

as well as for its ability to foster cooperation and understanding among nations. We hope the dialogue on U.S. participation in the United Nations that is taking place in your committee hearings and elsewhere in Congress will reaffirm the value of the United Nations as an effective instrument of U.S. foreign policy, and that you will view an increased U.S. commitment to multilateral development institutions, including U.N. agencies, as a way of enhancing our country's leadership capabilities in the U.N. system and with the Third World in general.

Mr. YATRON. The first member of the panel is Mr. Lane Vanderslice, an issue analyst with Bread for the World.

STATEMENT OF LANE VANDERSLICE, ON BEHALF OF BREAD FOR THE WORLD

Mr. VANDERSLICE. Thank you, Mr. Yatron, for the opportunity to testify before this subcommittee. I represent today the 45,000 members of Bread for the World in the United States who are concerned about the poor of the world. Let me suggest that the concern for the poor of the world is much, much broader than that in the United States and that we just represent the tip of the iceberg. So I think when we discuss political feasibility and other things, I think we should recognize the very real concern that exists on the part of the American people for the world's poor.

Although this hearing concerns international organizations, I would like to approach the preventable death of children from the point of view of human rights, the other mandate of your subcommittee. I believe that we are talking here about a very important human right—children's right to life. This right implies a concern not only on the part of the parents of the children, but also the larger community including, where appropriate, the international community.

From the point of view of the parents, I think we're talking about something very important. What is more important to parents than their child? What could be worse than to have the child die unnecessarily? Yet this is a situation that I think confronts hundreds of thousands, even millions, of parents each year.

Let me say from my personal experience that I lived in Latin America for 5 years, and while I was there my own son almost died of diarrhea. If I did not have access to a doctor, I don't think he would have survived. I think we have to adopt some sort of approach for those millions of people who can neither afford a doctor nor have access to one.

I also lived in a village for a while. While I was there in that poor farming village in Bolivia—my good friend's son died of measles. Inquiring further, it turned out that almost every family in that village had one child that had died, I think unnecessarily. That was when my son was 6 or 7, and it was really very poignant and eerie, almost, to think that we had a village in which everyone suffered some childhood death.

Let me turn to a number of points. I think Mr. Bingham's testimony has indicated that organizations believe that a substantial reduction in the number of small children that die each year can be made. We believe at Bread for the World that this challenge should be taken up. In fact, we propose a substantial increase in funds be made available specifically to reduce unnecessary child deaths. We believe that \$100 million annually can be used in this campaign.

As Mr. Bingham has pointed out, many organizations could be involved in this. Let me just refer to UNICEF and AID help.

UNICEF, for instance, I think can use \$50 million in the following way. First of all, they are trying to encourage participation in the child health revolution in countries and governments of countries. As these countries agree to participate, the funds must be made available to move these programs forward. I believe that \$10 million could be used to begin new country programs in 1985. There are also plans for an expanded worldwide vaccination effort and I believe an additional \$10 to \$20 million could be used in partial support of this program.

Third, the situation with respect to food in many parts of Africa is grave, and famine relief specifically focused on children, and establishing the mechanisms for continued child health revolution activities could easily use another \$20 million, I believe.

If I may say a few words about AID, I think Bread for the World is very disturbed by the dynamics that currently exists with respect to funding for AID's health program. AID's primary health care strategy is, we believe, excellent. It emphasizes low-cost strategies directed toward the most important health programs. The key elements in the strategy are, in fact, measures to reduce child deaths. I also believe that Mr. McPherson, the administrator, has a real commitment to this program.

Yet when we see what has happened over the past couple of years, we have serious cause for concern. The AID health program in each of the last 3 years has faced large proposed budget cuts. In fiscal year 1984, for example, the budget proposal was \$100 million, down from \$133 million in fiscal year 1983. Only at the end of the budget process was \$125 million provided. That compares with AID health funding in 1981 of \$142 million. This lack of growth and extreme uncertainty over final levels does not really permit moving ahead decisively in child health care. We believe that AID's health funds should be increased and that these should be earmarked for the child health revolution.

So, in summary, we believe that this subcommittee should recommend a substantial increase in funding for preventing childhood deaths. We believe that \$100 million is not too much. Entering this funding as a special line item in the 1985 foreign aid authorization for children's health would emphasize its importance. We also believe it could be provided as a children's health fund, with the central AID health office overseeing the distribution of funds made available for child health activities. Somewhat strengthening this office for that purpose would probably be necessary.

A sound bit of strategy, I think, is making U.S. contributions for child health activities to international organizations contingent on matching funds from other donor nations. This would multiply the funds available and ensure that, in fact, it had broad-based support.

In summary, Mr. Chairman, we ask this committee to act decisively to advance children's health in the Third World.

[Mr. Vanderslice's prepared statement follows:]

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