, March 2003,
<http://www.state.gov/r/pa/ei/bgn/18902pf.htm>.**

Population Policy

With a population officially just under 1.3 billion and an estimated growth rate of about 1 %, China is very concerned about its population growth and has attempted with mixed results to implement a strict family planning policy. The government's goal is one child per urban family, and two children per rural family, with guidelines looser for ethnic minorities with small populations. Enforcement varies widely, and relies upon "social compensation fees" for extra children as a means of keeping families small. Official government policy opposes forced abortion or sterilization, but occasional allegations of coercion persist in localities that take their population growth targets most seriously. Recent international efforts, including those funded by the UN Population Fund (UNFPA), are demonstrating to government officials that a voluntary, non-coercive approach to family planning can be effective in promoting sustainable population growth. The government's goal is to stabilize the population in the first half of the 21st century, and current projections are that the population will peak at around 1.6 billion by 2050.

Annex F



The Executive Director

UNFPA
United Nations
Population Fund

1 February 2002

Excellency,

Enclosed, based on an unofficial translation, is UNFPA's position on China's recently adopted Population and Family Planning Law. You will see that our comments are essentially the same as I made when my UNFPA colleagues and I discussed with some other government officials, the proposed Law, the International Conference on Population and Development definition of informed choice and the implications of the social compensation fee on individual choices, when I visited you in Beijing in December.

Excellency, we understand and appreciate that progress is being made in China's population programme and from UNFPA's perspective we applaud your efforts in this regard. We do, however, have reservations on aspects that contradict ICPD principles and recommendations, as I explained in Beijing.

Next week in Beijing, UNFPA will share its position with Embassy Representatives from four members of the UNFPA's Executive Board Members at their request.

Our comments are offered in the same spirit of cooperation that we have maintained during our 22 years of collaboration with the People's Republic of China.

It is my expectation that our dialogue will continue with the arrival of our new representative, Ms. Siri Tellier, who will report to work in Beijing on 4 February 2002.

His Excellency
Mr. Zhang Weiqing
Minister
State Family Planning Commission
4 Zhichun Road
Beijing 100088
People's Republic of China



The Executive Director

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I am confident that you and Ms. Tellier will have many opportunities over the next few years to discuss issues of mutual concern.

Please accept, Excellency, the assurances of my highest consideration.

A handwritten signature in dark ink, which appears to read "Thoraya A. Obaid", is centered on the page.

Thoraya Ahmed Obaid
Under-Secretary-General



UNFPA FNUAP

United Nations Population Fund
Fonds des Nations Unies pour la population

The following comments on the new Population and Family Planning Law of the People's Republic of China are based on an unofficial translation of the law.

The UNFPA notes the efforts of China to move from an administrative approach to a client-oriented one in its population and family planning programmes. In general, many aspects of the client-centred approach are underscored in the Population and Family Planning Law, which was passed by the National People's Congress of China on 29 December 2001.

While noting the efforts of the law to move China towards compliance with the Programme of Action of the International Conference on Population and Development (ICPD), the United Nations Population Fund (UNFPA) is still concerned about a number of its provisions

In particular, articles 18, 41 and 42, pertaining to advocating one child per couple and social compensation fee are contrary to the principles of free choice in the matter of family size as expressed in the ICPD Programme of Action. On these matters, the UNFPA expresses its concerns and intends to seek further clarifications from Chinese authorities. It should be noted that the Fund does not support any measures, including national legislation, which are not in line with the principles of the ICPD. Paragraph 7.12 states, in part, "The principle of informed free choice is essential to the long-term success of family-planning programmes. Any form of coercion has no part to play". As has been the practice, the UNFPA will bring its concerns to the attention of the Chinese authorities any further variances with the ICPD principles that are observed.

**UNFPA FNUAP**United Nations
Population FundFonds des Nations Unies
pour la population

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The UNFPA notes as a positive step that the new law affirms and codifies the right of each individual to safe, effective and appropriate contraceptive methods, based on informed choice, strictly forbids sex-selective pregnancy termination and the use of ultrasound or other techniques to identify the sex of the foetus. It also prohibits any forms of discrimination against women who give birth to female children or suffer from infertility, bans discrimination against, mistreatment of, and abandonment of female infants and protects citizens from excesses made by implementers of the new law at the local level. These provisions conform with the voluntary approach to reproductive health and family planning and emphasis on eliminating discrimination against women and girls recommended by the ICPD Programme of Action. The ICPD agreed: "The human rights of women and the girl-child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civil, cultural, economic, political, and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community".

Meanwhile, the UNFPA will continue its dialogue with Chinese authorities regarding their programme and compliance with the ICPD.

Annex G

Myths and Realities of China's Population Program

By Joan Kaufman, *Harvard Asia Quarterly*, Vol 7, No 1 (Winter 2003):21-25.¹

In the summer of 2002, the Bush administration decided to withhold the US contribution of \$34 million to the United Nations Population Fund, the UN agency which provides funding to family planning and reproductive health programs worldwide, because of its work in China. The message behind the US decision was clear, or was it? Ostensibly the US government was declaring its intention not to be a party to rights abuses by the Chinese family planning program. In actuality this decision was motivated as much by domestic anti-abortion politics as by concern about rights abuses in China.

One of the first decisions of the Bush administration when it entered office in 2001 was the reinstatement of the Mexico City Policy, a policy named for the location in which it was first announced in 1984 at the International Conference on Population and Development (1). That policy, also known as the "global gag rule," put restrictions on US family planning donations from going to any organization that provides abortions or abortion counseling overseas. This policy was widely criticized by a broad coalition of domestic and international agencies who recognize that access to safe abortion for unwanted births is crucial not only for reducing women's deaths in childbirth and from illegal abortions worldwide, but also for protecting women's rights to make this highly personal choice for herself. The Mexico City Policy had been reversed in the early 1990s as part of strong US leadership internationally on the promotion and protection of reproductive health and rights.

US leadership on these issues in the 1990s culminated in a new international consensus at the International Conference on Population and Development (ICPD) held in Cairo in 1994. Consequently, a worldwide shift in family planning programs from an exclusive focus on population control to a wider concern for women's health, women's rights, and women's social and economic development began (2). In December 2002, the Bush Administration officially announced that it no longer supports the ICPD Cairo Platform for Action (3).

Reproductive rights in the US are being threatened by the very same people who supported the UNFPA de-funding decision and the re-instatement of the Mexico City Policy. The same forces have been actively working to restrict the reproductive rights of US women and youths. A recent editorial in *The New York Times*, entitled "The War on Women,"(4) reviewed recent actions by the Bush Administration to restrict the reproductive rights of youth and women in the US and abroad. These include a series of executive orders, regulations, legal briefs, legislative maneuvers and key judicial and administration appointments over the last several years. Also included are bans on sex education that teach anything but abstinence education, elevating the legal status of the fetus so that the rights of unborn children can supercede those of women and girls (e.g. for federal health insurance coverage or as a means of justifying federal bans on embryonic stem cell research), packing the judiciary with judges opposed to *Roe v. Wade*, and supporting Congressional legislation to reduce publicly-funded abortion services including a ban on "partial birth abortions" which is a strategy to restrict any abortion access.

¹ Joan Kaufman is a Visiting Scholar in the East Asia Legal Studies Program at Harvard Law School and a fellow at Harvard's Kennedy School of Government.

These anti-abortion and abstinence-only policies are being pushed to the point that federal websites dealing with women's health and sex education have actually been revised (contrary to scientific evidence) to delete any positive reference to abortion or condom use. For example, the Centers for Disease Control and Prevention website has deleted reference to studies stating that condom use does not lead to earlier or increased sexual activity or that it is highly effective in preventing the sexual transmission of HIV, and that there is no association between abortion and breast cancer (5).

US conservative and religious groups are increasingly appropriating a set of decisions and debates that affect the most intimate decisions of couples around the world regarding their reproductive rights. The same forces who promote limiting access by US youth to safe sex and family planning information are also attempting to export this domestic US anti-abortion and anti-sexual rights agenda abroad, allying themselves with the Vatican and fundamentalist and conservative religious regimes at international conferences to block endorsement of language protecting women's rights (6). These same groups have successfully lobbied for restrictions on funds for family planning internationally, using the China case to justify their position.

It may be time to examine the common threads underlying actions in the US allegedly justified by China's reproductive rights abuses on the one hand, and restricting the reproductive and sexual rights of US youth and poor women worldwide, on the other. Drawing these connections and understanding their common roots may help to garner support for needed change in both policy positions.

Behind all these actions is an alliance of conservative religious groups opposed to family planning, abortion and the rights of youth to safe sex information and services beyond abstinence promotion. A conservative religious NGO, the Population Research Institute (PRI), has lobbied for both the UNFPA de-funding decision and the retraction from the ICPD Cairo commitment (7). PRI has joined forces with conservative politicians in Washington to oppose US support for family planning and abortion programs worldwide and with liberal and conservative politicians alike to maintain criticism of rights abuses within China's family planning program even as the latter begins to improve. PRI has successfully lobbied to keep UNFPA funding restrictions in place by publicizing incidents of rights abuses within the China family planning program and by orchestrating media coverage of these incidents.

These efforts have convinced many in the US Congress and among the public that China's leaders continue to authorize forced abortions and forced sterilizations and that groups like UNFPA are complicit in the implementation of these abuses. This is despite much evidence to the contrary, including the report of a senior US State Department fact-finding delegation sent to China in May 2002 headed by a senior official, which dismissed the allegations as false (8). In the court of public opinion, PRI and its like-minded allies are winning through strategic use of the media.

China's Family Planning Program: Recent Changes

While China's family planning program has certainly earned its bad reputation in the past, in the last several years there have been serious efforts to improve the program's approach. These changes, and similar improvements in countries like India, Indonesia, and Peru (now again under threat from conservative religious forces wielding political power), have resulted at least in part from international pressure, spearheaded by the US in the 1990s, to protect the reproductive rights of the world's women. Ironically, just as these actions are bearing fruit worldwide, the US has reversed its leadership in promoting both reproductive health and rights at home and abroad and has put those rights in jeopardy through the series of new policies and initiatives described above.

The Chinese family planning program has been actively re-thinking its rationale and approach as a result of both the 1994 ICPD and a series of internal pressures for change that have accompanied twenty years of social and economic change. These pressures have occurred in a context of substantial relaxation of government control over people's daily lives and movement towards a more open and market-oriented society where government services must respond to increasing expectations of consumer rights (9). Moreover as China modernizes and younger educated leaders assume positions of power in society there is a more sophisticated, open, and informed policy discourse. These forces are moving China's family planning program towards a service-oriented program that provides more room for choice, albeit still far short of the prescriptions of the Cairo accords in 1994 (10).

A number of internal and external factors are driving these changes. On the internal side, there is mounting awareness among Chinese academics and political leaders of the mixed impacts of the one child policy after 20 years of implementation. While the main intent of the program, to keep China's enormous population growth momentum in check, has been achieved, the negative impacts of the policy on gender and the ratio of workers to elderly are increasingly recognized and worried about. There is also a growing recognition that the fines imposed on couples for excess births outside the population plan provide an opportunity for financial abuses by local government officials. Increasingly, China's new and dynamic women's movement is speaking out against the abuse of women's rights in the implementation of the family planning program (11).

When the one child policy was introduced in 1980, China's population was already at nearly one billion. The potential for a huge population increase was looming, as a baby boom generation of hundreds of millions of youth under 20 years of age would reach childbearing age over the next decades, adding many new births even with only two births per couple. China's fertility in 1980 was already low by developing country standards with an average of less than three births per couple when the one child policy was introduced.

The one child policy has always been mainly an urban and suburban rule. Many rural couples, especially poorer ones, are allowed two births with four years spacing between them, especially if the first birth is a girl. Couples are fined for un-allowed births with a "social compensation fee" equal to a year or more of their income. Twenty years later, China has managed to avert about 600 million births and the population still stands at almost 1.3 billion. An additional 300 million or so births are anticipated in the next fifty years at which point the cumulative effects of lower fertility will stabilize population growth around the year 2050 at 1.6 billion and a slow decrease should begin (12).

Acknowledgement of Negative Impacts of the One Child Policy

However, the policy's achievements in terms of numbers control have taken a huge toll on treatment and survival of baby girls. The national sex ratio at birth is 117:100 for boys:girls (13) and there are reported ratios of over 140 in many poorer areas and some parts of the northeast. Most surveys show that couples desire two children, one boy and one girl, but will keep trying until they have a boy (14). Sex-selective abortion occurs widely despite criminal laws prohibiting it. Good quality ultrasound machines are standard equipment at county and township hospitals and family-planning clinics throughout China. Ultrasound technicians routinely accept money under the table to provide anxious couples with answers about the sex of their fetus. For second and higher pregnancies, if the fetus is a girl, the couple will most likely seek out an abortion if they already have a daughter, unwilling to give up their only chance for the birth of a baby boy under the restrictions of the family planning policy, especially if they have already paid the fines. Unwanted newborn daughters that make it to birth are often abandoned to orphanages so the couple can try again for a boy (15).

While such extreme preference for sons has more or less disappeared in urban China and in many of the highly developed coastal areas where educational and employment opportunities abound, it remains firmly entrenched in poorer parts of rural China where women's social status is still very low (16). In rural patrilineal China, girls marry out of their own families and villages into their husband's family; only boys can carry on the family name and tend to ancestral rites. In addition to concerns for rights of the girl child, many worry that this distorted sex ratio will plague China for years to come and contribute to increased trafficking in girls for brides for poor farmers who otherwise will be unable to find spouses.

Moreover, as fertility has decreased below replacement level in cities like Shanghai, the elderly are facing a crisis in social security and old age support as the ratio of workers to elderly becomes more and more skewed. In 2000, only nine percent of the population was over 60 years of age, but by the year 2030 it will grow to 22 percent and ten percent of China's gross domestic product will need to be spent on pension payments to the elderly (17). The low ratio of workers to elderly will make it increasingly hard for the government to maintain an adequate social security system. Recognizing at the same time the burden on a couple composed of two only children (i.e. both spouses with no siblings) for the care of four elderly parents, there is a growing nationwide concern about pensions and old age support and where it will come from.

Another concern driving the rethinking of the family planning policy has been the abuse of family planning fine-collection at lower levels of government—one of the major complaints about local governance in rural China (18). Problems of local governance, especially problems of corruption, and shortcomings in fiscal accountability and transparency, are already serious enough. Added to these problems have been numerous reports of local officials encouraging births so they can collect the family planning fines as a source of local revenue (19). China's new family planning law, which went into effect in 2002, specifically addresses this problem by taking fine collection out of the hands of local officials (20), but this abuse by officials of the family planning regulations, which undermines both policy aims and local trust, has contributed to a rethinking of the mechanisms for implementing family planning policies.

Others are reexamining the family planning program from the perspective of local public finance and advocating the reintegration of health and family planning services at the local level as one way to solve the crisis in public finance for health (21). The relatively well-funded family planning system could help subsidize the very under-funded public health system, which will be increasingly stressed as the AIDS epidemic begins to spread throughout China. Local governments in poorer areas could make more efficient use of limited local public finance by consolidating these two funding streams.

External Pressures for Change

On the external side, many scholars and family planning officials in China have been influenced by the international reproductive health and rights movement of the 1990s, as consummated in the 1994 ICPD Platform for Action and the Beijing Women's Conference the following year. As a signatory to both international agreements, China has subsequently begun the slow process of revisiting the methods and approach of its own program vis-a-vis women's rights, client orientation, and informed consent.

Spurred by international donors like UNFPA, the program has begun to move in a more positive direction on a number of fronts, including a nationwide effort to promote informed choice of contraceptives by couples, rather than requiring them to accept an IUD after the first birth and to be sterilized after the second (22). While still encouraging the use of effective contraceptive methods, the program is incorporating counseling and individual choice in this very personal matter and providing better medical screening and follow-up services (23).

These changes in the way services are delivered have been evolving for several years and have now been formalized in revised guidelines and official policy documents from the State Council and State Family Planning Commission (24). A new Population and Family Planning Law enacted in September 2002 explicitly states that coercion in the implementation of the family planning policy is a criminal offense and punishable by law. While China's legal system is weak and not really a mechanism for protecting against such rights abuses, the message from this new legislation is clear.

These changes are also a result of the important role played by global civil society in sharing agendas and tactics for social policy reform. A number of Chinese NGOs, including one academic and one affiliated with the government, have been active in promoting the international reproductive rights agenda supported by international partners. The Chinese affiliate of the International Planned Parenthood Association is the China Family Planning Association. This group, though government-affiliated, has taken an increasingly independent position promoting client rights and public oversight of the actions of local family planning officials. The Yunnan Reproductive Health Research Association, a truly independent NGO with many international partnerships, has played a leading role in translating key international reproductive health and rights documents, organizing conferences, and advocating for the protection of reproductive rights in China's family planning program.

Moreover, China's emerging women's movement was energized by the Beijing Women's Conference in 1995, and many of the connections made at that conference between international women's NGOs and researchers and China's nascent women's NGO movement have continued and flourished. Since 1995, the internet and global and regional women's conferences, which have contributed to publicizing the international covenants that China is a signatory of, have helped generate much important research and advocacy on women's rights issues. China's women's movement also increasingly utilizes successful tactics borrowed from other countries.

Besides reproductive rights, a number of other formerly taboo issues have made headway in recent years, including that of trafficking in women, violence against women, and the rights of the female children. A small group of women's NGOs that have emerged since the Beijing Conference are spearheading advocacy and action on these and other women's rights issues (25). A domestic violence network, a women's hotline providing legal advice to women who have lost their jobs or have been sexually harassed or are seeking fair divorce settlements, and a magazine for rural women that organizes support for female migrant workers are just a few examples of an expanding network of Chinese women's NGOs with global connections.

The Future of the One Child Policy

Does all this add up to the possibility that China's one child policy will be revoked? There are many in China who support such a move but the prospect for a reversal is unclear. Many senior officials in China attribute China's remarkable economic progress in the last twenty years partly to its decision to strictly control its population growth, and it is unlikely that China will ever move to a situation in which some degree of birth limitation is not advocated.

However, a growing set of policy makers are pushing for a relaxation of the policy, and, in many parts of China, there is clear evidence that it is no longer needed. Places like Shanghai have had below-replacement fertility rates for many years and few couples would have another child even if allowed to, given the costs of education and housing as well as the opportunity costs in a society that now allows entrepreneurship, expanded educational opportunities, and all sorts of leisure activities. Much of China's eastern seaboard and large metropolitan areas are already at below-replacement fertility rates. While desire for more children, especially a boy, remains in poorer, rural

areas and among many economic migrants who have been able to slip through the net of the family planning programs, twenty years of intense propaganda on China's population problem have had a huge effect on changing fertility desires (26). This suggests that the relaxation or removal of the policy would probably not result in a big surge in births as feared.

These changes in the family planning program are underway, and things are moving in the direction of reform. But it will take time to undo twenty years of intensive policy pressure on local officials to achieve birth quotas, and begin to value the rights of women at least as much as the numbers of births. These shifts in policy result partly from internal pressures for change in a society that has become increasingly diverse and with increasing public discourse on social and economic development (27), even though direct opposition to the population policy and the family planning program are still rarely voiced.

Considering these changes, therefore, it may be time for the international community to separate myth from reality and re-visit China's reputation as the evil empire regarding family planning abuses. For the Bush administration in particular, it may be high time that it began to acknowledge and support these changes in the right direction.

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Annex H

Excerpt, “Population Policy in China: A Moral Analysis,” by Ronald M. Green

What does it mean to say that a person or organization “supports or participates in” a coercive program? The word “supports” can be used in at least two ways. It can mean that one shares the goals and objectives of a program, as when I say, “I support the policies of the present administration.” Or it can mean that, without sharing its goals, one provides aid and assistance to a program and help[s] sustain it, as when I say, “Those who buy recreational drugs support the drug cartel.” The phrase “participates in” has an even wider range of meanings. I “participate in” something when I take part or have a role in it. But such participation can be direct and essential to a program’s operation, or it can be very remote, a minor aspect of a complex activity. It can also be witting or unwitting. I directly and wittingly “participate in” illegal drug dealing if I choose to run an underground drug lab. I directly but unwittingly participate in drug dealing if, unawares, I carry a suitcase in which drugs have been secreted through customs. I wittingly, but very remotely “participate in” drug dealing if I work as a pilot for a commercial airline that drug smugglers are known to use on occasion.

This four-fold scheme (witting/direct; unwitting/direct; witting/indirect; and unwitting/indirect) suggests we must exercise moral judgment determining the degree of culpability associated with various types of participation in wrongdoing. There are forms of participation, such as knowingly managing a drug lab, that everyone regards as morally culpable; and there are forms of participation that are either unwitting or so remote from direct involvement that they are not regarded as blameworthy. In such cases (the airline pilot is an example), we even hesitate to term those involved as “participants” in the wrongful scheme.

Does UNFPA “support” the alleged practice of coercive abortion in China? In the first sense of “support,” as sharing the goals and objectives of such a practice, it very clearly does not. As an arm of the UN, UNFPA is firmly committed to the goals of ICPD, which include voluntarism in family planning. These same ICPD principles also bar UNFPA from involvement in the program of abortion services. (Although UNFPA is permitted to assist in the training of medical professionals to handle medical problems caused by abortions, it does not include abortion training or the provision of abortion services among its activities.) Does UNFPA then support these alleged practices in the second sense: helping to sustain them by the provision of goods or other resources?

The State Department legal analysis that informed Secretary Powell’s defunding decision contends that UNFPA’s provision of computers to country programs assists program staff in keeping track of out-of-plan births and, hence, in imposing the fees which the analysis judged to be coercive of abortion. However, several things that our delegation learned in China contradict this reasoning. For one, we learned that UNFPA undertakes periodic monitoring of the use of its donated computer equipment to ensure that it is used only for program purposes related to ICPD goals. For another, the Chinese do not need computers to efficiently manage the fee program, which they have done for years using written records. (In one family planning clinic we visited, I was surprised to see an abacus placed alongside the most modern birth control equipment and drugs. This is a reminder that the Chinese have thousands of years of experience in running a large bureaucratic empire.)

Most important, what UNFPA contributes to the China program is only a drop in the bucket of the social resources China currently expends on this effort. When we spoke to high-level National Population and Family Planning Commission officials, they were offended by the idea that the US could “punish” them by ending UNFPA’s material support for their programs. That support, they said, was negligible compared with their own government’s.

But if this was so, why were they troubled by the attack on UNFPA? Why is UNFPA important to them? Their answers to this question were unanimous and of great importance in terms of the issue of support. UNFPA, they said, is an agent of change in China. They noted that many people, including powerful figures in the government, are opposed to a transition to a population program based on ICPD principles. . . . Taking this viewpoint seriously, we can see that far from “supporting” coercive measures in either sense of the term “support,” UNFPA’s activities in China undermine coercion and weaken the hold of those who favor it.

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THE UNITED NATIONS POPULATION FUND IN CHINA: A CATALYST FOR CHANGE

REPORT OF AN INTERFAITH DELEGATION TO CHINA

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