INDIA'S MISSING GIRLS

HEARING

BEFORE THE

SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH, GLOBAL HUMAN RIGHTS, AND INTERNATIONAL ORGANIZATIONS

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INDIA'S MISSING GIRLS

TUESDAY, SEPTEMBER 10, 2013

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH,
GLOBAL HUMAN RIGHTS, AND INTERNATIONAL ORGANIZATIONS,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to notice, at 3 p.m., in room 2200, Rayburn House Office Building, Hon. Christopher H. Smith (chairman of the subcommittee) presiding.

Mr. SMITH. The hearing will come to order, and good afternoon to everyone.

Today's hearing will examine the problem of India's missing girls. While for most of us today our attention is drawn to the unfolding crisis in Syria—as a matter of fact, I began this morning on C–SPAN's Washington Journal program and yesterday introduced a resolution calling for the establishment of a Syrian war crimes tribunal—other atrocities continue unabated around the world. We cannot ignore these atrocities, among the most egregious of which is violation of human rights of the girl child and women in India.

Women in India are confronted with a compounding crisis. By most estimates there are tens of millions of women missing in India due to devaluation of female life beginning in the womb.

Sex-selective abortion and female infanticide have led to lopsided sex ratios. In parts of India, for example, 126 boys are born for every 100 girls. This in turn leads to a shortage of marriageable women, which then leads to trafficking in persons, bride selling and prostitution.

I point out as prime sponsor of the Trafficking Victims Protection Act we have seen the consequences of the missing girls play out with devastating consequences not only in India, but in the People's Republic of China as well.

Perhaps the best figures we have concerning the magnitude of the problem come from India's 2011 census figures, which finds that there are approximately 37 million more men than women in India. Indeed Prime Minister Singh has addressed this issue head on, stating, and I quote him in pertinent parts, "The falling child sex ratio is an indictment of our social values." He says, "Improving this ration is not merely a question of stricter compliance with existing laws. What is more important is how we view and value the girl child in our society. It is a national shame for us that de-

spite this, female feticide and infanticide continue in many parts of our country."

Even when they are not killed outright either in the womb or just before birth, the bias against girl children manifests itself in situations where family resources are limited and little food is available; in boys being fed before girls, leading to greater incidence of malnutrition among girls and a mortality rate that is 75 percent higher for girls below the age of 5 than for boys.

The desire for a male child can be so great that there is a trend toward sex-change operations for girls between the ages of 1 and 5, a process known as genitoplasty. Each year hundreds of girls reportedly are pumped with hormones and surgically altered to turn them into facsimile boys. India's National Commission for the Protection of Child Rights has correctly stated that this highly unethical procedure is a violation of children's rights as well as a perpetuation of the age-old preference for boys and biases against the girl child.

But the roots of the present problem lie not only with cultural factors, but also misbegotten policy decisions, including population control policies that were hatched in the United States and, as a matter of fact, right here in Washington, which have had a disproportionately negative impact on India's women.

We will learn from our witnesses that this includes policies advanced by the United States Agency for International Development, or USAID, and funded by foundations such as the Ford Foundation and the Rockefeller Foundation, and abetted by nongovernmental organizations such as the Population Council and the International Planned Parenthood Federation.

During the debate in the U.S. House of Representatives on a bill to ban sex-selection abortion, I noted that for most of us "it's a girl" is cause for enormous joy, happiness and celebration, but in many countries, including our own, it could be a death sentence. Today, the three most dangerous words in India and China are "it's a girl."

One witness today, Dr. Matthew Connelly, in his book, "Failed Misconception: The Struggle to Control World Population," traces the sordid history of sex-selection abortions as a means of population control.

In her book, "Unnatural Selection: Choosing Boys Over Girls, and the Consequences of a World Full of Men," Mara Hvistendahl elaborates, and I quote in part, "By August 1969, when the National Institute of Child Health and Human Development and the Population Council convened another workshop on population control, sex selection had become a pet scheme." She goes on, "Sex selection, moreover, had the added advantage of reducing the number of potential mothers. If reliable sex determination technology could be made available to a mass market, there was a rough consensus that sex-selective abortion would be an effective, uncontroversial and ethical way of reducing the global population. Fewer women, fewer mothers, fewer future children."

At the conference, she goes on to say, one abortion zealot, Christopher Tietze, copresented sex-selective abortion as one of the 12 new strategies representing the future of global birth control. Planned Parenthood honored Christopher Tietze 4 years later with the Margaret Sanger Award. And, of course, she wrote the book,

"Child Limitation," and another book which I read called, "The Pivot of Civilization." In chapter 5 had—was entitled "The Cruelty of Charity" and makes the case as to why pregnant poor women should not get prenatal care because you get more of those kinds of people who don't meet certain criteria. And I have read the book twice. It is a devastating indictment, and it certainly comported with the eugenics of her time.

Hvistendahl writes that today, and I quote her again, "There are over 160 million females missing from Asia's population." That is more than the entire population of the United States of America, female population that is. And gender imbalance, which is mainly the result of sex-selective abortion, is no longer strictly an Asian problem. In Azerbaijan and Armenia, in Eastern Europe, and even among some groups in the U.S., couples are making sure that at least one of their children is a son. So many parents now select for boys that that has skewed the sex ratio at birth of the entire world.

In the global war against baby girls, renowned AEI demographer Nicholas Eberstadt wrote in the New Atlantis, and I quote him,

> "Over the past three decades, the world has come to witness an ominous and entirely new form of gender discrimination, sex-selected feticide implemented through the practice of surgical abortion with the assistance of information gained through prenatal gender-determination technology. All around the world, the victims of this new practice are overwhelmingly female; in fact, almost universally female. The practice has become so ruthlessly routine in many contemporary societies that it has impacted the very population structures, warping the balance between male and female births, and consequently skewing the sex ratios of the rising generation toward a biologically unnatural excess of males."

Many European countries, including the United Kingdom, as well as several Asian countries actually ban sex-selection abortion. Even four States in America—Arizona, Illinois, Oklahoma and Pennsylvania—proscribe it.

Sex-selection abortion is cruel and discriminatory, and it is legal. It is violence against women. Most people in and out of government remain woefully unaware of the fact that sex-selection abortion was a violent, nefarious and deliberate policy again that was foisted upon us by the population control movement.

While India has taken steps to curb these practices, indeed passing a law to ban sex-selective abortion, and tempered cultural facts such as the need for brides to provide a high dowry that contribute to parents looking at their daughters as a liability, these laws are largely—or irregularly, I should say, enforced.

Moreover there are laws at the State level which exacerbate the problem, mandating that parents only have two children, penalizing those who exceed this number, and denying benefits. This leads inevitably to sex-selective abortion and particularly in poor areas female infanticide, as parents will opt to have a son over a daughter especially when their first child is a daughter.

We hope that this hearing will help us better understand how we can play a role in curbing such horrific practices and abuses against the girl child and women. What, for example, can we do to

ensure that companies based in the U.S., such as General Electric, whose ultrasound equipment is used to determine the sex of a child in utero, take steps to prevent what should be a tool to promote life for both mother and child from being used as an instrument of death? Given the past role of U.S. agencies such as USAID and coercive population-control policies, what oversight do we need to conduct and make sure that such abuses do not creep their way into existing programs? Similarly to what extent are organizations that receive funding from the United States Government implicated in such practices?

What role can our State Department play beyond compiling information regarding what is occurring in India with respect to what some have labeled gendercide to influence positively the Indian Government so its reform laws and policies that exacerbate skewed sex ratios, such as two-child laws, two-child-per-couple laws. By shining a light on what is happening in India with its missing girls, we hope to move forward toward a world where every woman is valued and deeply respected because of her intrinsic dignity, and where every child is welcomed regardless of his or her sex.

I yield to my good friend Dr. Bera.

Mr. BERA. Thank you, Chairman Smith, and thank you for holding this hearing really addressing the incredibly important issue of gender inequity not just in India, but certainly gender inequity throughout the world. And I look at this issue not just as a Member of Congress; I look at this issue as a doctor. But also the focus of this hearing is India, and I look at the issue as an Indian American, but the most important title I hold today is being the father of a daughter. And on that day where "it's a girl" was told to us by our doctor, that was an incredibly joyous day.

When my wife and I think about how we are raising our daughter, we are raising her to be a strong woman. We are raising her to be in full control of her body and her choices. We are raising her to stand up against discrimination and not succumb to discrimination. And it is not enough that we are raising our daughter that way, but it is an imperative that every girl and every woman on this planet is empowered that same way. And at its core that is the purpose of why this is such a critical issue.

Son preference and sex selection really are products of this gender discrimination, and to address them we really have to deal with the underlying causes of bias against women and girls, and these are incredibly complex issues. There is a complex web of socioeconomic and cultural factors that result in discrimination against girls. You know, the chairman identified a few of those. These then manifest in sex-selective practices. So we have to address those underlying causes.

The only way to achieve long-lasting and real change is really to engage in community-level campaigns to change attitudes and change cultural norms that perpetuate this bias against women and girls.

Other manifestations of gender discrimination are the abhorrent rates of sexual violence that occur; child marriage; domestic violence; honor killings; the denial of basic health care, including basic family planning and maternal health services.

I just had the chance to visit India recently, and there are grassroots efforts, and there are some very strong Indian women that are addressing this issue at the root cause, and we will hear from some of these strong women today and our witnesses. But when I was recently in Mumbai, I had the opportunity to visit a group called SNEHA that was started by women doctors in India. The whole point was that they saw far too much gender discrimination, they saw far too much violence against girls in India. And they would go into the slums and start working with these girls to build up their self-esteem, to build up their strength. But they didn't just work with the girls, they also worked with the young men to change their attitudes, these boys, to make sure that they understood that women were equal to them, and they grew up as boys into men with an understanding of this gender equity.

So it is incredibly important that we empower organizations like this that are homegrown organizations that are working at the grassroots level with girls to empower individuals.

The best role for the U.S. to play is to remain a strong supporter and leader within the global community in order to best promote women's rights and the freedom of every woman to make personal decision about her health, her body and her future to really empower women.

The U.S. is a global leader in providing investment in the health and rights of women and girls globally. USAID's family-planning programs support healthy timing and spacing of pregnancies, community-based approaches, contraceptive security and integration with HIV and maternal and child health programs.

The best way to empower a person and to prevent sex selection is actually to empower someone to plan when they are ready to start a family, to empower someone to plan when they are ready to get pregnant. That is just basic logic, and that is the best way to prevent sex-selective abortion.

More than 222 million women around the world want to delay or prevent pregnancy, but they don't have access to basic contraception. In 2012, nearly 300,000 women died because of complications due to pregnancy and childbirth. Fully meeting the needs of contraceptive access and effective birth spacing would annually prevent 1.8 million deaths of children under 5. That is 25 percent of all child deaths. We can do better than this, and we have the tools and the methodology to help reduce this.

I also want to make clear when talking about women's human rights, including reproductive rights, coercion of any kind is unacceptable in the provision of health care, and international leaders should oppose any human rights abuses by working to promote women's health and rights globally.

Women everywhere should have the right to determine if, when and how often they have children. Likewise, all women deserve quality health care during and following pregnancy for both themselves and their families. And as a physician, I know that when women have equal access to quality health care, they lead a more empowered and fulfilling life.

While the goal is to mitigate gender discrimination and move toward equitable women's human rights, it must be done so in a way

that maintains her rights to make any reproductive health decisions that she deems appropriate for herself and her family.

Finally, I would like to submit for the record an article written by Sneha Barot of the Guttmacher Institute regarding son preference and sex-selective abortion bans.

Mr. SMITH. Thank you very much.

I would now like to go to Mr. Weber.

Mr. WEBER. Thank you, Mr. Chairman, for calling the hearing. I am not going to have any long remarks because they are going to be calling votes, I think, in about 35 or 40 minutes, and I am anxious to get started.

Mr. SMITH. Mr. Meadows.

Mr. MEADOWS. Thank you, Mr. Chairman, for holding this hearing, and this is something that is near and dear to my heart. As the chairman knows, I just applaud him on holding it. But as we start to look at the value that we place on life and little girls in particular, there is no greater tragedy than the story that is unfolding in India and in China as well, but particularly in India. And as we see this, it is something that we must stand up and be a strong voice internationally, and also be one that is unflinching in what we condone or don't condone. There are many times that we look at the economic viability of a nation, and we condone behavior in another nation as a trading partner, and yet we wouldn't condone it here in the United States.

And I think that that same standard that we apply when we do not put value on life, and particularly in India on girls, not only does it create an imbalance, but it also goes further to just have horrific stories that are told day in and day out that touch my heart.

It also promotes human trafficking, as we know. And my daughter, who has just turned 20, has made it a life goal to intervene in terms of human trafficking. And when you start to hear those kinds of stories on a daily basis where they have names, and they have parents, and they have grandparents, it is touching. It is something that I am committed to working with the chairman on to do all that we can do to stop this plague.

And with that I yield back to you, Mr. Chairman.

Mr. SMITH. Thank you very much, Mr. Meadows.

I would like to now welcome our distinguished witnesses to the witness table, beginning first with Dr. Matthew Connelly, a professor of history at Columbia University. He has written two books and many articles. One of the books that he has written is entitled, "Fatal Misconception: The Struggle to Control World Population," published in 2008, and is particularly relevant to our discussion today. This book was widelyacclaimed when it came out and has been the point of much discussion since. Dr. Connelly has also served as consultant to the Bill and Melinda Gates Foundation and the International Assessment and Strategy Center.

We will then hear from Dr. Sabu George. Dr. George is an expert in the field of female infanticide, girl child neglect, and female sex selection, and has worked on these issues for over 28 years. He has written one-child sex ratios—he has written on child sex ratios, genocide and sex-selection, and on emerging technologies of sex selection. He has undertaken extensive field research in India, was

involved with the public interest litigation in the Indian Supreme Court to restrain the misuse of fetal sex determination. Dr. George has been appointed by the Government of India to monitor the issue of fetal sex determination and has spoken many times, again, on this topic.

We will then hear from Ms. Jill McElya, who is an attorney whose experience includes extensive public service. In 2008, she moved to India to serve in a field office of an international human rights organization. While living in India for 2 years, Jill and her husband were exposed to the practice of female gendercide. After extensively studying the issue and forming relationships with Indian organizations that combat the problem, they founded the Invisible Girl Project to end gendercide in India by raising global awareness concerning the loss of female lives in India, pursuing justice for lives lost, and assisting Indian organizations in the rescue and care of vulnerable Indian girls.

We will then hear from Ms. Mallika Dutt, who is a founder of global human rights organization Breakthrough. Working worldwide through centers in India and the United States, Breakthrough seeks to make violence and discrimination against women unacceptable by engaging in a diverse range of actors to promote values of dignity, equality and justice. Ms. Dutt is member of the Council of Foreign Relations and serves on several boards and communities including the World Economic Forum, Global Agenda Council on India, Games for Change and the Public Interest Project.

Dr. Connelly, if you could begin, you all could come to the table, I would appreciate it.

STATEMENT OF MATTHEW J. CONNELLY, PH.D., PROFESSOR, COLUMBIA UNIVERSITY

Mr. CONNELLY. Chairman Smith, members of the committee, thank you for giving me this opportunity.

I am a professor of history at Columbia University, and I spent some 10 years researching population control around the world. I worked in more than 50 archives, and I interviewed some key figures in USAID, in the Indian Government, in the United Nations and leading NGOs, and what I discovered is that sex-selective abortion is not something that we can blame on backwardness. Rather than a problem of benighted people who need to be developed, it was actually development professionals who first promoted the idea of helping people to have only sons.

The story begins in the 1960s when the U.N., the wealthiest foundations and a host of Nobel Prize winners agreed that population growth was one of the gravest threats facing humanity. Both the Democratic and Republican Party platforms of 1968 agree that population control should be an urgent priority. Paul Ehrlich's "The Population Bomb" famously predicted massive famines, and he called for using food aid to force poor countries to control population growth. But Ehrlich was a Stanford biologist, so he also called for more research. And I am going to quote from "The Population Bomb": "If a simple method could be found to guarantee that first-born children were males, then population control problems in many areas would be somewhat eased."

The head of research at the Planned Parenthood Federation of America, Steven Polgar, is also an advocate of sex-selective abortion and for the same reason. Bernard Berelson, president of the Population Council, considered it one of the more ethical methods of controlling population growth. It is not surprising, considering some of the other methods that Berelson and Ehrlich were considering, such as introducing sterilizing agents into the food and water supply.

The Population Council sent the head of its biomedical division, Sheldon Smith, to New Delhi, and it was Segal—or Sheldon Segal, I should say, who first introduced Indian doctors in how to determine the sex of a fetus, the practice that he promoted as a means to control population growth.

The men who led population-control programs—and they were all men—gave no consideration to the consequences of reducing the relative number of women. In India, Pakistan, Bangladesh and Indonesia, Western diplomats helped pay people to be sterilized, and Western consultants advised denial of health care and education to those who refused.

When in 1975 Indira Gandhi declared a state of emergency and used the police and army to march people to sterilization camps, foreign donors increased their support. In the span of 1 year, India sterilized some 8 million people and gave the green light to States to make sterilization compulsory. "At long last," World Bank president Robert McNamara declared, "India is moving to effectively reduce its population problem." Now instead, Indira Gandhi was voted out of office, and in 1978, Indian feminists succeeded in having sex-selective abortion banned from government hospitals.

Now, India had long been a testing ground for population control, but popular democracy limited what could be done there. It was Communist China with its one-child policy who took population control to new extremes. Now here again Western advisers provided crucial support. The Chinese affiliate of the International Planned Parenthood Federation had 20 million volunteers. U.N. computers were crucial in calculating the number of birth permits for each commune, and U.N. centers trained 70,000 personnel to back them up.

Periodic crackdowns peaked in 1983, when China sterilized over 20 million people and carried out 14 million abortions. The U.N. responded by awarding the head of the program with the first U.N. Population Award. Indira Gandhi was the cowinner.

A bit of resistance in rural areas gradually led Chinese cadres to allow farmers with one daughter to try to have a son, but a key element in this mutual accommodation was the ultrasound machine; ultrasound machines, which started to become imported abroad, at least some of them through international grants and loans. It is hard to know how many because the World Bank, for instance, won't open up its files to let us find out what it was providing.

But it is important to note that this wasn't just a matter of international organizations and nongovernmental organizations. It was also a matter for the private sector, and especially General Electric. Producing ultrasound machines was GE's first joint venture in China.

Now, to be sure, both India and China have tried to stop the practice, but these governments long sought to make parents ashamed merely for having more than one or two children when they did not make actually make it illegal. Now, why should we be surprised when couples now ignore government decrees, especially when they would limit their ability to plan their own families?

Now, similarly for decades American experts and activists advised Asian countries to adopt these manipulative and coercive measures, employed untested and risky medical technologies, and used Western loans and grants to pay for it all. Now, the results were so disastrous that in India the term "family planning" itself is completely discredited, and advocates must use euphemisms like "family welfare."

Now, we should not, therefore, expect that Asian countries will be eager to hear our advice. But it is precisely because the U.S. took a leading role in population control that we cannot pretend we have no responsibility for the consequences.

The first step is simply to acknowledge this history. It was only after a long, hard struggle that family-planning organizations rejected population control and rededicated themselves to the principles of reproductive rights and health. As long as these organizations refuse to come to terms with this history, they will be vulnerable to accusations that they are still trying to control people instead of empower them.

Now, the world is a very different place, and these organizations are very different from what they once were, but the future will present radically new challenges and new dangers. Now, we know longer face a population explosion after all, and more and more countries are adopting incentives to boost birth rates, and they may be tempted to try more coercive measures. My great fear is that instead of population control to reduce population growth, we are going to see the return of pronatalist programs and policies like we saw in the 1930s in places like the Soviet Union and Nazi Germany.

Now, many individual couples are desperate to have children, of course, and this is especially the case in African countries which have stratospherically high infertility rates. And in wealthy countries some are tempted to use biotechnology to have superior offspring, or even to outsource their pregnancies to India.

These issues pose excruciating ethical choices, but none turn on intractable issue of when life begins. Instead, they turn on something no less fundamental: The quality of life and the way our choices can make life more or less meaningful.

Now, my hope is that pro-life and prochoice people of good faith will begin to find common ground. We must work together to ensure that everyone has access to birth control and the help they need to bear and raise children without coercion or manipulation. We might agree that society has an interest in potential life to be balanced against the rights of the mother and together fight sex-selective abortions worldwide, and we could demand that infertility treatment become part of comprehensive health care for all, in Africa no less than the United States.

To conclude, it is not enough merely to insist on choice. Choices can be conditioned by design or default in ways that lead to new

kinds of oppression. And the defense of life can also become a symbol without substance if the effect is to drive people to breed. Reproductive freedom is a cause that can and must stand on its own now more than ever, but it can only take flight if it is animated by a vision of social justice in which every one of us is conceived in liberty and created equal. Thank you.

Mr. SMITH. Dr. Connelly, thank you very much for your testimony.

[The prepared statement of Mr. Connelly follows:]

CONFRONTING THE LEGACIES OF POPULATION CONTROL: HISTORICAL PERSPECTIVES ON THE GLOBAL SPREAD OF SEX-SELECTIVE ABORTION

Written Statement to the House of Representatives Committee on Foreign Affairs, Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations

September 10, 2013

Matthew Connelly

Professor of History, Columbia University

Chairman Smith, Ranking Member Bass, Members of the Committee, thank you for this opportunity to testify today about this terrible predicament, in which technologies that might serve women's rights and health are instead making them a persecuted minority in the largest countries in the world. I am a professor of history at Columbia University, and I have spent some ten years researching population control around the world – both campaigns to control fertility, and eugenic programs to weed out the "unfit." To reconstruct this history, I worked in more than fifty archives, including government and private collections in Delhi, and I interviewed key figures from the Indian government, USAID, the United Nations, and leading NGOs. I've also spent time talking with ordinary people in India who paid the price for population control experiments, but still lack access to basic maternal and reproductive healthcare.

I devoted myself to this subject so as to better understand one of the great historical transformations of our time: More and more, world politics pivots not on the control of territory, but on the politics of life and death. As members of this committee know full well, struggles over epidemic disease, clean water, and the protection of minorities and refugees are as important as any war. In fact, by contributing to the increase in life-expectancy, they have had a greater impact on world population than all the wars put together. And if you believe – as I do – that the struggle for gender equality is one of the defining issues of our time, there can be no more important question than why boys increasingly outnumber girls, and what kind of world they will inherit if women have become a minority.

Sex-selective abortion is just one of a host of new issues that are shifting reproductive politics into uncharted territory. So too is the global decline in fertility, the rise of international adoptions and surrogacy, and the prospect that wealthy people will use biotechnology to make themselves a breed apart. These emerging challenges will put abortion in a different perspective and present opportunities for pro-life and pro-choice people to work together. But that requires taking a global view, and recognizing how our current predicament is the result of past policies – and how the future will present radically different dangers.

When most people consider sex-selective abortion, they think of it as something that happens in faraway places, backward regions where women are undervalued and men still rule. If they think about it a bit more, they might begin to realize how the preference

for sons has also had an impact on our country, considering the growth of international adoptions, and the kind of children who are usually put up for adoption. And the prejudice against girls continues among Asians who migrate to the U.S., even among well-educated, more affluent citizens.

But what I began to realize during my research is that these are just parts of a much bigger story, a story in which American scientists, aid officials, and activists played leading roles. Rather than a problem of benighted people who need to be "developed" and instructed in more enlightened ways, it was development professionals who first promoted sex-selective abortion as a potential solution to what they saw as the population explosion.

That story begins in the 1960s, when many people believed that accelerating population growth was reaching the point of crisis. In 1968, virtually identical planks in the Democratic and Republican platforms held that population control should be an urgent priority. It was that year that the Sierra Club commissioned Paul Ehrlich to write his best-seller, *The Population Bomb.* Soon Ehrlich began making regular appearances on the Tonight Show – he was the only author to ever be given an entire program – and he inspired a grass roots movement called Zero Population Growth.

Ehrlich is usually remembered for his predictions that the world would suffer massive famines, hundreds of millions would die, and the US would have to cut off food aid to countries that could not control population growth. But Ehrlich was a Stanford biologist,

not just a prophet of doom, and he therefore called for more research: "if a simple method could be found to guarantee that first-born children were males, then population control problems in many areas would be somewhat eased."

Ehrlich was only the most prominent advocate of sex-determination as a way to control population growth. The head of research at the Planned Parenthood Federation of America, Steven Polgar, also urged biologists to find a method for sex-determination. Bernard Berelson, the president of the Population Council, wrote a particularly influential article in 1969 that listed sex-determination as one of the more ethical methods of controlling population growth if it proved necessary to go "Beyond Family Planning." As Mara Hvistendahl notes, it is not so surprising the Berelson and Ehrlich were untroubled by the ethics of sex-determination, considering some of the other methods they were considering, such as introducing sterilizing agents into the food or water supply.

The Population Council had already sent the head of its biomedical division, Sheldon Segal, to New Delhi to help to set up the department of reproductive physiology at the country's leading medical school. The All-India Institute of Medical Sciences also received major funding for research in this field from the Ford and Rockefeller Foundations. It was Segal who first instructed Indian doctors in how to determine the sex of a fetus, and he publicly advocated the practice as a means to control population growth. The All-India Institute began offering amniocentesis tests in 1975, and by the late 1970s it was clear that it was being used systematically to abort female fetuses.

In this period, population controllers also worked to reduce the cost of abortion. The head of USAID's population office, Reimert Ravenholt, had plans to manufacture and distribute millions of abortion kits worldwide, even in countries where it was still illegal. He would have done it too, were it not for the Helms Amendment. Ravenholt thought that, eventually, even the poorest people would find the money to pay for an abortion, though it's not clear whether he was thinking of sex-selection.

What is clear is that, at the height of their power and influence, the American men who provided most of the money for population control programs worldwide – they were all men – considered controlling population growth an overriding priority, and gave no consideration to the consequences of reducing the relative number of women. In India, Pakistan, Bangladesh, and Indonesia, Western donors helped pay people to be sterilized, and Western consultants advised denial of health care and education to those who refused. When, in 1975, Indira Gandhi declared a state of emergency and used the police and army to march people to sterilization camps, foreign donors actually increased their support. In the span of one year, India sterilized eight million people, and gave a green light for states to make sterilization compulsory for those with three children. "At long last," Robert McNamara declared, "India is moving to effectively address its population problem." Instead, Gandhi was voted out of office in the first-ever national defeat for the Congress Party. And in 1978 Indian feminists succeeded in having sex-selective abortion banned from government hospitals.

India had long been a testing ground for population control, but popular democracy

limited what could be done there. It was Communist China, with its one-child policy, that took population control to new extremes, provoking desperate people to start using abortion to guarantee a son. The Politburo was inspired by predictions of a Malthusian disaster from the Club of Rome – an elite group of environmentalist technocrats – but also by the idea that they could improve the eugenic quality of China's population.

The specific methods they began to use in the late 1970s were much the same as those Western experts had been advocating across the rest of Asia: mobile IUD and sterilization teams, incentives and disincentives, and concerted peer pressure. But senior International Planned Parenthood Federation (IPPF) and U.N. staff feared that making a one-child policy official would make it more difficult to defend to the media. Their hesitation was overcome when Japan, a key donor, demanded that they help stop population growth in China. The IPPF directed aid to a voluntary association. Twenty million "volunteers" came forward, led by active or retired government officials. The U.N. Fund for Population Activities insisted its aid was "technical." But U.N. computers were crucial in calculating the number of birth permits for each commune, and U.N. centers trained 70,000 personnel to back them up.

Periodic crackdowns peaked in 1983, when China sterilized over twenty million people and carried out fourteen million abortions. The U.N. responded by awarding program chief Xinzhong Qian – a Soviet-trained People's Liberation Army general – with the first U.N. Population Award, complete with diploma, gold medal, and $12,500. Indira Gandhi was the co-winner.

Bitter resistance in rural areas gradually led cadres to allow farmers with one daughter to try and have a son. Those who had prospered with the coming of market reform could afford to pay fines or move to China's growing cities. The policy of granting exceptions was gradually formalized. A key element in this mutual accommodation was the ultrasound machine, which began to arrive in rural areas in the early '80s. They could be used to determine whether an intrauterine device (IUD) was still in place or to detect birth defects, thus serving both the quantitative and the eugenic goals of the one-child policy. But it could also be used to determine the sex of a fetus by the fifth month in order to abort females for parents who preferred sons.

Initially, China depended on foreign sources for ultrasound machines. The second half of the 1980s marked the peak period of imports, with 2,175 arriving in 1989, though it is not clear how many came through international aid. In 1990 the Australian Agency for International Development shipped 200 ultrasound machines to China as part of a $4 million dollar grant. Foreign Minister Gareth Evans was asked whether he would seek assurances that they would not be used for coercive abortions. "I am not," Evans replied, "going to ask anybody anything," retorting that the unregulated export of coat hangers could also be used for abortions. In 1994, a guide to doing business in China listed ultrasound machines as one of the "HOT items," and advised exporters to "monitor the medical research programs of the World Bank and other multilateral agencies." For a decade already the World Bank had been providing hundreds of millions of dollars in interest free loans for "Population-Health-Nutrition" projects in China, though the Bank

has not allowed researchers to examine the files and see whether it was paying for ultrasound machines.

China gradually gained the capacity to make as many as 10,000 of its own machines every year. With prospective parents paying as much as $50 to determine the sex of their fetus, they could pay for themselves. In its very first joint venture in China, General Electric set up a plant to produce still more ultrasound machines. By this point, the combination of ultrasound and late term abortions was already known to be shifting the sex-ratio all across China.

To be sure, both India and China have tried to stop the practice, both through law and public education campaigns. But after many decades of manipulative and even coercive population programs, these governments have a major credibility problem. After all, they long sought to make parents ashamed and embarrassed merely for having more than one or two children, when they did not actually make it illegal. They also presented family planning as a panacea for the problems of poverty and poor health. Why should we be surprised if couples now ignore government dictates, especially when they would limit their ability to plan their own families?

Similarly, for decades American experts and activists advised Asian countries to adopt these manipulative and coercive methods, employ untested and risky medical technologies, and use Western loans and grants to pay for it all. The results were so disastrous that in India the term "Family Planning" itself is completely discredited, and

advocates must use euphemisms like family welfare. We should not, therefore, expect that Asian countries will be eager to hear our advice about how to deal with sex-selective abortion.

But it is precisely because the US took a leading role in advocating population control worldwide that we cannot pretend that we have no responsibility for the consequences. The first step in taking responsibility is simply to acknowledge this history. It was only after a long, hard struggle that family planning organizations rejected population control and rededicated themselves to the principles of reproductive rights and health. As long as these organizations refuse to come to terms with their history, they will be vulnerable to accusations that they are still trying to control people, rather than empower them.

Looking back at the era of the *Population Bomb,* when the abortion wars first began, we can see that the world is now a very different place. Sex-selective abortion is just one of a host of new challenges that cannot be defined or even understood as a Manichean struggle between "pro-life" and "pro-choice" forces. We no longer face a population explosion, after all, and more and more countries are adopting incentives to boost low birth rates. Many individual couples are desperate to have children, especially in African countries with extremely high infertility rates. And in wealthy countries, some are tempted to use biotechnology to have superior offspring, or even outsource their pregnancies to India.

These issues pose excruciating ethical choices. What happens when governments find incentive payments don't persuade couples to have more children, and begin implementing more manipulative or even coercive measures? How can infertility treatment and adoption be regulated without prolonging the ordeal for childless couples? How should we consider abortion in places where women are pressured to bear only sons – or in a future in which everyone will feel pressured to have perfect children? But none of these questions turn on the intractable issue of when life begins. Instead, they concern something no less fundamental, the quality of life, and the way our choices can make life more or less meaningful.

It may seem naive to think that challenges like sex-selective abortion, coercive pro-natalism, and genetic "enhancement" might bring about a peace process in this bitterest of culture wars. But what is the alternative? Those who consider themselves pro-life must eventually realize that manipulating people so they will have more children – no less than coercing them to have fewer – cheapens all of our lives. And those who consider themselves pro-choice would be in a stronger position if they were at the forefront in opposing *all* manipulative and coercive practices designed to control populations.

There are some encouraging signs. Family planning groups are beginning to speak out in defense of Chinese dissidents who protest the one-child policy. Some pro-lifers have recognized that promoting access to contraception is the best way to reduce the incidence of abortion. But a new agenda that can renew and revive the

cause of reproductive freedom will require much more, beginning with a greater effort to find common ground by pro-life and pro-choice people of good faith. We must work together to ensure everyone has access both to birth control and the help they need to bear and raise children without coercion or manipulation. We might agree that society has an interest in potential life, to be balanced against the rights of the mother, and together fight sex-selective abortions worldwide. Both sides could also join in recognizing international adoption – now anarchic and inequitable – as ripe for advocacy and reform. We can demand that infertility treatment become part of comprehensive health care for all, in Africa no less than the U.S. And if we are to permit new technologies to select out predispositions for health problems, or even "enhance" future generations, these choices too must be given to everyone equally.

It is not enough merely to insist on choice. Choices can be conditioned by default or design in ways that lead to new kinds of oppression. And the defense of life can also become an idol, a symbol devoid of substance, if the effect is to drive people to breed. Reproductive freedom is a cause that can and must stand on its own, now more than ever. But it can only take flight if it is animated by a vision of social justice in which every one of us is conceived in liberty and created equal.

Mr. SMITH. Dr. George.

STATEMENT OF SABU GEORGE, PH.D., INDEPENDENT RESEARCHER

Mr. GEORGE. I am most grateful to the U.S. Congress for holding this hearing. Particularly I thank the chair, Chris Smith, Representative Mr. Bera, and Mr. Weber, and Mr. Meadows and Mr. Marino for coming at this point despite a crucial debate on Syria in the House.

I am greatly honored to be here, to be invited by a committee which was once chaired by a great Congressman like Tom Lantos of California.

My name is Sabu George, and I have been working on protecting girl children for the last 28 years. I have had the great privilege of studying public health and nutrition. I lived in U.S. for 9½ years.

And I am delighted that a lot of the remarks which Mr. Chris Smith spoke about, the early history, is something I don't need to repeat. And in terms of the challenges in terms of what population control faces today, Mr. Bera has addressed that, so I think we have many things which I need to state which has already been said.

Yes, we are dealing with sex selection has become a genocide. More girls in India and China are eliminated every year than the number of girls born in America. Today you have 2 million girls born in America, but we have more than that being eliminated in India and China. Particularly in the Indian context over last decade, India eliminated more than 6 million girls. This is much larger than the number of Jews eliminated during the Holocaust.

And I think what I would like to emphasize very clearly, we have a history of discrimination against women for several centuries, but the kind of magnitude of discrimination what we are seeing in the country today has no parallel. And I think Chris Smith has emphasized it, and therefore what I would like to emphasize is that what we are facing today in eastern India, southern India, in Kashmir, in Himalayan States, which does not have the forms of discrimination against women as in northwest India, we are seeing these parts. So the role of the medical profession, the role of corporations cannot be ignored.

While I think we have seen emergence of consequences like forced polyandry, which is hardly talked about in northwest India, several men sharing one wife, which is common, the levels of violence against surviving women are increasing, and what is most disturbing for us is that in the coming decades, what progress woman had achieved in education and employment opportunities will indeed be very strongly affected because of the threat of violence in homes and outside homes.

I think history of sex selection all of you have heard. But I think coming to the corporations that the chairman Chris Smith had talked about, the role of GE, I mean, you had the Wall Street Journal write about it. Now I think I would like to look at the role of Google, which today promotes new technologies of sex selection. Today they are advertising new products long before they are proven to be effective.

We would appeal to all of you to ensure that the U.S. corporations respect Indian law. And recently we saw this case of online advertisement which Google was caught in a sting, and the Justice Department had a major settlement, got $500 million fined from Google. We hope that U.S. corporations will abide by the laws in our country, and I have a petition against Google in the Indian Supreme Court. We have heard the kinds of arguments like Google India tells us, you know, to the court, we don't know who Google—what—who owns Google America. So we hope, sir, that American corporations do not benefit from the holocaust what is happening in our country.

We have a good law against sex selection, and I would like to emphasize, sir, that there is a State like Maharastra, which is one of the biggest States, where, because of the work of a good lawyer like Varsha Deshpande, more than 50 doctors have been convicted, which is a great thing in our Indian legal system, which goes on perpetually.

And so law makes a deterrence. Unfortunately the rest of India, we don't have that, and we do need to ensure that changing mindsets is one part, but ensuring in the context of a genocide that laws need to be followed.

And so you had mentioned about funding USAID. You had mentioned about international organizations. I think what I would like you to be very, very clear, sir, is that the history, we should not forget the recent history. There are times when USAID was thrown out of the country because the Indian Government didn't like it. And I think it is extremely important, sir, not just to focus on cutting funding to USAID, cutting funding to international organizations, but engaging with the government, dealing with what needs to be done, because ultimately, you know, it is extremely easy in our country to raise factions against any big powers and which will not solve the problems of millions of our poor women.

And, sir, please do not see sex selection, which is an extreme form of violence against women, as a problem of abortion. It is extremely important in the Indian context where entire responsibility of contraception is put onto women, where men don't accept any responsibility, that women do have to have rights for abortion in our country.

And so we request that the American Government, the American Congress does indeed actively engage with the Government of India, with the Indian Parliament and ensure that, you know, this holocaust does not continue. Thank you.

Mr. SMITH. Thank you very much, Dr. George.

[The prepared statement of Mr. George follows:]

Testimony by Sabu M George, MA(Johns Hopkins), PhD(Cornell)
Researcher and member of India's Campaign Against Sex Selection

Hearing on India's Missing Girls by

House Subcommittee on Africa, Global Health, Global Human Rights & International Organisations

Appreciation

I am most grateful to the US Congress for holding this hearing. Particularly the Chair Chris Smith and the members for inviting me. Greatly honoured to be invited to this Committee (Foreign Affairs) which was once Chaired by a great Congressman like Tom Lantos of California.

Who am I

My name is Sabu George and been working on protecting girl children (against practices of deliberate girl child neglect, female infanticide and sex selection) in India for 28+ years. I had the honor of studying public health and nutrition at Johns Hopkins and Cornell Universities under well known American Professors. Our early work in India in the mid-80s resulted in recognition of female infanticide by the TamilNadu Government in 1991. Later, I documented the spread of sex selection in rural Haryana in mid-90s and been involved with public campaigns against female foeticide since late 90s. Subsequently I have worked for strengthened legislation against female foeticide by litigation in Indian Supreme Court and lobbying with Parliament (1998-2003). Finally, I have contributed towards creating public discourse in India since 2001 on sex selection and continuing work with many partners to stop sex selection.

Sex selection as Genocide

Rampant Sex selection in recent decades has created a Genocide. As the Chair Smith has said at the screening of the film, "Its a Girl":- "(I)t is a crime against women, a gender crime that has no parallel or or precedent in all of human history". More girls in India and China are eliminated every year than the number of girls born in US. Over the last decade, 6 million+ girls were eliminated before birth in India; this is more than the number of Jews killed in the Holocaust by the Nazis. The intensification and spread of sex selection, from fiercely patriarchal North West India to other parts of India which treated women better, has taken place over last two decades. East, South and North East, Kashmir and Himalayan States have all experienced sharp declines in child sex ratios against girls in the 2001 and 2011 Censuses.

Long Term Consequences of extensive sex selection

Four+ decades of practice of sex selection have led to the emergence of forced polyandry; ie., one woman being shared by several men in parts of Punjab, Haryana and Western UP. Violence against women has become worse in areas where sex selection has been extensive. Buying of women for marriage from other states has become an important reason for trafficking of women to North West India since 2000. In the coming decades, due to shortage of tens of millions of women, further progress in education and employment opportunities for millions of surviving women could possibly be affected; due to the increasing threat of violence against women inside homes and in public spaces.

History of Sex selection and Medical Factors

American researcher Mara Hvistendahl has highlighted the role of Americans and global population control lobbies in introducing sex selection in 1970 into India for population control. When foetal sex determination was banned in government hospitals in the late 1970s, the private medical clinics in India started promoting sex selection in North West and Western India. The role of unethical doctors and the collusion of medical associations in the spread of sex selection cannot be overlooked. They earn over hundreds of millions of dollars every year from the business of eliminating girls. Medical education has become a bigger business than Defense in India. Sadly, admission into medical schools can be secured by paying money. Lucrative specialities like radiology can fetch at least $200,000 for the private institutions from each MD candidate.

American Corporations Profiting from Sex selection in India

The role of American ultrasound companies like GE, Sonosite is regrettable. In 2001, GE submitted

to the Indian Supreme Court the list of 6000 clinics to whom they sold ultrasound machines in the previous 5 years. The analysis of this data revealed that wherever GE had sold the most machines, those areas had the least girls born! Wall Street Journal's investigative journalism in 2007 also exposed the unethical business practices of GE. The violation of Indian law by Internet Companies like Google is also most unfortunate. In the context of the genocide taking place in India, the US government should not allow Google to advertise and legitimise emerging technologies of sex selection to India; as this is a grave human rights violation. Sex selection tourism is worse than trafficking. Google carries advertisements targetting the privileged Indians for sex selection to Dubai, Thailand, US, Europe etc..

Indian Government efforts

We have a good law against sex selection in India since 1994 thanks to the women's movement. The Indian Parliament strengthened it in 2002. Supreme Court has been directing the States since 2001 to stop the crimes of sex selection. However implementation of the law is taking place only in Maharastra but not in rest of India; therefore the numbers of girls eliminated will increase in the coming years. It is likely that the child sex ratios will decline in the Census of 2021 if the present indifference to filing cases against the crimes of sex selection continues.

Aggressive Population control will be at the expense of women and girls

Families almost everywhere in India want to have fewer children today. But several political parties in India still advocate aggressive population control. Given that American government and foundations, institutions headed by Americans like World Bank have spent up to 60 years advocating & funding population control measures in India. I appeal to the US Congress to motivate India to stop targetting women for sterilisation and ensure that coercive family planning practices are abandoned. Smaller families will be achieved by even more elimination of girls if population control does not take place voluntarily.

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Mr. SMITH. Ms. McElya.

Mr. WEBER. Is it McElya?

Ms. MCELYA. It is McElya. Thank you. Very good. I think you are one of two people I have ever met who actually pronounced it right.

Mr. WEBER. Your husband and me.

Ms. MCELYA. That is true.

STATEMENT OF MS. JILL MCELYA, VICE PRESIDENT, INVISIBLE GIRL PROJECT

Ms. MCELYA. Chairman Smith, members of the subcommittee, thank you so much for inviting me to testify today about an issue that I have become very passionate about, and that is India's missing girls. As you heard in my biography from Chairman Smith, I was living in India, I am an attorney, and I was working for a human rights organization. My husband is a pharmacist, and he was doing medical camps in India at the time. And that is when we were exposed in 2009 to the practice of infanticide, which Chairman Smith talked about, which is the killing of a little girl when she is born just because she is a girl.

My husband was in a rural village in south India, and he noticed that there were all these little boys running around, and there were no little girls. He learned that in this village the boys outnumbered the girls eight to one because of the practice of infanticide.

He met a young woman I will call Prima today. Prima was the twelfth daughter born to her parents. Her mother felt intense pressure to have a son, and so she would become pregnant, give birth to a little girl, and then she and her husband would kill their own daughter. Once again, she would become pregnant because there was pressure from her husband and her in-laws to bear a son. She would have a daughter, and she and her husband would kill their own little baby girl. They did this 11 times, 11 times, and then they had Prima. And they decided, well, I guess we are not going to have a son; I guess we will spare Prima's life.

This is a face, this is a name behind the reality of infanticide in India. And when we were exposed to it in 2009, my husband and I decided we must move to action to do whatever we can in a country that we grew to love to combat this terrible practice which is extreme discrimination against little girls that has resulted in this gendercide, which is the genocide of women and girls in India. And that is when we founded Invisible Girl Project, and our mission is to end gendercide in India. We do this through partnering with indigenous organizations that are already doing wonderful work. We support these Indian organizations to combat this gendercide.

And so through our work we have learned, of course, that infanticide is just a small part of this gendercide. As Chairman Smith mentioned feticide, sex-selective abortion is also a huge part of it.

I sit before you today, I am 8½ months pregnant with my second daughter. If I were a woman in India today, I would receive intense pressure, strong-arming, most likely, from my husband and my in-laws, to receive a sex-determination ultrasound to determine whether I was having a boy or a girl. This is illegal in India. The Prenatal Diagnostic Techniques Act of 1994 made this illegal. It is

illegal to have an ultrasound to determine whether you are having a boy or a girl. But the law is not upheld. So as a pregnant woman, if I were in India, my in-laws would likely be pressuring me to have this sex-determination test done. If I complied and then realized I was having a little girl, I would then receive intense strong-arming to have an abortion just because I am pregnant with a daughter.

This practice is so widespread throughout India. There are estimates there are 2,000 sex-selective abortions performed daily in India of little girls. There is an estimate that there are 2 million little girls who are aborted annually just because they are girls.

And I talk about the coercion that these women face from their in-laws, from their husbands to bear a son, because coercion is a huge part of this. These women are denied any choice. They are forced to break the law, to have sex-determination tests done, to have sex-selective abortions performed, and this is against the law in India.

The law even recognizes the coercion. As an attorney, of course, I have read through this act thoroughly. I have read through the Supreme Court decisions on this act. And it is important to note that the law recognizes the coercion by family members. Family members can even be found guilty of breaking the law. Unfortunately, though, this law is not upheld, and so sex-selective abortion is widespread, and it is proliferating.

As such, gendercide, infanticide, feticide, neglect, as Chairman Smith mentioned, accounts for such a huge chasm in the population. There is trafficking, there is marriage of child brides, because 37 million men, as a 2011 census pointed out—there are 37 million more men than women in India, and these 37 million men have no brides, they have no one to marry. So women are trafficked in from other countries, they traffic children to become brides, and, as you know, sex trafficking has become a huge issue in this country.

People want to fight sex trafficking, but people don't realize the route is gendercide, especially in India, because there is this chasm in the population.

There are studies that also show that violence against women is a result of gendercide, of the chasm in the population. We are all familiar with the rape case that happened in Delhi where there was a young woman who was a student who was raped on the bus and later murdered. Well, she died because of the rape, this gang rape. I will argue before you today that violence such as this is because of this chasm in the sex ratio between men and women, which is all a result of gendercide.

As Americans we have taken the lead in asking countries to report on how they are combating trafficking. Isn't the murder of girls and women which leads to trafficking every bit as important?

Countries must report on what they are doing to save the lives of their daughters, and that is what I ask you today. Just as my husband and I were compelled in 2009 to start Invisible Girl Project to save the lives of little girls in India, I ask that you take the lead, that your ears be open today, and that you fight to save the precious lives of voiceless little girls who cannot save themselves.

Let us ask these countries that have these huge chasms in their sex ratios that are allowing this gendercide to go on to report what they are doing to save their daughters so that girls no longer go missing.

Thank you.

Mr. SMITH. Thank you very much for your testimony.

[The prepared statement of Ms. McElya follows:]

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Testimony of Jill McElya, J.D.
Vice President
Invisible Girl Project
September 10, 2013
House Committee on Foreign Affairs,
Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations

INDIA'S MISSING GIRLS

Chairman Smith and Members of the Subcommittee, thank you for the opportunity to testify regarding India's Missing Girls. I am the Vice President of Invisible Girl Project, a not-for-profit organization based in the United States that seeks to end gendercide—that is the genocide of the female gender, in India. Invisible Girl Project raises global awareness concerning the loss of female lives in India, pursues justice for lives lost, and assists Indian organizations in the rescue of and care for vulnerable Indian girls.

THE GLARING TRAGEDY OF FEMALE GENDERCIDE

My husband and I founded Invisible Girl Project in 2009, while we were living in India. I am an attorney, and at the time, I was working as the Chennai Field Office Deputy Director and Director of the Legal Department for an international human rights organization that rescues individuals from slavery and human trafficking. My husband, Brad McElya, a doctor of pharmacy was assisting in medical camps for the poor in South India.

While in India, Brad and I recognized a terrible reality: millions of baby girls in India are unwanted and are murdered or aborted, simply because they are girls. While visiting a rural village in South India, Brad noticed that the boys outnumbered the girls eight-to-one, which he learned was due to female infanticide (the murder of a baby girl). In that same village, he met a young woman I will call Preema[i], who was the twelfth daughter born to her parents. In desperate efforts to have a son, her mother would become pregnant, have a baby girl, and she and her husband would kill their daughter shortly after birth. Again, she would become pregnant, have a baby girl, and once again, she and her husband would murder their own daughter. Eleven times, Preema's mother delivered a

daughter, and all eleven of Preema's older sisters were murdered before she was born. Preema is the only one they allowed to survive.

WHY SO MANY GIRLS ARE MURDERED IN INDIA

In my experience both living in India and working for Invisible Girl Project, I have learned that daughters in India are unwanted for several reasons. The Indian family is the foundation of the Indian culture. Frequently, early in the lives of the children born into the Indian family, the patriarchs of the prospective bride and groom will arrange their marriage. Although dowry is illegal, under the Dowry Prohibition Act of 1961, the culture expects the bride's family to pay a significant dowry to the groom's family when the marriage eventually occurs.

This practice has continued for generations and is so deeply embedded in the culture that it prevails across the classes. Families see the marriage of their sons as a means for making money by the payment of the dowry by the bride's family. In fact, I know one bride who is a lawyer, whose father-in-law, a police officer, frequently reminds her that that he could have "gotten more money" from other families than the dowry he accepted from her father.

Families also prefer sons for another reason. Boys and their brides are expected to care for his parents. Effectively, the young bride leaves her family for her husband's, where it is her duty to care for her new in-laws and where she may be treated as little more than a domestic slave. When the groom's parents attain old age, the bride and groom are expected to continue to care for them.

Parents of daughters not only "lose" some of their wealth to dowry, but they also lose their daughters to another family, with no one to care for them in their old age. The culture, therefore, perceives girls as consumers, who take their family resources and leave. Hence, families want sons. Because daughters are perceived as liabilities, millions of families will do anything to ensure that they do not have the burden of a daughter.

INFANTICIDE AND FETICIDE ARE ILLEGAL BUT WIDESPREAD

While living in India, my husband, Brad and I read news headlines such as, "Mother, Grandmother Murder Twin Girls in Incubator"[ii] just because they were girls. In one village in rural Tamil Nadu, a mother admitted on film to murdering eight of her newborn daughters.[iii] And, in our work with Invisible Girl Project, we have personally met with women who have detailed stories of how gendercide has affected their families.

For example, in South India, a young woman I will call Asha told us the tragic story of the murder of her own daughter. Pregnant with her second child, her first child a girl, Asha desperately hoped that she was carrying a son. Her husband and her in-laws threatened that if she "did not produce" a son, she would have to murder her own daughter. When she gave birth to her newborn little girl, the whole family was disappointed, but Asha refused to kill her daughter. One night, during her daughter's first week of life, Asha fell asleep on the dirt floor of her home with her baby girl beside her. When Asha woke a few hours later, she immediately noticed her daughter was gone.

She says she heard a baby cry in the distance. The next morning, Asha learned that her husband and his parents took her baby to a nearby pond and drowned her.

Chandra's story is another that represents the plight of many women in India. She and her husband were married, but her family did not provide the customary dowry, as Chandra and her husband fell in love and did not have the traditional arranged marriage. She became pregnant shortly thereafter and gave birth to a daughter. When she was pregnant with her second child, her husband and mother-in-law told her they expected her to have a son. They were disappointed when Chandra gave birth to a second daughter. They pressured her to kill this baby, but she stood firm and refused to do so. She soon became pregnant again. This time, her husband beat her frequently, demanding that she give birth to a boy. Her mother-in-law continually berated her, reminding her that because she did not bring any wealth or jewels (through dowry) into the marriage, she should at least give them a son. When she gave birth to her third daughter, however, her husband and mother-in-law demanded that she kill the baby. Afraid that they would abandon her with three young girls, Chandra murdered her own newborn baby girl.

These stories of female infanticide represent only one form of gendercide. Another includes the deadly neglect of little girls. For example, Saachi's parents were "blessed" with their son Arun, before Saachi was born. Her parents live in a rural village in India. They are poor, uneducated, and rely on seasonal agricultural work to feed their family. The past few years have been difficult for agricultural workers, however, as a draught has inhibited farming. When they are employed, they support their family on less than two dollars a day. With little money or food to feed their family, Saachi's parents ensure her brother is fed before she is. If they both become sick and need medical attention, her parents will make sure that their resources help Arun receive the medical attention or medicines he needs before they are concerned with Saachi. They love their daughter, but they value their son more. As such, Saachi has become malnourished and is failing to properly grow.

Saachi's story is not unique. This type of neglect often turns fatal. As such, because of female infanticide and deadly neglect of little girls, the mortality rate for girls under the age of five in India is 75% higher than that of boys.[iv]

Although infanticide and deadly neglect are commonplace throughout India, they do not account for the largest cause of gendercide today; rather, female feticide (the sex-selective abortion of females) does. Although sex-determination tests and sex-selective abortions are illegal in India under the Pre-Conception and Pre-Diagnostic Techniques Act of 1994 (PNDT Act)[v] the law has been virtually disregarded throughout India.[vi] In spite of the law, it is common for a woman to be pressured by her husband and her in-laws to have a sex-determination test performed to learn whether she is pregnant with a son. If she is pregnant with a girl, the prospective mother is pressured to abort the unborn baby. In fact, because of the intense and widespread intimidation women in India face from husbands and in-laws that compels them to obtain sex-determination tests, the PNDT Act not only prohibits family members from seeking a sex-determination test for a pregnant woman, but it also creates the rebuttable presumption that family members *have compelled* a

pregnant woman to obtain a sex-determination test.[vii] Additionally, recognizing this common coercion, it provides that a woman who has been forced to violate the law shall not be punished.[viii]

The experience of Mitu Khurana, a physician, details the common strong-arming women in India face from their families to have sons. As documented in the film, "It's a Girl," Mitu reveals that her husband and in-laws tried to bully her into obtaining a sex-determination test while she was pregnant. While Mitu was sick and unconscious, her doctor performed an illegal ultrasound that revealed she was pregnant with twin girls. Upon hearing the news, her husband and his parents insisted that she abort her twins. When she refused, they threw her down a flight of stairs so that she would miscarry. She and her twin daughters survived, however, and Mitu now lives as a single-mother, caring for her girls.

Although Mitu defied the pressure from her husband and in-laws to obtain a sex-selective abortion, many women do not feel they have the choice to carry their daughters. Many are forced to succumb to the societal or family pressures to abort their daughters in preference for sons. In an Indian Supreme Court opinion earlier this year, the court addressed this son-preference and the practice of sex-selective abortion, stating that "female foeticide (sic) has its roots in the social thinking which is fundamentally based on certain erroneous notions, ego-centric traditions, pervert perception of societal norms, and obsession with ideas which are totally individualistic sans the collective good."

In this same opinion the court recognized the extensive practice of sex-selective abortion across India, in spite of the laws that preclude it.[ix] The court noted that despite the laws in place, the "practice of eliminating female foetus (sic) by the use of pre-natal diagnostic techniques is widely prevalent in this country."[x] It addressed the central and state governments that have failed to effectively implement the PNDT Act; and therefore noted, as a direct result that the 2011 Indian Census detailed a "sharp decline in the female sex ratio" throughout the country.[xi]

Sex-selective abortions of females are so widely practiced in India, the UN estimates that 2,000 are performed daily.[xii] One estimate is that the lives of as many as two million female unborn babies are selectively terminated annually after sex determination tests are performed.[xiii] Two million fewer females a year are being added to a population that already is suffering from a dramatic chasm in the sex ratio between its males and females. In fact, India's 2011 census reported that males outnumber females in the population by approximately 37 million.[xiv] And, the United Nations estimates that 50 million women are "missing" from India's population.[xv]

INDIA'S SEX RATIO LEADS TO TRAFFICKING AND VIOLENCE

This gender imbalance between men and women in India has resulted in further problems for women and girls, such as trafficking of brides, child marriage, sex trafficking, and violence against women.[xvi]

37 million Indian men will not marry because their potential wives have been murdered, due to female feticide, female infanticide, and deadly forms of neglect. For example, in the state of

Haryana, there are few women for the men to marry, as Haryana's gender imbalance is one of the worst in India, with 879 females to 1000 males.[xvii] Because of the shortage of brides, families bring in women from other Indian states and other countries to become wives for their sons. Out of desperation for wives, the trafficking of brides has resulted.[xviii]

Because insufficient numbers of women are available to marry, many Indian men seek young girls to marry. In fact, 47% of girls in India are married before the age of eighteen, according to UNICEF.[xix] The consequences of this child marriage include high maternal mortality rates, high infant mortality rates, and increased likelihoods of domestic violence and HIV for the brides.[xx] Consequently, young married girls are denied the chance to receive educations, their health suffers and they frequently die in childbirth. Effectively, they are child slaves expected to birth sons.

Sex trafficking is another consequence of India's gender imbalance.[xxi] When millions of men go unmarried because millions of potential brides have been killed, these single men are more inclined to purchase sex.[xxii] Because of the demand for sex-workers and because large amounts of money can be made by brothel owners, girls and women are trafficked into the sex industry.

In my previous experience working for a human rights organization in India, I learned of a number of young women who were sold into brothels in major cities such as Mumbai and Kolkata. I learned of families who were tricked into sending their daughters away from their communities for "jobs" that would help provide money to their families, only to have their daughters forced to service up to 20 men a day in dirty brothels, far from home.

The 2013 Trafficking in Persons (TIP) Report ranks India on the Tier 2 Watch List, stating that "India is a source, destination and transit country" for victims of trafficking.[xxiii] Trafficking has become a subject about which many Americans have become familiar. My experience in raising awareness about gendercide throughout the United States, however, has shown me that most are unaware that female gendercide in India is a root cause for much of the sex trafficking.

Another consequence of female gendercide and the resulting skewed sex ratio is violence against women. Recent Indian government reports detail rape and brutality against women and girls. In December 2012, a female New-Delhi student was gang-raped on a bus and later died.[xxiv] In April of this year, a five-year-old girl was raped and tortured, suffered damage to her internal and sexual organs, and was found semi-conscious. She had been abandoned to die.[xxv] These two crimes are examples of the evil frequently inflicted upon women and girls in India. Such violence against women "occurs more frequently in areas where men outnumber women,"[xxvi] and is a byproduct of gendercide.

Another form of brutality is dowry related—the dowry death of a bride because the dowry her family paid is perceived as inadequate. India's National Crime Records Bureau recently released statistics that 8,233 women were murdered in India last year due to dowry disputes.[xxvii] That is the equivalent of one woman being murdered every hour. Reports of these dowry deaths often detail brutality, including not uncommon occurrences of husbands or in-laws dousing a bride with gasoline and setting her on fire because they are dissatisfied with her dowry.[xxviii]

The various and too frequent forms of violence perpetrated against girls and women in India contribute to India's ranking as the worst of the G20 countries for women.[xxix] India's gender imbalance, the direct consequence of female gendercide, is the root for much of the violence experienced by Indian women. As long as female gendercide—infanticide, deadly forms of neglect, and feticide are practiced and accepted in Indian society the violence against India's girls and women will continue.

CONCLUSION

Although laws in India are intended to protect girls, both unborn and born, these laws are not enforced. Outside of India's Supreme Court, the political will to do so is minimal. In the same opinion mentioned earlier, the court noted that the government institutions that should be enforcing the laws to protect unborn girls were deficient in their duty. The court demanded Indian government authorities to uphold the law with "devotion, dedication and commitment," stating that there must be an "awakened awareness with regard to the role of women in a society."[xxx]

I am currently eight months pregnant with our second daughter. Had I been born in India, I, too, would likely experience the intense coercion to either abort my daughter or murder her after her birth. In India, she would become another statistic. Here, she will be born and have the opportunity to thrive.

In the United States, we recognize that the right to life and liberty are fundamental to all. As leaders of the civilized world, we already assert ourselves by demanding that nations that accept our financial assistance must report annually about their effort to suppress trafficking of other human beings. Should these countries that are required to ensure that their girls are not being trafficked allow their girls to be systematically murdered without repercussion? No.

We must, therefore, require these recipient nations of our financial assistance to also report their efforts to prevent the killing of the most vulnerable among them and to preserve the lives of girls. Political will in India must increase to uphold the laws and protect girls' lives. Women in India must be empowered, and Indian society must be educated to understand that daughters, born and unborn, are as valuable as sons, and women's rights are human rights.

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[i] Names have been changed to protect Invisible Girl Project's sources.
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[iii] "It's a Girl—the Three Deadliest Words in the World," www.itsagirlmovie.com.
[iv] THE TIMES OF INDIA, *India Deadliest Place in World for Girl Child*, 1 February 2012, available at http://articles.timesofindia.indiatimes.com/2012-02-01/india/31012468_1_child-mortality-infant-mortality-infant-deaths.
[v] Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, available at http://indiacode.nic.in/.
[vi] Voluntary Health Ass. of Punjab vs. Union of India & Ors., Supreme Court of India, 4 March 2013.
[vii] Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (PNDT Act), 1994, Chapter III, 4.4; Chapter VII, 24. Available at http://indiacode.nic.in/.
[viii] PNDT Act at Chapter VII, 23.4.

[ix] Voluntary Health Ass. of Punjab vs. Union of India & Ors., Supreme Court of India, 4 March 2013.
[x] Voluntary Health Ass. of Punjab vs. Union of India & Ors., Supreme Court of India, 4 March 2013.
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[xii] CATHOLIC ONLINE, *A Real War on Women, India will abort 2,000 Girls Today*, January 15, 2013, available at http://www.catholic.org/international/international_story.php?id=49326.
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[xviii] "It's a Girl—the Three Deadliest Words in the World," www.itsagirlmovie.com.
[xix] UNICEF 2010, "Statistics" available at http://www.unicef.org/infobycountry/india_statistics.html.
[xx] International Center for Research on Women, "Child Marriage Facts and Figures" available at http://www.icrw.org/child-marriage-facts-and-figures.
[xxi] Trafficking in Persons Report, Issued June 19, 2013.
[xxii] Kristi Lemoine and John Tanagho, *Gender Discrimination Fuels Sex Selective Abortion: The Impact of the Indian Supreme Court on the Implementation and Enforcement of the PNDT Act*, INTERNATIONAL & COMPARATIVE LAW REVIEW, Vol. 15 (Fall) 2007, at 223-224.
[xxiii] Trafficking in Persons Report, Issued June 19, 2013.
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Mr. SMITH. Ms. Dutt.

STATEMENT OF MS. MALLIKA DUTT, PRESIDENT AND CHIEF EXECUTIVE OFFICER, BREAKTHROUGH

Ms. DUTT. Thank you, Chairman Smith; Representatives Weber, Meadows and Bera—oh, we missed Representative Meadows. He just walked out the door. But I thank the rest of you for being here, and really thank you so much for your attention to this very, very critical issue facing women in India and around the world.

As you have all already pointed out, gender-based discrimination is a global pandemic. It is the largest human rights global pandemic, and it takes many, many different forms, including dowry, honor killings and sexual assault, rape. Just today the Delhi court handed down a verdict on the gang rape that my copresenter just referenced. And really all of these forms of gender-based discrimination and violence stem from this larger issue of patriarchy and son preference that plagues India and so many other parts of the world. And gender bias sex selection is just another pernicious form of gender inequity, a harmful practice, which, as we have already heard, has led to a very alarming decline in the number of girls in parts of India and, in fact, many parts of the world.

I am president of Breakthrough, a human rights group that seeks to make discrimination and violence against women and girls unacceptable. Our approach is to use multimedia tools along with community engagement to really try and transform the cultural norms and social practices that violate human dignity, and that really underlie the many violations and abuses that women and girls face.

We believe that human rights must begin in our hearts, in our homes and in our own practices; that human rights, as Eleanor Roosevelt so eloquently said, begin in small places close to home.

Over the last 12 years, we have learned several lessons, and based on that, I offer the following recommendations to this committee: The United States must assume a position of global leadership in confronting the underlying factors that foster gender discrimination, first by sustaining and strengthening investments in global health and development, and, second, by advocating for the equity of women and girls to be at the center of the global development agenda. This approach, of course, is consistent with human rights instruments, such as the International Conference on Population and Development's Programme of Action, which the United States has also endorsed.

Breakthrough is currently working to address the issue of gender-based sex election in Haryana, which at 877 females to 1,000 males has the lowest sex ratio in India. What we are doing in Haryana is to engage multiple community stakeholders that include government officials, that include media professionals, women and men in rural and urban areas, medical practitioners, educational professionals, young people, doing research for them to really look at the underlying causes of gender-based sex selection so that we can challenge patriarchal norms and son preference. This integrated approach is increasingly being viewed as an effective one by U.N. agencies, governments and many others.

In order to figure out the best communications and advocacy strategy, we have conducted comprehensive baseline research. And what we found through our interviews with these different stakeholders is what all of you have already pointed out: There are complex factors, social, economic and political, that include dowry and inheritance laws; lack of women's agency in relation to safety, security and sexuality; ineffective implementation of our existing laws; and lack of women's financial independence that leads to gender-biased sex selection.

To be clear, bans on access to reproductive health are not an appropriate solution. Similarly, research has found that while technologies used for sex selection have compounded the problem, they are not the root cause. So we believe very strongly that access to value voluntary family planning and safe and legal abortion remains vital to fulfilling women's human rights. In other words, we should not take away the rights of women and girls to promote their rights.

As was well documented by the professor to my right, gender bias in India is also rooted in historical acts of discrimination, including forced sterilization, coercive reproductive health programs, and many other violations. I have been part of the global women's movement to ensure that these kinds of historical abuses are condemned, and that women's rights are universally upheld. And I deeply believe that in India, the largest democracy in the world, the path forward to reducing widespread gender inequity and sex selection is through comprehensive and community-based culture change solutions that have to be driven by Indian stakeholders themselves.

The most critical contribution that this committee can therefore make now is to sustain U.S. investments in global health and development. Current American aid to India has to ensure access to education, food, water, energy and health care, including safe childbirth and voluntary family planning for some of the most vulnerable women and girls in the country.

All of these elements are vital to improving the status and rights of women and girls and, with it, to reduce the underlying causes of son preference.

Once again I would like to extend my thanks to all of you for bringing attention to this very important issue.

Mr. SMITH. Thank you very much, Ms. Dutt.

[The prepared statement of Ms. Dutt follows:]

Improving the Status and Equality of Women and Girls – Causes and Solutions to India's Unequal Sex Ratio

Testimony Submitted to the Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, Committee on Foreign Affairs U.S House of Representatives

By Mallika Dutt, President, Breakthrough (US/India)
September 10, 2013

I would like to thank Chairman Smith, Ranking Member Bass, Representative Bera for the invitation, and the honorable members of this Committee for holding this hearing on a matter of critical importance to Indian women and women around the world. Gender-based discrimination is a global pandemic that manifests in many forms, including sexual assault, domestic violence, early marriage, honor killings and rape in conflict situations. Recently, several incidents of rape in India have captured international attention and sparked outrage – but they are merely examples of this pervasive form of gender discrimination. Gender-biased sex selection is another pernicious form of gender inequity, a harmful practice, which has led to an alarming decline in the number of girls in parts of India and other parts of the world.

I come to you today as the president of Breakthrough, a global human rights organization that seeks to make discrimination against women and girls unacceptable. Based on our work over the last twelve years, and lessons we have learned from community-level engagement across India, I would like to request that the Committee keep the following recommendation in mind:

The United States must assume a position of global leadership in confronting the underlying factors that foster gender discrimination, by 1) sustaining and strengthening investments in global health and development and 2) advocating for the equity of women and girls to be at the center of the global development agenda, in accordance with human rights instruments such as the International Conference on Population and Development (ICPD)'s Programme of Action, which the United States has endorsed.

Breakthrough uses multi-media tools and community engagement to change cultural norms and social practices that violate human dignity. Our experience in working with women, men and young people across India and globally has taught us valuable lessons learned: that is, the **only** way to achieve long-lasting social change on issues of gender bias, especially sex selective practices, is through working to fundamentally shift attitudes and culture at the community level and to comprehensively address the underlying issues that propagate inequity. We believe that human rights begin in our own hearts, homes, and actions.

Breakthrough is currently working to eliminate gender-biased sex selection in Haryana, which at 877 females to 1000 males has the lowest sex ratio in India.[1] This work engages multiple community stakeholders to challenge patriarchal norms and son preference, an approach that is championed by governments, UN agencies and others. Indeed, Justice Balakrishnan, Chair of India's National Human Rights Commission, at a recent conference on this issue stated: "The need of the hour is therefore to bring about a change in the mindset of the people whereby both girls and boys are treated at par."[2]

In order to determine the best communication and community engagement strategy, in Haryana and other states, we have conducted comprehensive research. Through community, government and multi-sectoral interviews, we have found that there are complex interrelated social, political and economic causes that lead to gender-biased sex selection. These include dowry and inheritance laws, lack of women's agency in relation to safety, security and sexuality, ineffective implementation of existing laws, and lack of women's financial independence — all crucial requirements in eroding gender-biased sex selection.

To be clear, bans on access to reproductive health are NOT an appropriate solution. Similarly, research has found that while technologies used for sex selection have compounded the problem, they are not the root cause of it. Access to voluntary family planning and safe and legal abortion remain vital to fulfilling women's human rights along with promoting access to education, political and social rights and economic empowerment. In India, a woman dies every 10 minutes because of pregnancy related causes, illustrating how acute the need is to improve reproductive and maternal health in the country.

As is well documented, gender bias in India is rooted in historical acts of discrimination, including forced sterilizations, coercive reproductive health programs and other violations of women's rights. The government of India even today needs to do more to ensure full access to voluntary, comprehensive and rights-based reproductive health care. I have been part of the global movement to ensure that historical abuses are condemned, that women's rights are universally upheld and that governments must be held accountable to their human rights obligations. In India, the largest democracy in the world, the path forward to reducing widespread gender inequity and sex selection is through comprehensive and community-based culture change solutions driven by Indian stakeholders themselves.

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[1] India Census data 2011

[2] *Preventing gender-biased sex selection: an interagency statement.* 2011 Speech by Justice Balakrishnan, Chair NHRC, Conference on PreNatal Sex Selection in India: Issues, Concerns and Actions, 12 October 2010, IIC

Because gender discrimination is a global pandemic that requires multi-faceted interventions, the most critical contribution that this Committee can make now is to sustain U.S. investments in global health and development, which are critical to delivering vital services to women and girls to secure their human rights and who might otherwise be overlooked by their health and education systems. Current U.S. aid to India helps ensure access to education, food, water, energy and healthcare– including safe childbirth and voluntary family planning – for some of the most vulnerable women and girls in the country. All of these elements are vital parts of a comprehensive strategy to improve the status and rights of women and girls in India and around the world – and with it, reduce the underlying causes of son preference.

I would like to once again thank the Committee for having me here today and for your attention and interest in this important matter.

Mr. SMITH. Let me beginning the questioning if I could with you.

You know, Jill McElya made a point in her testimony that some 2 million girls' lives are snuffed out through sex-selection abortion in India every year, which is a horrifying number. We, and I personally, with the killing fields that occurred in Darfur, which is probably about 500,000, spent an extensive amount of time, as did other interested Members of Congress and human rights organizations, to try to bring attention to and stop the slaughter in Darfur.

Mr. WEBER. Mr. Chairman, it is 5,479 per day.

Mr. SMITH. An extraordinary number of loss of girls' lives simply because they are girls.

So I find it a disconnect, if I could, with all due respect. I believe that pernicious bias and prejudice against a girl child and women in India or anywhere else begins in the womb, especially when such large numbers of girls are slaughtered either through chemical poisoning or through dismemberment. And I know methods of abortion are often encapsulated with phrases or sloganized into choice rhetoric, but the actual deed, with all due respect, is dismemberment; pills that make the girl child or a boy unable to continue living inside the womb, like RU–486, first starves them to death, and then the second action of that chemical combination is to cause the expulsion of the girl from the womb. And then there is dismemberment, which is either D&E—and I have been involved in the pro-life movement for 40 years, and I am steadfast about human rights being from womb to tomb. And I agree when you say, as you said so eloquently, gender-based sex selection is another pernicious form of gender inequity, a harmful practice that has led to an alarming decline in the number of girls in parts of India and other parts of the world, and then later on in your testimony you argue for continuance of abortion.

We have that same argument going on here, as you know, and you are here, but in the United States Planned Parenthood was found through an undercover operation to be telling—and I have watched them all, all of the undercover women who were pregnant, went in, were told that if they wait until 5 months, do a ultrasound, and if it is a girl, kill it. And one of those Planned Parenthood clinics is right next to my office in New Jersey.

I find a horrible disconnect there between empathy, love, compassion and respect for the girl child in utero, and then a willingness under the rubric of freedom of choice to say, but nevertheless you can be killed through dismemberment, chemical poisoning or some other way that is a an act of violence. So help me to understand how you can argue both, if you will.

Again, and I will conclude on this before going, we have seen the devastating consequences. India itself has outlawed it as has the U.K., four States, as I noted. We are trying to do it here and have failed, and it is growing in its incidence and prevalence. It seems to me that if you treat the girl with such impunity and prejudice while she is in utero, why do we expect at the event of birth—and it is only an event that happens to a child, it is not the beginning of life—that somehow, poof, we are going to now show respect for that girl? That kind of prejudice then gets—continues because it has been—it began right from the start.

Ms. DUTT. So thank you for raising all of those very, very important points.

I would like to share a story with you, if I may. In 1985, a very dear friend of mine was in a car accident in Bombay, and she, because she was so badly injured, ended up in a public hospital which didn't have the greatest of amenities. And so several of us who were friends spent time taking turns to be at the hospital with her, because that was the only way she could ensure the kind of care that she needed.

And so I had night duty for 2 nights in that hospital, and she was placed in the women's wing, because that is where all of the women were. And it was one of those sort of life-altering experiences for me, because the vast majority of the other women in that ward were young women who had been burnt for dowry. So there were—I mean, there must have been at least 200 women in that ward. I would say 80 percent of them were suffering from deep third-degree burns. They were covered with, you know, bandages, in enormous pain. Many of those women were on the floors on mattresses because there weren't enough beds, and because I was on duty at night, I spent most of my time running around the ward chasing off rats that were trying to nibble at and eat the young women that were on the floor, or then trying to get nurses there to give them pain medication because they were in so much pain, and they were screaming so much.

I shared this story with you to say that I believe that in order to empower women, and in order for women to be able to exercise the choices that they need to make about their lives and who they are, that the right to abortion has to be part of that narrative, because women are so deeply disempowered that to take away rights in order to give them rights just doesn't—it just doesn't make sense to me.

I totally understand what you are saying about the problem of gender-based sex selection and how we are missing all of these young girls, but I am not agreeing with you on the cause and effect of this. It is not that that causes the kind of violence and discrimination that women and girls face. It is a lifecycle problem. If you come with me to Varanasi and meet the widows who live on the ghat and the bank, who have been sent there because they cannot live at home anymore after their husbands are dead—just today we saw the sexual assault rape conviction come down. I mean, I have worked with and dealt with young girls and women who have been raped and violated in all kinds of ways. And so this is my life's work. And again, I would say that in order to promote women's human rights, you can't take away rights from them.

Mr. SMITH. I would just say very briefly—and I, of course, respect you—many of us do see birth as an event. We look at people like that, like Bernard Nathanson, who founded NARAL, and was an—he did more abortions than perhaps anyone else in his time. And when he stopped doing them he wrote in the New England Journal of Medicine: "I have came to the agonizing conclusion that I have presided over 60,000 deaths." He ran the largest abortion clinic in New York City at the time.

Those of us on the pro-life side, with respect to your position and to you, do see abortion as a horrific form of violence. It is not a be-

nign deed. It either dismembers, hacks to death, the Indian abortions, and they are done, you know, in mid to later term in the gestational cycle, and, of course, sex selection usually isn't done until about the fifth month when a gender determination can be made. So these are big kids being dismembered, and they die suffering excruciating pain.

We had a bill on the floor called the Pain Capable Unborn Child Protection Act, and the overwhelming body of evidence—and there is people who disagree, and there always will be—say that these children feel pain. So not only are their lives snuffed out violently, they do feel pain. And again, when it is being done for the sole purpose or overriding purpose of ridding that family of a girl, that is a form of discrimination.

So I—again, I just convey that to you from my heart to yours as a deep concern.

Did the Ford Foundation ever embrace—because I know you worked there—sex-selection abortions?

Ms. DUTT. Oh, absolutely not. I mean, by the time that I got to the Ford Foundation, which was at the end of 1996, the foundation had a very strong reproductive rights program. And, you know, having been part of the women's movement that was involved in the Cairo conference, where we actually challenged a lot of the population and coercive reproductive policies that were described by the professor earlier, I am very much a part of that movement, there is no way I would have gone to the foundation if that is what their policies were.

One of the things that I did in Cairo was actually convene a tribunal where women from around the world testified as to their reproductive rights and the abuses that they had experienced either at the hands of government policies, or because of their denial to access to reproductive rights and reproductive health services, including, you know, so many of the issues that women face simply because of poverty and lack of access to basic health care.

Mr. SMITH. I was actually at the population conference for a week and was part of the delegation under the Clinton administration, and I was shocked, dismayed and sickened that Madame Peng Peiyun, who I met with on another occasion in Beijing, who ran the Coercive Population Control Program in China and argued there was nothing coercive about the Chinese program, told me that, and said the UNFPA is here, and they give it a good, clean bill of health as well, in plain day reminded me of those who said during the Stalin years in Ukraine that there is no effort to destroy so many people through famine, a deliberate policy of extermination of Ukrainians, and then there were people who then say, oh, but that didn't happen. Well, it was happening in China. She was feted and lifted up as a great leader at the Cairo Population Conference, even though she is one of the architects and was an aggressive implementer of the egregious one-child-per-couple policy.

Let me just ask one final question because of time. I want everybody to—Dr. Connelly, you might want to comment on what I was saying. Yes, please.

Mr. CONNELLY. Well, you know, as an historian I am not always well informed about the present, but I will say that, you know, for those who would like to do research, you know, on the history of

how the Ford Foundation worked in the field of population control, and how the Ford Foundation changed in the ways that Mallika Dutt has explained to us, you can just go to the archive, and it is remarkably open, and you can read, you know, file upon file of internal memos and correspondence and so on.

On the other hand, you know, if you want to probe the history of the Roman Catholic Church and its role in limiting reproductive rights and supporting pronatalist policies, as I have in Rome in trying to work the Vatican archives, you meet stonewall after stonewall.

So I think as an historian, to be totally honest, I think the Ford Foundation has come a long way. The Vatican, I think, is less clear.

Mr. SMITH. Let me go to Dr. Bera, and then if we have time, I will do a second round.

Mr. BERA. I will try to keep my questions short so Randy can ask some questions.

You know, I think there is general agreement across all of us that coercion in any form is wrong and should be unacceptable, whether it is done at the population level or whether it is done at the individual level. Coercing someone to do something that is not what they want to do, you know, is just a basic fundamental principle. And the opposite of coercion is how do you empower people to, you know, be strong, to be able to make their own decisions, to stand up to make their own decisions, to have the freedoms to make their own decisions. And, you know, the subject of this hearing goes to the most basic of fundamental freedoms: Control over your body, control over making the decisions that are most sacred to you, control over your reproductive freedom.

So I think all of us are unanimous that any sex-selective practices are—you know, are heinous, and how they are put out there, and certainly we should as an institution do what we can to minimize sex-selective practices across the world. But these are complicated issues that have complicated roots.

I think Dr. Connelly pointed out some of the historical background that talked about where we are today. And these are issues that, you know, are incredibly complex, that require local solutions, that require solutions that are homegrown, and whatever we can do as an institution to help empower that.

You know, let me ask Ms. Dutt a question. You did point out a number of the weak causes and the complexity of why gender discrimination, why discrimination against women and girls in India, is so prevalent and so complex. Given your expertise in this area, can you speak about some of the best practices that are homegrown in India? You touched on your program, but those practices that, you know, are empowering women, that are, you know, providing reproductive health services to them, and, you know, really kind of from the ground up that are in India.

Ms. DUTT. So in terms of some of the lessons learned—and I will also ask Sabu to weigh in, because he has done so much work in this area as well—I think that the best results really emerge from programs that involve the local community in making the program decisions and in making sure that the most marginalized amongst the groups have access to those services.

I think that the other thing that is very important is that you have to take a rights-based approach to providing services to women. If you merely look at it as a health practice without actually looking at the underlying issues that may enable or prevent a woman from even being able to go to the doctor—I mean, you can't just set up a clinic without looking at the factors that enable women and girls to visit the clinic in the first place. So it is those kinds of solutions that really take into account the entire community and also bring in multiple stakeholders.

Let me give you another example. One of the campaigns that we did a few years ago was called Ring the Bell, which challenged domestic violence by engaging men and boys to become part of the solution. So we tried to shift men and boys' engagement simply being seen as perpetrators to say, listen, you have a responsibility to be a part of the solution. And that reframing of the issue has led to a very different kind of conversation around domestic violence in the States in which we have been working. We have also seen a 15 to 20 percent increase in reporting on domestic violence and an increasing in awareness about the act as a result of taking a broader stakeholder approach.

In our work on early marriage in Bihar and Jharkhand we have just launched a campaign where we are really talking to the fathers, because what we have discovered is that they are the ones who are making the decisions around when their girls and young women get married. And we just were having a lot of success in engaging fathers to come to the table and say, we are the ones who have to start making some of these differences in order to move forward.

Mr. BERA. Dr. George, let me ask you a question. You touched on the history of some of the laws that India has enacted. What do you think the Indian Government has done well, and then conversely, what are the things that you would suggest the Indian Government should be doing?

Mr. GEORGE. Thank you, Mr. Bera.

As a doctor and as an Indian, I think you should look at the role of the medical profession in our country. Since they are so organized and so powerful, they tend to put a lot of pressure on the girls. So, you know, those of us who are campaigning against the misuse of the medical ethics and technology, et cetera, have—like in the case of Maharashtra, there has been quite an impact there because the law is upheld.

So we cannot give up only, you know, judicial systems. It is a very slow process. I spent a significant amount of time in the courts, from the 3rd of September, you know, I was there in the Supreme Court. Now, the 17th I am missing because I am just taking a few days to go back home.

So what I am trying to say is that, yeah, laws make a difference, just like what Mallika said today with, you know, the conviction of the people who were involved in the December rape. Now, in that case there is the public outrage in the country today that rape is unacceptable. But you do not see sex selection as a crime, so therefore—yes, sir.

Mr. BERA. I was just going to say, just to make sure I am hearing this correctly. You know, I was just in India a few weeks ago

when, you know, there was another rape case, in Mumbai, and you saw this huge outcry of how this was unacceptable. Is it accurate, then, you are not seeing that same level of public outrage on sex selection?

Mr. GEORGE. Yes, sir. We have made some progress in terms of seeing this as an issue of—you know, of like if—like until 2001, there was not even much concern about the problem of sex selection. Then when the results of the census came out, you know, we did see. So there is some discourse in areas like Punjab, and it has been very badly affected. Like we are looking at ratios of 700, you know. We have much more discourse. But what we are frightened is the rest of the country, you know, have to follow reaching this levels before the society——

Mr. BERA. Would you suggest that is a starting point, though, that actually engaging the public, creating this public outrage, or this public—either one of you—is that the starting point where the public actually gets engaged and says this is unacceptable?

Ms. DUTT. I think that is a very critical point. I think that we have to look at multiple intervention points. I think the law is very important, implementing the law is very important, but certainly creating public outrage is a critical piece of the story.

I mean, that is one of the reasons why Breakthrough believes in a culture change approach, and so we are in the process of testing different communication routes, and are looking to actually launch a campaign that is India's quest for its missing girls, and engaging young people in the sort of massive search where we really begin to question the underlying factors that are leading to this problem in the first place.

Mr. BERA. Thank you.

Mr. SMITH. Mr. Weber.

Mr. WEBER. Ms. Dutt, this question is for you. I think you said that sex trafficking—or maybe it might have been you, Ms. McElya. The word is "gendercide"? Which one of you all said that?

Ms. MCELYA. I did.

Mr. WEBER. Okay. That is an interesting comment when you say it is gendercide.

So let me get back to you, Ms. Dutt. You said that some of the women in the hospital where you went that night were burned for dowry. Well, they were burned because they didn't have one, they didn't have enough of one, because they were going to have to come up with one? Explain that.

Ms. DUTT. So, you know, for whatever cultural reason, the way in which many women who have been in their marital homes are disposed of are by being burned. I mean, this is always——

Mr. WEBER. So they are not shot with a gun or stabbed to death; they are burned to death.

Ms. DUTT. Right. I mean, in the U.S., the homicide rates are with guns, so in India we have burns. So that is the phenomenon that I was referring to.

Mr. WEBER. Okay, I got you.

And then you said in your paper that you are for safe and legal abortion. Of course, as Chairman Smith pointed out, abortion is anything but safe for the unborn child. Would you agree with that?

Ms. DUTT. You know, I think that this is one of those situations where, like I said before, I really deeply believe that for women, if we are going to ensure that they have access to their full human rights, that access to abortion, safe legal abortion, has to be a part of the full complement.

Mr. WEBER. The right to kill that unborn child is a human right?

Ms. DUTT. You know, this is one of those conversations where we could turn this into going around in circles. I really believe——

Mr. WEBER. Well, I am getting to a point here. It is about the volume that has been mentioned here today numerous times, that there is 786 women to 1,000 men, or 786 girls to 1,000 boys. Isn't that about the accurate—wasn't that about the right ratio?

Ms. DUTT. Yeah, Representative Weber, but I think that the point that I am trying to make——

Mr. WEBER. Okay.

Ms. DUTT [continuing]. Is that in order to deal with a wrong, you don't do another wrong. And so you don't take away the rights of women in order to empower women.

Mr. WEBER. Well, but I would submit this: If truly the numbers, the discrepancies of marrying women, that is what is cited in the paperwork over and over again—that sounds like they are calling our votes—then would you be okay—if a woman wants to terminate her pregnancy because it is not handy, not good timing to have another child, it is inconvenient, do you think that is a legal, a human right?

Ms. DUTT. I think that given the way in which—given the many ways in which women are controlled and exploited and abused, it is very, very important for women to have——

Mr. WEBER. Ms. Dutt, it is——

Ms. DUTT [continuing]. To have control over their own reproduction.

Mr. WEBER. So she has full control to terminate that pregnancy because it is inconvenient timewise.

Ms. DUTT. I think women need to make the decisions that they need to make about their bodies, and their lives, and the timing of their children, and that decision really needs to reside with the woman.

Mr. WEBER. I am going to take that as a yes that you are talking about safe and legal abortion. And so if a woman decides that it is inconvenient to have a child because she is going to have a job, she is going on a trip, she has got other children that need her, whatever reason she deems it inconvenient, she terminates that pregnancy. That is what you have said, you have written it in paper, safe and legal abortion.

So let us do this: 786 girls to 1,000 boys. Would you be okay if they went ahead and did selective abortion on males to try to even up those numbers?

Ms. DUTT. You know, that is a really interesting question. I have never been asked that question.

Mr. WEBER. I mean, if a mother says, look, you know what, our country has too many males, so here is a male, and so now the trend is going to go the other way. We are going to terminate the males. Would that be okay?

Ms. DUTT. You know, you really opened a very interesting line of thought in my mind around this question. Like I said, nobody has ever asked me this question before.

At the end of the day, I would just come back to making my earlier point. I really do not believe that taking away rights from women is the way to empower them. If you are going to support the human rights of women and girls, we have got to support the human rights of women and girls.

Mr. WEBER. Do you support the human rights of men and boys as well?

Ms. DUTT. Absolutely, and I——

Mr. WEBER. You would not be okay with swinging the pendulum the other way and aborting all of the males?

Ms. DUTT. Absolutely not. And, you know, Breakthrough's mission statement says that we seek to make violence and discrimination against women and girls unacceptable so that all of us can live lives of dignity, equality, and justice.

Mr. WEBER. The violence against unborn women, or men, or children is okay.

Ms. DUTT. You know, women really need to have the right to make those decisions for themselves, because the consequences to them when they cannot are enormous.

Mr. WEBER. So if a woman wants to kill her baby because it is a boy, and she is aware of this discrepancy of numbers, that is okay, that is her choice.

Ms. DUTT. Women must have access to safe and legal abortion, and full access to safe health care.

Mr. WEBER. That, in essence, would be reverse sex selection; would it not? We would see the opposite of what you are here today to discuss.

Ms. DUTT. I think that it should be clear from my remarks that the idea behind promoting women's human rights is not at the expense of men, but to get us to a world where all of us can really live to our full potential.

Mr. WEBER. Well, I would submit that there is 5,479 girls a day in India that aren't getting any kind of world or any kind of life.

Ms. DUTT. And you are absolutely right. I mean, I don't think that any of us—and I certainly am not condoning gender-biased sex selection. We do have a crisis. We have a very serious problem, and that is one of the reasons why we are putting so many of our organization's resources behind it. I think the only place that you and I are disagreeing, Representative Weber, are the solutions to it, but I think we are totally in agreement about the scale of the problem and what we need—and the fact that we really need to pay attention to it.

Mr. WEBER. You have already testified here today that you have never thought about if it went the other way, where they were aborting baby boys.

Ms. DUTT. You know, the thing is that nobody has framed the question that way, and I thought that was a very interesting way to ask it.

Mr. WEBER. Well, think about that, because these are children, and if women decide that they have got too many males in India,

then under the idea that women's rights or to terminate their pregnancy for whatever reason, then it could go the other way.

Mr. Chairman, I will yield back.

Mr. SMITH. Thank you very much.

Mr. Marino.

Mr. MARINO. Yes, thank you, Chairman.

Good afternoon, panel. I would like to explore a little bit about the government's role from the national level down to the local level. I read an article not too long ago, and I just looked it up to make sure I had the facts right. Some time ago there was—I may have the ages wrong—a 5-, 7-, or 9-year-old, an 11-year old, three girls that were missing. They were found a couple of days later in a well, dead. The mother reported them the day that they went missing to the local police. The police did nothing about it, and the village then protested, actually blocked some type of road bypass, and got another level of government to look at it. And then it was determined that they were raped and then murdered.

What is—let us look at the national level. Is there a serious attempt by the national government, by the Prime Minister, by the members of the legislature, and by law enforcement to address this issue, or is there a blind eye turned to this? Anyone?

Ms. MCELYA. If I may, I want to respect and give Dr. George also time, but as I mentioned before, I am an attorney, and in my experience in working with a human rights organization in India, I couldn't practice law, but I had a team of Indian attorneys who were working for me. And in this international human rights organization, what we did in the south of India was we rescued people from bonded-labor slavery. And so I became familiar with the judicial system, the whole process in India of what starts a case. I became familiar with the intense amount of corruption that exists and how you can get the public justice system to work for the poor.

So to answer your question, the laws are in place on a national level. I mentioned the PNDT Act, which was very good law, that outlaws sex-selective abortion. In addition, these crimes against women are illegal in India. And so on a national level the laws are in place.

Mr. MARINO. So why aren't they enforced?

Ms. MCELYA. So they are not enforced, I would argue, because the lack of political will on the State level, on the smaller level; because there is corruption that goes on. You can even——

Mr. MARINO. I was a prosecutor for 19 years, I was a district attorney in Pennsylvania for 10 years, and I was a United States attorney with George W. Bush. And I prosecuted cases myself, even as the U.S. Attorney, murder cases, rape cases, drug cases, organized crime. And I am sure the system works fairly similar in your country to the extent that money funnels down from the national government to the States, correct?

Ms. MCELYA. Correct.

Mr. MARINO. So what better way to force the lower levels of government to follow the law and to enact the law by saying funding is going to stop for this project for whatever money funnels down.

So I am getting the impression that if the national government wanted this really to occur, they can have an enormous amount of influence over it, instead of saying, well, the problem is with the

States. And the States are saying, the problem is with the smaller entities of government. I can't imagine that—there are national prosecutors, correct? Please.

Mr. GEORGE. Thank you, Mr. Marino.

We have a Federal system like—you know, and there is always conflict between states' rights, and unions' rights, just like what you have in the U.S. But, see, our first difficulty, like what you talked about rape. Now, in the last few months, you know, like what we heard about the December rape and what Ami Bera said about the Bombay rape recently. You know, it is becoming unacceptable politically for the political parties to support these kinds.

For instance, just recently one of the most well-known spiritual leaders was put in jail because he was involved in rape. So what I am saying, this would not happen, say, even a year ago, so therefore, we are seeing progress. But, you know, given the kind of, you know, injustice we have had for several centuries, and given the virtual absence of women in public life—like I come from State of Kerala who for 140 years have had the largest proportion of women in our State. We have women live 5 years longer than men, the longest life expectancy in a State. But the role of women in public life is very limited. We hardly have women in legislature. So what I am trying to say is that it is a process we have to struggle with in terms of we cannot just give up just because there is failure at many levels, but what is interesting today, and people have decided in our country, it is not acceptable.

Mr. MARINO. Well, apparently the people from the village who protested and were—made it known that they wanted something done about this had an impact. Is there—and please don't take this pejoratively, I am not criticizing. I am a firm believer that—I have said over the years that the United States cannot impose its form of democracy on other countries because of the simple ideology and the history of that country. Life is very valued here in the United States, very valued. Can you tell me from your perspective, Dr. George, in India, how does that—the value of life in India compare to the value of life in the United States?

Mr. GEORGE. I think it is much more—let us look at the Holocaust. Now, when the Holocaust was happening, it took many, many years of denial. Like even in the late 1930s, for instance, no country was willing to take on the Jews. So what I am trying to say is, now, by the time when the American, you know, Government was informed of it, you had Justice Brandeis guessing going to meet the President, FDR, and talking about what is happening in these concentration camps. Still there was a lot of delay. So what I am trying to say——

Mr. MARINO. It wasn't happening in the United States, not that that is an excuse, because I wrote an extensive paper on why did FDR wait so long to address this issue. But is it an issue of ideology?

Mr. GEORGE. No, no. What I am saying is that what we dealing—like today, for instance, like in China, there is active public discourse on the question of sex selection, which is very important. Like, in China there is still very little public dialogue. So what I am trying to say is that when Chris Smith talks about China, sir, and I think you need to recognize that it is different. And the only

way to deal with these problems is to engage, and I think we can make a difference.

Mr. MARINO. I am not arguing with you on the ideology, or the history, or the mind-set of people in India. I am trying to—I am asking you to educate me, to inform me as to is this a factor?

Ms. MCELYA. I would argue today, and to be clear, just because there is good law in place does not mean that there is political will on the national level to enforce the laws.

Mr. MARINO. That is my point.

Ms. MCELYA. I agree with you that there is not, and the Supreme Court announced a decision in March 2013, this year, saying the political will on a union level and on a State level is nonexistent. So the Supreme Court acknowledges exactly what you said, but the political will is not there. There has to be a combination of political will as well as social demand; a social demand for justice, a social demand for change, a social demand to recognize that these girls' lives are every bit as important as boys'.

Mr. MARINO. Sure they are. There is no question about that.

Mr. GEORGE. Again, I mean, I heard—I was in the Supreme Court. I intervened in this case that Jill is talking about. We had a hearing on the 3rd. So what I am trying to say is that in the State of Maharashtra, you know, the risk, the concerted efforts of this lawyer, the political parties are supporting the implementation of the law. So you have an example, sir, that the laws have been taken seriously, and it has made a fact of——

Mr. MARINO. Let me pose this, then. We are going through an issue concerning Syria, and the overwhelming, the overwhelming numbers, percentages in the country, in the United States, not to intervene is extraordinary. I have never seen numbers from Republicans, Democrats, Independents and people who don't even vote so high as to say, we do not want to get involved.

Now, you are looking for some help from the United States, and the United States, for the most part, is always there to try and help, but how do we sell to the American people the idea of aid of some type or another, whether that is monetary, or whether that is, you know, people on the ground through USAID or some other entity—how do we convince the American people if the national government in India does not appear to take this seriously? Why are we going to spend the time, the effort, the resources if India isn't taking what I perceive as being the necessary immediate steps to implement the law?

Mr. CONNELLY. Can I say something?

Mr. MARINO. Please.

Mr. CONNELLY. I mean, on the point of—and I agree with you, it is a fundamental point, how do we understand why it is that people apparently don't value life. I mean, to be fair, it is an American idea to pay people money to agree to sterilization. That was an American idea. And not only that, it was an American economist working for the Johnson administration who calculated the numbers to come up with how much he should pay parents to agree to sterilization. And the reason for that is that he calculated the future value of an Indian life was less than nothing. And so it was for that reason that he thought that it would make sense not only for India, but——

Mr. MARINO. But sterilization is very, very different from murder. Okay? Very different.

Mr. CONNELLY. A lot of people died through botched sterilization operations.

Mr. MARINO. Granted, okay, I understand that, and I am not mitigating that at all, but not in the numbers you are talking about what is taking place in India. So that is a very tiny, infinitesimal amount.

First of all, I can't imagine, I bet there is nobody in this room that would agree with anything like that today. But let us deal with the facts today that are at hand. There is an abomination taking place in India. Just about every other country in the world, when they have problems, whether they like us or not, comes to the United States for help, and we are known for that. And I am proud of that. But again, it is a tough sell, given the financial crisis that we are in, given the state of affairs around the world, and it sounds to me that the national government can put pressure on the States, who can put pressure on the locals to address this issue, I think, seriously. Am I wrong?

Ms. MCELYA. Yes, I think you are correct. And just as we require India to report on what they are doing to eliminate trafficking, because of the Trafficking and Person Protection Act——

Mr. MARINO. So what do we do?

Ms. MCELYA. Let us institute something in our Government, again, that requires them and other countries where we see that there is a problem with gendercide to report on what they are doing to protect their girls, and what they are doing on a national level to put pressure on the States so that there is no more elimination, so there are no more missing girls.

Mr. MARINO. Does this have anything to do—I am sorry, I am running way over my time, Chairman. Does this have anything to do with trying to stabilize the increasing population in India? Is there an ulterior motive here? Okay, this is a way to resolve one of the major problems that we have?

Mr. GEORGE. That is a very shortsighted way, even if that has been an intended or unintended consequence, because what we are dealing with is incredible increase in violence against surviving women. So therefore, you know, to come up with one problem, you know, to resolve one problem population by creating more violence in the society is no way to——

Mr. MARINO. I agree with you. Don't think I am taking an opposite side here. I am just asking, could that be a thought in the national government's attempt to control the population?

Mr. GEORGE. Yes, sir. I mean, that is within sections of the——

Mr. MARINO. So it goes to ideology. It goes to—we have problems in India, and I am just speaking generically, so in a way to deal with those, we are going to turn our head to this catastrophe that is taking place. We know it is an abomination, but it could help stabilize our growing population. I mean, is that—have you ever thought of this? Or has anyone ever talked about this?

Ms. MCELYA. Absolutely, and I would argue yes. That is part of the reason why they are turning a blind eye. That and, as Ms. Dutt mentioned, just the preference for sons and the discrimination against girls.

Mr. MARINO. This isn't just a one-factor issue. I understand that. But thank you, you have educated me. And I yield back.

Mr. SMITH. Let me ask each of our panelists, this would be a basic yes or no question, whether or not you support or oppose the Preconception and Prediagnostic Techniques Act of 1994, or the PND Act?

Mr. CONNELLY. You would have to remind me, I am sorry.

Mr. SMITH. Sex-selection abortions act.

Mr. CONNELLY. Of course, I would support it, yes.

Mr. SMITH. You support the act?

Mr. CONNELLY. Yes.

Mr. SMITH. I just want to get on the record.

Mr. GEORGE. So let us be very clear. The Preconception Prediagnostic Techniques Act. The purpose of the act is on the act of determination, not on abortion.

Mr. SMITH. Right.

Mr. GEORGE. So let us be very clear. I don't want to mislead you. The focus of the act is on stopping determination, because the act sees sex selection as discrimination. So we are not dealing with abortion.

Mr. SMITH. So sex-selection abortion is not proscribed in India?

Mr. GEORGE. No, determination of the fetus.

Mr. SMITH. Please, so we know absolutely. Is there a law in India that says it is illegal to have a sex-selection abortion?

Mr. GEORGE. No. What it says, the law, PNDT Act that you mentioned, is against discrimination. It talks about not just—it focuses on determination of sex. So it could be the fetal sex, it could be the embryo sex, it could be the preconception sex. The determination, because that is—because we also have a law [inaudible], which makes it legal, so the focus of this law is determination. So it is not sex-selection abortion.

Ms. MCELYA. When you determine the sex of your child, and then you determine that she is a female and then go have an abortion, that is illegal because you have broken the act in determining the sex of the child. And so, yes, I am in favor of this act.

Mr. SMITH. Ms. Dutt?

Ms. DUTT. Yes, in favor.

Mr. SMITH. Let me ask Dr. Connelly: Can you expand on the role USAID historically played in the course of population-control programs in India? You mentioned Australia's AID agency in your written report, what they do. What about those other countries such as Sweden's SIDA, and maybe other countries, too, if you want?

Mr. CONNELLY. USAID played an enormous role in funding population control. In the 1970s, USAID provided more international aid for family planning, so-called, than the rest of the world put together.

That said, USAID, unlike, say, Sweden, for instance, and a number of other foreign aid agencies, didn't provide money for incentives for sterilization payments. On the other hand—now I have got three hands—the head of the——

Mr. SMITH. Dr. Connelly, on the coercive side.

Mr. CONNELLY. Right. On the coercive side. Well, for me, paying poor people who are hungry for sterilization is coercion.

Mr. SMITH. We did that in India?

Mr. CONNELLY. No, actually USAID did not do that. They did, on the other hand, pay for incentive payments for the providers to carry out these procedures, which, as you can imagine, is ripe for abuse.

Mr. SMITH. Historically the rural populations and castes targeted for population control, were the Dalits, for example, singled out for more abusive treatment?

Mr. CONNELLY. That is a matter of, you know, great controversy, continuing controversy. If you look at the statistics, you know, from the emergency period, for instance, it does seem that the Dalits were singled out. And, you know, whether this is because they were often the poorest and most disenfranchised, or whether it is because they are Dalits, that part is not clear.

Mr. SMITH. Without objection, the testimony submitted by Mara Hvistendahl will be made a part of record. She couldn't be here today, but wrote an extensive submission for this subcommittee. She points out in her testimony that sex-selective abortion following ultrasound scans is by far the most common means of sex selection worldwide. Do you agree with that?

Mr. CONNELLY. I don't know that I can verify that about the present, but, you know, to my knowledge, that is consistent with what I have seen.

Mr. SMITH. Dr. George?

Mr. GEORGE. Yes, sir. Now if you look at—see, India is a big country. If you look at China also, you know, there are regional differences. So, you know, sexing started extensively in the private sector in Punjab in 1979. So when you look at, you know, some—many of the other parts of India, southern India, eastern India, the sex selection started later. If you look at my State of Kerala, even 10 years ago the rate of ultrasound usage was the highest in pregnancy. Hardly any misuse was being done for sex determination, but in recent years we are seeing.

So it depends on when the sexing started, so when the ratios fall. So therefore, it—as the whole country we cannot see, but what I am saying is that it depends on where you are. So if you are looking at Punjab, Delhi, Haryana, yeah, you are right. Sex determination becomes the most important cost yet with postchild neglect. It is much less where infanticide is much less.

So what I am trying to say is that in 1981, I came to the U.S. to study nutrition because we saw malnutrition of girls as a big problem. Those days the sexing was very little, and infanticide was very little, but today we see that as sexing becomes more and more of the norm, then these things become very different.

Mr. SMITH. Ms. McElya?

Ms. MCELYA. In the studies that I have done through our work, you can see the gender ratio dropping every 10 years in the census. I believe in 2001, between the ages of zero and 6, the girls were—ratio was 927 to 1,000 boys. In the 2011 census, it is 914 girls to 1,000 boys. And that is, once again, ages of zero to 6. And through experts in this field in India, they say that this is a direct product of sex determination through ultrasound, and that it is becoming much more prevalent.

Now, granted in our work we deal with a lot of people who are very, very poor, and who cannot afford the sex-determination test through ultrasound, and so they are still committing infanticide, and these are people in the rural villages in India. But when people can afford it, they will have sex-determination tests done through ultrasound, and they will choose to abort their children, their daughters, because of what they have learned in ultrasound.

Mr. SMITH. Ms. Dutt?

Ms. DUTT. I am afraid I really have to look at the numbers. I mean, I am kind of lost a little bit of the track of what was——

Mr. SMITH. Her question—her declarative sentence was sex-selective abortion following ultrasound scans is by far the most common means of sex selection worldwide. Do you agree with that?

Ms. DUTT. I really don't. I would really have to look at the numbers. I don't know.

Mr. SMITH. Can you do that and get back to us for the record? That would be appreciated.

Ms. DUTT. Sure.

[The information referred to follows:]

WRITTEN RESPONSE RECEIVED FROM MS. MALLIKA DUTT TO QUESTION ASKED DURING THE HEARING BY THE HONORABLE CHRISTOPHER H. SMITH

Identifying specific means of gender-biased sex selection is difficult because this phenomenon so often occurs outside traditional healthcare systems and without official reporting. But additionally, the question is flawed because it does not get at the root cause of gender discrimination of which son preference is one example. Gender discrimination is widespread and multi-faceted.

A complex web of socioeconomic and cultural factors results in discrimination against girls, which manifests in sex-selective practices. Technologies used for sex selection have compounded the problem, not caused it. Therefore, change can only be achieved through a broad-based, multifaceted and dedicated effort to combat the underlying causes of son preference and gender discrimination.

In India, ultrasounds for illegally determining the sex of the fetus are very common due to access and because the technology is inexpensive, reaching even the most interior areas of the country. Today in India itself there are over 1.2 million sex selective determinations through ultrasound and other technologies resulting in over 600,000 girls missing or prevented from being born.

On the means of gender-biased sex selection, in many places abortion may be currently the most common form it takes, however research indicates that son preference will persist even where access to ultrasounds or abortion is not available. In some cases families will resort to female infanticide or long-term oppression and neglect of girl children.

Mr. SMITH. She also points out that there has been a spike in trafficking, prostitution and bride selling in India as an aftereffect of sex-selection abortions and sex selection in general. Mr. Weber just left. He wrote the law in Texas on combating sex trafficking. My good friend and colleague Mr. Marino enforced it as the U.S. Attorney, enforced my law, because I wrote the Trafficking Victims Protection Act of 2000.

We have tried for years to get the U.S. Department of State to focus both on China and India, that there is a nexus between the two. Finally this year the administration—and I credit Luis CdeBaca for—the Ambassador-at-Large for being dogged in trying to ensure that this connection be made. The Trafficking in Persons Report for this year announced in June—I was at the announcement with Secretary of State John Kerry—made it absolutely clear that this is a major factor in what is becoming an outrageous phenomenon of commodifying women and selling them because there

is a dearth of women. They have been exterminated systematically through sex-selection abortion.

We have not had a corresponding acceptance of that notion in India. And I am wondering if any of you could shed light on—you know, as Ms. Hvistendahl points out, you know, she has a whole section on human trafficking and points out that India's impoverished Northeast is a common source of trafficked women, and, of course, the lack of women, of course, leads to more bride selling and trafficking.

Is it your view that—I am not here to talk about China, but is it your view or would any of you like to take a stab at the issue of trafficking, and sex-selection abortion, and sex selection in general leading to an exacerbated situation?

Ms. DUTT. You know, I started working on the issue of trafficking and forced prostitution in India in 1982, and I actually did my senior thesis in college at Mount Holyoke on the subject. And at that time there was very little attention being placed on the issue of trafficking. And one was also looking at the phenomenon of mail-order brides to the United States from various Southeast Asian countries, and returning GIs and soldiers marrying women and bringing them back.

And so, you know, my experience with the issue of trafficking and forced prostitution goes back, obviously, several decades, and I am not entirely sure that I would be willing to say that there is a cause-and-effect relationship between gender-biased sex selection and trafficking in women and girls, because my work on that started a long time ago, and that—the current statistics on that situation did not exist then.

I think that the issue of gender-biased sex selection and trafficking in women and girls are both manifestations of gender-based discrimination, which has multiple roles, as we have discussed earlier in the testimony. And I think to make the connections, that sort of direct causal relationship between gender-biased sex selection and trafficking, you know, of course, the unequal sex ratio is leading to other kinds of consequences, but to say that this is a consequence of that rather than underlying patriarchy and gender-based discrimination, I think, is incorrect.

Mr. SMITH. Let me understand. You would disagree with the U.S. Department of State's findings that it is a cause of sex trafficking. The absence of women and the cause of their——

Ms. DUTT. I don't think it is a cause. I think that the problem is gender-based discrimination and the objectification of women, and the fact that men are not raised to look at women and girls differently. I think the problem really is how men view women, if you really want to talk about the causes of the problems that we are facing today.

Mr. SMITH. But with skewed ratios and the absence of women to marry—and, again, both India and China have enormously skewed ratios; others are joining those ranks, not quite as much so—you don't believe that leads to entrepreneurs, nefarious entrepreneurs at that, who turn women into commodities and buy and certainly sell them?

Ms. DUTT. The trafficking industry uses whatever factors it can. It uses poverty.

Mr. SMITH. What about the dearth of women who then——

Ms. DUTT. Well, that is one of many, many factors. To say there is a causal relationship between one and the other and to ignore patriarchy and gender-based discrimination——

Mr. SMITH. Who is ignoring? That is a strawman's argument. I am not ignoring any other issues. What I am suggesting is that when women don't exist because they have been systematically exterminated through sex-selection abortion, and, again, Ms. Hvistendahl points out that that is by far the largest cause of the missing girls worldwide, it certainly leads to people looking for women who don't exist, and then in come the pimps who sell these women to the nearest buyer.

Ms. McElya, if you could speak to that.

Ms. DUTT. But the trafficking is before that.

Mr. SMITH. I am out of time almost. Of course it has gotten worse, demonstrably worse, because when I wrote that law, finally the State Department has recognized it, and we are hoping that they recognize it vis-à-vis India, and they have not yet.

Ms. MCELYA. Thank you, Chairman Smith.

As I wrote in my statement and I touched on briefly in my oral statement before the committee, yes, you can see a correlation. There is—because there are 37 million men who will never find wives, there has to be a result, and the result is trafficking; studies show trafficking, violence against women, marrying of child brides. The percentage of young girls who get married in India, it is 47 percent below the age of 18 who are married off to these men because they are looking for women to marry.

And so there is a correlation. I mean, you can't—I think that you have to recognize that trafficking is a result of what is going on in this discrimination against girls and women through sex-selective abortion, through infanticide, through feticide.

Mr. SMITH. To borrow an inconvenient—or someone else's word, it is an inconvenient truth, in my opinion. It is almost as plain as the nose on my face that when the women don't exist because they have been exterminated in utero, that men who are looking for a woman, unfortunately, are more easily susceptible to those, again, nefarious networks of pimps who sell them.

Dr. Connelly, do you want to speak on that?

Mr. CONNELLY. You know, one thing I know about trafficking is that it is notoriously difficult to get accurate statistics. One thing about sex ratios is that we have very good data. You know, these are vital statistics, and so we can keep close track of it and track the change over time, whereas reporting on sex trafficking is a statistician's nightmare. So it is a little hard, you know, to verify a causal relationship between the two.

Mr. SMITH. Well, it took the State Department a long time on China, but they finally have come to that conclusion, and, again, it is in their most recent report. And the Obama administration absolutely does not agree with my view on the sanctity of an unborn child's life, but nevertheless they came to that conclusion that there is a nexus between the two.

I want to thank all of you for your testimony. I think it has been a very spirited and, I think, robust discussion. It is not the end of it. I do believe that violence against the unborn child, or the new-

born child who happens to be female, or anyone else cries out for protection. It is human rights or nothing if they are not for all. You know, and so again, Ms. Dutt, I would respectfully disagree with you on your view, but I do believe passionately that abortion is violence against children, and it is injurious to women, and, again, it has made this issue of missing girls demonstrably worse. And that is, I think, a matter of statistics that are understandable.

Thank you so much for your testimony. I am going to try to make that vote, which I might have missed. I really appreciate your providing the insights that you have today.

The hearing is adjourned.

[Whereupon, at 4:50 p.m., the subcommittee was adjourned.]

APPENDIX

Material Submitted for the Hearing Record

SUBCOMMITTEE HEARING NOTICE
COMMITTEE ON FOREIGN AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-6128

Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations
Christopher H. Smith (R-NJ), Chairman

September 9, 2013

TO: MEMBERS OF THE COMMITTEE ON FOREIGN AFFAIRS

You are respectfully requested to attend an OPEN hearing of the Committee on Foreign Affairs, to be held by the Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations in Room 2200 of the Rayburn House Office Building (and available live on the Committee website at www.foreignaffairs.house.gov):

DATE: Tuesday, September 10, 2013

TIME: 3:00 p.m.

SUBJECT: India's Missing Girls

WITNESSES: Matthew J. Connelly, Ph.D.
Professor
Columbia University

Sabu George, Ph.D.
Independent researcher

Ms. Jill McElya
Vice President
Invisible Girl Project

Ms. Mallika Dutt
President and Chief Executive Officer
Breakthrough

By Direction of the Chairman

The Committee on Foreign Affairs seeks to make its facilities accessible to persons with disabilities. If you are in need of special accommodations, please call 202/225-5021 at least four business days in advance of the event, whenever practicable. Questions with regard to special accommodations in general (including availability of Committee materials in alternative formats and assistive listening devices) may be directed to the Committee.

COMMITTEE ON FOREIGN AFFAIRS

MINUTES OF SUBCOMMITTEE ON *Africa, Global Health, Global Human Rights, and International Organizations* HEARING

Day *Tuesday* Date *September 10, 2013* Room *2200 Rayburn HOB*

Starting Time *3:00 p.m.* Ending Time *4:51 p.m.*

Recesses [*0*] (____to ____) (____to ____) (____to ____) (____to ____) (____to ____) (____to ____)

Presiding Member(s)

Rep. Chris Smith

Check all of the following that apply:

Open Session [✓]
Executive (closed) Session [ ]
Televised [✓]

Electronically Recorded (taped) [✓]
Stenographic Record [✓]

TITLE OF HEARING:

India's Missing Girls

SUBCOMMITTEE MEMBERS PRESENT:

Rep. Randy Weber, Rep. Mark Meadows, Rep. Tom Marino, Rep. Ami Bera

NON-SUBCOMMITTEE MEMBERS PRESENT: *(Mark with an * if they are not members of full committee.)*

HEARING WITNESSES: Same as meeting notice attached? Yes [✓] No [ ]
(If "no", please list below and include title, agency, department, or organization.)

STATEMENTS FOR THE RECORD: *(List any statements submitted for the record.)*

Response submitted by Ms. Mallika Dutt
Material submitted for the record by Rep. Ami Bera
Prepared statement from Mara Hvistendahl
Material submitted for the record by Dr. Sabu George

TIME SCHEDULED TO RECONVENE _____
or
TIME ADJOURNED *4:51 p.m.*

Gregory B. Simpkins
Subcommittee Staff Director

MATERIAL SUBMITTED FOR THE RECORD BY THE HONORABLE CHRISTOPHER H. SMITH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY, AND CHAIRMAN, SUBCOMMITTEE ON AFRICA, GLOBAL HEALTH, GLOBAL HUMAN RIGHTS, AND INTERNATIONAL ORGANIZATIONS

For the Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations

Chairman Smith, Ranking Member Bass, Members of the Committee, thank you for the opportunity to weigh in on the very important issue of sex selection, which is shaping the lives of people in developing countries, and particularly women and girls, in increasingly pernicious ways. At the request of the Subcommittee, I am making this written submission on the consequences of India's skewed sex ratio in order to assist the Committee as it holds a hearing on the topic of India's missing girls.

I am Mara Hvistendahl, a correspondent and contributing editor with Science Magazine based in Shanghai and the author of the book *Unnatural Selection: Choosing Boys Over Girls, and the Consequences of a World Full of Men*. Today I would like to address the downstream effects of sex selection, which are detailed in my book. You have heard testimony explaining that various forms of sex selection are estimated to account for over one hundred million missing girls. Sex-selective abortion following ultrasound scans is by far the most common means of sex selection worldwide, but there are others, including preimplantation genetic diagnosis performed during in-vitro fertilization and the emerging method of abortion following fetal DNA tests. These practices now affect a vast range of countries, including Albania, Armenia, Azerbaijan, China, Georgia, India, South Korea, Taiwan, Vietnam. Within India, the northwestern states and Delhi are most acutely affected by sex selection.

It is likely that sex selection has emerged in areas that have yet to be identified by demographers; indeed, parents select for sex, though on a much more limited scale, in the United States. The after-effects of sex selection extend beyond a dearth in the number of girls born. Countries with large numbers of surplus males have seen a spike in trafficking, prostitution, and bride-selling.

Human trafficking

Some economists hold that the scarcity of women will ultimately lead to an improvement in the status of women and girls in Asia. For those who know what is happening on the ground, that analysis appears a cruel joke. Women have increased in value, but only in the crudest sense. For those born into high sex ratio areas, scarcity may bring more bargaining power when it comes time to marry. But attracting a high bride-price is not equivalent to gaining more autonomy, and the increased value experienced by women in high sex ratio areas like India's northwest occurs only at the most basic level. Meanwhile, poor women are suffering greatly as a result of the gender imbalance. The high prices now drawn by women have compelled traffickers, agents, and gangs to venture into a booming trade in sex workers and bought brides.

India has a long history of human trafficking. The flow of women from poor villages to more well-off areas began centuries ago. Nineteenth-century British colonial officers recorded dozens of cases of trafficked women and girls each year, most of them young girls who ended up forced into marriage. But domestic trafficking has steadily increased in recent years, to the extent that today it is a major issue.

India's impoverished northeast is a common source of trafficked women. Some women are easily duped with false job offers and other pretenses. Ambitious teenagers realize the opportunities available to them if they stay in their villages are limited, leaving them susceptible to trafficking. In other cases, parents may sell their daughters, making violations difficult to track.

Trafficked women are often transported to the northwest, which is wealthier but, thanks to decades of sex selection, short of women. Regional differences in India can be stark, and trafficked women frequently arrive at their destination unequipped in local culture and often unable to speak the local language. Those sold into marriage often find themselves paired with a much older husband, with the age gap frequently extending to fifteen to twenty years.

Fees paid for a young bride throughout Asia start at a few hundred dollars, but as women become more scarce, prices will likely rise. Meanwhile, the normalization of sex and marriage trafficking makes it possible for people living in areas where sex selection is widespread to ignore its consequences. Instead of facing up to the dearth of women, locals simply import women from poorer places—transferring the imbalance elsewhere.

Prostitution

Historically, prostitution thrives in places where men outnumber women. In nineteenth-century France, industrialization spawned an urban migration that left cities full of men. Brothels flourished. A similar phenomenon occurred in 1930s Shanghai, where historical estimates hold that one in every thirteen women was a sex worker. Today too, female sex workers have proliferated in parts of Asia where the sex ratio is most skewed. Indian newspapers have also carried reports of an increase in activity by male sex workers. But because sex workers are trafficked domestically rather than internationally, the sex trade in India is very difficult to monitor.

Medical researchers are now closely watching the skewed sex ratio in China and India for its effects on HIV infections. As the addition of millions of surplus men to the Asian population fuels the demand for sex work, a spike in HIV rates is expected. Surplus men, moreover, are a "bridging population"—a group that transfers the virus from a high-risk people to low-risk people. A surplus man may contract HIV from a sex worker, for example, and later transmit the virus to a bought bride. Public health strategies for HIV prevention and treatment must take into account the increasing influence of surplus men.

Bride-selling

Gangs sell women into both sex work and marriage. The majority of trafficked women, however, end up as bought brides. Demographers say India is in the grips of a "marriage squeeze"—a gap between the numbers of marriageable men and women. It can take a while before a squeeze is acutely felt. At the beginning, so-called leftover men may marry younger women. But later cohorts of men are left with few potential female partners. The effects of a squeeze trickle down. A sustained drop in the fertility rate, as has happened in India, can exacerbate a squeeze.

Today, northwest India is at one of the later stages of a marriage squeeze. By 2020, an estimated 15 to 20 percent of men in the region will be surplus. This is a significant change in a society with a traditionally high rate of marriage; until recently, the proportion of Indian men who remained bachelors hovered around 1 percent. Despite the rapid increase in the proportion of surplus men, bachelors and their families remain under enormous social pressure to find brides. In some instances in China, men have also become victims of traffickers, who tricked them with promises of a wife and then delivered nothing.

Once, families in India's northwestern states looked down on those who resorted to buying brides from poorer areas. The trade has gradually become normalized, and elaborate rituals have arisen to help families pretend that the unions they arrange are standard. Traditionally in India, it is the bride's family that should pay the groom's upon marriage, not the other way around. Today, that has been reversed—the groom buys the bride—but some families continue to pretend that they are following the old ways. The groom may give the bride's parents a symbolic sum of money, for example, with the bride's parents then handing the money right back to him.

In some areas, locals have come up with even more extreme and inhumane solutions to the shortage of women. Cases of polyandry—women trafficked to a high sex ratio region to marry multiple brothers—have cropped up in both China and India. Child marriage is another recourse. India accounts for 40 percent of global child marriages. The recent deluge of surplus men has encouraged this unfortunate trend.

In wealthier Asian nations with skewed sex ratios, the bride trade has become formalized. South Korea and Taiwan now have established agencies that peddle brides from poorer Asian countries, with the women's photos displayed in online galleries. On the other end of the international bride trade, families in Vietnam's Mekong Delta have gotten rich by selling women through these agencies. India may be expected to someday develop a sophisticated industry along these lines. At that point, it would face more scrutiny, both from governments and from organizations like the International Organization for Migration, which monitors trafficking. For the moment, however, a woman brought to northwest India from the northeast receives little to no assistance, legal representation or education, or language or cultural training. Likewise, there is scarce funding available for preventing the flow of women from sending villages. Both of these areas deserve more attention.

Conclusion

The above are only a few of the downstream effects of sex selection. Both news reports and my own research suggest that there has been an increase in sexual and domestic violence in high sex ratio regions as well. There are also signs that crime is on the rise in these areas. Finally, if history is any guide, it is very likely that an excess of young men in the population will ultimately yield instability and social unrest.

For now, the clear evidence that regions with extra men have seen a spike in trafficking of women, prostitution, and bride-selling—combined with the injustice inherent in the fact that the global population now lacks over one hundred million females who should be there—should present cause for action. Sex selection has received insufficient attention at the international level. Nations like India should be provided with support in addressing sex selection, both in stopping it and in dealing with its downstream effects. Ultimately, proposals for fighting sex selection should take into account existing and emerging sex determination technologies—including portable ultrasound machines, preimplantation genetic diagnosis, and fetal DNA tests. Many of these originate in the United States.

Thank you for your attention to this critical issue.

MATERIAL SUBMITED FOR THE RECORD BY THE HONORABLE AMI BERA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Guttmacher Policy Review
Spring 2012 | Volume 15 | Number 2

A Problem-and-Solution Mismatch: Son Preference and Sex-Selective Abortion Bans

By Sneha Barot

Among the widening panoply of strategies being deployed to restrict U.S. abortion rights—ostensibly in the interest of protecting women—is the relatively recent push to prohibit the performance of abortions for the purpose of sex selection. Sex-selective abortion is widespread in certain countries, especially those in East and South Asia, where an inordinately high social value is placed on having male over female children. There is some evidence—although limited and inconclusive—to suggest that the practice may also occur among Asian communities in the United States.

A broad spectrum of civil rights groups and reproductive rights and justice organizations stand united in opposition to these proposed abortion bans as both unenforceable and unwise. Advocates for the welfare of Asian American women are particularly adamant in protesting that such laws have the potential to do much harm and no good for their communities. Moreover, they argue that proposals to ban sex-selective abortion proffered by those who would ban all abortions are little more than a cynical political ploy and that the real problem that needs to be addressed is son preference—itself a deeply seated and complex manifestation of entrenched gender discrimination and inequity.

Understanding the Root Problem...

Son preference is a global phenomenon that has existed throughout history. Today, in some societies, son preference is so strong and sex-selective practices so common that, at the population level, the number of boys being born is much greater than the number of girls. This is notably the case in a number of South and East Asian countries, primarily India, China, Singapore, Taiwan, Hong Kong and South Korea, as well as in such former Soviet Bloc countries in the Caucuses and Balkans as Armenia, Azorbaijan, Georgia and Serbia.

Particularly in India and China, a deep-seated preference for having sons over daughters is due to a variety of factors that continue to make males more socially and economically valuable than females. Inheritance and land rights pass through male heirs, aging parents depend on support from men in the absence of national security schemes and greater male participation in the workforce allows them to contribute more to family income. Women, on the other hand, require dowries and leave the natal family upon marriage, which make them an unproductive investment. Moreover, only sons carry out certain functions under religious and cultural traditions, such as death rituals for parents.

At the individual and family level, the primary consequence of son preference is the intense—and intensely internalized—pressure placed on women to produce male children. In the past, when having a large number of children was desirable and the norm, one option was to simply allow a family to grow until a son—or the requisite number of sons—was born; even so, female infanticide—the most drastic possible expression of son preference—was not uncommon. Today, son preference is jutting up against widespread desires for smaller families and, at least in China,

strict population policies that limit family size to one or two children. And, of course, new technologies such as ultrasound imaging to determine fetal sex, together with sex-selective abortion, have facilitated the preference for and practice of choosing boys without having to resort to infanticide.

At the macro level, the results of entrenched son preference are highly skewed national sex ratios, which in turn can have decidedly negative social consequences—again, largely for women and girls. Societies with heavily lopsided sex ratios may face a dearth of women for marriage, which could increase the likelihood of coerced marriages or bride abduction, trafficking of women and girls, and rape and other violence against women and girls. A large cohort of young, single men may lead to more crime-ridden, violent communities and general societal insecurity, especially in cultures where social standing is closely connected with marital status and fatherhood.

Under normal circumstances, the sex ratio at birth usually ranges from 102–106 live male births per 100 live female births.[1] (Boys are biologically more likely to suffer child mortality, so sex ratios at birth are naturally higher.) The sex ratio at birth in China has been growing at an alarming rate over the last three decades. The ratio of boys per 100 girls jumped between 1982 and 2005, from 107 to 120.[2] At the regional level, the disparity is even sharper, as the ratio in some provinces is higher than 130.[3] The Chinese Academy of Social Sciences predicts that by 2020, China will have 30–40 million more boys and young men under age 20 than females of the same age.[4] India, too, is facing a national crisis with its sex ratios. The Indian census does not publish sex ratios at birth, but rather child sex ratios, expressed as the number of females below age seven for every 1,000 males. The last four census surveys point to rapidly increasing disparities: The child sex ratio dropped from 962 (girls to 1,000 boys) in 1981 to 945 in 1991 to 927 in 2001,[5] and according to the latest census, in 2011, the ratio decreased further, to 914.[6]

As in China, India has considerable fluctuations across different regions and localities. For example, the northern Indian states of Haryana and Punjab are notorious for their exceedingly disparate ratios, at 830 and 846, respectively, with some districts dipping into the 770s.[6] In contrast, south India has normal sex ratios. In this regard, it is worth noting that the status of women in parts of south India is higher than in the rest of the subcontinent; gender discrimination—and thereby son preference—apparently is not motivating women and their families to use the same accessible technology for sex-selection purposes in these regions.

Finally, a discernible pattern among most countries with skewed sex ratios is that disparities increase with birth order. In other words, even in China, the sex ratio is near normal for first-order births;[3] however, it increases dramatically for second-order births and sky-rockets for third-order or later births.[1] This evidence shows that families will accept a daughter if she is a first-born child, but then will take inordinate steps to guarantee that the second one is a son. For example, in certain provinces in China, the sex ratio for third-order births exceeds a whopping 200 (boys per 100 girls).[3]

...And Effectively Addressing It

Women's rights advocates, researchers, multilateral agencies and affected governments have been working on the problem of son preference and the outcome of imbalanced sex ratios for many years; however, with the limited exception of South Korea (see box, page 21), relatively little headway has been made. That said, recent international agreements provide insights into how—and how not—to move forward.

The consensus documents brokered by more than 180 United Nations (UN) member states at the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing represent seminal agreements on women's health and rights. Both the ICPD Programme of Action and the Beijing Declaration squarely identify sex selection as a manifestation of son preference and frame the problem of son preference as a form of gender discrimination and a violation of women's human rights.[8,9] And the ICPD Programme of Action urges governments to

"eliminate all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection"[8] a recommendation also echoed in the Beijing Declaration.[9]

The most authoritative and instructive roadmap on how to understand and counter the problems of sex selection is a statement released last year by five UN agencies—the Office of the High Commissioner for Human Rights, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), UN Women and the World Health Organization. This joint interagency statement outlines the lessons experienced by different governments in addressing sex selection and lists five categories of recommendations for action, including the need for more data on the magnitude of the problem and its consequences; guidelines on the use of technology in obstetric care that do not reinforce inequities in access; supportive measures for girls and women, such as education and health services; laws and policies to strengthen gender equality and equity in areas such as inheritance and economic security; and advocacy and communication activities to stimulate behavior change regarding the value of girls. Notably, the statement includes this caution: "Experience also indicates that broad, integrated and systematic approaches need to be taken if efforts to eliminate son preference are to succeed…[and] to ensure that the social norms and structural issues underlying gender discrimination are addressed. Within this framework, legal action is an important and necessary element but is not sufficient on its own."[1]

On that note, three dozen countries have enacted laws or policies on sex selection.[10] Both India and China outlaw prenatal testing—particularly ultrasound—to detect the sex of the fetus (except for medical reasons), and China additionally bans sex-selective abortions. Neither country's laws, however, have been effective in stopping sex-selective abortions,[11] likely because enforcement is extremely difficult, affordable ultrasound services are widely available and fetal sex information can be relayed to potential parents without even saying a word. Moreover, an ultrasound may be performed in one location and an abortion obtained in another, where a woman can provide alternative reasons for the procedure.

An even more compelling argument against sex-selective abortion bans is that restrictions on access to prenatal technologies and to abortions can create barriers to health care for women with legitimate medical needs; scare health care providers from providing safe, otherwise legal abortion services; and force women who want to terminate their pregnancies into sidestepping the regulated health care system and undergoing unsafe procedures. Accordingly, the joint UN statement stresses that "States have an obligation to ensure that these injustices are addressed without exposing women to the risk of death or serious injury by denying them access to needed services such as safe abortion to the full extent of the law. Such an outcome would represent a further violation of their rights to life and health."[1]

Enter U.S. Abortion Politics

While governments in Asia grapple with the serious consequences of entrenched son preference and lopsided sex ratios, antiabortion lawmakers in the United States are working overtime to capitalize on the issue for their own ends. In February, the House Judiciary Committee approved legislation to ban sex-selective abortions. Among other actions, the bill would allow criminal prosecution of health care providers who perform such abortions, and of medical and mental health professionals who do not report suspected violations of the law. It would make no exceptions to save the life or health of the mother, or to allow for medical, sex-linked reasons for an abortion. (The bill also bans so-called race-selective abortions, citing disproportionately high abortion rates among communities of color as evidence that abortion providers are "targeting" them, while ignoring the underlying racial disparities in unintended pregnancy rates; see "Abortion and Women of Color: The Bigger Picture," Summer 2008.)

Rep. Trent Franks (R-AZ) originally introduced the Susan B. Anthony and Frederick Douglass Prenatal Nondiscrimination Act (PRENDA) in 2008, and reintroduced it in 2011, as chairman of

Multiprong Measures

South Korea stands as a useful example of a country that has made real progress in improving a highly imbalanced sex ratio. The country's already elevated sex ratio at birth climbed even higher during the 1990s, when sex detection—and therefore sex-selective abortions—became commonplace. The ratio peaked at almost 116 in the mid-1990s, but declined to 107 by 2007.[1] (Nonetheless, the ratio remains outside the normal biological range, and even greater imbalances persist among later order births.) Korea's approach to its sex ratio problem is instructive because the government espoused a multitude of economic, social and legal avenues. Although the government pursued concerted attempts to enforce its laws against prenatal sex detection, researchers give much of the credit for the turnaround to the country's industrialization, urbanization and rapid economic development, which together played a major role in fundamentally altering underlying social norms.[17] Other trends that increased the status of women included more female employment in the labor market, new laws and policies to improve gender equality and awareness-raising campaigns through the media.

the Judiciary Committee's Subcommittee on the Constitution. In the interim, bills to outlaw sex-selective abortion were introduced in 13 states and enacted in two: Oklahoma and Arizona.

The "findings" included by Rep. Franks in the preamble of his bill rely on international evidence of sex selection because U.S. data on the subject are both limited and inconclusive. What is conclusively known is that the U.S. sex ratio at birth in 2005 stood at 105 boys to 100 girls, squarely within biologically normal parameters.[12] Beyond that salient fact, two studies using 2000 U.S. census data to examine sex ratios among Chinese-, Indian- and Korean-American families found that although the ratio for first-born children in such families was normal, there was evidence of son preference in second- and third-order births, if the older children were daughters.[13,14] Notably, the authors do not pinpoint the cause of the disparate ratios—whether prepregnancy techniques involving fertility treatments or sex-selective abortions. In addition, they comment that these three ethnic communities constitute a very small proportion—less than 2%—of the U.S. population.[13] A third analysis that supporters of PRENDA rely on is a small-scale qualitative study involving interviews with 65 immigrant Indian women who practiced sex selection, either before pregnancy or during pregnancy through an abortion.[15] Many of these women spoke of the social and cultural basis for son preference and the intense pressure faced by women in their communities to produce sons.

Advocacy organizations, such as the National Asian Pacific American Women's Forum (NAPAWF), that work in these communities readily acknowledge that son preference is an important global concern that needs attention wherever it continues to exist. But they also emphasize that "son preference is a symptom of deeply rooted social biases and stereotypes about gender" and that "gender inequity cannot be solved by banning abortion. The real solution is to change the values that create the preference for sons."[16]

Reproductive justice and Asian women's rights groups, in fact, cite myriad problems that sex-selective abortion bans could create. At the most practical level, such restrictions are neither enforceable nor effective, as already demonstrated internationally. And various attempts to enforce them, they stress, would only perpetuate further discrimination in their communities through stereotyping and racial profiling of Asian women whose motivations for an abortion would be under suspicion. In a recent op-ed explaining their opposition to PRENDA, the executive directors of NAPAWF and the National Latina Institute for Reproductive Health wrote: "Immigrant women already face numerous barriers to accessing health care of any kind, including reproductive health care and abortion, and this ban would make an already difficult situation far worse."[17]

At the end of the day, these advocates are fiercely denouncing PRENDA and its copycats because of

their deep-seated conviction that the true motivations of the measures' proponents have everything to do with undermining abortion rights and nothing to do with fighting gender discrimination—and that, in fact, the measures themselves threaten only to exacerbate that very problem. In written testimony opposing PRENDA, 24 organizations from the reproductive justice community had this to say: "This anti-choice measure dressed as an anti-discrimination bill...further exacerbates inequities and diminishes the health, well-being, and dignity of women and girls by restricting their access to reproductive health care. We represent the women and people of color this bill purports to protect, and we are announcing our unequivocal condemnation of it."[18] www.guttmacher.org

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MATERIAL SUBMITTED FOR THE RECORD BY SABU GEORGE, PH.D., INDEPENDENT RESEARCHER

THE WALL STREET JOURNAL.

India's Skewed Sex Ratio Puts GE Sales in Spotlight

By Peter Wonacott

INDERGARH, India -- General Electric Co. and other companies have sold so many ultrasound machines in India that tests are now available in small towns like this one. There's no drinking water here, electricity is infrequent and roads turn to mud after a March rain shower. A scan typically costs $8, or a week's wages.

GE has waded into India's market as the country grapples with a difficult social issue: the abortion of female fetuses by families who want boys. Campaigners against the practice and some government officials are linking the country's widely reported skewed sex ratio with the spread of ultrasound machines. That's putting GE, the market leader in India, under the spotlight. It faces legal hurdles, government scrutiny and thorny business problems in one of the world's fastest-growing economies.

"Ultrasound is the main reason why the sex ratio is coming down," says Kalpana Bhavre, who is in charge of women and child welfare for the Datia district government, which includes Indergarh. Having a daughter is often viewed as incurring a lifetime of debt for parents because of the dowry payment at marriage. Compared to that, the cost of an ultrasound "is nothing," she says.

For more than a decade, the Indian government has tried to stop ultrasound from being used as a tool to determine gender. The devices use sound waves to produce images of fetuses or internal organs for a range of diagnostic purposes. India has passed laws forbidding doctors from disclosing the sex of fetuses, required official registrations of clinics and stiffened punishments for offenders. Nevertheless, some estimate that hundreds of thousands of girl fetuses are aborted each year.

GE -- by far the largest seller of ultrasound machines here through a joint venture with Indian outsourcing giant Wipro Ltd. -- has introduced its own safeguards, even though that means forsaking sales. "We stress emphatically that the machines aren't to be used for sex determination," says V. Raja, chief executive of GE Healthcare South Asia. "This is not the root cause of female feticide in India."

But the efforts have failed to stop the problem, as a growing economy has made the scans affordable to more people. The skewed sex ratio is an example of how India's strong economy has, in unpredictable ways, exacerbated some nagging social problems, such as the traditional preference for boys. Now, some activists are accusing GE of not doing enough to prevent unlawful use of its machines to boost sales.

The remainder of the article can be accessed at:
http://online.wsj.com/news/articles/SB117683530238872926

The New York Times
DealB%k
Edited by Andrew Ross Sorkin

AUGUST 30, 2011, 9:30 AM

Behind Google's $500 Million Settlement With U.S.

By PETER J. HENNING

The Justice Department's settlement of a criminal investigation of Google for allowing Canadian pharmacies to advertise drugs for distribution in the United States reflected an effort by prosecutors to extend the reach of federal drug laws. This may present future challenges to Internet search companies over their advertisements.

Google entered into a nonprosecution agreement with the government last week over the use of its AdWords program by Canadian pharmacies that helped them sell prescription drugs in the United States in violation of a federal law, 21 U.S.C. § 331(a). That law prohibits causing the "introduction or delivery for introduction into interstate commerce of any food, drug, device, tobacco product, or cosmetic that is adulterated or misbranded."

Google agreed to forfeit $500 million, representing both its advertising revenue from the Canadian pharmacies and the revenue the pharmacies received from American customers buying controlled drugs. The company also agreed to enhance its compliance program for drug advertising.

For Google, the settlement puts an embarrassing investigation to rest and eliminates a distraction while it pursues its $12.5 billion acquisition of Motorola Mobility. By styling the settlement as a nonprosecution agreement, the company will not have a criminal record once it complies with the terms.

The Canadian prescriptions sold to American customers were considered "misbranded" under the statute because they were not approved by the Food and Drug Administration. In some cases, the drugs were obtained from countries other than Canada that lacked adequate regulation of pharmacies.

The United States attorney for Rhode Island, Peter F. Neronha, whose office was responsible for the investigation, said Google's conduct was not the result of a few rogue employees, according to The Wall Street Journal. Mr. Neronha said the company's chief executive, Larry Page, "knew what was going on."

The statute prohibits the "introduction or delivery" of the drugs, but Google was not involved in any way in their actual transfer into the United States, which is the usual means of proving a violation of the statute. Instead, the Justice Department viewed Google as an accomplice to the crime by enhancing the ability of the Canadian pharmacies

to reach American consumers.

Can a search engine be held responsible for how consumers use the products or services allowed to be advertised on it? That question goes to a core issue in the criminal law regarding the responsibility of suppliers for the use of products they sell.

There were negligence lawsuits in the early 1990s against Soldier of Fortune magazine for advertisements it ran for people willing to engage in criminal acts, including murder. These cases were brought by victims of attacks and involved a question about whether the magazine published ads that were a "clear and present danger" to the public, and therefore unprotected by the First Amendment.

Unlike a private lawsuit alleging negligence, the Justice Department's nonprosecution agreement with Google involved an assertion that the company aided a criminal violation — i.e., that it was an active participant in a crime.

To prove accomplice liability, the prosecution must show the defendant provided some assistance in the commission of the crime, which can include counseling or encouraging the offense. There is a fine line between supplying goods that are later used for the commission of a crime and actually assisting in its completion.

Even if one does furnish some measure of assistance, the law further requires that the accomplice be aware of the user's intention to commit a crime and intend to give some assistance or encouragement in its completion.

The Justice Department's position in the Google case emphasizing the awareness of its chief executive shows it took an aggressive approach about what can constitute aiding a violation of the drug importation laws.

Google was not involved in the actual movement of the prescriptions, but the government viewed its role as sufficiently important to the success of the Canadian pharmacy sales that it was similar to someone who actually supplied or shipped misbranded drugs.

The fact that the case was resolved by a nonprosecution agreement can be seen as an indication that the Justice Department understood its position on accomplice liability could be open to challenge if criminal charges were filed in court.

Unlike a guilty plea, this type of resolution does not require any judicial approval, so a judge will not question whether the conduct rose to the level of aiding and abetting a crime.

Google's $500 million payment was labeled as a forfeiture of the revenue that both the company and the Canadian pharmacies received, not a criminal fine or civil monetary penalty. While Google paid out that money, it did not experience any additional monetary punishment for its conduct.

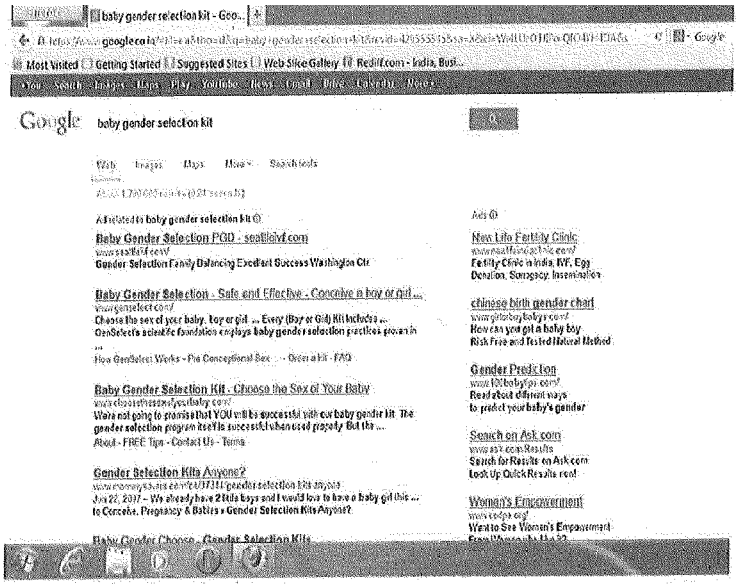
The Internet allows messages to be better focused on particular groups of potential

customers. With that ability comes the growing possibility that the Justice Department will view search engines as more than mere passive conduits of information, and instead as potentially active participants in conduct that may violate the law.

This post has been revised to reflect the following correction:

Correction: August 31, 2011

An earlier version of this post misstated what Google's $500 million settlement represented. The company forfeited money that represented both its advertising revenue from Canadian pharmacies and the revenue the pharmacies received from American customers buying controlled drugs, not just Google's ad revenue.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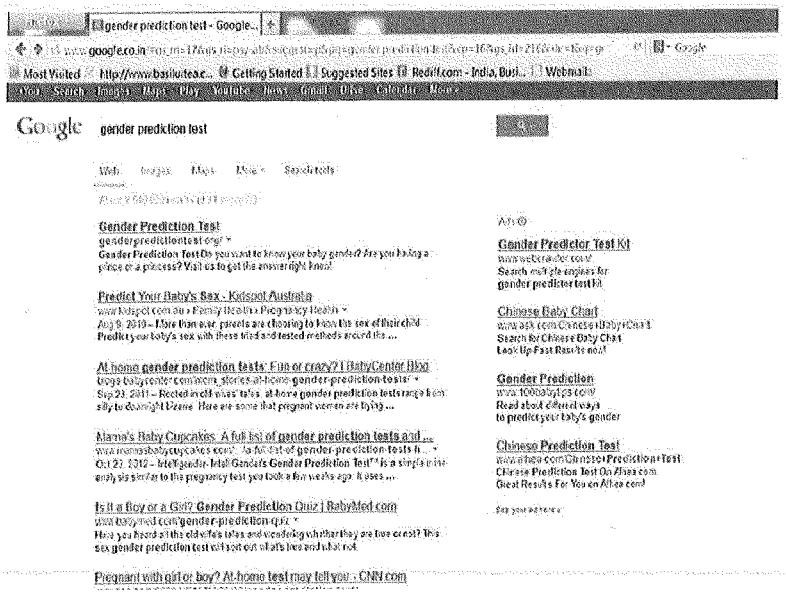
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NON-PROSECUTION AGREEMENT

The United States Attorney's Office for the District of Rhode Island, United States Department of Justice (the "Government"), and Google Inc. ("Google" or the "Company"), a California-based corporation with its principal place of business located in Mountain View, California, hereby agree as follows:

The Investigation

1. The Government has conducted an investigation into the Company's acceptance of advertisements placed by online pharmacy advertisers that did not comply with United States law regarding the importation and dispensation of prescription drugs.

Statement of Relevant Facts

2. The Government and the Company agree that the following statements are true and accurate:

(a) Except under very limited circumstances, not relevant here, it is unlawful for pharmacies outside the United States to ship prescription drugs to customers in the United States. Such conduct violates the Federal Food, Drug, and Cosmetic Act, Title 21, United States Code, Section 331(a) and (d) (Introduction into Interstate Commerce of Misbranded or Unapproved Drugs). Where these prescription drugs are controlled substances, such conduct also violates the Controlled Substances Act, Title 21, United States Code, Section 952 (Importation of Controlled Substances).

(b) The Company is a publicly-traded Internet search and technology corporation.

(c) The Company offers various advertising services that permit advertisers to have their advertising message, and a hyperlink to their website, appear above and next to search

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