

"Edna was determined that that would not happen again, that they had not been sufficiently sensitive to the woman's condition," Anne recalled. "In her hospital there must be total attention paid to each individual. I definitely felt chastened. The incident brought home the extent of the task Edna has set for herself and how hard it is for us to comprehend fully what she is up against."

Family Planning and the "God Gift"

CHAPTER EIGHT

Whenever cannibals are on the brink of starvation, Heaven, in its infinite mercy, sends them a nice plump missionary.

—OSCAR WILDE

Rose Wanjera, a twenty-six-year-old woman in Kenya, showed up at a maternity clinic one afternoon. She had a small child in tow, and her stomach bulged with another on the way. Rose was sick and penniless and had received no prenatal care. She was an unusual visitor to a slum clinic because she had attended college and spoke English. She sat in a corner of the squalid, dimly lit clinic, patiently waiting for the doctor, and told us how wild dogs had mauled her husband to death a few weeks earlier.

A nurse eventually called her, and she lay on a cot. The doctor examined her, listened to her abdomen, and then announced that she had an infection that threatened her life and that of her unborn baby. He enrolled her in a safe motherhood program, so that she would get prenatal care and help with the delivery.

The clinic that Rose visited represents an unusual outpost of a consortium formed by aid organizations to provide reproductive health care for refugee women, who tend to be among the most forlorn and needy people on Earth. The consortium includes CARE, the International Rescue Committee, and AMDD, Allan Rosenfield's organization at Columbia University. This particular clinic was run by another member of the consortium, Marie Stopes International—but then George W. Bush cut off funds to Marie Stopes and the entire consortium, all around the world, because Marie Stopes was helping to provide abortions in China. One might have understood cutting funds to the China program, but slashing funds for the consortium in Africa was abhorrent.

The funding cut forced Marie Stopes to drop a planned outreach program to help Somali and Rwandan refugees. It had to close two clinics in Kenya and to lay off eighty doctors and nurses—precisely the staff who were looking after Rose. She became one of untold victims of American abortion politics that effectively eliminated her only source of health care. "These were clinics focusing on the poorest, the marginalized, in the slums," said Cyprian Awiti, the head of Marie Stopes in Kenya.

This incident reflects the "God Gulf" in American foreign policy. Religion plays a particularly profound role in shaping policies on population and family planning, and secular liberals and conservative Christians regularly square off. Each side has the best of intentions, yet each is deeply suspicious of the other—and these suspicions make it difficult to forge a broad left-right coalition that would be far more effective in confronting trafficking and overcoming the worst kinds of poverty. The great battleground in these conflicts has been whether to fund organizations like Marie Stopes that have some links to abortions.

Driven in part by conservative Christians, Republican presidents, including both Bushes, instituted the "gag rule," barring funds to any foreign aid group that, even with other money, counseled women about abortion options or had any link to abortions. As a result, said a Ghanaian doctor, Eunice Brookman-Amisall, "contrary to its stated intentions, the global gag rule results in more unwanted pregnancies, more unsafe abortions, and more deaths of women and girls."

One of the prime conservative targets has been the UNFPA, which works to promote family planning, maternal health, and newborn survival. United Nations agencies tend to be inefficient and bureaucratic, far less nimble and cost-effective than private aid groups, and probably do more for the photocopyer industry than for the world's neediest—but they're still irreplaceable. Just recall the operating theater in Zinder, Niger, where the doctor saved Ramatou and her baby; that hospital was equipped by UNFPA. Conversely, Prudence may have died in part because a UNFPA maternal health program in Cameroon didn't have the resources to reach her hospital.

When UNFPA was created in 1969, the Nixon administration was a strong supporter, and the United States government the biggest donor. But in the 1980s American antiabortion activists began to target

UNFPA. Although the organization does not perform abortions or fund them, critics noted that it advises China on population issues and that China has a coercive family planning program. UNFPA did make the disgraceful mistake in 1983 of awarding its Population Award gold medal to Qian Xinzhong, the head of the Chinese family planning program, who was then presiding over a brutal family planning crackdown involving forced abortions. The Chinese Communist Party leaders themselves were sufficiently embarrassed by Qian's zealotry that they fired him a year later.

The United States government had no mechanism to punish China for forced abortions, so instead it pummeled UNFPA. In 1985, President Ronald Reagan reduced funding for it. Then George H. W. Bush and George W. Bush both eliminated U.S. funding for the agency. Representative Chris Smith, a New Jersey Republican, led the fight against UNFPA. He's a good man who genuinely cared about Chinese women and was horrified by coerced abortions. He wasn't trying to score cheap political points in criticizing UNFPA, since most New Jersey voters had never heard of the agency. This was an issue that Smith genuinely cared about.

The reality, though, was that while the Chinese abuses were real, UNFPA was not a party to them. After giving the gold medal to Qian, the UN turned around and became an important brake on Chinese behavior. A State Department fact-finding mission sent to investigate by the George W. Bush administration reported back: "We find no evidence that UNFPA has knowingly supported or participated in the management of a program of coercive abortion or involuntary sterilization in the People's Republic of China." In the thirty-two counties in China where UNFPA operates pilot programs, it has reduced abortion rates by 40 percent, to a rate lower than that in the United States.

Indeed, UNFPA achieved a major breakthrough for Chinese women that it has never received credit for. In the past, women in China had always used a steel-ring IUD that cost only four cents to make but often failed or caused severe discomfort. That steel ring led to millions of unintended pregnancies and then to abortions. Under UNFPA pressure, China grudgingly switched to a kind of IUD called the copper-T. This kind was more expensive to manufacture—twenty-two cents each—but far more comfortable and effective. That was a huge advance for the 60 million Chinese women with IUDs, and it

averted about 500,000 abortions every year. In short, since then, UNFPA has prevented nearly 10 million abortions in China. That's a record far better than that of any pro-life organization.

That has been the pattern again and again: With the best of intentions, pro-life conservatives have taken some positions in reproductive health that actually hurt those whom they are trying to help—and that result in more abortions. Pro-choice and pro-life camps, despite their differences, should be able to find common ground and work together on many points, in particular on an agenda to reduce the number of abortions. Visit clinics in Estonia, where abortions were widely used as a form of birth control, where some women had ten or more abortions, and you see the resulting high levels of infertility and other complications. And in poor countries, abortions are sometimes as lethal to the mother as to the fetus. For every 150 unsafe abortions in sub-Saharan Africa, a woman dies; in the United States, the risk is less than 1 in 100,000. So liberals and conservatives should be able to agree on steps that prevent unwanted pregnancies and thus reduce the frequency of abortion.

Yet that doesn't happen. One of the scandals of the early twenty-first century is that 122 million women around the world want contraception and can't get it. Whatever one thinks of abortion, it's tragic that up to 40 percent of all pregnancies globally are unplanned or unwanted—and that almost half of those result in induced abortions. By some measures, more than one quarter of all maternal deaths could be avoided if there were no unplanned and unwanted pregnancies. It's an added disgrace that over the last dozen years there has been negligible progress in providing family planning, particularly in Africa. Only 14 percent of Ethiopian women use modern forms of contraception today.

"We've lost a decade," Professor John Cleland, a British fertility expert, told a parliamentary study group in 2006. "Contraceptive use in Africa has hardly increased in the last ten years in married women. It is a disaster."

Curbing population growth isn't nearly as simple as Westerners assume. In the 1950s, one pioneering family planning project in Khanna, India, sponsored by the Rockefeller Foundation and Harvard University, gave intensive help with contraception to eight thousand villagers. After five years, the birth rate among those people was higher

than that of a control group given no contraception. Far more commonly, contraception programs have a modest effect in reducing fertility, but still less than supporters expect.

One carefully conducted experiment in Matlab, Bangladesh, found that after three years family planning programs reduced the average number of births to 5.1 in the target area, compared to 6.7 in the control area. That's not a revolution, but it reflects a meaningful impact. Peter Donaldson of the Population Council asserts that family planning programs accounted for at least 23 percent of the fertility decline in poor countries between 1960 and 1990.

The key to curbing population is often less a technical matter of providing contraceptives and more a sociological challenge of encouraging smaller families. One way to do that is to reduce child mortality, so that parents can be sure that if they have fewer children, they will survive. Perhaps the most effective way to encourage smaller families is to promote education, particularly for girls. For example, England slowed its fertility rate seriously in the 1870s, probably because of the Education Act of 1870, which called for compulsory education. That reflects a very strong global correlation between rising education levels and declines in family size. It appears that the most effective contraceptive is education for girls, although birth control supplies are obviously needed as well.

There's some evidence that decisions about childbearing reflect deep-seated tensions between men and women about strategies to pass on their genes. Polling tends to confirm what evolutionary biologists have sometimes suggested, that at a genetic level men often act like Johnny Appleseed, betting that the best way to achieve a future crop is to plant as many seeds as possible, without doing much to nurture them afterward. Given biological differences, women prefer to have fewer children but to invest heavily in each of them. One way to curb fertility, therefore, may be to give women more say-so in the family.

Quite apart from laying a foundation for economic development, family planning programs are also crucial these days in fighting AIDS. HIV is a special problem for women, in part because of biology: Women are about twice as likely to be infected during heterosexual sex with an HIV-positive partner as men are. That's because semen has a higher viral load than vaginal secretions do, and because women have more mucous membranes exposed during sex than men.

One of the greatest moral and policy failures of the last thirty years is the indifference that allowed AIDS to spread around the globe. That indifference arose in part from the sanctimony of the moralizers. In 1983, Patrick Buchanan declared, "The poor homosexuals—they have declared war against nature, and now nature is exacting an awful retribution." In retrospect, the grossest immorality of the 1980s took place not in San Francisco bathhouses, but in the corridors of power where self-righteous leaders displayed callous indifference to the spread of the disease.

One of the challenges in curbing the virus is a suspicion of condoms held by many conservatives. Many of them fear that even discussing how to make sex safer also makes it more likely; there may be an element of truth to that, but condoms unquestionably also save lives. Today, condoms cost two cents each when purchased in bulk and are extraordinarily cost-effective in reducing diseases. A University of California study suggested that the cost of a year of life saved through a condom distribution program was \$3.50, versus \$1,033 in an AIDS treatment program (admittedly, that was when AIDS medications were more expensive). Another study found that each \$1 million spent on condoms saved \$466 million in AIDS-related costs.

Yet even though condoms are so cost-effective, they are rationed with extraordinary stinginess. In Burundi, which the World Bank counts as the poorest country in the world, donor countries provide fewer than three condoms per man per year. In Sudan, the average man receives one condom every five years. Someday people will look back and wonder: What were they thinking?

Some critics of condoms began spreading the junk science that condoms have pores ten microns in diameter, while the AIDS virus is less than one micron in diameter. That is untrue, and evidence from discordant couples (where one partner has HIV and the other doesn't) suggests that condoms are quite effective in preventing AIDS, albeit not as effective as abstinence. In El Salvador, the Catholic Church helped push through a law requiring condom packages to carry a warning label declaring that they do not protect against AIDS. Even before the law, fewer than 4 percent of Salvadoran women used condoms the first time they had sex.

George W. Bush never signed on entirely to the anticondom campaign being waged by many within his administration, and the United States continued to donate more condoms than any other country,

with mild increases over the years. Ironically, it was the Clinton administration (and a stingy Republican Congress at the time) that gutted American donations of condoms: from 800 million condoms donated annually during the George H. W. Bush administration to a low of 190 million in 1999. The George W. Bush administration donated more than 400 million condoms a year during its second term.

The Bush administration focused its AIDS prevention campaign on abstinence-only programs. There is some evidence that abstinence education can be helpful, when paired with a discussion of condoms, contraception, and reproductive health. But the Bush program went beyond underwriting abstinence education; it insisted on "abstinence only" for young people, meaning no discussion of condoms in schools (although the Bush AIDS program did distribute condoms readily to high-risk groups, such as prostitutes and truck drivers in Africa). Indeed, one third of AIDS prevention spending was funneled by law to abstinence-only education. One American-sponsored abstinence-only approach consists of handing out heart-shaped lollipops inscribed with the message: DON'T BE A SUCKER! SAVE SEX FOR MARRIAGE. Then the session leader invites girls to suck on the lollipops and explains:

Your body is a wrapped lollipop. When you have sex with a man, he unwraps your lollipop and sucks on it. It may feel great at the time, but, unfortunately, when he's done with you, all you have left for your next partner is a poorly wrapped, saliva-fouled sucker.

Studies on the impact of abstinence-only programs aren't conclusive and seem to depend to some extent on the ideology of those conducting the study. But on balance, the evidence suggests that they slightly delay the debut of sexual activity; once it has been initiated, however, kids are less likely to use contraception. The studies suggest that the result is more pregnancies, more abortions, more sexually transmitted diseases, and more HIV. Advocacy groups like the International Women's Health Coalition fought heroically for evidence-based policies on sexual health, and Congresswoman Carolyn Maloney battled tenaciously for UNFPA programs, but the White House wasn't listening. Finally, President Barack Obama—shortly after taking office—announced that he would end the "gag rule" and restore full funding to family planning groups and to UNFPA.

One of the premises of the abstinence-only campaign had been that Africa's AIDS problem was a consequence of promiscuity, but that may not have been true, particularly for African women. Emily Oster, an economist at the University of Chicago, notes that about 0.8 percent of American adults are infected with HIV, compared to 6 percent of adults in sub-Saharan Africa. When she examined the data, she couldn't find any indication that Africans are more promiscuous. In fact, Americans and Africans report a similar number of sexual partners (although some experts believe that in Africa they are more likely to be concurrent rather than consecutive). The biggest difference, Oster found, was that transmission rates are much higher in Africa than in America. For any given unprotected sexual relationship with an infected person, Africans are four or five times more likely to get HIV themselves.

That higher rate can be explained in part because Americans get treated for genital sores; Africans often don't. At any one time, 11 percent of Africans have untreated bacterial genital infections, and these sores allow for easy transmission of the virus. Public health experts widely acknowledge that one of the most cost-effective ways to treat HIV is to provide free checkups and treatment for such STDs. Oster notes that when AIDS prevention resources are devoted to treating STDs, the cost per year per life saved from AIDS is only about \$3,500.

In any case, for women the lethal risk factor is often not promiscuity but marriage. Routinely in Africa and Asia, women stay safe until they marry, and then they contract AIDS from their husbands. In Cambodia, a twenty-seven-year-old former prostitute told us of her struggles with AIDS, and we assumed that she had caught the virus in the brothel.

"Oh, no," she said. "I got AIDS later, from my husband. In the brothel, I always used condoms. But when I was married, I didn't use a condom. A woman with a husband is in much more danger than a girl in a brothel."

That's an exaggeration, but it underscores a central reality: AIDS is often a disease of gender inequality. Particularly in southern Africa, young women frequently don't have the power to say no to unprotected sex. Teenage girls, for example, often become the hauls of middle-aged men, and so HIV spreads relentlessly. As Stephen Lewis, the former UN ambassador for AIDS, puts it: "Gender inequality is driving the pandemic."

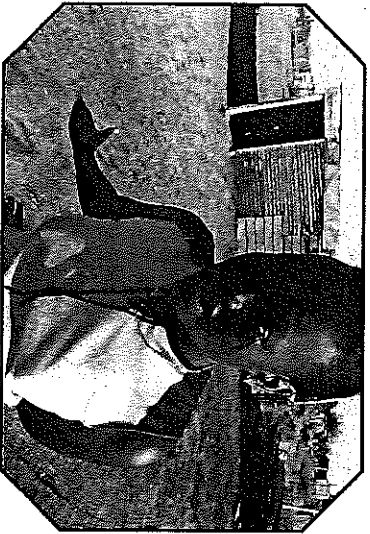
One test of a program should be how it handles the challenge of a fourteen-year-old girl like Thabang, who lives in the village of Kwa-

Mhlanga in the northeastern part of South Africa. Tall, flirtatious, and liberal with makeup, Thabang is a rebellious adolescent who would be a challenge for any program. Thabang's father, an electrician, died after a protracted battle against AIDS that consumed the family savings. Thabang's mother, Gertrude Tobela, tested positive, apparently after getting the disease from her husband, and then infected her youngest child, Victor, during childbirth. Gertrude had been the first in her family to go to high school and college, and the family had enjoyed a middle-class standard of living. But soon Gertrude was too sick to work, and the family had to survive on \$22.50-a-month government payments. The atmosphere in the shack in which they lived was despairing.

Thabang is smart and talented, and like any teenager she yearned for fun and warmth and love. She dreaded the misery of the shack, so she began to hang out in town. She had her hair done fashionably and wore sexy clothes, seeking the diversions of boys to escape the claustrophobia of her home. She also wanted more independence, yearned to be a grown-up, and resented her mother's efforts to rein her in. Thabang also has the misfortune of being strikingly attractive, so men fattered her with their attentions. In South Africa, successful middle-aged men often keep young teenage girls as mistresses, and many teenagers see such "sugar daddies" as a ladder to a better life.

When Thabang began flirting with men, Gertrude screamed at her and beat her. Thabang was the only member of the family who didn't have AIDS, and Gertrude was aghast at the possibility that Thabang would contract the virus as well. But Gertrude's beatings infuriated Thabang, confirmed the girl's suspicion that her mother hated her, and prompted her to run away. Thabang also seemed to feel embarrassed by her AIDS-ridden mother, weak and frail and poor, and all their fighting left Gertrude even more exhausted and depressed. Gertrude spoke in a composed way about her own imminent death and Victor's, but she broke down completely when she spoke of Thabang.

"My daughter left me because she wants liberty," Gertrude said, sobbing. "She is so sexually active, and she stays in bars and rental rooms." Gertrude looked upon Thabang's fondness for makeup and tight clothes with horror and couldn't bear the thought that the cycle of AIDS would be repeated in the next generation. For her part, Thabang insisted that while her friends slept with men for cash or gifts, she herself did not.



"I'm a virgin, whatever my mother says," Thabang said, and she began to cry as well. "She never believes me. She just yells at me."

"Your mother loves you," Nick told her. "The only reason she scolds you is that she loves you and cares what happens to you."

"She doesn't love me!" Thabang replied fiercely, tears trickling down her cheeks as she stood outside her home fifteen feet away from her mother, who was also crying. "If she did, she would talk to me instead of beating me. She wouldn't say these things about me. She would accept my friends."

Thabang in front of the shack she

dreads in South Africa,

where her mother

is dying of AIDS

(Nicholas D. Kristof)

There's no question that the local schools should encourage abstinence for girls like Thabang. But those programs shouldn't stop there. They should explain that condoms can dramatically reduce the risk of HIV transmission, and they should demonstrate how to use condoms properly. Governments should encourage male circumcision, which reduces HIV risk significantly, and should encourage free screening and treatment for sexually transmitted diseases. Testing for HIV should become routine, requiring people to opt out instead of to opt in. That way, nearly all adults would know their AIDS status, which is crucial, because it's impossible to contain an epidemic when people do not know whether or not they have been infected. That kind of comprehensive approach to prevention would be most effective in reducing the risks to a girl like Thabang. And these prevention methods are much cheaper than treating an AIDS patient for years.

Most of the studies on preventing AIDS aren't rigorous, but schol-

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ars at the Massachusetts Institute of Technology's Poverty Action Lab—which does some of the finest research on development anywhere—have examined four different strategies against AIDS in careful trials in Africa. Each strategy was tried in randomly chosen areas, and the results were compared to results in control areas. Success was measured by pregnancies averted (compared to the control areas), since they presumably reflected the amount of unprotected sex that could also transmit AIDS.

One strategy was to train elementary school teachers in AIDS education; that cost only \$2 per student but had no impact on reducing pregnancies. A second approach was to encourage student debates and essays on condoms and AIDS; that cost only \$1 per student but was not shown to reduce pregnancies. A third approach was to provide students with free uniforms to encourage them to stay in school longer; that cost about \$12 per student and did reduce pregnancies. Using their comparisons with the control areas, the researchers calculated that the cost was \$750 per pregnancy averted. The fourth and by far the most cost-effective approach was also the simplest: warning of the perils of sugar daddies. Schoolchildren were shown a brief video of the dangers of teenage girls going out with older men, and then were informed that older men have much higher HIV infection rates than boys. Few students had been aware of that crucial fact.

The warning didn't reduce girls' sexual activity, but they did end up sleeping with boyfriends their own age rather than with older men. The boys were more likely to use condoms—apparently because they were shaken by learning from the school presentation that teenage girls were much more likely than teenage boys to have HIV. This simple program was a huge success: It cost less than \$1 per student, and a pregnancy could be averted for only \$91. It's also a reminder of the need for relentless empiricism in developing policies. Conservatives, who have presumed that the key to preventing AIDS is abstinence-only education, and liberals, who have focused on distribution of condoms, should both note that the intervention that has tested most cost-effective in Africa is neither.

Religious conservatives have fought against condom distribution and battled funding for UNFPA, but they have also saved lives in vast numbers by underwriting and operating clinics in some of the neediest parts of Africa and Asia. When you travel in the poorest

countries in Africa, you repeatedly find diplomats, UN staff, and aid organizations in the capitals or big cities. And then you go to the remote villages and towns where Western help is most needed, and aid workers are suddenly scarce. Doctors Without Borders works heroically in remote areas, and so do some other secular groups. But the people you almost inevitably encounter are the missionary doctors and church-sponsored aid workers.

Nick's plane once crashed while he was flying into central Congo, so he decided to drive out. In nearly a week of traversing a vast stretch of this war-torn country, the only foreign presence he encountered was two Catholic missions. The priest in one had just died of malaria, but the other mission was run by an Italian priest who distributed food and clothing and tried to keep a clinic going in the middle of a civil war.

Likewise, Catholic Relief Services fights poverty all over the world—not least by supporting Sumitha's shelter for former prostitutes in India. All told, some 25 percent of AIDS care worldwide is provided by church-related groups. "In most of Africa, these are the cornerstone of the health system," Dr. Helene Gayle, the head of CARE, said of the Catholic-run clinics. "In some countries, they serve more people than the government health system."

Moreover, the Catholic Church as a whole has always been much more sympathetic to condoms than the Vatican has been. Local priests and nuns often ignore Rome and quietly do what they can to save parishioners. In Sonsonate, in the poor southwestern part of El Salvador, the Catholic hospital advises women about IUDs and the Pill, and urges them to use condoms to protect themselves from AIDS. "The bishop is in San Salvador and never comes here," explained Dr. Martha Alica De Regalada. "So we never get in trouble." Nor was she worried that she would get into trouble for being quoted speaking so frankly.

Missionaries have been running indispensable health and education networks in some of the poorest countries for decades, and it would be enormously beneficial to bring their schools and clinics into a global movement to empower women and girls. Those missionaries have invaluable on-the-ground experience. Aid workers and diplomats come and go, but missionaries burrow into a society, learn the local language, send their children to local schools, sometimes stay for life. True, some missionaries are hypocritical or sanctimonious—just like any group of people—but many others are like Harper McConnell at

the hospital in Congo, struggling to act on a gospel of social justice as well as individual morality.

If there is to be a successful movement on behalf of women in poor countries, it will have to bridge the God Gulf. Secular bleeding hearts and religious bleeding hearts will have to forge a common cause. That's what happened two centuries ago in the abolitionist movement, when liberal deists and conservative evangelicals joined forces to overthrow slavery. And it's the only way to muster the political will to get now-invisible women onto the international agenda.

It is particularly crucial to incorporate Pentecostalism into a movement for women's rights around the globe, because it is gaining ground more quickly than any other faith, especially in Africa, Asia, and Latin America. The church with the largest Sunday attendance in all of Europe is now a Pentecostal megachurch in Kiev, Ukraine, founded in 1994 by a charismatic Nigerian, Sunday Adelaja. One person in ten is now a Pentecostal, according to the highest estimates; those estimates may be exaggerated several-fold, but there's no doubt about Pentecostalism's spread throughout poor countries. One reason for that is the suggestion made by some of its churches that God will reward adherents with riches in this life. Some also teach variations of faith-healing or claim that Jesus will protect its followers from AIDS.

We thus regard the Pentecostal boom with some suspicion, but without doubt it also has a positive impact on the role of women. Pentecostal churches typically encourage all members of the congregation to speak up and preach during the service. So for the first time, many ordinary women find themselves exercising leadership and declaring their positions on moral and religious matters. On Sundays, women come together and exchange advice on how to apply community pressure to bring wayward husbands back into line. Just as important, Pentecostalism and other conservative evangelical denominations discouraged drinking and adultery, and these are both practices that have caused tremendous hardship to African women in particular.

Until the late 1990s, conservative Christians were mostly a force for isolationism, worrying (as Jesse Helms put it) that foreign aid is "money down a rat hole." But, under the influence of Franklin Graham (Billy Graham's son, now head of the Samaritan's Purse aid organization) and Senator Sam Brownback and many others, evangelicals and other conservative Christians have come to focus on issues like AIDS, sex trafficking, and poverty. Now the National Association of Evangelical-

icals is an important force for humanitarian causes and foreign aid. It's because of encouragement from evangelicals, including Michael Gerson, a former White House chief speech writer, that George W. Bush sponsored his presidential initiative to fight AIDS—the best single thing he ever did, arguably saving more than 9 million lives. Michael Horowitz, an agitator for humanitarian causes based at the Hudson Institute in Washington, has rallied religious conservatives to back an initiative to repair obstetric fistulas. These days bleeding-heart evangelicals are out in front alongside bleeding-heart liberals in fighting for aid money to tackle these problems, as well as malaria. That's a landmark change from a decade or two ago.

"Poverty and disease just weren't on my agenda," Rick Warren, pastor of the Saddleback megachurch in California and author of *The Purpose Driven Life*, told us. "I missed the AIDS thing. I had no idea what the big deal was." Then, in 2003, Warren went to South Africa to train pastors and found a small congregation in a tent, caring for twenty-five AIDS orphans. "I realized that they were doing more for the poor than my entire megachurch," he said, with cheerful exaggeration. "It was like a knife in the heart."

Since then Warren has galvanized his church to fight poverty and injustice in sixty-eight countries around the world. More than 7,500 members of the church have paid their own way to volunteer in poor countries—and once they see the poverty up close, they want to do more.

Liberals could emulate the willingness of many evangelicals to give—to donate 10 percent of their incomes each year to charity. The *Index of Global Philanthropy* calculates that U.S. religious organizations give \$5.4 billion annually to developing countries, more than twice as much as is given by U.S. foundations. Arthur Brooks, an economist, has found that the one third of Americans who attend worship services at least once a week are "inarguably more charitable in every measurable way" than the two thirds who are less religious. Not only do they donate more, he says, but they also are more likely to volunteer their time for charities. Brooks does find, however, that while liberals are less generous with their own money, they are more likely to favor government funding of humanitarian causes.

Both groups might work harder to ensure that their charitable contributions truly go to the needy. Conservative Christians contribute very generously to humanitarian causes, but a significant share of that

money goes to build magnificent churches. Likewise, liberal contributions often go to elite universities or symphonies. These may be good causes, but they are not humanitarian. It would be good to see liberals and conservatives alike expand their range of giving so that more goes to help the truly needy.

It would also be useful if there were better mechanisms for people to donate time. The Peace Corps is a valuable program, but it requires an intimidating commitment of twenty-seven months, and the schedule does not follow the academic year to accommodate those who are trying to delay graduate school. Teach For America has generated enormous interest among public service-minded young people, but it is a domestic program. We need funding for Teach the World, an international version of Teach For America, to send young people abroad for a year, a term that would then be renewable. That would offer an important new channel of foreign assistance to support girls' education in poor countries, and it would also offer young Americans a potentially life-changing encounter with the developing world.

Jane Roberts and Her 34 Million Friends

When George W. Bush announced early in his first administration that the United States would withhold all \$34 million that had been allocated for the UNFPA, many people grumbled about it. But Jane Roberts, a retired French teacher in Redlands, California, grumbled herself into starting a movement. It began with a letter to the editor of her local paper, the *San Bernardino Sun*:

A week has passed since the Bush Administration decided to deny the \$34 million voted by Congress for the United Nations Population Fund. Ho Hum, this is vacation time. Columnists have written about it and newspapers have printed editorials of lament. Ho Hum. More women die in childbirth in a few days than terrorism kills people in a year. Ho Hum. Some little girl is having her genitals cut with a cactus needle. Ho Hum, that's just a cultural thing.

As an exercise in outraged democracy, would 34 million of my fellow citizens please join me in sending one dollar each to the US Committee for UNFPA? That would right a terrible wrong... and drown out the Ho Hums.

Jane is blue-eyed with short blond hair and carries a hint of the sixties in her dress and manner: a taste for African necklaces and simple clothing like black loafers. She was now on a mission. Jane contacted groups like the Sierra Club and League of Women Voters. After she saw a mention in the newspaper about the National Council of Women's Organizations, she barraged the council with pestering phone calls and e-mails. A week later its board endorsed her effort.

At the same time, a grandmother in New Mexico named Lois Abraham was thinking along the same lines as Jane. She had read a column Nick had written from Khartoum, Sudan, about a teenage girl with an obstetric fistula, noting that the administration was now crippling one of the few organizations helping such girls. Lois angrily drafted a chain letter about the UNFPA and the funding cutoff. It ended:

JANE ROBERTS AND HER 34 MILLION FRIENDS

Jane Roberts
(courtesy of
Jane Roberts)



If 34,000,000 American women send one dollar each to the UN Population Fund, we can help the Fund continue its "invaluable work" and at the same time confirm that providing family planning and reproductive health services to women who would otherwise have none is a humanitarian issue, not a political one.

PLEASE, NOW: Put a dollar, wrapped in a plain sheet of paper, in an envelope marked "34 Million Friends." ... Then mail it today. **EVEN MORE IMPORTANT:** Send this letter on to at least ten friends—more would be better!—who may join in this message.

Lois had cold-called the UNFPA and told an official she was sending out the e-mail. UNFPA didn't have much of a public image and rarely received contributions.

"Some in UNFPA were doubtful about such a grassroots effort," recalled Stirling Scruggs, a former senior official in the agency. "They thought it would last a few weeks and that the two women would tire and it would end quickly. That is, until bags of mail started piling up at UNFPA's mail room."

The deluge of dollar bills triggered by Lois and Jane soon caused a problem. UNFPA had pledged that all the money would go to programs, but somebody had to handle all the mail. At first, staff members devoted their lunch hours to opening envelopes. Then supporters of the US Committee for UNFPA volunteered their help. Finally, the UN Foundation gave grants to hire staff to handle the mail.

Most of the money consisted of \$1 bills from women—and some men—all across the country. Some sent larger amounts. “This \$5 is in honor of the women in my life: my mother, my wife, my two daughters, and my granddaughter,” one man wrote. UNFPA informed Lois and Jane about each other, and they joined forces, formalizing their campaign as 34 Million Friends of UNFPA (www.34millionfriends.org). They began going on speaking tours, and the movement gained steam. People around the country were exasperated by the social conservatives’ campaigns against reproductive health—the defunding of UNFPA, the denunciations of condoms and comprehensive sex education, the attempts to cut off support for family planning by aid groups like Marie Stopes International—and they were eager to do something concrete to help. Sending in a dollar bill wasn’t a panacea, but it was very easy to do.

“No one can say I can’t give a dollar,” Jane noted. “We’re even getting donations from college students and high school students. You can take a stand for the women of the world for just the price of a soda.”

Both Ellen Goodman and Molly Ivins wrote columns praising Jane and Lois and their work, and donations reached two thousand a day. Jane traveled with UNFPA to Mali and Senegal—her first visit to Africa—and began speaking and campaigning nonstop.

“From that time on, I have given my life to this,” she told Sheryl. “I’m going to follow this to the ends of the earth to further this cause. . . . Forty women every minute seek unsafe abortions—to me this is just a crime against humanity.”

After President Obama announced in January 2009 that he would restore funding for UNFPA, the question arose: Is 34 Million Friends still necessary? Should it fade away? But by then the group started by two indignant women had raised a total of \$4 million, and they saw vast needs remaining—so they decided to continue their work as a supplement to American government funding of UNFPA. “There is a huge unmet demand for family planning in the world today,” Jane said. “There is huge need for fistula prevention and treatment. With population pressures and environmental pressures, and economic pressures in much of the world, women will bear the brunt of gender-based violence even more than now. So for me 34 Million Friends is my work. It is my passion. I don’t think any cause is greater for the long term for people, the planet, and peace. So for me, on we go!”

CHAPTER NINE

Is Islam Misogynistic?

A majority of the dwellers of hell will be women, who curse too much and are ungrateful to their spouses.

—MUCHAMMAD IMRAN, *Ideal Woman in Islam*

On Nick’s first trip to Afghanistan, he employed an interpreter who had studied English in university. He was a very brave man and seemed very modern until one particular discussion.

“My mother has never been to a doctor,” the interpreter said, “and she never will go.”

“Why not?” Nick asked.

“There are no female doctors here now, and I cannot allow her to go to a male doctor. That would be against Islam. And since my father died, I’m in charge of her. She cannot leave the house without my permission.”

“But what if your mother were dying, and the only way to save her would be to take her to a doctor?”

“That would be a terrible thing,” the interpreter said gravely. “I would mourn my mother.”

A politically incorrect point must be noted here. Of the countries where women are held back and subjected to systematic abuses such as honor killings and genital cutting, a very large proportion are predominantly Muslim. Most Muslims worldwide don’t believe in such practices, and some Christians do—but the fact remains that the countries where girls are cut, killed for honor, or kept out of school or the workplace typically have large Muslim populations.

To look at one broad gauge of well-being, of 130 countries rated by the World Economic Forum according to the status of women, eight of the bottom ten were majority Muslim. Yemen was in last place, with Chad, Saudi Arabia, and Pakistan right behind it. No Muslim country