

POPULATION

## TODAY

*News, numbers, and analysis***Immigration and Diversity Still  
Controversial at Century's End**

**D**uring the past decade, immigration to the United States has risen to its highest point since the beginning of the century and, even with restrictions, will continue at a high level into the next century.

As a result, the face of America today is vastly different than it was in 1900. Hispanics make up 11 percent of the population, African Americans make up 12 percent, Asians make up 4 percent, and non-Hispanic whites make up 72 percent.

Two new PRB publications—a *Population Bulletin* on “Immigration to the United States,” by Philip Martin and Elizabeth Midgley, and a new *PRB Reports on America* exploring “America’s Diversity: On the Edge of Two Centuries,” by Daphne Spain—examine the history of immigration and analyze how today’s society still struggles with questions that plagued citizens and policymakers 100 years ago. How many immigrants should be allowed to enter? Which ones? And how will they affect the economy?

As it was around 1900, immigration is hotly debated in the 1990s. According to authors Martin and Midgley, immigration still provokes strong sentiment primarily because immigrants differ more now in ethnicity, education, and skills from native-born Americans than immigrants did at the beginning of the century.

**Old Wave and New**

On average, 1 million immigrants entered the United States each year between 1905 and 1914, and almost 1 million per year have entered the United States since 1992. The foreign-born made up around 15 percent of the U.S. population in 1900; in the 1990s they make up just 9 percent, but only because the total U.S. population is so much greater.

Unlike the immigrants who arrived in the United States at the beginning of this century, most of whom came from Europe, today’s immigrants come primarily from Asia and Latin America. Most Asian immigrants come from China and the Philippines. Most Latin American immigrants come from Mexico. In fact, more than one-fourth of the total foreign-born population in 1998 came from Mexico. In 1996, as many as 7.3 million Mexicans lived in the

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## Immigration and Diversity

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United States, including 4.9 million legal residents and 2.4 million unauthorized aliens.

Today's immigrants settle in different cities as well. In 1910, most immigrants lived in New York, where the population was 40 percent foreign-born. But since then, the focus has shifted west and south. Between 1991 and 1996, Los Angeles was a close second to New York for having the greatest number of immigrants.

The education levels of immigrants entering the United States have also changed in recent decades. Thirty-five percent of immigrants ages 16 and older who entered the United States between 1990 and 1998 had not finished high school, compared with 29 percent of those who entered in the 1970s and 19 percent of those who entered before 1970. In comparison, only 9 percent of the U.S.-born population ages 16 and older had not finished high school in 1998.

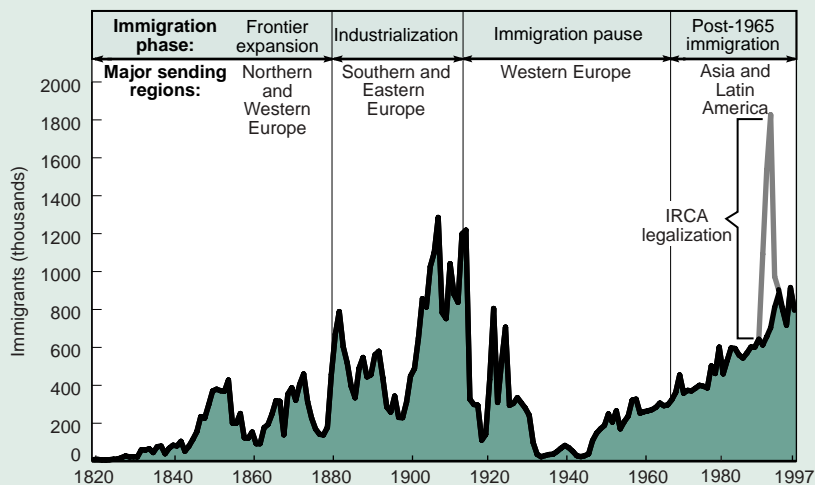
### Restrictions Then and Now

Although pro-immigration groups point out that all of our ancestors were immigrants at one time, immigrants have traditionally met with resistance from some Americans.

Daphne Spain, author of the *PRB Reports on America*, blames American sentiment against immigration on a sense of entitlement. "We want this to be a free country for everyone," she said, "but at the same time we think only certain people should be entitled to American privileges."

In the early 1900s, restrictions were placed on the number of immigrants who could enter the United States, and on who those immigrants

## Immigration to the United States, 1820–1997



Sources: Immigration and Naturalization Service, *Statistical Yearbook 1996* (1997): Table 1; and *Annual Report, Legal Immigration Fiscal Year 1997* (January 1999).

should be. People have long worried about the effect of foreign-born workers on job opportunities and wages for native-born Americans. The Chinese Exclusion Act of 1882, which was in effect until the 1940s, deported many Chinese and barred those already living in the United States from naturalizing. The act was designed to limit the flow of cheap labor used to build U.S. railroads.

A little over 100 years later, in 1996, three laws were passed that restricted immigration: the Antiterrorism and Effective Death Penalty Act, the Personal Responsibility and Work Opportunity Reconciliation Act, and the Illegal Immigration Reform and Immigrant Responsibility Act. These laws were designed to fight terrorism, put an end to perceived abuses of the welfare system by immigrants, and help contain illegal immigration.

Both Martin and Spain believe that Americans will continue to im-

pose limits on immigration, while not stifling it altogether.

"The challenge for Americans entering the 21st century is to decide under what conditions the door to immigration will be left open," said Spain. ■

### For more information:

"*Immigration to the United States*" (\$7.00 plus shipping and handling), and "*America's Diversity: On the Edge of Two Centuries*" (\$5 plus shipping and handling) are available from PRB's Customer Service Department; phone: 800/877-9881; fax: 202/328-3937; e-mail: [popref@prb.org](mailto:popref@prb.org); or order on PRB's Web site: <http://www.prb.org>. Discounts are available for bulk purchases.

Excerpts of "*Immigration to the United States*" and the full text of "*America's Diversity: On the Edge of Two Centuries*" will soon be available on PRB's Web site.

## WEBWISE

These publications were posted recently at <http://www.prb.org>:

- **Reproductive Health in Policy & Practice: Case Studies from Brazil, India, Morocco, and Uganda**  
Drawing on country case studies, this report, produced in preparation for ICPD +5, analyzes how resources have been raised and allocated since

1994 to support reproductive health programs.

- **Aging in the United States: An Education Module**  
This module, for college freshmen and high school seniors, educates young people about the aging of the U.S. population and how it affects them. Four hands-on activities en-

courage students to consider important questions: What is the economic status of the elderly population? What proportion of the elderly population is female, and why does that matter?

[www.prb.org](http://www.prb.org)

# Worlds Apart

## Contrasting Growth Rates in More and Less Developed Countries

By CARL HAUB

The 1999 World Population Data Sheet, the last of the 20th century, has just been published. It looks much different than the first Data Sheet, printed in September 1962 and titled "Population and Vital Rates for 127 Countries."

Among the 127 countries profiled in 1962 were Ceylon, Dahomey, the Malagasy Republic, and Tanganyika (now called Sri Lanka, Benin, Madagascar, and Tanzania). World population for 1962 was shown as 3.1 billion; this year it will reach 6 billion. Africa's population was listed as 267 million; it is now 771 million. Asia's population, then 1.7 billion, is now 3.6 billion.

The 1999 Data Sheet shows pronounced differences between growth rates in more and less developed countries. Some 80.3 percent of people in the world live in less developed countries. These countries are growing at 1.7 percent per year, or 2.0 percent when the large statistical effect of low-fertility China is excluded. The more developed countries, home to the remaining 19.7 percent of world population, are barely growing, at just 0.1 percent annually.

In less developed countries, the total fertility rate (TFR), or average number of children a woman would bear given the birth rate of a given year, ranges from over six children per woman in many countries of Africa and Asia to below two in several less developed countries.

In contrast, the TFR has now dropped as low as 1.1 in Latvia and Bulgaria, surpassing even Italy and Spain's rate of 1.2.

Future population growth depends on the less developed countries. Most have implemented population policies to lower birth rates. How quickly will they come

down? Will they decline to two children per woman, leading to a constant world population size? Or will couples opt for more or less than two children, leading either to continual population growth or to population decline?

Whatever the outcome, the Data Sheet, which has documented many of the momentous changes in population during the 20th century, will continue to track progress. ■

### For more information:

The 1999 World Population Data Sheet is available from PRB's Customer Service Department, phone: 800/877-9881; fax: 202/328-3937; e-mail: [popref@prb.org](mailto:popref@prb.org). Cost: \$4.50 each. Available as a wallchart or as a 12-page booklet that contains all the information found in the wallchart. PRB members receive discounts; discounts are also available for bulk purchases.

Carl Haub holds the Conrad Taeuber Chair of Population Information at PRB.

### World Population Clock, 1999

	World	More developed countries	Less developed countries	Less developed (less China)
<b>Population:</b>	5,981,667,000	1,181,215,000	4,800,452,000	3,546,390,000
<b>Births per:</b>				
Year	136,900,676	13,234,966	123,665,710	103,563,096
Month	11,408,390	1,102,914	10,305,476	8,630,258
Week	2,632,705	254,519	2,378,187	1,991,598
Day	375,070	36,260	338,810	283,735
Hour	15,628	1,511	14,117	11,822
Minute	260	25	235	197
Second	4.3	0.4	3.9	3.3
<b>Deaths per:</b>				
Year	52,732,914	11,831,411	40,901,503	32,750,100
Month	4,394,410	985,951	3,408,459	2,729,175
Week	1,014,095	227,527	786,567	629,810
Day	144,474	32,415	112,059	89,726
Hour	6,020	1,351	4,669	3,739
Minute	100	23	78	62
Second	1.7	0.4	1.3	1.0
<b>Natural increase per:</b>				
Year	84,167,762	1,403,555	82,764,207	70,812,996
Month	7,013,980	116,963	6,897,017	5,901,083
Week	1,618,611	26,991	1,591,619	1,361,788
Day	230,597	3,845	226,751	194,008
Hour	9,608	160	9,448	8,084
Minute	160	3	157	135
Second	2.7	0.0	2.6	2.2
<b>Infant deaths per:</b>				
Year	7,787,693	103,967	7,683,726	7,052,503
Month	648,974	8,664	640,311	587,709
Week	149,763	1,999	147,764	135,625
Day	21,336	285	21,051	19,322
Hour	889	12	877	805
Minute	15	0.2	15	13
Second	0.2	0.0	0.2	0.2

Source: 1999 World Population Data Sheet, Population Reference Bureau.

# Kosovo and the Demography of Forced Migration

By HOLLY E. REED

**F**orced to flee war-torn Kosovo, some 900,000 ethnic Albanians have crossed into Albania, Macedonia, and Montenegro since March. Hundreds of thousands more are believed to be displaced inside Kosovo, unable to escape.

The current crisis in Kosovo is just one of many recent examples of huge displacements of people (see table on next page). Such large movements of people often destabilize surrounding countries and regions and strain the capability of the humanitarian aid community to respond.

Analyzing the demography of forced migration is a crucial step toward gaining insight into its dynamics, causes, and consequences.

## Growing International Challenge

As the figure on page 6 shows, estimated totals of internally displaced persons (IDPs) and refugees increased steadily from 1964 to 1990. After 1990, however, the number of IDPs continued to rise, peaking at about 27 million in 1994, while total refugees declined to about 10 million by 1996. Some of this change occurred because of differences in reporting procedures and definitions, but the rest may be the result of a new global phenomenon: Crossing an international border and becoming a refugee is apparently becoming increasingly difficult. Countries may be containing their own displaced persons and refusing to allow forced migrants from neighboring countries to cross their borders. If so, this pattern will create even more challenges for the international humanitarian aid community.

## The Demographer's Role

When forced migration occurs, demographic data and estimates help determine the sheer magnitude of the problem. International agencies and nongovernmental organizations (NGOs) rely on such estimates to determine amounts and types of food, shelter, and other items that are needed to assist forced migrants. Refined measures of the age and sex composition of the displaced population can be used for planning targeted interventions such as immunizations for small children or special feeding programs for pregnant women, children, and the elderly. And estimates of mortality and continual monitoring of mortality

rates allow epidemiologists working with forced migrant populations to assess whether mortality is excessive and additional health interventions are needed.

Yet estimates of forced migrant populations and mortality rates are difficult to obtain. The fact that large numbers of refugees and internally displaced persons are moving under crisis conditions is probably the biggest impediment. In addition, these situations frequently occur in remote areas that may be even further isolated because of a breakdown of political infrastructure. As in Albania, forced migrants do not always settle in camps, but sometimes mix with the local population, hindering enumera-

## Missing Numbers

**Total Population:** Before March 24, 1999, some 2 million people lived in Kosovo: 90 percent were ethnic Albanians; Serbs constituted the rest of the population.

**Displaced:** From March 1998 through mid-May of this year, Serb forces displaced an estimated 1.5 million ethnic Albanians from their homes in Kosovo, according to the U.S. State Department. Approximately 900,000 have left Kosovo.

**Refugees:** The vast majority have crossed international borders: 426,000 to Albania, a country with a population of 3.1 million, and some 239,000 to Macedonia, with a population of 2.2 million (of whom an estimated 23 percent are ethnic Albanians).

**IDPs in Montenegro:** Over 60,000 Kosovar Albanians initially fled to the Republic of Montenegro, which together with Serbia constitutes the Federal Republic of Yugoslavia.

**IDPs in Kosovo:** No one knows the true numbers of displaced persons still inside Kosovo; based on the "scope and intensity of Serb force activities in the province," the State Department estimates at least 600,000. Yet the State Department's estimate of the number of military-age men "missing" in Kosovo—150,000 to 500,000—tells how little we know.

Source: Susan F. Martin, director, and Andrew I. Schoenholtz, director of law and policy studies, Institute for the Study of International Migration, Georgetown University.

tion. And relief workers, national and local governments, donors, and forced migrants themselves all may have reasons for attempting to inflate or deflate statistics. These potential difficulties can make it tricky to obtain reliable estimates.

Still, some demographic techniques are well suited to collecting data under these difficult circumstances. To collect data on total population, demographers use various sampling techniques. One involves enumerating a small group of people and then extrapolating from that sample to estimate the total. Another is to estimate the number of people living in each shelter and then take aerial photographs to count all of the shelters, again extrapolating from the sample to get the total.

Once a camp becomes established, registration by individuals or families to receive food and medical aid is often used as a census of the camp population. Household and family surveys are also employed, especially when a census is not feasible or if many refugees settle with the local population in a host country.

Mortality rates are another type of data. Techniques for measuring mortality range from burial site observation, to the collection of hospital or death records, to surveys of community leaders or the population as a whole. When it is difficult to bury bodies, as it was in Goma, Zaire, in the summer of 1994 because of volcanic soil, body collectors can be employed to count the number of dead. Once the acute phase of a crisis is over, however, more standard methods of data collection can be used. Sample surveys of households or families can give fairly reliable mortality estimates that can then be compared with precrisis estimates for the forced migrant population or the host population. Ongoing surveys in long-term refugee camps can give additional insight into the mortality dynamics of forced migration.

## Refugee Response in the Information Age

One of the challenges facing the international community in responding to the Kosovo conflict is registering the refugees for assistance and for identification purposes (the Serb forces have confiscated identity documents). The United Nations High Commissioner for Refugees, the lead agency coordinating humanitarian assistance efforts, has assigned to the International Organization for Migration (IOM) responsibility for the technological aspects of registration.

Lauren Engle, an IOM coordinator of external relations and information, said that, as of the end of April, 70,000 people had been registered and that the rate of registration was 4,000 per day. On May 2, with the help of the U.S. Information Agency, IOM received a donation of over \$100,000 in information technology and computer equipment from six private companies.

The impact of technology in crises such as this is dramatic. Five years ago, the humanitarian relief community used wireless radios to transfer information between refugee camps. Today, computers, cell phones, and digital cameras greatly increase the ability to collect and analyze demographic information and mobilize resources.

Source: Susan F. Martin, director, and Andrew I. Schoenholtz, director of law and policy studies, Institute for the Study of International Migration, Georgetown University.

## Applied Research

Much collaboration already exists between academic demographers and those who work to assist refugees in the field, in the form of training courses for field workers in demographic techniques and partnerships between NGOs and universities. But many aspects of forced migration have not yet been fully studied, such as how fertility rates and population age and sex composition change during crisis situations. With increased cooperation between the demographic research community and the humanitarian relief community, areas where demographic analysis and research are needed can be identified and pursued. ■

### For more information:

*Janie Hampton, ed., Internally Displaced People: A Global Survey (London: Global IDP Survey and Norwegian Refugee Council, 1998).*

*Holly Reed, John Haaga, and Charles Keely, eds., The Demography of Forced Migration: Summary of a Workshop (Washington, DC: National Academy Press, 1998).*

*United Nations High Commissioner for Refugees, The State of the World's Refugees 1997-1998: A Humanitarian Agenda (Geneva: UNHCR, 1997).*

## Largest Refugee Displacements in the 1990s

Country of origin	Number of refugees displaced
Rwanda (1994)	1,700,000
Iraq (1991)	1,500,000
Somalia (1991)	1,000,000
Bosnia and Herzegovina (1994)	800,000
Burundi (1993)	600,000
Liberia (1990-1991)	500,000
Sierra Leone (1991)	300,000

Note: All numbers are estimates; sources vary widely.

Source: U.S. Committee for Refugees, 1998.

*U.S. Committee for Refugees, World Refugee Survey 1998 (Washington, DC: Immigration and Refugee Services of America, 1998).*

*Holly E. Reed is a research associate with the National Research Council's Committee on Population, in Washington, D.C.*

## POPULATION UPDATE

### Estimated U.S. Population:

As of November 1, 1998	271,188,000
As of November 1, 1997	268,851,000

Latest data available from the U.S. Census Bureau, total monthly population estimates. Totals include armed forces overseas.

### Estimated World Population:

As of June 1999	5,975,000,000
Annual growth	84,000,000

Extrapolated from the mid-1999 population on PRB's 1999 *World Population Data Sheet*.

### Latest Provisional Statistics for the United States: November 1998

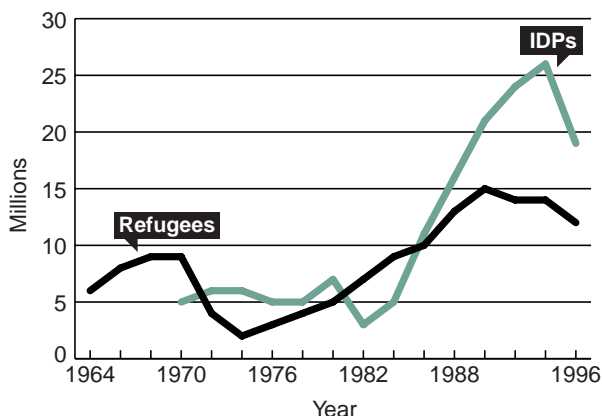
	12 months ending with November			
	Number		Rate	
	1998	1997	1998	1997
Live births .....	3,947,000	3,859,000	14.6	14.4
Fertility rate .....	—	—	66.0	64.7
Deaths .....	2,328,000	2,302,000	8.6	8.6
Infant deaths .....	27,500	27,100	7.0	7.0
Natural increase .....	1,619,000	1,557,000	6.0	5.8
Marriages .....	2,237,000	2,403,000	8.3	9.0
Divorces .....	974,000	1,153,000	3.6	4.3

Note: Fertility rate is given per 1,000 women ages 15-44; infant deaths per 1,000 live births; other rates per 1,000 population.

Source: National Center for Health Statistics, *National Vital Statistics Reports*, vol. 47, no. 17 (1999).

## SPEAKING GRAPHICALLY

### Total Refugees and Internally Displaced Persons, 1964-1996



Source: Janie Hampton, ed., *Internally Displaced People: A Global Survey*, 1998.

The two major groups of forced migrants are refugees and IDPs. Refugees are generally migrants who have been forced to cross an international border because of war, genocide, persecution, or fear of persecution. IDPs have been forced to move for the same reasons, but they are displaced from their homes within the borders of their own country. Although the precise legal definitions of forced migration may vary from country to country, these definitions generally apply.

As seen above, the number of IDPs rose after 1990, peaking at about 27 million in 1994, while total refugees declined to about 10 million by 1996. This change may signal a new global phenomenon: Crossing an international border and becoming a refugee is apparently becoming increasingly difficult. Countries may be containing their own displaced persons and refusing to allow forced migrants from neighboring countries to cross their borders.

*Population Today* is published 11 times a year by the Population Reference Bureau (PRB). Founded in 1929, PRB is a private, nonprofit organization dedicated to the dissemination of objective demographic information. The views and opinions of *Population Today's* contributors do not necessarily reflect those of PRB.

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ISSN 0749-2448

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\* Educators, students, and seniors should send supporting documentation.

# Future in Jeopardy for 9.2 Million U.S. Children

Despite the economic boom, a significant portion of the United States' most valuable resource—its children—is endangered. The “fragile fraction,” one-seventh of the current generation, is the focus of the 1999 edition of *KIDS COUNT*, an annual report just published by The Annie E. Casey Foundation.

The report ranks all 50 states and the District of Columbia on 10 key indicators of child well-being. The report and two companion pieces—a pocket guide and a data sheet produced for the Casey Foundation by the Population Reference Bureau—use several key indicators to identify, locate, and count high-risk kids. The report also reviews several promising approaches to confronting the primary risks.

What we see is a “best of times, worst of times” scenario, according to William O’Hare, coordinator of *KIDS COUNT*. O’Hare pointed to national improvements on seven of the 10 indicators of childhood well-being (see “Best and Worst States,” indicators 2 through 4, and 6 through 9). Still, O’Hare stressed, 9.2 million U.S. children experience disadvantages serious and numerous enough to put their futures at risk.

Geographic and racial undertones characterize the disparities, according to O’Hare. “Kids in central cities are 2.5 times more likely than kids living in suburbs to face multiple risks,” he said. African American children are nearly five times as likely and Hispanic children four times as likely as white children to be growing up in families with high-risk profiles.

High-risk kids are identified using a family risk index that is based on six measures:

- Child is not living with two parents.
- Household head is a high school dropout.
- Family income is below the poverty line.

- Child is living with parent(s) who do not have steady, full-time employment.
- Family is receiving welfare benefits.
- Child does not have health insurance.

The report recommends that initiatives designed to help high-risk families focus on four principles: Programs should be family centered, long term, communitywide, and comprehensive.

The foundation will soon launch its own initiative, Neighborhood Transformation/Family Development, to foster nurturing neighborhoods that lead to strong families. ■

## For more information:

For a complete summary of the key indicators, with background information for each state, including demographic, economic, and health data, see the online database available at <http://www.kidscount.org>.

For a free copy of the comprehensive 1999 *KIDS COUNT* Data Book, or the pocket guide and data sheet, contact: The Annie E. Casey Foundation, 701 St. Paul St., Baltimore, MD 21202; phone: 410/223-2890; Web site: <http://www.aecf.org>. (PRB members will automatically receive a free copy of the pocket guide and data sheet.)

## KIDS COUNT 1999 Best and Worst States



### Family Risk Index: Percentage of children living in high-risk conditions

United States:	14
Best:	Utah 5
Worst:	Louisiana 22

### 1. Percentage low birth-weight babies

United States:	7.4
Best:	New Hampshire 4.8
Worst:	Louisiana, Mississippi 9.9

### 2. Infant mortality rate (deaths per 1,000 live births)

United States:	7.3
Best:	Maine 4.4
Worst:	Mississippi 11.0

### 3. Child death rate (deaths per 100,000 children ages 1-14)

United States:	26
Best:	Rhode Island 16
Worst:	Mississippi 41

### 4. Rate of teen deaths by accident, homicide, and suicide (deaths per 100,000 teens ages 15-19)

United States:	62
Best:	Rhode Island 26
Worst:	Wyoming 110

### 5. Teen birth rate (births per 1,000 females ages 15-17)

United States:	34
Best:	New Hampshire, Vermont 15
Worst:	Mississippi 52

### 6. Percentage of teens who are high school dropouts (ages 16-19)

United States:	10
Best:	Wisconsin 4
Worst:	Nevada 17

### 7. Percentage of teens not attending school and not working (ages 16-19)

United States:	9
Best:	North Dakota, Wisconsin 4
Worst:	New Mexico 14

### 8. Percentage of children living with parents who lack full-time, year-round employment

United States:	30
Best:	Nebraska 17
Worst:	West Virginia 40

### 9. Percentage of children in poverty

United States:	20
Best:	Alaska, New Hampshire, Utah 10
Worst:	Louisiana 32

### 10. Percentage of families with children headed by a single parent

United States:	27
Best:	Utah 14
Worst:	Louisiana, Mississippi 35

NOTE: These best and worst listings are based on 1996 data. While *KIDS COUNT* ranks Washington, D.C., along with the 50 states, it is not included in these best and worst rankings because Washington does not have suburbs or rural areas within its borders.

### **Poor water quality threatens health in China**

China's rapid economic development has had unintended consequences on the health of its people. More than 700 million people—over one-half of the population—drink water that does not meet minimum drinking water standards because it contains high levels of human and animal waste.

*Water Pollution and Human Health in China*, a new study from the World Resources Institute (WRI), also finds that more than one-half of cities in China are experiencing severe water shortages. The total volume of wastewater, however, is increasing dramatically—the level was 37 billion tons in 1995 and could reach 78 billion tons by 2000.

The study is available online at <http://www.igc.org/wri/health/prcwater.htm>. For more information, contact Changhua Wu, WRI, phone: 202/729-7600.

### **Malloch Brown named UNDP chief**

Mark Malloch Brown is the new administrator of the United Nations Development Programme (UNDP). Malloch Brown has been the World Bank's vice president

for external affairs and for UN affairs since 1996. His career includes service with the United Nations High Commissioner for Refugees from 1979 to 1983. A Briton, he is the first non-American to head the UNDP. He will assume his new duties on July 1, replacing James Gustave Speth, who has held the position since 1993.

### **Iran, Vietnam share award**

Iran and Vietnam are the winners of the 1999 UN Population Award. The award is presented annually by the UN Population Fund to individuals and institutions that have made outstanding contributions to increasing the awareness of population problems and their solutions.

Iran's Dr. Seyed Alireza Marandi, former Minister of Health and Medical Education of the Islamic Republic of Iran, received the award for promoting primary health centers, breastfeeding, and family planning. He convinced the government of Iran that family planning was not in conflict with Islamic teaching. Iran has seen reductions in infant, child, and maternal mortality and in the rate of births.

In the institutional category, the Viet Nam Na-

tional Committee for Population and Family Planning, which monitors and coordinates all activities in the population and family planning sector, won for instituting population policy changes that have led to sharp drops in infant mortality and fertility rates.

### **Expanding Medicaid eligibility for family planning**

More uninsured women may be able to obtain contraceptive care even though their incomes are too high to qualify them for Medicaid coverage.

Twelve states have implemented federal waivers that allow the provision of family planning services to low-income women who do not qualify for Medicaid. But obtaining a waiver can be time-consuming and complicated, according to a new study by The Alan Guttmacher Institute (AGI), "State Efforts to Obtain Medicaid-Funded Family Planning Show Promise."

In March, Sens. John Chafee, R-R.I., and Dianne Feinstein, D-Calif., introduced legislation that would give states the option of expanding contraceptive care without obtaining a waiver.

The study is available online at <http://www.agi-usa.org/pubs/journals/>

[gr020208.html](http://www.agi-usa.org/gr020208.html). For more information, contact Susan Tew, AGI, phone: 212/248-1111; e-mail: [info@agi-usa.org](mailto:info@agi-usa.org).

### **Winners of Olivia Schieffelin Nordberg Award**

Nancy Folbre and Nathan Keyfitz have been awarded the Olivia Schieffelin Nordberg Award for excellence in writing and editing in the population sciences. The award, given every two years by the Population Council, commemorates the organization's former director of publications.

Nancy Folbre is professor of economics at the University of Massachusetts, Amherst. She has written on household services and economic growth in the United States, theories of gender bias in economics, children as public goods, the economics of the family, and fertility and women's status.

Nathan Keyfitz is professor emeritus of sociology at Harvard University. He is a member of the National Academy of Sciences. His papers explore demographic change relevant to public policy in education, aging, social security, and resources and the environment.

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