

Lobbying for International Health: The Link between Good Ideas and Funded Programs: Bread for the World and the Agency for International Development

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Abstract: Historically, the Agency for International Development (AID) health budget has been closely tied to overall development spending. A large increase in the international health appropriations in 1984 broke this pattern. Investigation shows that active grass roots organizing and congressional lobbying are the most likely

responsible factors in the increase. Maintenance and expansion of this success will require increased recognition of and participation in these activities by individuals and organizations involved in international health. (*Am J Public Health* 1986; 76:793-796.)

Introduction

Each year the United States Government provides a major share of the funds available internationally for health development in the third world. The bulk of these funds are channeled through either multinational organizations such as the World Bank, UNICEF, the World Health Organization, and the Pan American Health Organization, or through bilateral programs directly under the Agency for International Development (AID) or indirectly through consulting firms, universities, and professional associations. More recently, AID funding has become an important factor in the funding of international health programs of private voluntary organizations (PVOs) and even foundations and religious groups.

International health activities have made up a small but significant part of US bilateral assistance from its earliest days. Since fiscal year (FY) 1978, AID has presented its health development programs under a separate "functional account." Subsequent data on Administration requests and congressional appropriations for the AID health account are shown in Figure 1. The Carter Administration showed a continued interest in increased international health funding while the Reagan Administration has generally proposed significant cuts. In constant dollars, the six Reagan proposals so far have been on average 30 per cent lower than the four Carter requests and 20 per cent lower than congressional appropriations during the Carter Administration.¹ Although Congress moderated the budgets proposed by both Administrations, they have not deviated from the presidential request for health by more than 27 per cent in any year. This pattern changed dramatically in FY 1985 when a relatively large Administration request was increased by almost 60 per cent. No other AID functional account received such special treatment in FY 1985 or in any other year of either Administration. This major increase in health funding was made by a Congress committed to cutting the budget. In addition, all congressional action on this bill ended on October 12, 1984,² two weeks before extensive media coverage of the African famine began.³

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Organizing Support

Bread for the World—The Initiator

Examination of the events leading to this extraordinary increase in international health funding revealed the central organizing role played by a non-denominational Christian interest group called Bread for the World (BFTW). Originating in New York City in 1973 under the guidance of Arthur Simon, a local clergyman and brother of then representative Paul Simon of Illinois, BFTW has as its central mission organizing grass roots support and congressional lobbying in favor of measures relating to worldwide hunger and development. BFTW activities are funded primarily through individual contributions which, given its status as a "citizens' lobby", are not tax deductible. In recent years, as membership has increased toward 50,000 and staffers to about 40, BFTW has come to take on a larger and more effective role in shaping public policy.⁴

Each year the staff of BFTW investigates a wide variety of issues relating to hunger. Specific legislative proposals are outlined and, after consultation with the membership, are selected based on their potential for impact on the problem area and for their legislative feasibility. In 1984 and FY 1985, the AID health account, which had previously been a minor issue on the BFTW agenda, was targeted along with UNICEF for a major effort. A detailed review of subsequent events is instructive.

Select Committee on Hunger

The US House of Representatives, acting on the initiative of interested members, established a Select Committee on Hunger in 1984.⁵ Although select committees cannot introduce legislation, they serve as a means to gather information, educate members of Congress and their staffs on issues, and make legislative recommendations. Two BFTW members were hired as staff of the Select Committee on Hunger, giving them an excellent counterpart position from which to organize support for specific measures.

Child Survival Focus

In early 1984, a package bill of BFTW international initiatives was introduced as HR 4440 by Tony P. Hall (D-OH) and Jim Leach (R-IA). The bill contained provisions for, among other things, a \$50 million increase in the AID health account and \$50 million more for the United States contribution to UNICEF's "Child Survival" campaign. These ambitious measures were first considered in the Human Rights and International Organizations Subcommittee of the House Foreign Affairs Committee. The congressional staff felt that requesting a dramatic increase in UNICEF funding would be difficult since it is presented

Requests(•) and Appropriations(◦)

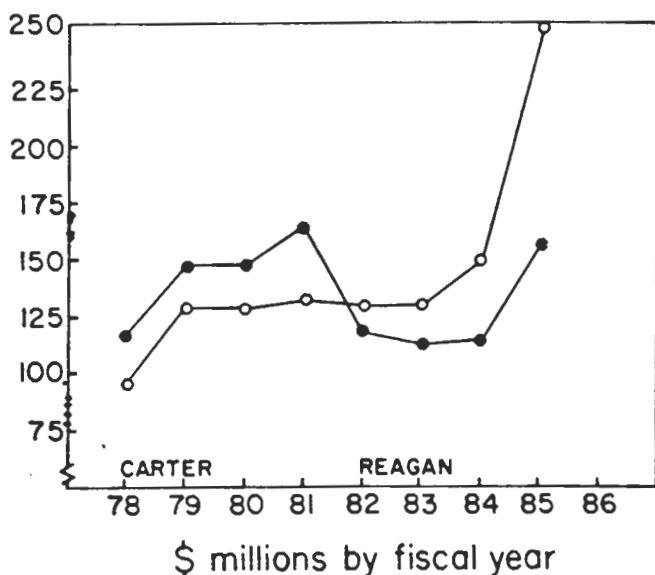


FIGURE 1—US Agency for International Development Health Budget, 1978–86

together with other United Nations agencies. In addition, the US Committee for UNICEF was not interested in pushing for this increase at that time. As a compromise measure, it was decided to request the establishment of a Child Survival Fund within AID which would be targeted for the same types of programs as supported by UNICEF. This substitution was supported by both BFTW and UNICEF.

BFTW Activities

On the grass roots level, BFTW through its monthly newsletter kept members informed on the progress of legislation, and encouraged them to write letters supporting various items on the BFTW legislative agenda. HR 4440 was the one bill targeted for "offerings" of letters. These offerings are based on a presentation of the issues covered by the legislation by a local BFTW member to a church or other group and the writing of letters to be mailed together to their Members of Congress. Several hundred of these offerings, averaging 30 to 50 letters apiece, were made in favor of HR 4440. They appear to have had considerable impact. A staff member of the house Select Committee on Hunger noted that frequently a congressional staffer would call after receiving the letters to request information on the bill and the reasons behind it. Often a previously neutral Representative would become a cosponsor of either this bill or one of the related measures introduced as the proposals evolved. Local BFTW groups in districts represented by members of key House and Senate committees were especially active and would coordinate their activities to coincide with action on individual provisions of the bill.

In addition, personal meetings to encourage support were held between local BFTW groups and their members of Congress in a majority of districts. Finally, BFTW members were active in writing editorials and letters to the editor in local newspapers supporting the targeted legislation. As the year went on, the provisions of HR 4440 were modified substantially. BFTW's Washington, DC staff kept members informed of the current status so that local members could

address the issue exactly in their efforts. At one point, a special appeal went out to all BFTW members living in states or districts whose congressional members were on the key foreign aid or appropriations committees. An estimated 5,000–10,000 letters were written in response.

*Congressional Action***US House of Representatives**

Back in Washington, the course of the legislation was tortuous. The House Foreign Affairs Committee accepted the Child Survival Fund, but at only a \$25 million level. The AID health account was authorized at \$158.8 million which, although an increase, was the same as the Administration request and far below the BFTW target. This bill passed the House but, as no foreign aid bill passed the Senate, no authorization bill was passed that year. Thus it fell to the appropriations committees, especially the foreign operations subcommittees, to set funding levels for international health.

In the House, the Administration's health request of \$158 million became the baseline figure. In subcommittee, amendments added \$15 million to the health account for Africa and created (again) the Child Survival Fund at \$25 million. Although representing substantial increases, these still fell short of BFTW goals. Based on the idea of a BFTW member in Washington, a proposal was introduced in August to earmark 5 per cent of AID's Economic Support Fund (ESF) for health activities. The ESF consists of non-military aid given to countries to show political support and, while often spent in the form of cash subsidies or the provision of commodities, much of the money is available for the same sort of development programs found in the "technical assistance" accounts. The provision had appeal since it did not involve appropriating additional funds and meant that more of the ESF might go to health programs. This measure was the focus of intense lobbying and grass roots support and was eventually cosponsored by over 100 members of the House. The Subcommittee on Foreign Operations declined to consider the measure, but it was reintroduced as an amendment in the full Appropriations Committee and passed narrowly. The full appropriations bill is a large item and none of the international health provisions were challenged on the floor.

US Senate

On the Senate side, although the House increases in the AID health account were accepted, neither the Child Survival Fund nor the earmarking of the ESF existed in the Senate appropriations bill as it reached the floor. The chairmen of both the Senate Appropriations Committee and its Foreign Operations Subcommittee opposed the earmarking provision. While the ESF was always earmarked by nation, it had never been earmarked by activity; both chairmen felt that such a measure would set a precedent for further restrictions on the fund. However, support for the earmarking was by this time widespread in the Senate and it was thought that an earmarking amendment might pass. In exchange a proposal was considered to add an additional \$50 million to the house AID health appropriations figure and \$10 million to the agriculture account earmarked for nutrition. Before being willing to commit themselves to this alternative, the Select Committee on Hunger arranged for key senatorial aides to hold a meeting with representatives of a variety of international health organizations including CARE, World Vision, Catholic Relief Services, UNICEF, and Save the Children. These organizations presented evidence that the additional money would not be wasted and described specific programs

that would become possible given adequate funds. Convinced, the Senators agreed to the alternative amendment. On the Senate floor, both the ESF earmarking and the additional funds were presented as amendments. The increased funding was accepted and the ESF earmarking dropped.⁶ Shortly thereafter a \$25 million Child Survival Fund was proposed and also accepted.

House-Senate Conference Committee

In the House-Senate Joint Committee, all that remained was to agree to the Senate's increased funds for AID in exchange for the House's ESF earmarking. The Child Survival Fund provisions had been accepted in both bills. The appropriations bill was passed and signed into law.

When the dust had settled, AID found itself with the \$158 million Administration request plus \$15 million added in the house and \$50 million added by the Senate plus a new account of \$25 million in the Child Survival Fund for a total of \$248 million for international health activities. This compares to \$150 million in combined regular and special appropriations the year before.

Other Lobbying Efforts

BFTW was by no means the only organization seeking to increase congressional interest in international health. A group called Results, associated with the San Francisco-based Hunger Project, lobbied and worked on newspaper coverage. The American Public Health Association (APHA) contacted members of its International Health Section who lobbied heavily for the ESF earmarking. AID, as the official representative of the Administration proposal, could support none of the efforts to increase its health account.

Discussion and Conclusions

What made FY 1985 different for health? Over the years there have been many attempts to increase US international health activities. These have come from individual members of Congress such as the late Senator Hubert Humphrey, from members of the Executive Branch such as Dr. Peter Bourne during the Carter Administration,⁷ and from many private individuals and organizations. While laudable, these activities do not seem to have been translated into the broad congressional support needed for significant funding improvements.

Considerable attention has been given to educating Congress on the merits of international health proposals. The development of "primary health care" programs by AID and their 1978 acceptance as the World Health Organization's basic strategy brought to the forefront exciting new technologies and approaches for health in developing countries. Even with administrative support, these new ideas did not result in increased AID funding.

In 1984, both committed individuals and good ideas for new programs were still present but, historically, these had not been sufficient. Extensive media coverage of the African famine had not yet begun. Close examination of the legislative history demonstrates that direct, focused and organized constituent pressure was almost certainly what turned congressional indifference into broad-based support. Organized constituencies acting in tandem with Members of Congress and often segments of the Executive Branch have a well recognized role in shaping public policy. For example, the success of the National Institutes of Health in this regard is well known.⁸ Areas like international health, without a "natural" constituency of direct US beneficiaries, are usually neglected unless a special organizing effort is made.⁹

The details of the story indicate that the Washington lobbyist is an essential component of this effort. HR 4440 was drafted by people experienced in writing legislation. Still, its international health provisions underwent several transformations and faced numerous obstacles before becoming law. Guiding a proposal through the labyrinthine congressional process often requires attention to detail, a willingness to compromise, and legislative creativity.¹⁰ The FY 1985 AID health proposals required all of these.

What are the prospects for the future? In 1985 BFTW, which has a large agenda to cover, has turned its attention primarily to other issues, although individual members retain their interest in international health. A recent study by the Rural Development Institute¹¹ concluded that AID's health proposals, despite problems, have been consistently better at reaching the world's neediest people in a cost-effective manner than any other program activity. In spite of this, the Reagan Administration, in keeping with its long-term disinterest in international health, requested only \$146 million for the health account and planned for the abolition of the Child Survival Fund. BFTW, Results, the APHA, Interaction, the National Council for International Health and others have been active in working to maintain last year's gains. Widespread attention given to the African famine may also help, but the level of focused grass roots activity is certainly decreased. A Senate staffer reported that although congressional attitudes remain positive, the drop off in constituent input and organized activities in Washington made full restoration of the FY 1985 funding levels unlikely. In the coming years, BFTW is not likely to repeatedly "target" the AID health account. The level of public interest in the African famine is likely to wane, even if the famine does not. Other members of the international health community, who until now have neglected work in the public arena, will have to insist on and participate in organized and effective representation of their cause at the grass roots and congressional levels. Two possible focal points for the increased activity are the National Council For International Health and the International Health Section of the APHA.

Many private organizations have had their work advanced either directly or indirectly by the increased availability of AID contracts for international health. Local supporters of these organizations should know that timely letters to Congress in favor of a specific measure can be as effective in helping the organization achieve its objectives as a private contribution. While the true constituents of international health activities cannot speak for themselves before Congress, these intermediaries can. Recognition by the international health community of the mechanism to turn their promising ideas into funded programs and a willingness to take the necessary steps are essential for continued progress.

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