every legislative vehicle to ensure that the remainder of the Federal payment to the city is provided as quickly as possible. I will discuss with the distinguished chairman of the Committee on Appropriations the possibility of including the District in any omnibus bill or continuing resolution in the Senate, which we may consider, hopefully this week.

I intend to get the money available for education reform so it is not lost to the city, and to secure as much education reform as possible. It is imperative for the kids—and that is why we are here, is for those kids—and essential to the District's ability to attract business and people.

I thank the Senators who have supported us, the majority, in attempting to bring an end to this debate and encourage those who did not to keep an open mind and consider the larger issue of the needs of the Capital as we attempt to resolve this issue, and especially consider the children so badly in need of education reform. Mr. President, I am concerned about where we have gone. I still have hopes we will be able to resolve this. I will keep doing that until such time as we have reached the kind of solution that we need for this city.

I yield the floor.

Mr. GORTON addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Washington.

Mr. GORTON. Mr. President, are we still on this bill? What is the issue before the Senate at this time?

The PRESIDING OFFICER. The conference report is still pending.

Mr. GORTON. Mr. President, I ask unanimous consent I be permitted to speak as in morning business for not to exceed 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LOTT. Mr. President, certainly I will not object, but will the Senator withhold so I can make some important points at this point?

Mr. GORTON. I would indeed withhold, and also for the Senator from Vermont, if he wished to speak to the conference report.

Mr. LEAHY. Mr. President, I just ask I be recognized after the distinguished Senator from Washington.

I understand the Senator from Mississippi has some housekeeping matters to take care of first, but after that is done and after the distinguished Senator from the State of Washington, I ask I might be recognized as in morning business. That is a unanimous-consent request.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Mississippi.

Mr. LOTT. Mr. President, I do just have a couple of items we need to do right away.

———————————

MORNING BUSINESS

Mr. LOTT. Mr. President, I ask unanimous consent that there now be a period for the transaction of routine morning business until the hour of 3:30 p.m., with Senators permitted to speak for up to 5 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HATFIELD. Mr. President, I have recently expressed my concern for the harm done through the 85-percent cut in international voluntary family planning programs which is now law for this fiscal year.

I wish to submit for the record a body of statistics which describe what is likely to happen in the aftermath of a 35-percent cut in voluntary family planning programs. Again, the cut in this fiscal year is 85 percent.

These statistics represent the most conservative estimates of what a 35-percent cut would mean. In sum, we can expect nearly 2 million more abortions, and a minimum of 8,000 more women dying in pregnancy and childbirth. One need not be a professional demographer to calculate what this year's 85 percent cut will mean for families across the globe.

Mr. President, I ask unanimous consent that these estimates be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

METHODOLOGICAL SUMMARY

(Prepared by the Alan Guttmacher Institute)

The potential effect of a 35% cut in U.S. funding for family planning is estimated by gathering and sometimes reconciling information from a wide variety of sources, ranging from national censuses and population estimates to country-specific surveys of women of reproductive age to special studies of contraceptive use and of pregnancy outcomes. Detailed references and calculations are available on request. The following outline describes the basic steps in the estimation.

Estimation of the impact of the funding cut starts by determining how many of the couples who depend on U.S funded family planning programs will lose their access to contraceptives.

Population censuses and estimates indicate an estimated 829 million women of reproductive age are living today in developing countries other than China (which receives no U.S. family planning program support).

Surveys of women in developing countries show that roughly 247.5 million of these women and their partners use modern methods of contraception to lengthen the time between the births of their children or to avoid having more children than they already have.

Because of their poverty, 190.5 million, or 77%, of the couples in developing countries outside of China who are using modern contraceptive methods rely on public-sector family planning programs for their contraceptive method.

The United States contributes about 17% of all public funds spent on family planning in developing countries other than China, accounting for 32.4 million couples using modern contraceptive methods. [Of these couples, 12.6 million are estimated to be protected by contraceptive sterilization or long-lasting methods including hormonal implants (such as Norplant) and intra-uterine devices (IUDs).]

On an annual basis, 19.8 million couples depend on U.S. supported programs to obtain contraceptive supplies, such as pills, condoms or injectables, or to start use of a long-term method, such as voluntary sterilization, hormonal implants or IUDs.

A cut in program resources of 35% means that 12.9 rather than 19.8 million couples will be able to be served in a year's time, leaving 7.0 million couples without access to contraceptive supplies or services.

The second step is estimating what effect losing U.S. supported family planning services will have on the couples who were depending on them for contraceptive care.

There are few other contraceptive choices in developing countries for women who lack access to modern contraceptives. A conservative estimate is that of the 7.0 million women losing services because of U.S. funding cuts 2.8 million will turn to traditional methods and 4.2 million will use no contraceptive.

Because pregnancy rates are so much higher among couples relying on no method or on a traditional method than if they use a modern contraceptive, 4.0 million more unwanted pregnancies are expected in developing countries due to the drop in family planning program resources.

About 40% of these unintended pregnancies are likely to end in induced abortion, even though it is often not legal and performed in unsafe conditions—accounting for 1.6 million abortions among the expected additional unwarranted pregnancies.

Some 47% of these unintended pregnancies are likely to end in unwanted births with the remaining 13% resulting in spontaneous abortions or miscarriages—accounting for 1.9 million unwanted births among the expected additional unwanted pregnancies.

Maternal mortality rates in developing countries are high, about 4.1 deaths per 1,000 women giving birth, leading to an estimated 8,000 additional deaths due to pregnancy among the women facing additional unintentional pregnancies.

In summary, it is estimated that, in a year's time as a result of a 35% cut in AID funding, there will be:

7.0 million couples in developing countries who would have used modern contraceptive methods will be left without access to these methods.

As a result, there will be 4.0 million more women experiencing unintended pregnancies, leading in turn to:

1.9 million more unplanned births, and

1.6 million more abortions (the remainder of the unintended pregnancies ending in miscarriages); and

8,000 more women dying in pregnancy and childbirth.

Estimate of number of additional abortions resulting from a 35-percent cut in USAID funding for family planning services for all developing countries excluding China

1. WRA	829,000,000
2. Percent in union	
3. MWRA	
4. Percent MWRA using modern methods	
5. Percent WRA using modern methods	
6. Modern method users	247,473,000
7. Percent FP supplied by public sector	74
8. Percent of private sector subsidized	10
9. Modern method users relying on public sources	190,455,221
10. Percent of USAID share of total funding	17
11. Users protected by USAID	32,377,388
12. Percent users using long term methods	43
13. New sterilization acceptors as percent of ster. users	10

14. USAID-funded users needing current protection	19,847,339
15. Percent of USAID budget cut	35
16. Current users left unprotected	6,946,568
17. Proportion adopting traditional methods in percent	40
18. New users of traditional methods	2,778,627
19. Percent of failure rate for traditional methods ..	30
20. Unwanted pregnancies from traditional use	833,588
21. Percent of pregnancy rate for those unprotected	75
22. Unwanted pregnancies from those unprotected ..	3,125,956
23. Total unwanted pregnancies from budget cuts	3,959,544
24. Percent resorting to abortion	40
25. Additional abortions	1,583,818
26. Percent of pregnancies resulting in live births ...	47
27. Additional unwanted births	1,860,986
28. Maternal mortality rate	410
29. Additional maternal deaths	7,630

ESTIMATE OF NUMBER OF ADDITIONAL ABORTIONS AND MATERNAL DEATHS RESULTING FROM A 35-PERCENT CUT IN USAID FUNDING FOR FAMILY PLANNING

Date of DHS	Developing countries minus China	Bangladesh 1993/94	Ghana 1993	Philippines 1993	Peru 1991/92
1. Women of reproductive age (WRA)	829,000,000	29,100,183	3,970,368	17,019,483	6,143,800
2. Percent in union		79			
3. Married women of reproductive age (MWRA)		23,076,445			
4. Percent MWRA using modern methods		36			
5. Percent WRA using modern methods			9	15	20
6. Modern method users	247,473,000	8,353,673	369,244	2,569,942	1,222,616
7. Percent FP supplied by public sector	74.4	79	43	70	48
8. Percent of private sector subsidized	10	10	10	10	10
9. Modern method users relying on public sources	190,455,221	6,774,829	179,822	1,876,058	650,412
10 Percent of USAID share of total funding	17	24	40	65	57
11. Users protected by USAID	32,377,388	1,625,959	71,929	1,219,437	370,746
12. Percent of users using long term methods	43	31	16	61	37
13. New sterilization acceptors as percent of ster. users	10	6	13	7	9
14. USAID-funded users needing current protection	19,847,339	1,153,415	61,859	525,171	246,041
15. Percent of USAID budget cut	35	35	35	35	35
16. Current users left unprotected	6,946,568	403,695	21,651	183,810	86,114
17. Proportion adopting traditional methods in percent	40	40	40	40	40
18. New users of traditional methods	2,778,627	161,478	8,660	73,524	34,446
19. Percent of additional pregnancy rate with traditional methods	30	30	30	30	30
20. Unwanted pregnancies from traditional use	833,588	48,443	2,598	22,057	10,334
21. Percent of additional pregnancy rate for those unprotected	75	75	75	75	75
22. Unwanted pregnancies from those unprotected	3,125,956	181,663	9,743	82,714	38,751
23. Total unwanted pregnancies from budget cuts	3,959,544	230,106	12,341	104,772	49,085
24. Percent resorting to abortion	40	38	40	52	43
25. Additional abortions	1,583,818	87,440	4,936	54,481	21,107
26. Percent of pregnancies resulting in live births	47	49	46	36	43
27. Additional unwanted births	1,860,986	112,752	5,800	37,718	21,107
28. Maternal mortality rate	410	600	1000	100	300
29. Additional maternal deaths	7,630	677	58	38	63

SOURCES AND NOTES

1. Population Division, 1995, *World Population Prospects: The 1994 Revision*. New York: Department for Economic and Social Affairs, United Nations. ST/ESA/SER.A/145. All figures are for 1995.

2. DHS country reports.

3. *WRA [1] percent in unions [2]*.

4. DHS country reports.

5. DHS country reports.

6. For specific countries modern method users are calculated by: *WRA [1] percent WRA using modern methods [5]* if data are available, otherwise *MWRA [3] percent MWRA using modern methods [4]*.

For all developing countries, the number of modern method users is derived from: W. Parker Mauldin and Vincent C. Miller, 1994. *Contraceptive Use and Commodity Costs in Developing Countries, 1994–2005. Technical Report Number 18*. New York; United National Population Fund, p. 17. This source gives the total number of modern method users in the developing world in 1995 as 460,673,000. Modern method users in China (213.2 million) were subtracted to estimate users in the rest of the developing world. The estimate for China is based on contraceptive prevalence of 83 percent of MWRA (*World Contraceptive Use 1994*, United Nations Department of Economic and Social Information and Policy Analysis, Population Division, New York.) The number of MWRA in China is estimated to be 256.9 million, based on a 1990 estimate in *World Contraceptive Use 1994* of 222.7 million and an annual growth rate of WRA of 2.9 percent (*World Population Prospects*).

7. For individual countries figures are from DHS reports for users of reversible methods.

For the developing world excluding China the figure is based on an estimate of users supplied by government sources for all developing countries of 86.3% from *Contraceptive Use and Commodity Costs in Developing Countries, 1994–2005*, p. 30. Assuming that all users in China are supplied by the public sector, the estimate for all developing countries excluding China becomes 74.4%: (460.6 million users 86.3% public—213.2 Chinese users)/247.5 million users in LDC-China.)

8. According to *Contraceptive Use and Commodity Costs in Developing Countries, 1994–2005*, p. 30, 4.4% of all private sector services are provided by NGOs. Other private sector services, such as social marketing, are also subsidized. We have estimated that 10% of all private sector services are subsidized by the public sector.

9. *Modern users relying on public sources=Modern method users [6] percent public [7] + modern method users [6] percent private percent of private sector subsidized [8]. Percent private=1-percent public [7]*.

10. Estimates for individual countries are from Population Action International (unpublished tabulations).

For the developing world excluding China estimates are based on three different approaches.

The first approach is based on the following assumptions and calculations by Population Action International: total family planning expenditure in the developing world is $4–5 billion, expenditure in China is $1 billion, USAID expenditure in FY 1995 was $547 million, thus USAID expenditure is 14–18% of all expenditure outside China.

The second approach is based on commodities distributed. In FY 1995 USAID provided 608 million condoms, 3.1 million IUDs, 52.5 million cycles of oral contraceptives, 14.8 million vaginal foaming tablets, 82 thousand units of Norplant and 2.9 million units of Depo-Provera. (NEWVERN Information System, special tabulation provided by JSI). This translates in 19.6 million couple-years of protection for these methods alone. According to *Contraceptive Use and Commodity Costs in Developing Countries, 1994–2005*, p. 24, total couple-years of protection for all methods except sterilization is 212.4 million. Chinese users account for 46 percent of all modern method users (213.2/460.7), so the remaining countries have 54 percent of these couple-years of protection, or 115 million. The USAID figure of 19.6 million is 17 percent of 115 million.

The third approach assumes that official development assistance accounted for 25% of total funds spent on family planning; private payments by users accounted for another 25% and governments of developing countries funded the remaining 50% (R. Bulatao, 1993. *Effective Family Planning Programs*, Washington, DC: World Bank). Thus, 75% of funds are from public sources. USAID contributes about 50% of all foreign assistance family planning dollars. Thus it contributes 17% of public funding for family planning: 50%25%/75%=16.7%.

11. *Modern method users relying on public sources [9]USAID share of funding [10]*. This estimate coincides well with an estimate based on commodities distributed. USAID provided 19.6 million couple-years of protection based on all methods other than sterilization (see 10 above). In the developing world, 56 percent of users rely on these methods, the other 44 percent use sterilization (*Contraceptive Use and Commodity Costs in Developing Countries, 1994–2005*, p. 20). If the same ratio applies to USAID-supported users, then total USAID-supported users would be 19.6 million/0.56 or 35 million.

12. Figures for individual countries are from DHS. They refer to sterilization users. In countries with significant reliance on the IUD, 70 percent of IUD users have also been included as long-term use (based on an average duration of use of about 3.5 years). For all developing countries the estimate is calculated as the weighted average for the 18 countries with the largest USAID programs (weighted by the number of USAID-supported users).

13. Calculated as 1/(45—mean age at sterilization). Estimates of mean age are from DHS and/or AVSC. Average for all developing countries is from John Stover, *et al.*, *Empirically Based Conversion Factors for Calculating Couple-Years of Protection*, The EVALUATION Project, 1996, draft.

14. *Users protected by USAID [11] x (1-percent using long term methods [12] + percent using long term methods [12] * New ster acceptors as % of users [13]).*

15. Assumed to be 35 percent.

16. *Users needing current protection [16] x percent of budget cut [17].*

17. This is an estimate of the percent people who lose their family planning services due to USAID budget cuts that would adopt traditional methods as an alternative. Since the people losing their services are committed users, many would adopt traditional methods. However, traditional methods require the active participation of both partners, so many would probably not adopt these methods. One approach to estimating this figure has been developed by The Alan Guttmacher Institute. This approach uses DHS data to determine traditional method use as a proportion of all women either using a traditional method or having an unmet need for family planning. The average of 36 developing countries for which data are available shows that 20 percent of these women use traditional methods (Alan Guttmacher Institute, 1995. *Hopes and Realities; Closing the Gap Between Women's Reproductive Aspirations and their Reproductive Experiences*, AGI, New York, Appendix Table 7). This is likely to be an under-estimate since there are many reasons other than lack of access for women to have an unmet need (lack of knowledge, religious objections to family planning, spouse opposes family planning, fear of side effects). Therefore, to be conservative, we have doubled this figure to 40 percent.

18. *Users left unprotected [18] x percent adopting traditional methods [19].*

19. Failure rates for withdrawal and periodic abstinence in developed countries are reported to be around 20% (*Contraceptive Technology, 16th Revised Edition*, Robert A. Hatcher, *et al.*, New York: Irvington Publishers, Inc. 1994, p. 652). For developing countries there is very little information. One study used DHS data to calculate that 16% of users of withdrawal had a birth in the first years of use (Lorenzo Moreno and Noreen Goldman, 1991. "Contraceptive Failure Rates in Developing Counties: Evidence from Demographic and Health Surveys." *International Family Planning Perspectives*, 17(2), June 1991, pp. 44–49.) The number of pregnancies (rather than births) due to traditional method failure would be even higher (Elise F. Jones, "Contraceptive Failure and Abortion." *International Family Planning Perspectives*, 17(4), December 1991, p. 150) Also, this study was based on respondent recall. There is a tendency, especially with traditional method users, to forget or not report use immediately before a pregnancy. Therefore, we assume that the annual pregnancy rate among traditional method users is about 40%. For users of modern methods the pregnancy rate is about 10%. (It is estimated to be about 14% in the U.S. among users of reversible methods. [Elise F. Jones and J.D. Forrest, 1992. "Contraceptive failure rates based on the 1988 NSFG," *Family Planning Perspectives*, 24:12–19.] but this number is high because there is little use of the IUD. For USAID-supported users, the IUD accounts for about half of all couple-years of protection provided by reversible methods.) Therefore, the additional pregnancy rate due to users switching from modern methods to traditional methods is 30% (40%–10%).

20. *New traditional method users [20] x failure rate [21].*

21. The annual pregnancy rate for those couples using no method is 85% (*Contraceptive Technology, 16th Revised Edition*, Robert A. Hatcher, *et al.*, New York: Irvington Publishers, Inc. 1994, p. 652). Subtracting the 10% pregnancy rate for couples using modern methods (note 19) leaves an additional pregnancy rate of 75%.

22. *(Users unprotected [18]—new traditional method users [20] x pregnancy rate [23].*

23. *Unwanted pregnancies from traditional method failure [22] + unwanted pregnancies from users left unprotected [24].*

24. Estimated to be 40%. Estimates are based on the following information:

The number of unintended pregnancies is the sum of abortions, unintended births and unintended pregnancies that end as spontaneous abortions (estimated as 10% of abortions + 20% of unintended births).

The main source of data on abortions is World Health Organization, 1994. *Abortion: A tabulation of available data on the frequency of unsafe abortion*, Geneva: WHO. These figures are also supported by S.K. Henshaw, 1990. "Induced abortion: A world review", *Family Planning Perspectives*, 22, 76–89 and The Alan Guttmacher Institute, 1994. *Clandestine Abortion: A Latin American Reality*, New York: AGI.

The number of unintended births is obtained by applying regional average proportions of all births that are unintended, to UN estimates of the total number of births in each region. Estimates of the total number of births that are unintended are obtained from DHS surveys done in the late 1980s/early 1990s. The weighted average for countries that have surveys, in a given region, is assumed to apply to the region as a whole. These proportions are based in women's reports of the wantedness status of each birth in the five years prior to the survey. Regional distributions of all pregnancies by planning status were published in chart form in *Hopes and Realities: Closing the Gap Between Women's Reproductive Aspirations and their Reproductive Experiences*, p. 25). These data were used to recalculate the distribution of unintended pregnancies by pregnancy outcome (that is, excluding wanted births and that proportion of wanted pregnancies that end as spontaneous abortions).

Country or region specific numbers were used for the individual countries. For Peru estimates are from: The Alan Guttmacher Institute, 1994. *Clandestine Abortion: A Latin American Reality*, New York: The Alan Guttmacher Institute. Other country estimates are based on regional data (The Alan Guttmacher Institute, unpublished tabulations).

25. *Unwanted pregnancies [25] percent resorting to abortion [26].*

26. Estimated as 47% for all developing countries. (Alan Guttmacher Institute, unpublished tabulation.) For Peru estimates are from: The Alan Guttmacher Institute, 1994. *Clandestine Abortion: A Latin American Reality*, New York: The Alan Guttmacher Institute. Other country estimates are based on regional data (the Alan Guttmacher Institute, unpublished tabulations).

27. *Unwanted pregnancies [25] percent resulting in live births [28].*

28. The Progress of Nations: 1995, UNICEF, pp. 52–53.

29. *Additional live births [25] maternal mortality rate [26] / 100,000.*

WAKE UP: TRADE MATTERS

Mr. HOLLINGS. Mr. President, I would like to draw my colleagues' attention to a short interview that appeared this morning in USA Today. In it, textile businessman Roger Milliken outlines the inaccuracies in the present-day argument that only free trade can improve our Nation's economy. With a plethora of hard facts, Mr. Milliken debunks this myth by focusing on the real problem: America does not have real trade troubles with nations that accept and sell products from America. America's trade problems are with countries like Japan and China that won't let American products into their markets.

Across the Nation, columnist and now Presidential candidate Pat Buchanan has opened up the wound of disinvestment in America. Unlike the Washington pundits and experts, people across America know that trade matters. Hard-working people have a tremendous disaffection with our trade policies and that unsettledness is bound to grow.

Mr. President, Roger Milliken hit the nail on the head of trade in this interview. I ask unanimous consent that it be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From USA Today, Mar. 5, 1996]

TEXTILE MAGNATE CRITIQUES RECENT TRADE DEALS

Roger Milliken, the South Carolina textile magnate, is a leading advocate of protectionist trade policies and a major contributor to GOP presidential candidate Patrick Buchanan and other conservative politicians and causes. In a rare interview, Milliken tells USA Today's Beth Belton why he thinks recent trade deals have been a mistake.

Q: You're against free trade, right?

A: Stop right there. We do believe in free trade. We have plants offshore. We have one in Japan and 11 in Europe. But the products we make are all sold in those countries. We don't take advantage of low labor costs to bring products back and destroy U.S. jobs.

Q: But you are against the North American Free Trade Agreement. Do you have plants in Canada or Mexico?

A: No. And we wouldn't consider either country because I've studied history, and I've found that no country has ever remained a major economic factor in the world that has lost its own manufacturing. . . . We have a manufactured goods trade deficit of $174 billion, and if you use Clinton administration figures that every $1 billion of exports supports 20,000 jobs, it's not far-fetched to say that if we didn't have a deficit, we would have 3.4 million more manufacturing jobs in the U.S. than we have.

Q: The USA has been losing manufacturing jobs for decades, and many economists say technology, not trade is the reason. You disagree?

A: Technology companies in this country pay lower wages than textile companies. The biggest piece—$52 billion—of our $174 billion goods trade deficit is in autos and auto parts. The second is textiles and apparel—$37 billion. We're talking about year-round, full-time jobs. Most of the U.S. jobs created now are in the tourist trade or part-time fast-food jobs. These jobs don't pay benefits. They don't hold the family together. The turnover rate in the fast-food business is 250%. There's nothing steady or stabilizing to the economy about that.

Q: But don't statistics from your home state, South Carolina, show trade is helping create manufacturing jobs?

A: I take total exception to that. Four weeks ago in Spartanburg County, where I live, five textile plants closed down permanently. That's 800 jobs. Sure, the state gained 6,000 jobs last year because foreign companies invested in South Carolina.