

Mr. Speaker, Congress passed the Endangered Species Act more than 20 years ago. Originally intended to protect animals, this act hurts humans. It is time to give human needs at least as much consideration as those of birds, fish, insects, and rodents. The time has come for a change. Private, voluntary, incentive-driven environmental protection is the only effective and fair answer to this controversial law.

TRIBUTE TO MARVIN D. "SWEDE" JOHNSON

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 1995

Mr. SKELTON. Mr. Speaker, many Missourians, especially young Missourians, mourn the passing of Marvin D. "Swede" Johnson of Tucson, AZ. He was best known as a former grand consul of the Sigma Chi Fraternity. He was a friend and an inspiration to those who knew him and worked with him through the years.

Marvin D. Johnson, vice president of public affairs for Coors Brewing Co. for the past decade, died of complications from pulmonary fibrosis. He was 66. Johnson was an academic administrator for 35 years at the University of Arizona and University of New Mexico before joining Coors in 1985. He was renowned as a community leader and raised millions of dollars for charities.

Born November 2, 1928, in Willcox, AZ, Johnson worked as a youth at his father's ranch and feed store and earned 17 athletic letters at Willcox Union High School. He received a scholarship at the University of Arizona and made the football team as a walk-on. After graduating from Arizona, Johnson stayed on 27 years as an administrator. He started out in a temporary position, then became director of the student union before being promoted to vice president for university relations. From 1977 to 1985, Johnson was vice president of student affairs at the University of New Mexico in Albuquerque and served as chairman of the Western Athletic Conference. He moved to Coors in 1985.

At Arizona, the alumni foundation was named the Marvin D. "Swede" Johnson Building in 1993, when he also was awarded an honorary doctorate degree by the university. Johnson considered his greatest career achievement the lobbying effort he directed to establish a medical school at Arizona. He also was international grand consul of the Sigma Chi Fraternity from 1983 to 1984, and national chairman for the Council for the Advancement and Support of Education in 1980. He received the New Mexico Distinguished Public Service Award in 1982, the same year he was elected to "Who's Who in America."

He is survived by his wife, Stella; two daughters, Lynn Engel of Foster City, CA, and Karen Riebe of Tucson, AZ; a grandson, Marshall Riebe; and a sister, Ann Johnson McPherson of Houston. Many Members of this body had the opportunity to know Swede through the years. He was an outstanding leader, an inspiring example, and a good friend. Those who knew him will truly miss him.

80TH ANNIVERSARY OF THE
FOUNDING OF MAGNOLIA

HON. ROBERT E. ANDREWS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 1995

Mr. ANDREWS. Mr. Speaker, I rise today to recognize an outstanding community, the Borough of Magnolia. On May 12, 1915, a special election was held to create the Borough of Magnolia. This year the borough recognizes its 80th anniversary. In this year of celebration, I commend the people of Magnolia for their commitment to their heritage and their community.

The history of Magnolia begins with the Lenni-Lenape Indians, who inhabited Magnolia over a hundred years ago. At the time, the Indians lived and hunted in the forests of what is today known as Magnolia. The name "Magnolia" originated from a beautiful Magnolia tree which grew on the Alhertson property at 610 W. Eveshan Avenue. Prior to this, Magnolia was known both as Fredersville and Greenland, and was located in old Gloucester Township.

Magnolia was originally divided into two townships, each one having its own specialty. Commerce was the dominant industry in one of the townships. In 1914 Assembly Bill No. 45 was drawn up to create a new township in the County of Camden. On May 12, 1915, the Borough of Magnolia was established. As the township grew, new forms of government were established. On July 27, 1915, a special election was held to vote for a mayor and to establish a council as the residing local government. Harry B. Wolohan became the first mayor of Magnolia.

As the small community began to grow many changes took place. A train stop in the heart of Magnolia brought many people into this community. It was these people that gave Magnolia its small town character. Families such as the Barretts, the Marshalls, the Speegles, the Millers, and other civic minded families made Magnolia what it is today.

With the help of the entire community Magnolia is making significant steps forward. Progress can be seen in better roads, and a more extensive transportation system. An invigoration of environmentally aware citizens is also taking place. These civic minded citizens are becoming interested in preserving the town's environment and heritage for future generations.

In this anniversary year, I commend the town and people of Magnolia for their progress and accomplishments. With continued civic involvement by all residents, Magnolia will continue to grow and thrive. I would also like to recognize Mary F. Martz whose extensive research of Magnolia I have relied upon heavily for these remarks. Happy anniversary.

INTRODUCTION OF THE INTER-
NATIONAL POPULATION STA-
BILIZATION AND REPRODUCTIVE
HEALTH ACT

HON. ANTHONY C. BEILENSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 1995

Mr. BEILENSON. Mr. Speaker, on behalf of myself and Mrs. MORELLA, I am introducing a bill today to address the rapid growth of the world's population in a comprehensive manner. Our bill, which has also been introduced in the Senate by Senators SIMPSON and BINGAMAN, would make the goal of population stabilization, along with the improvement in health of women and children, a primary purpose of U.S. foreign policy.

We are introducing this legislation because we believe strongly that the United States must take determined action to address what is without a doubt the most urgent crisis facing humanity: The rapid rate of growth of the human population and its dire consequences for the environment, for food supplies, for overcrowding, for immigration pressures, for political stability, and for our own national security.

Global population is now nearly 5.7 billion, and it is growing by almost 100 million every year—by 260,000 every 24 hours. Future prospects, moreover, are even more staggering. If effective action is not taken in the next few years—as today's 1.6 billion children in the developing world under the age of 15 reach their childbearing year—the Earth's population could nearly quadruple to 20 billion people by the end of the next century.

In much of the developing world, high birth rates, caused largely by the lack of access of women to basic reproductive health services and information, are contributing to intractable poverty, malnutrition, widespread unemployment, urban overcrowding, and the rapid spread of disease. Population growth is stripping the capacity of many nations to make even modest gains in economic development, leading to political instability and negating other U.S. development efforts.

The impact of exponential population growth, combined with unsustainable patterns of consumption, is also evident in mounting signs of stress on the world's environment. Under conditions of rapid population growth, renewable resources are being used faster than they can be replaced. Other environmental consequences of the world's burgeoning population are tropical deforestation, erosion of arable land and watersheds, extinction of plant and animal species, and pollution of air, water and land.

Overpopulation, however, is not a problem for lesser developed countries only. Rapid population growth in already overcrowded and underdeveloped areas of the world has given rise to an unprecedented pressure to migrate, as workers seek decent, and more hopeful lives for themselves and their families. According to a recent report by the United Nations Population Fund [UNFPA], over 100 million people, or nearly 2 percent of the world's population, are international migrants, and countless others are refugees within their own countries. Many of the world's industrialized nations are now straining to absorb huge numbers of people, and in the future, as shortages

of jobs and living space in urban areas, and resources such as water, agricultural land, and new places to dispose of waste grow even more acute, there will be even greater pressure to emigrate.

For those of us from Los Angeles and other coastal urban areas that are magnets for immigrants, world population growth is not an abstract issue—it is one that, quite literally, has been laid right at our doorstep. Communities in Los Angeles County, when enormous numbers of both legal and illegal immigrants are settling, are being overwhelmed by the burden of providing educational, health, and social services for the newcomers. And the problem will get bigger: Largely because of immigration, California's population is expected to grow from 31 million, where it stood in 1990, to 63 million by the year 2020.

Time is of the essence. How quickly we provide worldwide access to family planning and reproductive health services is crucial. Like compound interest applied to financial savings, high fertility rates produce ever-growing future populations. For example, if a woman bears three children instead of six, and her children and grandchildren do likewise, she will have 27 great-grandchildren rather than 216. Likewise, if Nigeria, which now has 109 million people, reaches replacement fertility by 2010 rather than 2040 (as currently projected), its eventual population would be 341 million, rather than 617 million. Thus, what we achieve in the way of making comprehensive family planning and reproductive health services available in this decade will determine whether world population stabilizes at double today's level or at triple that level—or more.

Population growth is an enormous problem, but one we can solve—if we make a determined effort to do so. For almost 30 years, population assistance has been a central component of U.S. development assistance and, in that time, has been remarkably successful in lowering birth rates. In many parts of Asia, Latin America and Africa, fertility rates have decreased, often dramatically. Couples are succeeding in having the smaller families they want because of the greater availability of contraceptives that our assistance has made possible.

Today, approximately 55 percent of couples worldwide use modern methods of contraception, compared with 10 percent in the 1960's. But despite this impressive increase in contraceptive use, the demand for family planning services is growing, in large measure because populations are growing. Indeed, over the next 20 years, the number of women and men who wish to use contraception is expected to nearly double.

Similarly, population assistance has contributed to the significant progress that has been made in reducing infant and child mortality rates. Child survival is integrally linked to women's reproductive health, and specifically to a mother's timing, spacing and number of births. But despite substantial progress, a large proportion of children in the developing world—particularly in sub-Saharan Africa and some Asian countries—still die in infancy.

And, while many countries in the developing world have succeeded in reducing maternal mortality rates, the incidence of maternal death and disability remains unacceptably high, constituting a serious public health problem facing most developing countries. According to the World Health Organization, an esti-

mated 500,000 women die every year as a result of pregnancy and childbirth.

At the International Conference on Population and Development [ICPD], held in Cairo last year, the United States was instrumental in building a broad consensus behind a comprehensive Program of Action, which was signed by almost all of the 180 countries that participated in the conference, and which will help guide the population and development programs of the United Nations and national governments into the next century.

The International Population Stabilization and Reproductive Health Act is consistent with the goals and the recommendations of the ICPD: It lays the foundation for focusing U.S. foreign policy on a coordinated strategy that will bring about the widespread availability of contraceptive services and women's and child health programs, as well as educational, economic, social and political opportunities necessary to enhance the status of women.

The bill we are introducing today sets specific health objectives, program descriptions, and funding targets to guide U.S. population programs, and expands U.S. efforts for the treatment and prevention of AIDS and other sexually transmitted diseases.

This legislation also increases the U.S. commitment to providing for universal access to basic education, with an emphasis on eliminating the gap between female and male literacy levels and school enrollment, and promoting equal opportunities for women. Initiatives to increase infant and child survival, as well as to ensure the health and safety of pregnant women, are included as a critical component to achieving the bill's goals.

In addition, our bill expresses support for the United Nations Forward Looking Strategies for the Advancement of Women, as adopted in 1985 by the United Nations Conference ending the Decade of Women, and for the ratification of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women, which was signed by the United States in 1980.

Mr. Speaker, our Nation's interest is clear. There can be no doubt that combating rapid population growth is one of the most humane, farsighted and economically effective efforts we can undertake. Every additional dollar spent on these programs will save many times this expense in future U.S. foreign assistance. According to UNICEF, "family planning could bring more benefits to more people at less cost than any other 'technology' now available."

For all these reasons, we believe that population assistance should be a central feature of U.S. foreign policy, and we urge our colleagues to join us in supporting this legislation for that purpose.

INTRODUCTION OF THE INTERNATIONAL POPULATION STABILIZATION AND REPRODUCTIVE HEALTH ACT

HON. CONSTANCE A. MORELLA

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 1995

Ms. MORELLA. Mr. Speaker, I am pleased to join with my colleague TONY BEILENSON in introducing the International Population Stabilization and Reproductive Health Act.

There has been a growing realization over the last 10 years that population growth is not a neutral factor in economic development but is a critical factor in environmental degradation and sustainable development programs. It is also increasingly evident that any successful efforts to address these problems must include steps to empower women, providing them with the ability to exercise control over their own lives by assuring access to reproductive and other health services and access to educational opportunities.

In the developing world, the inability of women, especially poor women, to access basic family planning services and information undermines women's efforts to determine their own destiny, increases illness and mortality rates of women and their children, contributes to environmental degradation, and inhibits the ability of families to lift themselves out of poverty.

The impact of human population growth, combined with widespread poverty, is being demonstrated by the mounting signs of stress on our environment, such as tropical deforestation, erosion of arable land and watersheds, extinction of plant and animal species, global climate change, waste management, and air and water pollution.

After more than 25 years of experience and research, the actions needed to rapidly reduce birth rates are well documented. The ability to exercise reproductive choice must be expanded, through the broader dissemination and choice of family planning services which involve the community, especially women, and which meet the needs and values of those who use them.

The International Population Stabilization and Reproductive Health Act will establish accessibility to family planning services and information as a principle objective of U.S. foreign policy.

In addition, the bill recognizes the importance of improving the health, social, and economic status of women as essential for any country's economic progress, and notes that women who participate in the social, economic, and political affairs of their communities are more likely to exercise their choices about childbearing than those who do not.

Of vital importance, this legislation makes the point that comprehensive population efforts which include both family planning services and economic development activities achieve lower birth rates and stimulate more development than those which pursue these objectives independently. It highlights issues such as education and literacy, infant and child survival, and gender equality as the most powerful long-term influence in reducing birth rates, and authorizes funding for support of basic health, nutrition, and education services for children and women.

This legislation represents a compromise among a number of interested parties, including population, women's health, and environmental groups, as well as Democratic and Republican legislators. The bill represents a huge step forward from the policies and attitudes of the 1980's and will help to restore U.S. leadership on this vitally important issue.