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WORLD POPULATION AND AMERICAN RESPONSIBILITY

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January 1968

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WORLD POPULATION AND AMERICAN MERCHANDISING



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PART 1.

MISSIONARY PRIDE AND THE POPULATION CRISIS

The American need to seek self-salvation in overseas missionary activities is one of the salient facts of modern history. Such activities seem to satisfy a peculiar ego need of American civilization, but, on balance, they seem to have changed the per capita quality of world civilization for the worst. Certainly no one force has done so much so innocently to upset the ancient balance of nature of traditional societies. It appears that American leadership is just now awakening to the fact that modern "scientifically-applied" philanthropy has created a self-sustained population monster. Pan America is the first case in point. In 1925 when American health missionaries were just beginning large scale Pan American activities the population of Latin America was about 100 million. By 1967 it had reached 240 million, and now is multiplying twice as fast as the North American population, and faster than any other area of the globe including Africa, Asia and the Orient. Our Good Neighbors will number close to 400 million by 1980. It is obvious that Latin America cannot cope with the billion-dollar social problems caused by cheap but gratifying public health campaigns.

By 1960 Latin American cities were already overrun by primitive folk migrants, agricultural production was stagnant, political instability and frustrated nationalism frightened away development capital, and a rising tide of anti-Americanism had already engulfed visitor Richard Nixon and taken Cuba out of the U. S. sphere of interest.

At the first Pan-American Assembly on Population ever held in Latin America in November of 1965 at Cali, Colombia, one of the principal

organizers, Alberto Lleras Camargo, former-president of Colombia, and an Alliance for Progress architect, made the amazing statement before the congress: "The population problem was sidestepped. Nobody sounded the warning in time, and all of us - clergyman and military and sociologists - have been caught in the surprise."

Surprise? Didn't American statesmanship foresee the future demographic consequences of so many American-sponsored health missions among our Latin American satellites? Offhand, one thinks of the American military clean-ups in Cuba, Puerto Rico after 1898, and the Panama Canal Zone, of the health facilities created by American corporations such as the United Fruit Company in Central America, or Standard Oil in Venezuela, of the campaigns undertaken by the Pan American Sanitary Bureau, of the numerous catalyst projects underwritten and staffed by the Rockefeller Foundation, and to a lesser degree the Kellogg Foundation, and cooperative American medical schools such as Tulane, of those many forerunners of the Peace Corps in Latin America's most remote villages, the Quakers, Seventh Day Adventists, and a hundred or more American medical missionary groups all working to spread preventive medicine and the gospel to the most forgotten peasants. One would have thought that little Puerto Rico, "the stricken land" as the last American governor, Rex Tugwell, called it, would have been a lesson. Was it missionary pride that prevented American leadership from recognizing a population explosion in the making?

Gospel of Wealth.

The Rockefeller Foundation which has done more than other American agency, private or public, to promote public health in the Americas for years typified

American missionary pride in successful health missions. Like Andrew Carnegie who wrote that the man who dies leaving behind him millions of available wealth, as so many unused biblical talents, "will pass away unwept, unhonored, and unsung," John D. Rockefeller I felt compelled to practice the Gospel of Wealth and put his fortune to work for the good of humanity. The Rockefeller Institute for Medical Research was founded in 1901; the Rockefeller Sanitary Commission in 1909; and the Rockefeller Foundation in 1913. The Foundation was endowed with 72,000 shares of Standard Oil of New Jersey stock, and dedicated to the principles of scientific giving. Conceiving the Rockefeller Foundation is attributed to Frederick T. Gates, a director of the American Baptist Education Society, who, being a fervent evangelist, is reported to have thundered at John I, "Your fortune is rolling up, rolling up like an avalanche!You must distribute it faster than it grows! If you do not, it will crush you and your children."

At the opening of this century Foundation medical teams went to work, as public health demonstrators, to rid American poor folk from Tennessee to Arkansas of hook worm and other intestinal parasites. One fateful social result was an increased migration of surplus Southern folk peasantry into urban slums, especially in Northern cities. The experience acquired in the rural South was then turned to Latin American poor folk. Almost single-handedly Rockefeller-sponsored teams sanitized the port of Guayaquil in 1918, and carried on the fundamental field research that led to near eradication of such deadly semi-tropical diseases as malaria, yellow fever, and encephalitis. The Rockefeller Foundation, led other foundations, such as Kellogg, in promoting medical, nursing, and laboratory education in order to create self-supporting public health facilities in each Latin American country.

Up to 1963 the Rockefeller Foundation had spent an estimated \$152 million on the sponsorship of medical institutions at home and abroad, and \$123 million for investigating and controlling endemic diseases at home and abroad.

Recognizing the increasing need for "loaves and fishes" the Rockefeller Foundation went further and pioneered the most successful agricultural experiments in Latin America, namely, in Mexico. To Rockefeller scientists, such as J. George Harrar, now President of the Foundation, and to pinpoint financing, administered by such professional philanthropoids as Dean Rusk, former President, is due much of the credit not only for Mexico's present population surge but for Mexico's miraculous ability to feed this runaway population better than ever before in its history. Since 1943 Mexico learned to train its own agronomists and food technicians on Rockefeller study fellowships to American universities such as Cornell. All in all, the Rockefeller Foundation has invested about \$500,000 per year in Mexican agricultural development since 1943. With well-deserved pride, the Foundation observes that the Mexican-type solution is now being promoted in other Latin American countries and India.

All this is certainly a series of notable achievements from the viewpoint of keeping people alive and feeding them, of efficient administration of limited funds and self-help multiplier effects, of warming the philanthropist's heart and perhaps encouraging Mexican nationalists with illusions of population grandeur. Even more significant, and fateful, the Rockefeller Foundation often showed the way to PAHO, WHO, FAO, UNESCO, UNICEF, AID, and other international welfare missions. But recalling Lleras Camargo's statement, did American philanthropy sidestep the population problem? In other words, has American philanthropy, as exemplified by the Rockefeller

Foundation success stories, reduced or increased the problems of folk poverty in Latin America?

How PAHO was converted.

In contrast to the American philanthropic foundation the Pan American Health Organization did not primarily originate as a missionary enterprise, but more as a practical Yankee scheme (when Yankee was still another word for practical) for facilitating trade. In those days Uncle Sam would trade with anybody. However, as we shall see, PAHO was eventually captured by health crusaders.

Originally, PAHO was simply the International Sanitary Bureau, founded in Washington in 1902, under the patronage of the 21 American republics. The Bureau was the world's first international health organization. Its principal objective was then "to lend its best aid and experience towards the widest possible protection of the public health of each republic, in order that disease may be eliminated and that commerce between said republics may be facilitated." Fortunately, from the viewpoint of today's population crisis, the Bureau was given an operating budget of only \$5,000 per annum and a staff of eight. For the next two decades the Bureau was primarily a "coordinator," that called conferences on health and sanitation matters, collected and reported information on disease, mainly with the purpose of bettering sanitary conditions at ports of trade for promoting inter-American commerce was still its sensible and limited objective. Then beginning in 1924 the Bureau began a fateful change of emphasis as the means to fight disease became more available.

In 1924 in Havana, Cuba, the American republics drew up a Pan American Sanitary Code which proposed to prevent disease from spreading from one

country to another, especially yellow fever, small pox, typhus, influenza, typhoid, encephalitis and epidemic poliomyelitis. The functions and objectives of the Bureau were thus greatly enlarged, and the missionary vision of stamping out communicable diseases in the Americas, trade or no trade, began to take root. The budget was increased and new personnel added, primarily at Big Partner's expense since no other country had much to offer. After 1924 field work began on a modest scale, but still the scope of the Bureau's activities were small compared to the present.

In 1930 a quota system was established which provided that the United States pay 66% of the budget. At that time the United States had about 66% of Pan America's population. The Bureau was still completely dependent on American medical technology, research and administrative energy, but gradually with help from private American foundations, the Pan American Health Organization, as it was later called (1958) established autonomous health and research facilities in various key cities of Latin America, much in the manner of the Rockefeller Foundation.

PAHO entered a third phase of massive expansion after World War II. Following the creation of the United Nations PAHO became something of a model for the World Health Organization. At the same time, PAHO became a regional office of World Health, and was swept up in the post-war missionary zeal to eradicate disease from the pitted face of the earth. To be sure, health was not presented merely as an end in itself. A host of medical missionaries, world planners, economists, demographers, sociologists and national leaders argued before fund-voting bodies that good health would facilitate economic progress in underdeveloped countries. Of course, population would increase but that was what areas like Latin America needed, market growth and

urbanization. Everyone seemed to know then that urbanization was magic. It would not only facilitate civilization, but also lead to fertility decline just as in Western Europe.

To give some idea of the new-style health crusades: A campaign launched in 1947 wiped out the carrier of yellow fever, the Aedes aegypti mosquito, in thirteen countries and three colonial territories of the New World; a campaign launched in 1950 wiped out yaws in Haiti; a campaign against malaria begun in 1954 drastically reduced the malady throughout the Americas; and a smallpox campaign launched in 1958 lowered incidence rates by half in seven countries, and so on.

The Alliance for Progress represents a fourth stage of the health rocket to the moon. The Charter of Punta del Este, August, 1961, committed the American republics to a ten-year plan of expanded health goals in order to increase life expectancy by at least five years, to control or eradicate all communicable diseases, to train more health personnel, to improve national health services, to lower infant mortality by one half, to improve nutrition, and to step up health research. There is every reason to fear, again, from the viewpoint of runaway population, that the achievement of these health goals will be the only successful aspect of the Alliance for Progress because the institutional means were already there and have only to be expanded.

Already in 1960 the population of most Latin American countries was increasing by 3% annually, and in Costa Rica, with proud public health facilities, at a 4% rate. The Alliance experts, incredible as it seems, set a goal of increased economic productivity of only 2 1/2 per cent per annum. No wonder Columbia University's Abram J. Jaffe and Joseph Froomkin explained at a Tokyo Congress of Scientists, August, 1966, that the Alliance for Progress was condemned to failure from the start.

By 1962 the PAHO staff had grown to over a 1,000, including 778 in field programs outside Washington. The budget had reached \$16 million by 1963 and was growing rapidly as total war against disease became, rather than trade, the overriding objective of Pan American health. The first directors of this "Alliance for Medical Progress" were Americans, Dr. Hugh S. Cummings, 1920-1947, and Dr. Fred Soper, 1947-1959. Since the latter date Dr. Abraham Horwitz of Santiago, Chile has been Director. Dr. Horwitz is firmly committed to using the increasing resources now available to eradicate man's enemy in America, disease. His position on the population crisis has been characteristic of the health crusader: medicine has a job to do come what may.

Meanwhile, North American medical missionaries, public and private, have indeed succeeded nearly everywhere in the Americas in creating the desired "multiplier effects." By 1960 Latin American governments were spending for their own health programs over 100 times the amount contributed by the United States, or an estimated 500 million dollars. This figure did not include local health service expenditures or what American charity groups were spending there. Nor does it take into account what drug companies are investing in Latin America.

Under the Alliance for Progress American-sponsored agencies are speeding up the do-it-yourself health explosion in Latin America. Governments are thus encouraged to spread medical salvation to the most remote and primitive areas of the continent. The Alliance's Weekly Newsletter for September 20, 1965 gives a typical list of achievements:

Mobile health teams traveling on land, on water and by air are providing health services to the countryside of Central America and Panama in an extensive rural development effort under the Alliance for Progress.

Known as PUMAR (Programa Unidades Móviles Areas Rurales), the program is bringing basic health and preventive health care to areas of about two million people - about a sixth of the population....

To date, some 800,000 persons have received medical care under the program. More than 225,000 doses of vaccine have been given....

The units operate under the Ministries of Public Health of Guatemala, El Salvador, Honduras, Costa Rica and Panama. AID contributed to getting the program under way, but is expected to phase out its support this year. Other organizations contributing to the effort include the Peace Corps, CARE, Caritas and Ministries of Education and Agriculture in each country....

A partial list of the self-help projects under way...443
health clinics established...88 piped water systems...new garbage disposal programs under way in 167 communities....In addition 73 communities now pay the salaries for full-time auxiliary nurses....

Meanwhile, other new programs to improve the health of campesinos are getting under way in Bolivia and Peru. Courses on techniques to improve health conditions in rural areas will be offered at a new school in Pillapi, a little Andean town high in the Bolivian altiplano....

Bolivia will meet all local costs for the program. The World Health Organization [PAHO] and the UN Department of Economic and Social Affairs will provide technical advice, while the UN Children's Fund [UNICEF] will contribute \$46,000 for equipment and supplies.

Peru, meanwhile, has launched a \$13.7 million program to install or expand water supply and sewage facilities for over 100 rural communities, and received an \$8.1 million Social Progress Trust Fund loan for the project.

Humphreyism and Social Realities.

Perhaps it is Hubert H. Humphrey that best exemplifies the mentality of the Pan American health crusader and his innocent pride in PAHO's achievements. On various occasions as a senator he has called for "total and aggressive war against disease in Latin America," even when it was already evident that our Latin neighbors were suffering the social ills of an "unbalanced nature." As senator and vice-president, Humphrey has eagerly sponsored Food for Peace, the Alliance for Progress, the Peace Corps, and War on Poverty across the globe,

primarily it would seem because such programs discharge a sense of moral obligation to the underprivileged - if God has so blessed a nation with food and medical know-how it must be shared. Of course, Humphreyism as a vision of a better world consistently fails to grasp the awesome dimension of the population explosion much less recognize a major American responsibility for it.

"Medicine still speaks the most universal language," said the then-Senator Humphrey in his 1960 review of over 50 years of Pan American health programs:

All barriers tend to fall before mutual dedication to service of human life....The more than 242,000 physicians of North America and the more than 100,000 physicians of Latin America are the "front line" fighters in a war in which all humanity is on the same side. In this humanitarian "aggression" we should assist our Latin American friends in seeking out the "enemy's bases" - poverty, illiteracy, poor housing - and in wiping them out as breeding grounds of illness, pain, and suffering.

The future, added Mr. Humphrey, whose heart seems always to be in the right place, can be as bright as we Americans choose to make it, "The Key is in men's hearts." For American public leaders such as Mr. Humphrey the obvious historical facts count very little. Progress in Pan American health was seen as real progress because it was the result of twenty one nations exemplifying "teamwork," "partnership," "pulling together," "self-help" and other virtues of American liberalism and the Protestant community spirit. This has been a most unfortunate illusion of U.S. aid programs.

Let us compare the Humphrey view of Pan American teamwork with realities: In a recent report on the foot-dragging Alliance for Progress partnership Senator Wayne Morse, presented, September 23, 1967, the following findings of the Senate Foreign Relations Committee: The traditional Latin American way of life is incompatible with industrialization and this has produced a mass

* Speaking before Generalissimo Suharto, our man in Indonesia, and a large crowd, Humphrey proclaimed: "I will tell our people of your programs and your needs. God blessed us with much food. We want to share it with you." (Newsweek, Nov. 20, 1967). In much the same neo-liberal vein, the late Reverend Martin Luther King, writing in the New York Times, November 15, 1967 declared: "We have the resources to meet the material needs of the world. I am sure that our own self-interest, both as individuals and as a nation, lies in sharing our wealth and resources with the least of God's children here and around the world."

psychological dilemma; political systems are outmoded and incapable of dealing with social change on the scale which is now occurring; nationalism inhibits family planning programs; many Latin Americans relate population growth to international prestige; and Latins have a love-hate complex toward the United States.

Meanwhile in what kind of Pan American social fabric had American welfare missionaries been investing self-perpetuating health facilities is suggested by the United Nations Demographic Yearbook (1966): In the Afro-Caribbean countries illegitimacy rates average over 60% with a high of near 90% in miserable Haiti. Indo-Latin American countries average over 45% illegitimate births ranging from a low of 22-24% in more metropolitan European Uruguay and Argentina to a high of 55% or more in Brazil, Venezuela, Guatemala and Panama.

Another view of Latin American social reality is presented by Latin American consultant Peter Nehemkis in his recent book, Latin America: Myth and Reality (Revised edition, Mentor Books, New York: The New American Library, 1966, pp. 183-184):

For most North Americans it is something of a shock to discover that three of the ten largest cities in the world are in Latin America....Over the past fifteen years the surge to the city has the appearance of a floodtide....

The city slum with its fetid tenements is older than the Industrial Revolution. Latin America's industrial revolution has produced a new kind of exhibition of human degradation. In Mexico City, they are called colonias proletarias. In Panama City, casas brujas. In Caracas, ranchos. In Lima, barriadas. In Santiago, callampas. In Rio de Janeiro, favelas. In Buenos Aires, villas miserias. However bizarre or picturesque the name, it means the same thing: shanty town....

Of Rio de Janeiro's three million inhabitants one third are favelados, who dwell in "vertical islands of squalor." Thirty per cent of the half million inhabitants of Guayaquil...live in shanty towns....A Venezuelan government report states that almost

one half of the entire population lives in shanties. A Mexican housing expert, Jaime Ceballos Osorio, reports that 76 per cent of the Mexican people live in "subhuman conditions in homes that should be condemned for human occupancy." American housing experts believe that it would take 12 to 14 million housing units to keep pace with population growth....To replace dwellings that have deteriorated would require an additional \$4 billion.

The magnitude of Latin America's housing problem, adds Nehemkis, is staggering, and little effective is being done to meet what he calls "the shame of the cities."

One has only to reflect on the American urban crisis to realize that the Latin American city suffers infinitely more from a lack of means to assimilate the flood tide of primitive peasant migrants.* The situation is completely out of control. As we have seen, today Pan American governments under American missionary prodding are investing more than ever before, first, in promoting rural over-population, and second, in creating more health, housing, recreation and welfare benefits (while job opportunities lag far behind) in the cities. Such investments in "social progress", of course, not only encourage fertility in the slums but serve to attract millions of new promiscuous, illiterate peasants. Over forty years ago Ortega y Gasset in his Rebellion of the Masses called this phenomenon the "vertical invasion of the barbarians."

Seen in this cosmic mold a couple of American Peace Corps kids talking up community development in some forgotten peasant village while great cities become pestholes of humanity seems a ludicrous picture.

Since Latin America's population will reach 250 million by 1968, and is growing at over 3% a year, what greater tribute to United States-sponsored Pan American health campaigns, public and private, than 250 million more illegitimate births in Latin America (one man-one vote?) in the next twenty years? Does it satisfy the missionary ego to know that nearly everywhere in

* See two new studies by Cornell University Press, 1968 Glenn H. Beyer, ed., The Urban Explosion in Latin America; and J. Mayone Stycos, Human Fertility in Latin America.

the New World disintegrating rural folk, especially in the peasant-flooded cities, are dependent on American health and food technology, yet love-hate their Tio Sam? As Mark Twain put it, that's the difference between a dog and a man.

Carlos Lleras Restrepo, President of Colombia, speaking before the legislature of his country, August 7, 1967, in support of legislation that proposes to establish a national policy for population control and responsible parenthood, made emphatic reference to the miserable problem of children spawned by irregular unions among the urban and rural peasantry:

What disturbs me most in this whole dark panorama is the ee new generations. I have visited the worst slums in the country and I recommend such a visit to those who are examining the demographic problem, specially from the moral point of view. What can they tell us of forced promiscuity, of frequent incest, of primitive sex training...of the childhood prostitution proliferating frighteningly in both sexes, of frequent abortion, of almost animal unions in the oblivion of alcoholic excess....

I do not know why it is that in Colombia, as in other countries, the problem of birth control is examined chiefly with in the scope of the normal family. In my view, the problem should be analyzed much more broadly....the offspring of irregular unions....seldom have sufficient material care.... I suffer, when I travel through the cities and countryside of Colombia, at the sight of women who have to support many children of different fathers, in hand-to-mouth conditions. Ignorant, ill-trained for any productive work, they are forced - having once surrendered to weakness or been victimized, without the father's taking any real responsibility - to seek the support of another man, and then a third when they are abandoned again. It is a tragic process, so frequent in many parts of the country that it is creating a type of society marked by horrifying stigmata.

President Lleras was pleased to note that the Episcopate of Colombia had recently issued statements recognizing the problem of extramarital relationships and the need for ecclesiastical and state action to compel illegitimate fathers to support and educate their children.

"It's only the beginning', folks."

Population pressure in Latin America and American responsibility for a good part of it is only one facet of the runaway world of health missions. After World War II international food and health agencies of the United Nations, such as the World Health Organization (WHO), the Food and Agriculture Administration (FAO), and the United Nations International Children's Emergency Fund (UNICEF), became a pan-world expression of those American ideals of public service and the Gospel of Wealth which earlier had found uninhibited expression in Pan Americanism. More than ever before post-war philanthropoids and missionary-types flocked to government and international service in order to serve all humanity on an equal basis while the American taxpayers stoically paid the tithe for the largest share of United Nation's expenses. American idealism would have had it no other way. It was simply unthinkable that God's little children of Asia, Africa and the Middle East would be denied medical aid and balanced nutrition while the Western World received such American-sponsored aid as PAHO and the Marshall Plan.

UNICEF, in particular, with its Bill of Rights for Children (Every child has a right to know who his parents are, etc.) came to symbolize American missionary idealism and leadership on public health funding. After all it cost America so little, just pennies, really, to save a doe-eyed child and feed him an enriched bowl of rice, and this helped get rid of the American surplus problem. Besides it was so much fun.

How much fun is told to us by Mr. Spurgeon M. Keeny, an ex-Rhodes scholar and former Luthern book publisher, in his lyrical account, Half the World's

Children. A Diary of UNICEF at Work in Asia (New York: Associated Press, 1957). "When you read this book," said Danny Kaye, in the Forward, "I think you'll be amused. And if occasionally you find yourself wiping away a tear, don't be embarrassed...it happened to me, too."

It all started, explained Mr. Keeny, during World War I when he volunteered for YMCA service, then to Siberia for Russian famine relief, then after World War II UNICEF relief work in Italy, then somehow UNICEF became a permanent world mission for all kids everywhere, "so I began my pastoral rounds."

Excerpts from Mr. Keeny's Diary read as follows:

The fun of being vaccinated....One of the sights of the health program in Java is the periodic mass vaccination campaign. In one village the children came willingly to be vaccinated against smallpox because the assembly place was the local cinema, where a Tarzan picture was being shown, complete with roaring lions.

The anti-plague vaccination was even more cleverly planned. The occasion was made into a fiesta, made gay with balloons, pink lemonade, sweets and a peep show...price of admission: one shot in the arm....

The score for 1951....As we look back over the year...we can point to 5.5 million children tested against tuberculosis and 2 million vaccinated for yaws....Malaria demonstration teams in India, Pakistan and Thailand have proved the DDT can stop this disease. There is no limit to the possibilities for the next years, if the work can only be organized. And so the year of the Rabbit comes to an end.

Mr. Keeny noted that the total cost for maintaining medical costs per child per year had been reduced to 80 cents by 1956. A health station in the Philippines was built for only \$12.50. Village midwives in Asia, who charged \$2 to deliver a boy, and \$1 for a girl [females are traditionally considered a fertility burden], were given a special scientific course in midwifery by UNICEF, then given a certificate of competence, and a shiny new aluminum kit that cost UNICEF only \$12 dollars:

"How do you like the kits?" "They are fine!" "It would be nice if we had rubber gloves" These three dais midwives (Pakistan) all over forty, were illiterate....All chewed betel and in the murky twilight of the stormy night might pardonably have been mistaken for characters from the witches's scene in Macbeth....We found ourselves eager to see the 15,000 like these...multiplied by twenty; for that many at least are needed to take care of 90 per cent of the 25 million babies born in Asia every year...almost one a second, day and night.

Mr. Keeny continues:

Most of July we spent in a bureaucrat's dream....after breakfast we rode to work slowly past the bird market, from which we drew philosophical sustenance for the day's work.... There were, of course, the busy naked toddlers...At first they all look alike, but soon one comes to tell them apart....These youngsters are the daily reminders of the 250 million children in the countries we serve....

India....Workers not even aware they were building a DDT plant. This was not surprising; we had just learned that 60 percent of the staff of our hotel signed for their pay with thumb prints....As the constructor explained, "City people don't like to carry earth. They want government jobs...

....soy bean milk plant, DDT plant, dried milk plant, penicillin plant....As we stood on the roof ...and looked out over a plain dotted with shepards and their flocks....In one vast leap India is moving from the pastoral to the antibiotic stage....

Rome an old love....We paused at Rome to visit old haunts and to hear familiar music. It seemed a pity that in such a mood, anyone should introduce the idea of work. But did have instructions to stimulate Italian government to contribute to UNICEF. We also called on Vatican....Two weeks later UNICEF received a check, and the Vatican will be on our honor roll of contributors....

Mr. Keeny tells why the annual visit to Washington:

Our motives for visiting Washington were to help explain why UNICEF is really a blue-chip investment for the United States... and, in our spare time, to get acquainted with our first grandson. Let us say at once that planning a program for millions of children in Asia is easier than getting a three month old baby to swallow his strained vegetables.

The reason for making these Washington rounds just before the annual appropriations is that money for UNICEF is voted along

with other foreign aid....The man out to cut the budget wants to know why foreign aid to children should be continued at all.... how long this sort of thing is to go on....We always urge patience: the Congressional bark is worse than the bite. From the beginning of UNICEF, the United States has never failed to support it.... Even the critic who wants a lot can't get a better bargain than in the fights against malaria and yaws. And so we go on, oversimplifying the story....

After describing swarms of babies in Phillippine slums (barrios), and the need for more rice and penicillin everywhere, he totals up the "final score":

And so we come to the end of 1956, our seventh year in Asia. Since we began, the total tests against tuberculosis have reached 148 million, with about 52 million vaccinations. Examinations for yaws have totaled 68 million....About 6,000 centers for mothers and children have been equipped and are being supplied with drugs and milk. The anti-malaria campaign that UNICEF helped to start have expanded, largely with U. S. aid, to protect half of the 300 million people who need it....

The historian Arnold Toynbee says that our century will probably be remembered not for its two world wars, but as the period in which, for the first time, the idea of mutual aid among the nations to raise the standard of living everywhere became accepted. We venture to offer UNICEF's efforts as told in this book as a small contribution of what Toynbee means.

And, in the cheerful words of Cap'n Andy, in Showboat, "It's only the beginnin', folks."

The foregoing account suggests how simple it is to create a Great Society of Teeming Peasants. American missionary enterprise contributed the most to save these miserable millions, so, noblesse oblige, the American people since 1954 have spent over 16 million dollars feeding peasant peoples in 116 underdeveloped societies. At present the United States food-aid program is providing one balanced meal a day for over 100 million children in peasant societies. Cost accounts should also include the stream of private contributions and volunteer services, such as CARE which provides one balanced meal a day for over 25 million peasant children.

The White Man's burden.

Today the United States is helping to feed 110 or so infra-underdeveloped, pre-national, poverty-ridden, disintegrating folk-peasant societies. For these "nations" born premature, such as Haiti, South Vietnam, Ghana, Nigeria, Guatemala, etc., there is no Roman imperial solution under Cold War rules. Western "colonialism" can no longer impose a social model on them, nor adequately protect investments by foreign business corporations or missionary institutions. National communism perhaps could help hasten the painful process of national assimilation of tribal and peasant elements, using violence as every nation has used in the evolution of the nation state, but American missionary pride and insecurity won't permit this as in Guatemala, the Dominican Republic, Korea or South Vietnam. Even though a Pro-American semi-colonial structure is maintained in such countries the social and democratic values of American civilization scarcely penetrate the folk peasantry except, it seems, to hasten their social decay.

Of course, the international language of medical and food handouts always penetrates, but rarely anything so bourgeois as a planned family or a community investment corporation. The result is nature unbalanced. Folk-peasant cultures are proliferating everywhere on the margins of Western Civilization at a rate unparalleled in human history, and yet for the most part dependent for survival and multiplication on American leadership in spreading food and health technology. In most cases the native ruling classes remain traditional, semi-feudal, anti-foreign at heart, and without much respect before a rising tide of frustrated native nationalists. In other

cases, a military elite has taken over power dependant upon American military support, counselled by the C.I.A. (the Jesuits of today's Counter-Reformation?), and committed to maintain the semi-feudal status quo against "communism," and all other enemies of democracy. Through it all vaccination without economic development, without cultural assimilation, without social integration, lowers the per capita level of civilization.

Should American missionary sentiment stop taking in "pregnant cats," or have them spayed? The alternative may be to let them drown by the sackful anyway. The United will soon have to decide, according to the Paddock brothers, William and Paul, who have years of experience in agricultural development problems among folk-peasants overseas, which underdeveloped countries will be written off as hopeless, and which ones kept on the foreign-aid roster. The ominous title of their latest study is: Famine, 1975! America's Decision: Who Will Survive (Boston: Little, Brown, 1967).

Many agricultural experts think that a few million dollars in Federal appropriations for world population planning are completely unworthy of the present food crisis. In the period 1960-1980 the advanced nations of the world will add an estimated 115 million to their populations while the "developing" folk-peasant countries of Asia, Africa and Latin America will add one billion more mouths to feed. (God bless UNICEF!) In Asia food production per person has declined 4% since 1961, and in Latin America, excepting Rockefeller-aided Mexico, 6%.

Leslie R. Brown, author of a recent U. S. Agricultural Department study on the world food problem says that the American plan to spend \$4 billion a year on food aid would be insufficient, nor would additional aid from

developed countries meet the crisis. At the same time, he notes that efforts to lower the birth rate through voluntary planning programs have met with negligible success.

India is the prime case in point. Facing dire predictions of impending famine, India, more than any other underdeveloped nation, has been officially committed to birth control. By 1960 over 1,800 family planning centers were functioning there and even mass sterilization of males was encouraged by offering them each \$5 worth of rupees. To date about 4 million Indians, mostly men, have been sterilized but 7 million more males will be added this year. What tiny gains have been made in lowering the birth rate, 41 per 1,000 inhabitants in 1960, have been more than offset by lowering the infant death rate, which was over 250 per 1,000 in 1960. By 1967 India's population was approaching 500 million, a gain of over 90 million since 1960. In the past three years the United States has exhausted its Food for Peace surplus trying to meet the food crisis. As a sign of American desperation the Peace Corps sent its first 50 birth-control volunteers to India in December, 1966 to stick a finger in the dike.

India presently has around 60 million small peasant farmers, compared to 4 million farmers in the United States. With American aid India hopes to increase agricultural acreage about 0.2 per cent a year, but the population is growing ten times as fast in spite of cafeteria-style dispensing of contraceptives in today's 2,500 family planning centers. One problem is that India contains over 50,000 peasant villages, enough to absorb ten Peace Corps. Everywhere in the underdeveloped peasant world "an immediate and dramatic effort" to raise agricultural production is called for. Past experience shows that this is expecting the impossible from peasant inertia. All the while

institutionalized health facilities, national and international, are rapidly expanding activities in the total war against disease, and underdeveloped countries are turning increasingly to social welfare politics. The emphasis nearly everywhere is on distribution rather than production.

The President's Science Advisory Committee in August, 1967 listed the obstacles to raising agricultural production in "developing societies," and observed that if the present population trend continues world population will increase from a present 3.5 billion to 7.15 billion by 2000 A.D. To meet the food needs famine-bound countries would have a need of a capital and technical investment "on a scale unparalleled in the peacetime history of man." The Committee called for immediate action on effective population planning programs.

"Can we afford the kind of aid these findings suggest," asked an editorialist of the San Antonio Evening News (September 5, 1967). "It needs realistic debate. Letting the mind go numb is no way out."

Another editorialist from the heart of the American grain belt (The Des Moines Register, September 12, 1967), contemplating the same world food crisis, advocated more emphasis on population control. "So far the major emphasis has been on "death control". This humanitarian program, paradoxically, results in more poverty unless it is matched by restraints on population expansion."

"Virgin Latin America" which should be burdened with a food surplus for export can hardly shoulder an ounce of the "White Man's burden." Speaking on the need for a national population policy (Senate Bill 1676, June 22, 1965), Representative O. C. Fisher of Texas said of the Alliance for Progress built-in failure:

We are asked to spend billions in Alliance for Progress, for example, to help elevate the standard of living of our Latin American friends. Yet with the excessive birth rate in that area, our program so far as the net effect is concerned is like trying to fill a barrel while the spigot is wide open and the escape equals or exceeds the intake. It is just that simple.

As for Southeast Asia, Gunnar Myrdal, noted Swedish sociologist and author of that prophetic study on the American Negro (An American Dilemma, 1944) has published another disturbing opus, the result of ten years labor, Asian Drama: An Inquiry into the Poverty of Nations (New York: Twentieth Century Fund, 1968). The nations studied were India, Pakistan, Ceylon, Burma, Thailand, Malaysia, Indonesia, the Philippines, Vietnam, Laos, and Cambodia which contain one fourth of the world's population. Myrdal found that these Asian peoples were generally "apathetic," badly and corruptly governed by their own elite, and that for a variety of reasons they suffered from a "strong distaste for physical labor." Foreign aid from the United States, Russia and China for such countries was described as "marginal at best."

PART 2

AMERICAN FOUNDATIONS AND POPULATION CONTROL
IN UNDERDEVELOPED SOCIETIES

It is obvious that American philanthropy was and is a major contributor to the population crisis in underdeveloped countries, most notably in Latin America the major recipient of American medical technology since the beginning of the twentieth century. We will here consider how several philanthropic foundations are moving to face this embarrassing problem and how some of them have taken a lead - some much sooner than others - in redirecting missionary energies and funds toward control of excessive human fertility in recipient countries.

The Rockefeller Foundation.

The Rockefeller Foundation has long had a research interest in human fertility and population studies. From 1921 through 1962 the Foundation, off and on, invested about \$5 million in supporting research in reproductive biology, including more than \$2 million in grants to the National Research Council since 1931. A similar amount has been invested up through 1962 in support of demographic research and training centers established at Princeton, Miami University of Ohio, Chicago, Michigan, Berkeley and the London School of Economics. Of course, much of this early support for biological research contributed to the population crisis since it was intended primarily to promote better public health and sure-fire human fertility.

One should note, however, that such physiological research has also served indirectly to prepare the way for the birth-control pill and other

fertility-control possibilities. At the same time Rockefeller-supported population-study centers have gathered and presented the scientific facts to national and international leaders regarding the huge dimensions of the population explosion, and this has served indirectly to encourage a public mood in favor of population control.

Beginning in the 1950's Rockefeller Foundation officials and field personnel, contemplating the rampant seeds of near fifty years of devotion to public health work among fertile peasant folk at home and abroad, began to feel grave misgivings about runaway population in poverty areas. Nevertheless, the Foundation had no policy that specifically committed resources to population planning or control overseas (or at home) until 1962. Perhaps one reason why the Foundation delayed changing traditional public health policies was that a new agency specializing in international population studies and planning was created through the personal initiative of John D. Rockefeller 3rd.

In 1952 over 30 national leaders in the fields of demography, medicine, public health, conservation, nutrition, economics and biology met in colonial Williamsburg, Virginia, significantly, a conservation project of the Rockefeller family, to consider the effects of rapid population growth on human welfare. As a result of this meeting the Population Council with headquarters in New York was organized as an independent corporation, with John D. Rockefeller 3rd serving as chairman of the Council.

The Rockefeller Foundation later became one of the regular supporters of the Council, and began in 1958 to provide fellowships through this specialized agency for the preparation of several hundred demographers for the United States and underdeveloped countries. The hope has been that these

demographers after scientific training in population dimensions and problems would eventually be instrumental in promoting population control programs in Asia, Africa and the Americas.

Meanwhile, a growing number of demographic studies, some of them sponsored by Rockefeller funds, confirmed the fact that world population was rising almost vertically compared to past human history as increased public health measures dramatically lowered infant death rates. Such an alarming perspective, together with studies that showed proletariat mothers wanted birth control, helped move the Foundation to a direct confrontation of the population question. In 1963 in what could be called a major reorganization of policies the Foundation for the first time officially inaugurated a program to encourage family planning at home and abroad. This decision also corresponded with that of the United States government to encourage population control in those underdeveloped countries on the American foreign-aid or food-for-peace dole.

Since large scale training efforts were now in order the Foundation clearly envisioned a new mission: supporting action programs in population planning and control by providing increasing support for training personnel at all levels for large-scale government-sponsored family planning programs and demonstration teams at home and abroad. The Foundation now gives direct aid to programs designed to increase public awareness of population problems, and the need for population limitation, as well as encourage motivational research into the causes of high fertility rates. The Foundation is supporting physiological research as before but now with a more direct interest in facilitating simplified birth-control methods at home and abroad. According to John Maier, M.D., Associate Director of the Foundation's

population program, since the Federal Government is now providing increasing support for research in demographic studies and reproductive biology the Rockefeller Foundation is now able to shift more of its funds from research to fertility control programs. However, prior to 1968 the bulk of Rockefeller grants in population were for research support.

In 1963 the Foundation provided over \$624,000 in population funds; this included a \$600,000 award to Harvard's Center for Population Studies. In 1964 \$2.9 million was given for similar purposes, including a \$2 million grant to the Population Council, a \$100,000 grant to the Population Reference Bureau of Washington, D.C. for its Latin American educational program, and a \$12,000 grant to the Universidad del Valle, Cali, Colombia, for research in reproductive physiology with the ultimate aim of facilitating fertility control.

In 1965 appropriations reached over \$3.2 million, including \$2 million for Harvard's Center for Research and Training in Human Reproduction, \$30,000 to a Peruvian medical faculty for similar purposes, and, significant for new directions, a \$150,000 grant for the Planned Parenthood Federation of America, Inc., for its overseas programs. In 1966 population grants totaled over \$4 million, including 1.5 million for Columbia University's Institute for the Study of Human Reproduction, and \$450,000 for the Universidad de Chile, Santiago, for family planning research and application.

In 1967 the Rockefeller Foundation spent over \$5 million in promoting research in, and application of, birth control. Currently the Foundation is supporting in Latin America, besides programs already mentioned, demographic research in el Colegio de Mexico, Mexico City, family planning studies in Cali, Colombia, experimental use of intrauterine devices in maternity

hospitals in Santiago, Chile, and has plans for expanding such activities elsewhere in Latin America. As we shall see, the Ford Foundation, a late arrival in the Latin American philanthropic field, is also supporting similar projects.

Perhaps the best appraisal of the Rockefeller Foundation's health work, its multiplier effects, and the new direction of American philanthropy, has been made by the Foundation itself in its 1964 report on fifty years of foundation activities, Toward the Well-Being of Mankind (p. 204):

What has been accomplished by mankind in the last fifty years is not only commendable but frequently overwhelming (it may be said that, figuratively, more than a century of progress has been made) and the Foundation itself has come a long way from hookworm eradication programs in Arkansas or in the backwaters of Siam. But if the well-being of mankind has been notably improved in multifarious ways, mankind's existence has been sorely complicated, and even worsened, by such new factors as the population explosion.

Rockefeller leadership is hastening to make amends. For the past several years John D. Rockefeller 3rd has repeatedly called the population explosion a threat more menacing to civilization than the atomic bomb, and has thrown his influence into public efforts to change national welfare policy and foreign-aid directions in favor of massive fertility control. At the White House Conference held in November, 1965, a committee of thirteen distinguished American citizens, including John D. Rockefeller 3rd, representing the Population Council; Richard N. Gardner, Professor of Law, Columbia University; Eugene R. Black, Former President, International Bank for Reconstruction and Development; David E. Lilienthal, Chairman, Development and Resources Corporation, New York; and several other prominent business and educational leaders, gave unanimous support to Rockefeller's position, expressed in the opening address, that American foreign policy as

expressed in international cooperation efforts must be primarily concerned with "the quality of life." Or in Gardner's words, "The central objective of United States policy at home and abroad should be to promote the welfare and dignity of the individual human being." (See Population Reference Bureau's Population Bulletin, Vol. XXI, Num. 6, December 1965, 139-144).

The Ford Foundation.

The "Green Giant" of American philanthropies is today making the greatest financial contribution to world-wide population research and planning. Founded in 1936 the Ford Foundation at first confined its activities to the state of Michigan, but in 1950 the Foundation became a nation-wide philanthropy, and in 1951 it moved boldly into the field of "Overseas Development." As indicated in the Foundation's Annual Reports spending increased by leaps and bounds. For example, in the period 1936-1950 the Foundation gave \$37 million in grants, an impressive sum but it is dwarfed by more recent spending. From 1951 to 1961 Ford grants rose to \$1.63 billion, and during the brief period 1961-1965 they totaled \$1.7 billion! In one year alone, 1966, appropriations exceeded \$354 million. By that date the Foundation had helped over 1,500 national and overseas institutions mostly in the field of higher education. Since 1965 about one fifth of the Foundations budget has been spent on overseas development.

In 1952 the first Ford contribution to educate the public on population problems was in the form of a grant of \$60,000 to the Population Reference Bureau. In 1954 the Foundation made its first grant to the Population Council of New York to promote demographic research and training. Bigger grants for the Council followed. After 1960 there began a series of Ford grants to help

establish and support population study centers in American universities such as Georgetown, Michigan, Pennsylvania, Cornell, Chicago, Harvard, Princeton, Johns Hopkins, North Carolina, Pittsburgh and others.

In 1961 facing the tough fact that its overseas development programs in agriculture were being defeated by population growth the Ford Foundation made its first direct grants, totaling 1.1 million dollars, to promote population control in India and Pakistan. More such aid followed. Also other countries such as Tunisia became recipients of family-planning aid. In 1963 greater support began for international conferences and public information on world population problems, including a \$475,000 windfall for the hard-pressed Population Reference Bureau.

As with the Federal Government and the Rockefeller Foundation 1963 marked a major breakthrough in policy for the Ford Foundation. In that year President Henry T. Heald dedicated the Ford Foundation to the "quality of life" theme. Recognizing that only massive sustained action could apply the brakes to global population pressures foundation officials announced a program of direct action at home and abroad to promote fertility control. As Heald explained (Annual Report, 1964, p. 4):

The Foundation's population program is a microcosm of the national and international effort required to break the cycle of runaway population. Our objectives are to assist research in reproductive biology that might lead to improved birth control methods suitable for world-wide use; to help develop the manpower and institutions necessary to educate families toward fertility regulation and provide them with the means; and to help improve the analysis and collecting of vital statistics and other population data.

By 1964 in accordance with the new policy a "Population Division" was created within the Ford Foundation. Grants to promote fertility studies and control showed a marked increase. The Population Council received a new grant

of \$5 million making the total Ford contribution to that agency \$13.3 million since 1954! In the same year over \$2.3 million was given to several institutions to study reproductive biology, and more large grants were given to population centers, including \$800,000 for Johns Hopkins' and \$550,000 for Harvard's.

In 1965 an elephantine grant of \$14.5 million was given to help establish the International Institute for the Study of Human Reproduction in New York's Columbia-Presbyterian Medical Center. The University of Michigan's population center received \$1.5 million to help develop its overseas interests and foreign fellowship training program. Other such centers received increased aid, and several countries received help for population and family planning studies included the United Arab Republic, Indonesia, Singapore, Colombia, Peru, El Salvador, Argentina and Mexico.

In 1966 the Ford Foundation made its first grants in direct support of birth-control services in the United States. This included a \$400,000 grant to the Planned Parenthood Federation, and \$250,000 to the American Public Health Association. Support for population centers and reproductive biology was stepped up. This latter category included a \$6 million contribution to the bio-medical laboratory of the Population Council. In all, the Ford Foundation spend \$20.6 million on its population program in 1966.

A summary of Ford Foundation grants in population up to October 1, 1967 is as follows:

Training and research in population and family planning from 1954 to 1967	\$ 24,690,121
Technical assistance to family planning programs, 1959 to 1967	15,734,900

Dissemination of information and conferences on population	\$ 1,288,500
Research and training projects in reproductive biology, 1959 to 1967	49,966,740
	<hr/>
Total	\$ 91,680,261

To October 1, 1967 the Ford Foundation had spent on all types of overseas population programs over \$30.2 million. This included the following approximate sums dating mostly from 1963:

Europe	\$ 6.6 million
Asia, mostly India and Pakistan	14.3 million
Middle East and Africa	4.3 million
Latin America (does not include direct assistance for family planning, but rather funds for research and training in demography and reproductive biology)	4.0 million
Other areas.	1. million
	<hr/>
Total	\$ 30.2 million

Not until 1967 did the Federal Government begin making "Ford-size" appropriations to meet population problems at home and abroad. Probably to 1968 the total of Ford Foundation grants to encourage population research and control on all fronts has exceeded the total to that date of all U.S. government and private foundation grants for that purpose.

The Population Council.

As already indicated, Rockefeller leadership and funds were a contributing factor in establishing the Population Council of New York in 1952 as a private

organization that supports research, training, and fellowships in population studies and planning. In addition, the Council sponsors international conferences and consults with governments on population matters. The Bio-medical Division operates its own laboratory at the unique Rockefeller University where development and testing of contraceptive technology is a major research theme.

Since its founding the Council has been a leading American catalyst of action programs designed to promote population planning on a world-wide basis. The Technical Assistance Division of the Council was created in 1964 to give assistance and advice to foreign institutions and governments that wish to set up family planning programs. The Council designs and assists pilot programs to lower birth rates in underdeveloped countries. The Demographic Division of the Council has the important function of administering grants made by other foundations and by the U.S. Agency for International Development (AID). For example, the Council's Demographic Division administered a Ford grant of \$253,500 for support of the Latin American Demographic Center in Santiago, Chile, 1962-1964, as well as a Ford grant to Pakistan's official family planning program, 1961-1964, and similar grants to India, the West Indies, the Philippines and Peru, as well as several other countries.

The Council's Technical Assistance Division does not usually supply contraceptives but, in some instances, has given intrauterine devices for governments pilot programs and has supplied machinery, material, and know-how for the local manufacture of contraceptive devices as in India and Pakistan.

The eminent demographer and president of the Population Council, Frank W. Notestein, recently announced in the Annual Report, 1966 (p. 11) that a milestone had been passed in birth-control history. For the first time it could be demonstrated that national family-planning programs, mainly designed

by the Council, had caused significant declines in the birth rates of at least two less-developed countries. Notestein cited the examples of South Korea and Taiwan where there is sufficient evidence to show that the intrauterine device, and other contraceptive methods, have actually contributed to lower fertility. The Taiwan rate fell from 34.5 births per 1000 population in 1964 to about 31 by 1967.

The Council through its Bio-medical Division has played an important role in encouraging the development and use of modern intrauterine devices and it has tested the effectiveness of plastic loops in "showcase" programs in South Korea and Taiwan. The Planned Parenthood Federation of Korea, the population center of the University of Michigan, AID, and other organizations were valuable contributors to these tests. Also, as Notestein pointed out, conditions were favorable in the two countries mentioned because of the cooperative attitudes of local government and local university groups who had already started contraceptive programs.

The work of the Council has been receiving increasing financial support. In 1962 the Council received \$3 million from various donors. In 1965 with more million-dollar grants from the Ford Foundation the Council had over \$12.3 million available for future projects. The latter sum included a \$300,000 donation from AID, now a regular contributor. In that year the Council made over 200 grants to 140 institutions in 30 countries. In 1966 the Council was operating on a budget of over \$5.2 million. The most steady and significant contributions to the Council's "bread-and-butter" budget have been those given annually by the Rockefeller family. It is scarcely an exaggeration to say that although the Council is an independent organization it is nevertheless a favorite project of John D. Rockefeller 3rd, Mrs. John D. Rockefeller, Jr., the

Rockefeller Brothers Fund and the Rockefeller Foundation - all regular contributors. Other important contributors, to mention only a few, are Mrs. Alan M. Scaife, Mrs. Jean Mauzé, and several other foundations such as Community Funds, Inc., Mott Trust, Carnegie Corporation, the Commonwealth Fund, and others.

The Population Reference Bureau.

On a relatively tiny budget the Population Reference Bureau of Washington, D.C. has become the leading American educator on population dynamics and problems. The Bureau, a private, non-profit organization, was founded in 1929. As Mrs. Annabelle Desmond Cook explained in "A Retrospective on the Population Reference Bureau," (May, 1966) the Bureau's survival was precarious until the 1950's and its voice (like Margaret Sanger's) largely unheeded. Then in 1951 the Bureau was incorporated, its educational program was strengthened and expanded, and Robert C. Cook, a geneticist who had edited the Journal of Heredity, was made director. Under his dynamic leadership and encyclopedic knowledge of population matters the Bureau soon became a force for shaping the opinion of world leaders.

The Bureau's thin budget, previously based on membership suscriptions, publication sales, and small donations, was reinforced in 1952 by a three-year grant of \$60,000 from the Ford Foundation. Since then the Bureau's financial resources have rapidly expanded. In 1964 the Bureau's revenues had risen to \$272,000, all but \$20,000 coming from contributions. By 1967 the operating budget reached \$415,000 with eleven private foundations making contributions.

The major publication of the Bureau is the Population Bulletin, first published in 1945 but today given much wider circulation. Another publication,

Population Profile, is issued from time to time on topics of public interest. Some of the more popular and influential articles published by the Bureau are: How Many People Have Ever Lived on Earth?; Outdoor Recreation Threatened by Excess Procreation; New Patterns in U.S. Fertility; World Population in 1960; and California: After 19 Million, What?

The Bureau maintains continuous contact with agencies in the government concerned with population matters such as: Census Bureau, National Institute of Health, State Department, AID, and White House Conferences on social welfare and international cooperation.

The Bureau has a special project interest in Latin America. A pilot information project was instituted there in 1961, and in December, 1965 became a permanent department of the Bureau under the direction of Alvaro García Peña, a Colombian journalist. Various prominent Latin Americans serve as advisers to the Latin American Department. A field office has been established in Bogotá with Dr. Jorge Eliécer Ruiz as regional director. This office serves as a center for the translation and distribution of Spanish and Portuguese language materials, as a contact with Latin American public opinion media, and as a focal point for research and gathering of Latin American demographic materials for the Bureau. The Bogotá office sends speakers to address women's clubs, and business, professional, and student groups.

The Population Reference Bureau has created a network of correspondents to act as liason and information agents for the Latin American press and important national organizations. Also, the PRB has developed a pilot radio program in Central America for reaching millions of illiterate peasants with the facts about the population explosion and the need for family planning.

The Bureau has been an important influence in a number of inter-American conferences and workshops on population pressures, including Mexico City, 1964; the International Planned Parenthood Congress held in Santiago, Chile in 1967; and the Pan American Conference on Population Policies in Relation to Development held at Caracas, September 11-16, 1967. The Bureau has continuing representation at meetings of the Pan American Health Organization and the Organization of American States.

Today through every form of news media - newsprint, radio, TV, and documentary films - the Bureau works to create public awareness of the population crisis that could lead to action for fertility control. For example, in the Bureau's study entitled How Many People Have Ever Lived on Earth? the reader could ponder the startling implications of the estimate, based on high rates of child mortality in past ages, that 77 billion babies had been born up to 1960, and that the 3 billion living people at that date represented only 4% of that number. This study was read into the Congressional Record on February 6, 1962. That date appears to be, according to Mrs. Cook, the first time the population problem was discussed in Congress.

The Milbank Memorial Fund.

Established in 1905 and incorporated in New York by Mrs. Elizabeth Milbank Anderson the Milbank Memorial Fund at first specialized in public health education and training projects in the New York state area. In 1928 a division of research was established and the Fund began to express and interest in international health and population problems. In 1936, when a grant was given to help establish Princeton's Office of Population Research, the Fund added population dynamics to its expanding arc of interest. Since the 1950's the Fund has given increasing support to research in population growth and fertility control.

Like the Council and the Population Reference Bureau, the Fund has become a major sponsor of international conferences calling attention to international health and population pressures. Today The Milbank Memorial Fund Quarterly and the proceedings of the Annual Conferences, both published since 1923, reveal the Fund's increasing interest in population problems of underdeveloped countries.

However, until 1963 the Fund has only occasional direct interest in funding the study of international health and demography. Then, like other foundations, the Milbank Fund found that the massive federal Health, Education and Welfare Department was rapidly taking over most aspects of public health and welfare education in the United States. This federal displacement caused the Fund to follow the path of other American philanthropies, that is, turn to underdeveloped countries where there was an obvious need for public health missions and population studies. And, like several other foundations, the Fund turned to our Latin American neighbors as a new field of concentration.

Today the primary goal of the Milbank Memorial Fund is the promotion of better medical education and public health training in the United States, Canada, and Latin America, with an increasing accent on the Latin. Currently, about half of 35 Milbank fellowships for advanced medical education are awarded to Latin Americans. Also, the Fund is giving some support to PAHO activities, and to several Latin American medical groups, including the Association of Medical Faculties of Colombia, the Pan American Federation of Associations of Medical Schools, and the Faculty of Medicine of the University of Chile.

An important secondary interest of the Fund is research and education in Latin American population. Possibly ten per cent of the Fund's total grant expenditures are presently being spent on Latin American demography. The Fund

directors have a keen and growing interest in population control in Latin America but they do not promote this directly. However, Latin American doctors and medical associations receiving Milbank support are often active in promoting family planning. More important, the inter-American conferences supported by the Fund gently but persuasively bring to the attention of Latin American medical leaders the need to include population dynamics and family planning techniques in medical school curricula. For in Latin America, as elsewhere, doctors, generally speaking, have been unusually slow to accept responsibility for the social consequences of a revolutionary decline in infant mortality. The conferences also serve to popularize the practicality of fertility control. The most recent of the inter-American conferences, October 17-19, 1967, included a two-day session on current research in fertility and family planning in Latin America. Approximately half of the attendants and speakers were from Latin America.

In 1967 the Milbank Memorial Fund has assets of over \$25 million. According to the Annual Report for 1966 it had total operating expenses of near \$1.5 million. This sum included close to \$950,000 for medical education and public health for the Americas, over \$200,000 for technical staff and research, \$75,000 for publishing activities, and over \$60,000 for technical meetings and advisory services.

The International Planned Parenthood Federation.

In the United States planned parenthood associations were for decades the only agencies actively promoting birth control for the poorer classes. Having experienced the frustrations of the "War on Poverty" at home (abroad they are less visible) national leaders today can look back with regret on the fact that for many years the birth-control movement was hindered - even persecuted - by public misunderstanding, government hostility or indifference, and a drastic lack of funds. Now, of course, it is painfully obvious that many of America's accumulating urban and rural problems - not to mention foreign-aid problems - which thus far defy solutions by massive government welfare spending could have been vastly reduced through public-supported birth control programs advocated over forty years ago. A sign of belated recognition is the request made in January, 1968 by John Gardner, retiring director of HEW, that Congress should provide at least \$25 million for family planning programs in the United States during the coming year.

The American Birth Control League was originally founded in 1921 in New York City by America's first missionary of family planning, Mrs. Margaret Sanger ("Every child a wanted child"). Following the Great Depression of the 1930's and increasing moral support from the American Medical Association the Birth Control League, which adopted the more acceptable name of the Planned Parenthood Federation of America, Inc. in 1939, gained gradual acceptance by informed sectors of the American public. In 1962 this organization renamed itself Planned Parenthood-World Population after merging with the World Population Emergency Campaign.

In the 1950's as the awesome size of the population explosion was brought more into the light of scientific knowledge by sociologists,

ecologists, economists and demographers such as Harrison Brown, Marston Bates, T. Lynn Smith, Frank Notestein, Philip Hauser, Frank Lorimer, Kingsley Davis, Dudley Kirk, and others, the American birth-control movement turned more to the population problems of underdeveloped countries. The International Planned Parenthood Federation, commonly known as the IPPF, was formed in 1952 at meeting in Bombay. The founding members included family planning associations in both developed and underdeveloped countries. Delegations from the United States, Great Britain and Sweden were major sponsors.

Planned Parenthood-World Population with headquarters in New York City is the powerful U.S. member of the IPPF. By 1968 IPPF membership included 54 countries, most of them underdeveloped societies in dire need of financial assistance for birth-control programs. Elsewhere in over 50 more poverty countries nascent family planning associations are turning to IPPF for assistance.

Most of this phenomenal growth in demand for birth-control aid has occurred since the early 1960's. Again, one mentions 1963 as an approximate date when there occurred a sudden flowering of population planning efforts and publicity made over the years by countless individuals and institutions. There is some discussion as to just why "birth-control explosion" happened so suddenly but there is now no doubt that birth control has reached the limelight of respectability.* Margaret Sanger has become something of a new saint to be ranked with Florence Nightingale, Carrie Nation, and Mary Baker Eddy.

Today IPPF overwhelmed by most of the world turning to population control finds itself facing a vast shortage of funds. In 1960 the IPPF budget was a pitiful \$70,000. In 1965 it reached \$935,000, a figure that represented

* Probably the success of the pill is a major explanatory factor.

less than .0025% of the 4 billion dollars spent on U.S. foreign aid and food subsidies in that year. To meet extraordinary demands of developing countries for family planning aid the IPPF through its U.S. affiliate, Planned Parenthood-World Population, depends on the Victor Fund. This Fund based on an original bequest from the late Alexander Victor of Victor Phonograph fame was placed under the aggressive chairmanship of William H. Draper, Jr. The Fund has persuaded American foundations, corporations and wealthy individuals (as well as small contributors) to supplement the Victor bequest so that nearly \$4 million was pledged for the period 1966-1968. The Swedish government which spends proportionately more than any other nation for support of international birth control contributed \$400,000 for the Fund's 1966 operations. Lesser amounts followed from the Danish, Norwegian, Dutch and British governments. AID agreed to grant \$3 million to IPPF expenditures for 1967 and 1968. The U.S. grant was limited to 40% of the budget since IPPF is an international organization. IPPF had to obtain matching funds elsewhere as a condition of the AID grant. This the Victor Fund has achieved. With such increased resources the IPPF was able to finance the Eight International Planned Parenthood Conference in Santiago, Chile, in April, 1967.

By 1968 more than 100 U.S. corporations were supporting the Victor Fund, including DuPont, McDonnell Aircraft, IBM, Standard Oil of New Jersey, US Steel, Republic Steel, General Mills, Monsanto, leading U.S. banks and many others. Also, American foundations like Ford, Kellogg and Sunnen were listed as contributors. IPPF has planned a 1968 budget of between \$6.5 and \$7.5 million, and soon hopes to reach an annual budget of \$10 million and beyond.

It is a significant fact that approximately 6/5 of the IPPF funding comes from American sources, yet, as previously indicated, such amounts

represent but a tiny fraction of the billions spent overseas by American philanthropy, public and private, in the form of foreign aid, public health and food subsidies that fan the population explosion.

According to Richard Lincoln, International Information Officer of the Planned Parenthood-World Federation, Latin America now takes the largest share of the IPPF budget. This is mostly because the Latin American countries - even those with official government family planning policies - have not yet begun to invest enough funds to meet a recognized need. Some of the longer established Asian programs in India, Pakistan, Korea, Taiwan, Ceylon, Malaysia, Hong Kong and Singapore, are assisted in varying degrees by considerable government subventions, and do not need as much assistance from IPPF funds.

The first attempts at family planning associations in Latin America and the Caribbean date back to the 1930's in such overpopulated islands as Puerto Rico, Jamaica and Barbados. However, effective action in the Caribbean did not begin until the 1950's and later. As for Central and South America no serious family planning activities began until 1963 and after. In 1963, except for Puerto Rico, there was not, according to Mr. Draper, Chairman of the Victor Fund, a single bonafide national family planning association in Latin America. By 1967 nineteen of twenty-one Latin American countries had at least the beginnings of such associations (Report No. 3, September, 1966, IPPF Victor Fund).

In 1967 Victor Fund contributions (exclusive of other American contributions) to IPPF amounted to \$1,137,700. Of this amount over \$539,000 was spent in Latin America.

In some cases IPPF does supply contraceptives directly to underdeveloped countries. One third of the \$3 million AID grant of 1967-68 was for the

purchase of contraceptives and other supplies. However, the bulk of IPPF assistance is for building up organizational, educational and training facilities and the equipping of clinics. So far IPPF is the only international private organization in the field of fertility control. As a principle of sound policy IPPF operates through national or native personnel in each country. It follows this same principle in persuading governments to support nation-wide family planning programs.

The Pathfinder Fund.

Dr. Clarence J. Gamble founded the Pathfinder Fund to support family planning services and research, and, as the name indicates, to find new and better ways to achieve these goals. Dr. Gamble, who was associated with the Harvard Medical School and the Harvard School of Public Health, developed a deep personal interest in birth control. In 1929 Dr. Gamble, a firm friend of Margaret Sanger and Dr. Robert L. Dickinson of the American birth-control movement, founded the forerunner of the Pathfinder Fund, namely, The Committee on Maternal Health.

During the period 1929-1952 the Committee, in collaboration with the Margaret Sanger Research Bureau and the Planned Parenthood Federation of America, pioneered the cause of birth control in the United States. Fieldworkers were sent by the Committee to 14 states and Puerto Rico to help organize family planning services. For example, in 1938 Dr. Gamble made a contribution to the State Board of Health of North Carolina which helped establish the first state contraceptive program in the United States. Similar help was given to state services in Alabama, Mississippi, Georgia and South Carolina.

In 1949 the National Committee on Maternal Health undertook its first overseas program. In response to an invitation from the director of the Institute of Public Health in Japan the Committee participated in creating a pilot program in family planning in three typical Japanese villages. In 1955-56 the Committee helped establish family planning associations in Indonesia and Kenya.

In 1957 the Committee became incorporated as the Pathfinder Fund, a tax-free foundation supported by philanthropic contributions. The Fund took over the home office staff located in Boston, and the small but extremely mobile field staff of five or six persons. Since 1957 the Fund has rapidly expanded its overseas programs. By 1967 it had sent representatives to visit more than 65 countries, including Fiji, Egypt and the Philippines, and it has helped train local people to form 24 national family planning associations, 14 of which have become members of the IPPF. The Fund has helped test contraceptive methods in more than 80 countries including several far eastern countries. It has supplied IUD's for birth-control program in Korea, Taiwan and Hong Kong, where, as indicated earlier, Frank Notestein of the Population Council reports measurable progress in lowering fertility rates.

A significant recognition of the Pathfinder's international services is the fact that in 1967 AID gave a grant to this foundation for the support of its Family Evaluation Center which is studying the effectiveness of various types of intrauterine contraceptives used in many pilot programs.

The Pathfinder Fund in 1967 had assets of approximately \$500,000, plus some additional contributions, again, mostly from the Gamble family. The Fund is a midget David among the Goliaths of American philanthropy now supporting

public health or family planning overseas. However, the Fund makes every dollar count for action on population control. Operating with low overhead costs and flexibility the Fund specializes in swift, well-timed aid to start off a local family planning movement. In the same manner it has given small but effective boosts to the IPPF, Population Reference Bureau, Population Council, Margaret Sanger Research Bureau, Church World Service (whose mission groups favor family planning in Latin American poverty areas) and similar organizations. At a relatively small cost in 1962 the Fund helped publish and distribute throughout the world 35,000 copies of a booklet called Family Planning, A Challenge to Health Workers of Every Nation by Dr. Gamble and Dr. Alan Guttmacher, the latter being the president of the Planned Parenthood-World Population and a member of the advisory council of the Pathfinder Fund.

After carefully ascertaining that distressed poverty mothers want birth control and after seeking out local personnel for training the Pathfinder Fund provides what is lacking in most population grants of U.S. agencies and American foundations, that is, direct funding for contraceptive supplies. In providing contraceptives Pathfinder steps in "where other angels fear to tread."

As to Latin America by 1968 the Fund was supplying some form of contraceptive aid to pilot programs in Bolivia, Colombia, Costa Rica, Dominican Republic, Haiti, Ecuador, Paraguay, Honduras, Nicaragua, Panama, Guatemala, as well as Trinidad and Tobago.

The founder of the Pathfinder Fund, Dr. Clarence J. Gamble, died in July, 1966, followed by an old friend and co-worker, Margaret Sanger in September, 1966. Of Dr. Gamble Mrs. Sanger wrote what could serve as an epitaph: "You have been a wonderful supporter in the planned parenthood cause . . . far too

modest to get correct acknowledgement for the fine work you have done. However, that's been your way and my heartfelt thanks for it, also for getting your family's interest into the Cause is to pass the torch after us." (See Family Planning News, Vol. 8, Num. 2, Autumn 1966. Worldwide Notes on Family Planning published by The Pathfinder Fund, 1575 Tremont St. Boston, Mass. 02120.)

The Sunnen Foundation was incorporated in 1953 by Mr. Joseph Sunnen, St. Louis industrialist and philanthropist. This Foundation is not a large one, comparatively speaking, yet it is a "big foundation" in the field of effective action for family planning. Like Dr. Gamble and the Pathfinder Fund, Mr. Sunnen represents that spirit of his foundation. He and his aides are more interested in promoting direct action rather than more demographic studies because they feel that the population problem has already been amply identified.

For years Mr. Sunnen has pioneered direct financing of contraceptive control in the United States often in cooperation with public health agencies and the Planned Parenthood Federation. Every year increased sums have been given for this purpose. In 1966 the Foundation dispensed about \$500,000 in grants, mostly for family planning purposes. However the scope of Mr. Sunnen's activities and financial contributions are larger than the foundation itself. To such pilot projects as "Knock on Every Door" the EMKO Company founded by Mr. Sunnen provides vaginal foam (EMKO) that is distributed free to migrant farm-labor families, and to urban low-income groups, for example, Mexican-American poverty cultures in such cities as Los Angeles and El Paso. EMKO is also sold commercially. Meanwhile, Mr. Sunnen and aides have successfully challenged the enforcement of a federal statute that banned sending "obscene"

contraceptive literature and products through the mail (except to physicians), and the Sunnen example has helped move welfare agencies toward providing contraceptive supplies and information to dependents.

As for overseas contributions, during the period 1958-1963, Sunnen grants made possible widespread expansion of contraceptive services in Puerto Rico. Mr. Sunnen was the first to support the Victor Fund for the IPPF giving \$150,000 as an initial contribution to meet the world population challenge. Since 1958 the Sunnen Foundation and the IPPF have been contributing to private family planning clinics in Mexico City which are pioneering birth-control efforts in that country. It should be noted also that EMKO is now being distributed to many parts of world.

Other Foundations.

Other American philanthropic foundations and corporations that have made important contributions to promote the control of human fertility overseas, directly or indirectly, are the Scripps Foundation of Miami University, like the Margaret Sanger Research Bureau, an early pioneer in support of human fertility studies; the Carnegie Corporation which has made significant contributions to the Population Council's work; and the Commonwealth Fund of New York which is giving increasing support to family planning proposals.*

One could list many other American corporate philanthropies that are now contributing indirectly to fertility control overseas by giving support to those foundations and organizations that specialize in promoting world-wide family planning such as the IPPF and the Population Council. It seems certain

*The Commonwealth Fund, specializing in medical education, contributed during 1965 and 1966 \$185,000 to the IPPF. This included funding for a Spanish edition of a film on conception control for medical students. The Population Council received \$300,000 for its programs; and, among other grants with fertility control emphasis, \$100,000 to promote sex education in the United States.

that the number of such contributors will increase in the near future as American philanthropies revise traditional public health and welfare policies in the face of a growing population crisis in poverty countries and the growing public acceptability of birth control.

It is now evident that the same American missionary zeal that contributed so much to spread medical technology and thus foment the world population crisis is now beginning to shift interest to the new crusading cause of population control. To take an example of an individual, we find Mr. Spurgeon M. Keeny who did so much to organize UNICEF's Asian crusade to save the children, now, significantly, working with the same zeal for the Population Council to make population control a success in Taiwan.

An example of a foundation's shift of interest is the prestigious W. K. Kellogg Foundation of Battle Creek, Michigan, established in 1930. This Foundation has given assistance to health, public school and higher education, public affairs, and agricultural programs, primarily in the United States, but also in Canada, Western Europe, Australia and Latin America. Like the Rockefeller Foundation the Kellogg Foundation has for years made a special contribution to the spread of health technology in Latin America. A long series of Kellogg fellowships and grants-in-aid to Latin American schools have served to train a whole generation of doctors, nurses and dentists engaged in public health work. In 1967 the Kellogg Foundation paid out \$12.5 million in program grants, including \$1.32 million for Latin America. Like the Rockefeller Foundation, the Kellogg Foundation has been somewhat embarrassed by its belated recognition of the exigencies of the population crisis.

Commenting on Latin America where population increases have tended to overwhelm societal gains and cancel the good intentions of American

philanthropists, President Emory W. Morris of the Kellogg Foundation in his 1966 comments on "Responsiveness to Change," stated:

Our pleasure that concern about overpopulation can now be publicly expressed and implemented is matched by our chagrin that we earlier had not used some of our resources to further the communication of information long obscured. Happily, population control has emerged from dark ignorance and superstition into the light of public acceptance and there yet may be avoided in several areas of the world the twin hazards of overpopulation and inadequate subsistence.
(Annual Report 1966, p. 5)

The foregoing statement was accompanied by a \$150,000 appropriation to the IPPF to help develop comprehensive programs of education in family planning in Latin America. This was the first such grant by the Kellogg Foundation which now plans to give more encouragement to family planning in Latin American.

An example of a citizen's organization exerting a powerful public-opinion pressure in the direction of human fertility control is the Population Crisis Committee founded in 1965. This Committee, whose central office is in Washington, D.C. (1730 K St.), now consists of over 500 distinguished citizens. Among its officers and directors are found William H. Draper, Jr., Hugh Moore, Elmo Roper, Mrs. John L. Loeb, Mrs. Phyllis Piatrow, Cass Canfield, and Richard N. Gardner, former Deputy Assistant Secretary of State. As the name suggests the Committee is concerned with promoting action by the national executive, Congress, world leaders, as well as certain private foundations such as the IPPF, in order to confront the growing world population crisis.

All that has been said thus far would suggest that American philanthropy is definitely moving towards accepting a larger share of responsibility for world population pressures. However, the task of actually checking the surge of world population has scarcely begun. With some exceptions already

mentioned most of American foundation-aid for population control overseas is not going directly to provide contraceptive control, rather most of these grants are being spent on exploratory or feasibility studies; or on pilot projects limited to a few villages, or a city slum, or lower-class mothers who would otherwise resort to crude abortion; or on promotional literature and conferences designed to call attention to population problems and the need to motivate family planning programs; or on the gathering of population data and the training of demographers for underdeveloped countries; or on training medical and public health personnel to staff or inaugurate (hopefully) family planning clinics or programs in predominantly peasant societies.

It is a bit ironical that while a small vanguard of birth-control advocates struggle to introduce "artificial birth control" massive health campaigns, national and international, simultaneously destroy nature's ancient methods of birth control in primitive peasant societies. The truth is that like the welfare state which has spread all over the globe in advance of economic development most American philanthropies and donatories of all types, including CARE, find themselves trapped on a population treadmill.* Most of them are committed to improving public health and diet first, family planning is usually subordinate to this primary interest. American philanthropy considered in the aggregate is spending, in spite of a dramatic new interest in birth control, only a tiny fraction of its resources on the direct

* TIMBUKTU - When the U.S. AID-financed program is completed in 3 1/2 years, 110 million people in 19 African countries will have been vaccinated against small-pox, and 30 million inoculated against measles. Dr. William H. Stewart, Surgeon General of the U.S. Public Health Service replied that it was a good thing that so many countries were cooperating. The program rolls in 220 trucks, specially equipped to carry the freeze-dried smallpox vaccine. Inoculating people who live in towns is fairly easy. Far tougher is trapping nomads who wander across the map. They are intercepted at water holes. "Timbuktu is now a prime hunting ground for vaccinators." (As reported in Time, Jan. 26, 1968.)

application of fertility control overseas while it continues to accelerate in equally dramatic fashion medical and agricultural aid to lower death rates and help feed more than a billion poverty folk overseas whose biological right to reproduce themselves, as they see fit, one does not dare question.

Such philanthropic facts suggest that in the future most American foundations will have to make a more direct confrontation with the problem of public health priorities and the population explosion. Perhaps more of them will decide that contraceptives should come first and public health and food-help second.

For Directions in Foreign Aid.

The Agency for International Development (AID) in preparation for the policy and budget was widely criticized to encourage the collection and analysis of population data as well as the study of people's attitudes toward family planning. Requests for information and assistance in family planning were at first referred to American-sponsored private agencies. In an amendment to the Foreign Assistance Act of 1961, proposed by Senator Fulbright and others, Congress and the House then gave explicit authorization for the expenditure of funds and staff to study world population problems.

In 1962 AID initiated research by a special directorate in international agencies, and for this purpose the Population Reference and Research Bureau was also established in AID's Office of Technical Cooperation and Research. By 1963 AID was conducting several population research projects. Also by this time AID's Latin American Bureau had created a Population Unit and reported some Latin American AID aimed to appoint a high official to be responsible for population matters. Since that time similar have also been

PART 3

TOWARD A GOVERNMENT POPULATION POLICY

After 1960 the Federal Government under increasing pressure by prominent citizens, scientists, private foundations, and congressional leaders began moving toward a major innovation in its foreign-aid policy. In December, 1962 the Kennedy Administration announced that the American government would provide family-planning information to those underdeveloped countries requesting it.

New directions in foreign aid.

The Agency for International Development (AID) in preparation for the policy had begun some months previously to encourage the collection and analysis of population growth data as well as the study of people's attitudes toward family planning. Requests for information and assistance in family planning were at first referred to American-sponsored private agencies. In an amendment to the Foreign Assistance Act of 1963, proposed by Senator Fulbright and others, Congress for the first time gave express authorization for the expenditure of foreign aid funds to meet world population problems.

In 1964 AID missions overseas began to respond directly as information agencies, and for this purpose the Population Reference and Research Branch was then established in AID's Office of Technical Cooperation and Research. By 1965 AID was considering several population research projects. Also by this date AID's Latin American Bureau had created a Population Unit and requested each Latin American AID mission to appoint a high official to be responsible for population matters. Since then consultants have also been

appointed on economic, medical, demographic and public health aspects of population dynamics. AID missions to all developing countries, according to Philip R. Lee, M.D., former Director of Health Service in AID's Office of Technical Cooperation and Research, are now following a similar arrangement.

By 1966 the Pan American Health Organization (PAHO) had established a Population Information Center to handle requests for family planning information and to refer requests for such aid to special agencies. By February, 1967 this new Center had completed a most useful compendium containing the basic facts, including finance, of all family planning programs and population studies underway in Latin American countries, the Caribbean, Canada, and the United States through public and private agencies. (See, Population Information Center (PIC), Population Dynamics Programs of Organizations Engaged in Pan American Cooperation 1965-1966, Document II. Washington, D.C.: PAHO-WHO, February 13, 1967.)

In December, 1966 the Peace Corps sent the first fifty volunteers overseas, in this case to India, to help in family planning. Like other U.S. aid missions, Peace Corps representatives overseas have been instructed to report or facilitate, when possible, family planning possibilities.* It has already been observed that the family-planning needs of the 50,000 peasant villages of India could easily absorb the present Peace Corps strength of 15,000 community developers.

Meanwhile, on January 4, 1965, President Johnson publicly confirmed the new foreign-aid policy when he announced in his State of the Union Message: "I (that is, the American government) will seek new ways to use our knowledge to help deal with the explosion of world population and the growing scarcity of world resources." This statement represents an historic change in the

*According to Martha Leas, M.D., Family Planning Coordinator, Peace Corps, the Corps in 1968 will have 260 Volunteers in family planning activities overseas, mostly in India and Korea, but also in Tunisia, Dominican Republic and Tonga. Corpsmen do not engage in sterilization or abortion procedures, rather they promote, publicize, coordinate and develop

established laissez-faire attitude that previously colored so many facets of American foreign policy - an attitude expressed by President Eisenhower in a notable public statement of December, 1959: "This government...will not...as long as I am here, have a positive policy doctrine in its program that has to do with this problem of birth control. That's not our business." Citizen Dwight D. Eisenhower subsequently reversed his view and then became one of the most influential advocates of government action to meet world population pressures.

The new foreign-aid population policy authorized the Federal Government to provide technical assistance for population planning on a voluntary basis only to those countries that requested such aid. Just how cautious, or timid, this "voluntary policy" was may be appreciated in a circular explaining AID policies on population distributed by the Department of State to all AID missions, March 2, 1965:

Does AID advocate family planning policies for developing nations?

No. AID's role is not that of an advocate. The United States opposes any effort to dictate[!] population policy to another country. On their own initiative over the past several years, growing numbers of less-developed countries have either instituted operating programs in the fields of family planning or are considering such programs.

Does AID advocate any particular method of family planning?

AID does not. It is the United States position that in publicly-supported health services every family should have complete freedom of choice in accordance with its conscience with respect to what methods, if any, it uses.

Does AID regard the adoption of official family planning policies as a self-help condition for receiving U.S. aid?

No.

Does AID volunteer assistance to other nations on family planning?

No. AID assistance is provided on specific request only....

What assistance will AID provide?

AID now considers requests for technical assistance including the training of family planning workers.... educational equipment for family planning programs.... AID will not consider requests for contraceptive devices nor equipment for manufacture of contraceptives. (See Population Bulletin, Vol. XXI, Num. 2, May 1965, 18-21.)

AID and population assistance.

The total of AID assistance in population matters in fiscal 1965, when such assistance began, was approximately \$2.3 million; in 1966, if one includes a family-planning loan to Pakistan of \$500,000 and a similar loan to Turkey of \$3.6 million, the total assistance was \$5.5 million; and in 1967 about \$4.7 million.

Again, as in the case of the population programs of private foundations, most of the individual AID grants were not spent directly to foster family planning overseas but rather to promote in underdeveloped countries the study of population and health statistics, training of demographers, and personnel for family planning programs. Examples of AID contributions in accordance with the cautious guidelines of 1965 are as follows:

For the three-year fiscal period, July 1, 1965 to June 30, 1968:

Office of International Statistics, Bureau of the Census, mostly for statistical analysis and training	\$ 3,900,432
National Center of Health Statistics to train foreign participants in vital statistics	202,565

University of California for demographic studies and training of demographers, especially for Latin America. 177,000

Center for Latin American Demographic Studies (CELADE), Santiago, Chile, for similar purposes. 318,000

Center for the Study of Population and Family (CELAP), Santiago, to study social factors related to family fertility and population growth, and stimulate awareness of and action for solution of population problems. 432,000

For the two-year fiscal period, July 1, 1966 to June 30, 1968:

Population center of the University of Notre Dame to provide training assistance to three Latin American demographic centers. \$ 300,000

Johns Hopkins' population center for special training programs and demonstration projects. 313,820

Population Council to expand research activities, especially in Latin America. 405,000

University of North Carolina to help establish an interdisciplinary population studies center. 178,656

PAHO mainly to help establish studies in population dynamics in the Schools of Public Health in Chile and Brazil. 90,000

Children's Bureau, Washington, D.C., to train foreign participants in nursing and midwifery in family-planning programs. 48,000

And, a more direct family planning contribution,

International Planned Parenthood Federation (IPPF) to provide assistance in family planning and welfare. 421,000

For the fiscal period, July 1, 1967 to June 30, 1968:

University of Hawaii to establish a family-planning training center. 106,588

Population Council mainly for family planning evaluation. 109,000

*In addition, \$13.3 million in U.S.-owned local currencies was made available to India's family planning program.

PAHO to investigate causes of infant mortality
in selected Latin American countries. 60,000

The foregoing examples do not constitute a complete list of AID population grants. For a more complete list see PAHO compendium of February, 1967 previously referred to: Population Information Center (PIC), Population Dynamics....Section: United States, pp. 59-74.

As the Director of the Population Service in AID's Office of the War on Hunger, R.T. Ravenholt, M.D., explained (December 28, 1967), contraceptive assistance is still new. It was not until May, 1967 that AID guidelines were revised to permit contraceptive assistance. As William S. Gaud, AID Administrator, then announced, contraceptives and equipment would no longer be ineligible as aid items. "These commodities had been on the ineligible list," in the words of Dr. Ravenholt, "since the start of U.S. foreign assistance after World War II."

Under these more sensible guidelines AID approved a loan of U.S.-owned local currency to help establish a Pakistan firm to manufacture oral contraceptives and other pharmaceuticals. This loan, equivalent to \$168,000, was the only direct contraceptive aid before the end of fiscal year 1967.

Thus far in fiscal 1968 (beginning July 1, 1967) the Agency has announced that \$1.3 million will be made available to India for procurement of condoms and contraceptive pills.* Also, AID made a \$2.5 million grant to the IPPF of which \$1 million is for the purchase of contraceptive supplies. In addition, AID has continued its \$500,000 annual support, since 1965, for IPPF programs in Latin America. Also, Population Council programs in Taiwan and Korea, where the intrauterine loop is apparently lowering fertility rates, were given continued AID support. The Agency is now helping other country programs and family planning agencies to obtain initial supplies of contraceptives.

*In addition, \$13.3 million in U.S.-owned local currencies was made available to India's family planning programs.

Latin America.

As to Latin America in particular, federal funds of about \$2.5 million were made available up through fiscal 1967 to inter-American agencies mostly to promote, as indicated by the list of AID grants, demographic research and cautious "feasibility studies" in family planning. Most Latin American have readily admitted this "token aid" but had done relatively little to implement it with contraceptive programs through 1967, except Chile, Colombia and Honduras.

It is significant that the first major effort to incorporate the touchy topic of population planning into the Alliance for Progress took place in Caracas, September 11-17, 1967, where demographers, economists, labor, health, education and planning officials from the Americas met to discuss "Population Policies in Relation to Development in Latin America." This meeting was sponsored by the OAS, PAHO, Population Council, and the Aspen Institute of Humanistic Studies. A number of proposals were made to encourage increased emphasis on fertility control by governments, international agencies, and the private sector, according to the principle of voluntary family planning.

The Caracas participants discussed the need to formulate a population policy within the context of a general development policy for Latin America "instead of disjointed measures and actions" that only touch on certain aspects of the population problem. Typically, several Latin American participants expressed their concern at the possibility that the adoption of a population policy might divert attention from the central problems of Latin American development!

There was no direct confrontation at Caracas with the vast number of illegitimate births in Latin America and the Caribbean. The 55% rate of

illegitimacy in Venezuela would be about average for these two areas. Such a social fact seem to undermine the whole concept of responsible parents and freely deciding the number of their children.

Nevertheless, there are many concrete signs that birth control is becoming institutionalized in Latin America, at least in the major cities. A new generation of Latin American physicians, social workers, nurses, sociologists, demographers and government planners are beginning to take the lead in family planning movements. Many of these leaders were trained in programs of the IPPF, the Population Council, Cornell University's International Population Program headed by J. Mayone Stycos (and with Ford Foundation support), or in other American medical schools, population centers, and training projects. A number of these same leaders have participated in international population or family planning conferences through sponsorship by public agencies such as PAHO-WHO, or private agencies such as the American foundations previously mentioned.

As already indicated, since 1963 most Latin American countries have seen the beginning of family planning associations usually affiliated with the IPPF. Also, private clinics as in Mexico City and medical associations as in Argentina and Colombia have taken the initiative in providing birth-control services for needy proletarian mothers. Up to 1968 at least five Latin American governments - though short on financial support - officially sponsored or approved of family planning services, or preparatory studies as in Peru.

The government of Honduras now sponsors a nationwide family-planning program which began as an affiliate of the IPPF but now enjoys the protection of the Ministry of Health. The first clinic was opened in 1963, by 1967 there

were over 67 such clinics plus mobile units. Honduras was host to IPPF's Central America and Panama Conference on Population, Economic Development and Family Planning, held in June, 1966. At this time Colombia signed an agreement with AID for technical assistance in family planning. In Chile some of the most advanced methods of fertility control have been applied since 1959 in the maternity hospitals of Santiago. The Association for the Protection of the Family was formed in 1962 under the leadership of the National Director of Health. As part of this protective policy the government announced in 1966 the inclusion of family planning services on a national scale. (For further detail on Latin American birth-control advances in services and training programs, see Robert C. Cook, "Punta del Este, 1961-1967, Early Dawn of a Demographic Awakening," Population Bulletin, Vol. XXIII, Num. 3, June 1967, 45-83, and PAHO, Population Information Center (PIC), Population Dynamics op. cit.)

Such unexpected progress in the direction of international cooperation toward population control has led some observers to hail joyously a "birth-control explosion" in Latin America that promises to check population pressures in the near future. This is probably the latest illusion in U.S.-sponsored Pan Americanism. It still remains to be seen to what extent birth-control practitioners can capture the vast complex of Latin American health facilities, national and international, public and private, and turn them in the direction of fertility control. Family-planning workers risk capture also. After all, family-planning clinics in underdeveloped societies are often the only scientific maternal and child health service available. Such clinics can hardly resist joining the massive onslaught against the death rate and the lack of basic medical attention among rural and urban poverty folk. Also the

fact that many destitute mothers, working mothers or abandoned mothers readily resort to abortion or birth-control counselling - usually after several children - does not mean that the average peasant woman will reject the traditional fertility role of submissive mother. Population planners recognize the need to motivate the young people sunk in peasant sub-cultures, rural and slum, but such motivation efforts have not yet been born.

As the Population Council has pointed out, it is a far cry from the announcement of a government policy favoring birth control to its actual practice by populations that throughout centuries have valued abundant childbearing. Furthermore, Latin American nationalism, rather than Catholicism, still poses a major obstacle to government-sponsored birth control programs as in the two most populous countries of Brazil and Mexico.

"War on Poverty" at home.

In the meantime the War on Poverty, like the pill, has contributed to a pro-birth control consensus in the United States. Overseas, generally speaking, "poverty-failures" are out of sight and out of mind, but at home they are painfully visible. This fact more than any other influence has forced timid politicians, the general public, and the ponderous federal and state welfare bureaucracy to come face to face with the fact that human poverty anywhere cannot be eliminated without fertility control. To promote this the Federal Government under strong congressional pressure began in late 1964 to make available grants-in-aid to family-planning centers through the Office of Economic Opportunity (OEO).

In April, 1965 bills were introduced in Congress by Senator Ernest Gruening and Representative Paul H. Todd Jr., providing for the establishment

of an Office of Population Affairs in both the Department of State and the Department of Health, Education and Welfare (HEW). The bills also provided for White House Conferences on population problems. On June 22, 1965, Congress for the first time in its history began public hearings on Senate bill 1676, sponsored by Gruening, that would give federal agencies direct responsibility for formulating and applying a population control policy both at home and abroad. Aside from Gruening, Senators Joseph S. Clark, Frank E. Moss, Ralph W. Yarborough and Joseph D. Tydings spoke in defense of the bill, and so did Representatives Todd, Morris K. Udall, D.R. Mathew, James H. Scheuer and O.C. Fisher. Among those testifying in favor of the bill were Dr. Frederick Seitz, President, National Academy of Sciences; William H. Draper, Jr., Planned Parenthood-World Population; Dr. G.B. Kiatiakowsky, White House Sciences Adviser under President Eisenhower, and Robert C. Cook, President, Population Reference Bureau.

On January 24, 1966, the Secretary of HEW established, for the first time, a departmental policy on population. This policy is to conduct and support research and training programs in population dynamics, fertility, sterility, and family planning, and to support, on request, health programs making family planning services and information available to individuals who receive health services from operating agencies of the Department of Health, Education and Welfare. The objectives were stated follows:

.... to improve the health of the people, to strengthen the integrity of the family, and to provide families the freedom of choice to determine the spacing of their children and the size of their families.

HEW's policy emphasis on "freedom of choice" for needy welfare mothers, many of whom are unmarried, illiterate or simply lazy or negligent, was, of course, intended to conciliate birth-control critics; but such emphasis has

also served to inhibit state and county welfare agencies, dependent on federal funds, from "selling" fertility control to dependent clients. The policy statement in this regards reads more like a warning to those state and local agencies that freely choose to participate in HEW-funded family planning services:

Programs conducted or supported by the Department shall guarantee freedom from coercion or pressure of mind or conscience. There shall be freedom of choice of method so that individuals can choose in accordance with the dictates of their consciences.

The issuance of the HEW policy statement has been followed by these developments (Report on Family Planning, HEW, September, 1966): A Departmental Committee on Population and Family Planning was created in HEW to evaluate policies and programs and assist in program coordination. A Departmental Task Force on Family Planning was established to organize nine regional meetings which will provide information to states and communities on federal resources available for family planning service, training and research. The Public Health Service issued a policy statement on family planning and is placing increased emphasis on program development and research. The Office of Education established a new policy on family life and sex education. The Bureau of Family Services revised its policies to facilitate the establishment and expansion of family-planning services by state and local public welfare agencies. The Food and Drug Administration took steps to facilitate the use of oral contraceptives. The Children's Bureau published for the first time a pamphlet on family planning! The Bureau is now supporting through grants-in-aid family planning training, research and services. It has given grants to training programs with significant family-planning content to the New York Medical College, Adelphi University

School of Social Work, Tulane University, University of California and several more university medical and population programs.

State and local welfare agency participation in family planning services has increased steadily during the past few years. About half the states now have policies that will pay the cost of birth-control services for welfare dependents.

The District of Columbia Department of Public Health in 1963 had a special appropriation of \$1,000 from Congress to fund a family planning program. By 1967 this fund had been increased to \$200,000 per annum. Even so this sum would only provide services for approximately 13,000 women a year.

Before 1966, a few states used part of their federal grants for maternal and child health services to support some family planning services, but no federal money was allotted specifically for such services. After the Secretary of HEW made his policy statement on family planning, HEW agencies encouraged state agencies to accelerate family planning activities through increased federal support. Also, HEW began active and open cooperation with the Planned Parenthood Federation of America which in 1966 had 132 affiliates in 36 states and the District of Columbia. HEW undertook such activities without funds granted specifically for family planning purposes. Finally, the Social Security Amendments, passed by Congress in December, 1967, for the first time authorized the appropriation of federal funds specifically for family planning.

Effective July 1, 1968, state welfare agencies will be required to offer on a voluntary basis family planning services to dependent families, acceptance of such services was not made a prerequisite for welfare services. Federal funds will be available to pay 75% of such services (and up to 85% the first year). Also, states will be required to develop programs to discourage births out-of-wedlock. Just how is not stated.

Federal agencies, although lacking specific congressional appropriations for family planning before 1968, nevertheless, have used War-on-Poverty funds and increased HEW appropriation to help finance fertility control in poverty areas. The Office of Economic Opportunity (OEO) has helped the Planned Parenthood Federation to open new family planning centers, for example, in the summer of 1967 twelve new centers were opened in San Antonio, mostly for Mexican-American poverty folk. Similar centers in other folk-poverty ghettos have received federal support, and federal agencies have taken steps to support family planning on high-fertility Indian reservations. The ghetto riots during the summers of 1966 and 1967 and the analysis of the root causes, including soaring rates of illegitimacy, stimulated such a sudden application of federal welfare funds.

In October, 1967 HEW made \$5.5 million available to several major American cities and the rural poverty areas of West Virginia and Puerto Rico for birth control. A welfare bill was then in Congress that would provide \$15 million specifically for local family planning centers. For fiscal 1967 (July 1, 1966 to June 30, 1967) the total of all federal funds available for population control expenditures of all kinds, that is, research, feasibility studies, training, and family planning services, was about \$23.8 million. The OEO would account for \$4.85 million and the various departments of HEW would account for the rest. For fiscal 1968 OEO will have about \$10 million available and HEW at least \$24 million or more. The percentage of these funds to be applied directly to contraceptive action is not known.

By 1970 \$50 to a \$100 million in federal funds should be available for family planning, perhaps more, depending on congressional action. President Johnson's vast health proposals of March 4, 1968 would include \$61 million for extending birth control services to 3 million more women, "if they so desire," and \$12 million for a federal population research center.

Meanwhile, much as AID broadened its guidelines to permit direct contraceptive aid overseas, so HEW since January 1968 has amended its guidelines by instructing state welfare agencies that they can now take the initiative as far as recommending family planning to dependent mothers.

Allowing for further progress in the direction of contraceptive action, one cannot expect HEW's population policy or funding to reduce the burden of welfare dependency in the near future. Most of what HEW is spending on welfare dependency alone - the budget was over \$4 billion for fiscal 1968 - is not only lowering high infant mortality among dependent poverty folk but in many cases facilitating fertility customs among folk subcultures that never before enjoyed such complete welfare and medical care. Present War-on-Poverty programs orchestrated by HEW recruit "hitherto-neglected" folk types to go on welfare, aid-to-dependent children benefits, medicare, and social security through VISTA workers and thousands of other grass-roots poverty fighters who ferret out low-income cases to inform them of their rights to claim free public services at city, county, state and federal level.

With rising costs of hospital and medicare - doctors are reported getting rich in slum areas - and with more states activating welfare programs under the inducement of federal support of pressure, it is little wonder that bankrupt federal welfare officials were asking Congress in February, 1968 for an emergency appropriation of \$1.235 billion to meet unexpected costs for fiscal 1968 (to June 30, 1968). City, county, and state welfare budgets have also discovered the real cost of poverty fighters recruiting welfare recipients.*

* The latest Johnsonian proposal, characterized by that "damn the deficits, full speed ahead" spirit, asked Congress, March 4, 1968, for a \$15.6 billion health program to lower infant mortality and spread medical care to all deserving voters. By January 1968 an estimated 8 million people were receiving some form of public relief, not counting Medicaid. This included over 5 million dependent children and parents, 80% of which come from folk poverty groups. By that same date approximately \$35 billion was being spent by federal, state, county and city governments for all forms of public assistance to the poor and aged, including school-aid programs.

The United Nations.

The United Nations has been creeping cautiously toward a rational population policy. The ideological obstacles of nationalism, Marxism and traditional Catholicism have been gradually giving ground before the overwhelming facts of runaway population and economic stagnation in underdeveloped countries. The Population Crisis Committee which pushes wherever possible for international action on world overpopulation, has noted some important preparatory steps taken by the United Nations and its agencies to meet the population crisis. The 1966 session of the UN General Assembly passed without objection a resolution calling on UN agencies to assist, when requested, in further developing national and regional facilities for training, research, information and advisory services in the field of population. During 1966 the UN Population Commission drew up an ambitious five-year plan of action on population problems. By that date the Population Branch at the UN Headquarters had been raised to the level of a Division. The World Health Organization (WHO) had authorized the Director General to offer advisory services on medical aspects of population. The General Conference of UNESCO had called for research in family planning. UNICEF had approved family planning projects for India and Pakistan, and other UN agencies were preparing to assist or coordinate, where possible, public and private family planning activities.

But, as Richard N. Gardner of the Population Crisis Committee explained, the UN and its agencies, like the U.S. government, has been slow to translate policy into program. Of the \$120 million in the UN budget for

fiscal 1966 only \$1.8 million was devoted to population work. Of this sum \$800,000 was assigned to the two UNICEF projects in India and Pakistan, the remainder went mainly to population research.

An important sign that some United Nations leaders recognize the lack of action programs is the statement released on December 9, 1966 by Secretary-General U Thant on the urgent need to get ahead with an effective family planning program on a world wide basis. The statement was signed by twelve heads of government in Asia, Europe, Africa and Latin America, including Dr. Carlos Lleras Restrepo of Colombia, Tage Erlander of Sweden, Mrs. Indira Gandhi of India and General Chung Hee Park of Korea. (See Robert C. Cook, "The United Nations on Population - 1966. The Year of the Breakthrough," Population Bulletin, Vol. XXIII, Num. 1, February 1967, 1-23.)*

According to Richard N. Gardner there were 225 million married women in the world in 1967 subject to unwanted pregnancies; 150 million of these were outside communist China. Gardner estimated that \$2.1 billion a year would be needed to prevent 37.5 million unwanted children in these 150 million women:

Obviously, nothing like this \$2.1 billion a year could be spent effectively now or in the immediate future. I simply present these figures to indicate the magnitude of the job ahead.

The United Nations is hardly prepared to meet the world-wide problem of unwanted pregnancies. Most of its funding depends on the disposition of the member nations. Some like Sweden, Norway, Denmark, Great Britain and the United States would apparently favor more funding for UN-sponsored population control, but other nations either do not agree or would not come forward with special "population quota" payments. Furthermore, UN agencies at

* As of January 1968 thirty countries had signed the World Leaders Declaration on Population.

present, such as WHO, are bound by policy not to commit resources directly to contraceptive action, nor to recommend the same to individual governments. Here again the guiding principle is "free choice." It seems then that the United States must accept the major responsibility for funding international contraceptive action. There is justification for this initiative since in the past, and the present, the United States has funded most pro-natalist international health programs.

Although the U.S. Government is finally on record in support of family planning both at home and abroad, said Gardner, its actual programs are still grossly inadequate when measured against the problems to be solved. "To put it bluntly, the ratio of talk to action is far too high." In 1965 Gardner was Chairman of the President's National Citizen's Commission on International Cooperation that recommended that the Federal Government contribute \$100 million per year for the next three years for family planning overseas.

It is interesting to note that on March 14, 1967 Senator Fulbright and 18 co-sponsors, including Senators Gruening, Morse, and Percy, introduced Senate bill 1264 which urged AID to give much higher priority to fertility control overseas and would provide \$150 million for the three-year fiscal period 1968-1970. (See "Foreign Aid for Family Planning," Population Crisis Committee, 1730 K St. N.W., Washington, D.C.)

Even more interesting is the fact that on January 2, 1968 President Johnson signed a Congressional action that made available \$35 million for AID's programs of population assistance in fiscal 1968 at a time when the overall AID budget was being reduced. This action represents nearly an eight-fold increase over fiscal 1967, and signifies a major breakthrough by responsible Congressional leaders and certain AID officials.

PART 4

TOWARD COMPULSORY BIRTH CONTROL?

At the White House Conference on International Cooperation held in November 1965, the Chairman, Richard N. Gardner, made the statement: "this may be the last generation which has the opportunity to limit population growth on the basis of free choice." If this is true then, obviously, what is needed in American efforts to meet the world population crisis is more of that same missionary spirit and enterprise that helped create the crisis through the spread of international health missions.

Speaking on Senate Bill 1676 for promoting federal responsibility for a national and international population policy, Senator Joseph S. Clark of Pennsylvania emphasized, June 22, 1965, just such a need for a more aggressive missionary emphasis in population-control aid to foreign dependents:

What is needed is a change of attitude on the part of government agencies involved in aid to the developing countries. AID should now move on from its attitude of limited response to initiatives made by aided governments to an attitude of active proselytizing of the cause of voluntary family planning in the many countries where that would be appropriate.

Senator Clark continued:

From my own discussions with AID officials in the field I know that many of them are very seriously concerned with the population problem and are anxious to do as much about it as they can. But I question whether their urgency is matched by the directives they receive from their superiors in the State Department.

Several ambassadors in the Latin American countries, for example, have not fully grasped the importance of the problem. Some of them seemed to take the view that this was hardly something for them to meddle in....

If the attitude is not changed, I repeat, the purposes of our aid program - and, indeed, our aspirations for a world of peace, stability and universal comfort - will be placed in jeopardy. Our aid will become an even smaller drop in an even vaster ocean.

As we have seen there are recent signs of progress in the population policies of the Federal Government, Latin American governments and international agencies which favor population control. Nevertheless, Senator Clark's statement is still, all in all, an accurate appraisal of a delicate foreign-aid situation. Delicate because if American foreign-aid missions, public and private, were to become tactless evangelists of "voluntary" birth control, and if American foreign aid were used to pressure dependent governments the best intentions might backfire in the form of nationalist rejection of foreign-sponsored population control.

What can be done to speed up contraceptive action, and still preserve the sacred cow of absolute "freedom of choice" in a world where two-thirds of the population consists of indifferent peasants? Many political leaders believe that the solution will take the form of providing unlimited world access - on a voluntary basis - to the magic loop or pill. Is this optimism justified? The disappointing experience with voluntary birth-control clinics and planned-parenthood centers started in the United States and Puerto Rico in the 1930s among peasant-poverty types suggest that availability of control techniques, no matter how simple, may not be enough.

Dr. Kingsley Davis, professor of sociology at Berkeley and a long-time student of world population expansion, and his wife, Dr. Judith Blake Davis, chairman of Berkeley's Department of Demography, in a recent article in Science magazine, November 10, 1967, warn against wishful thinking. "Birth control alone - whether by pills or plastic loops or any other technical

method - can't possibly ease the pressure of surging numbers," because most people who do plan their families plan for relatively large ones.

Dr. Judith Davis is now doing research on why American families of all religious, social, and economic groups have batches of three or more children, "a number that is already yielding a runaway population boom in this country." For one thing nearly everyone marries these days (as Margaret Mead has pointed out), and nearly all children survive. According to the U.S. Public Health Service, in 1958 the infant mortality rate was 37.1 per 1,000 live births. The 1966 rate dropped to 23.4, and the goal is to reach Sweden's standard of 12-13 per 1,000.

What is needed to maintain the Davises, who have three children, is a virtual revolution in basic concepts about family size, plus long-range government innovation in fields most present-day Americans might well consider politically repugnant.

The cherished hope of voluntary population control depends completely on changing fertility motivation in the human organism. This the most complex task of all obviously involves more than promoting social change through economic development. Why, for example, does a member of the American upper class such as Senator Robert Kennedy want to be a fertility symbol? Why do Black Muslims condemn population planning? Or Mexican nationalists? Why did Brazil name Maria Carnauba "Mother of the Year" in 1966, following her 31st child? (Number 32 was born on November 23, 1967.)

The kind of bold thinking that should characterize federal leadership towards fertility control, both at home and abroad, is suggested by the Davis article: Government payments to people who permit themselves to be sterilized; subsidies for abortions; heavy fees for marriage licenses; high

"child taxes" levied on families; high tax rates on married couples; incentives to working wives; cuts in family allowances; mandatory abortions for all illegitimate pregnancies; and higher minimum ages for marriage.

Some of the foregoing suggestions may not fit peasant subcultures but they should be compared with present federal policy of limiting welfare counsellors in the United States to a policy of gently acquainting dependent poverty mothers with the "philosophy of family planning," or the present H.E.W. proposals to increase family allowances, married or not, or the present income tax provisions allowing deductions for each child.

Certainly more effective measures seem a necessity. "At the moment," says Dr. Paul Ehrlich, a Stanford biologist, "it is shockingly apparent that the battle to feed humanity will end in rout." In a recent address (November 16, 1967) Dr. Ehrlich recommended mandatory birth control education. In addition, he would insist on tax laws that would encourage small families, legalized abortion, and a switch of government-supported research from "short-sighted programs of death control" to regulation of environmental and behavioral sciences. "If these don't work. Some kind of compulsory birth control would have to be put into effect." Something in the public drinking water? Radiation beams from an overhanging satellite? Or as the Paddock brothers suggest, perhaps various masses of peasant humanity would simply be written off as a worthless investment of foreign aid (and presumably nature's positive checks, as explained by Malthus, would be allowed to reassert themselves).

As it is no conceivable consortium of advanced nations could carry through a full program of human quality at home and in underdeveloped countries. To give some idea of what a complete program of foreign aid would

cost we submit estimates based on a rough average of figures given in economic development literature. The minimum low quality cost (assuming efficient bureaucratic administration at all levels) for serving with self-help or head-start programs the 2 billion children expected in the underdeveloped world by 1980 would be as follows:

Medical aid at \$1 per capita for one year.	\$	2 billion
Diet enrichment at \$50 per capita for one year.	\$	100 billion
Housing subsidy at \$100 per capita for one year.	\$	200 billion
Primary education aid at \$100 per capita for one year.	\$	200 billion
Higher education aid at \$200 per capita for one year.	\$	400 billion
and		
Economic development investment at \$20,000 per capita (to provide one job paying \$500 per month) for .5 billion family breadwinners.	\$	10,000 billion

In view of past foreign-aid experience it seems absurd for the United States to increase shipments of American food-aid overseas, and to follow present administration policy of inviting other nations to share food production with pre-national folk societies. This would be an invitation to nations like Canada, West Germany, and Argentina to follow America's prodigal Gospel-of-Wealth lead and squander their natural resources on peasant-ridden countries.

It would seem more reasonable that American leadership should invite and pressure, if necessary, all advanced metropolitan nations, including the Marxist powers, to combine their educational, financial and missionary

resources to promote fertility control everywhere in the world. The governments of Russia and the Balkan socialist republics now recognize the population explosion, and permit abortion and the free-circulation of the pill within their borders.

The peasant population explosion and the modern welfare state have obviously reduced both free-enterprise capitalism and proletarian communism to outmoded ideologies. Both missionary visions of a better world are helpless before the problem of peasant fertility. The goal of human quality seems to be forgotten while each side has been carrying on a slightly insane competition to win the allegiance and burden of folk-peasant societies, the United States primarily with health, welfare and military advisers, and the Marxist powers, such as Russia and China (and Cuba) with doctrines and ideas. The overall result has been ideological hypocrisy, war crimes, political anarchy, cloak and dagger diplomacy, confused peasants, and a growing world food crisis.

The population crisis suggests that it is time for the United States to swallow missionary pride and promote Red China's admission to the Security Council of the United Nations. Then it could be hoped that all world leaders could sit down at the U.N. conference table and rationally discuss what can be done to overcome folk inertia and pro-natalist nationalism in underdeveloped countries, and to favor effective fertility controls. This could be made a prime object of U.S. foreign policy now. Also, as Dr. Ehrlich put it: The Roman Catholic Church should be pressured into going along with effective measures of population control, even if it means cutting off diplomatic relations with the Vatican.

If we now outline the steps that could be taken to promote effective world-wide fertility control we may judge what has been accomplished and what remains to be done:

1. Confirm the scientific facts about the population explosion, including abortion and illegitimacy rates, and the acceptability of birth control by traditional societies and poverty subcultures. For the most part this task is being accomplished by such organizations as the Population Council of New York, and population research groups directed by J. M. Stycos of Cornell, Philip M. Hauser and Donald J. Bogue of Chicago, Kingsley Davis of Berkeley, Harold L. Geisert of George Washington University, T. L. Smith of the University of Florida, and other noted demographers, sociologists and ecologists.
2. Win over national leadership in the United States and every donor country to the cause of world-wide population planning by educating political leaders with the confirmed scientific facts. This is now being achieved by such agencies as the Population Reference Bureau, the Population Crisis Committee, the Milbank Memorial Fund, and the IPPF.
3. Convince American Gospel-of-Wealth and public-service leadership to take the initiative in converting the vast complex of American-sponsored international health and welfare agencies, foundations, Peace Corps, and church groups to the new missionary goal of fertility control. A beginning has been made by several American foundations, and by such medical evangelists as the Seventh Day Adventists.
4. Employ American foreign-aid diplomacy to win over governments of underdeveloped countries to effective family planning programs. Cautiously begun in late 1964.
5. Win over the United Nations and its health, education, and welfare agencies to the primary goal of human quality through family planning. Under increasing consideration since 1966.
6. Promote an alliance of donor countries in order to combine and apply population control resources. No public-policy beginning as yet, although the IPPF privately is serving this purpose.
7. Make population quality the primary goal of American foreign aid. No effective beginning as yet.
8. Negotiate an international treaty or accord between the communist power bloc and the American-led "free world" bloc to remove "cold-war" obstructions to population control in peasant societies. No beginning.

9. Following an international accord on the Cold War, cut off all social welfare, public health and food-production aid to those underdeveloped countries that refuse to cooperate in family planning programs. In effect, the United States for other reasons now applies this policy to Haiti, and to countries "lost" to American "free enterprise" such as communist Cuba. Otherwise, no beginning.
10. Promote research through political and medical science on the possibility of inducing through compulsory education desirable changes in human fertility motivation. No effective beginning on this extremely complex subject.
11. Billions of dollars for world birth control. When?
12. Enforce some form of compulsory birth control for destitute or unmarried mothers on public welfare?

